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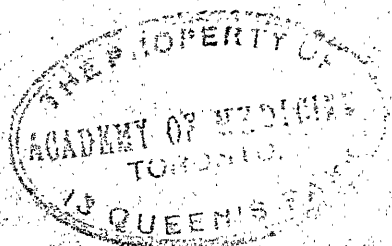
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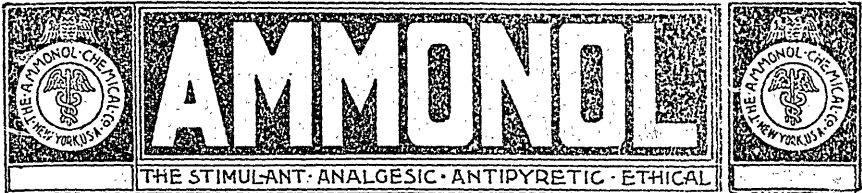
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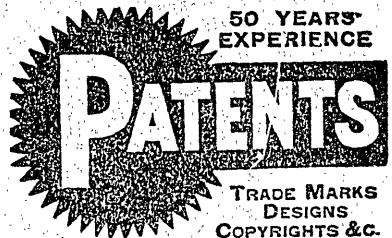
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E. H. LOWERISON, M. D., Lecturer on Ophthalmology, Otolaryngology, etc.
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2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica. (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, Therapeutics).

4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy. (Pass Final M. D., C. M. Exam.)

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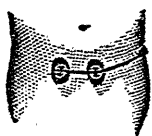
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THE  
MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

**EDITORS.**

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JAMES ROSS, M. D., Halifax, N. S.

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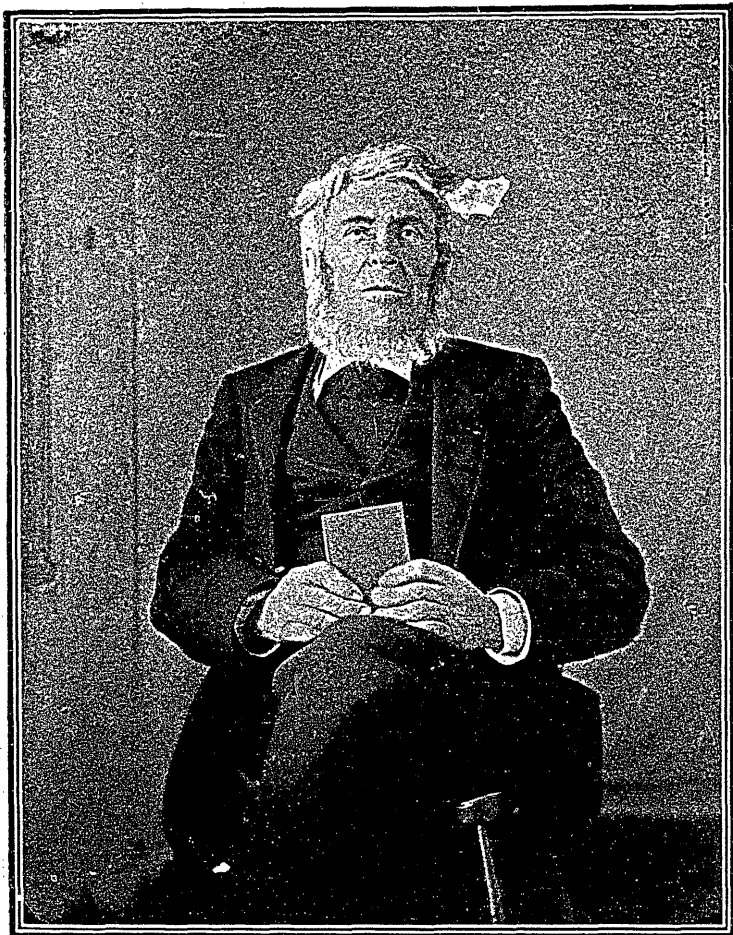
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who died recently at the advanced age of 102 years. He was the father of Dr.  
Murdoch Chisholm, of this city. (Photo taken one year ago.)

# THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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No. 3.

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## Original Communications.

### TREATMENT OF CASES BY THE X-RAYS.\*

By H. D. WEAVER, M. D., Halifax, N. S.

As we have now quite a number of X-ray machines in these provinces, I thought a discussion about the value of the X-rays in treatment might be in order. I have now treated for a longer or shorter time in my own practice and in the hospital some 46 cases. They have varied from some that received three or four treatments to one that was exposed 88 times and under treatment 21 months. I might say that I have had a number of cases of severe dermatitis, and in one case where I was pushing the treatment to destroy a small malignant nodule, I got a typical case of x-ray burn or "white gangrene", about as large as a twenty-five cent piece. It was painful and so we had it removed, and the remains of the tumor at the same time. This was case No. 7. The lady died about six months afterwards from some peculiar head symptoms that came on suddenly, which the doctor in attendance thought might be due to a metastasis to the brain, but there was no local recurrence.

The following is a list of all the cases I have had under treatment with the exception of a few at the hospital and elsewhere, who have only received one or two treatments and then discontinued..

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\*Read by title Maritime Medical Association, July, 1904, and since brought down to date.

## TREATMENT OF CASES BY THE X-RAYS.

| Diseases.           | Hospital or Private | Name.        | Remarks on first seeing case                         | Number of Treatments | Result.                                         | Remarks after treating case.                                                                             |
|---------------------|---------------------|--------------|------------------------------------------------------|----------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Hypertrichosis.     | Priv.               | 1 Miss C—    | Hair on upper lip and chin. Blonde.                  | 33 treats.           | Patient pleased.                                | Finished 17 months ago. No recurrence of consequence.                                                    |
| "                   | "                   | 2 Miss H. C— | Same as last only not as extensive. Sister to No. 1. | 12 "                 | "                                               | Finished treatment about 15 months ago.                                                                  |
| "                   | "                   | 3 Miss D—    | On upper lip only. Brunette.                         | 56 "                 | Very good indeed.                               | " " 23 "                                                                                                 |
| "                   | "                   | 4 Miss C. D— | Same as last. Sister.                                | 54 "                 | "                                               | Lip looks as well as in any ordinary girl.                                                               |
| "                   | "                   | 5 Miss S—    | Upper lip and chin. Brunette.                        | 18 "                 | "                                               | Same as last.                                                                                            |
| Carcinoma of Breast | Hosp.               | 6 Mrs. McD—  | Very advanced.                                       | 6 "                  | Doubtful.                                       | There was a good deal of reaction which has affected the skin a little. Finished treatment 6 months ago. |
| "                   | Priv                | 7 Mrs. C—    | Recurrent.                                           | 30 "                 | Fair results.                                   | Only gave treatment to ease pain. Died six months afterwards, but no recurrence locally. See note.       |
| "                   | "                   | 8 Mrs. I—    | Primary. Very advanced.                              | 22 "                 | Seemed to do well at first, but not much later. |                                                                                                          |
| "                   | "                   | 9 Mrs. M—    | Recurrent twice after operation.                     | 88 " and operat.     | Has held disease in check.                      | Has been treated 23 months, but is losing ground now.                                                    |
| " of Jaw.           | Hosp.               | 10 Mr. K—    | Very advanced, sloughing.                            | 5 treats.            | No appreciable results.                         |                                                                                                          |
| " of Breast.        | "                   | 11 Mrs. McL— | Breast removed, then rays put on.                    | 12 "                 | Looking well.                                   | The rays were used for their prophylactic effect here.                                                   |

|                        |         |               |                                           |            |   |                                     |                                                                                                                             |
|------------------------|---------|---------------|-------------------------------------------|------------|---|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Epithelioma of Tongue. | Priv.   | 12 Mr. J—     | Been operated on twice, very advanced.    | 66         | “ | Checked and relieved pain           |                                                                                                                             |
| “ “                    | Hosp.   | 13 Mrs. S—    | Very advanced.                            | 6          | “ | Improved a little.                  | But there was so much hemorrhage that she left hospital and went home.                                                      |
| “ “ Lip.               | Priv.   | 14 Mr. A—     | Fairly “                                  | 13         | “ | Very good.                          | But stopped treatment before it was destroyed, so will probably recur. But still under treatment.                           |
| “ “ Neck.              | “       | 15 Mrs. O—    | Advanced, twice recurred after operation. |            |   | Good so far.                        |                                                                                                                             |
| “ “ Breast.            | Hosp.   | 16 Mrs. R—    | Large sloughing ulcer.                    | 38         | “ | Improved at first.                  | But was recurring a little lately and so was cured, after which she went home.                                              |
| Rodent Ulcer.          | Priv.   | 17 Mr. V—     | Early case.                               | 8 treats.  | “ | Apparently cured.                   |                                                                                                                             |
| “ “                    | “       | 18 Mr. S—     | “ “                                       | 22         | “ | “ “                                 |                                                                                                                             |
| “ “                    | Hosp.   | 19 Mrs. McG—  | Not very early.                           | 30         | “ | “ “                                 |                                                                                                                             |
| Epithelioma of Neck.   | “       | 20 Mr. P—     | On site of old burn on cheek.             |            | “ | Much improved.                      | Came in for broken leg and afterwards left hospital.                                                                        |
| “ “                    | “       | 21 Mr. McD—   | Very advanced.                            | 5          | “ | Eased pain.                         | Went home.                                                                                                                  |
| Scirrhus Cancer.       | Priv.   | 22 Miss H—    | Advanced, recurrent.                      | 41         | “ | Kept back disease.                  | Improved a good deal at first, but later gradually got worse.                                                               |
| Ulcerated Leg.         | “       | 23 Mrs. G—    | Probably malignant.                       | 52         | “ | Improved.                           | Left for England before I had finished treatment, some months afterwards said it had not troubled her since the treatments. |
| Eczema Scalp.          | “       | 24 Mrs. J—    | Of nine years standing.                   | 20         | “ | Very greatly improved.              | Had to leave off on account of business before we had finished treatment.                                                   |
| Keloid.                | “       | 25 Mr. J. N—  | Several years standing.                   | 16         | “ | Greatly improved.                   |                                                                                                                             |
| Lupus.                 | Hosp.   | 26 Mr. H—     | “ “ “                                     | 30         | “ | “ “                                 | But a very poor subject.                                                                                                    |
| “ “                    | P. & H. | 27 A. M—      | Seven “ “                                 | 40 & 43    | “ | Apparently cured.                   | See note.                                                                                                                   |
| “ “                    | Priv.   | 28 Miss L—    | On sole of foot.                          | 26         | “ | “ “                                 |                                                                                                                             |
| Rodent Ulcer.          | Hosp.   | 29 Mr. G—     | Left cheek and under eye, very advanced.  | 33 & 30    | “ | Improved, but far from well.        | After first course of 33 treatments he left hospital for three months and came back much worse.                             |
| “ “                    | “       | 30 Mrs. O. B— | Left cheek and nose very advanced.        | 23 & 32    | “ | Same as last.                       | Same as last.                                                                                                               |
| Lupus Erythematosus.   | “       | 31 Mrs. B—    | Patches all over face.                    | 15 treats. | “ | Much improved afteraccine reaction. | Also under Dr. Ross's care.                                                                                                 |

## TREATMENT OF CASES BY X-RAYS.—(Continued.)

| Diseases.                                             | Hospital or Private. | Name.      | Remarks on first seeing case                         | Number of Treatments | Result.                   | Remarks after treating case.                                                                        |
|-------------------------------------------------------|----------------------|------------|------------------------------------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------------|
| Enlarged Glands of Neck                               | Hosp.                | 32 Mrs. B— | Enlarged glands and sin-<br>uses both sides of neck. | 20                   | Apparently cured.         |                                                                                                     |
| " "                                                   | Priv.                | 33 Miss T— | Suppurating glands on<br>right cheek.                | 6                    | Improving.                | Still under treatment.                                                                              |
| Cystic condition<br>of upper Lip.                     | "                    | 34 Mrs. I— | Much inflamed, round, sus-<br>picion of malignancy.  | 9                    | Apparently cured.         | Used electrolysis as well.<br>Seemed difficult to affect.<br>I also used salicylic acid and paring. |
| Nævus.                                                | "                    | 35 Mr. Y—  | On right cheek.                                      | 25                   | Improved.                 |                                                                                                     |
| Clavus.                                               | Priv.                | 36 Mrs. U— | Both feet very painful.                              | 9                    | Very good.                |                                                                                                     |
| Laryngeal<br>Tuberculosis.                            | "                    | 37 Mr. D—  | Very painful.                                        | 4                    | No result.                | Patient was too weak to come.                                                                       |
| Leucoderma.                                           | "                    | 38 Miss R— | Right cheek and neck.                                | 14                   | Very little change.       |                                                                                                     |
| Sinus in Back.                                        | Hosp.                | 39 Mr. N—  | Running sinus after in-<br>jury.                     | 18                   | No certain result.        |                                                                                                     |
| Indolent Ulcer<br>of Septum.                          | Priv.                | 40 Mr. D—  | Sent to stimulate.                                   | 4                    | Apparently cured.         | Used aristol to cleanse cavity.<br>Patient got tired of treatment.                                  |
| Tubercular knee                                       | "                    | 41 J. C—   | Very enlarged.                                       | 13                   | Perhaps slightly improved |                                                                                                     |
| Epilepsy.                                             | "                    | 42 Mr. S—  | Very anxious to try treat-<br>ment.                  | 20&15                | Uncertain.                | See note.                                                                                           |
| Bad Neuralgia.                                        | "                    | 43 Miss M— | Had had Gasserian gang-<br>lion removed.             | 8                    | "                         | But was also under treatment in the<br>skin department.                                             |
| Dermatitis                                            | "                    | 44 Mr. M—  | Used for itching.                                    | 9                    | Itching was not so bad.   |                                                                                                     |
| Herpetiformis.                                        | "                    | 45 Mrs. S— | Upper part nose.                                     | 20                   | Improved.                 | But got tired of treatment and went<br>home before we had finished treat-<br>ment.                  |
| Additional<br>Rodent Ulcer.<br>Roseola like<br>Patch. | "                    | 46 Mr. R.— | On tip and right side of<br>nose.                    | 10                   | Improved.                 | Still under treatment.                                                                              |

Again, to make a few comments upon the cases treated.

First, the hypertrichosis cases have been fairly successful, but the length of time that the treatment takes, also the risk of severe dermatitis, the extreme pigmentation (in some cases it lasts for weeks), are great objections.

In all or nearly all the cases of carcinomata, the relief of pain, and the satisfaction to the patient in feeling that the disease was being fought, have been a great gain. And in several cases I am sure that life has been greatly prolonged, but I think it is unlikely that any of the cases I have mentioned will be ultimately cured.

With regard to No. 9, Mrs. N—: she had two operations, the first in 1900 on her breast and later some glands removed from her neck, before I saw her. My note of her condition when she was sent to me is—"There is a large part of the left breast covered by a scar and surrounding that there is an area of skin, red and inflamed, with a number of small nodules in it. After the first few weeks' treatment with the x-rays, there was some reaction with dermatitis, and when that had subsided the skin around the scar became smooth and the nodules disappeared. Afterwards, whenever any nodules showed on that breast, we put on the rays for a short time which usually caused them to flatten out quickly. I was thinking of recommending another operation to remove some more of the glands over the left shoulder, when unfortunately we discovered in February 1904, a rapidly growing tumor in the right breast. The tumor with but little of the breast tissue was removed about the end of last March. Since then she has had occasional alternate treatments on the two breasts until about the middle of last December; from that time she has hardly felt strong enough to come for treatment.

The early cases of rodent ulcer and epitheliomata have done well with the rays; though in the advanced cases the rays seem to hold the disease in check it is often difficult to get it entirely destroyed.

With regard to case 27, A. M.:—he was first sent to me over two years ago from the hospital, with ulcerated patches from the toes to the knee on one leg and also two on the forearm. He got along very well but got impatient to get home, so that we let him go as soon as ever the last patch had healed over. The consequence was we had him back last spring with the patches that healed last broken out and spreading, whereas the others were all right. We used the ultra-violet

rays on the arm and the x-rays on the leg. The arm healed a good deal the first; after that we gave it also some of the x-rays for fear that the ultra-violet might not be sufficiently penetrating.

Case 42, Mr. S—: I told him frankly that I did not expect much result, but he was still anxious to try. However, considering the way the rays effect the nerve ending in cancers and other painful diseases, it would not seem surprising if they should effect the cells of the cortex of the brain.

In conclusion, I would urge on surgeons where possible to use the rays as a prophylactic measure after operation in all cases of malignant disease.





## THE PRACTICE OF MEDICINE IN INDIA.\*

By ANNA M. FULLERTON, M. D., Ludhiana, Punjab, India.

The practice of medicine in India (at least in the portions of the country which are entirely native in their environment and customs) cannot be said to be alluring to the purely scientific physicians. Almost insurmountable obstacles to the achievement of professional success are offered by the social conditions of the country and the grinding poverty of the mass of the people. A fanatical adherence to ancient customs and religious beliefs defies the laws of science at every point.

One who has lived in India and learned to know its people, is not surprised that years of strenuous effort on the part of the English Government have not sufficed to suppress the terrible epidemics of cholera and plague which decimate the land. The European officials there do not dare to live within the precincts of a native city. What is known as the European settlement is usually two or three miles away from it. Here the foreign officials build their homes, protecting themselves, so far as possible, from prevailing diseases, by modern methods of sanitation. Mission work, however, must be carried on nearer the place of need, hence we find all mission institutions established, close to or within the walls of the native city. Tourists, for this reason, often fail to come in touch with missionary enterprise.

The streets of Indian cities are thronged with cases of remediable disease which, through neglect or improper treatment, have become irremediable—women maimed for life through brutality; little children, hopelessly blind, deaf or disfigured for lack of care. Disease is, of course, of much more frequent occurrence in a land where no knowledge of preventive medicine exists; and where superstitions of the people and their barbarous religious practices are at the root of much of the evil. The symptoms of disease are usually also seen in a much more aggravated form.

Scurvy, diarrhoea and gangrene, the result of chronic starvation, abound. It is a well-known fact that one-fifth of the population (about 60 millions) are insufficiently fed, even in ordinary years of

\*Read by Invitation, before the Philadelphia County Medical Society, January 11.

prosperity. A large number of the people can obtain but one scant meal a day. According to the last census, there are nearly 300,000,000 people in the country. A few "nabobs" and "rajahs" have enjoyed the possession of immense treasures, but the people, as a whole, grovel in the lowest depths of penury and want.

The average income of the common laborer in India is between four and five rupees, or \$1.50 per month.

The inhabitants of the land are a rural people. Nine-tenths of the population are said to live in towns of less than 5,000 inhabitants.

Famines are of frequent occurrence and constitute a most perplexing evil. These must continue to menace the country so long as people, weakened by hunger and disease, must strive to wrest their food, by means of artificial irrigation, from a land parched by frequent droughts.

Plague, the eruptive fevers and pulmonary diseases, including tuberculosis, are especially prevalent and fatal during the rainy seasons and winters—when the people must crowd into their close, filthy homes (occupied in common with their domestic animals, as cows, buffaloes, goats, etc.) in order to escape the inclemency of the weather.

Dysentery, cholera and other intestinal affections with fevers, chiefly of malarial type, are the scourges of the long, hot seasons.

Manifestations of demon-possession are among the curious phenomena not infrequently met with. These appear to be but aggravated forms of hysteria, the result of the terrorism induced by the belief in the existence of cruel and vindictive gods, who are ever seeking to do them hurt.

Fortune-telling by omens and astrology is constantly resorted to, and adds to the state of dread in which the average Hindu lives. Let a lizard fall from the ceiling on his head, and he fears death; if it fall on his nose, disease. If an ass brays in the east, success in his enterprises will be delayed; if in the southeast, death is imminent; if in the west, some disturbance will occur. Sneezing and the howling of dogs forebode evil tidings.

Surgical diseases and accidents are most common. The performance of surgical operations, however, is consigned to the barber. His resources are limited to blood-letting, the application of leeches or the use of the actual cautery.

For tumors, ovarian, fibroid and malignant, he can do nothing, hence one meets with immense growths, accompanied often by com-

plications which preclude successful treatment. When the fear with which all surgery requiring the use of the knife can be overcome, the "foreign doctor" may win for himself undying fame by his achievements in this line of work. Because of an entire disregard of surgical cleanliness, the number of cases of wounds in which worms are bred is very great.

Skin diseases, including leprosy and the cutaneous manifestations of syphilis, are very common.

There is no proper system of medical practice among the people themselves. Herb-doctors, called "hakims," vaunt themselves in every community and combine with their practice priestly chants and incantations, with offerings to the gods.

But, perhaps, I have told enough to prove that one who would practice medicine for the benefit of India's millions, must be *philanthropist* and *educator*, as well as *healer*. I should like, however, to speak of the needs of India's women. According to the last census, there are about 120,000,000 women in India. Of this number 50,000,000 are zenana prisoners—the high caste, secluded women, to whom male physicians can never have access. Only through the medium of ignorant, untrained midwives can these poor women be cared for. This fact, combined with the practice of child-marriage, is a source of suffering, the extent of which cannot be computed. Brahmin girls must be married between the ages of seven and eleven.

It would be impossible to give an adequate idea of the tragedies in this connection, with which a woman physician meets—the shocking mutilations which often render repair of any kind impossible. The prevalence of rickets and scrofula among the Hindu women, is thought to be largely due to the custom of early marriage, for the demands of maternity are made upon a system in which the bones and other tissues are not yet fully developed, hence the offspring is insufficiently nourished and that at the expense of the mother.

Sir John Strachey says, with regard to the custom: "It would be difficult to imagine anything more abominable than the frequent consequences of child marriage, by which multitudes of girls of ten or twelve, or less, are given over to outrage; or, if they belong to the higher class of Hindus, are doomed to lives of degraded widowhood." Another writer says: "The Indian government has endeavoured to remove this evil, but at all points it has been opposed, not only by conservative orthodox Hindus, but also by educated members of the

community. One of the consequences is that girls of even twelve years are known to become mothers in that land, while very few attain the age of eighteen without bearing children. An increasing population under these physical conditions cannot be a healthy or a vigorous one."

In my own experience in gynecologic work in India, I have found that it is the tendency of these early marriages to make women sterile. The first conception often terminates in a miscarriage. Superinvolution of the uterus often follows the first birth or the first miscarriage, and renders subsequent impregnation impossible.

The children who are born to these immature mothers are weak and puny, and females rather than males. This gives rise to much domestic unhappiness, as every Hindu must, if possible, leave a male heir. If his first wife does not present him with a son in seven years after marriage, he may take another wife every succeeding seven years, until a son is born.

The English Government has made noble efforts to provide suitable medical aid for the people, by establishing hospitals and dispensaries in the largest towns. Medical colleges have also been erected in such cities as Calcutta, Bombay, Agra, Lahore and Madras. In these institutions native men and women who have sufficient education, may be trained for medical service. Three grades of workers are trained: Hospital assistants, assistant surgeons and bachelors of medicine. Hospital assistants are expected to act as superintendents of hospitals or dispensaries under the supervision of an assistant surgeon, or of the European civil surgeon in a station. Major operative work is expected to be done by the latter. Civil surgeons (chiefly Europeans) are assigned to every large city—especially those having any European residents. For the amelioration of women, special hospitals have been established in many towns. These are called "Dufferin Hospitals" in honor of Lady Dufferin, the wife of a former Viceroy, who was instrumental in starting a fund for the purpose.

Unfortunately the majority of these institutions are superintended by Hindu and Mohammedan medical assistants, who retain the caste prejudices and religious superstitions of their people, and who have not the moral qualifications for positions of trust. Low caste people or outcasts fare badly at their hands. Government hospitals exclude religious teaching from their wards, and this, we feel, weakens their

power of good among a people so intensely religious as the Hindus are, for it prevents the effort to introduce reforms which are dependent upon the overthrow of the religious superstitions of the people.

Religious fanaticism circumvents the efforts of the English Government to stamp out plague, cholera and other filth diseases.

The dense ignorance of the mass of the people and their indescribably filthy habits of life, can only be combatted by patient, disinterested methods of teaching them and lifting them out of their degradation and misery. It is the employment of such methods that renders missionary enterprise so helpful and so efficient in foreign lands. It is told of Darwin, that after visiting Terra del Fuegos, he told the missionaries laboring there, that they might as well pack up their things and return to their native land, for the people of the place were too degraded to be benefited by their ministrations. Some years afterward, so marked did he find the change in the Terra del Fuegos to be, that he sent a donation of twenty-five dollars to the secretary of the missionary society laboring there, and kept this up as a yearly contribution until the time of his death.

One of India's greatest statesmen, Sir John Laurence, has said: "In my judgment Christian missions have done more real lasting good to the people of India, than all other agencies combined."

Mission hospitals and dispensaries are scattered at various points, throughout the country, and are really doing more than almost any other institutions to bring Western ideas into favour with the people. The crying need is for more helpers in this field, and more means.

A most important institution is the Medical School for Women at Ludhiana, in the Punjab, opened a few years since by a committee of medical and educational missionaries. This school is international and interdenominational, and has for its object the training of medical helpers for the mission hospitals and dispensaries, especially in connection with the "zenana work," or work for women. The school is affiliated with the Government Medical College in Lahore, up to the hospital assistant degree. Were five or six medical missionary women from Great Britain or America to join the staff of the school, complete affiliation would be made possible; and could the institution receive an endowment sufficient to place it beyond all financial embarrassment, its usefulness would be multiplied many times. There are many physicians in our fair land who do not need to employ their time and talents in self-support. To such, the opportunities I have mentioned for the employment of medical science in the uplifting of humanity, must strongly appeal, for physicians must ever be found in the vanguard of civilization.

## ADDRESS.

---

By DR. F. E. DANIEL, of Austin, Texas, President elect of the American International Congress on Tuberculosis, St. Louis, October 5, 1904.

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Mr. Chairman and Gentlemen :

The distinguished honor it has been your pleasure to confer upon me is unexpected as it is undeserved. Your selection should have fallen upon one abler and better known than myself, and a representative from one of the older States. It should have been conferred upon some distinguished man who, by his work, is more fully identified with the subject. There are many here better fitted for it and better entitled to the honor than myself; there are those who have the time and the special fitness and the means to bestow upon the great work we have undertaken. I seriously mistrust my ability to meet your expectations. But on my interest, nay, enthusiasm in the cause there is no discount. In an humble way and a limited sphere I have done my best for the cause. I have sown seeds, most of which have fallen, I fear, in stony places, and I see few results. It is a matter of pride with me, however, to believe that some have fallen in good soil and have borne fruit. It is no spirit of vanity, but one of pardonable pride, to say that I believe I was the first one to advocate and urge a radical change in the construction and equipment of sleeping cars. Fifteen years ago I began the campaign, and have pushed it constantly by tongue and pen. The sleeping cars in general use are overheated, badly ventilated and equipped with furnishings that harbor the germs of disease, and they can not be entirely disinfected. One literally takes his life in his hand when he sleeps in one of them. I advocated an aseptic car—roomy, well ventilated and equipped with rattan and linen, and rubber, instead of woollens, plush and fancy carvings. You may imagine my delight when on starting to St. Louis I found myself in my ideal car, my dream, on that model and progressive railroad, the "Texas Road," the great I. & G. N., of which all Texas is justly proud. This road, upon the advice of its chief surgeon, Dr. W. G. Jameson, who is today present as a delegate to this Congress, was the first railroad in the world, so far as I know, to disinfect sleeping cars by formaldehyde, and Texas has the proud

distinction of being the first State to pass a law requiring it. It is not vanity, but a justifiable pride that claims for my advocacy a part, at least, of the credit for that reform.

In accepting the honor you have conferred upon me—and the burden—I will, in the future, as in the past, do all in my power to carry forward the great and glorious work of sanitary reform. Preventive medicine with this Congress, aims primarily at that fell destroyer of human life,—consumption. We are confronted with a vast problem and have undertaken a Herculean task. We are but a handful, it is true, but in this assemblage of earnest workers, lay and medical sanitarians of recognized ability and renown, what potentiality resides and what achievements may result, is beyond conjecture. The pilgrim fathers were but a handful, but they reclaimed this great continent from the savages. The pioneers who pushed across the waste places—the deadly deserts and the formidable Rockies were but a handful, but they won the great West—the future home of teeming millions, and gave to our energies and products an outlet on the great Pacific. We are but a handful, but, undismayed, we have entered upon the mighty work for humanity and race integrity, encouraged rather, by the record in recent years, of sanitary science, which has banished smallpox, banished yellow fever, disarmed of their terrors diphtheria, and even bubonic plague. We are encouraged, moreover, by the alliance already made, this first meeting, with the National Association of Civil Engineers. We are honored this afternoon by the presence of their representatives in the person of their President and Secretary, who came to assure us of their co-operation and support. Already, too, we have attracted and won to this Congress the great Fraternal League of America, a consolidated body of all the fraternities, whose membership now reaches five and a half millions, and who have been fighting consumption single-handed. They have joined forces with this Congress, and we welcome them gladly. They will co-operate with us and will be represented in our next assembly. And last, and the most gratifying of all, we have effected an alliance with and secured the support and co-operation of the Women, the Iowa Society of Medical, fittingly represented on this floor in the charming person of their delegates. God bless them all!

“They talk about a woman’s sphere  
As though it had a limit;  
There’s not a place in earth or heaven,  
There’s not a task to mankind given,  
There’s not a blessing or a woe,  
There’s not a whisper, yes or no,  
There’s not a life, there’s not a birth,  
That has a feather’s weight of worth—  
Without a woman in it.”

Thus, as in world-building, a nucleus, a center of attraction, has drawn to it independent and detached particles and forces, and acquired increased momentum. Thus will the work of this Congress go on until it will unify all the leagues and other organizations for war against the giant, consumption; and like a mighty river it will go on and on with a rush and resistless force till the great humanitarian end is reached, till consumption shall be circumscribed and inhibited in its deadly work. It must be rendered powerless for harm. Not only is it the deplorable loss of life every year that is so appalling, but where one dies there are perhaps a dozen sick and incapacitated, yet who transmit at least the predisposition, a weakened vitality to coming generations. This threatens our race integrity. The public health is the foundation upon which depend the strength, efficiency, progress, even the existence of a State or nation. Given strong, healthy units and we have a strong, aggressive and progressive civilization. An enfeebled nation never carried the blessings of civilization to a benighted world or held its place in the struggle for existence or supremacy.

But this brings up a consideration of that deeper problem—not the arrest of the spread of the infection, but the eradication of the disease. This problem lies at the root of our social fabric; consumption is a disease of civilization, and is inherent in our lives and industries. It is a house disease, and flourishes because of unsanitary dwellings and factories, and modes of travel, of living and labor. And here is where the engineers come in; here is where their labors touch ours. They are the most powerful factories in that reform which alone can diminish, not to say eradicate, the disease. They have to do with construction of buildings for living and labor; with sewers and water-works—those great purifiers; with heating and ventilation; with plumbing and drainage, and with street cleaning, hence with dust, the great and terrible distributor of infection. The government should have the supervision under a capable and honest engineer—of



the construction of all buildings, public and private, for residence or work, and especially of those of the laboring classes. No soulless landlord should be permitted to crowd tenement houses on insufficient ground to deprive the poor of God's sunlight and air. An abundance of both, with plenty of pure water, is a God-given right. Crowding of whole families into one small apartment, where they eat sleep and work in a suffocating dark air, should be prohibited, for there is the hot-bed of the disease, there the monster, tuberculosis, has his lair. Already much has been done in this direction in New York, and the death rate of consumption has materially decreased.

It is comparatively easy to prevent the spread of the infection under favorable circumstances. The poison is in the sputa, and, if this be destroyed, the consumptive is powerless for harm. It is a mistake to suppose that the disease is contagious; it is in no sense contagious, but is infectious, and therefore communicable. The infectious element must be destroyed so it cannot be communicated to the well. It is not "catching", it cannot be caught merely by contact. It can not be acquired simply by contact, and it is an open question still if it can be transmitted by other means than by the introduction into the lungs of the tubercle bacilli, most frequently in dust. And even then there must be a suitable nidus, or it will not germinate. Healthy persons have, in many instances, the living germs in the mouth and throat; but still the consumptive should in a measure be separated from the other members of the family, for breathing his expired air may communicate the disease; hence the danger of crowding. Sunlight and air, while a vital necessity, will not disinfect a room.

But it takes authority and means to enforce even the simplest precautions, and somebody must think and act for the toiling millions—the understratum of society—who occupy the slums and other unsanitary places. They can not be reached by any "Campaign of Education." You can not reach them with your literature, and, if you could, they would not read or understand it, and they are powerless to act. The government should be paternal, and take care of them, if not for their own sake, for the protection of the public and in the interest of race integrity.

And here let me sound a note of warning. In all reforms there is apt to be a reaction, and, in striking at one evil, we are apt to create another. We are apt to go to extremes. Witness the French Revolution as an illustration. When, revolting against centuries of oppres-

sion and wrong, the people rose in rebellion; when the Jacobins had overthrown the conservatives, the Girondins, when the French King and Queen had been led to the scaffold, when the aristocracy had been exterminated, mad with the lust of blood, the revolutionists turned upon each other, and a reign of terror followed which shocked and paralyzed the civilized world. Let us be careful that in our crusade against the disease, consumption, we do not make war upon and wrong and outrage the consumptive. He is not a subject for quarantine. It is not a quarantinable disease. He is not, like a leper, unclean, and to be shunned like a pestilence. If the poison he expectorates and the air vitiated by his breath be avoided, he is as powerless for harm as this table. He should not be shut out from your States. In Colorado and in California and in Texas many, very many of the best citizens went there either invalids from consumption, or for the health of some member of the family. The Commission of Immigration in June, 1902, on an opinion of the then Attorney General, decided that consumption comes within the scope of the Federal law excluding immigrants suffering with "a contagious disease dangerous to the public health," and under this ruling an immigrant was actually separated from his family and not allowed to land, but was sent back whence he came.\* This is a great wrong, an injustice, and such exclusion by any State will work wrong and injury and inhumanity. California should welcome the consumptives, but not by quarantine.\*\* They should be segregated, if bed-ridden, and given the benefit of the pure air and sun and wholesome fruits of that God-favoured clime.

I have spoken longer than I intended. I am full of the subject, and "out of the fullness of the heart the mouth speaketh." I take up the burden you have placed on my shoulders, and enter into the great work with hope and encouragement. I ask you to hold up my hands even to the going down of the sun, and the battle for humanity will be won.

To the attainment of the great ends for which this Congress was created, I dedicate the remaining years of my life, and pledge my most earnest endeavors.—*From Transactions, American International Congress on Tuberculosis.*

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\*Since this address was delivered a distinguished Judge from Tahiti, suffering with consumption, was on his way to Europe, via San Francisco and New York. The California authorities refused him permission to land and cross the continent to New York.—Ed.

\*\*California delegates advised exclusion of consumptives, or putting them in State lazarettos.—Ed.

## A CASE OF PERINEPHRITIC ABSCESS.

By E. D. FARRELL, M. D., Halifax, N. S.

On the evening of January 12th 1905, I was called to see a young man, aged 21 years, complaining of nausea, vomiting, pain in the abdomen, which was most severe on the right side, and also a slight pain at the end of micturition. He gave a history of hard work as a machinist for some years, and stated that his illness was due to a strain from a heavy lift, which had occurred about a week earlier. On examination, his tongue was coated, temperature 103, pulse 90, there was marked rigidity of the abdominal muscles of the right side, tenderness on pressure; tenderness, however, was not localized especially at McBurney's point. Urinary analysis was negative with the exception of an abundance of urates. Respiratory and cardiac systems negative. Sputum negative. Patient was very tall and thin, looking somewhat overgrown, and there was a strong tubercular family history. He was placed on salines and hot poultices applied over the abdomen.

He remained in this condition, the painful micturition clearing up however, in a few days, temperature ranging between 100 and 103, pulse 90 to 100 for ten days. Then Dr. John Stewart saw him with me and we were after the consultation divided between three conditions: that is appendicitis, psoas abscess and abscess in connection with kidney. Dr. Stewart advised watching him for a short while. He again saw him with me a week later when there had developed on palpation a well defined mass which extended from McBurney's point back to the loin, and was most marked just below the right kidney posteriorly.

He was admitted on the following day to the Halifax Infirmary, and a sterile aspirating needle introduced just below the right kidney behind, and about an ounce of pus withdrawn, which Dr. L. M. Murray very kindly immediately examined for me, finding, the staphylococcus pyogenes aureus in abundance; this ruled out fairly well psoas abscess which rarely if ever contains pus cocci before operation; also appendicitis which would have shown almost certainly the colon bacillus, and therefore I came to the conclusion that it was an abscess

in connection with the kidney, although all along I was quite firmly convinced that it was an appendicitis which had gone on to abscess formation and burrowed backward.

Patient was given chloroform by Dr. L. M. Murray and, assisted by Dr. T. J. Murphy, I made an incision as for nephrectomy extending from the tip of the last rib to a point just above the anterior superior spine of the ilium, with the convexity downwards, and exposed the kidney. The capsule was greatly thickened, and attached to the lower extremity of the kidney was a large abscess which was opened and discharged freely ; a gauze drain was introduced and the wound left open.

Patient is still at the Infirmary. The abscess cavity which extended very freely and deeply is almost completely healed. The temperature and pulse are normal and he is gaining weight and strength rapidly.

I am reporting the case as it appeared interesting from a diagnostic point and to illustrate the great assistance gained from the bacteriological examination.



# GREEN-STICK FRACTURE OF BOTH BONES OF LEFT FOREARM IN A GIRL AGED FOURTEEN AND A HALF YEARS.

By W. D. FINN, M. D., Halifax, N. S.

On January 20th a young girl of about fourteen and a half years slipped and fell on the icy sidewalk. At time of falling she had her left hand in left pocket of her sacque. She stated that her arm doubled up under her when she fell.

On examination I found the left forearm painful but not very much swollen. It was twisted and bent so as to form a figure resembling an exaggerated figure of the letter S, with a shortening of about five inches. The condition was one of true green-stick fracture of both bones of forearm.

Chloroform was administered, and, with the assistance of Dr. L. M. Murray, the deformity was reduced by bending the bones slowly and gradually into normal position, at same time making extension from the wrist, and counter-extension from elbow. Flat lateral splints, with a slight ridge running down the centre, were applied, with the forearm midway between complete supination and pronation. Splints were held in place with strips of adhesive plaster and the arm carried in a sling. Removed splints on fifth day. Applied massage and passive motion (pronation and supination) every day afterwards, replacing splints each time. Ordered elix. glycero. phos. co., aq. calcis, and lots of nourishing food. At end of five weeks removed all dressing. Good result.

Green-stick fracture of forearm is common up to the twelfth year; it is rare to find it at a later age. Some writers are of the opinion that most cases of apparent infractions are in reality transverse fractures with slight displacement; but in the case reported above, the radius and ulna would have to be fractured in half a dozen places to give such a deformity as described in my case.

## Selected Articles.

### WHEN NOT TO OPERATE IN APPENDICITIS.\*

By ROBERT T. MORRIS, M. D., New York City. Professor of Surgery in the New York Post-Graduate Medical School.

In the American Journal of Surgery and Gynecology for December, 1904, Dr. Horace G. Wetherell of Denver corroborates the views of Dr. A. J. Ochsner of Chicago on the subject of the starvation-method of treatment in appendicitis.

Dr. Wetherell's article is interesting and valuable, but unfair to some of the men who have done wheel-horse work in the field of appendicitis. Thus, he quotes Dr. Ochsner's mortality rate of 2½ per cent in a series of 1,000 appendicitis cases of all sorts, and says: "Compare this with the best reported results of any of the radicals, and you will find their lowest to be 10 to 15 per cent mortality." A man occupying a teaching position has no right to say things like that. Now I am one of the "radicals," if you please. Has Dr. Wetherell read the statistics of a 2 per cent mortality list published in my book on appendicitis (Putnam's Third Edition. 1889.)? The report of that series of cases was received at that day and time with such incredulity and opposition that it even jeopardized my chances for entrance into two of the social clubs in New York, and cut down my practice to such an extent that it became a serious matter indeed. One writer felt that the amenities of the situation made it proper for him to publish in the Medical Record of December 12, 1896, a statement that "such fanciful statistics" meant selection of cases, and that operation had been refused in serious cases. Said he: "The figures are vain-glorious cheats as tests of comparative skill." As a matter of fact, the list was of a consecutive series of all the appendicitis cases that I had seen during the period covered by the statistics. No patient had been refused operation. The argument had not been made by me for the purpose of showing my superior skill, any more than Dr. Ochsner's report was made from such motives, and for such an object. Both reports, I am sure, were made for the purpose of showing the advantages of methods which could give such results, and in the hope that surgeons would be pleased to have the facts for

their own disposal. The Medical Record letter placed a distinct obstacle in the way of acceptance of the principles involved; and it was quoted extensively. One of my German friends said that he cared nothing for statistics, and that he preferred to stick to principles. I do not know if he is still sticking to what he was pleased to call "principles," or if he has reformed and is now saving his patients, and avoiding hernia.

The principles which I advocated were briefly:

1. Employment of short incisions, and working by touch instead of sight, for the purpose of avoiding the shock and the development of post-operative ventral hernia.

2. Avoiding the use of gauze packing which caused shock, favored the formation of post-operative ventral hernia, and of troublesome adhesions.

3. Avoiding the use of iodoform gauze which had a special death-rate of its own.

4. Avoiding flushing or sponging of the peritoneum, and depending upon hyperleucocytosis to care for septic material left in the peritoneal cavity.

5. Rapid operating: getting in and out quickly; being careful not to do too much; and leaving the patient's natural resistance-factors in command of the situation.

At that time all of my positions were being vigorously shelled by surgeons who advanced under the protecting fire to gradually occupy the same positions, and to-day, although the fight cost me thousands of dollars in money, loss of prestige and of friendships, there is satisfaction in knowing that the death-rate and the hernia-rate have been reduced to small percentages at the hands of very many surgeons.

On my table is a reprint from an article published in the Medical News for July 2, 1904, by Dr. L. W. Hotchkiss, who states that at one of his hospitals, where emergency cases furnish a large part of the work, his mortality-rate in appendicitis previous to 1898 was 31 per cent, under the accepted methods of the day. Since adopting methods which he formerly considered to be unsafe and dangerous, he has had no mortality in his last seventy-two cases, although twenty-six were of gangrenous appendices, with or without perforation, and fifteen were of gangrenous appendices with spreading peritonitis.

After bearing the scars and dust of the contest I do not like to have anyone in a teaching position say at this late day that the

statistics of the "radicals" show from 10 to 15 per cent mortality rate at the lowest. The statistics of some of us show as low a mortality rate as do the figures of Dr. Ochsner. Dr. Ochsner's methods are, nevertheless, to be commended as representing the highest class of work, and every member of the profession who has not read his original paper on the subject of the starvation method of treatment (*Medical News*, 1903, Vol. lxxxii) has missed something important. The trouble is that physicians who have not read the paper and who do not quote Dr. Ochsner at first hand, apply what they call the starvation-treatment, and the result is, in this vicinity, at least, a distinct set-back to the cause of progress in appendicitis work. It is not generally understood that Dr. Ochsner says clearly: (1) Chronic appendicitis calls for operation. (2) Acute appendicitis cases should have operation as soon as the diagnosis is made, if infection is still limited to the appendix region. (3) Starvation-treatment is reserved for cases in which general peritoneal infection is under way; and even in these cases it is often desirable to open abscesses and to institute drainage in connection with the starvation treatment. (4) "Starvation treatment cannot supplant operative treatment in acute appendicitis. It should be used to reduce the mortality in the class of cases in which mortality is greatest."

In this connection I would state that my nurses and assistants at the hospital have been given the special instructions of Dr. Ochsner, but I prefer to do a quick operation in cases in which he would wait.

At the Atlantic City meeting the chairman called "Time" just as I had reached the subject of starvation treatment, and the single sentence that was uttered did not represent what was about to be said.

Dr. Wetherell says: "There is another time when not to operate in appendicitis, and that is when the patient is about to die. No good and much harm to the cause of surgery and humanity may be done thereby." Now, who can tell when the patient is "about to die?" Is it not true that the so-called "safe operation" refers to the surgeon's reputation rather than to the patient's interests? Personally, I have used "bad surgical judgment" in every desperate case of appendicitis to which I have ever been called, if the patient was still breathing when we got to the house or to the hospital. The pulse could not be counted in some of the cases. It is wonderful how some of these moribund patients will respond to an intravenous saline infusion in advance of operation, and to a five or ten minute operation. The



gratitude of some of these patients, and of their families, well repays one for proceeding in cases that have been deserted by surgeons who preferred "safe operations."

If I were to be obliged to devote the rest of my life to three kinds of surgical cases, I would choose appendicitis with peritonitis, cholecystitis with stones in the common duct, and pyosalpinx with firm old adhesions.

The fight over methods of treatment in appendicitis is about finished in New York, but the new feature of accurate palpation of the appendix is making a lot of trouble for some of us who have taken pains to acquire methods for the purpose. The work is called "bancomb" at present, but this will soon be past, and all that is necessary is for one to keep good-natured. When Auerbrugger in 1754 discovered the value of percussion of the chest, he was treated with animosity, disdain and ridicule, and had to wait nearly ten years before Ludwig came forward as a champion. In these later days the adoption of the Baconian method of exact research in scientific matters makes short work of questions in dispute, and all that is necessary is for teachers to become familiar with what is published.

I have no objection to the opposition that has been brought to bear against any of the new features of surgical practice that I have farthered at various times, as it is necessary in a profession where so many fanciful things are thrust upon us by well meaning advocates. All of the strong men who have fought me have had the same experience themselves in some other field. A sound idea will care for itself, even though its sponsor has to suffer the common and desirable results of its presentation. There is no objection to opposition, but there is objection to wrong and misleading statements.

—*American Journal of Surgery and Gynecology.*

## OF INTEREST TO M. D.'S.

(*St., John Globe March 4th.*)

A JUDGMENT BY JUDGE FORBES.

Judge Forbes gave judgment to-day in the case of Pinault vs Goeletie, a review from Stipendary Murray's court for the Parish of Addington in the county of Restigouche. This case came up for hearing on the 28th of January, Mr. H. Forbes for the plaintiff and Mr. McLatchy for the defendant. Judge Forbes said: "This is an action by a doctor for his services in a medical capacity, he having performed an operation on the defendant's wife. There is no dispute that the operation was performed by the plaintiff and that it was successful, nor that the charge was other than fair and reasonable. One Dr. Doucette was employed under what he alleges was a contract, to cure the defendant's wife for the sum of \$20. It also appears in evidence that the plaintiff performed the operation at the request of Dr. Doucette, who swears that he advised the defendant of this and did so with his full knowledge and consent. If we believe Dr. Doucette it is clear no medical man could possibly perform this operation alone. Two were necessary, one to administer the anæsthetic and one to perform the operation. The operation was performed and successfully, and the plaintiff brings his action against the defendant for his professional charges, which, according to the evidence, are reasonable and proper charges. It appears the plaintiff has repeatedly rendered a bill to the defendant for his services, and fearing there might be some mistake, sent him one by registered letter. To these the defendant made no reply repudiating liability, or notifying the plaintiff that he was not liable. It may be agreed that he was not bound to repudiate his liability, yet it seems to me any honest man would at the earliest possible moment repudiate any liability in the matter, and inform the plaintiff of his agreement with Dr. Doucette. In the case of Emery vs. The Dominion Bank, Can. Sup. Ct. Rep., Vol. 35, p. 133, the court held that a neglect on the part of the defendant to repudiate a note in two days which he claimed was a forgery, was a waiver, and he was precluded from giving evidence that the same was a forgery."

The real question to be determined in this case was there an express or implied authority by the defendant to Dr. Doucette to employ an expert. This must in some measure be judged by the character of the work he was employed to do. I am of the opinion that the employment of Dr. Doucette implied to him authority to employ such means and assistance as in his judgment was necessary. I take it from the nature of the case that plaintiff was properly and legally employed to perform the operation, which seems to have been skillfully and properly done.

In the case *Gibbon vs. Bunn*, 2 H. & C., p. 92, in the Exchequer Court, we find laid down by Baron Pollock that a physician who attends a patient professionally can recover his fees without an express contract.

In *Rogers "The Law and Medical Men"* (published by Carswell & Co., in 1884) p. 23 and 24, the doctrine is laid down that "The physician called in for consultation or to perform an operation may recover his fee from the patient, notwithstanding the attending physician summoned him in for his own benefit and had arranged with the patient he himself would pay," and cites a number of American authorities in support of that proposition.

In *Garrey vs. Stadler*, a case on all fours with this case, if the evidence of the defendant is believed, Judge Taylor in delivering the opinion of the Supreme Court of Iowa lays down the doctrine "That a consulting physician who at the request of the attending physician and with the consent of the patient renders services to the patient, may recover from the patient although the attending surgeon has agreed with the patient to pay therefore, but without the knowledge of the consulting surgeon." 58 Iowa Reports, p. 878.

*Shelton vs. Johnston*, 40 Iowa Reports p. 84, lays down the rule: "If the plaintiff has been called to visit the defendant by one having no pretext of agency or authority to do so, and defendant had without objection received the services of the plaintiff, the law would imply a promise to pay what the same is reasonably worth."

In the case of *Garrey vs. Stadler*, Judge Taylor, in delivering the judgment of the court, says: "This rule is peculiarly applied to the services of a physician. We think we are justified in assuming that it is quite exceptional for members of that profession to undertake the treatment of their patients on special contracts by which they are to be paid a sum in gross, and by which they bind themselves personally

with their patients to pay for any needed assistance in proper treatment of the case, and when such a case does occur in the profession, it is an exceptional and unusual case and one of which another physician called in consultation or otherwise is not bound to inform himself before rendering the required services."

There can be no hardship in this case by reversing the judgment, as it appears the defendant has paid no part of Dr. Doucette's bill except \$10. for board, so that in the event of Dr. Doucette claiming payment of his bill, the defendant can, if he can establish a contract such as he alleges, set off the amount he is called upon to pay the plaintiff, as an answer to such claim.

The English and American Encyclopædia of Law, vol. 22. p. 792, holds to the doctrine as laid down in Garrey vs. Stadler, and it commends itself to me as reasonable and just.

In this case the consulting physician was introduced to the defendant the day on which the operation was performed. The plaintiff thrice sent the defendant his bill for his services, and no claim was even set up that there was an agreement that Dr. Doucette was to pay for the assisting surgeon's services.

I am therefore of the opinion that this judgment should be set aside and a verdict entered for the plaintiff for \$20. and costs.



## Retrospect Department.

### MEDICINE.

#### TYPHOID FEVER.

WILLIAM ROYAL STOKES, Baltimore (*Journal A. M. A.*, February 25), has studied the etiology of several epidemics of typhoid. In the first two reported the infection was traced to springs, and in the second of these all other possibilities were fairly excluded. Another epidemic was clearly traced to the milk supply and has already been reported by Fulton. A rather striking fact in this connection was the infection of a number of female factory employes who were supplied a dairy lunch, while the men, not supplied, entirely escaped. A small outbreak occurred in a suburban community is noteworthy on account of the long periods of incubation, 23 and 28 days in two cases. The last epidemic reported occurred among students in a college and was traced to a student returning from Christmas vacation at home. The sewage was infected from this case and the seepage from the sewer infected the spring. Only those who drank this water took the disease, and the epidemic ceased as soon as its use was discontinued. In all these epidemics the water or the milk supply was thoroughly examined bacteriologically, and the findings corresponded with the result, the colon bacillus being present in all the infected fluids. The article shows the value of thorough sanitary surveys in typhoid epidemics.

#### MULTIPLE NEURITIS.

WHARTON SINKLER, Philadelphia (*Journal A. M. A.*, February 25), after discussing the various causes of multiple neuritis, such as alcohol—by far the most frequent—coal-gas poisoning, carbon disulphid, metallic poisons, white lead, copper, phosphorus, mercury, etc., calls attention to the use of patent medicines containing alcohol as a possibility. He reports a case due to the use of arsenic as a medicine in a child treated for chorea, and refers also to the epidemic traced to arsenic in the glucose used for making beer, which was reported in England in 1899. He also refers to infectious diseases as a cause of this condition and reports four cases from an apparently

hitherto unrecorded cause, namely, puerperal septicemia. In conclusion he reports a case of unknown origin, one of a class that is rather difficult to diagnose from Landry's disease except by the later involvement of the bulb in the latter affection.

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VALEDICTORY ADDRESS AT JOHNS HOPKINS UNIVERSITY.

*The Journal of the A. M. A.*, prints in full, March 4, the valedictory address of Dr. Osler of Johns Hopkins University, which has been quoted and misquoted in the daily press. He deals with some of the problems of university life and states that at times the loss of a professor may be of benefit to a university. He states that to a man of active mind too long attachment to one college is apt to breed self-satisfaction, to foster a local spirit, and to promote senility. He said that much of the phenomenal success of Johns Hopkins University has been due to the concentration of a group of intellectual men, without local ties, whose operations were not restricted and who were willing to serve faithfully in whatever field of action they were placed. Dr. Osler advised the interchange of teachers, both national and international, and even advised the changing of college presidents now and then "for the good of the exchequer." He said that intellectual infantilism and progeria were two appalling maladies due to careless habits "of intellectual feeding." As a prophylactic measure he advised visiting other universities and colleges, both at home and abroad. He said that it is a very serious matter to have all the professors in a university growing old at the same time, and said that there should be a fixed period for the teacher, either of time of service or of age. He spoke of the comparative uselessness of men above 40 years of age, and said that to modify an old saying, "A man is sane morally at thirty, rich mentally at forty, wise spiritually at fifty—or never." He said that the young man should be encouraged and afforded every possible chance to show what is in him, and that the chief value of the teacher, who is no longer a productive factor, is to determine whether the thoughts which the young men are bringing to the light are false idols or true and noble ideas. He said that it would be of incalculable benefit, in commercial, political and professional life if men would retire from work at the age of 60. He said that the teacher's life should have three periods, study until 25, investigation until 40, profession until 60, at which age he would have him retired on a double allowance. He went at some length into the his

# LACOTOPEPTINE TABLETS.

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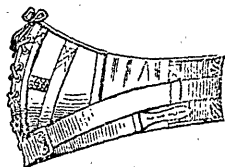
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tory of the Johns Hopkins Medical School, mentioning the strict entrance requirements and the scientific teaching in laboratory work especially. He dwelt on the necessity for practical training in the hospital wards as well as in the laboratories and class rooms. He said that the faculty of Johns Hopkins University has been blessed with two remarkable presidents, who have been a stimulus in every department, and that the good fellowship and harmony among the faculty has been delightful.

#### FRESH COLD AIR TREATMENT OF PNEUMONIA IN INFANTS.

W. P. Northrup reports two cases of pneumonia in infants, in which the windows of the sick room were kept open day and night; both children recovered. He believes it will become more and more the rule to treat pneumonia in this way. Cool, pure air, he says, reddens the blood, stimulates the heart, improves digestion, quiets restlessness, and aids in overcoming toxemia. He concludes with the following prescription for killing a baby with pneumonia: Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing) room at 80° F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105° F. make a poultice thick, hot, and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait.—*Medical Record*, February 18, 1905.

#### A STUDY OF FIFTEEN CASES OF ERYSIPELAS TREATED BY INJECTIONS OF ANTISTREPTOCOCCUS SERUM.

J. C. Ayer compares the results in fifteen cases of erysipelas treated by means of Marmorek's serum with those obtained in seventy-nine cases managed by the usual methods in vogue before the introduction of serum therapy. The conclusions reached are as follows: (1) That the administration of antistreptococcus serum shortens considerably the course of uncomplicated attacks of erysipelas. (2) That it tends to inhibit extension of the disease. (3) That it has a strikingly beneficial effect upon the general condition of the patient, reducing the temperature, pain and discomfort incidental to the disease. (4) That it rapidly reduces the pathological leucocytosis. (5) That it prevents or suppresses febrile albuminuria. (6) That its use is attended with no danger, even in large doses. (7) That the only disagreeable symptom referable to the serum observed by the writer is a transient eruption which occasionally occurs at the site of the injection. (8) That the efficacy of the serum treatment is in direct ratio to the length of time which has elapsed between the onset of the disease and the first injection of serum.—*Medical Record*, March 4, 1905.

THE  
MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. XVII.

HALIFAX, N. S., MARCH, 1905.

No. 3.

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**Editorial.**

**THE OPTICAL BILL.**

Considerable attention has been given in the press of this city to the "Optical Bill," so called, now under consideration by the Legislature. Generally the views expressed, even by laymen, are antagonistic to its provisions, and properly so; while in one case only is the measure spoken of favorably, and it may be doubted in this instance if the source of the article is a wholly disinterested one.

It seems scarcely necessary to give reasons to our readers why this measure should not become law, for the utter absurdity is evident upon its very face. Nevertheless, it may be well to indicate the reasonable grounds upon which it should be opposed.

First, it creates an entirely new profession and commits to the exclusive care of men who, in the very nature of things, cannot be qualified to do work properly which should be in the province of highly trained and specialized physicians. And we scarcely think it necessary to remind our readers that the druggist or jeweller who spends six weeks upon a purely mechanical consideration of refraction, should not be authorized to deal with the correction of refractive errors in any manner beyond supplying glasses or other remedies upon the prescription of a trained oculist. One section of the Bill contains the stipulation that those who propose becoming so registered will refrain from the use of drugs employed to paralyze accommoda-

tion. If it be conceded that such a drug is *necessary*, then the Bill itself contains a confession that its promoters are unfit to do that which they pretend to do and affords a justification for its rejection.

These druggist-jeweller "Opticians" would have the public regard the eye as a purely physical piece of apparatus, separate and apart from the human body and capable of being so treated. On the contrary it is a highly specialized organ of the body, often yielding in its various disorders the evidence to a trained mind of organic disease not primarily in itself.

We submit therefore that to pass the Bill in question would be a retrograde step in this day and in this province which for many years has jealously guarded the interests of its citizens, and that to place the imprimatur of the Legislature upon so-called "opticians" would be nothing short of criminal. We venture to express the hope that our representatives, both lay and professional, will give the matter due consideration, and that the Bill will be defeated at the first opportunity given to do so.

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#### CANADIAN MEDICAL ASSOCIATION.

In last issue we gave a few particulars as to the programme planned for the coming meeting of the Canadian Medical Association at Halifax in August next. Nothing further has been arranged so far, but we are pleased to know that several counties have moved in a practical way towards raising funds for the entertainmant of visitors. Let our patriotic zeal stimulate us to demonstrate fully the hospitality of the profession in this province.

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**Wanted**—A second-hand microscope in good working order, with oil immersion lens or adapted for same. Apply, stating make and price, to "Microscope, care of MARITIME MEDICAL NEWS."

## Society Meetings.

### N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

Feb. 22nd. Meeting held at the Nova Scotia Hospital, Dr. T. Trenaman in the chair.

Dr. Hattie showed three cases of dementia præcox, illustrating the three different forms of the disease.

Dr. Hattie then read a most instructive paper entitled, "Adolescence." He dwelt strongly on the importance of this period and its special importance to the alienist. The avoidance at this time of any mental strain, especially where there was the taint of hereditary mental disease; also the prevention at this period of the infectious diseases, especially typhoid and scarlet fever. The increasing number of patients admitted to hospitals for mental diseases was due to the lack of attention and care at this period; to over-education on subjects which induced mental strain and to lack of proper sanitary surroundings in the school-room. The general practitioner should pay particular attention to the mental development of the children under his care, and to point out to parents and school authorities what constituted in each case strain and what subjects the child could safely take up. These few points but briefly summarize a most valuable paper on the care of the young during the period of adolescence.

The paper was discussed by several members.

Dr. A. P. Reid urged upon the society the importance of the medical profession taking up the subject of proper inspection of schools, and emphasizing its importance upon the government. He also suggested that teachers should be given a short course on the mental development of the young, so that they could avoid mental strain and subsequent mental disease among their pupils.

A vote of thanks was tendered Dr. Hattie for his valuable contribution.

Dr. Goodwin then moved, seconded by Dr. Ross, the following resolution:

"That the branch deprecates the practice of some life insurance

companies of changing or superseding medical examiners without adequate cause, the purpose often apparently being to secure new business from the additional examiner."

Discussion on this motion was deferred until next meeting.

Dr. Ross then drew the attention of the branch to a bill about to be brought before the Local Legislature by a number of opticians who desire to establish a qualifying board, to be known as the Nova Scotia Optical Society, which will give them power to regulate the sale of glasses and treat refractive conditions of the eye, with very little knowledge on the subject. The following committee was appointed to act in conjunction with committees from the Medical Society of Nova Scotia and the Provincial Medical Board to oppose the bill: Drs. Kirkpatrick, Ross, Mathers, Doyle, and Farrell.

After adjournment the members present were entertained to an excellent supper by Dr. and Mrs. Hattie.

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### Obituary.

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**Dr. E. D. Roach,**—The death took place at Tatamagouche, on February 10th, 1905, of E. D. Roach, M. D., at the age of 68 years. For the last three years the doctor has been practically an invalid. During the first year or more of his illness it was sincerely hoped by his many friends that he would regain his health, and be able to resume his practice. Fate deemed otherwise, and during the last year he had gradually grown weaker and been constantly confined to bed. His sickness was a peculiar one, setting in with symptoms of la-grippe. His nervous system, taxed for years with the cares and worry of a very extensive practice, seemed called upon to bear the greater part of his illness. So far as could be ascertained by those whom he consulted, no organic disease could be discovered.

Physically he was never a rugged man, but his constitution was a remarkable one, as shown by the amount of work accomplished in a practice covering a part of three counties, and by the way he endured a long and very trying illness.

He was born in November, 1836, at Nappan, Cumberland County. His primary education was attained at the public schools and Mount Allison Academy, then, as now, one of the centres of education in the

maritime provinces. Having decided to enter the medical profession, he entered upon his studies in the office of Dr. Nathan Tupper of Amherst. From there he went to the University of Pennsylvania, where he graduated in 1860. He began the practice of his profession at Tatamagouche in March of 1861. His field of labour was a very extensive one during the greater part of his life.

Not having a rugged constitution, he found his duties very arduous at first, and was compelled to give up work for a while after having a hemorrhage of the lungs. Regaining his strength he resumed practice, which he carried on very diligently and successfully up to the time of his last illness. He was a born physician and an extensive reader of medical literature, being, as he often remarked, "wedded to his profession". He was very kind to the poor, and his popularity and success as a physician can be heartily endorsed by the people of North Colchester. In politics he was a staunch Liberal-Conservative, and at one time was offered the nomination of his party. About 1880 he was called upon to bear a great sorrow in the loss of his wife, likewise two children, (his entire family) all within three years. He was married the second time about seven years ago, his wife and a son of six years surviving him. His remains were interred at Tatamagouche.

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### Personals.

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Dr. A. S. Kendall, M. P. P., who had a severe attack of la grippe last month has entirely recovered.

Dr. G. R. Morse, of Chester, while endeavoring to prevent the overturning of his sleigh unfortunately met with a severe accident recently, having had his thigh broken at the neck of the femur.

Dr. D. G. J. Campbell has left for Baltimore to resume post-graduate work at Johns Hopkins Hospital, Baltimore.

Dr. J. McLeod, formerly of Wallace, has just returned from London, having pursued for over a year study at the great metropolis as well as Vienna. The doctor has devoted his time to the eye, ear, nose and throat.

The News extends its sympathy to Drs. H. L. and E. E. Dickey, in the sudden death of their father. Dr. E. E. is still confined to the hospital.

Dr. H. M. Hare has gone on a two months' trip to Newfoundland. He will probably go on the "Neptune" on the next seal fishing expedition.

GENEROUS BEQUEST TO ST. JOHN GENERAL PUBLIC HOSPITAL.—Mr. Owen Jones, a brother-in-law of Lady Tilley, who died recently in London, left \$10,000 for the commissioners of the General Public Hospital, St. John. The money has been received and invested, pending a decision as to the use to be made of it. The probability is that it will be expended in the erection and equipment of a special surgical department.

Dr. John Stewart, President of the Canadian Medical Association has been in Montreal for two weeks.

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### Book Reviews.

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**International Clinics.** A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Volume IV., fourteenth series, 1905. Published by J. B. LIPPINCOTT COMPANY, Philadelphia. Canadian Representative, Charles Roberts, Ontario Street, Montreal.

The Clinics continues to keep up its high standard of excellence, and it is impossible to refer to more than a few of the many articles of high merit in the volume before us. Naturally our attention has been considerably absorbed in the article on "Radium: Its value in the Treatment of Lupus, Rodent Ulcer and Epithelioma, with Reports of Cases," by Dr. Myron Metzenbaum, of Cleveland. Plates showing effect of treatment are given and certainly tend to prove the beneficial effect of radium rays in the class of cases mentioned. One point of great value mentioned by the author is that "these results have been obtained with tubes of radium of low activity, costing but a few dollars, while it was supposed that only radium of high activity costing several hundred dollars a tube had any therapeutic properties." Dr. Rudolf, of Toronto University, gives a valuable contribution on "Functional Heart Murmurs; Their Causation and Diagnosis." "Lateral Curvature of the Spine" is treated in a practical way by Dr. Bradford, of the Harvard Medical School, the splendid plates illustrating the text being of a high order. "Recent Investigations Concerning the Pathology of the Infectious Diseases," by Dr. Warthin, of the University of Michigan, is a concise resumé of the latest researches in both the common and rare forms of infections. "The Ethology and Pathology of Amœbic Infection of the Intestine and Liver," by Dr. Craig, Palliologist to the U S. Army Hospital, San Francisco, occupies over forty pages. This is a comprehensive article of great merit and bearing evidence of a vast amount of labor.

**In the Year 1800.** The Doctor's Recreation Series, Volume III. By S. W. Kelley, M. D. Published by the SAALFIELD PUBLISHING Co., Chicago, Akron, O., and New York.

As the introduction explains, this volume deals with sundry events occurring in the life of Doctor Jonathan Brush during the year 1800. The author came into possession of a package of old papers which had evidently been written by Dr. Brush, dealing with events that transpired more than a century ago, and has arranged the material so as to form a most entertaining story. Some of the characters will be readily recognized as well-known historical personages, thus rendering the reading of more than ordinary interest. The profession will be highly pleased with its perusal, which will have the tendency—for the time being, at all events—to “brush” away every-day cares.

### Therapeutic Notes.

WHAT ONE OF THE “OLD SCHOOL OF MEDICINE” SAYS ABOUT SANMETTO.—I have used Sanmetto in my practice to some extent, and find it an excellent and efficient remedy in all genito-urinary diseases, especially in enlarged prostate, with frequent micturition, and in all senile weakness. Being one of the old school of medicine from the class of 1854, Kentucky School of Medicine, at Louisville, Ky., I am cautious in prescribing proprietary medicines, though I do not hesitate in recommending the use of Sanmetto.

Martinsville, Ind.

IRWIN HIBBS, M. D.

“PAINFUL MENSTRUATION IN VIRGINS.”—Dr. Wm. Sellman, of Baltimore, read this paper and pointed out the necessity of giving relief to young unmarried women who suffered from painful menstruation. He considered the forms of dysmenorrhœa that could be relieved by operation. These means should not be of a character to unsex the patient. Lastly he spoke of that class of cases in which dysmenorrhœa was due to a general systemic neuralgia. In these cases, electricity in its different forms afford great relief. It was doubtful in many of these cases whether the removal of the appendages would accomplish anything more than bring about a premature menopause.

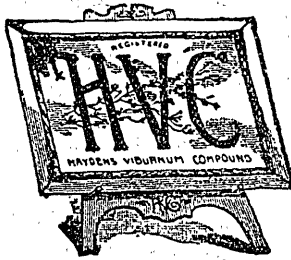
Dr. H. W. Longyear, of Detroit, stated that in operating, if one ovary or a part of an ovary could be saved he did so. He would enter a protest against operating on cases of dysmenorrhœa that were of short duration in young girls.

Dr. William Humiston, of Cleveland, Ohio, had seen cases with a narrow, conical os, menstruating without the least sign of distress, but the moment an inflammatory condition of the mucosa was added, that moment the patient began to have painful menstruation.

Dr. D. Tod Gillian, Columbus, Ohio, spoke of the undeveloped condition of the uterus as a cause of dysmenorrhœa. It was not the result of stenosis of the internal os, but to an unripe condition of the uterine tissues.—*Med. Review of Reviews.*

The thing that surprises us most in the above article is that not a single voice was raised to proclaim the almost magical effects of antikamnia tablets in such cases. We can readily recall quite a number of cases in which extreme suffering (dysmenorrhœa) was promptly relieved, not by operation, but by antikamnia tablets. Evidently these men were surgeons only.—*Ed. Massachusetts Med. Jour., January, 1905.*





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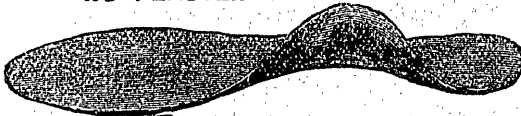
as a safe and satisfactory remedy in the treatment of menstrual disturbances is the best reason why you should at least give it a trial in your next case of Dysmenorrhœa or Amenorrhœa, Menorrhagia, etc. It is also indicated in the functional changes incidental to the Menopause.

It will not disappoint you.

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PNEUMONIA  
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as well as various forms of MALNUTRITION.

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Yours truly,  
(Name published by special permission.)  
March 1st, 1905.

MURRAY McFARLANE,  
TORONTO.

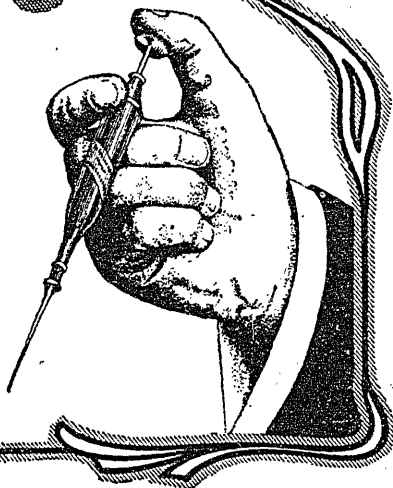
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