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Number 1

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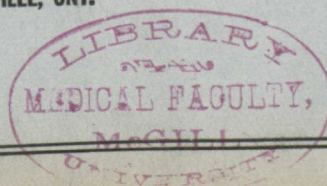
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<b>Surgery:</b> Walter McKeown, Herbert A. Bruce, W. J. O. Malloch, Wal- lace A. Scott, Geo. Ewart Wilson.	<b>Ophthalmology:</b> D. N. MacLennan, W. H. Lowry.
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# Dominion Medical Monthly

And Ontario Medical Journal

Vol. XLII.

TORONTO, JANUARY, 1914

No. 1

## Original Articles

### VENEREAL DISEASES

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

“Lo, the pallid tryponema,  
Hated most of all bacilla,  
Hated by the country doctor  
And the specialist so clever.”

Some gonococci, duplex and small  
(They were born at a picnic the previous fall,  
And by agile turn and twist in flight  
Had escaped the maw of the phagocyte)  
Were mourning, each to the other twin:  
“What sort of a hole is this we’re in?”  
—“O to breed in the infant’s eye, in the swollen joint as well—  
And the facts supply, when deacons lie, and “cart-wheel” stories  
tell.”

—*Cin. Lan. and Clinic.*

“The care of the public health is the first duty of a statesman,” said Disraeli, but the exercise of that duty—encouraged, first by medical gentlemen, in time, frequently becomes their work for the betterment of the world. The incentive to present this paper *at this date* is due to the articles by Drs. Hodgetts and Clarkson in October issue of *Can. Pract. and Review* and of editorials in these pages, although before these appeared this paper was in preparation. In the apocryphal writings of the Old Testament, the 38th chapter of the book of Ecclesiastes—or a portion of the chapter, is

devoted to the physician, his duty, the divine nature and dignity of his calling, and his dependence on the Most High, the origin of his medicines, etc. The divine writer says very wisely: "Honor the physician with the honor due unto him, for the uses which we may have of him, for the Lord hath created him." (We wonder if the good Lord tolerates osteopaths to use the *distinction* of *physician* or *doctor*—or does the dictionary?) "For from the Most High cometh healing, and he (the physician) shall receive honor of the King. The skill of the physician shall lift up his head, and in the sight of men he shall be in admiration. The Lord hath created medicines out of the earth, and he that is wise will not abhor them."

And he has given men skill that he might be honored in his marvellous works. With such does he heal men and taketh away their pains.

"My son, in thy sickness be thou not negligent, but pray unto the Lord, and He will make thee whole. Leave off from sin and order thy hands aright, and cleanse thy heart from wickedness . . . . Then give place to the physician, for the Lord hath created him, let him not go from thee, for thou hast need of him. There is a time in their hands there is good success" (especially in early stages—than a salver full of salvarsan, when the wages of sin tell the story). "For they shall also pray unto the Lord that He shall prosper that which they give for the ease and remedy to prolong life." This does not teach Osteopathy, Chiropractics, the Christian Science or any fake cult. The above advice, says the Lord, will prosper the prescribed methods of the physician; anyway, let him that sinneth fall into the hands of the physician. Yes, better than later on to fall into the hands of him who gives the "*made-in-Germany*" salvarsan mixture.

In regard to these holy prescriptions and suggestions, we must admit that they and other sacred and ancient epistles teach, are worth trial in these days, for *Nam sana est veterum librorum scriptura, quae sic est accipienda*, fully believing, too: *optimi consilarii mortui*.

Brother, in the bonds of medicine, this, my paper, is presented as an anthology—as texts for many sermons and many reflections, suggestions and sorrows when eugenics, phylogenesis and similar studies are becoming the concern of the most civilized nations. We present our analecta as gems of truths, and which, by association, may appear of greater value and teach more than if one man's opinions were given—however, the thread only that

forms the analecta is mine in the gathering and in the arrangement thereof, for I must admit I am a "poacher in obscure volumes." I commence (Incipiam):—To him, to them, whom lust sexual has their life worth destroyed the pathology of the great English dramatist is applicable: "The life of all his blood is touched corruptibly; and even his own pure brain, which some have vainly supposed was the soul's frail dwelling place, doth by the idle comments it makes foretell the ending of mortality."

More than 2,000 years ago Epicharmus said "soberness and constant doubt, these are the marrow and bone of the mind," especially among and by members of our profession, for they point to *via recta ad vitam longam*. As regards our work, Dr. Garth, a contemporary of Dryden, tells us a part of it, and names a few restless ferments with which we contend in practice. Febris is first: The hag, relentless, hears the virgin's sighs, and sees the infant's tears. In her parched eyeballs fiery meteors reign; and restless ferments revel in each vein. Then hydrops next appears amongst the throng; bloated and big, she slowly sails along. But, like a miser, in excess she's poor; and pines for thirst amidst her watery store. Whilst meagre phthisis gives a silent blow; her strokes are sure; but her advance slow. No loud alarms, nor fierce assaults are shown; she starves the fortress first, then takes the town."

Paracelsus tells us "the body has been given us without venom, and whatever makes a man sick is the venom that gets into his nature from outside." If so, herein are studies worth one's best energies. As regards sexual disorders herein named it becomes us, our brothers' keepers, "to write the vision (of our research) and make it plain upon tables that he may run who, as Habakkuk says, readeth it." Woman, it has been said, is the thermometer of humanity. She rises with the moral standard of the male and falls as his standard falls, and wherever prostitution is rife the moral tone of men is low. In Atharva Veda (Sanserit), a writer in *London Lancet* discovers that a very good imitation of modern surgery was practised in India in the third century B.C. The great Indian surgical and medical authority of that period was Sushurta. He had what many of us regard as sound views on medical politics, and his ethics were the highest, for he says: "A physician experienced in his art, but deficient in his knowledge of the science of medicine, is condemned by all good men as a quack, and deserves capital punishment at the hands of the King." Again, he says, "the patient who may mistrust his own parents, sons

and relatives should repose an implicit faith in his own physician, and put his own life into his hands without the least apprehension of danger; hence a physician should protect his patient as his own begotten son," yes, in all cases, except venereal disorders, and then the chief medical health officer should know the facts, for the nation's interests are of greater importance and must be conserved. "It is the doctor, and he alone, who knows no sentimentalism, for he dominates action for the amelioration of many evils, and deplores damaged goods. *Hearst's Magazine* says of Brioux's 'Damaged Goods': There is no weak or morbid handling of the theme. The doctor appears in his high and ideal function as the modern high priest of truth. Around him writhe the victims of ignorance and criminals of conventional cruelty. Kind, stern, high-minded, clear-headed, yet human-hearted, he towers over all, as *the master*. This is as it should be. The man to say the word to save the world of ignorant wretches, cursed by the clouds and darkness which a mistaken modesty has thrown around a life-and-death instinct, is the *physician*." If these words are truths, and no one so bold to deny them, are we not prevented in our altruistic work by our Legislatures—even in this, our native province—when many states are offering us many commendable lessons for reforms in sexual sins. "The greatest criminal is he that poisons the germ cells" is becoming more and more as a widely recognized truth. One fact is this, and the world is recognizing it in its fullness: that science, especially that of our profession, is bound, as Sir William Thompson has said, by every law of honor to face fearlessly every problem that can be fairly presented to it.

We must agree with Chaucer, whose words are: "That out of olde felde, as man saith, comith all this newe corn from yeare to yeare; and out of olde bookis, in good faithe, comith all the newe science that men learn." "The world is beginning to perceive," says Francis Galton, "that the life of each individual is, in some real sense, a continuation of the lives of his ancestors." Each of us is the footing up of a double column of figures that goes back to the "first pair," and, with Holmes, we must agree that we are "omnibuses in which our ancestors ride," and our decisions must be tempered with Burns' words:

"What's done we fairly may compute,  
But know not what's resisted."



We must tell you what old Prior said very many years ago:—

“ For a distemper of this kind  
 (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.”

*Quo Vadis Domine?* I present the ballad (Syphilis), by John Gay (1685-1732):

“ I knew a yeoman who for thirst of gain to the great city  
 drove from Devon's plain his numerous herd. His herds he sold,  
 and his deep leathern pocket bagged with gold. Drawn by a fraud-  
 ful nymph, he gazed, he sighed; unmindful of his home and dis-  
 tant bride, she leads the willing victim to his doom through wind-  
 ing alleys to her cobweb room; thence through the streets he reels  
 from post to post. The vagrant wretch the assembled watchman  
 spies, he waves his hanger, and their poles defies. Deep in the  
 roundhouse pent all night he snores, the next morning vain his  
 fate deploras. Ah! hapless swain! unused to pains and ills, canst  
 thou forego roast beef for nauseous pills? How wilt thou lift to  
 heaven thy eyes and hands when the long scroll the surgeon's fees  
 demands? Or else (ye gods avert that worst disgrace) thy ruined  
 nose falls level with thy face; then shall thy wife thy loathsome  
 kiss disdain, and wholesome neighbors from thy mug refrain.”  
 It is needless to state that the germ of syphilis is the spirochetæ  
 pallida, or the spiral-shaped germ. Timothy, in his second epistle,  
 reminds us that there were Devonians in his day, and says: “ For  
 of this sort are they which creep into houses and lead captive silly  
 women laden with sins, led by divers lusts.”

Aristotle says: “ Drunken women have children like unto  
 themselves,” and Plutarch remarks: “ The drunkard by inherit-  
 ance is a more helpless slave than his progenitor, and his children  
 are more helpless still, unless on his mother's side there is an un-  
 tainted blood. For there is not only a propensity transmitted, but  
 an actual disease of the nervous system.” Robert W. Service in  
*Sourdough* makes the *Parson's Son* say: “ If God made me in His  
 likeness, sure he left the devil inside,” and, no doubt, these were  
 parts of the Devonian farmer's prayers; if not, he could console  
 himself with Byron's words:

“ My days are in the yellow leaf,  
 The flowers, the fruits of love are gone;  
 The worm, the canker, and the grief are mine alone.”

for it cannot be said "he goeth after her straightway as an ox goeth to the slaughter, or as a fool to the correction of the stocks," as named in Proverbs.

Let us not say: "*Thy fury inward on thyself prey and consume thee!*" In that sublime, philosophical and didactic poem *De Natura Rerum* of Lucretius are these words of a wrecked life: "The pains of hell exist not in the grave alone, but here, and curse our living"—"and yet without her, the *Meretrix*," says Lecky in his *Morals*—"the unchallenged purity of countless happy homes would be polluted," etc.

"*O! tempora, O! Mores.*"

It is said (vide *Religio Medici*) that *Plato's* year appears after a lapse of two thousand years, in which appear or reappear many social and other interests in all their fullness; and if such predictions be a fact, it would appear, if Horace were to re-visit the pale glimpses of the moon and continue his odes, satires, epodes and epistles, he would find plenty material for copy. Juvenal, too, could add much to his satires to prove this age is thoroughly saturated in lust. These two satirists deservedly and timely lashed society, and their works tell sad stories of their times, and corruptions equalled by our own people. Many sentences of the works of Horace—even of Juvenal—are not for young readers, yet instructive and irresistibly attractive to the students of morality and minds of cultured men. Society is equally as debased as when they lived. The slashed and harem skirts, silhouetted garments, tattooed legs, falsely and deceptfully inflated bosoms, etc., ladies' fashion magazines, home journals, fashion plates, licentious literature of public books and engravings, etc., would cause *Inachia*, or her named in Epode vii. (Horace) and (*In Anum Libidinosam*) to blush in her white vest.

We must agree with Dr. Morrow, who says: "We may well ask why certain infectious diseases are elevated to the dignity of a danger to the public health and every effort made to prevent their spread, while another class of diseases, compared with which the morbidity of the former is but a molehill to a mountain, is completely ignored."

However, we must admit, with Pope:—

"Vice is a monster of so frightful mien,  
As to be hated, needs but to be seen;  
Yet seen too oft, familiar to the face,  
We first endure, then pity, then embrace."

And let us not only practise, but teach, that "prudent, cautious self-control is wisdom's root," as told by the immortal Burns, who confessed his sins, even as did *Holy Willie* in his prayer—even thus good for the soul:—

"But yet, O Lord, confess I must,  
At times I'm fashed wi' fleshly lust;  
And sometimes, too, wi' wardly trust, vile self gets in;  
But thou remembers we are dust, defiled in sin,"

and, remembering that, she—the nymph—"was the sort by whom fool men were snared." And in the words of the greatest of saints—even St. Chrysostom—a necessary evil, a natural temptation, a desirable calamity, a domestic peril, a deadly fascination, and a painted evil.

"Sin may be clasped so close we cannot see its face (Trench),  
Vile intercourse where virtue has no place (Somerville);  
Then keep each passion down, however dear (Thompson),  
Thou *pendulum* betwixt a smile and tear (Bryant);  
Her sensual passions, let faithless pleasures lay (Dr. Smollett),  
With craft and skill to ruin and betray" (Crabbe).

That the Bard of Avon knew a few facts in regard to the pains of periosteal nodes, tendon gummata, ozena, alopecia, sallow skin, laryngitis, etc., read *Twelfth Night* (Sir Andrew) in *Love's Labor Lost*, *Pericles*, *Prince of Tyre*, *All's Well That Ends Well*, etc.

In the classical address of Dr. Abraham Jacobi (New York) at McGill in 1911 we find these words:—

"Wutzer was, like Fournier and Erb after him—perhaps even more so than they—a great believer in the ubiquity of syphilis. With twinkling eyes he would look up to us suggesting that everybody is a little syphilitic," and to the ordinary M.D. confirmation of this opinion is often afforded in various characters and characteristics and when least expected. Shall we say: *Ignorabimus?* However, let us repeat Huxley's words: "When we know nothing we can neither affirm nor deny with propriety"—*nec est fas scire omnia*, and "there are occasions and causes why and wherefore in all things."—(Shakespeare). There is no branch of the practice of medicine—surgical, gynecological, medical—in which syphilis does not occupy the premier position as a causative agent, says Dr. F. Arnold Clarkson, whose paper, "*Venereal Disease as a Public Health Problem*," is before me, and heretofore named, and hospital authorities endorse his statements as worth preservation.

Sir Malcolm Morris has recently said to us: "Our mission is the service of humanity. And at this juncture we can do no greater service alike to medical science, whose votaries we are, and to mankind, whose servants we claim to be, than to urge upon our Governments the imperative necessity of taking systematic and thorough action to suppress one of the *greatest scourges* of the human race—*syphilis*." And who is she who "remains while creeds and civilizations rise and fall, who is this eternal priestess of humanity, blasted for the sins of the people"?

Wm. Lecky's History of European Morals (1869) says: "Under the circumstances there has risen in society a figure which is certainly the most *mournful*, and in some respects the *most awful*, upon which the eye of the moralist can dwell. The unhappy being, whose name is a shame to speak, who counterfeits with a cold heart the transports of affection and submits herself as a passive instrument of lust, scorned, insulted as the vilest of her sex, and doomed for the most part to diseases and an early death—appears in every age as the perpetual symbol of the degradation and the sinfulness of man," and whom many virtuous women are copying—even copying her—the *meretrix* and her seductive arts.

Is she to advertise her meretricious and lecherous allurements while "creeds and civilizations rise and fall"? Are not venereal diseases equally necessary to be reported, stamped out, exposed and prevented? If so, we of this Province can find much instruction by copying the state rulings of Indiana and several states, whose civilization in public health interests is more marked than that of Ontario, or any one of its sister Provinces.

"The fool was stripped to his foolish hide,  
Which she might have seen when she threw him aside,  
(But it isn't on record the lady tried),  
So *some* of him lived, and the *most* of him died," said Kipling.

From Anthon's Classical Dictionary we find reference to the dispute between Jupiter and his spouse. On some occasion Jupiter and Juno fell into a dispute as to which derived more pleasure from the conjugal state, the male or the female. Unable to settle it to their satisfaction, they agreed to refer the matter to Tiresias, who had known both states. His answer was, that of ten parts but one falls to man. Juno, incensed at this, deprived the guiltless arbitrator of the power of vision—hence "love is blind and temporary madness."

Thomas Holmes tells us that practical experience of trying to save the lost will soon destroy the assurance of those "who talk with rare unction about engaging in rescue work." Of fallen women he says: "Mentally diseased or sensually possessed, they present a hopeless problem, and unless science can find some method of treating them as patients the problem will go unsolved." If science and moralists advocate early marriages, the destruction of one-half, at least, of the books of our public libraries, the denunciation of madam struggling to be Adam, that the pursuit of "careers" by women is as fatal to domestic happiness as is a barren womb, that the "Brooks'" so-called colleges for young girls are nurseries for future unlooked-for homes, for which they are unfitted as companions or ideal mothers, the purification of moving picture shows, less school teaching and books on sexual subjects, less study of fashion plates, corsets, bust developers, ladies' home journals, and more about home life, hospitals for women would cease to exist and prostitutes become unknown.

My apology for this presentation is (1) loyalty to this, my native Province, and in this saying: "If it is right, there is no other way; brave words to speak, and braver still to live" and to teach these truths, and (2) "who dare think one thing and another tell, my heart detests him as the gates of hell." When our homes and family altars are contaminated: "*Qui non libere veritatem pronunciat proditor est veritatis pro aris et focis.*"

Let us not henceforth foolishly consider any one of the sins herein named as beneath our urgent study, and this paper or similar papers as illustrating any other than a serious interest and sense and not:

" Just a bit of badness,  
Man and woman's *madness*,  
Studies of life's *sadness*  
Versed with ink and pen,"

yet it must be admitted again that *the greatest criminal is he who poisons the germ cells.*

**VITAL RESISTANCE**

---

By A. C. E.

---

The devil of temptation attacked Dr. Forrest Gilman in a very peculiar way. This temptation does not often assail members of the medical profession, and when it does it is generally batted out of the box. Occasionally, however, it succeeds.

The laity, as professional people designate the balance of the general public, do not and cannot understand this particular devil of temptation. In fact they mostly ridicule it. But to the highly ethical medical practitioner it is his fetish—his god.

Dr. Forrest Gilman had practised in the big city the full term of ten years—the time, generally conceded, required to create a lucrative practice. But the practice had not come to him. He seemed to possess all the necessary attributes and qualifications for success, a good presence—for he was tall, straight as an arrow, of military bearing, handsome; a good manner—for he was pleasant-spoken, affable, kindly, sympathetic. He had hosts of friends, but somehow or other the patients all went to other doctors. There was no doubt of his ability—he had been a first-class honor man each year of his medical course; and it was his proud boast amongst his immediate confreres that, in the first four years of his professional life, with moderate practice, he had not lost a single case.

At two and thirty he was deeply in love with beautiful Madge Pemberton, the prettiest of the three daughters of Professor Pemberton of the University. The Professor would have been very glad, indeed, to have had his salary of \$2,500 thus relieved; and the fiancée was willing to participate in her lover's chances of success.

Though it cost his pride dearly, Forrest Gilman bared his soul to her one evening when he was in a condition of deep depression over his outlook in life. The day had been a steady downpour of rain which added to his gloom. They were seated on a divan in her father's drawing-room.

"My dear Madge," he began, "I'm afraid I'm not treating you fairly," as he passed a caressing arm around her well-moulded form.

Madge Pemberton was one of those sweet, clinging creatures

who seem to invite protection, and as she nestled by his side she questioned:

“Why Forrest—my Forrest?”

“We have been engaged three years now and I have never asked you to name the day.”

“But I have always told you I could wait—why should that worry you?” for she felt he was indeed deeply worried—and she patted his cheek.

“The truth is—and I’m ashamed to own it—I’m——” hesitatingly.

“The truth is—what—dear?” reassuringly.

“The truth is, Madge, dear, after ten years’ practice in this big city I have not saved enough money on which to get married.” with a halting sigh.

Her intuition told her there was something more, so she simply whispered as she did not care to be inquisitive about his private affairs:

“Go on!” as she continued stroking his cheek.

“It’s awful for me to have to tell you this, Madge. It stultifies my manhood. But what can a man do when he has simply to sit in and wait?”

He felt a slight shiver in her frame as though of doubt in her mind, and as she vouchsafed no reply he proceeded:

“The truth is, my dear Madge, I cannot collect enough money from my practice to more than barely support myself, let alone a wife. I can make enough for a moderate household, but there are so many poor people who cannot pay, so many people who will not pay although they can, so many dead-beats, that I do not collect one-half I place upon my books. In a big city like this where there are so many doctors on the teaching staffs of the medical schools and colleges—the old cry of a university town—so many medical students who are advertising their favorite professors all the time all over the town amongst their friends and acquaintances—that is one thing which militates against the general practitioner such as I. Then there are so many hospitals and dispensaries where more than the very poor go and get charity treatment—and these hospitals must have so much clinical material for teaching the students that that is another thing which cuts into the practice of the non-school men. These charities are all sorely abused. Then again the whole city is permeated through and through with lodge practice—fancy treating a man every time he gets sick day or night for a dollar a year! As for lodge prac-

tice I don't believe in it; I can't believe in it; I detest and hate it. There ought to be some law to make people pay their honest debts—one can't be suing individuals all the time for two, three, five or ten dollars. I suppose in the ten years I've been in practice I have eight to ten thousand dollars on my books I shall never get, yes, probably twelve or fifteen. Then it costs so much to live nowadays; rent is so high, and everything is so dear. So I say it's not fair to you nor honest in me to hold you to your plighted troth—and yet, Madge, my love, my all, I cannot give you up," and his strong arms encircled her, his whole frame shook intensely, and his head sank upon her shoulder.

Madge Pemberton was a dear, good girl. Silently she disengaged herself from her loved one's embrace, and, taking his face in her palms, kissed the moisture from his cheeks.

"Never mind, dear Forrest," she kissed, "there's a better day coming. You are not the only one who has had a hard struggle to succeed in life. Ten years, I know, is a long time to battle against fate whilst having to maintain appearances, but I feel you will succeed. You deserve to succeed. God is good!"

"Ah!" he sighed, with a sad shake of the head, "but not to me."

She twined her arms about his neck and solaced: "I will never marry anyone but you, dear Forrest," and then, as another thought shot through her mind, "but you, dear, you are young, handsome, in a noble profession, respected—why not you? Some millionaire's lovely daughter——"

His hand closed over her exquisite lips as he bent a firm, resolute gaze into her soft brown eyes: "Never, Madge! No one but you!"

So they parted.

All that livelong night Forrest Gilman tossed in troubled sleep. Two alternative situations beset him. Try as he would to drive them both out of his thoughts they would not out. Every fitful doze ended with these two spectres presenting themselves. He reversed, slapped, and pounded his pillow by turns. He was not a man given to sedatives—had never had occasion to take any in his life—was even over-cautious in administering them to his patients. Better get natural sleep, he would advise, than resort to drugs. The loss of a few nights' sleep now and again was not harmful to any man. Nature will assert herself. And he always practised in himself what he preached to others. So he fought the long night through.



The morning found him unrefreshed, but strong and determined. He had selected his alternative. He would, however, take time to mature his plans.

All unconscious to Dr. Forrest Gilman a beautiful pair of eyes had been upon him for some months. He did not know that the owner of those jet-black eyes framed in long black eyelashes and surmounted by delicately-traced eyebrows of a similar color possessed the unusual charming accompaniment of a wealth of golden hair. It was quite possible he had never seen such a contrasting combination. If he had he would have known that the two colors generally go with a very lovely face, a tall, willowy form and grace superb. He was soon to know.

That day dragged along for Dr. Forrest Gilman as many others had done before—no patients in his consulting-room—no outside calls to make. But he was ever a busy man. In a small laboratory at the rear of the surgery he spent all his spare time perfecting his knowledge in physiological chemistry and conducting and prosecuting his own researches—a science at this time just coming into prominence amongst medical scientists.

At three o'clock in the afternoon a telephone call came. It was from the office of a brother practitioner who was engaged upon an outside case. He had frequently assisted this busy and popular physician, who counted some of the best families in the city in his clientele. Dr. Gilman had not been told that the patient had requested that he be sent when she learned her own doctor was out. The name he recognized as belonging to one of the great railroad magnates of the city.

Although well-schooled, in full possession of himself as regarded emergent calls, he was just a trifle nervous when he stood in the handsome reception-room of the millionaire magnate, Sir Ronald McMahon, and Myrtle, his lovely and only daughter, presented him her hand.

"An accident, doctor—only a trifling accident—embroidering—the needle broke—and I'm afraid the point is in my thumb—but it is so very painful—I'm so upset—I dread blood-poisoning—I couldn't wait," and those brilliant black eyelashes beneath their crown of gold, and of which Dr. Forrest Gilman had never even dreamed, laughingly swept the broad, full forehead, the straight nose, and clear-cut, square-cut face of the young physician, while the eyebrows angled into just a suspicion of distress rather than of pain.

"It's not at all serious—the point is there all right." assured

Dr. Gilman, as he took the soft, finely-molded extremity in his hand and examined the tiny wound, a thrill of pleasure pervading his frame. "I'll just use a little cocaine and be as gentle as I can. You will not feel it at all." He spoke hurriedly, his clear, manly eyes bearing full strong upon her that Myrtle was conscious of a warmth suffusing her neck and countenance.

"Oh, no! You must not hurt me, indeed. I cannot stand pain. My nerves are none too strong," she replied beseechingly.

It was but a simple operation, and when it was all over Dr. Forrest Gilman wondered she hadn't waited for the return of her own physician.

"Now, while you're here, Dr. Gilman, I want you to prescribe for me. I know I'm nervous," and she sank into a luxurious davenport, and motioned the young physician to a seat on the same receptacle.

He knew she was beautiful. He could now study her for a little longer. As far as he could judge—and he knew with blonde hair it was a more difficult matter—she must be five or six years older than Madge Pemberton. The rare contrast of color was deceptive, but exceedingly beautiful.

"I'm afraid I cannot prescribe for you, Miss McMahon," was his answer. "You see I came on a call from the office of your own physician, and you know, or shall, when I inform you, that it would be decidedly unethical for me to keep you as a patient."

"But, Dr. Gilman," she burst out, "I requested them to send you," and she could have bitten her tongue for making the reply.

"That was very kind of you, Miss McMahon," almost an understanding look in his eyes.

"At least then, Dr. Gilman, you can tell me what I can do. I seem as though I want to fly off somewhere, and yet I'm tired of travel. Automobiles bore me. I haven't been out in my limousine for a whole month. But I do love driving—not carriage," as she saw he was about to suggest carriage drives—"single—I've a lovely turnout, but then, dear dad always insists upon James going with me. James is all right for the carriage, but one hates to be always driving the coachman out afternoons."

"Why not drive a friend when you love driving so much," he suggested.

"Where is he?"—she could have taken another nip at her unruly member, but laughingly rippled on: "One can't be always driving out their girl friends." Then arising: "Thank you, Dr. Gilman, so much! My thumb doesn't pain a little bit."

In the evening Dr. Gilman called up the family physician and reported the accident and what he had done, and also reported that Miss McMahan wanted him to prescribe for her nerves. The doctor informed him that he should have done so, and furthermore told him that if she called for him again he was to go and not mind anything about medical ethics.

The truth was Myrtle had already called up her own physician and had told him that she was going to employ Dr. Gilman and give him a chance at her malady, which she tried to make herself believe she had, and laughingly the old doctor had acquiesced. He was not going to stand in the way of young Gilman making such a good match with a beautiful girl, the only child of a multi-millionaire—and he knew how precarious often was the practice of medicine.

The very next afternoon Dr. Forrest Gilman was again summoned to the millionaire's mansion. He examined the thumb and re-dressed it, and assured the fair possessor that there was no danger of blood-poisoning.

"Now, Dr. Gilman, I want to employ you as my regular physician. Are you willing to accept?" was the business-like way in which Myrtle began the conversation.

"Thank you, Miss McMahan! I'll do the best I can," was the modest rejoinder.

"But I have an unusual proposition to make," Myrtle came back as though in some doubt of the doctor's acceptance. "I feel that I'm not well, and as you have already suggested driving, and as I find driving agrees with me, I want to engage you from three to six every afternoon to drive out with me. I've a very spirited roadster which I love to drive out, and in case of accident I want to have my physician on the spot ready to attend me," she naively intimated; "and," she continued, "as it is a business,"—did he detect a faint emphasis on the word?—"proposition on my part, I agree to pay you \$20 a day for this special service."

"Holy smoke!" thought Dr. Forrest Gilman, who had been collecting about that amount a week for the past six or seven years, but he did not say it. Instead he replied: "Thank you, Miss McMahan. I am at your service."

He was confused, bewildered, overjoyed. Madge Pemberton came into his mind. On that amount of money he could marry.

For several weeks they drove out every day. The state of the weather was nothing to Myrtle. The roadster was a magnificent stepper, active, graceful; and the parks, avenues and boulevards

began to recognize the fine-looking couple and the handsome turnout. Myrtle was an expert whip, but Dr. Forrest Gilman never neglected having his surgical bag in the buggy ready for any unforeseen accident. At times he thought her driving reckless. Mostly she would keep her horse well in hand, but there were times when she allowed him loose rein.

In addition to driving out they soon began to dine out. Dr. Gilman would invite Myrtle to downtown luncheon. Then he began to appear at the millionaire's for dinner. The entire evening would be spent afterwards in the parlor with Myrtle. Theatre parties were arranged by Sir Ronald, and it was soon whispered around that Dr. Gilman was the accepted lover of the dashing Myrtle McMahan.

Of course Madge heard of it. Forrest had told her of the professional engagement, but she said nothing. She never even hinted that he might be paying Miss McMahan attention, although his visits to Madge were now not so frequent. She began, however, to believe in her heart that the wheel of fortune was taking a good turn for her Forrest, and, brave little soul, she felt it her duty not to stand in the way of his success.

The professional engagement had been running six months, when Forrest Gilman went one evening to pay a visit to his betrothed. He was plainly agitated.

"Madge," he began, "I'm going to do something to-morrow for which I may be sorry. I've thought it all out carefully for months past. I fear it will mean to me loss of professional respect—ostracism from my confreres. With the easygoing public it will be but a nine-days' wonder, and probably not that. Do you still love me? Will you always love me? And will you always trust and respect me—for I do this for you? I cannot tell you to-night—I shall tell you all to-morrow."

She saw that he was profoundly depressed and troubled.

"I will always love you, Forrest, always trust, and always respect you. You have my heart. Do what you deem best for yourself."

He folded her in his arms without resistance upon her part, kissed her gently on the lips and tore himself sadly from her side. He would never forget the fond, enraptured look in her eyes as he left her.

Good news travels slowly, but all love to hear it.

It came to Dr. Forrest Gilman the next forenoon as he was standing leaning against the counter of the receiving office of a

great daily newspaper, and it was brought to him by no less a personage than Madge Pemberton.

He had sent in his resignation that morning to his medical club, the academy of medicine, the county, state and national medical societies, and he was at that minute engaged negotiating for a display advertisement setting forth what he could perform in the way of curing certain diseases, so many lines a day for the space of one year. When the newspaper appeared on the morrow all his friends—and they were many in the profession—would know that he was an outcast.

“Forrest! I telephoned you! I called at your office and they told me you had come here! Congratulations!” and before he had time to collect himself she hurtled the good news at him: “Father has been successful in having you appointed Professor of Physiological Chemistry at the University at”—lowering her voice to a discreet whisper—“\$5,000 a year.”

And with woman's impetuosity she thrust a paper she was carrying in her hand into his face where he read, not the announcement of his appointment, but: Scandal in High Life—Millionaire's Daughter Elopes with her Coachman.

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**Gonorrhoea.** — M. Nicolle (*Medical Press and Circular*), who has treated over 200 cases of gonorrhoea, including several cases of purulent ophthalmia, with his new vaccine, will shortly deliver his secret to the medical world. M. Charles Nicolle, who has made this discovery of a new vaccine against gonorrhoea, is Director of the Pasteur Institute at Tunis, and has already made several discoveries in connection with cholera, trachoma, whooping cough, etc., has given this treatment considerable study for the past year. Three to four injections are given every two or three days of two c.c. cubes of a solution containing millions of micrococci. After the first injection pain and general malaise disappear. In chronic cases, the patients are cured after a third or fourth injection, and in acute cases, fifteen days suffice for a permanent cure. It is said the vaccine promises most wonderful results in purulent ophthalmia, as one single injection cures this dreadful disease.

### THE TREATMENT OF PUERPERAL FEVER

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BARTON COOKE HIRST, ROBERT L. DICKINSON AND JOSEPH R.  
DE LEE.

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The report of the Committee of the American Medical Association on the treatment of puerperal fever is published in October 25th issue. The purposes of the committee appointed one year ago were to obtain the opinion of authorities and of the profession at large, thus to learn what is the general teaching and practice of to-day; to call general attention to the importance of the subject, and, if possible, to formulate a course of procedure which would be generally applicable to the treatment of sepsis with retained ovular material. Letters were sent to professors and assistant professors of surgery, to professors of obstetrics and gynecology, abroad, and the first three questions were published in *The Journal*.

Q. 1. A primipara with septic abortion at three months, fever two days, hemorrhage negligible, the ovum intact, retained. What would you do?

Q. 2. A primipara with septic abortion at three months, fever two days, hemorrhage negligible, the fetus expelled, placenta retained. What would you do?

Q. 3. A primipara, fourth day after full-term delivery, positive evidence of uterine infection, no hemorrhage, retention of ovular remnants suspected. What would you do?

Q. 4. If you (a) believe in active interference, (b) when do you do it?

Q. 5. What do you do when hemorrhage complicates sepsis?

Q. 6. If you believe in trusting to nature when ovular remnants are retained, how long do you wait before operating?

To the first the great majority answered they would clean out the uterus.

In the second case the answer was the same.

Third, similar.

To question four the majority answered, "Clean out at once," and the finger was the instrument for most.

Question five elicited that the majority do not fear tampon, and that they believe in emptying the uterus fully to stop the hemorrhage.

The answers to question six were very general and not at all satisfactory.

Two other questions completed the total.

Q. 7. Do you try to distinguish between sapremic and bacteriemic states before operating? How do you do it?

Q. 8. Do you make any distinction between the treatment of sepsis after abortion and that after full-term delivery?

To seven, one-half believe a distinction practical.

The vast majority advocate more active treatment in abortions.

The conclusions drawn from this report are: The majority of accoucheurs and surgeons clean out the septic uterus at once. In the majority of instances it has been found safe to invade the infected uterus with finger and curette, but there are cases where this is dangerous, probably owing to poor quality of resistance in the patient. The experience of the minority has proved that ovular remnants, even though infected in the uterus, do not create such dangerous conditions as was formerly believed. After the uterus is once emptied it should not be again invaded by finger or curette. Few permit antiseptic douches. Quite generally the tampon is used to stop bleeding in infected cases.

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### GOITRE—DIAGNOSIS AND TREATMENT BASED UPON 1,000 CASES

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BY EDWIN H. SCHNEIDER, M.D., LOS ANGELES, CAL.

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Sometime clinical and surgical assistant at the Mayo clinic, Rochester, Minn., Dr. Schneider (*Southern California Practitioner*) sets forth and differentiates the following clinical varieties:

1. Adolescent goitre and goitre of pregnancy.
2. Colloid goitre.
3. Adenomata (encapsulated and non-encapsulated).
4. Mixed forms.
5. Exophthalmic goitre.

Occurring most frequently in the female about the onset of menstruation, and disappearing around the 20th year, the goitre of adolescence is symmetrical, (thyroid shaped), of moderate

degree and fairly firm in consistence. Generally there is only the one symptom of enlargement of the thyroid gland, though nervous patients complain of "an obstructive feeling in the neck." In treating these cases assurance can be given that it is physiological and in time disappears spontaneously. Iodine internally and massage with the ointment of biniodide of mercury will hasten absorption.

Analogous to adolescent goitre is the goitre of pregnancy, occurring with pregnancy and disappearing with parturition. It produces no symptoms and requires no treatment.

Colloid goitres roughly retain the general outline of the thyroid gland, frequently extending over the chest, beneath the clavicles, sternum and even posterior to the pharynx. The gland may be nodular, but is usually softer than the adolescent goitre. When symptoms of pressure develop, a resection is indicated. It should be freely exposed and palpated to prevent any one of its projections being left behind, and continue the pressure symptoms.

Encapsulated adenomata occur singly or in great numbers, arising from any part of the gland. They always have a definite outline. Malignancy of the thyroid gland almost always occurs in the adenomatous form of goitre. There is seen rapid growth, general hardness, early pressure symptoms, involvement of the neighboring lymphatics and thyrotoxicosis. Clinically, the thyrotoxicosis of adenomata differs from that of exophthalmic goitre in that the nervous symptoms do not reach the same degree of intensity. Sometimes single adenomata, frequently overlooked, arise from the lower pole of either lobe and project posteriorly. They may sometimes explain an unaccountable heart lesion. The treatment of encapsulated adenomata is surgical, and the writer doubts if they are ever cured by medical treatment. In those occurring in young adults, not wishing operation, Dr. Schneider prescribes for daily massage over the goitre, the biniodide of mercury ointment and Lugol's solution, 3 gtt., t.i.d., over a period of six months.

In diffuse adenomata or non-encapsulated adenomata, varying in size, occurring generally through the gland, thyrotoxicosis is particularly likely to occur.

Under mixed forms of goitres are those enlargements which do not belong to any one class. The physical findings and symptoms are necessarily also mixed.

Exophthalmic goitre is regarded as an intoxication due to an over-secretion of the thyroid gland. The symptoms usually occur



in this order: Mental irritability, rapid heart action, vasomotor disturbance, tremor, muscular weakness, loss in weight, exophthalmos, diarrhea and vomiting. The nervous symptoms are very important as to the intensity of the intoxication in the early stages—irritableness, restlessness, emotionalism, insomnia, and even manic-depressive insanity. A careful attention to these will reduce the mortality in the early cases. The contra-indications to operation are marked mental irritability, rapid loss in weight, great muscular weakness, dilatation of the heart, over an inch, vomiting and edema or anasarca.

Operation has proven the quickest, most lasting and safest method of treatment. During the past year two hundred and seventy-eight consecutive cases of exophthalmic goitre have been operated upon at the Mayo Clinic without a death. Seventy-five per cent. of the operated cases are promptly cured, and the balance may occasionally show symptoms and require further operation.

In severe cases the operation is done in three stages, a ligation of the left superior thyroid vessels (the least which can be done to lessen the intoxication), followed in about five days by a ligation of the right superior thyroid vessels and then in about three months, when the acute symptoms have subsided, an extirpation of the right lobe and isthmus.

Cases during the maximal intensity should be treated medically until the acute symptoms have subsided. Medical treatment before a ligation of the left superior thyroid vessels rarely need extend over a period of six weeks. The essential medical treatment is rest in bed and sympathetic treatment, X-ray, sera, change of climate, suggestion, and the two hundred and thirty-seven varieties of drugs already used for treatment should be regarded merely as palliative. The physician should remember that the heart, liver, kidneys, brain, are being damaged by the intoxication, while drugs are being administered judiciously.

Early mild cases of hyperthyroidism may be permanently cured by double ligation. Old degenerative hyperthyroidism receives little benefit from an extirpation.

## THERAPEUTIC NOTES

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**Facial Acne.** — Brocq (*Bull. Gén de Thér.*) advises to wash the face thoroughly with hot water and soap, or ichthyol soap. Then apply the following ointment to the face, keep on all night, and wash off in the morning: Camphor, Resorcin, aa, 0.50 gram., Precipitated sulphur, 3 grams, Soft soap, 0.75 gram, Prepared chalk, 6 grams, Pure vaseline, 10 grams.

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**Hernia in Infancy.** — Hoguet (*Archives of Pediatrics*) advocates operation where the hernia cannot be perfectly held in place by a truss. For the treatment of umbilical hernias begin early by applying a small pad over the hernia. This can be held in place with adhesive plaster all round the body, renewing same every ten days. It is important there should be no interruption to the treatment, which generally has to be kept up from five to ten months. In children over two years this may be tried for a few months, and, if unsuccessful, operation.

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**Hydrocele.** — Gomoin (*Lyon Chirurgical*) secured permanent results in twenty-five cases by a method which utilizes the inguinal canal in the treatment. The scrotum is left intact. The conditions for healing after operation are ideal. The tumor can readily be worked up into the inguinal incision, when it can be evacuated and the vaginalis everted or excised. He has used this incision also successfully in varicocele, castration and resection of the epididymus.

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**Gastritis.** — Conti (*Archiv. für Verd-Krank*) has used a ten per thousand solution of ichthyol for ten years for rinsing out the stomach in gastritis and malignant disease. The results have been satisfactory. The fluid is poured into the stomach and left there for fifteen to thirty minutes, the tube remaining in place meanwhile. It was tolerated well by his patients.

**Pleurisy with Effusion.**— *Volkova (Pediatria)* suggests pediatricists should give intrapleural injection of adrenalin, 1 to 1,000, in the different forms of pleurisy with effusion. Five of the six patients recovered almost completely in a short time, in eight to thirty days. The ages ranged from two to ten years. The injections, which were given every second day or fifth day, varied from one to six and the doses from 1½ divisions of a common one gramme hypodermic syringe to three, and in one case five divisions were used.

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**Diphtheria.**— An editorial in *The Therapeutic Gazette* says that clinicians all over the world are more and more using initial doses of not less than 10,000 units of antitoxin. If there is any considerable amount of membrane, or the epidemic known to be virulent, it is better to employ not less than 25,000 units within the first eight hours. This should be repeated with doses of 5,000 units every eight hours until the patient is on the high road to recovery. In New York, 100,000 patients have received immunizing doses of 1,000 units, and there has been only one death in a child suffering from status lymphaticus.

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**Hemoptysis.**— *Flaudin (Presse Médicale)* having been impressed with the hypodermic injection of emetine in amebic dysentery and the prompt disappearance of blood in the stools, applied the same remedy in hemoptysis, and the results have justified the procedure. He injected into the thigh 1 c.c. of distilled water containing 0.04 c.c. of emetine hydrochloride. In the more severe and threatening cases he repeats the injection twelve hours later and once on the following day in a total of five. In his eight cases the hemorrhage ceased promptly, and as well in twelve cases of other physicians. It has been harmless, and succeeded when all others have failed.

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**Gastric Ulcer and Hyperacidity:**— *Glaessner (Weiner Klin. Wochen)* considering that the benefit derived from a gastro-enterostomy might be due to bile finding its way into the stomach gives the details of thirty-three cases of various stomach affections

in which he gave small amounts of cholic acid as the equivalent of bile, 0.4 to 0.6 c.c. of cholic acid. He generally administered it in the form of an emulsion of 0.2 gm. sodium cholate in 0.2 gm. oil, in a gelatine capsule, the patient taking from two to five capsules. In a number of cases marked benefit was obtained.

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**Purulent Otitis.**—The French correspondent of *Medical Press and Circular* gives the following formula for purulent otitis: Boric acid, 1 dr., Subnit of bismuth, 1 dr., Benzoic acid, 10 gr., Formal, 2 drops, Glycerine, 1 oz. The ear should be syringed morning and evening with a warm infusion of tea or camomile. The canal should then be filled with the above mixture, which should be allowed to remain ten minutes, the head being inclined to the healthy side. The liquid in excess should be removed with a plug of absorbent cotton.

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**Infantile Eczema.**—Ochs (*Med. Rec.*) emphasizes *the absence of vomiting* in children with the weeping variety of eczema, most often met with in childhood. A toxemic condition is set up, and the result is a reflex, infantile eczema. It is best then in the treatment to abstain from lotions and salves, and first cut down the amount of the food and the number of the feedings, and prescribe small and repeated doses of calomel. Many times this suffices for a complete cure. If there is no improvement in a week, then look for some other cause. Too much stress cannot be laid on the fact that these children *do not vomit*.

## Reviews

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*The Physician's Visiting List*, 1914. Sixty-third year of publication. Philadelphia: P. Blakiston's Son & Co.

These lists may be obtained for 25 to 100 patients weekly, and range in price from \$1.25 to \$2.50. They are most excellent in arrangement and contain in addition much information often required in emergencies.

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*Materia Medica Notes*. By JAMES WHITLA, L.R.C.P. & S., L.P.S.I. Price, 2s. 6d. Edinburgh: E. and S. Livingstone.

Medical students will find in this small volume an easy, practical and concise arrangement for study of the subject of materia medica. It is divided into Drugs and their actions; Galenical preparations; Chief therapeutic agents, with preparations.

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*International Clinics*. Volume III. 23rd series, 1913. Philadelphia, London and Montreal: J. B. Lippincott Company.

The major part of this volume is taken up with most excellent papers on Diagnosis and Treatment. There are others on Medicine, Surgery, Medico-legal and Electro-Therapeutics. It is profusely illustrated and has two colored plates. International Clinics offers probably the best means to the busy practitioner to keep pace with the advances in medicine.

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*Special Fracture Number*. *The American Journal of Surgery* will present in January an issue of their journal devoted exclusively to fractures and their treatment.

The following subjects will be presented by acknowledged authorities in this special branch of surgical work:—"Astragalus Injuries," by F. J. Cotton, M.D., Boston, Mass. "Diagnosis of

Fracture," by Lewis A. Stimson, M.D., New York. "Position in the Treatment of Juxta Epiphyseal Fractures at the Hip and Shoulder," by Fred. Albee, M.D., New York. "A Splint for Maintaining Nail Extension During Transport," by John C. A. Gerster, M.D., New York. "Fracture of the Skull: Roentgen Ray as an Aid in Its Diagnosis," by W. H. Luckett, M.D., New York. "Vicious Union," by James K. Young, M.D., Philadelphia, Pa. "The Immediate and Remote Results of Fractures of the Skull and Spine," by Chas. Elsborg, M.D., New York. "Conservation in the Treatment of Fractures," by Wm. L. Estes, M.D., So. Bethlehem, Pa. "Some Phases of Fracture Treatment as Based on Hospital Experience," by E. S. VanDyvn, M.D., Syracuse, N.Y. "The Treatment of Fractures," by E. P. Magruder, M.D., Washington, D.C.

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*Annals of Surgery.* Philadelphia: J. B. Lippincott Company.

The December, 1913, issue of *The Annals of Surgery* is a special anesthesia number, and contains no less than twelve papers on various subjects. In addition, there is a supplement of over 100 pages, consisting of papers read at the first annual meeting of the American Association of Anesthetists. The price of the *Annals of Surgery* is 50 cents a single number, or \$5.00 a year. Canadians may order through Mr. Charles Roberts, Canadian representative of Lippincott's, Unity Building, Montreal.

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*Some Papers from the Research Laboratory.* Parke, Davis & Co. Detroit, Mich. Reprints. Vol. I. 1913.

In various medical journals, from time to time, during the last two years, have appeared papers setting out the scientific work performed at the Laboratories of Parke, Davis & Co. These are now collected into a volume of 287 pages, and will be found of inestimable value to scientific members of the profession. As the volume is one many will wish to preserve as a record of advanced, authoritative and recent thought and observation, we would suggest a more substantial binding. Reports of this class are too apt to be treated as transient literature when issued in thick paper covers.

# Dominion Medical Monthly

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No. 1

## COMMENT FROM MONTH TO MONTH

**Medical Inspection of Public Schools**, so far as it is being conducted in Canada, is, according to the last annual report of the Special Committee on Medical Inspection of Schools of the Canadian Medical Association, further advanced in British Columbia than in any other province of the Dominion. There it is prosecuted under the guidance and supervision of the provincial board of health.

Its prime object from the viewpoint of the public is the detection of infectious and contagious diseases and indirectly the prevention of these amongst other pupils. But it has an additional object, namely, the securing of a higher physical development and educational results.

Its appearance has resulted in two schools of thought as to its proper administration, namely, the health authorities on the one hand, and the educational authorities on the other.

That the work should be administered either by the health or educational authorities universally and not sectionally or locally seems clear; and in Ontario the Legislature should at once decide whether this work should be carried out for the whole province

by either the Board of Health or the Department of Education. It is surely going it haphazard to allow local boards of health or of education to prosecute it at their own discretion.

Toronto is one city which adopted this work under the direct control of the Board of Education; but at the present there is a well-defined movement to have it transferred to the Health Department of the city.

For many years to come it would appear that the detection of infectious and contagious diseases, the detection of physical defects and the prevention of disease, will constitute the major part of medical inspection; and but little can be expected in the way of education leading up to higher physical development.

At present the work would appear to lie far more within the sphere of the medical officer of health.

What the taxpayer, however, should know at the present time is the value he is getting for his money. To what extent has medical inspection of schools in Toronto, for instance, lessened the incidence of infectious and contagious diseases? Has there been, in the past three years, a considerable falling off in these diseases?

These are vital statistics; and the community is entitled to know from its health authorities what great good has been accomplished in this direction.

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**Equality of Income** is the panacea put forward by Mr. George Bernard Shaw as the socialistic cure of humanity's ills. Mr. Shaw is too modest—no, Mr. Shaw is never modest where Mr. Shaw is concerned—he is rather indisposed to enunciate or elaborate his scheme, until the principle thereof is approved and adopted.

In some vocations of life equality of income already pertains, as for instance, soldiers in the ranks, policemen, etc. It would be only necessary to extend this from class to class, and then equality of income would do away with all class.

Just how this would work out in the medical profession wherein a real average income would prevail is interesting to inquire. The \$100,000 income practitioner would have to get along on much less, while the \$1,000 income man would be very pleased to get along on the added increment. The former would be compelled to keep right on with his major operations, while his less fortunate confrere could daddle along in a go-as-you-please style which would bring in annually as many golden eagles to one as to the other.



As there are far more poorer physicians than rich ones, if the matter ever came to a vote, equality of income would be sure to carry the day in the medical camp. Probably in the approaching dawn of this embryonic Utopia, the medical profession may yet have something for which to thank Mr. George Bernard Shaw, although they have not had much in the past.

For long years the medical profession has been kind to the poor, but under Mr. Shaw's plan there would be no poor and medical charity would cease to exist. The medical profession would be shorn of this great humanitarian principle.

Much as they pride themselves upon this altruistic principle, the medical profession would welcome the day when the State came to recognize its responsibility to all its subjects, not alone in medical charity, but in all forms of charity.

One might hesitate to hail Mr. George Bernard Shaw as a coming saviour of mankind; but the proposition he has advanced savours of a humanitarian spirit which should be applauded.

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### RESULT OF FINAL EXAMINATION OF COLLEGE OF PHYSICIANS

The following candidates have passed the final examinations of the College of Physicians and Surgeons of Ontario: William MacDonald Adams, Toronto; Harold Bell, Collingwood; Wilfred Andrew Thomas Bodkin, London; William Alfred Costain, Brantford; Lawrence Edmond Crowley, Kingston; Arthur Des Rosiers, Rockland; Charles Francis Dunfield, Petrolia; William David Ferguson, Hamilton; Anthony James Flood, Delta; Grattan Clifford Graham, Fenelon Falls; Richard Alfred Ireland, Trenton; David Campbell Irwin, Ottawa; Warren Frederick Lockett, Kingston; Herbert Kent Manning, Toronto; George Robert Miller, Owen Sound; Finlay Munroe, Maxville; Archibald McCausland, St. Thomas; Claude Andrew McClenahan, Milton; W. L. McIlwraith, Woodstock; James Franklin McLay, Woodstock; Charles Ernest McLean, Athens; Edmund Morell Alexander Oldham, Chatsworth; William Albert Scott, Langham, Sask.; Charles Edward A. Trow, Toronto; Donald Alexander Warren, Hamilton; Fred Earlby Webb, Aurora; Arnold Lorne Wellman, Harold; Louis Edwin Williams, St. Thomas.

## Editorial Notes

### THE SOCIAL EVIL

(*Int. Med. Congress.*)

Members of the combined sections of Dermatology and Forensic Medicine met in Albert Hall, in order to discuss the dangers of the scourge in connection with which many leading doctors have recently been urging the Government to appoint a Royal Commission. Sir Malcolm Morris, one of the signatories to the manifesto to the Government, occupied the chair.

Professor Dr. A. Blaschko, Berlin, who opened the discussion, urged that State laws in reference to the infection were indispensable. The so-called regulation had not proved an active means of diminishing venereal diseases in any country, chiefly because it did not include the most dangerous individuals. In place of regulation, a system of purely sanitary measures should be set up, which, recognizing that all sources of infection could by no system of supervision be excluded, should seek especially to make these most dangerous elements innocuous.

Such a system, for instance, as that already existing in Norway, should apply equally to both sexes, and should not officially label individuals or impose exceptional regulations, such as registration, inspection, and police control. While for most cases it would suffice to facilitate for all citizens opportunity of treatment, it would only be necessary in the case of specially dangerous classes, the youthful, the weak-minded, and the depraved to institute measures of compulsory education.

Professor Dr. Ernest Finger, Vienna, was in favor of measures being taken for the education of youth showing the dangers of syphilis, and also of the education of diseased persons themselves. Treatment, he said, should be made as easy as possible.

#### "PREVENTABLE MISERY."

Dr. W. A. Brend read a paper prepared by Major H. C. French, R.A.M.C., which dealt mainly with the subject of State control. The question of venereal diseases, he said, must soon become crucial in Great Britain under the insurance scheme, and in time they must become notifiable by reason of the heavy cost to the State, apart from all other considerations. Those diseases cost the country millions of pounds; they filled many homes with preventable misery,

they overcrowded our workhouses, prisons, and lunatic asylums with imbeciles, idiots, criminals, epileptics, and other insane persons; they sapped the vigor of the nation, and if uncontrolled might eventually endanger its very existence.

Coming to the important question of prophylaxis, there were two essentially different modes of State intervention. First, the system known as regulation, which implied registration and attendance. The second mode was to require doctors and others to notify all cases of actually existing disease in persons in whatever class or sex to the health authority, who inquired into the means of segregation and treatment (as in the case of other infectious diseases), and was empowered to remove the patient to hospital if necessary. In the case of poor persons this implied a certain outlay for hospital accommodation and food, but it repaid the State a hundredfold.

Some essential principles in the control of the scourge culled from twenty years' practical experience in many countries were as follows: Confidential medical notification of disease on *prima facie* evidence and medical treatment for short periods in the early activity; contagious stages of disease; the effectual control of openly practised prostitution by the localization of irreclaimable women into certain areas or streets; the rigid suppression of *souteneurs*; the suppression of loitering and solicitation in the streets; the provision of free voluntary dispensaries for certain classes; the control of diseased merchant seamen, who spread the worst form of disease at seaport towns; punishment by fine or imprisonment for concealing disease; the marriage of diseased persons discouraged by law under ten years from date of contracting the disease.

#### EXPERIENCE IN OTHER COUNTRIES.

Such measures might not completely deal with this difficult social problem, but they were the condensed experience of practical work as opposed to theoretical considerations. They were the bed rock on which an adequate superstructure could be laid. They did not conflict with public morality, but minimized disease, misery and death. That the disease could be effectually controlled in a community was fully exemplified by personal experience of the work in India, Egypt and Malta, but it was first necessary to get legal control in the manner in which smallpox and other much less dangerous diseases were controlled.

Professor Gaucher and Dr. Gougerot, of Paris, in a joint paper, suggested that the transmission of the scourge should be made a penal offence. They urged the re-education of fallen women, and suggested that the rights of a legitimate wife should be accorded to

the victim of seduction, while a lover who deserted a mistress should be liable to punishment, either penal or pecuniary. Protection should be given to young girls by after-school education through the institution of workroom instruction, and earlier marriage should be encouraged.

Professor Dr. Erik Pontoppidan, Copenhagen, said that, despite the laws in force in Denmark, medical men would not act as police inspectors. They desired to keep the confidence of their patients, and would only put the powers they possessed in force in particularly dangerous cases. If the law was severely enforced it would mean that the patients would not go to the doctors.

The part of the law in Denmark which had worked well was that which went in the direction of enlightening the patients about the disease and the risk of contamination. The improved facilities for hospital treatment had also been useful. He was opposed to a system of notification, but approved of systematic provision for the diagnosis and treatment of disease.

#### NEED OF LECTURERS.

Dr. Douglas White, London, said that, in spite of the fact that we had not a policy of regulation in this country, the disease was not more prevalent here than in Continental countries. It did not follow, however, that there was nothing to do. In this country there were not fewer than 500,000 fresh infections of venereal disease every year. If they were to grapple with the problem they must do so as a whole. It was a social problem as well as a medical one.

Personally, he was of opinion it was no use to apply compulsion. (Cheers.) Compulsion led to concealment, and concealment was the one thing to avoid. The most important thing was to get the patient to come for cure early. What was required were beds in all the general hospitals for the treatment of the disease, and a special medical department. Supposing that was done, would the people come for cure? He believed they would come more readily than was expected. The only thing that would prevent them was ignorance, and that ignorance must be combatted by education.

He wished to see lecturers appointed to go round the secondary schools and colleges in order to teach people the dangers of disease, and the value of confidence.

With regard to notification, he considered it desirable that they should have statistical information. He did not see how they could get much progress without it, but the notification should be confidential and for statistical purposes only.

## REMEDIAL MEASURES.

Mr. Ernest Lane, senior surgeon to the London Lock Hospital, considered that the day for compulsion was dead, the era for repressive measures was past. The two remedial measures were education and treatment—education of the public and education of the medical profession. If boys at public schools were given some elementary knowledge of the possibility of disease he believed its incidence would be modified. In each hospital there should be a special department set apart for the treatment of these diseases, as facilities for treatment would certainly modify them.

Dr. Helen Wilson (Sheffield) was in favor of facilities for treatment being provided before asking for notification.

Dr. Woods Hutchinson (New York) said they had had six or eight months' experience of notification in New York, and he was strongly in favor of it, for one reason, because it ensured proper treatment.

The Chairman proposed the following resolution:

That, sensible of the ravages wrought by syphilis in the health of the community, and deploring the inadequacy of existing facilities for checking its dissemination, the International Medical Congress calls upon the Governments of all the countries here represented—

1. To institute a system of confidential notification of the disease to a sanitary authority, wherever such notification does not already obtain.
2. To make systematic provision for the diagnosis and treatment of all cases of syphilis not otherwise provided for.

They all hoped, he said, that the appeal that had recently been made to the British Government for a Royal Commission would not fall on deaf ears. Confidential notification was the pre-requisite of any effective action by the State to check what Lord Morley characterized as "this hideous scourge." The ease with which the disease could be communicated, the enormous number of those who were its innocent victims, the inadequacy of proper means of treatment, were facts of which the general public were almost entirely ignorant, and they were most imperfectly appreciated even by legislators.

An end must be put to the silence in which this subject had too long been shrouded. Local authorities were encouraged to build fever hospitals, and in a thousand ways the State stretched out its long arm to safeguard the health of the community, but it did not lift a finger to protect the nation from this devastating pestilence, which more ruthless than the Destroying Angel smote the unborn babe.

When the first part of the resolution recommending confidential notification was put to the meeting a number voted against it, though it was carried by a considerable majority. The second part was agreed to without dissent.

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### SURGICAL SUGGESTIONS

A peritonsillar abscess can be opened almost painlessly if the line of incision in the mucous membrane, and the tissue beneath, are infiltrated with an anesthetic solution injected with a syringe just as one anesthetizes the skin.—*Am. Jour. Surgery.*

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OVERCROWDED STREET CARS.—From the *Bulletin* of the Department of Health of the City of Louisville, Ky., for November 15, 1913: A street car crowded to its greatest capacity, all the seats occupied, the aisles jammed with people clinging to straps, swaying against each other, many of them coughing and sneezing, is exceedingly dangerous to the public health. Under such conditions the air breathed is filthy and germ laden from diseased throats and lungs and head colds in active stages. One or two small ventilators, even if always open, are not sufficient.

All that is necessary to improve this condition is to put more cars on during the rush hours and allow only a certain number of passengers to each car. They should not be allowed to stand in the aisles. In most of the cities in Europe the street cars are plainly marked with the seating capacity of the car. When the car contains this number of passengers no more are taken. If European city governments have fully and effectively succeeded in regulating their street car accommodations, why can not we do it in Louisville?

## News Items

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Typhoid fever claimed 483 in 1912 in Ontario.

Dr. N. M. McNeill, Prince Rupert, B.C., has left for Europe to do graduate work.

Dr. Grain has been appointed Medical Superintendent of Manitoba Indian Reserves.

The total number of illegitimate births in Ontario in 1912 was 1,256; in 1911, 1,087.

Dr. G. C. VanWart, Fredericton, N.B., has returned from the Clinical Congress at Chicago.

The Montreal Maternity Hospital treated 1,243 patients during the year ending Sept. 30th, 1913.

Tuberculosis declined in 1912 in Ontario. There were 1,168 deaths in males and 1,082 in females.

Dr. Chas. A. Webster, professor of anatomy at Beirut, Syria, has terminated his furlough in Toronto.

The deaths from cancer continue to increase in Ontario. In 1912 they numbered 1,778, as against 1,602 in 1911.

Hon. Dr. W. H. Montague, Winnipeg, has re-entered politics as Minister of Public Works in the Manitoba Government.

Of thirty-five candidates taking the fall examinations of the British Columbia Medical Council, twenty-three were successful.

Mr. John Ross Robertson, Toronto, has donated \$10,000 towards furnishing the new wing of the Hospital for Sick Children.

Dr. Howard Coulthard, Vancouver, formerly of Toronto and Rossland, B.C., is visiting the hospitals in Chicago and other eastern cities.

Dr. F. X. McPhillips and R. E. McKechnie, Vancouver, have been appointed members of the board of governors of the Clinical Association of North America.

According to the second annual report on the medical inspection of public schools in British Columbia, of 29,774 children examined, 16,774 were unvaccinated.

Dr. W. H. Ross, Acting Superintendent of the Byron Sanitarium at London, Ont., has been sentenced to serve twenty-one months at the Central Prison, Toronto, for bigamy.

Dr. John M. Dee, Stamford, Niagara Peninsula, died Dec. 2nd, aged eighty years. He had been there and resided and practised there until the time of his death.

Dr. F. J. Doherty, formerly of North Toronto, is located at Port Coquitlam, B.C., where he has recently been appointed coroner, and is interested in a private hospital in that city.

Dr. L. C. Prevost, Ottawa, one of the capital's leading physicians, died Nov. 6th, at Saranac Lake, of tuberculosis. He was sixty-two years of age, and had been for many years Sir Wilfrid Laurier's physician.

The late Eugene O'Keefe, Toronto, left \$3,000 to the Hospital for Sick Children; \$5,000 to the Toronto General Hospital; \$5,776.38 to St. Michael's Hospital, and the Hospital for Incurables, \$2,000.

Dr. Geo. D. Porter, Secretary of the Canadian Association for the Prevention of Tuberculosis, is conducting a winter campaign against tuberculosis in Northern Ontario under the auspices of the Ontario Board of Health.

Dr. Oskar Klotz, professor of pathology and bacteriology, University of Pittsburgh, gave an address before the Academy of Medicine, Toronto, Dec. 2nd, on: "The Triple Alliance—Heart, Kidney and Arterial Disease."

Dr. Louis Laberge, for upwards of twenty-eight years Medical Officer of Health for Montreal, has resigned owing to ill-health. Dr. J. E. Laberge, who has been connected with the health department for twenty years, is mentioned as his successor.

Infant mortality in Montreal is double that of any city in America. In 1912 there were 4,835 infant deaths as compared with 1,534 in Toronto. The rate per thousand of the population in the last three years was 9.2, while in Toronto it was 3.6.

Dr. John L. Bray, Registrar of the College of Physicians and Surgeons of Ontario, opened the new wing of the Chatham (Ontario) General Hospital, on the 1st of December. Dr. Bray gave a history of the hospital from its inception twenty-three years ago.

Dr. L. N. MacKechnie, Port Officer at Vancouver, has received orders from Dr. F. Montizambert, Director-General of Public Health, to make a careful inquiry as to the prevalence of bubonic plague infected rats in Seattle and Tacoma, with a view to any chance introduction of plague into British Columbia.