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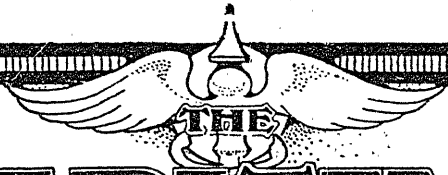
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VOL. XX.

HALIFAX, NOVA SCOTIA, JULY, 1908.

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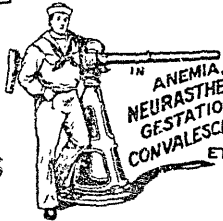
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THE MARITIME MEDICAL NEWS

VOL. XX., JULY, 1908, No. 7

The Cancer Problem.

In his address on surgery, published in the *Journal of the American Medical Association* for June 6, G. Crile takes up especially the subject of cancer, using the term to cover all forms of malignant disease. It has been said, and he believes truly, that the greatest outstanding obligation of medical science to mankind is the discovery of the cause of cancer, or at least of its cure. While the cause is still unknown, many of the phenomena have been carefully studied. Crile does not accept the assertion that cancer is increasing, but thinks the apparent increase can be accounted for by the greater number of correct diagnoses, by the general increase in longevity and the decrease in infant mortality. The lessened mortality from infectious diseases would also cause a relative rise in the cancer and senile deaths. On the other hand, more patients with cancer are being cured surgically each year. After mentioning the usual non-transplantability of cancer and the experimental production of immunity in certain animals, Crile speaks of the predisposing factors and precancerous conditions, of which we have learned much, and in the recognition and treatment of these is most hope. The precancerous stage is the curable one. The progress, however, that has been made in the surgical treatment of developed cancer is shown by a comparison of the experience of the elder Gross, who is quot-

ed by Halstead as saying that he never cured a cancer of the breast, and that of the best clinics of the present day in which 40 or 50 per cent. of patients with breast cancers operated on remain well three or more years, after which relapses rarely happen. Of course, the results are not so good with less favourably situated tumours, but nevertheless great progress has been made. He asks "Has surgery reached its limit of improvement?" If the diagnosis could be made earlier and operation promptly follow, the results would be improved, and as regards surface cancer an educational campaign is now what is most needed. Internal cancer, however, cannot be so readily diagnosed. If we had a reliable blood test for cancer that could be used early, then at a hint of the disease we could determine whether or not the disease existed and search for it, making an exploratory operation if necessary. Crile relates his experience with the test of the hæmolysis of normal blood by the blood serum of cancer patients, which, while not specific in its present stage of development, may be a valuable aid in diagnosis. He also notices the newer means of reducing the operative mortality: transfusion, arterial anastomosis, control of infection, as well as some striking experiments at producing immunity by transfusion of normal blood. His address, in conclusion, is summarized as follows: "Cancer is widely distributed

in nature; is slightly, if at all, infectious; is probably not increasing; is rarely transplantable, and is not yet proved to be hereditary. Its biologic characteristic is the power of endless division of cells. Frequently there are well-defined predisposing causes of cancer, and these causes are preventable or curable. No specific therapeutic measure exists; the knife is still our only reliable means of treatment. In its beginning cancer is always local and curable by complete excision. The chances of cure diminish in an inverse geometric ratio to the age of the cancer. There should be an active campaign for the education of the public in this cancer problem. There is strong ground for hope that we may establish a reliable blood test for cancer, and there is a possibility of utilizing for cure the immunity principle through transfusion of blood." He thinks a careful consideration of the progress made should drive away despair and give us new hopes of the conquest of the disease.

❖ ❖ ❖

**Disturbances
of Gastric
Secretion.**

In a paper contributed to the *Medical Record* for May 30, M. Gross, after giving a sketch of the anatomy and physiology of the stomach, and the results of experiments, gives these conclusions: In the quiescent state the pyloric orifice admits of the passage of gastric contents to a limited extent, but there may be relaxation not amounting to paralysis. The susceptibility of the pylorus regulates its function. The sphincter is stimulated reflexly from the small intestine and directly from the stomach, either chemically or mechanically. Pathological changes are an exacerbation of the normal processes. Hyperchlorhydria consists of secretion of an

abnormal amount of normal fluid, resulting in engorgement with hydrochloric acid. Pain need not be caused by an ulcer; the presence of too abundant secretion may cause it. In hyperchlorhydria there is a secondary painful spasm of the pylorus, with retention of gastric contents. Most cases of hyperchlorhydria are of neurotic origin. Erosions and ulcers with hypersecretion also cause paroxysms of pain. Hypochlorhydria is frequent in conditions accompanying faulty nutrition of the gastric parenchyma, such as gastric cancer, anæmia, etc. Hypersecretions are transitory or permanent. Hypochlorhydria is benefited by the use of acid and pepsin, hyperchlorhydria by bismuth, silver nitrate, and the intelligent use of alkalies.

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**Oxygen in
Medicine and
Surgery.**

William Seaman Bainbridge contributes a very clear and exhaustive resume of the therapeutic history of oxygen from the time of its discovery by Priestley to the present day, in the *New York State Journal of Medicine* for June. His purpose is to stimulate scientific interest in a subject which has so long and so generally been consigned to the realm of the pseudo-scientific and the "quack." He reviews what has been done by others in subcutaneous injections of oxygen, in intravenous infusion, in obstetrics, in gynecology, in pædiatrics, in general therapeutics and in surgery. While he has for a number of years employed the gas by various methods, in the present communication he deals exclusively with his experiments in the abdominal administration, reporting a series of sixteen cases in which it has been employed by him with very

satisfactory results. Cyanosis was found to be lessened, the surfaces of the wound became redder, the pulse and respiration improved, and shock was distinctly lessened. Blood pressure was not materially influenced. Abdominal tenderness and pain were much less than often follows laparotomy, there was less nausea and vomiting, the bowels moved more readily, the appetite was better, and the patient was not so restless.

A series of animal experiments, scientific records of which were accurately kept by Dr. Harold Denman Meeker, are also detailed by Dr. Bainbridge. These experiments were made upon cats, and were conducted along the following lines:

(1) To determine the absorbability of oxygen.

(2) To determine its effects upon (a) blood pressure, (b) pulse, (c) respiration, (d) degree of anæsthesia (e) time of recovery after anæsthesia.

(3) To effect a comparison between the results upon the above when oxygen is employed and when air is employed.

(4) To determine the danger-point of intra-abdominal pressure as manifested by a fall in blood pressure, respiratory embarrassment, and cardiac failure.

(5) To determine the effect of oxygen upon adhesions in the abdominal cavity.

A study of these experiments leads to the following conclusions:

(1) Oxygen is completely absorbed in the abdominal cavity. (2) It is a slight respiratory stimulant. (3) It is a slight cardiac stimulant. (4) It has but little effect upon blood pressure when the pressure of the gas is moderate. (5) It tends to bring an animal quickly from deep anæsthesia. (6) It hastens the recovery of an animal after discontinuance of the anæ-

sthesia. (7) A pressure of more than 1,500 mm. of water may cause collapse. (8) Oxygen tends to prevent the formation of adhesions. (9) It quickly changes a dark blood to scarlet in cases of anoxæmia. (10) It stimulates intestinal peristalsis. (11) It is not an irritant to the peritoneum or abdominal viscera.

In conclusion Dr. Bainbridge evolves a scheme of possibilities for oxygen therapy. While it is not his purpose to advocate the indiscriminate and careless use of oxygen "by those whose tendency it is to follow every therapeutic will-o'-the-wisp," he wishes to stimulate practical interest in a subject which his own experience leads him to believe offers more of definite good to humanity than has yet been generally utilized.

A very complete bibliography of the literature of oxygen therapy follows the article.

❖ ❖ ❖

Milk-Fluid Diet in Typhoid.

A series of articles, dealing with milk-free fluid diet and rectal irrigations in typhoid fever, appear in the *Medical Record* for June 20. A Seibert has used a milk-free fluid diet in typhoid fever in sixty-one cases at St. Francis' Hospital, with only one death. Most of the patients were convalescent much sooner than is usually the case in typhoid fever. Irrigations of the bowels were combined with the diet. The patient is given an initial dose of calomel, and is then fed on water for twenty-four hours. From that time he takes strained rice, oatmeal, or barley soup with extract of meat and egg yolk. Then other broths and zwieback are added. Hydrochloric acid is given before feeding. All the general symptoms are improved, the temperature is lowered, intestinal and nervous symptoms are

improved, and complications disappear. The attack is shortened, the mortality diminished, and complications lessened.

Cyrus L. Strong treated seventeen cases of typhoid on a milk-free diet, and considers that his results justify its adoption. A milk-free diet eliminates one of the principal sources of danger, fermentation of undigested foods. He has used broths, crackers and zwieback, gelatin, and rice. Pepsin and hydrochloric acid have not been used as a routine treatment, nor have irrigations been given. There have been less prostration, clean, moist tongue, no tympanites or diarrhoea, and loss of flesh has been diminished.

Robert C. Kemp endorses the use of the milk-free diet in typhoid fever. In the acute stage of typhoid fever with diminished digestive power, fermentation and putrefaction of milk are increased by reason of the food remaining in the stomach for a longer period than is normal, through the motor function of the stomach being decreased. The author makes use of a milk-free diet with rectal irrigations and has excellent results therefrom.

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Thymic Asthma.

J. Schwinn, in the *Journal of the American Medical Association* for June 20, gives the facts of the anatomy and of the physiology as far as known, of the thymus gland, and reports a case of thymic asthma successfully relieved by operation. Though we know little in regard to the function of the gland, the facts that it is practically always present in normal infants, while Bourneville found it absent in twenty-five out of twenty-eight mentally deficient ones, gives us reasons for treating the gland with

the same respect on the operating table as we do the thyroid, and at present it is well to leave a portion of the gland behind in thymectomy. The literature of thymic asthma has become quite voluminous; it is doubtless due in most cases to pressure of the enlarged gland on the trachea, though the pressure on other structures, the large veins, the pneumogastrics, etc., is also a probable factor. The symptoms are those of an obstruction in the air tract between the larynx and the tracheal bifurcation. They may become dangerous at any time and, in Schwinn's opinion, may be a more frequent cause of sudden death than is generally supposed. The radiogram is the most trustworthy of diagnostic aids, and prompt interference the best treatment. He briefly summarizes six cases of operation for this condition collected from the literature and reports his own case, in which, besides the thymus, a small portion of which was left for physiologic reasons, a part of the hypertrophied left lobe of the thyroid was also removed. The results in all cases were good. He summarizes his surgical considerations as follows: The operation should be performed as soon as a diagnosis is made, the radiographic method being the most reliable of our diagnostic means. A tracheotomy should be provided for in every case, but avoided if possible on account of the danger of infecting the mediastinum. The upper chest aperture should be temporarily enlarged by the splitting of the sternum, it during the operation the dyspnoea is increasing at all; in this way it will be possible to avoid tracheotomy in a number of cases. General anaesthesia should be used, as it is very difficult to operate on a struggling child.

**School
Hygiene.**

A new arrival at our desk is a small monthly publication, entitled *School Hygiene*, which made its appearance in June. It is issued by the American School Hygiene Associa-

tion, and the initial number contains much information which will be of value to those for whom the journal is principally intended. We trust that the new journal may have an abundantly successful career.

EDITORIAL.

Canadian Medical Association.

The Ottawa meeting of the Canadian Medical Association marks an era in the history of our national organization. This was the first meeting under the new constitution, and for the first time the programme was carried out in a number of sections. The meeting was very successful in every respect, and forwarded the better organization of our profession in Canada. Dr. Montizambert made an excellent president, and his address, which we present in this issue, was greatly enjoyed. The papers generally were good, and solicited vigorous discussions, while the treatment accorded the visitors by the Ottawa brethren was most hospitable. Among the important matters determined upon was the establishment of an official organ of the association. The next meeting is to be held at Winnipeg.



Maritime Medical Association.

The fact that the militia of the Maritime Provinces were in camp at the time of meeting of the Maritime Medical Association, interfered considerably with the attendance, as many of the most active members of the Association are connected with the Army Medical Service, and several hold rank as combatant officers in different regiments. Cognizance of this was taken at the meeting of the Medical Society of Nova Scotia, which determines the date of meeting of the larger body when it

comes to Halifax, and it is probable that in future there will be no clash between our time of meeting and that of the militia camps. In spite of a comparatively small representation of the profession, less than eighty having registered, the meeting was a very successful one, and from a scientific viewpoint ranked well with its predecessors. Dr. Chisholm's presidential address was a splendid effort, and was accorded much praise. The other addresses were also very meritorious, and many of the papers were unusually good. The next meeting place is Charlottetown.



Medical Society of Nova Scotia.

The meeting this year was for business purposes only, the scientific proceedings being incorporated with those of the Maritime Association. In his presidential address, Dr. Stewart referred to several matters concerning the organization of the Provincial Medical Board, which, it was thought, were not altogether satisfactory. The address was referred to a committee to consider and report on at the next meeting. Other committees were appointed to consider the system of inspection of schools, factories and public buildings, and the scientific and sociological study of the criminal and defective classes. Next year the Society is to meet at Sydney under the presidency of Dr. A. S. Kendall, M.P.P.

PRESIDENTIAL ADDRESS.

HYGIENE AND SANITATION—DOMESTIC, MUNICIPAL, NATIONAL AND INTERNATIONAL.

By *F. MONTIZAMBERT, I. S. O., M. D. (Ed.), F. R. C. S. E., D. C. L.,*
Ottawa.

(Delivered at meeting of Canadian Medical Association, Ottawa, July, 1908.)

THIS meeting marks a very distinct advance, and the commencement of a new era, in the history of the Canadian Medical Association.

The adoption last year of our new Constitution—which comes into force to-day—has raised us to the status of a truly national body. It seems therefore eminently fitting that our first annual meeting under the new Constitution should be held in the national capital, and under the Presidency of a medical man holding, as an officer of the Federal Government, what may be called a national position.

But in this connection, let me say here that in addressing you to-night I speak not as a Government official, but as an individual member of this Association.

As you know full well, our profoundest feelings are often the most difficult to express. I shall limit myself to saying that, in the presence of this assembly of those who have come from the north, the south, the east and the west of this great country of ours, bringing with them to grace this meeting at the capital of the nation varied and priceless knowledge, how to increase the duration and value of human life, and elevate humanity to the highest standard of physical, mental and moral perfection, one may well feel many misgivings as to one's ability to meet the full measure of your reasonable requirements.

There have been gods and goddesses of disease and of medicine from very ancient days. Back in the far-away times of the first Chaldean Empire, some five thousand years ago, there was a fever-god, a plague-god and even a headache-god; and to overcome their evil influence the intervention and good offices were required of Bel-Merodach the son of Ea, "by whose spells the sick are restored," and of the Goddess Gula, the Queen of Physicians, "whose wisdom alleviates the ills of humanity."

Similar gods with similar attributes may be traced down through the various empires and dynasties, Babylonian, Theban, Assyrian, Median, Phœnician and Egyptian; until under the Ptolemies the Hellenic gods were identified with the Egyptian, after Alexander the Great of Macedon bridged the gulf dividing Occident and Orient. And then we have Apollo, who was, amongst other attributes, God of Medicine under his name of Pæan; and the original "pæans of rejoicing" were hymns loudly chanted by the Delphian virgins after Apollo had been sufficiently propitiated to overcome the pestilence. Apollo being possibly too busy about other matters, Æsculapius, his son, is the God of Medicine most usually recognized. And then, in the Homeric days, we first hear of a Goddess of Health, Hygeia, daughter of Æsculapius, and so grand-daughter of Apollo. Hygeia

had the most delightful and pleasing personality of all those that have come down to us from the ancient mythologies. The conjunction of the Goddess of Health with, and descent from, the Gods of Medicine is not without its element of flattery to the medical profession. It is at her shrine that I propose to pay tribute this evening.

A writer on hygiene has divided the history of sanitation into four epochs or eras:

The Hebraic epoch, or era of Domestic Sanitation.

The Roman epoch, or era of Municipal Sanitation.

The Gothic epoch, or era of National Sanitation.

The epoch or era of International Sanitation.

This is in some ways a convenient division, and I shall make use of it to a certain extent this evening.

THE HEBRAIC EPOCH OR ERA OF DOMESTIC SANITATION.

With regard to this epoch, I shall not detain you by going over the familiar ground of the wonderful set of hygienic rules and regulations known as the Levitical Law or the Law of Moses. They were most perfectly adapted to the conditions of life of those to whom they were given, and many of them are good for all time and for all environments.

Amid the wreck of the Dark Ages, what had been taught and what little had been handed down regarding the necessities of hygiene to personal health, was buried. Filth, instead of being abhorred, was almost sanctified. The monks imitated the filthy habits of the hermits and saints of early Christian times, and the early Fathers commended them. Even St. Jerome used to praise the filthy habits of hermits. He especially commend-

ed an Egyptian hermit who combed his hair on Easter Sunday only and never washed his clothes at all. Monks, up to the time of the Reformation, thought, or professed to think, that by antithesis pollution of the body indicated cleanliness of the soul.

Only within the last century has the resurrection and re-establishment of sanitation upon a firm and more enduring basis been attempted. And this applies not only to personal and domestic hygiene but to municipal and national sanitation on which I shall touch later on.

It has been said that the ruling characteristic of this age is the tendency and effort towards perfecting the physical, intellectual and moral welfare of mankind. In these days of struggle and strenuous existence we hear much of the various means for the advancement and protection of the agricultural, the manufacturing, the mercantile and other interests; and of the race for social distinction; and the efforts people make to trace back their family tree as far as possible towards the one in which their original ancestors used to live and to disport themselves. But what question of more business or social gain can compare, either in advantage or importance, with the general and individual interest which every one has in the preservation of life and health? No matter what the labour, manual or intellectual, in which one is engaged, nor how productive, each and every mode of obtaining individual supplies and of contributing to the social welfare of the community is, and must ever be, subordinate—both intellectually and generally—to the possession of health.

It is not to be expected that legislators can go much in advance of the

views entertained by the mass of the people in the value of preventive and protective measures. "Sanitary instruction is even more important than sanitary legislation," said the late Earl of Derby—himself eminent both as sanitary instructor and as sanitary legislator.

We must therefore be patient and untiring in our efforts to educate and encourage the more intelligent and thoughtful to adopt about their homes and in their daily life hygienic precautions. Their example in these matters will gradually extend by imitation and habit to those less favoured by fortune. Every one can do a little, every one can to a greater or less degree take a lively and practical part in the great crusade against dirt and disease. As has been well said: "If all the individuals in the city appreciated the fact that they are to some extent responsible for the condition of the public health, and, in order to keep their consciences clear, kept their back-yards, cellars, alleys, houses and rooms clean, the reports of the Commissioner of Health would show the result of the multiplied effort."

One of the most difficult parts of the work of improving such sanitary matters has been already greatly strengthened—that is, the getting the people to recognize the fact that dirt is always dangerous,—by the gaining as our potent aid in preventing diseases of the kind of which we are speaking, the public press of the country. At the present day things notoriously injurious to health are detected by the news-gatherer and commented upon in the daily papers. And neglected, dirty or untidy alleys and premises, the precursors of nuisances which in times past would have gone unnoticed, are now pretty cer-

tain to be complained of and remedied. These vigilant and influential voluntary inspectors are powerful agents for good, and they are ever in the advance and render any falling behind impossible.

"In the beginning," said a Persian poet, "Allah took a rose, a lily, a dove, a serpent, a little honey, and a handful of clay. The rose had a thorn, the lily was frail, the dove was timid, the serpent was guileful, the honey was very sweet, and the handful of clay was a handful of clay. Yet when Allah looked at the amalgam, lo! it was a woman." And nowhere better than in the hygiene of the home can this complex creature find her sphere for energy and active work. It is to the woman of a family that should naturally come the instilling into the minds of the young hygienic ideas that will remain with them through life. "Train up a child in the way he should go, and when he is old he will not depart from it," is true now as it was in the days of Solomon. To the woman belongs the duty of teaching children to breathe through the nostrils, and to eat slowly; of training her daughters and sisters to protect the upper part of the chest; not to squeeze the waist; to have nothing tight below the knee; to wear thick-soled boots; and skirts clear of the ground, so as not to sweep up and carry home the impurities and bacteria of the streets and pavements. Amongst other phases of domestic sanitation may be mentioned the enforcing of proper ventilation of the home; the purity of the milk supply; the boiling of the drinking water and that used for washing vegetables that are eaten raw, where it is doubtful; the use of ice in a jacket outside and around the water jug, butter dish, etc., and not

within; and the removal of dust instead of only redistributing it by stirring it up with broom or duster.

Then again she can use her influence and authority against late hours at night. There is no doubt that many of the nervous breakdowns which are becoming increasingly common are due in part at least to the modern artificial life turning so much of the night into day since the introduction and perfection of artificial light. There can, I take it, be no doubt that nature intends the hours of darkness for that sleep which restores and prepares. The children's old hymn says:

"When the darkness deepens,

"Stars begin to peep;

"Birds and beasts and flowers

"Soon will be asleep."

Birds and beasts and flowers follow this law of nature, and it would be far better for the health of the nation if men would go to sleep with the other beasts, and women fold up and go to rest with the other flowers. I hold with the old saying that one hour's sleep before midnight is worth two hours after it. I do not hold with the other old saying, "six hours sleep for a man, seven for a woman and eight for a fool." If that opprobrious epithet is to be employed at all in this connection, it should in my opinion be applied to the person who is able to secure eight hours sleep at night, and yet fails to do so. But those eight hours should be between dusk and dawn, instead of our sitting up late under artificial light, and wasting the early daylight hours in sleep.

Then there is to be borne in mind the possibility of the conveyance of consumption and other diseases by kissing. Against the kiss of strong affection and of love, against that

most delightful method of putting two and two together, especially when only one pair is feminine, no sanitarian will waste his time in useless words. But one may possibly have a chance to obtain a hearing with regard to other forms that might well be abolished or diminished. It would surely be an advance from the sanitary standpoint and one not too hopelessly unreasonable, if the masculine handshake or some similar greeting could be substituted for the formal conventional touching of feminine lips to lips which is so general amongst women on meeting and on separating.

Again, the general and indiscriminate kissing of babies and young children by every friend and visitor might surely be omitted. This would not involve an overwhelming amount of self-denial, for the infant at any rate, and it would protect it from a risk to which we have no right whatever to expose it without its understanding and consent.

I speak of the home aspect of sanitation as being especially woman's work, because it is in the home that she finds her fitting and proper sphere. The new woman now-a-days is forcing herself forward as a competitor with man in almost every line of life. Nature herself tells us in several ways that this should not be so. Take as one evidence of this the distribution of hair upon the face. The man is supplied with a moustache to act as a dust filter and protection for the nostrils (and it should therefore be all brushed upwards), and a beard to protect the throat and chest. It is he, therefore, that is evidently intended to go out and face the elements and the dust and other dangers of most kinds of work. And the absence of this hirsute addition to the

face of the woman must surely be nature's indication that she is intended for the shelter and protection of the home. But though that is her rightful realm, and she is the angel of the home, the source of all its beauty and grace and sweetness and comfort and joy, it by no means follows that she is to sit there with folded hands in smiling and idle acceptance of our homage and adoration. Looking again at the faces, we see that both sexes have been given eyebrows. Now, the physiological use of the eyebrow is of course to prevent drops of moisture upon the forehead from running down into the eye. As women have eyebrows, it is evident that besides the beauty of those eyebrows being a fit subject for the rhapsodies of the lover and the sonnets of the poet, they are given for their physiological purpose also, and that women should carry out all the active and energetic labours symbolized by the expression "the wielding of the broom." (Not the wooden end upon her male relatives except under very exceptional circumstances, but the bushy end). And certainly in no better way can they labour for themselves and for others than in sanitary work in the home.

In this every one can do a little, if only to make one home or one room more bright, more cleanly, more wholesome. Sunlight, pure air and cleanliness are the natural enemies of disease germs. There is no sounder philosophy than is contained in the old sayings: "There is more health in a sunbeam than in drugs, more life in pure air than in physician's skill," and that "sunlight may fade your carpets but better than have disease fade your cheeks."

In the temples of Hygeia the statue of Apollo sometimes is found

standing with that of the Goddess of Health for worship. This is possibly because he was originally a God of Medicine. I like to think, however, that there may be another explanation, and that is that he is present in his character of Helius the Sun-God; and that this placing of the Sun-God in the temple of the Goddess of Health shows an appreciation even at that day of the health-giving effects of sunshine.

THE ROMAN EPOCH OR ERA OF MUNICIPAL SANITATION.

This epoch or era is so named because the great city of Rome set perhaps the most remarkable example of this phase of preventive medicine; a city which worshipped as a divinity the sweet smiling Goddess of Health; a city in whose municipal administration the highest place was accorded to the sanitary corps; a city which supplied pure drinking water of crystalline purity from the distant mountains, lakes and streams by its seven or eight great aqueducts of which four still remain; aqueducts considered so important that under Nerva and Trajan no less than seven hundred and twenty "curatores aquarum," engineers, architects and others, were continuously employed at the public expense to look after the water supply of the city; a city with public baths capable of accommodating all the citizens, for there were some eight hundred bath houses throughout the city, the *Thermae* of Caracalla, Diocletian, Nero, Titus, Agrippa, and countless others; a city with a system of sewers dating back to Tarquinius Priscus and Tarquinius Superbus, six hundred years B. C. The *Cloaca Maxima*, the main drain, built in triple arches of Etruscan architecture, was

so large that barges could float upon it all under the city; and so well constructed that no earthquake or other force has altered it. Though choked up nearly to its top by the artificial elevation of the surface of modern Rome, it is curious to see it still serving as the common sewer of the city after the lapse of nearly three thousand years. Under the Empire, condemned criminals repaired the sewers. To what better work could our modern jail birds be put, than that of similarly working for the sanitary well-being of their communities?

A proper drainage system is the first great duty of municipal sanitation. It must precede the water works, and be in readiness to carry off the water. To reverse this order has been well stigmatized as preposterous in its original signification of "pre," first, and "posterous," coming last, or putting the cart before the horse. And the very worst use that can be made of drainage is to pollute some river or stream with it; it is a waste of valuable fertilizers and a wrong to other communities down stream. Cities and towns must ere long come to the purification of their sewage by septic tanks, chemical precipitation tanks, or filter beds, and the using up of the effluent in subsoil irrigation.

A good water supply is the next most pressing duty of municipal sanitation. As a model from the past in this respect, I have spoken of Rome. Jerusalem also, before the days of Solomon, had aqueducts bringing water from miles distant, and through a reservoir which served as a sedimentation tank. We have another notable example in Tenochtitlan, the ancient Aztec capital, now the city of Mexico, with its ad-

mirable water works dating back long before the first meeting of Cortez and Montezuma, the Aztec chief. The difficulty of finding a pure water supply in sufficient quantity is facing every city. With the increase of population it is hardly possible to find a near-by water shed which is not more or less contaminated by the wastes of human life. Cities have too often either to adopt or continue a suspicious supply, or to trust to methods of filtration for the removal of the disease-producing elements. The remedy in some cases is fortunately to be found, as by Rome and Mexico, in bringing water from the distant mountains where it is pure and undefiled. Such a supply could be obtained for this city from the Laurentian Lakes to the north of us. This, or the purification of the water supply through filter beds, is a necessity that must soon be faced by this as by every other city.

Amongst the many further duties of municipal sanitation, I need only mention the inspection of milk, food, fruit, lodging houses, schools, public stables, abattoirs, etc.; the prevention of the exposure of meat and bread to dust, flies, and unnecessary handling; the removal of garbage and dead animals, the prevention or at least the limitation of the soft coal smoke nuisance, and the inspection of plumbing. I have mentioned this last because I want to say a word about it. The health of the home and the household is more at the mercy of, and depends more upon, the work of the plumber than the doctor. There may be difference of opinion as to whether or no sewer gas carries the actual micro-organisms of disease; but all, I take it, will agree

that the breathing of it in the home and the bedroom is calculated to so lower the resisting power of the body as to make it the more exposed to become the victim of contact infection. In the large cities there are inspectors of plumbing. There should be such officers in every municipality where there is a drainage system. Soil pipes should pass along the basement ceiling and pass under ground only outside of the wall, and never be laid under the house. And every joint and fixture should be made and connected by a skilled workman and not by an apprentice. In the book of the Proverbs of Solomon, the Son of David, King of Israel, we read that there were three things that were too wonderful for Agur, the son of Jakeh, yea, four things which he understood not: "The way of an eagle in the air, the way of a serpent upon a rock, the way of a ship in the midst of the sea, and the way of a man with a maid." It has been said that had that wise man lived in our day he would have been tempted to add a fifth cause of wonderment: "the way of a plumber with the drainage of a house." There are doubtless reliable, well-informed men amongst them, but the public should have greater protection. In my opinion, plumbers should be admitted to practice only under license in sanitary work and drainage, given only after examination,—some similar system to that very rightly required for physicians for the security and protection of the people. And the public should be educated and encouraged to choose for employment as plumbers and as inspectors men holding diplomas and certificates, such for instance as those of the Royal Sanitary Institute, now procurable in this country.

Another duty in municipal sanitation is the enforcement of the notification to the City Health Office of all cases of infectious disease including tuberculosis. And the keeping of a House Register in which the medical and sanitary history of each house should be written, the name and number of the cases of infectious disease, with their duties, and the means taken to improve the drainage and sanitary condition of the house. Such a register is kept in many cities; it should be so in all. Reference to it would be of inestimable value to those looking at a house with the view of purchasing or hiring it. It would also be a potent lever to move holders of house properties to keep them in proper sanitary condition.

Still another municipal duty is that of the suppression or extirpation of the rat. Rats are always a nuisance of the first order, and as carriers of disease, a source of public danger. From the standpoint of health they possess no redeeming qualities, and the more quickly a great diminution in their numbers is effected the better it will be for everybody. The Rat Act of Denmark is one of the most remarkable laws in the history of legislation. It is the result of the grim fight carried on for ten long years by one man, Zuschlag, a civil engineer, of Copenhagen, against the most merciless ridicule poured out by the Danish press, the galling contempt of scientists, and the lethargy of the people; but in the end he finds himself acclaimed as a benefactor of his country. He is now president of the powerful and influential "Association Internationale pour la destruction rationnelle des Rats," which has a membership of two thousand men of standing and known influence. In several coun-

tries governments or port authorities have adopted Zuschlag's premium system of a national campaign on this principle. In England a society has recently been formed for the destruction of rats with the support of such men as Sir Patrick Manson, Sir James Crichton Browne, Sir T. Lauder Brunton, Lord Avebury, and Professor Simpson. It has been calculated that there are as many rats in a country as there are men, women and children, and that each rat destroy one farthing's worth of food, grain or material per day. At that rate the six million rats of Canada cost us the enormous sum of over thirty thousand dollars per day.

But in addition to this, is the other terrible indictment as the conveyors and disseminators of disease germs. That enteric fever is spread by them is well established. And the important, indeed the all-important, part they play in the introduction and extension of bubonic plague is well summed up in the recent report of the Plague committee appointed by the Secretary of State for India, in the statement to the effect that unless the destruction of rats is carried out with the utmost energy it will be in vain to hope to get the plague under control.

The last number of the *British Medical Journal* has an article on "The Cat is a Preventer of Plague." In villages in India where cats are numerous, rats are scarce and plague unknown. In adjacent villages where cats are scarce and rats numerous, plague prevails. The cultivation of the cat has an advantage over other plague preventatives, in that it does not conflict with any caste prejudices.

As Dr. Murphy has pointed out, the connection between rats and

plague has been apparently known since very early times. We read in the Bible that when the Philistines, after they had taken the Ark of God, were stricken with what was probably the bubonic plague, they evidently recognised as we do to-day that the disease was carried from one section of the country to another by rats, for they endeavoured to propitiate Jehovah by offering five golden images of the most noticeable result of the disease, and five golden images of the family of Mus, probably *Mus rattus* or *Mus decumanus*—now known as the rat—images of the probable disseminators of the disease.

THE GOTHIC EPOCH OR ERA OF NATIONAL SANITATION.

This epoch has been given its name because Theodoric the Great, Theodoric the Ostrogoth, was the first in recent history to take a wide or national view in such matters. The torrent of vital energy poured into the west by the Goths, with the collapse of the old inanimate routine of government and the old inanimate social system, the foundation of a new social fabric, instinct and permeated through and through with the energy of the invading races, found one of its manifestations in the establishment of National Sanitation.

After the conquest, with all Italy laid at his feet, Theodoric held court in the city of Ravenna by the Adriatic, and there placed the protection of the public health entirely under the control of the central government, and recognized the great truth later enunciated by one of England's Prime Ministers: "The health of the people is the first duty of the statesman."

In former ages the three great enemies of national welfare, happiness

and progress were deemed to be war, famine and pestilence. Until less than a century ago all these were regarded as beyond the realm and reach of human science, and were accepted as the infliction of the gods, or as the mysterious scourges of Providence whereby nations were chastened for their sins.

From war and the fear of war, we in this country are most fortunately and happily free.

As for famine, the genius of man has so wrought upon steam, upon electricity, and other forces of nature, that not only have the products of the earth been vastly increased, but by means of rapid-intercommunication all nations have been brought into close relations, one easily supplying what another lacks. Thus national famines have disappeared, or are disappearing from the world, together with the ignorance that tolerated them.

So for pestilence. We claim, too, that disease and pestilence are not the rightful masters of man, and tyrannize over him only by reason of his ignorance or supineness. They are merely the humble subjects of nature, and come and go in obedience to her laws.

Accepting the estimate made by staticians of the financial value of the life of each able bodied industrious man at sixteen hundred dollars, and the average cash value of each man, woman, and adolescent above twelve years of age, at one thousand dollars, we have then some slight conception of the financial value of the life of each citizen, and the loss to the wealth of the country from sickness and death from preventable diseases which destroy thousands of lives annually, the cash value of which amounts to millions. The

eight thousand who die annually in Canada from tuberculosis alone represent a financial loss of at least eight million dollars. Even from this low monetary point of view, therefore, it needs no laboured argument to prove that it should be the first duty of all governments, national and provincial, to protect the public health by enactments based upon the knowledge that sanitary science has evolved, and to see that all the members of society are benefitted by them.

Nations and communities have it in their power to diminish the causes which produce sickness and premature death. From even the partial wise use of this power during the years that are recently past, the average duration of human life is slowly but progressively on the increase. But much, very much, remains to be done. And every measure which relates to the improvement of the sanitary condition of the people generally deserves the earnest support of statesmen, and the favour and hearty support of all.

Provision has been made by the national government to protect this country at large against the exotic diseases—the diseases to be detected by quarantine and by inspection—threatening from abroad.

The country has been and is so fairly protected from their inroads that everyone takes their absence as a matter of course without stopping to think of the work constantly going on at the outposts of coast and frontier. But it is the diseases we have always with us, the well-known preventable diseases, that produce the greatest destruction of human life, and swell the total of the general suffering and distress in all parts of the country.

Some of these, such as enteric fever, scarlet fever, measles and diphtheria, are left in this country to provincial responsibility. But there are some other diseases and some other points as to which it seems to me the national power can best be exercised.

Tuberculosis, for instance. This is a disease widespread throughout the whole Dominion, and it cannot be kept within municipal or provincial bounds, if only because the eastern sufferer is so apt to seek a health resort in the west. The annual death rate from tuberculosis is so high, and the financial loss to the country from these deaths and from the illnesses which precede them is so grave a national matter, that it seems to me it should not be left to the separate actions of the various provinces, but should be at least co-ordinated and arranged by the national Government. Sanatoria are good in their way, and would be better if they could be kept for the reception of incipient cases, to be discharged cured to make room for others. The beginning cases, however, are not those that appeal most loudly to the sympathy of the onlooker. And too often under pressure political, personal, religious and charitable, the few beds of the sanatorium are promptly filled with incurable cases, and so their highest mission fails. The same amount of money spent in dispensaries, day camps, and the dissemination of pamphlets, leaflets and other literature on the prevention of the disease would reach and benefit hundreds for each one the sanatorium can aid. The enforcement of notification of tuberculosis also, with the appointment of inspectors to follow up each case where the visiting physician cannot or does not do so,

seems to me essentially a national work and responsibility.

The prevention of small-pox also should be distinctly a matter of national sanitation. We are not only threatened with it from the Orient, from Europe, from the United States, and from South America, but from England also, owing to her retrograde legislation nullifying compulsory vaccination by the admission of conscientious objections, and yet not putting small-pox on the list of her quarantinable diseases.

Compulsory vaccination in infancy and compulsory re-vaccination in adolescence should be the national law. By such laws small-pox has been made to practically disappear from Germany. This disease is unknown in her army. In the entire German Empire during the whole of 1906 there were but 26 cases of small-pox and 5 deaths, and these cases were largely imported from neighbouring countries. Why cannot we learn from such an object lesson as that, confirming as it does the experience of every small-pox hospital where vaccination keeps the attendants free from the disease?

I would go further still. For the victims of unpreventable diseases I have both sympathy and pity. Small-pox, however, is entirely preventable. For its victims, or for those who are responsible for them, I have nothing but condemnation. Not only would I make vaccination and re-vaccination compulsory, but I would make having small-pox a penal offence. In no other way that is avoidable is one permitted to be, or to harbour what is a nuisance and an injury to one's neighbours. An outbreak of small-pox often paralyzes the travel and traffic of a small community. It always injures even the

larger ones. It is a distinctly preventable disease. No one has any right to harbour an unvaccinated person on his premises any more than he has to store a supply of dynamite. No one has any right to have it, and every offender in this particular, every adult who has small-pox and the parent or guardian of every minor who has it, should in my judgment be sent, as soon as the risk of infection is over, to pick oakum for a term in the common jail, for having been guilty of a wanton and quite avoidable nuisance and misdemeanor. Or, still better, to work for a similar period at forced labour in the sanitary improvement of the municipality, as I have suggested for our prisoners before.

Railroad and car sanitation should also come under national sanitation. Under this heading may be briefly mentioned the prevention of the possible spread of typhoid dejecta along the roadbed, to directly infect or to be blown as dust into neighbouring sources of water supply; the use of non-absorbent coverings and curtains; the general use in sleeping cars of the thin so-called emergency curtains which permit the free passage of air but not of light; the placing of ice in a jacket around the drinking water, and not it; the provision of a separate basin over which alone toothbrushes may be used; the proper ventilation of, and preservation of temperature in the cars, and their frequent and efficient disinfection; and the abolition of the brushing down of passengers by porters in the midst of the car, whereby the dust from each in turn is distributed over the persons and into the lungs of his neighbours. And this in order that a rapacious porter may be the more sure of the holdup for his tip.

The brushing when required, should be done only in a corridor beyond a swing door.

If temperance be a thing to be secured by legislation, that legislation may well be national. Nothing certainly injures the health more than the diseases of the various organs that are affected by improper food and the abuse of spirituous liquor. With regard to improper food as far as quality is concerned, national sanitation has already taken hold of matters connected with the adulteration of food and drugs, and the inspection of meat for export, although not yet that of meat for our own home use.

With regard to the liquor traffic. Of all temperance legislation, the most temperate and therefore—to my mind—the most likely to gain the desired end, is that known as the Gothenburg system. The elimination of private profit upon the sale of spirits, and the commission upon the sale of non-intoxicants, are of course the essential points of this most excellent system, with the introduction and extension of which in England the name of His Excellency our Governor General, is so closely connected.

I cannot pass from the subject of national sanitation without referring—still in my individual capacity, not in my official one—to the resolutions that have been passed annually since 1902 by this Association, urging upon the national government the collecting together of national matters medical and sanitary—now scattered amongst the various departments—into a Department of Public Health under one of the existing Ministers. In connection with such a department there should, in my judgment, be a national bacteriological laboratory, with branches for the supply of

vaccine and of the various sera and antitoxins. These should be prepared and tested by men on salary and without any personal interest in their sale. And they should be issued bearing the Government stamp as a guarantee of purity and reliability and marked with a date limit of efficiency. The general practitioner throughout the country would then know just what he is using, and both he and his patient would be much better protected than they are at present. Moreover, in such a national laboratory there might well be bacteriologists and chemists engaged in original research. The country should rise above the position of hanging on to the skirts of other nations and waiting to hear from them. It is fully time that in such a national laboratory Canada also should have her investigators taking their part in forwarding the advance of science. In such a national department of Public Health there would be no interference with provincial rights, only a domestic re-arrangement for greater efficiency. On the contrary, one of my dreams is the creation of a National Board or Council of Public Health composed of the occupier of the federal office I now hold, and of a representative from each of the Provincial Boards of Health, to meet at the capital from time to time to advise the national government in public health questions affecting the country at large. Advice and recommendations from a council so composed should carry more weight with the Dominion government, and with the people, than those of any one sanitary advisor, be he ever so able and ever so experienced.

Departments of Public Health already exist in some countries. They are being actively striven for in Great

Britain, in the United States, in Mexico and in Cuba. That we will ultimately have one in Canada I in no wise doubt.

THE EPOCH OR ERA OF INTERNATIONAL SANITATION.

Within the last generation the idea has been spreading that those nations that are most active in sanitary and hygienic movements are really dependent on each other for success. This idea has found expression in international official conferences such as those of Venice, and London, and Paris; in the International Congress of Hygiene and Demography; in such international conventions as those of the Republics of North and South America; of those on tuberculosis; in such international societies as the American Public Health Association which embraces the United States, Canada, Mexico and Cuba; and in the general international exchange of health news and bulletins.

International agreements, as a recent writer has pointed out, or even a declaration of policy to ameliorate the local conditions that cause disease, so that no people should be allowed to live without sufficiency of pure air and light, pure water and pure food, good drainage and sewerage, in other words except under the healthful environments of man, which are his inalienable right—such an agreement would furnish objective employment of national thought and energy, and by the substitution of one energy by another detract by so much from the consideration of armament and war. It has been suggested that in the search by peace congresses for measures to be recommended to the Hague Tribunal for consideration as measures towards universal disarmament, or partial dis-

armament, or arbitration or peace, such international sanitation as I have alluded to above might be included as tending directly and indirectly towards the full or partial abolition of war.

It is devoutly to be hoped that in the process of evolution of international sanitation, the time may be not far distant when it may be possible that there shall be Canadian medical officers responsible to the Dominion Government in every port of emigrant departure for this country in Europe and in the Orient. The action of such a body of men in vaccination, disinfection and careful inspection before departure would lighten the work of quarantine and immigration officials on this side. And what is more important, it would remove to a great extent the chances of outbreak of disease during the voyage, thus lessening the risk of infection for all classes of persons, upon the vessel. It would benefit the shipping interests greatly both in time and in money. Moreover, it would obviate the hardships which must necessarily accrue in many cases from the sending back of undesirable immigrants from the port of arrival in this country.

In conclusion, I would say that I cannot hope that I have told anything new this evening. The truths of sanitation are well established and well known. We cannot plead now as in the days of Hosea the Prophet when it was written: "The people are destroyed for lack of knowledge." But these truths—like others—require iteration and reiteration, "line upon line, precept upon precept, here a little and there a little."

The best I can hope for is that I may have in some small degree presented to you some old thoughts in new settings. And I may indeed be well content if anything that I have said tends to make these truths—ever old and ever new—sink more deeply into your minds and memories, and if, by so doing, I may have advanced even by the smallest step our progress towards that time when the four sanitary epochs or eras of which I have spoken—the Domestic, the Municipal, the National, and the International—may be followed by a fifth, towards which we are all striving and yearning, the epoch or era of Universal Sanitation.



PRESIDENTIAL ADDRESS.

THE RECOIL OF PROFESSIONALISM.

By *M. CHISHOLM, M. D.,*

Halifax, N. S.

(Read before the Maritime Medical Association, Halifax, N. S., July, 1908)

LADIES and Gentlemen :— My first duty is to thank you for the honor of presiding at this; the 17th meeting of the Maritime Medical Association. I am deeply sensitive of the fact that there are many men in this city and province who could have filled the chair with far greater ability, ease and grace than I am capable of. I cannot look upon the appointment as a tribute to grey hairs, although I am now within ten days of sixty and within a year of thirty in the profession. I take it as a mark or respect to the struggling and of honour to the surviving.

Among the duties devolving upon the president of an Association like this, not the easiest is that of selecting a subject for the Annual Address. A president is supposed to ascend some hill-top from which he can scan the distant horizon. He is to keep his eye upon the struggling forces in the plains beneath, to note their victories and like the bards of old, at the festive board, sing pæans of triumph at our annual gatherings. And notwithstanding the paucity of our yearly victories, yet, cold as cabbage must be the heart of a man who could not be moved to sing a Te Deum for the aggregate of our successes. It is not my purpose to recount our victories, though here I may say, that as late as '86 I saw Sir Wm. McCormic open an abdomen and close it at once, on finding uterus studded

with fibroids. The progress of surgery since that date is little less than marvellous. If I may be permitted to prophesy I cannot do better than slightly modify the words of the distinguished statesman who now rules this Dominion, and say that the nineteenth century was the century of surgery, the twentieth will be that of medicine.

But the vision of success and victory is not the only one. There is also that of loss and failure. With Addison, the President views the bridge of time with sobering sorrow. He sees it crowded with passengers all travelling in the same direction; he sees some drop through the planks into the river below at the very threshold; few reach the middle and fewer still with tottering steps get near the other side.

The proportion of those who drop through the near side of the bridge out of the ranks of Medicine is far too great, greater than from any of the other professions. Here in Halifax we have suffered keenly this year or two. We have lost Drs. Murray, Goodwin, Geo. Campbell and W. McN. Parker. These things have suggested the subject of my address, viz., the "Recoil of Professionalism."

Every occupation strikes back in some way, and much of our work is directed towards preventing the bad effects incident or resulting from

them. Much of our success depends upon our being able to spell occupation pathologically. It will often put us on the right track where we have hopelessly strayed and floundered. Strange as it may seem the recoil of professionalism was foreseen and provided for in the Mosaic Economy. No human prescience could have enacted statutes so comprehensive. The more we study them the more we are forced to admit that God spoke to him face to face and that he was not so much a law-giver, as a law-transmitter—transmitted from the mouth of Omniscience. In Numbers XIX., 8th chapter, verse 8, are found these words:

“And he that burneth her shall wash his clothes in water and shall bathe his flesh in water and shall be unclean until evening.”

The priest or servant in cleansing or ministering to others became himself unclean, and was driven to separation and rest. This ceremonial statute at first sight seems unnecessary and unreasonable. Why should a priest or officer in ministering to others by way of cleansing, become himself unclean?

It contains deeply hidden truth, however, which the experience of our age abundantly illustrates and confirms. Why should the Doctor in trying to lengthen the life of other, shorten his own? That he does so is well confirmed by statistics and experience, and if separation and rest were essential to the priest, they are doubly so to the doctors.

In treating then of the “Recoil of Professionalism, I would first say that they are not all professionals who are of Professionalism. They are not all doctors, clergymen or lawyers whose health is shattered and lives

shortened by our schools and colleges. In the crazy thirst for scholarship, much of which is a parody upon education, the child is too soon translated from home to the school. If I have a regret stronger than any other, it is that I was too soon torn from the traditions, tales and songs of my mother and my mother's country—tales of inimitable pathos recounting the struggles and sufferings of heroes, songs of unapproachable delineation of natural objects and scenery, songs interesting, educative and ennobling, the translation of which, transformed and enriched the poetry of Europe. Not only this, but I was forbidden to speak the language which enshrined them. And what think you was the mental pabulum substituted for this lore. I need not specify; suffice it to say that it was as destitute of ideas as our winters are of roses. There are teachers like Homer and Ossian, educated illiterates, of whom we make too little. There are others, literates uneducated, of whom we make too much!

Since my school days there have been many changes, some of them, like the ousting of Latin, in a backward direction. Many things are yet out of joint. The callisthenics of mature years are substituted for the natural exercises of childhood. Mathematics take the place of language. Dry abstracts displace concrete narrative. The introduction of special subjects undermines the general foundations. Pork and beans replace mother's milk. This picture is not overdrawn or distorted. Take the following question asked at one of our high school exams.: Give the muscles supplied by the third nerve and their actions. This might do very well in one of our Medical Colleges for a

second year class in anatomy, but for pupils of fourteen in our academies, who never saw a muscle or nerve or scalpel; the question is an outrage on the one hand, and an exhibition of incapacity and folly on the other.

Sir George E. Gorst, in his book, "Children of the Nation," gives an answer to a question in animal physiology, asked by a superintendent of a school in Greenwich, England, which illustrates my point.

A SAMPLE OF "EDUCATIONAL SMATTERING."

A little girl was asked to describe the human body. She described it as follows:

"The human body consists of three parts: the head, chest and stummick. The head contains the eyes and the brain if any: the chest contains the heart, lungs and a bit of the liver, while the stummick contains the vowels which are a, e, i, o, u and sometimes w and y."

To my mind this ludicrous answer shows as much knowledge and sense as the question of the superintendent and the system of instruction of which it was the outcome.

Here I can do no better than commend to our educational authorities a deeper study of the book of books. It begins in the old as in the new with easy narrative and deeply interesting and enobling biography, and it ends with statements which have never been fathomed.

THE SINS OF OMISSIONS AND COMMISSIONS.

Our common schools attempt too much. They do those things which they ought not to do, and they leave undone the things they ought to do. They begin to build at the top before the foundations are finished. The sil-

ly smattering of special subjects like anatomy, animal physiology, chemistry, etc., is of no assistance in a college course nor in any other course, while the lack of any language but English, is felt to be a crippling diag. The tabooing of Latin puts me in mind of a story.

The Presbyterian Church has a Court termed the Session to which Elders are elected by vote of the congregation. It happened, once upon a time, that a certain individual, who wished to become an elder, was defeated through the influence of the other members of the Court of Session. Wishing to get back at them he related that he had an extraordinary dream. He saw that the Lord came to him and said: "Lauchie, you feel very bad because you were not elected to the Session!" "Yes" said Lauchie, "I do feel bad." "Well, you need not," said the Lord, for I have been trying to get into that Session these twenty years but could not." So with common sense and our educational authorities from a medical standpoint. They are sinners exceedingly before us and before the Lord whose little ones they offend and crunch with men's burdens.

The lack of proper instruction in English itself, consequent upon the introduction of special subjects in the schools, is painfully apparent. Subjects requiring maturity of intellect have to go by default because the preliminaries have yet to be mastered. The whole college course is a constant struggle; the long hours of study encroach upon exercise and sleep, and when graduating day arrives the student is a physical wreck. In this state of neurasthenia he enters upon the study of Medicine. Four years of

hard labour are ahead of him and when he emerges from the conflict, his condition is deplorable. So much for the "Recoil of Professionalism" at the dawn of the morning.

THE STRESS OF WORK IN THE HEAT OF THE DAY.

Let us now consider it in the stress and heat of the day. Most occupations are invigorating. Work is as necessary to the growth and well being of man as the ordinary breezes are to the vegetable world. Overwork is like a tornado, stripping leaves, breaking branches and tearing up trees by the roots.

The different effects of a high wind in early summer and late autumn are also instructive. The same breeze which helps the growth of a branch in June will strip it of its leaves in September.

A quantum of labour that invigorates at thirty will paralyze or kill at sixty. If the late Dr. Farrell had taken cognizance of this he might be here with us now. But the cry of distress and pain becomes more incessant with ripening experience, and the burden of practice will keep on increasing while the powers of endurance are waning.

I was once consulted by a practitioner who had become a drug fiend. Some men become cocaine fiends, others morphine fiends, but this man had become a fiend to cocaine, morphine, alcohol and atropia. He told me that the long drives and sleepless nights of a busy practice, drove him to the use of drugs to keep him awake; that the habit grew on him till finally he could not get along without them.

I heard of another man, who in addition to a busy practice, lectured

in a college, and devoted every spare moment to scientific research and experiment. Sunday and Monday were alike to him, and the result of his constant labours was a sojourn or home in a lunatic asylum.

Another man told me that if he did not go on an occasional spree his practice would drive him quite crazy. I know of another man whose duties in connection with his practice, college and hospital affected him so that his mental and physical powers broke down, and he was so paralyzed that he was unable to keep track of his practice. He worked without charging and he charged without collecting till he became a bankrupt.

THE REMEDY IS SEPARATION AND REST.

And what of the remedy? Simply that of the Mosaic statute which enjoined separation and rest. God himself rested, so we are told by Revelation. We learn from a study of Nature that the rest is prolonged. We see with the widest vision of science nothing in this age created. We simply see all things under law and by law the whole universe is governed. Preceding life begets life after its kind. The planets roll around their orbits under the force of unerring law. Day by day what has been continues to be, with nothing new added. God is resting from his creative work while all things are governed by irresistible law.

MORE SUBLIME CONCEPTION THAN CREATION.

The creation of the universe is a sublime conception, but the sublimest of all conceptions is the creation of those laws by which the universe is governed. As a sequel to the unfathomable immensity of this work,

how true and fitting the words "and God rested from all the works which he had made." And this very fact is embodied in the commandment as the reason for obeying it. It has taken man a great many ages to learn that rest for one day in seven is a physical necessity. With this additional knowledge it will take him many ages more to observe it.

In this respect, the country doctor is most unfortunate. The farmer will work all day Saturday allowing his household to groan with pain in order that he may drive for the doctor on Sunday and save a day for the farm.

A COROLLARY TO NECESSITY POSSIBLE.

Then again generation and disease are non-observant of rest, and the poor doctor has to hustle on Sunday as well as Monday. But notwithstanding, it is possible to put off a good deal of work on one day in seven, and to seek rest for a part of the day at least by a change from the material to things professedly spiritual. After the weariness and worry of six days in the sickroom, the doctor will obtain rest, refreshment and strength on the seventh by engaging in the services of the sanctuary. Nor is this enough. He must also, if he desires to do good work, and live long, cut himself off entirely from his practice and go off to the country or elsewhere to recuperate once a year.

When the clouds of gloom are blackest,

And the skies are dark as ink;
Get away from things distracting,
Things distressing in the acting,
Draw away from all the hustle
All the turmoil and the bustle,
Go somewhere alone, and wink.

When you're facing problems
mighty,

And you stand upon the brink;
Steal an hour, or so, from battle
Leave its glamour, quit its rattle,
Draw away from all the hurry
From the men with aches and worry,
And alone, in silence, wink.

For the mighty men, who conquer
And the men whose words we drink,
Are the men who quit the jangle
Quit the turmoil and the wrangle
Quit the world, and turn their faces
To secluded, silent places,
Where, by winking, they can think.

A COROLLARY TO NECESSITY FOR REST.

As a corollary to the necessity for rest the doctor must look to his earnings. He must shun speculators as he would shun the devil. His art is medical, not financial, and when he speculates he adds to his burdens. His experience in these things makes him an easy prey to scheming promoters. The losses he makes adds to his worries, and worry added to a busy practice will soon break a man of steel. If he has money let him place it at small interest where it will not give him any further anxiety, rather than at a prospective high interest where it may at best give no end of trouble. I heard a lawyer once say that he had been trustee for many estates, and that he would have been a rich man then, if he had invested for himself as wisely as he did for others. The responsibility of trust gave him the caution necessary to secure safety. Would that we all realized our responsibilities in this direction. Sickness may be hovering near ourselves and our families. Old age with its many crippling failures is fast approaching; our strength

and vigor will decline with the rapidly approaching autumn of our lives. Dark cold winter will soon overtake our autumn and then God help us if our coffers be empty. In the language of Ossian:—"Age is dark and unlovely. It is like the glimmering light of the moon when it shines through the clouds, and the mist is on the hills. The cold blast from the north blows upon the plain, and the traveller shrinks in the midst of his journey."

THE PROFESSION TENDS TO MAKE POOR COLLECTORS.

But besides making us bad investors, our profession tends to make us poor collectors. It widens and deepens our sympathies. It opens up to us, all the struggles and conditions of our patients; and our concern for their welfare often reaches our pockets. The recoil of our profession surely tends to poverty. Under these conditions he is a wise man who will make the rich pay toll to the poor. It will do them good. It will at least lighten their burden when they cross the river. There is nothing for *p'ethora* like bloodletting.

THE RECOIL LEADS TO NARROWNESS.

Finally the recoil of professionalism leads to narrowness. Perhaps none more than ours. It is a long way from the groans of men, the sobs of women and the cries of babies to the music of the spheres, or as Amiel said: "the music of time and the ho-sannas of the universe." The discordant notes of a world out of harmony, irritate, depress and deafen us. Sweet sounds there are, but we hear them not; wide fields, but we see them not. History of all kinds, biography, poetry and philosophy to revel in, but we are driven from

them. We are crippled, cabined and confined in the sick room, or if not in the sick room, in the laboratory or library, preparing for it. Truly the recoil of our profession is in the direction of narrowness.

"COME YE ASIDE AND REST AWHILE."

And what of the remedy. In the words of the master: "Come Ye aside and rest awhile." But they rested hanging on his lips. Their rest was a change, not inaction. A chapter in history, a poem from Tennyson, an essay from Macaulay is a rest after a hard day's work. A fishing or hunting excursion, a visit to your friend in the country, to your neighbours across the border, to your fellow citizens over the continent, to your parents across the ocean after a year's work is at once recuperative, educative and broadening. While I have this advice to give to those in the profession, I have another to pass along to those about to enter it. Lay the foundations broadly and deeply. Pass into medicine, not from the school, as too many of us have done, but from the college or university. Emerging from there you will at least have arrived at the threshold of that temple whose foundations are commensurate with the universe, and whose dome is iridescent with light eternal.

A VISION WHICH STUNS AND APPALS.

But here I see a vision which stuns and appals me. I see hosts of college graduates so intent on the study of one small pillar in this boundless temple that they fail to see or recognize the worship of the master mind who planned and created the

laws by which this temple is governed. These are myopics. Now myopia is either congenital or acquired. Our modern civilization tends to myopia. Four years of cribbing, within the narrow walls of our universities accentuates this tendency to myopia. The finite is so emphasized—so closely viewed and examined, that it shuts

out the infinite. Surely, then, the course should be widened, and the range of vision extended; students should be led out to the ocean, the veld, or prairie, so that by training they can extend their horizon, and learn to admire in the dim distance the beauty and harmony of the Mountains of God.

REPORT OF SUCCESSFUL CATARACT EXTRACTION FROM THE EYE OF A PATIENT AGED EIGHTY-EIGHT YEARS.

By E. A. KIRKPATRICK, M. D.

(Read before Meeting of Maritime Medical Association, Halifax, July 2, 1908).

ON June 9th of this year, I was called to Lunenburg, to examine the eyes of W. Z., age 88, and if deemed advisable to operate. I found my patient blind in both eyes with senile cataracts. They were uncomplicated, *i.e.*, there was no other disease of the eye, such as any form of inflammation of the anterior or posterior sections of the eye, myopia, detachment of the retina or any evidence of glaucoma.

The patient's general health was good, there being no evidence of diabetes or Bright's disease; in fact, there was no contra-indication to the operation except the patient's great age. My experience with a large number of cases operated on when eighty years of age, gave me encouragement to proceed with the case.

During eighteen years of practice I have never had a single case of supuration of the wound in these old people.

The operation was performed on the afternoon of June 9th, without encountering any difficulties.

Dr. Forbes assisted me at the operation and subsequently has taken entire charge of the after treatment, which is almost as important as the operation.

The healing of the wound has been rapid and perfect, and the resulting vision all that could be desired. There was reading vision at the end of two weeks.

Considering the patient's age, I have thought it of sufficient importance to place this case on record.

A CASE OF PARTIAL AUDITORY AND VISUAL APHASIA WITH OBJECT-BLINDNESS DUE TO AN ABSCESS OF THE BRAIN.

By COLIN K. RUSSELL, M. D.,

Associate in Neurology, Royal Victoria Hospital; Demonstrator in Medicine, McGill University, Montreal, and Pathologist to the Protestant Hospital for the Insane, Verdun.

(Read before the meeting of the Canadian Medical Association, Ottawa, June, 1908.)

THE comparative rareness of such cases makes, I think, a further contribution on the subject of sufficient interest to report before this Association.

The patient, J. H. E., was seen by me on the 10th of October, 1906, in consultation with Dr. C. F. Martin. He was a right-handed man of 59 years of age, married, a locomotive engineer by profession. During the previous spring and summer he had had a great deal of business and family worry which seemed to affect his general health more or less; his appetite was poor, and he was gloomy and depressed.

Three weeks previously he had a peritonsillar abscess on the left side of his throat; and at the same time had two small abscesses in the floor of the mouth. These all burst in about a week or eight days, and he felt much better. His appetite improved, etc., for two days; he then complained of headache and nausea, but did not vomit, and went to bed twelve days before coming under observation. The headache continued to be very severe. His wife noticed then that he could not always remember names of people or objects, and when peoples' names were mentioned he seemed doubtful about who they were, although he could understand fairly well everything that was said to him.

Eight days ago, in making out his monthly statement he could still read

and write, but could not understand figures, and had to get a young man to do this part of the statement. The trouble with his speech, his wife stated, had been growing worse. Personal and family history were of no importance.

On examination, his temperature, pulse and respiration were normal. He was found to be a very well developed man with no evidence of motor or sensory paralysis. The abdominal and epigastric reflexes were absent on the right side, present on the left. The plantar showed flexion response right and left; the other reflexes were normal. The absence or relative diminution of the abdominal and epigastric reflexes on one side is, in my experience, of great importance in diagnosis of slight impairment, as from pressure or the pyramidal tract in some part of its course. This sign is often present, as in this case, before there is evidence of Babinsky's plantar extensor response.

THE CRANIAL NERVES.—There was a mild grade of optic neuritis, more marked on the left side, and right homonymous hemianopsia. There was a very evident difficulty in conjugate lateral deviation to the right, possibly due to the hemianopsia. A watch was heard normally in the left ear, but was not heard on contact on the right side. Otherwise the cranial nerves were normal.

The patient was quite conscious and apparently of more than average

intelligence, although not highly educated. He understood most simple commands, would turn over in bed when told to, squeezed one's hand readily, beat his arm, etc., but was apt to continue one movement when the command was changed to another, e.g. he continued to bend his arm when he was told to straighten it. He opened his mouth when told to, but continued to open his mouth when told to close his eyes. More complicated commands were not comprehended perfectly.

Spontaneous speech was clear and quite correct until he came to a name, but he could not remember names and it made him worry. If the name was suggested, he immediately recognized it and repeated it correctly. There was no agrammatism or dysarthria. He could repeat words and short sentences, but could not repeat long sentences.

There was absolute alexia and word blindness, i.e. reading was impossible. He could not even spell out the letters, nor did it help him to trace the letters with his fingers. He could not read numbers; writing and copying were also impossible.

There was some object-blindness, although he seemed to recognise his sons that they were his sons; he could recognise but not call them by name. When shown a pencil he could not recognise it, but as soon as he took it in his hand then he knew what it was for but could not name it, although he said he had used it "often enough." He recognised the name immediately when it was suggested.

An abscess of the brain was diagnosed, and on account of the partial word deafness, complete word blindness and the hemianopsia, it was located between the angular gyrus and the posterior part of the first temporal

convolution. Immediate operation was advised but, unfortunately, either the moving to the hospital or some other cause seemed to hasten events and he sank rapidly and died twenty-four hours after he was first seen. We were only allowed a very partial autopsy, merely a trephine opening in the skull.

The skull was trephined on the left side $\frac{3}{4}$ of an inch below the parietal eminence, so as to expose the brain over the posterior extremity of the fissure of Sylvius. The meninges and surface of the brain were slightly congested, the convolutions flattened. On incising the cortex we came immediately down on an abscess about one inch in diameter, circumscribed, but with no definite wall, containing thick, greenish, odorless pus. As near as we could make out the abscess cavity lay in the angular gyrus and the extreme posterior part of the first temporal convolution.

Apparently we had here *primarily* a condition of intercortical sensory aphasia—the optical aphasia of Freund—where, owing to interruption of those fibres connecting the auditory word centre in the posterior part of the first temporal convolution with the visual occipital cortex, the patient could not recall the visual image associated with names of objects or persons. At the same time he could understand spoken language, and recognized the name when he heard it, and spoken and written language were not interfered with. With the gradual growth of the abscess the optic radiation became involved, causing homonymous hemianopsia, and then the angular gyrus, with first the loss of power of recognising numbers and later complete alexia. Then partial

auditory aphasia was caused as the abscess touched on the posterior part of the temporal convolution.

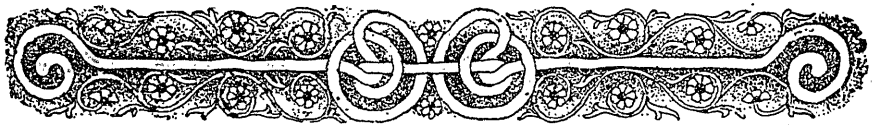
This has many points of interest:

It calls attention to possible sequelæ of a very serious nature of the more or less ordinary peritonsillar abscess, the septic material evidently being carried directly up the carotid to the middle cerebral artery.

Secondly, it would tend to confirm Mills' idea that the centre for numbers is distinct from the centre for words and letters, because, in making up his monthly statement in the beginning, when the cerebral symptoms first showed themselves, he could read and write but could not work with figures. Mills would place the memory for names in a centre by itself, below the auditory word centre in the temporal lobe. Bastian and Ross, on the other hand, argue that, proper names being the last acquired property of language is lost first, if the functioning power of the auditory word centre be weakened or impaired in any way. Whether the amnesia verbalis at the outset of this case was due to the involvement of the commissural fibres between the auditory word centre and the general visual centre, is impossible to decide. Certainly when under my observation he could not recognise common objects until

he touched them, when he immediately knew them and what they were used for, but could not name them. He recognised the name when told, however, and repeated it clearly and accurately. This is to be accounted for by the fact that stimuli coming to the auditory word centre over the more commonly used path of the auditory nerve would be more effective on an impaired auditory centre than those coming to it from the stereognostic centres in the parietal lobe.

Agraphia is not always present when there is destruction of the angular gyrus and it is especially noticeable in educated people, who are in the habit of writing a good deal, that destruction of the angular gyrus does not cause a loss of the power of writing, the writing centre being called into action directly by the auditory centre. Afterwards the patient is unable to read what he has written. In the present case the man, a locomotive engineer, was not accustomed to write much, and one can imagine that he had to form a mental image of the word before writing it down, that is, the stimulus starting in the auditory centre went first to the visual word centre and thence stimulated the writing centre. The destruction of the visual word centre in this way would cause agraphia.



PROCEEDINGS OF THE MARITIME MEDICAL ASSOCIATION, HALIFAX, N. S., 1st and 2nd JULY, 1908.

FIRST SESSION—10 a.m., 1st July:

THE President, Dr. M. Chisholm, of Halifax, called the Association to order, upon which eighty-two members enrolled. The minutes of the meeting of 1907, at St. John, N. B., were read and approved.

Dr. Corston, Chairman of the Local Committee of Arrangements, reported, announcing the liberty of the various clubs to the members; the arrangement of a drive for the ladies; a visit to the Studley Quoit Club, per tram, and an excursion upon the harbor and to Lawlor's Island for the ensuing Thursday evening.

In the absence of the Treasurer, Dr. Farish, Yarmouth, the Secretary read his report, which, upon being reported correct by an audit committee, was adopted by the Association.

The President appointed the following nominating committee.

From P. E. I.—Drs. Murphy, Jenkins, McNeil.

From N. B.—Drs. Atherton, Murray and White.

From N. S.—Drs. Curry, Kendall and Sponagle.

Dr. Walker, of Truro, gave notice of following resolution:

Whereas, The Prevention of Tuberculosis is a matter of great scientific, economic and philanthropic interest to the medical profession and the public generally,

And Whereas, a campaign of public education has been inaugurated

by such leaders in the profession as Biggs, Knopf, Hebner and others:

And Whereas, the question is especially vital to the people of these Maritime Provinces:

Therefore Resolved, that the members of the Maritime Medical Association pledge their assistance to all properly conducted efforts to educate our people as to the mode of infection and means of Prevention of Tuberculosis:

Further Resolved, that this Association commends the action of the N. S. Government for its interest in this movement as evidenced by the establishment and maintainence of a Sanatorium at Kentville, and would urge that its capacity be increased, that an experienced resident physician be engaged as superintendent, and the great educational, scientific and remedial value of such an institution be more thoroughly placed before the public:

Further Resolved, that it would be desirable for the Governments of New Brunswick and Prince Edward Island similarly to aid in this work:

Further Resolved that city, town and municipal Councils are requested to give financial and moral support to this campaign against Tuberculosis:

And Further Resolved, that the Secretary of this Association is herewith instructed to send copies of these resolutions of the Governors and Premiers of the three Maritime Provinces, and to the leading papers in St. John, Halifax and Charlottetown.

Dr. E. W. Cushing, Dr. Johnston, Dr. Brown and Dr. Lund, of Boston, and Dr. McCrae, Montreal, were welcomed by the President and invited to occupy seats on the platform.

Dr. White, of Moncton, gave a most interesting description, accompanied by photographs and cuts, of a rare instance of "Hæmaphroditism" obtained in 1905. Case was that of a farmer, aged 33, father of twins. Kicked by horse in abdomen. In 24 hours brought to Moncton hospital, where a diagnosis of strangulated hernia was made. Upon opening pelvic cavity, an almost complete uterus, with tubes and ovaries, was found, corresponding in the most remarkable manner to those of the adult female. The doctor gave a detailed description of this marvellous freak of nature, exhibiting the specimen and expressing his opinion that the case was one of true hæmaphroditism.

Dr. Curry, Halifax, instanced a case of his own—boy fourteen months old, in which there were testicles in scrotum, but no penis. No vulva, but a hair-sized opening only into bladder.

Dr. Lund had seen Dr. White's specimen at Chicago, two years ago.

Dr. F. W. Johnston, of Boston, read a paper on the "Treatment of Procidentia." Women in childbirth were much better treated than formerly. The progress downward of womb is usually slow, often occupying months and years. It is usually due to one of two causes, sometimes to both: (1) Defective support of uterus itself, or (2) loss of pelvic floor.

There were innumerable mechanical devices for the relief of this condition, but most of them were useless.

Solid wood and rubber pessaries sometimes keep the organ up, but in general, only temporarily. Some vaginæ can not tolerate them: others wear them for years. In the latter cases senile atrophy always follows. In surgical relief he distrusts fixation of uterus, especially when before the menopause, because of the danger to patient in the event of pregnancy and labour. He described at length his favourite method of operating for the cure of such conditions. Had done so seventy-five times. Some few require a secondary operation. Generally used buried silk-worm gut, and retains patient in bed for twelve to fourteen days.

Dr. Curry, Halifax, was much interested in the paper. It was the first he had heard read upon the subject. Procidentia was not so common as formerly, because of better child-bed management. The pelvic floor was the great support in all cases. Pessaries were generally very inefficient.

Dr. Atherton, Fredericton, N. B., reported Dr. W. J. Mayo's method of operation for the relief of this class of cases. Dr. Mayo brings up round ligaments on either side and unites them over rectus muscle. This is as good as suspension and safe in delivery. This method, however, was somewhat new and untried as yet. Had seen two instances of torn rectum, with large families following, without any displacement of uterus.

Dr. Cushing, of Boston, thought fixation, or opening abdomen not always necessary. Does operation from below, building up perineum. He thoroughly repairs this part. Beyond menopause he treats these cases as one would a hernia.

Dr. Lund, Boston, complimented Dr. Johnston. He was much interest-

ed in Dr. Atherton's remarks on Mayo's operation. Had been doing it for three years. It was good in retroversion, but not so sure in procidentia.

Dr. Murphy, of Tignish, P. E. I., in some cases does a hysterectomy, as the only real cure, as subsequent pregnancies are dangerous in fixation.

Dr. Kendall, Sydney, knew many cases of long usage of pessaries with advantage. Had done Alexander's operation in a few cases, with good results.

Dr. Johnston, in closing, said latter operation is useless when fundus is outside vulva.

Dr. J. Fred Lessel, Halifax, reported "Case Treated by Bier Suction Cup." The apparatus was simple. It raises skin one-quarter inch and is applied for five minutes. Repeated if necessary. Recited case of fall with severe injury, in which wounds were treated with a saving of time equal to fifty per cent.

The President said this was a new method to him, and requested discussion. A number of members spoke highly of the method, especially in tuberculosis of joints, testicles and clavicle. As good for acute as for chronic conditions.

"Post-Operative Treatment of Abdominal Section" was the subject of Dr. H. K. McDonald's paper, Halifax.

The head should be low without pillow after operation. In fifteen hours raise head; this prevents hypostatic pneumonia. Thirst is difficult to regulate. Nothing but water should be given for the first twenty-four hours. Tepid water is often good. Lemon-juice and glycerine, painted on tongue is also excellent.

Ice is bad. Morphine is condemned by some and given by others. Recommends it when young or restless, or when very old.

The bowels should be moved. Tympanites generally present. Milk and molasses, in equal parts, are excellent as an enema. Septic peritonitis has been largely done away with by aseptic treatment. Drainage should be sharply looked to.

Pain.—Opium is not needed, though operators mentioned in Philadelphia and Leeds, Eng., have exactly opposite ideas and customs with regard to it. If at all, it must be in minute doses.

Vomiting is suspicious after twenty-four hours. When persistent, inspect vomited matter.

Shock is much to be dreaded. Can hardly be eliminated. Is caused by fall in blood pressure. Conserve every drop of blood. Keep patient warm. Stimulation is often overdone; strychnine not always good. Adrenalin chlorid and salines can often be useful.

Dr. Lund agreed that molasses and milk enema was most useful. In peritonitis he used Fowler's position and drained thoroughly. Advanced peritonitis has still a high mortality. Shock is sometimes successfully combatted by direct transfusion of blood.

Dr. Atherton keeps patient on right side, and for a change, once in a while allows the back-position. Gives $\frac{1}{8}$ gr. morphine, once or twice in first eighteen hours. Allows patient to rise in twenty-four hours to pass urine; this is better than catheterization with its danger of cystitis.

AFTERNOON SESSION—2.30 to 4.30 p. m.—President in the chair.

Dr. John Stewart, President of the Nova Scotia Medical Society, fol-

lowed with his "Presidential Address." He spoke of the criticism often directed at the Medical Board of Nova Scotia, and contrasted it with the like bodies in New Brunswick and Prince Edward Island, and in the Dominion generally. He referred to the pressing need of same, and up-to-date medical legislation, and impressed upon the Association the necessity of making the lay mind understand that all such laws were for the express purpose of protecting the public, and not for the benefit of the medical profession. He suggested a reform in the composition of the Nova Scotia board, one method being its election by counties, or county medical societies. The whole paper was a most complete resumé of the matter of Medical Boards and Medical Law.

Dr. Wetmore, Hampton, N. B., moved a vote of thanks be given to Dr. Stewart for his admirable address, which was seconded by Dr. Trenaman, and passed unanimously.

Dr. Lund, of Boston, spoke of "What Surgery has accomplished in Diseases of the Stomach." Robson, in England, Mayo, Finley and others on this side, have greatly advanced in this direction. Dr. Atherton, of Fredericton, N. B., was the first to successfully suture a gastric ulcer. Author did the same four years later. Gastro-enterostomy adds safety to gastric operations. In gastric hæmorrhage it is difficult often to stop bleeding. Purse-string sutures, infolding, etc., often fail. The mortality is high. Gastro-enterostomy is an improvement upon these methods. Ulcers often become malignant. In early operation stomach cancers compare favourably in results with operations for like condition of breast; operated in seven such cases and lost one.

Upon the whole, Dr. Lund's paper covered the ground very effectually, and was listened to with great attention.

Dr. Stewart coincided with the reader in nearly all his deductions. He thought the multiplicity of cancers near sphincters very serious, as at the mouth, the anus, the cervix uteri, etc. No clamps were used by Caird, of Edinburgh, in gastro-enterostomy. They were apt to lead to thrombosis.

Dr. March, seconded by Dr. Kendall, moved a vote of thanks to Dr. Lund, which was carried unanimously.

Dr. Murphy, of P. E. I., also supported the foregoing motion in a highly appreciative speech of Dr. Lund's effort.

Dr. Lawlor, Dartmouth, followed with a Case Report: Female.—Pain and swelling in right side accompanied by rise of temperature. Aspirated; disappearance of symptoms on right, to re-appear on corresponding site on left side. Then, pain over trachanter, with marked edematous swelling and darkened colour. This was followed by vomiting. Afterward the signs shifted to right leg; then labia minora became edematous and temperature again rose to 100°. The trouble then removed to the extremities affecting big toe and sole of right foot. Opiates and potass. iodid. were the chief measures of treatment. Some mental aberration was noticed. A fair recovery of use of limbs. No albumin in urine. The only probable diagnosis was angio-neurotic œdema.

The paper was discussed by Drs. Melvin and Ross. The former rather coincided with the suggested diagnosis and instanced a case of his own, somewhat similar, but much

less extensive. The latter rather demurred at this classification, thinking the process too extensive and with too many acute symptoms for this disease.

Dr. P. A. McDonald, Halifax, agreed with the reader.

EVENING SESSION.—July 1, 8 to 11 p. m.—President in the chair.

Address by Lieut.-Gov. Fraser — As a layman, he knew nothing of medicine, hence it appeared almost ridiculous to him, to attempt to address medical men. He welcomed the association to Halifax, and assured them, that, notwithstanding present appearances, the weather of Halifax was generally cool. People, he thought, would be better if they allowed the medical profession to do the medical thinking for them. The less a man was anxious about his own physical organs the better it was for him. The profession was rapidly changing its ground in that it looked more to the *prevention* than to the cure of disease. This was the logical standpoint, and the course bound to become more and more popular and useful. He spoke of the extreme liberality and unselfishness of the profession: All others made money out of their discoveries and inventions; the medical profession, alone, presented all their new and exclusive thoughts, free, to the world. The sight of suffering charmed money-love away from them. He only knew one doctor who refused to go without being paid, and that was because he had been defrauded hitherto by the same party, who was well able to pay. All men owed the profession more than they could ever pay. He suggested that all candidates for medicine should be examined with a view to their cheerful disposition,

so great was the effect of brightness and good cheer upon the human body. He dwelt upon the importance of proper food, and the proper way to eat it.

The address, as a whole, was an extremely practical, lucid and interesting one, and the honourable gentleman retired from the room accompanied by the vocal strains of "He's a jolly good fellow," and the hearty thanks of the Association.

PRESIDENTIAL ADDRESS.—Dr. M. Chisholm.—This was one of the best and most happily conceived in the Association's history. He deplored the modern tendency to substitute the artificial for the natural; to teach class-room calisthenics instead of the normal physical activities of the body; to fancy that by inculcating a smattering of anatomical and physiological knowledge into the heads of children of fourteen that they would, thereby, be made wise governors of their own bodies. The schools attempt too much and accomplish too little. Long study hours encroach upon sleep and amusement. He gave instances of drug usage, drunkenness and insanity as a result of over-work, and closed with a plea for the higher literary education of the profession, and said that young men should enter it, not from the common schools, but from the colleges.

Dr. Purdy, seconded by Dr. Moore moved a vote of thanks, and that the address be published in the lay daily press. This was carried unanimously.

Partly as a consequence of this spirited and practical talk of the President, it was resolved that a committee be named to enquire into the physical well-being of children under the present school curriculum.

Dr. Farrell moved and Dr. Kendall seconded, that a committee of three be appointed by the President, to report at the next meeting of the Medical Society of Nova Scotia, on our present system of the education of children in the public schools, especially in reference to the avoidance of mental strain and the development of the highest physical and intellectual life.

Committee:

Drs. Hattie, Kendall, Farrell.

Dr. Atherton, Fredericton, N. B. —“Case-Report of Gastro-Enterotomy.” Operation first done in 1881. Mortality then 25 to 30 per cent. Since then in greater favour. It is done for atony of stomach, but is of little value for this condition. Now only used for obstruction to pylorus or duodenum. Sometimes in infants for congenital spasm of pylorus. Death-rate, now, only 2 to 3 per cent. Operation described. Done in February, 1908, abdomen opened in median line; found pylorus contracted; used clamp and suture. Good recovery after a somewhat slow recuperation.

Dr. Lun thought the case reported a most excellent one, and Dr. Stewart congratulated Dr. Atherton as a pioneer in abdominal surgery in Eastern Canada.

Dr. Percy Brown's paper on “The Roentgen Diagnosis of Urinary Calculus” was now taken up.

In 1906 the X-ray was first used for photography. Reader considered the various forms of calculi (1) Oxalates; (2) Phosphatic; (3) Uric Acid; and (4) Biliary. He gave details as to the course to be pursued in searching for each, and

the methods of correct recognition from the resultant pictures. Plates which define ribs will generally define calculi. Always well to examine both kidneys.

Dr. Eagar discussed the paper. We often lack faith in what X-ray can do, but this is frequently due to faulty technique and apparatus. He asked if low tube with long exposure, or a high tube with quick exposure, was best.

Dr. Brown satisfactorily replied, and gave as his opinion that average exposure in renal region should be while the patient holds his breath, as this obtains perfect quiet—about 15 seconds.

MORNING SESSION, July 2, 9.30 a. m. to 1 p. m.—President in the chair

The nominating committee reported as follows:

For President: Dr. Murphy, P. E. I.; for N. B. Vice-President, Dr. S. C. Murray, Albert, N. B.; for N. S. Vice-President, Dr. Moore, Kentville, N. S.; for P. E. I. Vice-President, Dr. Geo. F. ; for Secretary, Dr. Geo. G. Melvin, St. John, N. B.; for Treasurer, Dr. D. McDonald, Charlottetown.

Local Committee:—Drs. Jenkins, Warburton, Conroy, Carruthers, Johnston, Kelly.

This list was on motion formally adopted, and the foregoing declared duly elected.

Dr. Murphy reported for Committee on Condolences regarding deceased members.

Dr. Walker, Truro, seconded by Dr. Coates, moved resolution on “Tuberculosis”:

See page 269.

This was spoken to by Dr. DeWitt, and carried.

Dr. March then made the following motion which was seconded by Dr. Walker:

Committee:—Dr. H. L. March and S. L. Calkin.

Resolved, that in the future the Committee of Arrangements so govern papers dealing with matter of public interest that they may be read at a large public gathering to be convened for that purpose. The object being to give greater publicity to matters concerning which the public are lamentably ignorant.

Dr. Hattie, Halifax, on behalf of the North West Arm Boat Club, invited the Association to a band concert that evening.

Dr. Murphy, P. E. I., moved that in future, including the present session, the Secretary of this Association be granted an honorarium of \$25.00 per year. Carried unanimously.

"The Radical Treatment of Chronic Dacryocystitis," by Dr. R. E. Mathers, Halifax, was then taken up. In this condition pneumococci were generally present. Often tends to perforation of cornea. Another complication is lachrymal abscess or fistula. Detailed methods of treating fistula. Operation can be done under either local or general anæsthesia. Patient shown.

Dr. Crockett, St. John, thought well of the paper, but was inclined to think operation, as described, rather too radical. He frequently treated by canalization, leaving tube in situ for some months.

Dr. Crockett, "On Vision and other Senses," sketched physiology of sight; laid stress upon the differen-

tiation and sub-division of the special senses. Touched upon the correction of vision by artificial lenses, that is, eye-glasses. These are generally required when age is over forty. Indeed degeneration of the eye begins at ten years of age. Rules given for selection of glasses. The paper was instructive and well received.

"Popular Fallacies and Medical Ethics" formed the subject of the paper of Dr. P. C. Woodworth, Kentville. Among the first was that relating to consumption, the Berlin Congress on that diseases, itself falling into the mistake of saying, "no germ, no consumption," as reported by (the late) Dr. Farrell. Another was to suppose that all tuberculous germs came from without the body. It was only true that the disease was characterized by the germs, not that they came from some other source and caused the disease. The really chief cause of phthisis is lowered vitality, foul air, over-work, strain and anxiety. Dyspepsia is a very frequent factor. In a word consumption is a disease of malnutrition. It can be stamped out. The various germs found in it originated within the body. Medical Ethics summed up in "Golden Rule."

Dr. Reid said that 90 to 95 per cent. of post-mortems reveal tuberculous lesions thoroughly healed. He greatly doubted if consumption was often contracted by inhalation. Most often by way of mouth and stomach in the taking of food. The tubercle bacillus will live in melted butter for twenty-five to thirty days. Milk is a great cause; cows may be fat and apparently healthy, and yet tuberculous.

"Discussion on Occipito-Posterior Presentations." Dr. Curry, Hali-

fax, opened, illustrating his remarks with the bony pelvis and infant mannikin. He gave a vivid outline of the peculiarities of this fairly frequent and often troublesome and dangerous abnormality. Prolonged labour always requires the forceps, and endangers the pelvic floor. Detailed the most important variations of the o-p position. In the diagnosis of this condition the head is always remarkably easy to feel. Forehead prominent to touch and always with a backward aspect. Fontanelles reserved, as to normal presentation.

In treatment, exaggerated lateral-prone position often is of service in the first and early second stages. Delay is likely to occur at brim. At all events, it is sure to take place between brim and pelvic floor. Delay at brim is due to flexion, as is often the case in o-a positives. Can easily feel anterior fontanelle. Press forehead up with two fingers during pain. Rotate back of fœtus anteriorly by external manipulation, and at once apply forceps.

Int. rotation of head:—Pass one hand into vagina and with other over abdomen, rotate. English operators apply forceps without rotating, obviating danger to child. See that head is well flexed. Remove forceps when head is well down. The last resort is podalic version.

Delay in pelvic cavity:—Press occiput forward during pain with two fingers, or blade of forceps. Delay most frequent at pelvic floor. Should not delay operative measures too long, lest shoulders become impacted.

Dr. Ferguson, Dalhousie, N. B., asked (1) if diagnosis of o-p presentations be difficult, and (2) if the

condition be rare in primiparæ. (3) Has the speaker had much success in the methods suggested?

Dr. Margeson, Hantsport, found it best to put pressure on forehead while pain is on, holding it during interval.

Dr. Murphy found it a most troublesome condition to general practitioners. He repeated Dr. Ferguson's third question.

Dr. Kendall, Sydney, C. B., gave ether and did version in these cases. Inclined to leave case to nature, and rotate head when near pelvic floor.

Dr. Curry said, respecting diagnosis, that much depended upon time operator was called. When late it was often impossible to greatly modify condition. Membranes ruptured early with little dilatation. Rupture of perineum is frequent. Version is usually not difficult, except in primiparæ, but is dangerous to the infant. He thought there was little difficulty in diagnosis. Not difficult to assist hand in vagina by abdominal palpation. Condition rare in primiparæ. Does not believe in version as a routine practice.

Dr. E. D. Farrell's subject, "Contracted Pelvis," announced for the previous evening session, was taken up. Not so common, here, as in Europe. Wished to draw attention to a measure for facilitating labour in these cases that bids fair to supercede symphysiotomy, viz., the division of the pubic bone to right or left of median line, instead of in centre, as in the operation just named. It has been denominated "Pubiotomy." The saw is threaded into needle and latter passed through soft tissues, posterior to pubic bone, fix-

ing saw in position. Bone is then divided by a simple back and forward motion. Only done when pelvic diameter is between 7 and 9 cc. Bone unites after operation by connective tissue, the wound being a clean smooth and linear fracture. Patient gets up on 11th or 12th day. *Complications*:—Sometimes a good deal of hæmorrhage. This is always venous. Sepsis is hardly to be found, and is, latterly, rare. Great dilatation is possible. It is, however, only an operation of necessity. To be avoided in primiparæ, and should always be postponed till after the head moulds and forceps have failed. After operation, operator must wait for a natural completion of labour, and examinations afterward must be very carefully made to avoid infection of wound.

Dr. Atherton thought pubiotomy was to be chosen because of more ready reunion than that after symphysiotomy.

Dr. Cushing, Boston, reported bad tears after the operation. The least infection gave bad results. Sometimes sacro-iliac joints become affected. Rather in favour of Cæsaræan section, as cleaner and better every way. Occasionally one gets into a venous plexus, with serious hæmorrhage.

AFTERNOON SESSION, 3 to 5 p. m.
—Dr. DeWitt, Kentville, in chair (Vice-President).

Dr. Kirkpatrick, Halifax, "Successful Cataract Operation in Old Age." Double senile variety. Patient 88. No diabetes or Bright's disease. Dr. Forbes assisted and had charge of wound afterwards.

(2) Loss of sight from foreign body in eye. Patient shown. Body

(unknown) entered eye while patient was travelling; not much notice taken of it at first. Following morning acute suppuration set in, and actual and permanent loss took place within a week.

Dr. Norwood showed an exceedingly interesting case of child born without limbs, neither arms or legs. Scarcely a rudimentary trace of either. Infant appeared otherwise normal, and, apparently, healthy.

Dr. McCrae, Montreal, "Three Hundred and Twenty-Five Cases of Scarlet Fever." Notes taken in Montreal General Hospital. They represent no great epidemic of disease. Ratio of 54 to 46, females to males, respectively. Third year of life most likely period. Liability rapidly declines after 9 years. Mortality only seven per cent. American hospitals show nine and a half per cent. Recurrence very rare. One case of relapse on thirty-second day. All regular signs were again present. Recurrence of rash itself, only in four cases. Probably these were not true scarlatina. Ten per cent. due to contagion from those discharged apparently cured. Most contagion from *packed* clothes. Few gave evidence of desquamation. Discharge from mucous membranes much more likely to convey infection than exfoliation from surface. Disinfection can not be guaranteed. Sore throat in 81 per cent. Headache and vomiting 54 per cent. These latter together in three-fourths of the cases. Convulsions only twice (less than 1 per ct.). Injection of conjunctiva in ten per cent.; occasionally, suppuration. The rash, the typical tongue and glandular enlargement were the three diagnostic signs. Rash often seen on

second day (45 per cent.), 24 on first day, 22 on second day. The face escapes in a fair number of instances. The body and limbs are the favourite seats of the disease. Most intensified upon folds of limbs. The eruption depends on activity of superficial circulation. Its abnormal disappearance may mean failure of heart. Turpentine simulated rash in two cases. Toxic erythema, quinine, antitoxine, corrosive sublimate and iodoform, may all simulate typical eruption. Sore throat a useful guide. Bright red punctate eruption on back half of palate very trustworthy; 20 per cent. showed a membrane in this region. In six cases real diphtheria was present, leaving seventeen per cent. with a true scarlet fever membrane. Tongue truest of all signs. "Strawberry" tongue not a good name. Papillæ on edges and extreme tip of tongue enlarged and prominent. These, and the throat signs, are the best of all.

Average duration, nine days. Uncomplicated cases, seven; 105° the maximum temperature. Admission fever generally the highest. All but two of the diphtheritic cases contracted the latter disease in hospital. Physicians often carry infection from one ward to another, despite every precaution. The most important complication is nephritis, the most frequent otitis. Seventeen per cent. had latter. Irrigation of mouth and nose necessary. Best to enter douche by mouth and have it exit by nose.

Antistreptococcic serum often a failure.

Diet: Strictly milk and its derivative. Youngsters on discharge nearly all fat—"young aldermen."

The paper was a most complete and exhaustive one, reflecting great

credit, indeed, upon the industry, intelligence, care and enthusiasm of the compiler of its statistics and notes.

Dr. Stewart, Halifax, spoke of the advantage of Hospital Statistics.

Dr. Moore noticed danger of infection from nasal and other discharges. Had not thought of it before, and would, henceforth profit by it.

Dr. Wetmore asked what result had been had from anti-diphtheritic serum and (2) the average incubation period.

Dr. McCrae (1) No useful result. (2) Four to twenty-one days.

Dr. E. W. Cushing, Boston, spoke on "The Use of Sera and Vaccines." Detailed paraphernalia necessary to use in obtaining opsonic index. Dwelt upon great use of blood-serum in many diseases. Human blood, and that of the horse, rabbit and guinea-pig, the most used for the making of sera. Of these, the rabbit is best, as it is free from suspicion of tetanus. The blood is usually drawn direct from the heart of the animal. Detailed several cases treated with blood sera. All hospitals should have laboratories capable of making them and vaccines. In time, by means of this procedure, surgical treatment will be largely done away with. There is much present opposition, but that was always so with respect to anything new, and we must bear it philosophically.

Several gentlemen spoke appreciatively of the paper.

The Association, on motion, then adjourned, to meet in Charlottetown at stated date, in July, 1909.

M. CHISHOLM, *Pres.*
GEO. G. MELVIN, *Secy.*

The meeting was one of the most pleasant, considered as an "outing" in the history of the Association. The thanks of the members outside of Halifax are due to the profession of that city for the varied and exhilarating recreations furnished for their entertainment. Perhaps nowhere in the world, on harbor waters, is there so beautiful and glorious an expanse of deep salt sea than that which

nearly surrounds the city. The "Lady Laurier" and the kindness of the Halifax medical men enabled the Association to see and traverse the exquisite piece of "old ocean;" and although the writer was unfortunately debarred the pleasure, he learns that upon Lawlor's Island, the concluding evening of the session was spent in a most interesting and profitable way. G.G.M.



PERSONALS.

IT might appear from the paragraph in our personal column of the June issue that Dr. E. Blackadder has given up the profession of medicine for that of journalism, which is by no means the case. Dr. Blackadder has taken up his residence and office at 150 South Street, and is prepared for the active duties of his profession.

Dr. J. R. Corston has recently returned from a post-graduate course at Johns Hopkins hospital, Baltimore.

Dr. Penny, formerly of New Germany, is now associated in practice with Dr. Forbes, of Lunenburg.

Dr. Wm. Tobin has lately arrived from London, and his numerous friends are pleased to see him looking so remarkably well.

Dr. Florence O'Donnell is on a visit to her relatives, after having spent the past five years in Western China.

Dr. F. S. L. Ford returned to this province last month looking the picture of health after his sojourn in California.

Dr. W. H. Hattie attended the meeting of the American Medico-Psychological Association at Cincinnati last month.

EXPOSURE OF MEDICAL FRAUDS.

THE exposure of frauds by the *Journal of the American Medical Association* continues without abatement. The most recent instance concerns one of the most widely advertised drug manufacturers in the country—the Abbott Alkaloidal Company. The development of this company's products has been so well managed as to result almost in a medical sect, and the organ of the sect is the *American Journal of Clinical Medicine*, formerly the *Alkaloidal Clinic*. It has long been apparent to discerning readers that this journal is but a compend of thinly veiled advertisements, but to thousands of doctors, who are ever searching for medical specifics, the specious claims of the Abbott Company, have made powerful appeal. It is to such men that the firm has directed its most insidious arguments, as is suggested by the list of minor journals containing

Dr. Abbott's original articles. It is astonishing that physicians are so easily duped, and yet it may be urged that their eternal desire for new medicinal agents is prompted by an underlying good motive. It is a form of aberration, of unreasoning empiricism, which leads a man to chase this therapeutic will-o'-the-wisp, and it is a form of wool-blindness which causes him to give credence to any article appearing under the guise of quasi-science and signed by a fecund author, such as Doctor Abbott. The great majority of his articles include a recommendation of his firm's products, and it is a mystery why such literary contributions have so long been accepted by medical journals, when they are such palpable advertisements.—Extract from Editorial in the *Journal of the Michigan State Medical Society*.

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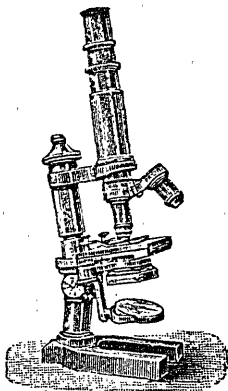
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BIER'S PASSIVE HYPEREMIA IN MASTITIS.

In carrying out this method of treatment, which has been giving excellent results in puerperal mastitis, Dr. Mueller advises that the use of small suction cups should be avoided, the largest possible in the individual case being selected. He believes that failures are attributed to this cause. In his practice this treatment has proved particularly useful, first, in typical cases of acute mastitis in which, if employed early, it arrests the process, prevents abscess formation, and rapidly relieves pain. Secondly, it has been of value in shortening the treatment in abscess cases after the removal of the pus through multiple small incisions, which can be done under local anesthesia. Its other advantages are that it can be carried out either in the physician's office or at the patient's home and the cosmetic results are excellent. Third, in cases of subacute mastitis the disappearance of the infiltration is promoted and the cosmetic results are better, since in place of the otherwise large incisions the pus can be evacuated through several small punctures.—*International Journal of Surgery.*

**DOCTOR'S
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OBSTINATE HICCOUGH.

The following prescription is recommended by *The Hospital* as being successful in this complaint:—

R Liq. Trinitrini (1 p.c.) m viij
Spirit. Chlorof. 5 iv.
Aq. ad. 3 iv.

M. Sig. "One-fourth part of a dose; to be repeated for three or four doses."—*Pract. Medicine.*

♦ ♦ ♦

PICRIC ACID FOR EXCESSIVE SWEATING OF THE FEET.

A French army surgeon, Major Chandése, recommends the following application for hyperidrosis of the feet: A 5 per cent. solution of picric acid in alcohol (at 90 per cent.) is painted over the surface of the feet, once a day at first, and subsequently once a week. Following the drying of this application, the feet are to be dusted with:—

R Thymol iodide,
Alum. naphthol sulphonate,
Picric acid, of each, 2.50 grms.
Bismuth subgallate, 15.0 grms.
Talcum powder, 50.0 grms.—

M.—*Journal de Medicine de Bordeaux.*

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THE FIRST SYMPTOMS OF MIGRAINE.

Dr. J. J. Caldwell, of Baltimore, Md., in *Medical Progress*, writes as follows: "The treatment of migraine, to be correct, must be adjusted on the basis of the element of causation. Constipation, if present, should be treated by a proper dietary and regular habits, but purgatives should be avoided. Only fluid laxatives should be employed, and they should be abandoned when diet regulates the bowels, as proper diet will do. During the premonitory stage we can generally abort or rather prevent the development of an attack by the ad-

ministration of two antikamnia tablets. They should be given as soon as the first symptoms of the attack are manifest. If then, all symptoms are not speedily dissipated, another dose should be given in three-quarters of an hour. This means is a most effectual one to abort an attack, and when the attack is developed, anti-kamnia tablets will relieve the pain usually in about forty minutes."

—♦♦♦—

One day a little girl named Mary, got up looking pale.

Her father said: 'What is the matter, Mary? You look pale.'

'Yes, I know,' answered Mary, 'I think I have the chicken-pox.'

'What makes you think that?' asked her father.

'Because I found a feather in my bed,' answered Mary.

Treatment of Rheumatism*

Iron Treatment.—*** "Form which I have found most useful is the soft *Blaud*. Mass, with Arsenic, made by Duncan, Flockhart & Co."—J. T. Fotheringham, M.D., Toronto.

* Contribution to "Symposium on Rheumatism," read before Toronto Clinical Society.

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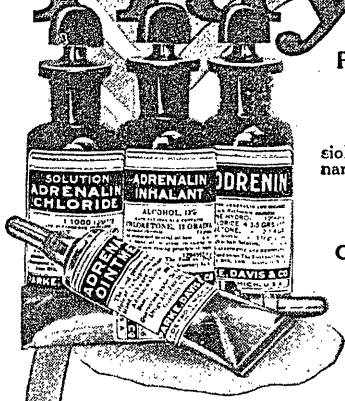
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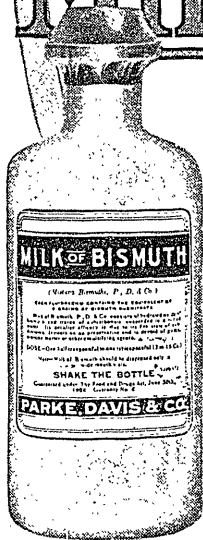
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