

# Dominion Medical Monthly

And Ontario Medical Journal

VOL. XLI.

TORONTO, AUGUST, 1913.

No. 2

## Original Articles

### MANY VIEWS RELATIVE TO JEALOUSY, DIVORCES, DELUSIONS, EROTOMANIA AND OTHER INTERESTS

BY JAMES S. SPRAGUE, M.D., PERTH, ONT.

When on my visit westward, a few years since, to the scenes of my commencement in practice, and to revive pleasant "memories imperishably aureoled," not forgetful of visits to several leading hospitals and brothers-in-arms, my first visit was with an eminent surgeon, whose late wife—divorced—is a distant relative of mine. Not knowing of this state of affairs before my arrival, I had abundant opportunity to learn the causes of the separation and much of the misery connected therewith; and that I should ever again hear of such woes and bewailings I could not believe, but such it was my fate, while in Chicago, where divorces are said to be more numerous than marriages—and hell apparently has been let loose there, even as it was when, as a young M.D., I, without license, practised there for several months, leaving it for a home beyond the Mississippi, in the Hawkeye State. This was the Mecca of my aforementioned proposed revisitation after thirty-six years of absence from those with whom, for more than five years, I had pleasantly lived, and from whom I was not asked for license to practise, or even called a *foreigner* or *alien*; for, before the "seventies," nearly three-fourths of the number of graduates of our universities sought locations in the Western States, and a careful study of the movements of our young M.D.'s of to-day reveals the fact that the unwise medical restrictions in regard to licenses adopted by our prairie or Western Provinces are preventing our men from the making of their homes in our own lands, and the Western States, as ever, are welcoming the sons of the best of our people and our best men—the gifts of many prayers, cultured and God-fearing, yet self-expatriated from their native land, whose medical laws are burdensome and not patriotic; yet, whose laws allow

osteopathy, chiropractics, masseurs, chiropodists to be named as *Doctors*, and to practise without license; but this is an old subject, concerning which I have often written, and have found the profession indifferent to our rights, which most miserable and misleading cults, iconoclasts and low-breds are invading and attempting to break down.

Brother, there is before me a letter, and it was received to-day from one of the parties introduced as being named as a divorced person, and I present a portion of the said letter:

"I want to do all what is right, and I hope that I am Christian enough to believe in the Lord's prayer and to forgive any and all the same as I want to be forgiven." This is but a fragment of the epistle, which, howsoever callous one may be, if carefully read in association with all the letter states, would arouse your deepest sympathy, and cause your eyes, as mine are, to fill with tears, for jealousy is hell, and when it invades the doctor's home—especially the wife—hell has no fury equal to her, as told by Kipling.

To give expression to my views and to the parties concerned, as they, the men, are fellow-subscribers to D. M. M., I present the following analecta according to a promise made to-day, for they—both parties—can easily see herein their foibles, weaknesses and sins; and, having read, can let their late misguided wives read, reflect, or "nurse their wrath to keep it warm," or foolishly console *themselves* as not blameful.

"He for God only, and she for God in him," said Milton in his wisdom, which is much misconstrued by the Amazons—"half mother-fiends and the half-Maenads, armed and engined, with the morals of the hencoop and the jungle's code of laws," for the hand that should rock the cradle is now throwing bombs.

As explanatory of the heart of a doctor's wife who is jealous, I present the words of Laura Jean Libbey, as found in *La Tribune Medicale*:

"The girl who knows in her own heart that there is a drop of jealousy in the blood that goes coursing through her veins should think long and earnestly ere she accepts a physician for a lover, and steps from the altar his bride.

"A physician makes the most gallant lover the world holds, and the tenderest of husbands, because he is all sympathy and kindness. Being the wife of a doctor is an honor into which many sacrifices enter. The bride whom he takes to his bosom may be a blessing or a curse to him, a helpmeet, or, saddest of all, a drawback which may mean disaster to the holy calling he has chosen and

sacrificed much to attain. The jealously-inclined sweethearts ought to realize beforehand that women figure necessarily in his income, and that they must look at both sides of the picture their overwrought fancy may conjure up. A doctor's wife must ever bear in mind that the successful physician's fine automobile and the luxuries with which he surrounds her come from the couch of pain, which he must administer to at all times and places. She must realize that his life is one of sacrifices. He is never sure of an hour's restful outing. No one seems to notice if he is overworked and in sad need of a day off to gather his nerves together. Life is not a bed of roses for him. No accident is so harrowing that he may turn shuddering from it; he must administer to it, though his heart almost faints. No home is so humble and stifling but he must enter and give aid to the distressed; no night so stormy but he must brave it to save life and fight a valiant battle with grim death. Gentleness, the power of soothing, and cheerfulness must not be confounded by the jealous wife as growing interest on the part of the doctor for his patient, providing she be young and fair. The wife who plays the part of an eavesdropper at the keyhole is an abomination; a tornado ready to burst; a slumbering fire smoldering in a dry forest; a hurricane, in its fury cutting a deep path in the mighty ocean waves, is not more to be dreaded and guarded against. A doctor's wife, to be the mate heaven intended for him, should be all love, kindness and devotion to his interests, and in keen sympathy with his patients, their woes and sufferings. The doctor's wife should show him that his interests are hers. She should realize that he needs care and love, too; that his heart thrills under the touch of her caressing hand on his forehead when his temples throb hot and fierce for the want of sleep and rest. He appreciates the tender word and kiss she gives him; the hot dish prepared by her hands, when he comes in, weary, with the grey dawn. Home seems doubly dear to him when he knows there's a dearie of a little wife waiting for him, with his dressing-gown and slippers in her hand and love in her heart for him.

"A jealous wife is a sharp thorn in a doctor's side. It is no wonder that full many of them eye some bachelor brother of their noble profession with a sigh. A doctor's wife may make his home what she will—a haven of rest for him and those who come to his aid, or a hades of strife and contention, where patient and doctor are tortured alike.

"Much trouble could be avoided if the wife of many a good doctor used common sense in reasoning out and weeding out the

suspicious that have taken root in her heart, choking the flowers of love, trust, hope and peace until they wither on the stem. There are many secrets that come into the doctor's possession in the course of his practice, which may not be shared by those who are dearest and nearest to him. His wife should respect his professional duty to his patient and make no inquiries which he would feel justified in not replying to. Of all professional men, doctors are perhaps the most home-loving. They appreciate the vase of flowers placed where the patients' eyes may rest upon them, as well as their own. They love to hear their patients speak of her womanliness and sympathy; and their hearts sink with despair when a woman patient speaks of her curtness of speech and manner, and the question is put hesitatingly to them, whether or not the wife approves of her coming to him for treatment. Annoyance springs up in a doctor's heart at the hidden imputations that he is considered by his wife open to suspicion; then anger steps in, coldness, bitterness and indifference. When this happens the dove of love has been ruthlessly flung from the nest, and the doctor and the sweetheart he wedded are as far apart as though one of them were in the grave. Jealousy is worse than death in life to a physician's wife. Wise is she who makes a valiant fight against it, and conquers."

I recall the words of Antigone, whose noble defence of self and untimely death are yet fresh in memory, for they are fully expressive of the true woman's soul: "Unwept, and friendless, and unwedded, I, wretched, am conducted on this destined way. It is no longer allowed me, unhappy, to look on this luminary's sacred eye, and no friend mourns my unwept doom." And such to me appears to be she whom the courts (often polluted) have unwedded and cast out, blemished in a sense, even if given an allowance, and in the words of Stoddard, "She shook the ringlets round her head," and Tennyson said she "laughed in merry scorn," with a bursting heart for vengeance. Some 200 years before Christ, Mahabharota wrote these few lines:

"A wife is half the man, his truest friend;  
 Source of his virtue, wealth—the root;  
 Whence springs the root of his posterity;  
 A wife of gentle speech, a docile dove,  
 Sufficient wealth, unbroken health—  
 A friend, and learning that subserves  
 Some useful end—these are a living man's six greatest blessings."

Yet, as Shakespeare has it, "A woman moved is like a fountain troubled: muddy, ill-seeming, thick, bereft of beauty; and while it is so, none so dry or thirsty will deign to sip or touch one drop of it."

And some scholar has stated: "*Propter ovarium mulier est;*" and Gay, the poet, no doubt is correct when he says, "'Tis woman who seduces all mankind; by her we first were taught the wheedling arts." "Faultily faultless, icily regular, splendidly null," irregular, impersonal, or defective, "for age cannot wither her, nor custom stale her infinite variety," if in the neutral class.

From the classical pages of him who wrote "As You Like It," "The Taming of the Shrew," etc., we present from "Julius Cæsar" a brief dialogue:

*Portia*—I should not need, if you were gentle, Brutus, within the bonds of marriage, tell me, Brutus is it expected I should know no secrets that appertain to you? Am I yourself, but as it were, in sort or limitation; to keep with you at meals, comfort your bed, and talk to you sometimes? Dwell I but in the suburbs of your good pleasures? If it be no more, Portia is Brutus' harlot and not his wife.

*Brutus*—You are my true and honorable wife, as dear to me as are the ruddy drops that visit my sad heart.

*Portia*—If this is true, then should I know this secret. I grant, I am a woman; but withal, a woman that Lord Brutus took to wife. I grant, I am a woman; a woman well reputed: Cato's daughter. Think you I am no stronger than my sex, being so fathered and so husbanded? Tell me your counsels; I will not disclose them. I have made a strong proof of my constancy, giving myself a voluntary wound here, in the thigh. Can I bear that and not my husband's secrets?

Lionel Van Vleck, in his "*Away Back in Eden,*" gives us his views "when Adam delved and Eve span":

Ere Adam saw a woman's face  
*He led a discontented life.*  
 He thought this world a lovely place  
*When God created him a wife.*  
 How quick was Mother Eve to plan  
*The way that it was best to tread.*  
 Each scheme for overthrowing man  
*She looked upon with greatest dread.*  
 All day she tried, at night she dreamed  
*The thing that it was right to do;*

Each wicked plot the devil schemed  
*She would not try to carry through.*  
 Her one ambition was to be  
*An inspiration and delight—*  
 The downfall of posterity  
*She fought against with all her might.*

Note.—Read first the lines in italics, and then read the other lines. If you don't like it that way, why read it as it is.

“Yes, lovely woman is selfish yet;  
 And little she cares so her wish she get;  
 How doctors may trouble, and toil, and sweat,  
 And charming woman is subtle of heart;  
 In the world's great battle she can play her part.  
 When she deals with doctors, behold her art.”

And oft “the golden gleams of her early dreams are things of the long ago,” as Evelyn said after the Thaw.

What is marriage, is answered by a popular jurist in these words: “In ancient times, marriage was founded solely upon the love of two persons of different sex. But what has marriage come to now? To-day the social system looks upon marriage as a financial contract made for the purpose of thwarting the possible swindling tricks of either husband or wife, and to lull the lurking suspicion of both, for the true foundation of marriage is money. The man looks out for a dowry, and the woman buys a protector and a steward for the management of her property, who is supposed to be more experienced than she would be.” For she is not fissiparous, and even thus married, and whose purse invited a husband, she, says Juvenal, should ever preserve her spinster's rights.

“Friendship often ends in love, but love never ends in friendship,” and many a good friend is even lost by seeing him or her too often. More than one bride, says Rev. Dr. Crane, of Chicago, has spoiled her honeymoon because she would not let her husband get out of her sight long enough for him to realize how happy he was. The deepest want of humanity is now and then for something else. Keeping at it often brings success, and paresis in due time. Once there was a saint whose name is in the calendar, who said: “I went away from God that I might find Him.” And one fact is that herein is a lesson of too much association as productive of estrangement; for it is equally a fact that “Not what a man and wife are wrecks most marriages, but it is what each thinks the

other ought to be," and some able writer and pacifier has consoled poor and irresolute humanity with these words, so pertinent in suggestion, and persuasively calm and moderate in expression of encouragement: "But in the long years liker must they grow—the man more of woman, she of man; he gain in sweetness and in moral height. Nor lose the wrestling thews that threw the world; the mental breadth, nor fall in childward care, till at the last she set herself to man, like perfect music unto perfect words," but essential it is they assume the pleasing conjugal embrasure in early life, she especially, and not contaminated by the curricula of Brooks' Academy. Dear old Homer, who wrote of wars, even of the very destructive wars and wrath of Achilles, even tells us: "Naught beneath the sky more sweet, more worthy is than firm consent of man and wife in household government." Yes, he wrote his grand epic, one hundred and forty years after the fall of Troy, occasioned by the abduction of fair Helen, of whom Marlow says: "Was this the face that launched a thousand ships and burned the topless towers of Ilium?" In these our days the majesty of our courts—Christian (?) courts—sets aside the teachings of the gods and heroes of Homer's age, and even the rulings of our Saviour are grossly infringed. Father Vaughan has declared that present-day society, while not yet at the cemetery, is leading rapidly toward it. Man and woman are in nothing alike; each gives to the other what the other has not. Their union should be indissoluble. Careless marriages bring about cradleless nurseries. The man and woman who come together to dictate terms of policy to God and defy His will and ignore His inspirations are playing a poor game. You are too heavily handicapped to run a race with God. We refer to the words of Professor George B. Foster, of the University of Chicago, and they are: "In the middle ages the woman question was solved in the cloister." The revolt against ecclesiastical virginity was the beginning of the woman movement. It emancipated woman from canonical law and sanctified authority. The modern demand of woman is not a new right; it is only a kind of right. Never was there a demand made for a human right that someone did not say it was against a divine right. It is so easy to convince ourselves that our rights are divine, and that anyone who differs is going contrary to divine rights. We, as men whose studies are on these subjects, necessarily so, in order at times to act as peacemakers in conditions and at times in which the church knows nothing and is in ignorance how to act, must agree with our brother, Sir Almroth Wright, and he is right in his words. I present them:

"For man the physiology and psychology of women is full of difficulties. He is not a little mystified when he encounters in her periodically recurring phases of hypersensitiveness, unreasonableness and loss of the sense of proportion. He is frankly perplexed when confronted with a complete alteration of character in a woman who is child-bearing. When he is a witness of the tendency of woman to morally warp when nervously ill, and of the terrible physical havoc which the pangs of a disappointed love may work, he is appalled. These upsets of her mental equilibrium are the things that a woman has the most cause to fear. No doctor can ever lose sight of the fact that the mind of a woman is always threatened with danger from the reverberations of her physiological emergencies. It is with such thoughts that the doctor lets his eye rest upon the militant suffragist. He cannot shut them to the fact that there is mixed up with the woman's movement much mental disorder; and he cannot conceal from himself the physiological emergencies which lie behind."

To these not too cheerful emanations of wisdom we may add that the potentiality of possibilities has had in the Dark Ages, unfortunately for mundane quietude, recurrences and incidents, equally as widespread, named as delusions and madresses. We must, as men, virile men, not cease to love thee dearly and dearly prize thee, for "in thee we find a bulwark for the cause of man," and even the glory of thy sanctity, as of old, enthral our memory and our souls, for we read from old church manuscripts of the date 1459 that choristers sang the virtues of Mary, the Virgin mother of our Redeemer, and in these words expressive of adoration for God's masterpiece:

*"Fortem virili pectore, laudemus omnes Feminam quae sanctitatis gloria ubique fulget inclita."*

And yet with this eulogy, a clergyman, from his pulpit, recently said to his flock: "And thus, unwittingly, woman becomes again in the revolution of the ages what she was at first—the female creature, the possession, the thing for lust and for amusement, the cherished slave. For the death of a woman's soul follows when she pays with her body—a simple, immutable law."

Woman in America, splendid, free and queen! What have you done with the men who were given into your charge?

"Why art thou weeping, proud son of Rome?" asked the slave. Scipio's answer was: "Athens is in ashes. Carthage is burning. Rome's turn next"—and London? May L. Armitage writes:



“Tell me not in idle click-clack, woman is an angel child.  
Men who once believed that fable, since have turned aside and  
smiled.”

However, let us console ourselves with this wisdom: “And man knows that woman is not fiend, nor saint, nor mixture of the two, but an average human being, “most remarkable like you.” And she, as Tait describes, is but a passive factor in fact in the act of reproduction. And whether you have chosen or may choose one, “not learned save in gracious household ways,” ask no more, seek no more for something *else*, or tempt her to look jealous, but satisfy her, for a woman, when a mother, is the true woman, yet she becomes not the perfect and ideal woman until the birth of her third beatification. Mrs. Browning’s query will close my paper, to which, in time, I or you may reply:

“You have written my lessons of duty out;  
Man-like, you have questioned me.  
So stand at the bar of my woman’s soul  
Until I question thee.”

#### SOLILOQUIUM.

For a distemper of this kind (said Prior)—(Blackmore and Hannes are of my mind):

If once it youthful blood infects—  
And chiefly of the female sex—  
'Tis scarce removed by pill or potion,  
Whate'er might be our Doctor's notion.

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### THE ONTARIO HEALTH OFFICERS' ASSOCIATION

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The Ontario Health Officers' Association, which met on the 29th and 30th day of May under the presidency of Dr. Adam Wright, was a decided success. The meeting was held in the Parliament Buildings, and the only fault to be found was in the fact that the place of meeting was rather small, as it was scarcely expected that the number in attendance, some three hundred, would be so great. This Association, the first meeting of which was held last year in connection with the Canadian Public Health Association, is composed of members of the Provincial Board of Health, the district Officers of Health, and the Medical Officers of Health of the various municipalities in the Province. There are

about 770 Medical Officers of Health in Ontario, and by law they are required to attend this meeting. Their expenses are paid by the local municipalities.

Papers were presented under various headings, such as: "The Duties of the Modern Medical Officer of Health in Cities and Towns," by Drs. Hastings and Dickinson.

"Communicable Diseases," including smallpox and cross-infection in isolation hospitals.

A feature of the meeting was the paper of Professor Whipple, of Harvard: "The Value of Vital Statistics in Relation to Public Health." This was an excellent paper. It was discussed by R. E. Mills of the City Health Department.

Dr. Hodgetts' paper on "Home Hygiene" provoked considerable discussion. He contended that medical inspection of schools, being part of Public Health work, should be placed under the Health Department, and not under the Board of Education, as is the case in Toronto. He claimed that the present system caused duplication of work and a waste of public money. He also objected to nurses making a diagnosis of cases. The Association evidently agreed with his views, as the members passed a resolution to be sent to the Minister of Education, asking that medical inspection of schools be transferred to the control of the Provincial Board of Health.

The City of Toronto tendered a luncheon to the members on the first day of the meeting. Mayor Hocken presided, and welcomed the visitors. Short addresses were given by Dr. Adam Wright, Dr. Hodgetts, Professor Whipple, Dr. Hastings, Dr. McCullough and Alderman Rowland, Chairman of the City Board of Health.

In the afternoon session Dr. Adam Wright gave a witty and instructive address, and Controller McCarthy, on behalf of the Mayor, gave an address of welcome. Dr. J. A. Amyot gave a public address to a large audience in the evening on the subject of "The Transmission of Communicable Disease." Motion pictures illustrating various phases of sanitary work, were provided by the Provincial Board.

On the second day the question, "Should the Medical Practitioner be Paid for Reporting Communicable Diseases, Births and Deaths?" started a lively discussion. The general opinion seemed to be that the medical man was entitled to some remuneration for this work, and a resolution was passed asking that the local municipalities be required to pay a fee of 50 cents for each birth and death, and for each case of communicable disease reported.

Dr. Parfitt and Miss Eunice Dyke read papers on subjects relating to tuberculosis. There was a free discussion. The milk question was taken up by Drs. G. G. Nasmith and A. W. Macpherson. The "Question Drawer" was most interesting. Drs. Amyot and McCullough gave answers to a large number of practical questions.

After a luncheon in the Parliament Buildings, short addresses were given by Reverend Dean Cody and Hon. W. J. Hanna. The last session was taken up with papers on "Sanitary Work Amongst Foreign Population," by Dr. C. N. Laurie; "Disposal of Waste and Garbage," by Dr. Hall, and "Disposal of Domestic Sewage," by Dr. R. E. Wodehouse. All of these were freely discussed.

Dr. C. J. Hastings, Medical Officer of Health for the City of Toronto, was elected President.

The Association meets annually.

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### QUESTION DRAWER—ONTARIO HEALTH OFFICERS' ASSOCIATION

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BY DR. J. W. S. McCULLOUGH.

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1. Should the Sanitary Inspector attend quarterly meeting; and if he does, should he get paid extra in a municipality only paying \$15 to Sanitary Inspector?

*Answer.*—There is no provision for Sanitary Inspector attending meetings. He should get sufficient salary. He is not obliged to attend meetings unless instructed by the Board.

2. In case of disposal of sewage according to your regulations re septic tank, what course do you advise, where there is not sufficient ground for system?

*Answer.*—If there is not sufficient land area, the effluent from septic tank should be otherwise provided for. If the soil is unsuitable (clay), 12 or 18 inches of sand might be deposited over the clay, and the subsoil pipes laid in this, as described in pamphlet on "Sewage Disposal," issued by the Provincial Board.

3. What does this convention consider a reasonable minimum salary for M. O. H. in villages, towns and townships?

*Answer.*—In towns a reasonable salary might be based on the population, say \$100 for the first thousand and \$25 or \$50 for each additional thousand or portion thereof.

In townships it is difficult to say what is a reasonable salary. Some townships pay \$100, some \$5 or \$10. As soon as the M. O. H. demonstrates to the public that he is worth it, he will usually obtain a better salary. It would be a good plan for the M. O. H. to call public meetings for the various schools in his municipality and give an address to the ratepayers, children and teachers upon sanitary matters. If he desires it, the District Officer of Health will help him in any way possible.

4. Explain intentions of the Act in the case of payment for time in addition to hotel and railway fare:

(a) Where the M. O. H. has a special amount as salary.

(b) Where the M. O. H. has no salary specified.

*Answer.*—The M. O. H. can only collect for hotel and travelling expenses. Usually, however, the municipal council pays a per diem allowance for loss of time. Under Section 22 of the Public Health Act, the Local Board of Health might vote a sum for services rendered, which might be made to include the per diem allowance.

5. What are the duties of District Officers of Health in relation to township Local Boards?

*Answer.*—To advise and assist the M. O. H. in improving sanitary conditions of the municipality.

6. Can the municipal Local Board of Health compel the trustees to give a report as to the sanitary condition of school, and if they do not, and they send our inspector, can we compel the trustees to pay for expense of sanitary inspection?

*Answer.*—No, it is the duty of the M. O. H. to inspect the schools and disinfect at expense of the municipality, if necessary.

7. Can a man whose lot does not run 100 feet from his house, in a small country village, keep a pig?

*Answer.*—No. See paragraph 20, Schedule B, Public Health Act.

8. What should be given as *immediate* cause of death in this case: A man had paralysis agitans for three years and epithelioma of face for two years. He refused operation for the latter, and gradually becoming weaker, died at age of 79. The disease which caused death was epithelioma; but what would you put down for immediate cause, and how could you determine its duration?

*Answer.*—Cause of death, carcinoma of face, because it is of shorter duration. Immediate cause—none.

9. I visited a house suspected of having had scarlatina, and found a girl eight years old who, they said, had the "grippe" six

weeks previously. They stated positively that there had been no rash and no vomiting, but a sore throat lasting for two or three days. There was no sign of desquamation, but a pronounced cervical adenitis, the glands on one side being as large as a hen's egg, and the child was very anemic-looking, but no physician had seen her. Should I have ordered the house and the child's person and clothing to be disinfected? Should I have placarded the house till this was done?

*Answer.*—If scarlet fever in neighborhood, this was probably a case of it. Best to have had house and child disinfected. No need to placard after six weeks.

10. Visited a house in which I found a young lady who had been sick three weeks previously. Had had slight rash, sore throat and vomiting. Slight desquamation on face, especially forehead at roots of hair. I placarded house, but allowed girl's father to continue gathering cream upon the mother agreeing to keep girl isolated. Should I have done so? No physician had been called.

*Answer.*—This is a case of scarlet fever. Should have stopped the father collecting cream. See Regulation 4.

11. Have heard that these people are going out in spite of quarantine, but no complaint has been sent in, and they live ten miles from here. Should I go and investigate?

*Answer.*—If the M. O. H. has quarantined, he should be satisfied that his orders are carried out.

12. Does certificate have to be signed before the M. O. H. can collect his expenses from the municipality?

*Answer.*—The Member's Ticket will be sufficient voucher. If any difficulty, write the Chief Officer of Health.

13. We are supplied with a very inefficient sanitary inspector, who will not follow instructions nor try to make himself efficient. The City Council have been notified of the condition and asked to supply a competent inspector, which so far they have failed to do. What do you advise the local Board of Health to do to remedy the condition?

*Answer.*—The Local Board of Health may employ and pay any sanitary inspector they wish. Payment may be made under authority of Section 22 of the Public Health Act.

14. Description of suitable box for manure at stables, as to size, etc.

*Answer.*—Size about 4 feet by 4 feet by 4 feet, with screen top. As flies require 14 days in which to breed and grow to full size, there will be no necessity for screening if manure is removed and spread on fields once a week.

15. We find that some householders put old tins and broken china, etc., in privy vault, and this creates an objection on part of farmers to receive the night soil or give dumping ground. How may this be prevented?

*Answer.*—Educate and prohibit by by-law. The greater portion of household garbage should be dried as well as possible and burned in the stove or furnace.

16. Appointment of M. O. H.

This officer should be appointed by by-law at a stated salary, which the Act says must be a reasonable salary. Sections 37-39. He cannot be dismissed except for cause, and with the approval of the Provincial Board.

By a decision of Mr. Justice Lennox, the M. O. H. of 1912, unless appointed by the Council of 1913, does not retain office, but the properly appointed officer of 1913 continues in office subject to terms of Section 37.

17. Cost of disinfection is borne by the Local Board of Health (Section 29), except as covered by Section 62, 1 and 2.

Expenses of persons with communicable disease:

This is supplied in the first instance by the M. O. H. or Local Board of Health, but the corporation of the municipality may recover from the person the amount spent in providing medicine, nurses and other assistance and necessaries for him, but not for the expenditure incurred in providing a separate house or in otherwise isolating him. Section 58, (1) and (2).

18. In a garnishee action now pending between the Local Board of Health, plaintiff, and one Reid, a lumberman, defendant, where payment is demanded by the local Board for cleaning up the nuisance perpetrated by Reid in his lumber camp, counsel for defendant claims that in such an action the Local Board of Health *non esse*; that action must be taken by the municipality. Kindly rule.

*Answer.*—Council must take action. Section 58, (1) and (2).

19. Is it advisable to compel all farmers in back country townships to clean out wells annually, where the townships are not very wealthy and find it hard to carry out the Act?

*Answer.*—Advise that all wells be cleaned out. Don't attempt too arbitrary measures. Educate the public and they will soon see the benefit.

## THERAPEUTIC NOTES

**Common Colds.**—J. W. Fisher (*Boston Med. and Surg. Jour.*) believes common colds are due to infection, and are, therefore, contagious. Reasonable isolation should be carried out in each case, and further prevention secured through preventive inoculation. Vaccine treatment will abort or shorten their course. This treatment by vaccines of acute and chronic inflammation of the respiratory tract, Fisher regards as specific.

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**Furuncle.**—K. Kerrild (*Ugeskrift for Læger*) applies pressure with an invisible hairpin and thus squeezes out the contents centrifugally, which pressure works from below upwards. Other measures usually drive the contents in. He has applied this in fifty cases and in all the pustule healed at once and no new ones developed.

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**High Pressure.**—David Riesman (*Am. Jour. Med. Sciences*) quoting his own experience, maintains a pressure of over 145 is abnormal, other things being equal, and that at the age of fifty years, a pressure over 150 is pathologic. In treating high pressure it is safe practice to endeavor to reduce the blood pressure when excessively high to a point where symptoms cease. It should be kept there if possible. The patient will rest better if he eats a small evening meal. As for drugs, the nitrites are valuable. If nitroglycerin fails, sodium nitrite,  $\frac{1}{2}$  to 2 or even 3 grains may be useful. This will only relieve symptoms. They should be continued only when the pressure is rising. Reduction in the quantity of the diet is of importance.

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**Congenital Flat Foot.**—Legg (*Am. Jour. Orth. Surg.*), in operating on congenital flat foot, transplants the tendon of the anterior tibial muscle to the periosteum of the under surface of the scaphoid. He employs a dry dressing, and puts the foot up in a slightly over-corrected position, from the toes to the knee, with plaster. It is kept in plaster from nine to ten weeks, when walking is then allowed, the arch being supported two months longer by a felt pad. When the plaster is removed, massage without manipulation, and hot and cold showers are ordered. The best results are obtained when the operation is performed about the fourth or fifth year.

**Ozena.**—E. J. Moure (*Berl. Klin. Woch.*) applies the nose douche with rhythmic jets as the patient breathes, and the main elements for success are regularity and extreme care. Expulsion of the crusts may be facilitated by vibration massage of the mucous membrane, spraying the nose with a five or twenty per cent. silver nitrate solution. Irregularity of the passage should be corrected with paraffin injections. General treatment should be carried out persistently.

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**Tobacco Amblyopia.**—De Waele (*Arch. d'Oph.*) treats tobacco amblyopia with .2 gram solutions of lecithine suspended in normal saline solution. There is no local reaction and the pain only lasts a few hours.

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**Asthma.**—Straübli (*Mun. Med. Woch.*) recommends the use as an inhalation of adrenalin. He has specially devised an apparatus for the inhalations. In severe attacks he advises 20 drops of 1-1000 adrenalin and 2 drops of a solution of atropin and cocaine (sulphate of atropin, 0.1; hydrochlorate of cocaine, 0.25; distilled water, 10.0) to be placed in the apparatus and inhaled.

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**Uncontrollable Vomiting in Infants.**—Variot, Lavialle and Rouselet (*Bull. de la Soc. de Péd.*), in this report, add fifteen new cases to the twenty they previously reported, thus confirming their treatment of the most tenacious and inveterate vomiting in young infants by sweetened condensed or ordinary milk. There is a prompt sedative action. To the heated milk, about 10 per cent. sugar is added, which sweetens it about the same as condensed milk. This renders the casein more like human milk; and there is some chemical action on the albuminoids from the large amount of sugar under the action of heat.

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**Acute Colitis in Young Children.**—V. Hatinel and P. Nobécourt (*Arch. de Med. des Enfants*) do not regard infection as the cause of acute colitis, but the result. The aim, in treatment, should be to clean out the stomach and intestines and modify



the mucosa. With an acetone odor of the breath, constipation and fetid stools, warning of acute colitis, nothing should be given the child but water. Stomach and intestines should be cleared by lavage, and sodium sulphate, from five to fifteen grammes the first day, and then one to five daily for a week. Castor oil, if needed. If abdominal pain, relieve by moist heat or ice-bag, or small enema of one to two tablespoonfuls of water, with one to three drops of laudanum. For modifying the mucosa, small hot enemata of silver nitrate at 0.2 per thousand, or, if ipecac, 1 to 2 gm. of powdered ipecac, infused in 200 gm. of boiling water. Or ipecac can be given by the mouth, from 0.2 to 1 gm., infused in 100 or 200 gm. of sweetened water. Give a teaspoonful of this infusion every two hours until the stools grow more normal. If much vomiting, only an occasional sip of ice water should be allowed. The restriction to water alone is maintained from two to six days or more, when feeding is then commenced cautiously, with rice or barley water, or a vegetable bouillon. Then tapioca, soft mashed potato or chicken broth free from fat. Milk should be resumed very cautiously, and then it is better to give it cooked in gruel. In severe cases, buttermilk may be preferable. Eggs and meat should not be allowed until recovery is complete. Vichy water is good in convalescence. Epinephrin may be useful.

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**Double Inguinal Hernia.**—E. S. Judd (*Old Dom. Jour. of Med. and Surg.*) employs a single transverse incision from 8 to 12 cm. long a little longer in fleshy patients—beginning midway between the internal and external abdominal rings, across to a similar point on the opposite side, and so connecting the two inguinal canals. This incision goes down through the subcutaneous fat, down to the aponeurosis of the external muscle. He then dissects the fat away from around the external abdominal ring for a short distance, and then, by retracting the skin and subcutaneous tissues at either end of the incision, the entire inguinal canal of that side is exposed. The hernia on this side is repaired, and then retraction is made on the other side, and that repaired also. The superficial tissues are then sutured loosely with catgut, and the skin closed by a subcutaneous catgut suture or a through-and-through horsehair stitch. In this operation the bleeding is very slight, and it is especially valuable where a truss has been worn, and the region of pressure hardened, blistered, or the skin broken.

## Reviews

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**Practical Treatment**, Vol III. Edited by JOHN H. MUSSER, M.D., and A. O. J. KELLY, M.D. Octavo, 1095 pages. Illustrated. Philadelphia and London: W. B. Saunders & Co. Per vol. \$6.00.

This is the third and last volume of a most useful system on treatment. Like the preceding volumes a good deal of space is given to the consideration of the characteristics of a particular disorder before describing its therapeutics. Indeed so excellently is this done in most cases, that we find ourselves possessed of a system of medicine in which treatment occupies the most important place rather than diagnosis.

The first 100 pages consider certain constitutional diseases. Dr. Janeway contributes a splendid article on diabetes mellitus. The principles of treatment are clearly set down and it is shown how the actual details of therapeutic practice can and should be guided by them. Excellent diet tables are given.

Two other splendid articles are on chronic articular rheumatism, by Thos. B. Fitcher, M.B., and its surgical treatment by Joel E. Goldthwait, M.D.

Diseases of the respiratory system and their treatment are discussed by capable writers. Such a comparatively recent method of treatment of certain cases of pulmonary tuberculosis as artificial pneumothorax is clearly set down, although but slight reference is made to the vaccine-therapy in various bronchial disorders.

One of the most interesting articles in the excellent section devoted to diseases of the digestive system is that on visceroptosis by John H. Gibson, M.D. This is a most complete and instructive paper. The remainder of the volume, some 250 pages, considers medical and surgical treatment of diseases of the central nervous system and the medical problems of the treatment of mental diseases.

Notwithstanding the fact that there is only one non-American contributor to this volume, Professor Moynihan, a most useful work has been produced. Indeed it maintains the high standard of the preceding two volumes and completes one of the most satisfying systems of treatment published in recent years.

G. W. R.

# Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

**Medicine:** Graham Chambers, R. J. Dwyer, Goldwin Howland, Geo. W. Ross, Wm. D. Young.  
**Surgery:** Walter McKeown, Herbert A. Bruce, W. J. O. Malloch, Wallace A. Scott, George Ewart Wilson.  
**Obstetrics:** Arthur C. Hendrick.  
**Pathology and Public Health:** John A. Amyot, Chas. J. C. O. Hastings, O. R. Mabee, Geo. Nasmyth.  
**Physiologic Therapeutics:** J. Harvey Todd.

**Psychiatry:** Ernest Jones, W. C. Herrman.  
**Ophthalmology:** D. N. MacLennan, W. H. Lowry.  
**Rhinology, Laryngology and Otolology:** Geoffrey Boyd, Gilbert Royce.  
**Gynecology:** F. W. Marlow, W. B. Hendry.  
**Genito-Urinary Surgery:** T. B. Richardson, W. Warner Jones.  
**Anesthetics:** Samuel Johnston

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VOL. XLI.

TORONTO, AUGUST, 1913.

No. 2

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## COMMENT FROM MONTH TO MONTH

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**The Growth of the Public Health Movement** is most astonishing. In two decades more has been done in investigating the cause of disease and in preventing and fighting disease than, it is not too much to say, has been done in the world's history. Royalty, governments, municipalities, special societies, universities, religious institutions, are everywhere vying with one another with tremendous force and tireless energy to lay the all-conquering enemy of mankind. It is a conflict waged by mankind on the one hand against its most formidable adversary, disease.

It has taken long years and patient but persistent effort to bring home to the intelligence of the people that much human suffering and much sacrifice of human life was preventable. In this illumination, the medical profession has done the pioneer work, as they have considered that the prevention of disease is as much part of their practice as the treatment of patients suffering from disease.

More and more each year practitioners wholly forsake the latter half of their duty to become altogether employed in the former, and so become servants of the people. This points steadily in the direction of state medicine.

One hears much about the awakening of the oriental peoples; but western civilization, in health matters, appears to be consistently progressing, or is it retrogressing, to the position of the Chinese where the doctor is paid to keep his patients well.

What will two more decades do?

**Dr. Friedmann has Returned to Germany.** He did not establish his "cure" for tuberculosis in America. It cannot be said his exploitations were circumvented by the medical profession. Indeed, that profession kept an open mind, though enthusiasm got the better of the common and scientific sense of some members thereof. The medical press, both in the United States and Canada, was sympathetic, but skeptical. As a body it opposed no obstacles to the establishment of success.

If any one is to feel chagrined it must be the lay press. Medical publishers are not unfamiliar with the methods of exploiters who strive to gain access to their pages free of cost. The free advertising Dr. Friedmann received at the hands of the public press must cause some of them to tear their hair and gnash their teeth in impotent rage. The omniscient wisdom of these moulders of public thought and opinion was subverted by a young, unsophisticated professional man from a foreign country. It is an old saying, "the cobbler should stick to his last." Probably it will be allowed, after the flamboyant commercialism, that the medical profession is the best court to pronounce first upon the efficacy of all "cures."

But what shall be said of the shameful dragging of hundreds and thousands from their homes in fond, if doubtful hopes, of receiving treatment and subsequent "cure" of their malady? It is a tragic story that will never be written.

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**Pernicious Anemia.**—C. E. Nammack (*Med. Rec.*) recalls that the consensus of opinion at the last meeting of the American Gastro-Enterological Association seemed to assign the underlying basis of pernicious anemia to some toxin generated in the gastrointestinal tract as a result of deficiency of hydrochloric acid in the stomach. With the discovery of salvarsan many recent cases have been injected or infused with this arsenical compound, especially where a previous history of syphilis could be elicited. Friedlander reports one case where the red blood count rapidly rose from 887,000 to 3,200,000. Byrom Bramwell has also reported good results in two cases. The author states that his experience in the use of salvarsan is positively contraindicated in pernicious anemia in a man in the fifth decade who confesses to luetic infection in early life. E. F. Maynard is another author who has put on record a case of failure to benefit by salvarsan, in order that the growing view that this drug might be a specific in pernicious anemia might be dispelled.

## Editorial Notes

### HOSPITAL FOR THE INSANE AT WHITBY, ONTARIO

The Provincial Secretary's Department has issued a report on the plans, methods of construction and organization of the new Hospital for the Insane at Whitby. The land at Whitby for this purpose comprises about 640 acres; and the main grouping of the buildings will have a south-eastern exposure overlooking Lake Ontario. The development of the grounds are to be park-like, and everything will be done to eliminate everything suggestive of detention. When completed the buildings will accommodate 1,500 patients, and so constructed and organized that units of 500 each may be easily added at any time. The hospital centre is to consist of four hospital buildings, two with initial kitchen and dining rooms. The two others will each accommodate 63 patients and will be used for admission and observation purposes. There will be two convalescent cottages accommodating 35 patients each and two buildings for acute cases, each accommodating 104 patients. The cottage centres will consist of two groups, accommodating 52 patients in each cottage, for each of which there will be provided an infirmary. Thus it will be seen that the institution will be divided into two distinct centres—hospital and cottage centres. The best ideas of psychiatry in the treatment of patients will be carried out in the arrangement of continuous baths, hydro-therapeutic measures, electro-therapy, hot air baths, massage, special rest rooms, hygienic diet, surgery, dentistry, ophthalmology, etc. There will be also isolation hospitals, facilities for research work, laboratories, and lecture rooms, officers' quarters, nurses' homes. For the patients, there will be a church, amusement hall for concerts and dancing, skating and curling rinks, bowling alleys, gymnasium, etc. As far as practicable all the work in connection with the building operations will be carried on by prison labor. There is a temporary camp of 100 prisoners with guards established. No effort will be spared to make this new hospital for the insane one of the most complete of its kind in existence.

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### CHAIR OF PHTHISIO THERAPY AT LAVAL

(L'Union Medicale.)

Recently a citizen of this city, who occupies a very high position in commercial life, Mr. J. Auguste Richard, President of Fashion-Craft Mfrs., Ltd., intimated to Laval University that he would give



MR. J. A. RICHARD

Whose Generous Offer to Found a Chair of Phthisiotherapy at Laval  
University has been Accepted

them \$10,000 with the object of founding a chair of phthisiotherapy. The university unanimously accepted this magnificent gift with thanks, and Dr. J. E. Dube, of Montreal, who for many years has made the study of tuberculosis and tubercular symptoms his object in life, was duly elected as the incumbent. It is a great pleasure to notice this good and generous deed on the part of Mr. Richard, for it shows the era has come when our wealthy citizens and enlightened ones are willing voluntarily to give valuable financial and moral support to works of higher teaching and popular education for the welfare of their fellowmen. Thanks to Mr. Richard's generosity and broadmindedness, whose wise thought and supple mind realized the importance and the necessity of a strong fight against the dire enemy tuberculosis, a new start has been taken by which its rapid growth may be checked and its terrible consequences warded off from many otherwise innocent victims, who, through lack of knowledge or proper care, would be ravaged by this dread disease. The thanks of our country are and should be unanimously tendered to such men as this, who wisely and willingly endeavor to do their duty in this life, and withhold nothing that is in their power to aid in the building up, morally, mentally and physically, those who go side by side through the battle of life with them towards the common goal. The donator in this case is known to many as a philanthropist of the highest moral standing, his name being connected with many charitable and beneficial organizations throughout Canada. Whilst in Montreal, as President of the Bruchesi Institute and Governor of Notre Dame Hospital, etc., he is known as an active, energetic co-operator, whose level-headed knowledge of business affairs renders his advice of the greatest value to his fellow-workers for the welfare of humanity.

There is no doubt that a public dispensary such as that of the Institute Bruchesi fills a very important want, as it is there that the doctor comes in contact with the sick, that he teaches them and gives them intelligent and assiduous care, and draws their attention to the best means to prevent contagion and the spreading of the disease, but this was not sufficient. It was necessary to place the seal of "officialism" on the teaching "against tuberculosis" so that it would become perpetual and give a real start to the fight which is being pursued everywhere else, and which has already provoked here such beautiful devotion and such noble aspirations.

The foundation of this new chair in the university will group every year the students in medicine and will instruct them not only from the scientific point of view, but from the social point of view. It will indicate the causes, the evolution, the economical aspects and

social ones of this disease. It will show them the best means to take to fight against it in all its phases, and lastly it will form the mentality of these young intelligences and teach them the catechism of the duties and responsibilities of the modern medical man in face of the dangers which menace the family and the race. These young doctors will in their turn go to the different centres of the country, where they will continue the healthy propaganda of popular education, the results of which have been so encouraging elsewhere. To the governments and public authorities it will trace as it goes along a road to follow, the laws to formulate against alcoholism, which is one of the chief causes of tuberculosis, against the unhealthy dwellings, the hovels where so many victims are born and die, against infected milk, which communicates tuberculosis germs to little children and predisposes them to succumb to the least shock.

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### OPENING OF THE NEW TORONTO GENERAL HOSPITAL

On the afternoon of the third of June, the new Toronto General Hospital was formally opened with interesting ceremonies by His Honour the Lieutenant-Governor, Sir John Gibson. Mr. J. W. Flavelle, Chairman of the Board of Trustees, presided.

Mr. Flavelle gave an historic account of the Toronto General Hospital from the year 1818 and then referred to the financial benefactions which made the new institution possible. The out-patient building costing \$100,000 was contributed by Mr. Cawthra Mullock, a similar sum by the Massey estate; Mr. J. C. Eaton, the surgical wing, \$300,000, and recently an additional contribution of \$50,000; an anonymous giver subscribed \$300,000; the Misses Shields, \$140,000 for the emergency hospital; the Ontario Government, \$300,000 for the University for the pathological building; besides many considerable contributions from other private citizens; the city originally \$200,000; recently a further grant of \$200,000.

In the out-patient building it will be possible to treat upwards of six hundred patients per day. The west wing is known as the medical building; the east, the surgical. It has 120 beds in six wards and a large hall for demonstration purposes. The surgical wing has accommodation for 120 patients in six wards. There are the most complete and modern operating suites. In the administration building there are thirty-six beds for semi-public patients on the main floor; on the second public wards with 44 beds for eye, ear, nose and throat; third floor, forty beds for gynecological cases; fourth, internes quarters, but will be used temporarily for private



patients until the private patient department is completed in the Fall. The obstetrical building will be completed about the same time. The nurses' residence is in the rear of the surgical wing. The arrangement of the buildings on four streets provides for lawns in the centre of the hospital.

The hospital will have accommodation for 670 patients and is the largest of its kind in Canada, and only equalled by one or two in the United States. Of Canadian hospitals, the Royal Victoria, Montreal, has accommodation for 200 patients or thereabouts; Montreal General, 400, about the same number as the old General in Toronto.

On receiving the hospital for the people of the Province, Sir James Whitney made a most important pronouncement, namely, that a Royal Commission would shortly issue on medical education and medical practice in the Province, the object being to secure information on all subjects pertaining to the practice of medicine to define the term and to base legislation thereon.

The hospital is situated on nine acres of land and its boundaries are College, upon which it faces, University, Elizabeth and Christopher Streets. Everything known to modern, scientific hospital equipment has been secured.

To the Chairman of the Board of Trustees, Mr. J. W. Flavelle, is due, more than to any other single individual, the thanks of the community for having carried this enterprise to a successful completion.

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### QUEEN'S UNIVERSITY MEDICAL FACULTY

By the adoption of an amended constitution the Medical Department of Queen's University, Kingston, Ontario, will hereafter be governed by the Board of Trustees of that institution. For twenty-one years the Medical Faculty has administered its financial affairs, although in academic union with the university. In 1892, when the Royal College of Physicians and Surgeons became a Faculty of the University, there were ten professors, one lecturer, one demonstrator and two arts professors, who taught the medical students. Today the medical staff consists of fourteen professors, four associate professors in two faculties, five assistant professors, six lecturers and eight clinical assistants and demonstrators, thirty-seven in all. During these twenty-one years, 750 students have been graduated in medicine. The medical registration in the fifty-ninth session just completed numbered 251, having been two more than in 1911-12.

## LOCATION OF QUEEN'S 1913 MEN.

Drs. E. A. Boak and W. W. Kennedy, General Hospital, Vancouver.

Drs. A. B. Simes and K. C. Dean, St. Boniface Hospital, Man.

Dr. A. W. Johnston, City Hospital, Milwaukee.

Dr. J. Norman, Western Hospital, Toronto.

Drs. A. B. Richardson, W. M. MacKay and R. T. Kerr, General Hospital, Kingston.

Dr. E. L. Stone, Hotel Dieu, Kingston.

Dr. L. J. Naery, St. Mary's Hospital, Rochester, Minn.

Dr. J. L. Tower, Hospital of the Good Shepherd, Syracuse, N.Y.

Drs. J. A. Dobbie and R. F. Kelso, Western Hospital, Montreal.

Drs. H. Mackinnon and J. F. MacIvor, Jeffrey Hall Hospital, Quebec.

Drs. M. T. Smith and F. L. Leacock, St. John's Hospital, Brooklyn, N.Y.

Dr. J. C. Smith, Seton Hospital, New York.

Dr. L. E. Williams, Rockwood Hospital for the Insane, Kingston.

Dr. A. B. Earl, Hospital for Insane, Mimico.

Dr. V. T. Lawler, American Hospital, Cleveland, Ohio.

Dr. J. C. Dickson, Swedish Hospital, Brooklyn, N.Y.

Dr. W. R. Jaffrey, bacteriologist, Ontario Government Water Commission.

Drs. D. J. Miller, V. Blakslee and F. L. Leacock, surgeons, G. T. P., British Columbia.

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### THE PUBLIC HEALTH ACT OF CANADA

Dr. John W. S. McCullough, Chief Officer of Health of Ontario gave the following brief synopsis of the Ontario Health Act at the meeting of the Canadian Medical Association, London, June 25th, 1913.

The most important new features of the Ontario Act revised last year are:

(1) The provision whereby the province is divided into districts each with a trained medical officer. There are seven of these. Each officer gives all his time to sanitary work within his district.

(2) The reduction in the numbers of members of the local boards, there being five members for places of 4,000 population and upwards, and three members for places of 4,000 population and upwards, and three members for places of smaller population, in-

cluding the townships. The Medical Officer of Health is a member of the Board and its executive officer.

(3) The tenure of office of the Medical Officer of Health is made permanent. This official cannot be dismissed except for cause and with the consent of the Provincial Board. He must be paid a reasonable salary. Provision is made whereby the municipality pays his expense for attendance at the Annual Conference of Health Officers. This year about 300 were in attendance.

(4) The medical and surgical attendance upon indigents cannot in future be saddled upon the practitioners of a community. The Council is required to provide for this.

(5) The period given to report communicable disease has been shortened to 12 hours instead of 24. Measles and tuberculosis are made placardable diseases.

(6) Isolation hospitals are placed directly under the control of local Boards of Health and arbitration is provided in case of dispute as to their location outside the municipality.

(7) The onus of placarding premises for communicable disease is placed directly upon the Medical Officer of Health.

(8) Under the regulations the Medical Officer of Health has power to commit a tuberculosis patient in a hospital or sanitarium under certain circumstances.

(9) Power is given to a municipality to regulate and inspect its meat supply.

(10) Perhaps as important a part of the Act as any is that relating to the establishment of water works and sewerage systems. Neither of these may be begun without the approval of the Provincial Board, and under certain circumstances the Board has power to order a municipality to establish a water or sewerage disposal system.

(11) For the first time in the history of the Province, a Sanitary Engineer has been appointed under the Provincial Board.

The reports of communicable diseases and births and deaths made by the medical profession are very incomplete. The importance of this question cannot be denied. Some medical men claim they should be paid a fee for such reports. The Ontario Health Officers Association recently passed a resolution asking the Government to pass legislation requiring a fee of 50 cents for each report of a communicable disease, a birth or a death. This question should, in my opinion, be freely discussed here. All I have to say about it is this—that the members of the profession will, in the future, be required to obey the law. So, if they believe themselves entitled to a fee for such reports, they will get it only by

making their influence felt in the same manner as other organizations do. If they follow their usual business tactics and wait for Providence to help them they will get no more recognition than at present. These remarks are made with a view to provoking discussion.

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### DRINKING AND SMOKING IN CANADA

In the year 1912 Canadians smoked 975,325,501 cigarettes, the number being in excess of 1911 by nearly 200,000,000. The consumption of tobacco and alcoholic liquors in 1912 shows an increase all round over 1911. The per capita averages are given by the Department of Inland Revenue as follows: Spirits, 1912, 1.112 gals.; 1911, 1.030 gals.; beer, 1912, 7.005 gals.; 1911, 6.598 gals.; wine, 1912, .131 gals.; 1911, .114 gals.; tobacco, 1912, 3.818 lbs.; 1911, 3.679 lbs.

The figures for tobacco include cigarettes.

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### ONTARIO MEDICAL COMMISSION

of the new Toronto General Hospital on the afternoon of June, Sir James Whitney, the Prime Minister, took the opportunity of making the most important statement that his government had decided to appoint a Commission to investigate the whole subject of medicine and the practice of medicine in Ontario. Sir James Whitney stated that the object of this Commission would be to acquire information which would enable the government to base legislation thereon so as to regulate and control all in the interests of the public in the province. This investigation is to include the Ontario Medical Act, the College of Physicians and Surgeons and their governing body, the Ontario Medical Council, the medical faculties of all universities, the training schools of hospitals, dental schools, the practice of osteopathy, Christian Science, and all other healing classes or sects. Necessarily this investigation will be comprehensive and searching in its character, so as to enable the government to elaborate and construct legislation in the interests of the people, which will be the prime and essential end in view.

## MEETING OF THE CANADIAN MEDICAL ASSOCIATION IN LONDON

The Forty-Sixth Annual Meeting of the Canadian Medical Association took place in London beginning on June 24th and ending on June 27th. On the whole the gathering was a success, although perhaps not an unqualified success. From the point of view of the quality of the papers read and from a social standpoint all went merry as a marriage bell, but otherwise there were drawbacks. The attendance was somewhat disappointing, and as pointed out by Dr. H. A. McCallum, in his presidential address there seems to be a certain amount of lethargy among the members of the medical profession in Canada in that they fail to support the association with the enthusiasm which is needed to render the proceedings of such a body successful.

The place of meeting was all that could be desired, London is so beautifully umbrageous that it is eminently fitted for sojourn in weather so hot as was that which prevailed throughout the meeting. The inhabitants and medical profession were bountifully hospitable, and in consequence the visit was in a high degree enjoyable.

Perhaps the distinguishing feature of the meeting was the success of the public health section. Under the extremely able, albeit firm guidance of Dr. Helen MacMurchy, the programme mapped out was carried through with scarcely a hitch. However, before dealing with the papers and discussions of this section in any detail it will be in place to sketch as fully as possible in the comparatively small space allowed by the editor, the general proceedings of the meeting. The first general session was held in the evening of June 24th in the large hall of the Masonic Temple on Queen's Avenue. The building was in many respects well adapted for a large meeting, being new, commodious and well arranged. Unfortunately the large hall is ill-suited to public speaking, its acoustic properties being very poor.

The Mayor of London welcomed the visitors in a hearty manner, and Dr. White, ex-Mayor of St. Johns, N.B., responded on behalf of the association in felicitous terms. The executive committee was then selected as follows: Dr. F. P. Drake, London; Dr. Mackid, Calgary; Dr. Primrose, Toronto; Dr. Small, Ottawa; Dr. Adami, Montreal; Dr. Reeve, Toronto; Dr. Halpenny, Winnipeg; Dr. McKechnie, Vancouver; Dr. Brett, Banff; Dr. McNeil, St. Johns; Dr. Maider, Halifax; Dr. Park, Whitelaw, and F. N. G. Starr, Toronto.

Dr. J. Alexander Hutchinson, Montreal, delivered the address in surgery, taking as his subject, "Fractures and Their Treat-

ment." He reviewed at some length the various methods of treatment of fractures, illustrating his text with examples drawn from his own practice. The most interesting point made in this address was the suggestion that the association seek to have the status of medical men defined by law with regard to suits for malpractice. Dr. Hutchinson pointed out that since the introduction of radiography into medicine and surgery skiagraphs of fractures were made use of frequently in courts of law to the prejudice of the profession. He declared that no layman nor lawyer is competent to tell whether or not the photograph is a true picture of conditions. They do not know the pathological aspect of the case. Experts alone should decide. We should be protected from such practices. The question of medical ethics is also involved, for he did not see how it is that any physician can sell radiographs to injure a brother physician.

Dr. T. S. Cullen, of Johns Hopkins University, Baltimore, gave the address in gynecology. This address was a strong plea for the institution in Canada of methods similar to those initiated recently in the United States for the purpose of teaching the general public how to detect early symptoms of cancer. Dr. Cullen gave an interesting account of the popular campaign against cancer in the United States, and showed how well the newspapers and magazines had co-operated in the scheme and how widely knowledge of the disease was being diffused. As a result of the popular propaganda physicians had reported that large numbers had come to them for treatment with a very satisfactory outcome. Dr. Cullen emphasized a point of extreme importance that good pathologists were required in every hospital as the great surgeon of the future would also be a great pathologist.

The first incident of note which occurred at the meeting on the evening of Tuesday, June 25th, was the reading of the report of the Canadian Committee, authorized to investigate into the value of the so-called Friedmann cure for tuberculosis. Of course, interest in this matter has been greatly discounted by the upshot of the affair in the United States, and in addition both the medical profession and the general public have been wearied beyond description by the long and conflicting accounts that daily appeared in the lay press. The Canadian report then may be termed the last nail in the coffin, at any rate on this side of the water. Dr. J. George Adami briefly sketched the history of events leading up to the report, and then Dr. George Porter read the report. The following were the conclusions: 1. The inoculations have neither constantly nor frequently been followed by marked change in the clinical course of

the disease. 2. The cure or progress towards cure claimed by Dr. Friedmann for the treatment has not constantly nor even frequently taken place in the time during which these cases have been under observation. 3. That upon investigation the committee finds that the results have been disappointing, and that the claims made for his remedy by Dr. Friedmann have not been proved, and that nothing has been found to justify any confidence in the remedy. All the members of the committee signed this report with the exception of Dr. Chas. Hodgetts, who was said to be averse from making any report. In explanation of his attitude Dr. Hodgetts is reported in a London daily paper to have stated that in his opinion Dr. Friedmann had so discredited himself by not keeping his word to the effect that he would inform the members of the committee of the composition of his remedy, that he, Dr. Hodgetts, thought a report would be worthless. Although not the exact words of Dr. Hodgetts as given in the paper, the above embody the substance.

Dr. McCallum, the President, read his address, which was of a fighting nature, that is to say, in it he criticized severely many defects which according to him, are inherent in the Canadian medical profession at the present time. Dr. McCallum pleaded earnestly for a more active interest on the part of the profession, in the work of the association. Funds were especially needed to rescue the profession from the exploitation by and commercial enterprise of certain drug houses. The chemical industry of Germany was carefully organized, and it was difficult to know what to accept and what to reject. Trained and scientific censors were needed to give advice and to assist in shaping legislation to prevent the sale of nostrums. Dr. McCallum praised the report of the Carnegie Foundation, but thought that its compilers had made an error in so highly praising the German methods of medical teaching and training. In his judgment the British methods were the best in that they produced the most satisfactory results. The British schools of medicine turned out the best practical men which, after all, was the object to be aimed at. At the present time the curriculum of the medical student was overburdened with subjects and he as able and receptive as possible, it was not reasonable to expect that he could digest and assimilate such a variety of material.

Dr. Llewellys F. Barker, Professor of Medicine at Johns Hopkins University, Baltimore, gave the address in medicine. This dealt with the nerve supply of the internal secretory organs and the smooth muscles and was an able and scholarly exposition of a matter concerning which little is known. Dr. Barker did not read

a paper, but gave a charmingly lucid lecture copiously illustrated on the screen. In spite of its interesting character it was impossible to take notes, as the lights were turned out. Dr. Barker, however, said that he would send a paper to the association and no doubt those who see the association journal will have the opportunity of reading the account of an engrossing and to some extent an original subject.

Dr. Barker, who is a remarkably fascinating lecturer and personality, gave the visitors to the meeting the chance of hearing him at his best in the public health section. He gave a short address on mental hygiene, a question in which he is greatly interested, and of the popular movement in this direction for which he was the prime mover in the United States. By the term mental hygiene he explained that was meant the improvement and conservation of mental health to make men think better, act better, and become better than now. The imbecile, the criminal, the prostitute, the insane, were so because they had to be. The majority had been born with a bad brain, and acted as their brain directed, while others, although born with a good brain, because of some deleterious act, acted wrongly or criminally. Dr. Barker deprecated the idea that there were any grounds for antagonism between the views of the eugenists and the enthenists. Eugenists believe largely in the influence of heredity and the enthenists in that of environment. Both schools are of equal importance, and there should be no quarrel.

Dr. Barker sketched the campaign now going on in the United States to bring before the public, the medical profession and the law gives the importance of mental hygiene, and he suggested that it might be to the benefit of the public if judges were to make a study and practice of mental hygiene.

The discussions in the Public Health Section relating to medical inspection of school children and to venereal diseases were of immense importance and deserving of more consideration than can be given them in this short account. Suffice it to say, that for the proper carrying out of measures calculated to provide efficient medical inspection of schools and to control the spread or possibly to stamp out venereal diseases, it appeared to be the general opinion of those present, that federal domination would be the true solution of the problem. In provincial and municipal domination, politics were bound to influence and hinder. Dr. Halpenny was especially insistent on the view of the situation.

A committee was formed to report on both of these matters. The report on venereal diseases was handed in on June 26 by Professor



Harris, of Winnipeg, in which a recommendation was passed to the effect that Provincial Boards of Health be asked to have venereal diseases classed as reportable infectious diseases.

Dr. Helen MacMurchy on the evening of June 25 gave an illustrated popular lecture in Wesley Hall on "National Health." Dr. MacMurchy made the somewhat dry bones of sanitary science alive to the man in the street and among good things said that at the present time there is high standard of public health in Canada.

Dr. H. W. Hill, Director of the London Institute of Public Health, and who presided over the meeting at which Dr. MacMurchy took the chief part, was prominent throughout the entire meeting and did much to bring about the great success of the deliberations of the Public Health Section.

The symposiums on diseases of the stomach, medical and surgical aspects, introduced by Dr. Alexander McPhedran, and on diseases of the thyroid, medical and surgical aspects, introduced by Dr. A. J. Ochsner, Chicago, were features of the meeting.

On June 27, Dr. Frank Billings, of Chicago, conducted a medical clinic, and in the afternoon of the same day Dr. John B. Murphy, of Chicago, the wizard of the knife, gave a clinical lecture. It goes without saying that both of these lectures were worthy of the reputations of the men who gave them.

Only the questions of paramount concern have been touched upon in the necessarily brief description, and particular stress has been laid on the proceedings relating to public health matters, because preventive medicine is of such supreme importance and because the meeting just ended in London was the first that had a section devoted to public health. In all respects, the papers in every section attained a high standard, and as said before no fault could be found with the quality of the papers.

Among matters of interest that occurred during the meeting was the presentation of an illuminated address to Dr. Roddick and the conferring upon him the honorary life presidency of the association for the great service he has performed in bringing about medical reciprocity in the Dominion. Sir James Grant was made an honorary life member of the association.

Dr. Adam Wright introduced a resolution moving that the Canadian Medical Association and the Ontario Medical Association be separated. This motion was referred to next meeting.

St. Johns, N.B., was selected as the next place of meeting and Dr. Murray Maclaren of that city was chosen as next President.

### TREATMENT OF BURNS BY THE APPLICATION OF ALCOHOL

In the *Australian Medical Journal* of Jan. 4th, Dr. E. T. C. Milligan has described a method of treating burns which he has found more satisfactory than the current methods. In burns of the second, third and fourth degree, cleansing with antiseptic lotions is usually recommended. The moisture causes the sloughs to become septic—in other words, converts dry into moist gangrene. Frequent and painful dressings are then necessary. Dr. Milligan excludes water from the treatment, and applies alcohol. He thus prevents moist gangrene and inflammation and saves much suffering. A child, instead of spending several months in hospital, can soon have the burn grafted and run about. The details of the method are as follows: If the patient is in such a state of shock that he cannot stand an anesthetic, a watery saturated solution of picric acid is applied on lint and protective is put over this to prevent evaporation. On the next day the protective is lifted and more of the solution is poured over the lint, which is not changed. On the third day the patient is either obviously going to die or can stand an anesthetic. If the picric acid be continued any longer the burn will become offensive. Dr. Milligan has not found the picric acid treatment of burns satisfactory, and simply uses it in the absence of anything better for a patient in a condition of shock. Moreover, the acid is absorbed and may cause toxic symptoms. If the patient is in a condition to allow the administration of an anesthetic he is given chloroform, and the burns are cleansed with sterile gauze wrung out of 70 per cent. alcohol. The whole surface of the burn and the surrounding skin is rubbed vigorously. Blisters are rubbed off with all dead tissue. No blister is pricked, nor is the dead skin allowed to remain to keep fluid pent up only to be infected by the organisms of the skin. Dead tissue is more effectively and easily rubbed off than removed with scissors and forceps. After thorough cleansing a dressing of sterile gauze wrung out of the alcohol is applied. Over this dry gauze and wool are applied, and then a bandage. Under chloroform the same process is repeated daily. Every other day will not do, for the burns begin to be septic and offensive. The parts are rubbed, not wiped, with gauze wrung out of alcohol. On beginning to remove the dressing it will be found stuck to the surface. By pulling upon it bits of dead tissue are satisfactorily removed. The dressings are continued for about eight days, when burns which have not destroyed the whole thickness of the skin will be found in such a clean state that boroglyceride gauze or gutta-percha tissue can be

applied as a dressing without any pain. It is striking how rapidly the burns now heal under the boroglyceride. If they become infected again, one cleansing with alcohol, followed by one alcohol dressing will render them again aseptic. Burns which involve the whole thickness of the skin take longer on account of the sloughs. Under the alcohol treatment these become black, dry, and shrivelled up, and can be torn off or dissected with a sharp scalpel and forceps. Valuable time will be lost if the surgeon waits for the sloughs to separate. The best results follow the cutting off of the sloughs, for they are not sodden, and the surface is aseptic. A scalpel must be used, for it leaves a clean cut, with no track of dead and injured cells as a scissors does. Dr. Milligan has employed this treatment during five months for a great number of burns in the Children's Hospital, Melbourne. One case of extensive and deep burns was fatal. Two large duodenal ulcers were found at the necropsy, but at the time of death (twelfth day) the burns were in an aseptic state, with all the sloughs removed. In all the other cases healing was most satisfactory. They included burns and scalds of almost all parts of the body, some deep, some on the face, and some on the buttocks, where cleanliness is difficult to maintain in young children. The daily use of chloroform did not prove in any way injurious. There was never any vomiting to interfere with the taking of food, so necessary for a burnt child. Anesthesia must be employed, otherwise the application of alcohol would be too painful. When the children recover from the anesthetic they feel no pain, and are quite happy.—*The Lancet*.

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#### DR. HELEN MACMURCHY APPOINTED

Dr. Helen MacMurchy, Toronto, has been appointed by the Ontario Government to a new office, namely, Inspector of Feeble Minded and Assistant Inspector of Hospitals and Charities. The government is to be congratulated upon securing Dr. MacMurchy's services, as for many years she has taken a leading part in several movements for the public's good, such as the prevention of infant mortality, the care of the feeble minded, medical inspection and supervision of school children, etc.

Dr. MacMurchy was graduated from the University of Toronto in 1900 and subsequently took courses at Johns Hopkins and the Women's Medical College, Philadelphia. She was the first editor of the *Canadian Nurse*, and has contributed many valuable articles to medical conventions and the medical press. Her reports on infant mortality are considered the best produced upon that subject.

## News Items

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Dr. D. F. Gurd, Montreal, has gone abroad.

Dr. T. H. Stark, Toronto, died suddenly of angina pectoris.

Dr. J. S. Williams, Oakville, Ont., died on the 4th of June.

Dr. J. A. Roberts and family, Toronto, are at Beaconsfield, Que.

The University of Toronto has honored Dr. F. F. Westbrook, the President of the new University of British Columbia, with the degree of LL.D.

Dr. Jerrold Ball, for many years in practice, died recently in this city.

Dr. W. Warner Jones, Toronto, has been spending a holiday at Bala, Muskoka.

Dr. Alan W. Canfield, Toronto, will hereafter confine his practice to diseases of children.

Dr. Ernest Hall, Vancouver, who recently underwent a critical operation, has quite recovered.

Dr. W. J. Mayo, Rochester, Minn., has been made a fellow of the Royal College of Surgeons of England.

Congratulations to Dr. Murray Maclaren, St. John, N.B., upon being elected President of the Canadian Medical Association.

Dr. J. Algernon Temple, Toronto, has been honored with the degree of Doctor of Laws by his alma mater, McGill University.

Dr. W. H. Lowry, Toronto, who was severely injured at Niagara Camp, is progressing favorably in the Toronto General Hospital.

Dr. Hughes, editor of the Western Canada Medical Journal, attended the annual meeting of the American Medical Editors' Association.

Dr. Victor C. Vaughan, Dean of the Medical Department of the University of Michigan, Ann Arbor, has been elected President of the American Medical Association.