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THE

Maritime Medical News

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XV. HALIFAX, NOVA SCOTIA, DECEMBER, 1903. No. 12

PRINTED BY T. C. ALLEN & CO., 124 GRANVILLE STREET, HALIFAX, N. S

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HALIFAX, N. S.:
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124 & 126 GRANVILLE STREET.

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(Pass Primary M. D., C. M. examination).

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Therapetics.)

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., DECEMBER, 1903. No. 12

Original Communications.

HISTORY OF THE MEDICAL SOCIETY OF NOVA SCOTIA.*

By D. A. CAMPBELL, M. D., Halifax.

The purpose of my paper is to prove that this is the fiftieth annual meeting of our Society, and not the thirty-fifth as indicated in the programme prepared by the secretary, and that next year will be the fiftieth anniversary of its formation, and that if deemed advisable we can celebrate our Jubilee with appropriate ceremonies.

The time at our disposal is so limited, and historical details are so dry and uninteresting that I will only deal with my subject in the most summary way. I feel, however, that if we can legitimately add to the age of our society, it will be a matter for congratulation generally, as it will rank us among the oldest of medical organizations in Canada.

The Medical Society of Nova Scotia grew out of or was an expansion of the Medical Society of Halifax, an organization formed in 1844 under the following circumstances. In this year the Honorable Hugh Bell, Mayor of Halifax, announced his desire to give the amount of his salary, three hundred pounds, towards the erection of a lunatic asylum or for some other public charity.

The medical profession of Halifax made strenuous efforts to secure the promised donation for the establishment of a general hospital.

At one of the meetings held for this purpose on October 26th, 1844, they organized themselves into a society to be called the Medical Society of Halifax, and elected Robert Hume, President, and Chas. Cogswell, Secretary. They hoped thus to more effectually promote their interests. The Society continued in existence until transformed into the Medical Society of Nova Scotia in 1854, meeting from time to time to promote various interests, but only with a fair measure of success.

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July, 1903.

The members became especially aggrieved at the contemptuous way in which their memorials were treated by the Legislature, and they determined to form a more effective combination to attain their purposes.

At a meeting held on May 7th, 1853, it was moved by Dr. J. Bernard Gilpin, seconded by Dr. J. H. Slayter, and resolved that Doctors Alexander Mitchell, Edward Jennings and D. McN. Parker do form a committee to revise the rules and by-laws of the Society, and to take into consideration the improper treatment of the medical bills presented of late years to the Legislature.

The committee reported at a meeting held on March 15th, 1854, as follows:—

"The committee of the Medical Society relative to revision of the rules and by-laws, and for considering the treatment of the profession by the Legislature, have to report as follows:—

The revised laws of the Society have not yet been completed.

With regard to the improper treatment of bills presented of late years to the Legislature, your Committee are of the opinion that the only alternative now left by which an effectual resistance may be offered to the unjust procedure of the Committees of Assembly appointed to investigate the petitions of medical men, is a union of the profession throughout the province.

To effect such union your Committee suggests that the Halifax Medical Society should become a provincial association, and its title be altered accordingly, and further that the practitioners throughout the province be invited by circular to become members of the Association.

(Sgd) ALEX. MITCHELL.
EDWARD JENNINGS.
D. McN. PARKER."

On motion of Dr. Parker, seconded by Dr. Steverman, it was resolved:—

"That it is expedient for the members of the profession in this province to organize themselves forthwith into an Association for scientific and professional purposes, and for their mutual protection, and that every regularly qualified medical practitioner in Nova Scotia be invited to join the Association."

The adoption of this resolution marks the birth of the Medical Society of Nova Scotia. At this meeting the following gentleman were present:—Hon. W. Grigor, W. J. Almon, J. Bernard Gilpin, R. S. Black, Alex. Mitchell, J. R. DeWolfe, Edward Jennings, D. McN. Parker, James Allan, W. Grigor, jr., J. H. Slayter, Halifax; G. M. Johnson, Pictou; Joseph Steverman, Lunenburg.

As the Legislature was then in session, a committee was appointed to prepare a memorial for presentation to that body, relative to the petitions of medical men. This was at once carried out.

At an adjourned meeting held on March 17th, a draft of the rules and by-laws for the Provincial Medical Association was read, but discussion was postponed.

On March 22nd, the rules and by-laws were adopted, and the committee was instructed to correspond with the profession outside of the city. The following circular was distributed:—

HALIFAX, N. S., April 3rd, 1854.

SIR,—At a meeting of the medical men of Halifax and some of the adjacent counties held in this city, an Association was formed, entitled "The Medical Society of Nova Scotia."

The following objects are contemplated:—

1. To effect a union of all the duly qualified practitioners in the province.
2. To obtain a Charter of Incorporation and other Legislative enactments.
3. To ensure for medical men a just remuneration for their public services from the Legislature.
4. By all available means to prevent illegal practice in this province.
5. To register the qualifications and publish an annual list of members with their honorary appointments.
6. To hold monthly meetings for the discussion of scientific and other subjects pertaining to the profession, for the transaction of business, and to promote harmony and good-feeling amongst its members.
7. To have an annual meeting or conference (the first to be held in Halifax) for the election of officers and for amending or adding to the rules and by-laws if deemed necessary.

At these meetings members throughout the province are invited to contribute information for the general good, and to take part in the proceedings by proxy when not able to attend personally.

A small annual payment, say of five shillings from members resident in the country, and twenty shillings from town members, will be necessary to defray incidental expenses.

If desirous of joining the society, please forward your address within the ensuing month, stating when and at what college you obtained your degree or diploma, and whether you hold any provincial appointment.

A copy of the rules and by-laws will be sent for your concurrence and any further information you may require.

It is considered desirable that branch societies should be organized in different parts of the province, each governed by its own by-laws and yet in connection with the general association.

On this or any other matter relating to our present movement, the society respectfully solicits your opinion and desires your active co-

operation. Will you be kind enough to forward the names of all the medical gentlemen in your district, and also of any that may be engaged in irregular practice. I am, sir,

Your very obedient servant,

(Sgd.) JAMES RATCHFORD DEWOLFE,
Secretary.

The circular was sent to ninety-three practitioners, being all whose address the Secretary could obtain. About seventy replied, all warmly endorsing the proposed organization, and many forwarded their subscriptions at the same time. It is noted in the minutes that Dr. J. H. Slayter, of Halifax, was the first member who paid his dues.

Meetings to complete the organization and to prepare for the annual meeting were held on the 5th and 7th July, on the 1st August and on the 30th September. On the 19th August a printed copy of the constitution and by-laws was sent to all those who requested them, and on the 26th September, notice was sent to every known member of the profession throughout the province and their attendance requested at the annual meeting. A notice of the meeting was also inserted in the newspapers.

Agreeably to announcement, the annual meeting was held on the 5th day of October, 1855, and continued in session until the 11th day of October.

During this period, the industrial exhibition, the first of the kind ever held in a British Colony, was in progress, and offered additional attractions to country members to visit the city.

The first session of the society was held on Oct. 5th, at 3 p. m. at the residence of Dr. James Allan, who lived on the north-west corner of Hollis and Salter streets.

Officers were elected and the President-elect delivered an address.

List of office bearers elected: President, Hon. William Grigor, Halifax; 1st Vice-President, W. J. Almon, Halifax; 2nd Vice-President, A. McDonald, Antigonish; Treasurer, D. McN. Parker, Halifax; Secretary, Jas. R. DeWolfe, Halifax.

Council: F. W. Morris, Halifax; Jas. C. Hume, Halifax; E. F. Harding, Windsor; J. Bernard Gilpin, Halifax; Chas. Bent, Truro; Ed. Jennings, Halifax; R S. Black, Halifax; Godfrey Jacobs, Lunenburg; W. B. Webster, Kentville.

The second and third sessions were devoted to consideration of the constitution and by-laws. At the fourth session the by-laws were again considered. A motion to publish annually the names of the members of the society was adopted. A motion prohibiting members from holding consultations with unqualified practitioners was passed. A paper on placenta prævia, prepared by Dr. Samuel Dennison, of Newport, was read and discussed.

The fifth session was held at the residence of the President, and the whole time was devoted to a general discussion of professional subjects. The final session was devoted to general business.

The attendance may be regarded as satisfactory, when we take into consideration the limited facilities for travelling and the small number of practitioners in the province at that time.

The population of Nova Scotia in 1854 was about three hundred thousand; there was not a mile of railway in operation and there were no local steamers. The number of medical men in the province as far as could be ascertained, was one hundred and fourteen.

Twenty-two attended the meeting and ten were present by proxy, making a total of thirty-two. Eight of the twenty-two actually present came from the country; one came from the remote district of St. Mary's, Guysboro County.

The number who joined the society in 1854 is surprisingly large. I find from various data that sixty-two or over one-half of the profession qualified for membership, eighteen from Halifax and forty-four from outside districts. I have only been able to ascertain the names of forty-five. The only survivors of the original members so far as I know are Dr. Chas. Bent, of Truro, the Honorable D. McN. Parker, of Halifax, and Sir Charles Tupper, the two first mentioned having attended the annual meeting.

MEMBERS OF MEDICAL SOCIETY OF NOVA SCOTIA, 1854.

Allan, James. Halifax.
Almon, W. J., Halifax.
Avery, Jas. F., Halifax.
Bent, Chas., Truro.
Black, R. S., Halifax.
Crane, S. L., Halifax.
Creamer, Jos., Halifax.
Dennison, Jas., Newport.
Dennison, William, Newport.
Dennison, Samuel, Newport.
DesBrisay, T. B., Dartmouth.
DeWolfe, J. R., Halifax.
Elliott, H., St. Mary's.
Forrest, A., Lunenburg.
Fox, John, Windsor.
Fraser, B. D. W., Windsor.
Gilpin, J. B., Halifax.
Grigor, Hon. W., Halifax.
Grigor, W. E., Halifax.
Hamilton, C. C., Cornwallis.
Harding, E. F., Windsor.
Henderson, J. R., Londonderry.
Hume, Jas. C., Halifax
Jacobs, Godfrey, Lunenburg.
Jennings, Edw., Halifax.
Jeans, J. E., Sydney Mines.
Johnson, G. M., Pictou.
Kirby, E., Chester.
Lane, Alex., Mahone Bay.
Leslie, Robert, Annapolis.
Madden, A., Arichat.
McDonald, A., Antigonish.
Mitchell, Alex, Halifax.
Mitchell, Samuel, Wallace.
Molloy, P., Halifax.
Morris, F. W., Halifax.
Parker, D. McN., Halifax.
Simpson, E. N., St. Margaret's Bay.
Slayter, J., Halifax.
Steverman, Jos., Lunenburg.
Snider, Geo., Shelburne.
Tupper, Chas., Amherst.
Tupper, Nathan, Amherst.
Webster, W. B., Kentville.
Woodbury, Jonathan, Wilmot.

The financial position of the society at the close of the first year was very good. The total receipts were twenty-seven pounds, the expenditure, seventeen pounds, leaving a balance of ten pounds. For several years after, the usual balance on hand was about twenty pounds.

I have gone into these details mainly for the purpose of showing the thoroughly provincial character of the society when first organized.

As evidence of the continuity of the society from 1854 to the present date, I submit a printed document* which shows the date of the annual meeting in each year, the place where the meeting was held and the principal officers elected, including the President, Vice-Presidents, Secretary and Treasurer. I have omitted the names of the members of Council as this part of the organization was not continued after 1868.

This paper has been compiled from the minute books, supplemented by information derived from the list of officers and members of the society published in Belcher's Almanac from 1857 to 1868, and from other sources.

You will notice that the date of the annual meeting has varied considerably At the first meeting August was selected for subsequent meetings. In 1857, this was changed to March; in 1861, January was chosen; in 1868, the last week in June was agreed upon, and finally the first Wednesday in July was selected.

Of the fifty annual meetings including the present one, twenty-six have been held at Halifax, five at Truro, three at Pictou, two at Kentville, Amherst, New Glasgow and Antigonish, and one at Windsor, North Sydney, Sydney, Digby, Granville Ferry, Baddeck, Bridgewater and Yarmouth.

Of the Presidents, Dr. R. S. Black was elected five times; Dr. Almon, three times, and Dr. W. J. Almon, D. McN. Parker, C. C. Hamilton, Samuel Muir and W. B. Slayter twice.

Of the Secretaries, Dr. W. S. Muir was elected fifteen times, Dr. John Somers eight times, Dr. J. R. DeWolfe, Dr. Chas. J. Gossip, Dr. H. A. Gordon and Dr. J. W. McDonald each four times. Drs. J. A. Slayter, A. J. Cowie, W. N. Wickwire, A. H. Woodill, T. R. Almon and Chas. D. Rigby held the office for shorter periods.

Among those chosen as office bearers quite a number have obtained distinction in public life, and I trust you will pardon me for mentioning their names. In this I include the names of Sir Chas. Tupper, Sir Frederick Borden, The Hon. D. McN. Parker, The Hon. W. J. Almon, The Hon. Wm. Grigor, Dr. W. B. Webster, Dr. C. C. Hamilton, Dr. Edw. Farrell and Dr. Chas. Cogswell. This may be safely said of all of them that whenever an opportunity presented itself for promoting the interests of the profession they could be relied upon to do so.

Having established the continuity of the Society from its inception to date, I will next show how errors have affected the enumeration of the annual meetings. From 1854 to 1858 the records are clear. Five annual meetings were held. The records for 1859 and 1860 are very incomplete; in fact there are only minutes of one meeting during this period, and to add to the difficulty there is evidence of mutilation, one or two pages having been torn out.

*See Appendix A.

The only proof to support the contention that there was an annual meeting in 1859 is the heading of the minutes just referred to, and some changes in the list of members published in Belcher's Almanac. The minutes read as follows:

March 1589, the sixth annual meeting of the society was held at the Halifax Visiting Dispensary.

The only business recorded concerns regulations for the management of the City Hospital recently established, a letter from the Mayor asking for suggestions having been sent to the society. I consulted Dr. Gossip, of Dartmouth, whose name is twice mentioned in the minutes, about the correctness of the date. He saw at once that the date was wrong. He graduated at Edinburgh in the spring of 1859, and did not return to Halifax until October, so that he could not have been present at a meeting in March.

I next examined the records of the City Council and ascertained that on December 10th, 1859, a resolution was adopted asking the society to suggest regulations for the management of the City Hospital. The society met on December 23rd and on December 26th, a reply was sent to the City Council. This reply sent on December 26th, 1859, is almost an exact copy of the minutes headed March, 1859, and Dr. Gossip's name is twice mentioned as in the minutes.

I conclude therefore that the meeting stated as held in March, 1859, and styled the sixth annual meeting, was a special meeting on Decembe 23rd, 1859.

On comparing the list of officers and members of the society published in Belcher's Almanac in 1859 with those for 1858, I find the officers are the same for the two years. There are some changes in the list of members, but they could have been made by the Secretary without consulting the society. In view of the facts just stated, it cannot be fairly claimed that an annual meeting was held in 1859.

Was there an annual meeting in 1860? There is no reference to that year in the minute book. Possibly the pages torn out may have contained some record, but this can never be determined.

I think, however, that a comparison of the list of officers published in Belcher's Almanac for 1860 with those of the two previous years, afforded sufficient proof to warrant the conclusion that an annual meeting was held in 1860, and Dr. Gossip, who became Secretary in 1861, agrees with me. The President, Vice-President, Treasurer and Secretary are the same as for 1858 and 1859, but the composition of the council shows evidence of change. According to the by-laws, the council was to consist of nine members, three retiring each year by rotation. The members of council for 1859 are the same as for 1858, but in the list for 1860 the names of Drs. Snider, Harding and DesBrisay are replaced by the names of Drs. Hume, Gilpin and Steverman. Now, while it is only reasonable to assume that changes in the list of members could be made by the Secretary, it is scarcely credible

that he could alter the composition of the council. This could only be done at an annual meeting with a quorum, and the fact that such a change did occur is sufficient proof that the sixth annual meeting was held in 1860.

Early in 1861 an act of incorporation was obtained from the Legislature, previous efforts in this direction having failed. The act is a short one, made up of three sections:

STATUTES OF NOVA SCOTIA 1861.

Chapter 69.

AN ACT TO INCORPORATE THE MEDICAL SOCIETY OF NOVA SCOTIA.

(Passed the 28th day of March, A. D., 1862.)

Section 1. Incorporation.
" 2. By-laws valid. To be confirmed by Governor-in-Council.
" 3. Real Estate.

BE IT ENACTED by the Governor-in-Council and Assembly as follows:

1. Rufus S. Black, M. D., James C. Hume, M. D., Ed. Jennings, M. D., Daniel McNeil Parker, M. D., William B. Webster, M. D., and such other persons as now are or hereafter may become members of the society hereby established, their successors or assigns, are created a body corporate by the name of The Medical Society of Nova Scotia.

2. All by-laws and rules of the society already made or hereafter to be made, shall be valid and binding upon the members of the society, provided the same are not repugnant to this Act or to the laws of this province, and provided the same shall have been confirmed by an order of the Governor-in-Council and filed in the Provincial Secretary's office.

3. The company may purchase, take and hold real estate to the value of ten thousand dollars.

The annual meeting of 1861, instead of being called the seventh annual meeting, is styled the first annual meeting of The Incorporated Medical Society of Nova Scotia, a statement, no doubt, correct, but one which ignored the past history of the Society. This error in the enumeration of the annual meetings continues until 1868 when the fourteenth annual meeting was held.

At the fourteenth annual meeting held at Halifax, January 7th, 1868, what was called a re-organization of the Society was effected. The substance of the re-organization was as follows:—Instead of meeting at Halifax at stated intervals, it was decided to hold one yearly meeting at Halifax, or at sone convenient point outside of Halifax, the first meeting to be held at Pictou on the third Wednesday of June, 1868, this meeting to be considered an annual meeting. Office-bearers were to be elected and a revision of the by-laws and constitution to be approved of at this meeting.

Further, it was resolved that the various County Societies organized during the year 1867 should be affiliated with the Provincial organization, which was done.

APPENDIX A.

MEDICAL SOCIETY OF NOVA SCOTIA.

NUMBER OF ANNUAL MEETINGS, DATE, PLACE AND OFFICE BEARERS FROM 1854 TO 1903.

Annual Meeting.	Date.	Place.	President.	First Vice-President.	Second Vice-President.	Treasurer.	Secretary.
1st	Oct. 5th, 1854	Halifax	Hon. W. Grigor, Halifax	W. J. Almon, Halifax	A. McDonald, Antigonish	D. McN. Parker, Halifax	J. E. DeWolf, Halifax.
2nd	Aug. 1st, 1855	"	W. J. Almon, "	E. Jennings, "	" "	" "	" "
3rd	Aug. 1st, 1856	"	" "	" "	" "	" "	" "
4th	Aug. 1st, 1857	"	D. McN. Parker "	Chas. Tupper, Amherst	R. S. Black, Halifax	W. J. Almon, "	" "
5th	March 3rd, 1858	"	R. S. Black, "	" "	F. W. Morris, "	" "	J. H. Slayter, "
	1859	"	" "	" "	" "	" "	" "
6th	March, 1860	"	" "	" "	" "	" "	" "
7th	April 23rd, 1861	"	E. Jennings, "	A. Forrest, Halifax	B. DeW. Fraser, Windsor	" "	Chas. J. Gossip, "
8th	Jan. 7th, 1862	"	A. Forrest, "	Chas. Tupper, Halifax	Geo. Snyder, Shelburne	R. S. Black, "	" "
9th	Jan. 6th, 1863	"	Chas. Tupper, "	Jas. C. Hume, "	Samuel Muir, Truro	" "	" "
10th	Jan. 5th, 1864	"	*Jas. C. Hume, "	Chas. Cogswell, "	B. DeW. Fraser, Windsor	" "	" "
11th	Jan. 3rd, 1865	"	W. J. Almon, "	Jas. R. DeWolfe, "	R. Stephen, Digby	" "	A. J. Cowie, "
12th	Jan. 2nd, 1866	"	Jas. R. DeWolfe, "	J. H. Slayter, "	Geo. Snyder, Shelburne	" "	W. N. Wickwire, "
13th	Jan. 8th, 1867	"	R. S. Black "	B. G. Page, "	P. W. Smith, Digby	W. N. Wickwire "	A. H. Woodill, "
14th	Jan. 7th, 1868	"	B. G. Page, "	C. J. Gossip, "	Samuel Muir, Truro	" "	F. R. Almon, "
15th	June 24th, 1868	Pictou	B. DeW. Fraser, Windsor	Presidents of County Societies		A. J. Cowie, "	Chas. D. Rigby, "
16th	July 29th, 1869	Windsor	C. C. Hamilton, Cornwallis	G. J. Farrish, Yarmouth	C. J. Gossip, Halifax	" "	Edw. Farrell, "
17th	June 22nd, 1870	Halifax	" "	R. S. Black, Halifax	S. Dodge, "	" "	Chas. D. Rigby, "
18th	July 18th, 1871	"	Samuel Muir, Truro	" "	A. Sanford, Burlington	" "	H. A. Gordon, "
19th	June 19th, 1872	Truro	" "	W. J. Almon, "	L. Johnstone, Albion Mines.	A. Lawson, "	" "
20th	June 18th, 1873	Kentville	R. S. Black, Halifax	H. Shaw, Kentville	A. C. Page, Truro	" "	" "
21st	June 17th, 1874	Amherst	A. C. Page, Truro	A. P. Reid, Halifax	N. Tupper, Amherst.	" "	" "
22nd	Aug. 2nd, 1875	Halifax	H. Shaw, Kentville	A. J. Cowie, Halifax	L. Johnstone, Albion Mines.	" "	John Somers, "
23rd	June 21st, 1876	New Glasgow	*G. M. Johnson, Pictou	A. Sanford, Burlington	W. H. McDonald, Antigonish.	J. F. Black, "	" "
24th	June 20th, 1877	Truro	D. McN. Parker, Halifax	W. Fraser, New Glasgow	A. J. Cowie, Halifax	John Somers, "	" "
25th	June 19th, 1878	Halifax	W. B. Slayter, Halifax	D. H. Muir, Truro.	H. O. McLatchy, Wolfville	" "	" "
26th	June 18th, 1879	"	D. H. Muir, Truro.	Jas. Kerr, Acadia Mines	W. N. Wickwire, Halifax	" "	" "
27th	June 16th, 1880	"	Edw. Farrell, Halifax,	J. W. McDonald, "	A. Lawson, Halifax.	" "	" "
28th	June 15th, 1881	Antigonish	W. H. McDonald, Antigonish.	F. W. Borden, Canning	H. B. McPherson, North Sydney.	" "	" "
29th	June 28th, 1882	Kentville	W. B. Slayter, Halifax.	H. B. McPherson, North Sydney.	H. Shaw, Kentville.	" "	" "
30th	June 20th, 1883	Truro	John Somers, Halifax.	H. B. McPherson, "	John Stewart, Pictou	J. W. McDonald, Acadia Mines.	J. W. McDonald, Acadia Mines.
31st	June 18th, 1884	North Sydney	H. B. McPherson, North Sydney.	John Stewart, Pictou	T. R. Almon, Halifax	" "	" "
32nd	June 17th, 1885	Halifax	John Stewart, Pictou.	G. L. Sinclair, Dartmouth	Wm. McKay, Reserve Mines	" "	" "
33rd	June 23rd, 1886	Pictou	G. L. Sinclair, Dartmouth.	W. McKay, Reserve Mines.	G. J. McKenzie, Pictou	" "	
34th	July 6th, 1887	Truro	Wm. McKay, Reserve Mines.	D. A. Campbell, Halifax.	W. B. Moore, Kentville	W. S. Muir, Truro	W. S. Muir, Truro
35th	July 4th, 1888	Digby	D. A. Campbell, Halifax	W. B. Moore, Kentville	John T. Cameron, River John	" "	" "
36th	July 3rd, 1889	Halifax	W. B. Moore, Kentville	J. T. Cameron, River John.	W. N. Wickwire, Halifax	" "	" "
37th	July 2nd, 1890	Granville Ferry.	J. A. Coleman, Granville Ferry.	S. Dodge, Halifax	G E. Buckley, Guysboro	" "	" "
38th	July 1st, 1891	Baddeck	G. E. Buckley, Guysboro.	A. D. McGillivray, Sydney.	T. C. Lockwood, Lockeport	" "	" "
39th	July 2nd, 1892	Halifax	S. Dodge, Halifax	C. J. Fox, Pubnico	R. A. H. McKeen, Glace Bay.	" "	" "
40th	July 5th, 1893	Bridgewater.	Chas. J. Fox, Pubnico	R. A. H. McKeen, Glace Bay	H. A. March, Bridgewater	" "	" "
41st	July 4th, 1894	Yarmouth	A. P. Reid, Halifax	C. A. Webster, Yarmouth	H. H. McKay, New Glasgow	" "	" "
42nd	July 3rd, 1895	Halifax	R. A. H. McKeen, Glace Bay.	J. F. McDonald, Hopewell.	C. A. Foster, Bridgewater	" "	" "
43rd	July 1st, 1896	Sydney	J. F. McDonald, Hopewell	J. C. McDougall, Parrsboro	J. W. Reid, Windsor	" "	" "
44th	July 7th, 1897	Pictou	W. Tobin, Halifax.	John McMillan, Pictou	Andrew Halliday, Shubenacadie.	" "	" "
45th	July 9th, 1898	Halifax	John McMillan, Pictou	Andrew Halliday, Shubenacadie.	M. A. Curry, Halifax	" "	" "
46th	July 5th, 1899	Truro	D. McIntosh, Pugwash.	C. A. Webster, Yarmouth	F. S. Yorston, Truro	" "	" "
47th	July 4th, 1900	Amherst	E. A. Kirkpatrick, Halifax	W. Rockwell, River Hebert	J. W. McKay, New Glasgow	" "	" "
48th	July 3rd, 1901	Halifax	J. W. McKay, New Glasgow	J. J. Cameron, Antigonish	W. G. Putnam, Yarmouth	" "	" "
49th	July 2nd, 1902	New Glasgow	J. J. Cameron, Antigonish	W. G. Putnam, Yarmouth	M. Chisholm, Halifax	W. Hunt. McDonald, Antigonish	W. Huntley McDonald, Antigonish
50th	July 1st, 1903	Antigonish	M. Chisholm, Halifax	H. E. Kendall, Sydney	H. K. McDonald, Lunenburg	" " "	" " "

*Died during term of office.

According to notice an annual meeting was held at Pictou on the third Wednesday of June, 1868. This we shall reckon on as the fifteenth annual meeting of the Medical Society of Nova Scotia. There are no records of this meeting either in the old or new minute books.* Both books, however, contain so many references to such a meeting that the evidence from these sources alone is conclusive. If we add to this evidence the statement of the list of officers in Belcher's Almanac and the testimony of men still living, there can be no doubt that the Pictou meeting was held. On July 29th, 1869, what is reckoned by me the sixteenth annual meeting, was held at Windsor. B. DeW. Fraser, of that town, appearing as President, being, no doubt, elected to the office at a previous meeting at Pictou. The next annual meeting was held at Halifax June 22nd, 1870. This was styled the third annual meeting of the society, and evidently recognizes the annual meeting held at Pictou in June 1868, but ignores the previous meetings of the society entirely. This is reckoned by me as the seventeenth annual meeting.

It is here well to note that in the revision of the constitution and by-laws made after 1868, the name of the society is changed from The Medical Society of Nova Scotia to The Nova Scotia Medical Society, a change not subsequently approved of by the Governor-in-Council, a decision very fortunate, for if the change had been carried out we would not have been in possession of the Cogswell bequest of five thousand dollars.

As there is no question as to the continuity of the annual meetings subsequent to 1868, I think that I am justified in the conclusion that the present meeting is the 36th, as dated from the Pictou meeting in 1868, and the 50th as dated from the organization meeting at Halifax in 1854.

In conclusion it is only just to the past officers of the society to state that the confusion which has arisen in the records was due to the disappearance of the first minute book shortly after 1868, and which was only recovered a short time ago.

APPENDIX B.

TRURO, June 16th, 1903.

D. A. CAMPBELL, ESQ., M. D.

Dear Sir,—I am in receipt of yours of the 5th inst., and note its contents.

I am glad you are preparing an account of the Medical Society of N. S., to be read at the next annual meeting at Antigonish.

I was present, as you remark, at the organization of it in 1854, and I am pleased to give you what little I can recall to mind respecting it. Owing to the difficulty of reaching Halifax at that time, as the stage

*I have since learned that the minutes of this meeting are recorded in the minute book of the Pictou County Medical Society.

coach was the only way of travelling, it was hard to induce representatives from the country districts to attend the meetings held there. It was a day's journey from here and it took three days at least to attend a meeting then, which can be done in one now, and therefore the first meeting consisted chiefly of the local doctors—Hon. Dr. Parker, Almon, Black, Grigor, Hume, Allen, Jennings and a few others.

Of course, the first meeting was altogether of a business nature. The Honorable Dr. Grigor was chosen its President. Dr. Avery, who was not present, sent a message to say that although he was not in active practice, he wished the society every success. He was elected an honorary member.

The President made some appropriate remarks and was followed by Drs. Parker, Almon and others on the benefits arising from the meeting together of the members of the profession. Altogether it was a harmonious and pleasant meeting.

It was at a subsequent meeting that it was proposed to hold the annual meetings in the different towns in the province, so as to accommodate those living outside of the city. This change was the means of inducing many to join and take part in its proceedings. The society has had its ups and downs.

Since 1854 Medical Societies have been organized in some of the towns throughout the province. Colchester can boast of having a very successful one and almost as well represented at some of its meetings as was the one at the organization of the N. S. Medical Society.

In 1854 six doctors did all the practice in the county of Colchester; to-day there are twenty-six occupying the same field with not much increase of population. The last census gave about 26,000 for the county, showing a decrease from the previous one.

1854 was an eventful year for Halifax and for the province, as it marked the beginning of the construction of what is now one of the greatest railway systems of the world.

Men were at work on the first four mile section which had been let by the Government, but it was not till 1858 that the road was opened to Truro.

Yours very truly,
CHARLES BENT.

DARTMOUTH, N. S., July 23rd, 1903.

MY DEAR CAMPBELL,—I return you the address read by you at Antigonish, in which you have, I think, settled the question as to the time of the organization of the Nova Scotia Medical Society most satisfactorily. Beyond all doubt its birth occurred in October, 1854. You mentioned in your first letter to me that its organization took place when a Provincial exhibition was being held in Halifax. I recollect the occasion.

Now I will try and repeat what I said about Grigor in the last letter.

His christian name was William. My impression is that he was not an M. D. but a surgeon of Edinburgh. Nearly all the men holding this qualification either from a Scotch, Irish or London Medical School were called then, as now, "*doctors.*" Grigor was a large, fine looking man, of "good address," of literary tastes, and a "born" artist.

He married the daughter of the *Senior* James Foreman. (Three of this family were thus called– Grigor's father-in-law, James Foreman, of the Bank of Nova Scotia, and my old school fellow, the distinguished railway engineer, of Glasgow.) Grigor was a progressive man; I use this term in a general sense. Thoroughly Scotch, and taking him all in all, was a good citizen and a genial companion.

He was more of a physician than a surgeon, but was well informed in both branches of the profession.

For many years he had charge of the first Halifax Dispensary, a very small affair, the annual income of which did not exceed more than $250 or $300. It was situated on Granville street, immediately in the rear of the Bank of Montreal, which faces on Hollis street.

There was but one room, about 15x15 feet, for patients, doctors and drugs. This structure was erected when Cornwallis took possession of what is now known as Halifax, and was the domicile probably of some well known family of that period. When Grigor stood erect with his hat on he must have been brought in close contact with the ceiling. At his solicitation, I joined him as a dispensary doctor. The field was small, but occasionally interesting and instructive cases would drift in upon us, and we would thus be repaid for the many hours spent in this insignificant institution "waiting for something to turn up."

Grigor was a Liberal in politics and a warm friend of Howe's. He obtained a seat in the Legislative Council under peculiar circumstances, politically speaking. The times were exciting. Responsible government was before the people, and in the Assembly the majority was decidedly with Howe, but he wanted a single vote in the Upper House to carry his measure. The vacancy was under Howe's control, and he had appointed Mr. McKeen, of Mabou, the father of the present Senator and of Dr. McKeen, of Cape Breton.

It was winter and a terrible snow storm and blizzard most inopportunely visited the whole eastern section of our province, stopping all travel and mail communications for three weeks or thereabout.

McKeen reached the Strait of Canso and was there held up for that time. The Government was in a serious dilemma. The Legislative Council had exhausted their speeching powers, that is to say, those on Howe's side, and the hour for taking the vote was just at hand, when Grigor was handed a commission and directed to present it to the

President without delay. He obeyed orders, the commission was read, the oath was taken and his seat was secured. He made a brief speech, and then followed the division. Amidst great excitement the measure was thus carried by Howe's friend.

McKeen returned from the Strait of Canso to his home, but had only to wait a few months before a seat in the Council was arranged for him.

I am, yours faithfully,

D. McN. Parker.

ACUTE INVERSION OF THE UTERUS COMPLICATING LABOUR.*

By C. P. Bissett, M. D., St. Peter's, C. B.

Acute inversion of the uterus complicating labour is a rare condition. Comparatively few cases have been recorded in the history of medicine in this Province. In the fourth edition of Galabin's Midwifery it is described as "very rare," only one case having occurred in 190,000 deliveries at the Rotunda Lying-in Hospital, Dublin. It is to be remembered that these statistics are compiled from the records of an institution where every case was under skilled direction from the onset of labour. I shall, before discussing the causes and treatment of this truly formidable accident, present to you the history of five cases in which it happened, three of which were in unskilled hands, and two under the care of gentlemen the mention of whose names will be evidence that it can and does occur, even when the patient is placed under the most favoured conditions of experienced attendance.

These cases have all occurred within twenty years, and, so far as I am aware, are the only ones recorded in this Province. The inference is that acute inversion of the uterus is not so rare a condition as one would be led to think from an examination of the ordinary texts, and I am of the opinion that if all cases were recorded, the possibility of such a complication would be more in our minds than it usually is.

The second stage of labour completed, post-partum hæmorrhage we dread and guard against, whilst inversion, an incomparably more serious matter, is never thought of.

The first case I shall present to you is that recorded by Dr. McKeen, and, if I remember correctly, reported to this Society some years ago.

"This case was that of a multipara, healthy, attended by a midwife. The child was of normal size, and born after a short labor. I found the woman flooding. The placenta was partly through the vulva. On applying my hand to the fundus, I noticed a cupping, which I realized was the beginning of inversion. I tried to pass by the placenta to prevent this, but before I had passed, the interval of a severe pain came on, and the whole uterus shot out into the bed. The placenta was not all detached. There was immediate syncope and free bleeding. I rapidly stripped off the placenta, grasped the uterus, and replaced it with comparative ease, held my hand until firm contraction was secured, then turned in hot water. The woman was very weak for some hours, and made a good recovery. The temperature went up, but was never alarming. I afterwards learned that the midwife began *traction on the cord before pains came on.*"

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 2nd, 1903.

The following is the history of a case seen by Dr. John McDonald, of St. Peters, almost immediately after the accident.

"The pains had been severe with rapid delivery, the cord around the neck and chest. On attempting to remove the turns, I was informed, a tumor the size of a tea pot appeared externally, in which condition I saw it. The patient was exhausted, the placenta still partly attached. I detached it and replaced the uterus by pressure upon the fundus.

"Injections of brandy and strychnine were repeatedly used to overcome shock. Antiseptic douches were also employed. This patient made a very tedious recovery."

Dr. Fixott's Cases: "I was summoned to attend a patient in labor July 23rd, 1901, whom I delivered of twins, May 1900. Finding the symptoms only premonitory and the patient's general condition satisfactory, I determined on returning home, and gave instructions to send for me when actual labor commenced. Was telephoned for next day (24th) 2 p. m. Nothing unusual attracted my attention except the final pain which was almost continuous until the foetus was expelled, then an interval (hardly perceptible) quickly followed by a long bearing down pain ending in the expulsion of the completel inverted uterus. I was in the act of tying the cord when the accident happened and thought it was only the placenta that was expelled until I examined, when I found the inversion with the placenta attached to the organ. The patient's condition being alarming, I immediately (after giving a stimulant) proceeded to detach the placenta and replace the uterus before it became strangled in its neck. I had not much difficulty in the operation, which I performed by grasping the fundus and squeezing it to reduce its volume, then pressing gently upwards while I pressed downwards with the other hand. After replacing the fundus I kept my hand in the uterus, ordered my syringe and a large pitcher of hot water, directed the tip of syringe to my hand in the uterus then injected the water for the double purpose of cleansing and arresting hæmorrhage. After some time contraction came on and my hand was expelled. My patient, although very much prostrated for some time, ultimately did well, and is at this date enjoying her usual health. As to the cause, I will not venture to explain. Perhaps the violent expulsive efforts preceding and accompanying the inversion, with atonic condition of the os, for I had no trouble in getting the fundus through it. *The funis, which was twisted many times around the neck*, may also have helped. The patient has a large pelvis and is of generally relaxed habit."

My own cases.—In February, 1891, I received an urgent request to attend a patient (multipara) in labour, five miles from my home. I happened at that moment to be in a carriage and proceeded at once, arriving at the bedside of my patient within thirty minutes to find her dead. Upon examination, the uterus was discovered inverted,

the placenta still almost completely attached. I detached the placenta and replaced the uterus with little difficulty. There was but little hæmorrhage; the woman evidently died of intense shock. I questioned the attendants who informed me that the midwife, shortly after the child was born, had made *traction on the cord with the result just stated.* This patient lived some twenty minutes only after the inversion.

In 1895, I was asked to see a woman thirty-two years of age, the mother of several children, and in her fourth or fifth labour. I was told that the child was born, but that something, they knew not what, had gone wrong. I found the woman in a state of utter collapse, the uterus with placenta still partially attached completely inverted. I detached the placenta, using the tubing of a Davidson syringe as a temporary torniquet about the upper part of the mass, for in this case there was free bleeding. I had much difficulty in replacing the uterus and I dared not administer an anaesthetic to relax the contracted os, but happily, at the moment I thought the woman dead, it slipped back with a sensible, almost audible snap. The inversion in this case had lasted some four hours. The patient made a tedious recovery. Traction upon the cord was employed to facilitate delivery of the placenta, as is the almost universal practice among unskilled midwives.

So long ago as the year 1743, a very accurate description of this condition, with plates, was published in Heister's work on General Surgery, printed at Helmstadt, at the University of which he was Professor of Surgery, in that year, in Latin, and afterwards translated for use in England, where his writings found much favour. Speaking of this condition he says: "Nor is this disorder hardly ever observed but when the uterus is forced down together with the secundines, or after very difficult labor, whereby the os uteri internum is so much dilated as easily to transmit the body of the womb through itself, especially when the throws continue violent some time after the birth. But whatever be the cause of the disorder, if the uterus is not speedily reduced to its natural situation the case soon becomes past cure and kills the patient as is justly observed by the fore mentioned authors, and therefore no time should be lost before the patient is relieved."

Thomas Denman, writing in 1801, speaks of inversion as follows: "In every case in which there was reason to suspect this terrible accident, especially when it had been found necessary to extract the placenta by art, we were advised to apply the hand to the abdomen for the purpose of trying whether the tumour of the contracted uterus could be felt, and if there was any remaining doubt, to examine per vaginam. When it is inverted, instead of feeling through the integuments the contracted uterus, there is a considerable vacuity at the lower part of the abdomen, which gives sufficient reason to suspect the inversion, and the latter examination proves it. In one case which

was under the care of a person who might have been allowed to be a competent judge and expected to act more wisely, when he applied his hand to the abdomen, the recession of the inverting uterus was mistaken for its contraction, and it was actually inverted, though he entertained no suspicion of what had happened."

With respect to the causes of the inversion, it has been generally attributed solely to the force used in pulling by the funis, in order to bring away a retained placenta. But there is reason to believe that the uterus has been inverted, when on account of a hæmorrhage or some other urgent symptom, the hand has been introduced into the uterus while in a collapsed or wholly uncontracted state, and the placenta being withdrawn before it was perfectly loosened, the fundus of the uterus has unexpectedly followed, and a complete inversion been occasioned. I have also been assured that in some cases there has been a spontaneous inversion, that the accident happened, at least when no force, or none capable of producing the effect, had been used, and then it was imputed to the shortness of the funis, giving the disposition before the birth of the child, or to some untoward action of the uterus. But with this assurance, or explanation, I do not feel quite satisfied, because the degrees of force must always be vaguely estimated, though if a disposition to an inversion be first given by the force used in pulling by the funis, it may be completed by the action of the uterus, or if the least possible degree of inversion were given by the shortened funis, it might certainly be completed by a very slight additional force in pulling by the funis.

An analysis of the cases presented reveals that in the cases reported by Drs. McDonald and Fixott, the cord was engaged about the neck, while in the three reported by Dr. McKeen and myself, traction upon the cord was employed to effect delivery of the placenta. I was taught and still think that this is a method to be condemned. If the placenta be still above the os, even if wholly detached, it is not likely to be dislodged by traction upon the cord, and where it does succeed the probability is that the placenta was already well through the os. Under those circumstances seizure of the placenta by its presenting border would be much more satisfactory. Suppose the placenta still adherent to the fundus uteri. If the uterus be contracted, traction upon the cord even to the point of rupture, is not likely to produce the slightest effect in removing it. Let us consider the case, as often happens, in which the uterus relaxes to a great degree after completion of the second stage of labour. Traction on the cord under these circumstances would naturally tend to initiate a state likely to end in complete inversion.

It is difficult to conceive how the uterus, acting of itself, could become inverted. Instances of this kind have been noted, but I am still convinced that some extraneous force must have been operative to start the process. In cases where the cord is unusually short or coil-

ed about the neck, the mere weight of the child, if the uterus relax after completion of the second stage, or traction to disengage the turns may ultimately result in inversion.

There is still another method by which it can readily be conceived how inversion could be produced. At the present time, when we are perhaps in too great haste to complete the third stage, wrongful employment of the admirable method of Credé for expulsion of the uterus, may so result.

If hæmorrhage be in progress, with its necessary accompaniment relaxation of the uterine wall, hurried ill-directed attempts to employ the method of Credé, may produce inversion. For if general uterine contraction be not first secured, pressure upon the fundus might bring that part within a zone of active contraction and so produce this accident. The same is true of hurried efforts to extract the placenta when difficulty is experienced in detaching it from the uterine wall.

In commenting on the reported cases, I have thus incidentally made mention of the causes of acute inversion of the uterus. It remains now to speak of the treatment, and here I shall be brief, lest I weary you. In the hands of the physician this accident will scarcely ever occur. The left hand placed upon the fundus will discover its normal form and position, and under these conditions, the third stage complete, we shall have nothing to fear. Truly a little prevention is, in this "disorder," as Heister terms it, better than much cure. But as we shall sometimes find ourselves confronted with the task of reducing an acute inversion, I shall now state what I consider a fair. general method of procedure which would, of course, be varied to suit the particular case.

The placenta should be stripped to reduce the bulk of the tumor, before doing which I found it serviceable, to have about its neck, one turn of an elastic tourniquet, which may be removed so soon as considerable pressure is exerted upon the mass. Counter pressure should be made from above. Generally, judging from the case I saw, I do not think it would be advisable to attempt the use of an anaesthetic, and besides, the patient is likely to be in a condition, so far as relaxation is concerned, not much to be improved by anaesthesia. In very recent cases, this procedure is most likely to be at once successful, as in the cases of Drs. Fixott, McDonald and McKeen. If the inversion have persisted some time, with greater or less engorgement of the partly strangulated mass, the general bulk of the uterus might be much diminished by first strapping it tightly with a rubber bandage. Should all other means fail and the patient still live, abdominal section with manual dilation of the inverted os would make reduction possible in almost every case.

Recovery is likely to be tedious when it does follow this mishap, because of the profound shock, and infection likely to follow the manipulation to which the uterus is exposed.

In the presence of this formidable accident we should be animated by the hope that prompt and determined effort will probably be crowned with success.

TOXIC HÆMOGLOBINURIA.*

By J. L. Churchill, M. D., Isaac's Harbor, N. S.

In presenting before a society of this character and calibre the subject with which my name is connected on the programme, I am aware that I subject myself to an accusation of temerity inasmuch as the condition to be discussed is one which should be left perhaps to another more familiar with laboratory methods and possessed of the necessary paraphernalia to make definite and proper investigations.

Yet, the case which I have the honor to bring before you, will, I am sure, prove interesting, and may be in the future, instructive to some in view of the fact that smelting and reduction plants are far from uncommon in these provinces at the present time, and are accordingly a causative factor in the psroduction of diseases hitherto not encountered by the practising profesion.

Under certain circumstances the hæmoglobin of the blood may become severed from the corpuscles and cause a decolorization of the latter producing a condition termed shadow corpuscles, and at times a division into varied shapes of the cell body results as well.

It is generally conceded that there is normally a hæmocytolysis taking place within the body, the liver especially; bilirubin, which occurs in the bile, being accounted for by the conversion of hæmoglobin, and as hæmosiderin that which contains the largest amount of iron. The remainder of the separated hæmoglobin is stored up in the liver, glands, spleen and bone marrow from which, as store houses, the red blood corpuscles are furnished as the demands are made for increased supply. It is when large quantities of hæmoglobin are liberated that the condition assumes pathological importance; the excessive disruption of the blood cell freeing hæmoglobin in greater quantity than can be picked up by the glandular structure, produces, by excretion with the urinary elements, the condition termed *hæmoglobinuria.*

The urine thereupon presents a decidedly altered appearance, due to the presence, not exactly of hæmoglobin, but the investigators tell us of met-hæmoglobin, and as the spectroscopic test shows most frequently the three absorption bands of met-hæmoglobin, this view would seem to be upheld.

There is recognized a form of this malady occurring paroxysmally, the basic pathology of which is subject to conjecture, but as before intimated, it is with that expression of cause and effect in a form known as toxic hæmoglobinuria that we are at this time especially concerned.

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 1st, 1903.

Certain agencies when taken in sufficient dosage, produce a rapid dissolution of the blood corpuscles, among which are potassium chlorate, carbolic acid, arseniuretted hydrogen, pyrogallic acid, and in view of the fact that the coal tar products are so extensively prescribed, it is well to know that acetanilid and antipyrine are capable of producing like baneful effects.

The poisons of scarlet fever, typhoid and syphilis are at times also accountable for a like manifestation. Finally burns and exposure to cold have been blamed as causative factors, the validity of which has not been satisfactorily proven.

The disease makes its appearance (excepting of course symptoms due to the general action of a given poison) without premonitory signs of a striking character. There may be headache, occasional vomiting and anorexia, the passage of altered urine varying in shade from dark brook water to a deep port wine, is the only characteristic symptom and that for which the one attacked seeks explanation and relief. In quantity and frequency of micturition there may be no departure from the normal. Sometimes there is a decrease and at others the urine is greatly increased in amount. Examination reveals an abundance of albuminous material, which on the application of heat or contact with nitric acid, is found to be readily coagulable. Spectroscopic examination shows the absorption bands of met-hæmoglobin. Microscopic examination is valuable from a negative standpoint, inasmuch as blood corpuscles are found to be wanting or occurring but rarely, with small collections of granular pigment. The blood itself may show alteration, notably the transformation into shadows of their former selves of numerous red blood cells. The hæmoglobinometer shows a reduction in hæmoglobin.

Given a case when direct exposure to an element known to be causative of this condition the conclusion a priori is warranted that in all probability one has to deal with hæmoglobin as a foreign substance in the urine. But when the antecedent factors productive of the condition of port wine urine are unsuspected and only discoverable after investigation, the diagnosis rests upon urinary examination. The microscope will readily determine between hæmaturia and hæmoglobinuria, red blood corpuscles appearing in numbers in the former, while in the latter affection they seldom or never occur.

Referring to prognosis, it is needless to remark that the outlook depends upon the degree of injury produced by the poison and before general systemic involvement.

Before narrating the circumstances attending the following illustrative case, I wish to express regret that direct blood examinations could not have been made, but being unprovided with apparatus, I was unable to observe hæmoglobin decrease or note alteration quantitatively of the red blood cells. In November last I was summoned to attend an employee of the Richardson mine engaged in the cyaniding end of the proposition.

The treatment of the tailings, as the sands escaping from a quartz mill are called, involves a solution and precipitation of the gold contained in the pulverised ore. As a final measure, after the dissolved gold is caught up again with zinc shavings, the product is thrown into a vat and treated with sulphuric acid, which separates the gold with loose metals from the zinc, throwing down soluble zinc sulphate. As the ore bodies so treated contain a large amount of sulph-arsenide of iron, there is generated in varying quantities the noxious and deadly gas arseniuretted hydrogen. And in the necessary manipulation great care must be exercised lest this vapor be inhaled.

Having been engaged in connection with this part of the process for a couple of days with less care than he had ordinarily employed, my patient related to me that he felt a trifle languid, vague pains in the back and headache of moderate severity. His attention was arrested on rising from bed a day or two after the prodromota, by passing into the urinal bloody urine, and on my arrival shortly afterwards, told me that he had to micturate every hour or thereabout and the quantity which he had collected certainly indicated a copious excretion as well.

Having at the time a vague notion of the chemical conditions attending his work, I was inclined to the view that I was opposed to a case of hæmaturia. But on close observation an icteroid condition of the skin manifested itself, giving clinical evidence of the existence of jaundice presumably of hæmatogenous origin, and accordingly concluded that the urinary appearance depended upon corpuscular disintegration as well. Moreover, the general symptomatology did not indicate a condition based upon such excessive hæmorrhage as the contents of the urinal would at first seem to imply. Also the pulse was slightly accelerated and temperature elevated to 100°F, due perhaps to disturbance within the leucocytes with establishment of ferment intoxication.

The urine on examination presented interesting features. Of a deep port wine shade, it deposited, on standing, a heavy brownish sediment; specific gravity 1025; reaction apparently neutral. Upon application of heat coagulation occurred, as it did upon the addition of nitric acid. Under the microscope, examination of several slides failed to show the presence of corpuscles, but an occasional hyaline cast and granular matter were detected.

It may be said, by the way, that the general condition of the patient was good and save for psychic unrest he suffered no particular inconvenience excepting a degree of weakness, especially on attempting to walk across the floor.

Headache complained of at first soon disappeared and was doubtless a result of toxæmia with defective elimination. Jaundice gradually faded and in a week was able to leave his bed, feeling a trifle "weak at the knees," as he expressed it, with a moderate grade of dyspnœa upon extra effort, all of which entirely vanished at the end of a fortnight.

Treatment consisted in the administration of hot drinks, chiefly milk, to which was added every four hours for the first day, a tablespoonful of bovinine. Tincture of the perchloride of iron was given in 20 minim doses every three hours. There seemed to be at first a relaxation of the arterioles indicated by a clammy moisture, for which, as a vaso-motor tonic, atropine sulphate gr. $\frac{1}{100}$ was given three times a day. Bowels were kept free with salines and a tablet of sulpho-carbolates for intestinal antisepsis was also added. As the urine returned to normal, or nearly so, a more liberal diet was instituted. During convalescence, tonic regimen was followed, the basis of which was free administration of stychnine and iron.

MILITARY DRILL IN THE PUBLIC SCHOOLS.

By W. E. Outhet, M. A., (Dal.) Melvern Square, N. S., formerly Vice-Principal of Kentville Academey.

The wave of patriotic feeling that surged over our empire during the South African war, and which bore upon its crest thousands of our young men to do and suffer upon the veldt for—they scarce knew what, has at length receded, and our national life ebbs and flows at its normal level. But although the flood has passed, it has left behind a rich deposit of broader ideas and nobler purposes to fertilize and revivify our national thought. Not the least of the fructifying influences is the increased attention given to military drill in the public schools.

In the old land, as well as in the new, much attention is being given to this hitherto neglected subject of study. A royal commission which enquired into the state of secondary education in Scotland a few years ago found that in every case where drill was practiced in the school, the evidence was largely in favour of it. True, there was some evidence in opposition to drill, given by certain masters who alleged that it would interfere with the more purely mental work of the pupils by taking a part of their time, and they had therefore not adopted it in the schools under them. As these witnesses had not tested the drill, however, their evidence can be set aside as a mere guess. The evidence from those schools into which military drill had been introduced was, on the other hand, unanimous in the declaration that besides the physical benefits derived by from three to five hours per week of drill, the amount of mental work overtaken was as great and better in quality than when the full time was spent in the so-called purely mental studies.

In Canadian schools, military drill, although receiving more attention than hitherto, is still in the experimental stage. The requirements so far, however, point to this class of work as a very important factor in education. It is an indisputable fact that pupils who have become dull and listless from poring over mathematics or classics, will return to their work with renewed vigor and with faces light and bright after ten minutes spent in physical drill. And I am convinced, after some trial, that at least a half hour per day spent in military drill upon the school ground or common will not interfere with the ordinary school work, but the rejuvenating influence of the exercise upon the pupils will be such that they will accomplish more in the remaining time than if they were chained to their desks for the

whole session. These, however, are negative blessings. But no subject should win for itself a place upon our curricula merely for what it would not do. Has this drill any educational advantages which would entitle it to a place as a subject of study? I believe it has.

Among the products of our modern school-room are rounded and stooping shoulders, narrow and concave chests shortened and catchy breathing, and a general listless and wobbly gait, as if our present day pupil were supported by two bits of fire-hose, two or three feet long, instead of a pair of good stout legs of bone and muscle. The sturdy Canadian youths that we read and sing about are becoming largely a figment of the imagination or a memory of the past, and in their stead is growing up a race of anæmic, fish-like girls and round-shouldered, weak-kneed boys. These evils a thorough course in physical and military drill would do much to prevent and overcome. Backs would be straightened, limbs strengthened, breathing made deeper and fuller, and the warm blood sent bounding through an erect and sturdy body. Would it not be glorious to introduce into our public schools a study which would send out classes of erect, brisk, happy girls and boys instead of knots of little old men and women, dragging their limbs after them and looking as if the burden of this world's affairs were too great for them to bear? The school-room is supposed to give the pupil a preparation for the affairs of after life. But surely a pre-disposition to spinal curvature or pulmonary consumption is but a sorry preparation for life's battles.

The effect of military drill and physical training is not confined, however, to the physical alone. It also has its influence on the mental life of the pupil. We have not yet traced out the subtle connexion between brain and mind, but we know that such connexion exists. A diseased or disordered brain is accompanied by a deranged mind; a healthy, well-matured brain is the accompaniment of a sane and vigorous mind. When the pupil pores over his or her work for hours, the breathing is restrained, the blood is not properly ærated, the veins of the head and neck become congested, the brain is clogged with waste matter, and the mind fails to grasp the subject in hand. Anyone who has seen the dull, apathetic appearance, the glazed eye and listless attitude of a class after an hour's work in mathematics, and who has seen the same class after ten minutes of physical drill and fresh air return to their school with bright eyes and glowing cheeks, must thereafter be an advocate of drill in schools. Especially will this be true when they notice that problems which were impossible to the pupil in the dazed state induced by their hour's mental work, were easily grasped after a few minutes of physical recreation. This is no new philosophic dream, but is a fact established by experi-

ence, and is ground for the assertion that more mental work can be accomplished by the judicious intermingling of military and physical drill than by spending the whole of the school time upon the mental rack.

In addition to the physical and mental advantages arising from a course in military drill, there are also decided moral advantages. After a few weeks of drill with a class from 12 to 14 years old, there was a marked improvement not only in the carriage but also in the conduct of the pupils: their obedience was more prompt and their performance more precise than formerly. And I am convinced that the promptness of thought and execution required by a course of military training must have its influence in moulding the whole character, and will do much to counteract that habit of vacillation and mental indecision that is productive of more evil than positive inclination toward ill-doing.

These, then, are some of the reasons for the introduction of a course of military drill into our schools. Of what should this drill consist?

The drill may be divided into two parts, physical exercise and military practice. Although all the exercises should be carried on as much as possible in the open air, a great deal of the physical work is suitable for the school-room, and every session of more than an hour's length should have in the middle of it a ten minutes' break, during which the windows are thrown wide open, and the pupils put through a series of lively exercises. In addition to this, a half-hour every day, or its equivalent every alternate day, should be spent in the yard or on the common, when both the military drill and the physical exercise would be taken up. Care must be taken during the physical work that the exercise of any one set of muscles is not sufficiently prolonged to produce strain.

As to the procedure for different ages, it is difficult to lay down exact rules. For very young children the kindergarten games and songs are probably sufficient. After they are done with these games, I would give them the swinging motions of the physical drill and relative work, the simple turnings of the squad drill, and some little marching to music. At the age of ten or eleven I would introduce the easier bending and stretching positions, and continue the squad drill, introducing the dummy rifle at about fourteen, so that at fifteen the pupils can perform the greater part of the physical drill and are well grounded in squad and company drill and the manual.

At fifteenr, ifles should be issued and the boys organized into cadet companies, and be brought under military law as well as discipline. They should now be advanced to field work, attack and defence, etc., and, if convenient, should be attached to some regiment, so that they could have some exercise in battalion drill for a day or two each year

at the annual camp. I would also advocate cadet camps of from ten to twenty days' duration, where the cadets from different schools would be brought together and the strictest military discipline enforced. This would enable the youth of eighteen who joins a militia corps to do so with some intelligence, and he would be able to get some advantage from his annual training, instead of spending the greater part of his term of service in learning to turn about to the right. And it would enable a young man who does not join a militia corps to be erect and straight in body and mind, and to look his fellow-men in the eyes. We don't want a standing army. We do, however, want a population who, if called into service, can stand, and are not lopping in all directions, like the timbers of a western town after a cyclone.

A very pertinent question here would be, "To what extent do the girls partake of this drill?" Up to the age of fifteen I would have them perform exactly the same work as the boys. Although they are, perhaps, not so much in need of this work from a mental point of view, they are certainly as much in need of the moral and physical training as their brothers. It is a rare thing now-a-days to see a girl who can move about as though her body and limbs were parts of one grand and perfect machine. The modern girl makes progress through space by a series of flaps and twists of the body, each succeeded by a tortuous dragging of the feet to some new, but definite position. I would aim to give enough of drill so that the high-school girl may learn to lift her feet cleanly up, put them firmly down; and to carry her body steady and her head erect. As we can scarce yet expect departmental aid to cadet companies of girls, I would separate the boys and girls at fifteen. I would, however, continue the work with the girls, either in gymnasia or in companies to perform the lighter parts of field work, as in "extended order." &c,

But I already see some "Mother in Israel" holding up her hands in holy horror and exclaiming that we would make Amazons of her daughters. There is little danger from this source. But granting the Amazonian tendency, I would shew you two pictures.

The one is a bronzed, red cheeked maiden, with straight well-rounded limbs, an erect carriage and elastic gait. Often in the afternoon you see her on a good horse clattering along the road. Her hat has got slightly awry and her hair a little deranged, but her clean skin and laughing eye shew that neither her liver nor her temper are out of plumb. On a holiday she puts on a short skirt, stout boots and leggings, and accompanies her brother with rod or gun. She can easily bring down a partridge with her own hand, and can generally dress it when she gets home.

This other young lady is the product of the one-idea system. Her brain is crammed with half-digested ideas and impure blood. In the afternoon she sits with colorless cheek and lustreless eye poring over the latest sensational feminine novel, which, if she is highly accomplished, is written in French. When the broken-hearted heroine waxes vehement in her protestations, a few drops of water exude from the reader's eyes and she congratulates herself on having a sympathetic nature. In the meantime her mother is down in the laundry ironing a shirtwaist for her to wear the next afternoon. In the evening she entertains with a series of giggles, punctuated with quotations from the book she has been reading, a callow invertebrate youth who ogles and simpers in return, or talks alternate layers of ancient mythology and modern tomfoolery, with the same profound lack of originality and common sense. There are worse dangers than the Amazonian.

In the foregoing, little stress has been laid on the advantages of this course from a military point of view. These are so obvious that to the minds of some there will be the danger of leading to militarism. I do not think this fear is well founded. "The best way to cure a boy of wanting to run away and go to sea, is to let him run away and go to sea." So the best way to treat a boy who wants to be a soldier is to give him a taste of soldiering in his youth. It may not cure him, but it will settle him. The aim of our public school education is not to make soldiers any more than it is to make farmers or dressmakers, doctors or stenographers. The aim of education is or should be to develop in boys and girls, young men and maidens, clear minds and pure souls to appreciate and grapple with the situations and problems of life as they may arise, giving them strength of purpose to finish their fights with fate: and also to furnish each with a sound well-ordered and substantial engine for the transportation and preservation of the mind and soul.

When our educators learn that the eternal cramming system defeats its own purpose; when they see that fresh air, good light and pure blood are as necessary as steam heat, modern maps and correct pronunciation; when they find that a good digestion is necessary to a clear perception; when, in short, they become aware that the connexion of mind and body, which cannot be traced with the finest microscope, is yet so evident that while Dr. Jekyl is a man of noble mien, Mr. Hyde is always represented as shrunken and malformed—when they learn all this they will commence to educate the body to accompany the mind, and we will see physical as well as classical experts in our schools, while Cruden will be a true yoke-fellow of Euclid.

Professor James Robertson, of Ottawa, is wont to appeal for his three H's—education of the head, hand and heart. It remains for the patriotic gentlemen of the medical profession to point out the intimate connexion of body and mind, and to urge their co-ordinate education, so that all may tend to those other three H's—health, happiness and harmony.

CÆSARIAN SECTION WITH REPORT OF CASE.*

By Joseph Hayes, M. D., Parrsboro, N. S.

In presenting to you the report of my case of Cæsarean section, it is not my intention to go into the history or technic of the subject in general, but rather to emphasize a few practical questions involved in connection with one of the most melancholy propositions with which a physician can be confronted, namely, the sudden death of his patient during pregnancy or parturition.

During this period of anxious expectation on the part of family and friends, who are filled with apprehension concerning the safety of the one who is passing through the ordeal of her life, and in eager anticipation of the new arrival, when one is suddenly called upon to announce that the patient is either dead or dying, and that there is absolutely no hope, he becomes a participant in the most melancholy drama one could well contemplate.

When the last measure has been exhausted, and the physician is compelled to stand by and witness the last glimmering spark of life flickering out, he is overwhelmed with the thought that on the mere threshold of life, with all its grand possibilities yet before it, there are little hands stretched out for aid, which he alone can give, and successful delivery under such circumstances can bring to the home the only ray of sunshine capable of eminating from such dark surroundings, and as natural methods are out of the question, the abdominal section alone presents itself for consideration. But here the physician's nerve too often fails, for he already realizes that he is to be the object of ridicule and contempt in the eyes of many of the general public on account of the tragic circumstances through which he has passed, for a certain amount of blame is attached to the physician who is unfortunate enough to meet such a case in general practice, however skilfully he may have handled it, and he shrinks from the risk of adding to this an unsuccessful attempt to save the child, after, as so

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 2nd, 1903.

many would not scruple to say, butchering the woman. However, the duty of the physician is plain, and in every such case an attempt should be made to save the child, and what is to be done must be done quickly, as a delay of a minute and a half or two minutes would decide the case against him, and stamp his efforts with failure.

I will now detail to you the case which came under my own observation about two years ago.

Mrs. C, aged 28, primipara. Living in a country town 13 miles distant from my office.

I first saw her on May 25th, 1901, being called in while passing, by the patient herself, who stated that she was seven months pregnant, and had never felt better in her life, and took long walks every day, but that her mother had urged her to consult me about a slight dimness of vision with which she had been troubled for some little time. I could find no evidence of œdema of the eyes, hands or feet, but of course suspected at once some kidney complication and asked for a sample of the urine. Upon examination I found this loaded with albumen, and on microscopic examination numerous granular and hyaline casts were found, and evidence of extensive cell proliferation and altogether general indications of grave kidney involvement. I at once took a serious view of the case, and ordered the patient to bed, putting her on suitable diet and treatment, which the scope of this report does not call upon me to discuss here.

Five days afterwards I received word that the patient had decided not to stay in bed longer than two or three more days, as her mother and friends thought it was ridiculous for one so well to stay in bed and restrict her diet, but the next evening she was attacked with quite a severe headache, for which various domestic remedies had been administered, and when she was thought to be a little easier the family retired.

About eleven o'clock her mother thought that she heard a noise in her room, and on going in found her in convulsions. They at once despatched for me, and on learning that she was in convulsions, I instructed them to get another doctor also, as I was apprehensive of serious trouble, and I proceeded at once to the patient's house, arriving there about ten minutes before my friend, Dr. Corbett. I proceeded to administer chloroform, and opened a vein in the arm, removing about a pint of blood, but the eclamptic seizure did not abate, and a condition of coma soon supervened and the patient became moribund. When we saw that death was inevitable, I advised the removal of the child per abdomen immediately on the death of the mother, and got the consent of the family to do so.

When the pulse became imperceptible at the wrist, I listened with my stethoscope over the heart for its last beat, and as soon as life was extinct I asked Dr. Corbett if he had a large scalpel. He said there was one in his satchel down stairs and proceeded at once to get it,

while I turned the lifeless woman on her back and laid the abdomen bare in readiness for the operation. This was but the work of a moment, and then the suspense of further waiting for the return of the doctor with the scalpel was unbearable, as I realized that a fraction of a minute might decide the difference between success and failure, so taking a small bistoury from my vest pocket, the abdomen was laid open with one sweep from the zyphoid appendix to the symphysis pubis. The uterus at once came into view, and with another cut the uterus was also laid open, and when the doctor returned with the scalpel I was extracting the dripping child from the uterine cavity.

The child was shrunken and shriveled and showed no signs of life, and from the appearance of the skin we ventured the opinion that it had been dead for some days, when suddenly it gave a slight gasp and we saw that there was life. I at once separated the cord and placed the child in a hot bath and instituted artificial respiration. After some time the respiratory function was established, the child was wrapped up warm and passed over to the nurse.

Although the child was only a seven months child and not vigorous, it lived for three months, and for a time did well, but afterwards it died during the summer, in my absence from town, of milk infection. But I think you will agree that the success, practicability and advisability of the procedure was thoroughly demonstrated.

NOTES ON THE RECENT SMALL-POX EPIDEMIC.*

By J. F. Ellis, M. D., Sherbrooke. N. S.

In writing this paper I do not presume to let any new light on the etiology, pathology or treatment of small-pox, but merely to make a few suggestions on its prevention, facts based on experience gathered during the recent outbreak of an epidemic in Goldenville.

During March of this year, I was making a call at a house in Goldenville occupied by colored people. While there I noticed a young man with his head tied up, and naturally was attracted to examine him more closely. He complained of severe headache, pain in the back, etc., and over his face and body I found a peculiar papular eruption and other symptoms which made me think that the young man was suffering from small-pox. I also learned that a few days before he had been quarantined in Glace Bay, C. B., and left in the night without the knowledge of the authorities. I immediately called in my confrere, Dr. L. D. Densmore, of Sherbrooke, who confirmed my diagnosis.

We immediately called a meeting of the Board of Health and had this house and the house of all the colored people in the immediate neighborhood quarantined; also the houses of people whom we knew or had suspicions were in the infected house, and vaccinated all the quarantined people.

Although the case developed in a small house where a family of twelve were huddled together, the disease was confined to four of its inmates. The first case was unvaccinated and was a typical case and was quite severe, the eruption running through the usual papular, vesicular and pustular stages, and on desquamation leaving the usual pitting.

Five days after the first case was discovered, another case developed in a young man who, previous to the quarantine, occupied the same room with the first case. This new case was somewhat milder than the first.

Four or five days afterwards, or nine or ten days after the quarantine was put on, two other members of the family were attacked. but with a very very mild type, they not being confined to their beds a single hour, and barring a slight headache and a few small pustules thinly distributed over their bodies, suffered no distressing symptoms. From this epidemic we were able to gather two facts, or more proper-

*Read at meeting of Medical Society of Nova Scotia, Antigonish, July 2nd, 1903.

ly speaking, two facts were verified, viz., the efficacy of vaccination as a means of producing immunity, and the importance of a strict, rigid and even high-handed quarantine.

The truth of the first is amply born out by history of the four cases. In the person who was unvaccinated, the disease was quite severe, approaching collapse on the 12th day after the eruption appeared.

The second person was vaccinated, probably during the 4th or 5th day of the period of incubation, and the disease ran a much milder course than the first.

In the 3rd and 4th cases, infection probably took place somewhere about the time they were vaccinated, and in them the disease ran an extremely mild course. If they had been met with outside of the quarantine district, they probably would have passed unnoticed.

All the remaining members of the family enjoyed perfect immunity.

The other feature that presented itself was that although the outbreak took place in a crowded part of the village, where the sanitary arrangements were very poor, not one case developed outside the house where it first appeared. I am of the opinion that if they were not taken, or had they been delayed a few days, hundreds of cases would probably have developed.

This experience has made it evident to my mind, and I think you all will agree, that in places outside of large cities where there is a large floating population, small-pox should not become epidemic, provided the proper precautions are taken early. This is one disease in which there is no difficulty in getting the authorities to act promptly, and to follow any suggestion the physician may make to protect the people from infection.

Some may feel delicate to adopt harsh and stringent measures at first, in case they may be mistaken in the diagnosis. But if preventative measures are delayed until then, it may be too late to prevent an epidemic, and it is better to inconvenience a few people for a short time, than let conditions exist which might cause great injury to the whole community.

It is unnecessary to speak before this society of the benefits of a more general vaccination. We are all agreed on that point. The trouble is the unwillingness of the people to submit to the operation, and the fear they have of disastrous results, a fear that is encouraged by ignorant and foolish people, and often by people of whom we might expect better things.

It is a deplorable fact that so great a number of the people of this province, especially in the rural districts, are unvaccinated. I think I am within the mark when I say a great majority of the people in the country districts are thus unprotected, and I think a great step forward would be taken if a law was placed in our statutes making general vaccination compulsory.

THE
MARITIME MEDICAL NEWS.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., DECEMBER, 1903. No. 12

Editorial.

PHYSICAL TRAINING IN OUR SCHOOLS.

Our educational system is in many respect an excellent system, and no one can doubt either the ability or the good intentions of its founders, or of those who are responsible for its gradual evolution and present type. But we venture to think there are few medical men in these provinces who, if they give any attention to educational matters, and many of them have themselves been teachers, are not convinced that in some respects our educational methods are faulty.

The very nature and aim of education appears to us to be somewhat misunderstood. It appears to be popularly considered as equivalent to information, and to some of us this is now apparently mere cramming.

In Great Britain and in America we find frequent protests against this one-sided type of education in which all appears to be made subservient to the mere acquisition of knowledge, and the great aim of teacher and pupil is the successful passing of examinations.

It should not be difficult to come to some agreement as to what education consists in, or what its object should be. We have been told that to educate is to "lead out," to evolve the potentialities of the child. It is said that education means instruction. And it has been well said that the object of education is the formation of character. Is it not well to ask ourselves in how far or in what way our present system of education develops the potentialities of our children and youth, or why attention is devoted so exclusively to the faculty of intellect only? To ask what is the real meaning of instruction and if the accumulation of facts and figures is the only structure that should be built up in the child-life? Finally it may do no harm to ask, and to press for answer, if our present system of conducting education is doing the best possible work in the formation of character?

To the medical man, whose studies bring him chiefly into relation with the physical basis of life, it must seem that our educational methods are sadly negligent of the laws of physiology. The smattering of anatomical and physiological knowledge given in primers and school-books is a grotesque illusion in view of the fact that practically no provision is made for healthy exercise in the curriculum.

But the physician who studies his patient wisely is well aware that the physical basis is but one, and the least important element in true life. Man is a living soul. None of us can long be ignorant of the enormous influence of mind on body, of the reciprocity between them, and finally of the vast and preponderating value of the moral elements which are indeed those generally present in the mind when we speak of character. "As a man *thinketh* in his *heart*, so *is he*."

Is it not reasonable to hold that a true system of education should be such a training as would eliminate all the tendency to evil and develop all the potentialities for good in the whole nature, physical, mental and moral? Is it possible that our present system is the nearest approach we can make to this ideal? Are not some of us asking ourselves whether, even in its restricted function of a mental training, our system is giving the best results?

But supposing we defer a consideration of this question, and of the still more important question of the formation of character, let us, as the conservators of the public health, at present content ourselves with asking what means does our educational system provide for physical culture?

A great thinker who has just passed away, one regarded by many as the greatest philosopher of the Victorian epoch, Herbert Spencer, said that the first condition of success in life is to be a healthy animal.

We do not care to bind ourselves to Spencer's philosophy in all things, and this statement, as it stands, is open to criticism, but it is an epigrammatic way of putting a great truth.

And what apparatus does our Council of Public Instruction provide for securing health of body in our schools? This is a large question, and large debate could be carried on as to how far an educational authority should take cognisance of physical defects and diseases in the children under its care. But to us it certainly seems as important a function of education to correct a faulty posture as to correct a faulty pronunciation, to insist upon a proper manner of breathing as of spelling, to prevent a physical deformity as to secure a good grammatical style.

The aim of civic and municipal finance is to secure the greatest good of the greatest number, and it is just as important that the young farmer, or carpenter, or lumberman should be well set-up, alert and vigorous as that he should know a spondee from a dactyl, or cross the *pons asinorum* successfully.

But we shall be told that it is easy to criticise and that the critic should be able to supply, or at least suggest, a remedy for the defects

he sees or fancies he sees. But this is not necessarily the concern of the critic. A passenger on the deck of a steamship, if he thinks he descries danger, is justified in drawing attention to it even if he be ignorant of how to avert it. But educational critics have made suggestions on this very defect, and have long been urging that as a means of physical culture, a system of military training should be introduced into our schools.

Those of us who heard Dr. Sponagle's paper on this subject at the meeting of the Maritime Medical Association in St. John last July, must have felt hemade out a strong case for the adoption of some form of military training in schools, and we recommend those who were not present at the reading of this instructive paper to read it for themselves in the October number of the *Maritime Medical News*. In the present number of the *News* we publish, on the suggestion of Dr. Sponagle, another article on this subject from the pen of Mr. W. E. Outhet, a gentleman who has given much attention to the subject of hygiene, particularly in relation to schools, and who has a personal knowledge of the benefits of military training. Mr. Outhet writes with authority, with enthusiasm, and with a spice of humour in urging the claims of physical culture, and in drawing attention to some of the incongruities resulting from our present system, with its persistent ignoring of the necessities for healthy growth and development, and the paper will repay perusal. We wish especially to draw attention to Mr. Outhet's claim that a reasonable amount of military organization and training in our schools would not interfere in any way with intellectual development, but, on the contrary, would be found a distinct help in mental training and would also exert a most salutary and much needed moral influence on the pupils.

RESIGNATION OF THE CHAIRMAN OF THE PROVINCIAL BOARD OF HEALTH OF NEW BRUNSWICK.

Dr. Wm. Bayard forwarded his resignation to the Premier of the Province on the 23rd September. It is understood, however, that the communication has not yet been acknowledged, although there have been several meetings of the Council.

Dr. Bayard has been chairman of the Board of Health for the City of St. John from 1855 to 1887. He was then appointed chairman of the Provincial Board and continued to occupy this important position until the 23rd September of this year.

During these forty-eight years, Dr. Bayard has rendered valuable service to his city and province. It will be freely acknowledged that he has thrown himself unreservedly into the work and that he has spared no effort, time nor inconvenience to faithfully perform the duties attached to these offices, and they were many, exacting and onerous.

Dr. Bayard has been a close student of sanitary science, and has read widely in this connection. His aim has been to raise public health matters to as high a standard as possible, and it has been observed that his motives were always high and disinterested.

His efforts to obtain general compulsory vaccination and revaccination have not succeeded; the Government so far have not adopted the recommendation. Dr. Bayard has strongly urged this procedure, rather than that of stringency of quarantine with its guards, expenses and ineffectiveness as compared with general vaccination.

His pamphlet, "Observations Concerning Small-pox," recently issued, deals in an able manner with this subject.

It is to be regretted that after so long service to the public, that Dr. Bayard has felt compelled to resign on account of occurrences which he considered could not be tolerated.

To put it mildly it seems a strange proceeding for the Government to take the conduct of health matters out of the hands of its Health Board, and then, too, without consultation with its Board.

But there are numerous health matters which require further consideration and revision.

Personals.

Dr. A P. Reid, Secretary of the Provincial Board of Health, and family, have removed from Middleton to Dartmouth for the winter.

Dr. K. A. MacKenzie, formerly house surgeon at the Victoria General Hospital, has located at New Campbellton, C. B.

A late issue of the Baltimore *Sun* says: "**Dr. George Campbell,** a post-graduate student at the Johns Hopkins Medical School, rescued a small girl who had fallen overboard at the foot of Broadway Saturday afternoon, by diving into the icy waters. Dr. Campbell, whose home is in Halifax, N. S., was leisurely walking about the wharf, viewing the vessels in the harbor, when his attention was attracted to the little one struggling in the water by the screams of several of her playmates. He immediately pulled off his overcoat, coat and hat, and plunged in after her. He then swam over to the wharf and both were helped out of the water by a spectator. As soon as the little one was placed safely on the wharf she ran away and her rescuer was unable to ascertain her name. Dr. Campbell resides at 600 North Broadway."

Geerge is a son of Dr. D. A. Campbell, of this city, and was a former house surgeon at the V. G. Hospital. He was likewise one of Dalhousie's champion football team of last year.

The Antikamnia Chemical Co. has issued a handsome calendar for 1904, representing "Confidence," a copy of which will be mailed to every practitioner throughout the world.

N. S. BRANCH OF BRITISH MEDICAL ASSOCIATION PROGRAMME.

The following is the plan of the agenda for the remainder of the session:

Jan. 6th—Meeting at Nova Scotia Hospital.

Jan. 20th—"Antiseptic Measures in Midwifery." Discussion by Drs. M. A. Curry, Thos. W. Walsh and A. I. Mader.

Feb. 3rd—Paper by Dr. T. D. Walker, St. John, N. B. Subject to be announced.

Feb. 17th—Pathological Meeting at Halifax Medical College.

March 2nd—Paper on "Iritis" by Dr. W. G. Putnam, of Yarmouth, N. S. Discussion by Dr. Kirkpatrick and others.

March 16th—Paper by Dr. John Stewart. "Carbolic Acid in Surgery;" also paper by Dr. M. Chisholm.

March 30th—Paper by Dr. H. K. McDonald, Lunenburg, N. S. Subject to be announced.

April 13th—"History of Medical Society in Halifax." Paper by Dr. D. A. Campbell.
Discussion on "Diseases of the Prostate Gland" by Drs. Murphy, Ross and others.

Additions and changes to the above programme may be made as occasion arises. Members and all visiting practitioners from all parts are welcome. Any medical gentleman willing to contribute a paper will kindly communicate with the Secretary, Wm. D. Forrest, M. D., Pleasant street, Halifax.

The *Scientific American* has issued another special number, this time devoted to the Iron and Steel industry of the United States. Technically considered, the number is one of the best of the special issues which have so far been prepared by the *Scientific American*. Each article bears the stamp of absolute certainty of fact—a certainty gained by a personal examination of each of the plants described. Instead of giving a condensed account of a large number of less important works, the editors have wisely adopted the plan of selecting a certain number of large industrial establishments, and of giving them a very thorough description. Among the more notable articles of the issue may be mentioned those on armor plate and gun steel, structural shapes, tube making, chain making, steel and wire making, and rail making. The number is dressed in a handsome colored cover.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Nov. 11th, 1903. Meeting held at Halifax Hotel, Dr. F. W. Goodwin, President, in the chair.

Dr. Hawkins first presented a child suffering from chorea. Previous to the chorea developing there was no history of rheumatism, but rheumatic symptoms arose one week after the muscular twitchings were observed. There was no heart lesion and nothing in the history to indicate the cause of the trouble. She was first on salicylate of soda and latterly on elixir lactopeptine with quinine, iron and strychnine, together with 3 min. of Fowler's solution to each dose. She is now practically free from the movements. Dr. Hawkins also presented a case of Friedreich's or hereditary ataxia. The patient was a young girl and exhibited all the more common symptoms—absence of knee jerks, lateral curvature, flat-foot and uncertainty in walking. The discussion which followed on these cases was taken part in by Major Peeke, Drs. Walsh and Murray. The latter emphasized the close relationship between chorea and rheumatism.

Dr. Goodwin then presented a case of a man who was passing uric acid calculi and whose urine also contained sugar. He was first placed on opium when the sugar disappeared. After this he was on piperazine, 15 grs. three times a day, alternating with a mixture of pot. bicarb and tr. hyoscyamus. The gravel ceased and his general condition was now much better. Dr. Goodwin also showed a case of congenital syphilis in a young boy. There were two markedly syphilitic teeth, periostitis of one shin, and a breaking down gumma of upper eyelid. The patient was on ung. hydrarg.locally, and cod liver oil internally.

Major Peeke then presented the following interesting case. The patient, an artilleryman, first came under observation on May 11th last. He complained of pain in the chest and had a cough with copious expectoration. There was a pleuritic friction sound on the right side. On May 16th there were signs of fluid on the right side. On May 19th he coughed up pus which contained many streptococci and staphylococci. The pleura on the right side was then opened and on exploration a localized abscess cavity was reached. This was drained, and on August 1st the patient was discharged from hospital.

Some days after this the patient after a violent fit of coughing brought up what appeared to be a fish bone. There was a history of having previously swallowed a bone. The symptoms immediately

subsided after the bone was brought up. Major Peeke thought that there was in all probability a connection between the abscess cavity in the pleura and the bronchus on that side.

A specimen shown by Major Peeke was the cervical spine of a man who had fallen out of bed and fractured the spine of the 5th vertebra. He had complained of tenderness and pain in the neck. No displacement could be noticed. There was paralysis of the lower extremities; no increased temperature. On post mortem there was hæmorrhage and inflammatory effusion in dura mater. Cord not much damaged.

Dr. Farrell showed a case of mastoid abscess following scarlet fever. He trephined the mastoid and found pus.

Dr. D. A. Campbell presented a case of lupus vulgaris that had been cured by the X rays. Photographs exhibiting the case in various stages were shown.

Dr. Campbell also showed a quart preserve bottle filled with round worms. The same had been vomited up by a colored woman who had previously manifested no symptoms.

A vote of thanks was given to Major Peeke for the interest he has manifested in the Society since his coming to Halifax.

Nov. 24th. Meeting held at the Victoria General Hospital.

Dr. D. A. Campbell exhibited three cases of rheumatoid arthritis in children. Case 1.—A female child aged 7, puny and ill developed—giving a history of chronic progressive joint lesions extending over a period of two and a half years The case conforms in almost every particular to that type of the disease described by G. F. Still, in Allbutt's System of Medicine. In addition to very great involvement of the articulations both great and small, there is some enlargement of the spleen, glandular enlargement not marked, but showing distinctly in the epitrochlear and inguinal groups, and more or less fever. For the past six months fever has been rarely absent.

There is marked wasting of the muscles and considerable deformity, but not the marked joint changes seen in the ordinary cases of rheumatoid arthritis. The outlook in these cases is not very promising. The condition generally develops before the second dentition and seems to be more common in girls.

Case 2.—A boy aged 14, who has been ill with the disease for about fifteen months, and is still unable to walk.

Case 3.—A girl aged 16, who has been disabled for the past three years. The two latter cases resemble the disease as seen in adults. Both are doing well under the hot air treatment.

Dr. C. D. Murray exhibited two cases. The first was one of aneurysm of the ascending part of the arch of the aorta. The patient had been ailing for six months. He came to hospital complaining of shortness of breath and general weakness. Never had syphilis, but had at one time been a heavy drinker. The interesting feature of

this case was the marked dilatation of the veins on the left side of chest and arm, due to obstruction of the left innominate vein, and probably also the vena azygos minor. He was improving on potassium iodide and tr. ferri perchlor.

The second case was one of splenic anæmia. The patient suffered from loss of strength, great enlargement of the spleen and anæmia. Examination of the blood showed a diminution in the number of red corpuscles and a proportional diminution in the hæmoglobin. This patient was on Fowler's solution, along with potassium iodide, as he had given a fairly clear history of having had syphilis some years previous.

Dr. Ross showed a man suffering from an ulcerative syphilide on the right side of his nose. Dr. Ross gave the differential diagnosis between this condition, lupus vulgaris and rodent ulcer.

Dr. Chisholm exhibited a man who had suffered from a compound fracture of the malar bone due to the kick of a horse. When seen first the bone was protruding for about half an inch and splintered. The bone was freely moveable. Dr. Chisholm fixed it in position by driving a steel nail down through the external angular process of the frontal and into the malar. The result obtained was a good one. Dr. Chisholm then showed a case of double talipes equinovarus that had been successfully operated on by him. Operation: the knife is entered $\frac{1}{2}$ inch below and a little to the front of the tip of the internal maleolus. It is pushed forwards sideways till it reaches the tendon of the tibialis anticus. It is then turned and the tendon is cut at the same time; the tissues beneath are cut to the bone by raising the handle and sweeping it forwards till the blade cuts all the ligaments, and lastly the tibialis posticus, just as the knife is about to be withdrawn.

The meeting then adjourned to the dining room where a supper, presided over by Mr. C. E. Puttner, was served.

ST. JOHN MEDICAL SOCIETY.

The President, Dr. J. H. Gray, in the chair.

Oct. 7. The first meeting of the year was opened by a paper from the President, entitled, "Some of my Obstetric Failures."

Dr. Gray detailed the history of his obstetric cases which had resulted fatally during twenty years practice. Four cases died of convulsions, only one of which was seen previous to the attack.

Two died of septicæmia, one of lobar pneumonia, which had developed three days before labor, one case died of unknown cause, as there had been no opportunity of ascertaining it. There were two fatal cases from placenta prævia.

Oct. 21. The Secretary, Dr. Barry, read a paper on "The Microscope as a Factor in Diagnosis and Prognosis." A plea for the more general use of the microscope was first made, then its value was pointed out in the diagnosis of malaria, and in the differential diagnosis of certain forms of malarial fever from typhoid. By leucocyte counts, the progress of appendicitis could be watched, an increasing leucocytosis indicating an advance in the progress of the disease and vice versa. A blood examination is a distinct aid in the differential diagnosis of typhoid fever, appendicitis and trichiniasis. In the prognosis of lobar pneumonia, an examination of the blood is a valuable aid, a great increase in the white cells or their entire absence denotes a profound toxæmia and a correspondingly grave prognosis.

In the different anæmias and leukæmias, an examination of the blood is necessary both for diagnosis and prognosis. Illustrative cases were given.

Oct. 28. Dr. O. J. McCully read a paper on "Nasal Reflexes." It will appear in the News.

Nov. 4. The title of Dr. Corbet's paper was "Notes on some Drugs." The drugs especially referred to were Carbon Bisulphide, Iodoform, Fluoroform. Numerous cases were quoted showing the beneficial results from the use of these preparations. The paper will appear in the News.

Nov. 11. Dr. Hattie, superintendent of the Nova Scotia Hospital, read the paper of the evening "Some Mental Sequelae of Common Diseases." Insanity brought on in the course of or as a direct result of physical ailments, particularly infectious diseases, were thoroughly discussed. Infection Psychoses were divided into three groups; Infection Delirium, Febrile Delirium and Post-febrile Psychoses. These may occur in typhoid, influenza, scarlet fever, measles, variola, etc. After a consideration of each of these groups, the subject of appropriate treatment was taken up. The treatment should be based on the pathology.

The paper was discussed by the President, Drs. Gray, J. Christie, Crawford, Corbet, Lunney, T. D. Walker, McCully, Wetmore, Skinner and Inches.

Dr. Hattie replied, and in doing so answered many queries. A vote of thanks was presented to Dr. Hattie for his kindness in reading a paper before the Society. The members then adjourned to the Alexandra café for refreshments.

Nov. 18. Dr. Lunney read a paper on "Aneurism" and reported two cases lately in the G. P. Hospital. A general account of aneurism was first given, followed by a consideration of the etiology, symptoms, physical signs, diagnosis, prognosis and treatment of the various aneurisms.

Nov. 25. A paper on "Diagnosis and Treatment of Venereal Diseases" was read by Dr. Case. The treatment of chancroids was fully discussed. The so-called heroic treatment was not found advisable. Dr. Case recommended the use of bland agents, such as boric acid, calomel and iodoform.

Notes.

EXCERPT FROM THE LONDON DAILY CHRONICLE.—The general results of the recent discussion in this paper on the relative value and safety of various antiseptics derive confirmation from a monograph which we have received from the Pasteur Institute of Paris. We described the volatile or essential oils of plants as the safest—and the most pleasant might have been added—of antiseptics for direct human use; that of eucalyptus holding a very high place. A couple of professional members of the Association of Analytical Chemists of the Pasteur Institute have been studying Listerine, which is named after the great English surgeon. Listerine is a mixture of the essential oils of thyme, eucalyptus, baptisia, wintergreen and mint. It has relatively non-toxic properties peculiar to these oils, but the Parisian savants have brought out the important fact that the mixture of oils is much more potent than any one of them singly. It attacks more than one joint in the bacterial armour. Carbolic acid—used so much mainly because it is the original antiseptic employed by Lister—is 146 times as toxic as Listerine.

THE MEDICAL EXAMINER & PRACTITIONER, issue of May, 1903, says: As far as positive results are concerned, it is safe to assert that no preparation of iron ever introduced to the medical profession has met the requirements to the extent that the pharmaceutical product, Gude's Pepto-Mangan, has done. Unlike many articles claiming to be "Just the same," or "Just as good," it has stood the test of years in the hands of the practitioner, and has been submitted to the severest clinical investigations by eminent men in the profession, both in hospital and private practice.

THE DECADENCE OF OPIUM.—We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. But here, the application should cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy. Among the latter, perhaps none has met with so grateful a reception as Antikamnia Tablets, and justly so. Given a frontal, temporal, vertical or occipital neuralgia, it will almost invariably arrest the head pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhœa; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, fascinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.—*National Medical Review.*

THREATENED ABORTION AND MISCARRIAGE.—This constitutes one of the most valuable indications of Hayden's Viburnum Compound. Instead of narcotizing the patient like the opiates, it arrests pain and checks hemorrhage in a far more efficient and agreeable manner. In view of the marked antispasmodic and anticongestive power of this preparation, its value will be readily appreciated in the treatment of these cases when employed in connection with perfect rest.

The dose at the beginning should be one dessertspoonful, followed by teaspoonful quantities when required. When, however, miscarriage has occurred, or is inevitable. Hayden's Viburnum Compound is equally indicated for the control of the bleeding, the relief of the pain, and the prevention of complications, such as inflammation of the uterus or appendages.

BOVININE IN CONSUMPTION.—From the prevailing disbelief, which was almost a despair, the recent knowledge that consumption is curable is rapidly disseminating.

This is not due to any miraculous medical specific that has appeared, or ever will appear; nor to climate alone, for cases originate in California, Colorado, the Riviera, and the most noted resorts of the Swiss Alps; but it is accomplished by the rapid restoration of tissue-waste with nutrition that contains all the elements of the human body, in right proportions and ready for immediate assimilation, to enable the system to build faster than the malady can break down.

While it has been abundantly proven that the *tubercle bacilli* is often the means of perpetuating consumption, it never has been satisfactorily demonstrated that it is the sole cause of the disease. No doubt every human being in the civilized world is sooner or later exposed to this germ, but only a small minority are susceptible to its infection. The great majority are immune by virtue of normal vigor, normal nutrition, which does not furnish the nourishing nidus for this bacillus.

The long and feverish search for a drug that shall demonstrate its right to be called a specific has been almost abandoned. The thousand and one alleged "cures" or specifics for consumption have all proved cruel delusions. Tuberculin is a sorry example. Creosote, Cod Liver Oil, Guaiacol, and all their derivations and modifications have signally failed. Recent searchers have confined their efforts mainly to the field of antagonizing serums, but instead of reaching favorable results, it looks as though the whole serum theory would, ere long, be abandoned as a mistake.

There is no positive cure for consumption outside of an element or influence that restores normal nutrition that enriches the blood and builds the tissues. This being accomplished, Nature does the curing. The sooner we all accept this demonstrated fact that general vital recuperation, by whatever means it may be accomplished, is the only cure that is scientific, that has ever been known or ever will be known, the less time we will lose in conducting the battle royal with this fatal scourge.

Patients who die of tuberculosis, *starve to death*. Those who recover from tuberculosis are *fed to health*—cured by feeding. Feeding, however, is not necessarily nourishing, no more than eating is assimilating. Thousands of victims of this wasting disease starve with stomachs full, and plenty more within reach. There is no dearth of elegant and costly viands—it is availability they lack. They call for an exhibition of vito-chemic force which the consumptive's stomach does not possess. Bovinine does nothing of the kind. It is living tissue pabulum in natural solution and instantly available. It responds at once to the demands of the starving organism.

Life nourishes life, cell rebuilds cell, and the life of all cells is the circulating, vivifying fluid, the sap in the tree, the blood in the animal. Plants transmute crude inorganic matter into organic forms; animals take up vegetable organisms and advance them to a higher stage. Each advance is an intensification, a rise in the vital scale, a further refinement of cell structure and cell function.

Bovinine quickly and permanently restores the broken constitution of the consumptive by supplying the vitalized protoplasm, living cells, ready for instant appropriation, without taxing the digestive system. It builds up the demoralized system by furnishing the ready-prepared pabulum, and by resting them, restores the digestive and assimilative functions. The victims of consumption starve because the vital organs tire out and give up the struggle, surrendering to the forces that disintegrate and destroy.

Bovinine bases its claims wholly on its direct and positive influence in restoring vital tone, flesh and strength to the debilitated system. It begins at the foundation by restoring the blood. It supplies the shattered and wasted organism with exactly what it must have in order to recuperate, and supplies it in a form that is immediately available.

DYSMENORRHEA

The reputation of H. V. C. was established by its efficacy in the treatment of this condition. It relieves the distressing pain as no other remedy can do, and unlike morphine and other narcotics there are no disagreeable after-effects. It is a trustworthy antispasmodic

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In prolapsus uteri and other conditions due to a relaxation of the muscles of the uterus and its appendages, H. V. C. stimulates pelvic circulation, thus relieving the congested organs, and re-establishes normal circulation and tonicity of these parts.

H. V. C.

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The enviable reputation of the Viburnum Compound of Dr. Hayden, H. V. C., in the treatment of diseases of women, has encouraged unscrupulous manufacturers to imitate this time-tried remedy. If you desire results, you must use the genuine only—beware of substitution.

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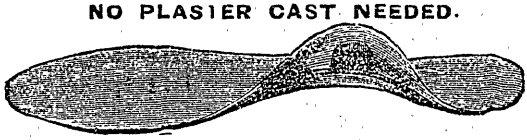

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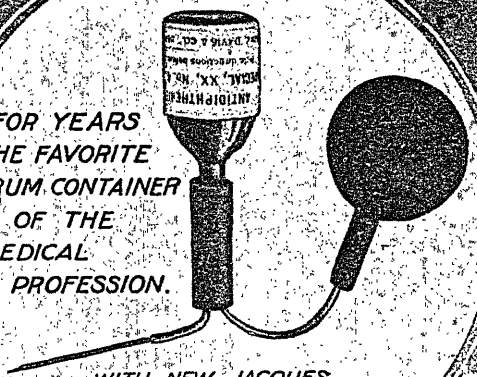

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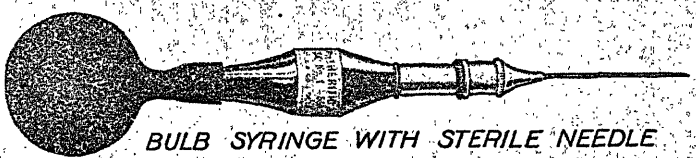

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