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MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO
MEDICINE & SURGERY

VOL. XVIII — HALIFAX, NOVA SCOTIA, JULY, 1906.

No. 7

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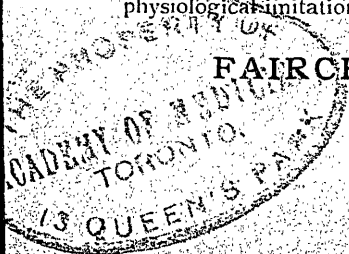
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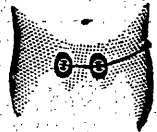
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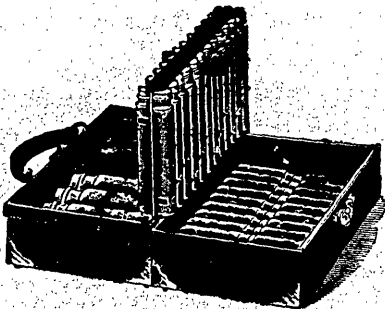
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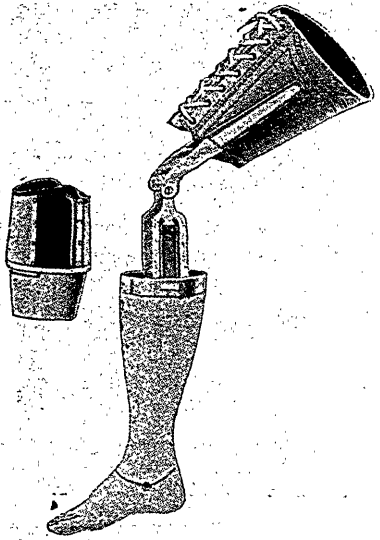
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THE MARITIME MEDICAL NEWS

VOL. XVIII., JULY, 1906, No. 7.

Anæsthesia.

A great deal of unrest is still manifested in the profession with regard to anæsthetics. New anæsthetics, such as somnoform, ethyl chloride, combinations of morphia and scopolamine, have been enthusiastically taken up by some, but in many cases given up again with dissatisfaction. Meanwhile deaths have been reported even under those so-called safe anæsthetics, and the ordinary general practitioner turns again to his ether or chloroform, disappointed at failure where he had been led to expect so much. In general practice, and more particularly in the country, chloroform is, and will continue to be, the most generally used anæsthetic on account of its portability, convenience of administration and comparative cheapness. Much valuable work has been done in perfecting appliances for the administration of chloroform. Of these the Vernon Harcourt seems the most correct in principle and has demonstrated to us all how powerful a drug we have to deal with. Only 2% or, with a special tube affixed, as high as 3% of chloroform vapour can be administered with this apparatus, and the administration is perfectly

even and continuous, the inspired air being drawn through the chloroform and not dependent upon any pumping apparatus. While the Vernon Harcourt chloroform apparatus has certainly lessened the risks in the administration of this anæsthetic it has at the same time been a powerful object lesson to all who have seen it used, and it seems to us that one great need in all hospitals or medical schools is a more exact personal instruction in the proper methods of administering this powerful drug. If we watch the administration of chloroform by the drop method, in 9 out of 10 cases what we find is, to begin with, the mask well saturated with chloroform bringing the percentage vapour up to 5%-10%. The patient holds his breath until the percentage comes down to 1% or 2%, when he breathes a few times and the vapour rapidly losing strength he is soon breathing pure air again. Then another saturation of the mask, holding of the patient's breath on struggling, and so on it continues, and we have seen a whole hour consumed in this way without the desired effect on the patient, whereas by a continuous vapour of 1% to 2% the patient would be completely

anæsthetized in 10 minutes. No apparatus beyond the ordinary mask is necessary for this and no apparatus can take the place of brains for such work; but, let the uniform percentage be kept in view, and, by carefully watching the patient's breathing and applying the anæsthetic drop by drop, on a mask not too heavily or too lightly covered with gauze, there should be no difficulty in giving the anæsthetic with comfort to the patient and with comparative safety. Elsewhere will be found the results of some interesting clinical observations on the danger of using chloroform in children suffering from appendicitis, by Dr. Beesly of Edinburgh, but the foregoing observations have more to do with the method of administration than with the selection of the anæsthetic.



Post Anæsthesia Acetonuria. Dr. Lewis Beesly

(*British Medical Journal*, May 19th, 1906) presents an interesting investigation into delayed chloroform poisoning, showing the significance of acetone in the urine in surgical cases. The observations were made in the Edinburgh Royal Hospital for sick children and were all, therefore, cases of anæsthesia in children. While acetonuria is much more frequent than is usually supposed, Dr. Beesly found a class of surgical cases where the choice of the anæsthetic and suitable prophylactic measures distinctly

influenced the ultimate results. Chloroform hinders the excretion of acetone to a much greater extent than does ether, and it is found that chloroform is a most dangerous anæsthetic in children suffering from acute acetonuria. This was found to be more particularly the case in operations for appendicitis. Out of 19 cases of acute appendicitis operated on under chloroform, 14 died. All of these exhibited symptoms of acetone poisoning. Out of 24 cases operated on under ether, only two died, and that not as the result of acid intoxication. Further observation proved that prophylactic treatment with gr. xv. sod. bicarb. thrice daily for eight days preceding the operation was entirely successful.



Acetonuria. Dr. Beesly's paper already quoted gives the following facts regarding acetonuria. Acetonuria of varying degree follows the administration of every anæsthetic, but may pre-exist from other causes—the absorption of toxins. If this absorption has been slow, continued for some time, chronic acetonuria results, but if dependent upon an acute inflammatory condition the resultant acute acetonuria may prove a most dangerous complication of the anæsthesia. The acetone formed is excreted by the liver and kidneys, and these organs seem to adapt themselves to its excretion

so that when chronic acetonuria exists the excretory organs are well able to cope with the extra acetone formed by administration of the anæsthetic. But if they have not adapted themselves to the excretion of acetone and the condition is an acute one, then the extra amount of acetone formed by the action of the anæsthetic proves too much for the system and poisoning results, during which the elimination of acetone may cease altogether. It was found that chloroform hinders the excretion of acetone more than ether does.

The acme of acetone excretion is generally reached in 24 hours of the operation unless retarded by constipation. It generally lasts 3 or 4 days and may be prolonged by sepsis.

The condition has probably been sometimes attributed to delayed shock or sepsis, but the symptoms are well defined and regular. Of the cases enumerated all suffered from vomiting, and the vomit was generally of altered blood. There was great thirst, some fever and small rapid pulse. Restlessness and the smell of acetone from the breath, with in some cases air hunger and delirium. In the fatal cases the look was altered, pupils dilated, the patient hard to arouse, going into unconsciousness. Respirations became slower, shallow and the pauses longer until death ensued.

Ethyl Chloride. In an editorial on ethyl chloride as a general anæsthetic, the *British Medical Journal* of May 5th, 1906 gives the particulars of another case of death, under ethyl chloride. A lady's maid, aged 32 years, who had taken chloroform satisfactorily was given ethyl chloride in order to open and plug a wound in the kidney. The anæsthetic was given sprayed on a piece of lint placed in the face piece of a Clover's inhaler, 5 c.c. being used. Death occurred without warning, the evidence of the *post mortem* being that it was due to heart failure. In this case the circulation seemed to stop before the respiration. The contra-indications for the use of the drug are again summed up: 1st. Obstructive lesions of the air passages, more particularly laryngitis, and 2nd. Serious heart disease. We are reminded that ethyl chloride is less safe than nitrous oxide, and should not, therefore, be used in routine dental work, or in general surgical work where nitrous oxide will suffice. The drug is a powerful one, the danger startling in the speed of its onset, and minimal dosage and not too great deprivation of air when anæsthesia is complete, are the patient's safeguards.

Ether. Dr. G. E. Armstrong (*British Medical Journal*, May 19th, 1906) gives some statistics of lung complications after

operations under ether. He finds that of 2,500 cases, 55, or 2.2 per cent., developed some lung complications; 32, or 1.28 per cent., came to autopsy. The complications were pneumonia, acute bronchitis and pleurisy, the percentage mortality being pneumonia 0.88, bronchitis 0.40. Dr. Armstrong comes to the conclusion that aspiration plays a prominent part as an etiological factor in these cases; and, in prophylaxis, advises great care in administering the ether slowly and sufficiently diluted not to excite a hypersecretion of mucus in the air passages. Stomach lavage in emergency cases is often useful by removing from the stomach food and liquid which may be vomited and then partly aspirated. All parts of the body not necessarily exposed should be kept thoroughly wrapped in warm blankets. Great care should be taken by the anæsthetist during the period of the anæsthesia and afterwards by the nurses in the ward, to keep the mouth and pharynx clear and, so far as possible, free from an accumulation of mucus and secretions.

Ovarian Grafting. Dr. R. T. Morris of New York reports (*Medical Record*, May 5th, 1906) a successful case of ovarian grafting that he calls heteroplasic. The patient was 21 years of age, had ceased menstruating two years previously and was married three

years. The diagnosis was cirrhotic ovaritis and when a convenient opportunity offered, Dr. Morris removed both ovaries and engrafted two wedge-shaped ribbons of ovarian tissue, taken from another patient, into the broad ligaments, making for that purpose a slit through the peritoneal covering of the broad ligament on each side. Four months afterwards menstruation began and after a year continued regularly until at the end of four years the patient was delivered of a well-developed healthy child.

Vaccination Against Syphilis. In the Harben lectures, given at the Royal Institute of Public Health, recently, Metchnikoff referred to the accidental infection of the lip of an assistant with syphilitic virus from a macacus monkey. A suspicious looking ulcer developed at the spot of infection, but soon healed; to be followed, however, by a similar ulcer four weeks later. Some fluid was taken from this ulcer to inoculate a Javanese macacus, which within a month developed two typical primary lesions, yielding Schaudinn's organism. Inasmuch as the laboratory assistant did not become syphilitic it was inferred that the infection from the macacus had acted like a much attenuated virus. An old lady volunteered herself as a subject for experiment, and was inoculated with virus passed through a

macacus. Six months later she had shown no secondary manifestations. Metchnikoff considers that the macacus may attenuate the syphilitic virus for man, and make possible the prevention of this disease by vaccination. It is obvious, however, that much risk would attach to such a procedure, and that its general adoption would not likely meet with favor.



Mortality in Athletes. Coughlin, writing in the *Medical Record* of June 9th, presents statistics relating to deaths of athletes and fatalities in athletic games during the year 1905. A total number of 128 deaths is recorded, 50 of which were due to diseases and 78 to accidents of various kinds. Death followed cerebrospinal meningitis in nine cases; cardiac disease in eight; pneumonia in seven, pulmonary tuberculosis in seven; Bright's disease in five; appendicitis in four; typhoid fever in four; suicide in two; apoplexy, suppurative tonsillitis, splenic anæmia and senility, each, in one. The average age at death in these cases was thirty-one years, the range being from eighteen to eighty-seven. Of deaths due to accident, in twenty-eight instances football was the game; baseball in twelve; boxing in six.



Immunization Against Malignant Growths.

Adami contributes to the June number of the *Montreal Medical*

Journal a review of Ehrlich's work on the above subject. Reference is made to the many previous contributions to our knowledge by this eminent investigator, and the statement is made that "Ehrlich has now clearly established a method of immunizing against malignant growths in the animals of the laboratory, and that by a natural evolution and application of the principles which have dominated all his previous work." Mice, and to a less extent rats, having been found to offer the best material for study, were selected for experimentation. Some difficulty was encountered in obtaining affected rodents, but in the last year 230 such were received at the Frankfort laboratory. It is noted that all the primary developments were in female mice, and originated in the mammary gland. Most of the tumours were not of a carcinomatous nature, and only a small proportion of those utilized (11 out of 95) yielded positive results on implantation. Moreover, although from 20 to 30 mice would be inoculated from one tumour, perhaps only one or two—rarely six or seven, gave results. Once, however, such transplanted material showed growth, it was frequently possible, by successive transplantations through a series of mice, to gain a very remarkable augmentation of virulence. In this way Ehrlich gained a "virus" of assured activity, with which he was able to get positive results in

nearly every animal inoculated. So while the mouse offers considerable resistance to "natural" carcinoma (i.e., first transplantation), results were almost uniformly positive with his material of augmented virulence, whether the mice employed were young or old, male or female. Moreover, he was able to successfully inoculate rats with his augmented material from the mouse, but in such cases the cancer grew for only a week or so and then underwent absorption; if replanted into a mouse at the end of a week it again gave positive results; into a rat, negative.

If a rat be inoculated a second time with the same tumour material, the cells at no time show any sign of growth, but on the contrary a necrosis. From this, it would appear, that an antibody is developed in the rat by the presence and absorption of the mouse cancer. This suggests the possibility of securing immunity.

In the case of the mouse, while the primary growth shows enormous and rapid development, metastatic growths are rare, and if present are small and inconsiderable. And *if a second inoculation of the same order of tumour material be made into a mouse, this second tumour does not develop.* Ehrlich ascribes this to a using up of a specific nutritive matter by the active primary growth. He "would explain the active growth of the tumour cells at the beginning as

due to the avidity of the cancer cells for certain foodstuffs with coincident lowered assimilative capacity of the other cells of the organism for the same; later he recognizes that there is an increase of avidity and assimilative power to a maximum. If, he suggests, we can find a means of increasing the avidity of the rest of the tissues for these specific foodstuffs of the cancer cells, and thereby withdraw their source of nutrition, then it will be possible to arrest the growth of cancer."

As Pasteur was wont to insist in the case of bacterial immunity, so in this matter of cancer Ehrlich declares that no constant results can be obtained until toxic material of maximum virulence is available. Such material he now possesses. And he has ascertained that mice inoculated with non-virulent material (i. e., tumour matter which undergoes absorption instead of growth) are nearly always quite resistant to subsequent inoculation with material of maximum virulence, or in other words are immunized against cancer.

It would appear that the reaction is not narrowly specific. Though evidently most powerful against cancer, it has been found to immunize also against mouse sarcoma, and, to a lesser extent, against mouse chondroma.

The importance of Ehrlich's work in this particular can hardly be overestimated. The practical

application of his results to therapy can only be a matter of time. We have learned to place much confidence in anything to which Ehrlich gives publicity, and look forward to such developments in the near future as will warrant the expectation of ultimate mastery over malignant disease.

The Annual Meeting of the Medical Society of Nova Scotia.

The fifty-third meeting of the Medical Society of Nova Scotia has just been held in Lunenburg, and will, for many reasons, be one of happy memories to all who took part in it.

The kindly interest of the citizens, from the mayor, in his genial address of welcome, downward, the picturesque beauty of the town and the surrounding country, the remarkably fine music with which we were entertained, and the delightful excursion of Thursday, made this meeting one of our pleasantest holidays. Then the generally high character of the papers read, the interesting discussions and criticisms, the evident spirit of good-fellowship among the members of the Queens-Lunenburg Society, and the brilliant address of the President, were matters for pride and congratulation. And we were all glad to make the acquaintance of Dr. Mixer, a worthy exponent of American surgery at its best, and a most genial comrade. But for yet another reason the Lunenburg

meeting is of interest. For a new constitution was adopted, and in reference to this we wish to say a few words.

The Medical Society of Nova Scotia has been in existence for over fifty years, and yet has not attained a truly representative position. For many years the attendance at the annual meeting was very small, and the profession as a whole took little interest in the proceedings.

When the late Dr. W. S. Muir became Secretary some twenty years ago, he devoted himself energetically to the interests of the society, and with marked effect. The attendance increased notably, the meetings were held in nearly all the chief towns of the Province in turn, the custom of inviting distinguished members of the profession from the larger centres of Canada and the United States was introduced, and the number of valuable and interesting contributions to the proceedings of the Society was most encouraging. Many of these articles were published in the *MARITIME MEDICAL NEWS*, which may indeed be regarded as an unofficial organ of the Society.

The aim and hope of Dr. Muir was to develop in the profession of this Province such an interest in the Society that it should in time become the organic embodiment of the profession, its "parliament" and court of reference.

But there is enormous inertia in the body medical, and the attendance at our meetings is still so small and so local in character, that any attempt to act as a society representative of the whole Province has scarcely been attempted. One instance of such action was afforded in the special meeting of the society convened in Halifax in 1905, to take action in regard to the meeting of the Canadian Medical Association, when the representatives present undertook the task of acting as hosts of the Canadian Association in Halifax, and, as the court showed, were enthusiastically endorsed by the practitioners of the province.

In one respect the Medical Society of Nova Scotia has represented the whole profession of the province. Whether the meeting be large or small, held in the city or the country, once in every three years it acts for the whole profession, in electing members of the Provincial Medical Board.

As our readers know this Board is the official representative of the profession. By it the Register is kept, examinations are conducted and admission to the ranks of the profession regulated. Upon it also, under present conditions, devolves the prosecution of irregular practitioners.

This Board consists of thirteen members, six are elected triennially by the Medical Society of Nova Scotia and seven are nominated by the Government and are life members.

One is tempted to ask why the Government should select our

representatives, and why a permanent majority in our medical parliament should be nominated without reference to us.

We believe that the Provincial Medical Board should be elected by the profession. The Government has quite sufficient control over our action, in its legislative capacity.

By reference to the report of the meeting it will be seen that in addition to the usual officers and committees, the Society has elected or nominated a Council to represent the profession. There was some discussion over the constitution of this council. It was at first proposed to elect a member from each county. Then, as it was felt that the various societies should have the privilege of selecting their representatives, it was decided to ask each county society to elect a member, while the Nova Scotia society proceeded to elect a member from each county in which there is no society. The counties having societies in active working order are, Cumberland, Colchester, Pictou, Hants, Lunenburg-Queens, and Halifax (Halifax and N. S. Branch of B. M. Association).

It is hoped that these societies will select representatives and that as large a number of counties as possible may be represented at a meeting to be held early next year, to discuss questions bearing on the organization of the profession, and to prepare a report for the annual meeting.

For it is evident that only by thorough organization and concerted action can we, as a profession, secure recognition of our rights, and a satisfactory adjustment of our relations to each other, to our patients and to the public.

PROPRIETARY MEDICINES

By M. A. B. SMITH, M. D.,

Professor of Clinical Medicine and of Applied Therapeutics,

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THE object of this paper is to give a resumé of the various articles on the subject of proprietary medicines which appeared in the *Journal of the American Medical Association* for May 5th, 1906. Thirteen pages of this Journal are devoted to the subject, the different phases of which are discussed under seven different headings by as many authors.

The first article entitled "Proprietary Medicines—Some General Considerations," is by Dr. Geo. H. Simmonds of Chicago. He begins with definitions. Proprietary medicines *per se* are not objectionable, for example Squibb's ergot is such. These with the maker's name attached ought to be encouraged as they insure a high standard of quality. But there is confusion about the meaning of the word "proprietary." However, it is generally understood that "patent medicine" refers to those advertised and sold direct to the public, and "proprietary medicines" to those used by physicians. Patent literally means those which are made patent or open, in consideration of which the manufacturer is protected against infringement of his rights. Then there are the terms "nostrum" and "ethical

proprietary," the former term (from *noster*) literally meaning ownership, but which is certainly one of reproach. But there is no standard of what is an "ethical proprietary medicine." The author submits the following propositions as a basis for a definition of such preparations.

1. There should be no secrecy or mystery connected with their composition.

2. There should be no secrecy or mystery regarding the firm that makes them.

3. There should be nothing in the advertising literature concerning their therapeutic realm which is untrue or misleading.

4. They should not be advertised directly or indirectly to the public.

The author deals with his subject under these headings, at some length. Under the first heading reference is made to the need of the Council on Pharmacy and Chemistry created by the American Medical Association, in which the service of experts is employed to examine medicines offered to physicians and to verify the statements regarding their composition.

Under the fourth proposition we are informed that the Council on

Pharmacy and Chemistry incorporated the following among its rules:

RULE 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to literature distributed solely to physicians, to advertising in medical journals, or to vaccines or antitoxins.)

The second article is by I. H. Salisbury, M. D., Assistant Professor of Chemistry, Rush Medical College, Chicago. It is entitled "The Subordination of Medical Journals to Proprietary Interests." He refers to the great and life-long influence of the medical journal on the physician, and yet most medical journals are supported by advertising, therefore they cannot escape the influence of advertisers. In our journal of high ideals 20 out of 36 advertising pages were devoted to advertisements of proprietary articles, in another, 9 out of 26 pages. A larger proportion of medical journals have a department devoted to advertisements under the guise of reading notices, commercial news, therapeutic notes, etc. No pretense is made that these are genuine scientific articles and it is tacitly understood that these columns are under the control of the advertisers. But a

number of journals do worse, and put such material under the heading of "Abstracts" and print so-called select original articles called from other journals. The reader is led to expect valuable summaries of medical progress. The write-up and the apologetic editorial exhibit the lowest stage of journalistic depravity. The writer comments upon and gives illustrations of the "degradation of medical journalism." What is the remedy? He suggests that some regulation might be adopted as to the form of advertisements, and the character of the remedies which should be admitted to the advertising columns. The editor who fails to protect his readers against so-called frauds is false to the trust reposed in him.

"Effect of Proprietary Literature on Medical Men" is the title of the next article by N. S. Davis, M. D., of Chicago. He speaks of the great difference in the scientific value of the printed matter issued by the manufacturers of proprietary and exclusive medicines—good, bad and indifferent. This is a very fair and just paper, and it is difficult to boil it down any further than it is. He goes on to say that even the best of this printed matter is not to be trusted, and yet so many things of value first come to us in this way that we cannot reject it all. The clever manufacturers employ men of science to test with care the physiologic and thera-

peutic actions of their drugs, and these reports, if they were only given to us in full, would be of genuine value, but often they are skilfully adapted. We should know, however, the reputation of these scientists. In the remainder of nostrum literature the remedy is hidden in the statement that it is an especially pure preparation of some well known drug.

Although many therapeutic virtues are claimed for it it is often inert or so potent as to be dangerous. All members of the profession should refuse to prescribe ready-made mixtures. It is impossible properly to adapt the dose. Moreover ready-made mixtures lead to slovenly prescribing. The use of nostrums becomes a habit. Proprietary medicines are used in enormous quantities. Assuredly it is good practice to try a new drug or chemical which promises to be useful, for if we did not there would be no progress in therapeutics, but we should not be so prone to accept new drugs because they are new without sufficiently testing them or demanding the approval of recognized authorities. The article closes with the following paragraph: "Lastly, a greater amount of pharmacologic and therapeutic research should be stimulated. During the second and third quarters of the last century a very large amount of knowledge of this kind was accumulated by painstaking research;

but in the last 25 or 30 years the attention of those medical men who have been contributing to our knowledge, has been centered almost exclusively on etiology, bacteriology and pathology."

The next paper is entitled "The Nostrum from the Viewpoint of the Pharmacist," by W. A. Puckner, Professor of Chemistry, Chicago, who opens by saying that without question the insufficient instruction in materia medica, pharmacology, pharmacy, and chemistry afforded by schools of medicine is the direct cause of present conditions. The physician is thus dependent on ready-made remedies. This again lessens the faith of the patient in the physician and leads him to try patent medicines for himself. This is especially likely to happen if he has been supplied by his physician with "physician's samples."

The fifth article is entitled "The Problem of the Synthetic Chemical Compound," by Julius Stiglitz, Ph.D., Professor of Chemistry, University of Chicago. He tells us that speaking as a chemist there is a legitimate ideal goal toward which this branch of science has a right to strive. We have every reason to believe that with patient work we can improve vastly on the valuable alkaloids and similar compounds offered us by Nature. Something has been done but more ought yet to be done. He draws a parallel from the case of the anilin dyes.

Chemistry has succeeded in wresting from Nature the supremacy in the preparation of these dyes, more beautiful, more washable, more lasting than Nature has produced, and this has been accomplished through the slow, careful mastery of scientific principles and details.

In the evolution of the industry bad dyes were often thrown on the market, that faded quickly, would not wash, and that we would consider ugly. What are physicians to do? Shall they seek safety in standing still? We are far from the goal but the feverish competition of great houses and university investigators form the hotbed in which the germs of success must ultimately grow. The only scientific solution of the problem would be the establishment of some institutions, perhaps international, for the impartial testing of promising new synthetics.

An article on "The Responsibility of the Medical Teacher for Existing Conditions" by C. S. Williamson, M. D., Professor of Medicine, Chicago, and one on "Why the Work of the Council on Pharmacy and Chemistry is Necessary," by Dr. I. H. Long, Professor of Chemistry, Chicago, complete the series. In the latter paper we are told that the various suggestions on the subject under discussion took shape in the founding about a year ago by the American Medical Association of

the Council on Pharmacy and Chemistry. This Council consists of three committees—one on pharmacy, one on pharmacology and one on chemistry. With this division of labour it is possible to scrutinize articles from several standpoints. Already some good results have been reached and a number of frauds publicly exposed. The work of the Council is to find out and publish, as far as possible, the true nature of all articles of remedial nature offered to the public.

It may be permitted to the reporter of these papers to add one or two comments. The fact is the medical profession cannot, at the present time, afford to do without proprietary medicines. Most of the valuable newer remedies that have been introduced in recent years have been brought forward by the manufacturers of proprietary medicines. This fact is suggested in most of these articles. As one of the writers says, physicians are not sufficiently instructed in materia medica, pharmacology, pharmacy, and chemistry, and further there has been much skepticism of late about therapeutics, as about religion. Many drug stores have lately placed the tobacco counter and the soda fountain where the drug bottles used to be, especially in such medical centres as Baltimore.

This is but one result of "therapeutic nihilism." There is a goodly list of proprietary medicines of

undoubted merit, which we could not well do without, and which, in the future, will no doubt be developed by the chemists and pharmacologists parallel with the development of such general utilitarian products as the anilin dyes, mentioned in one of these papers.

The only solution of the difficulty is the establishment of such an institution as the Council on Pharmacy and Chemistry, made up of men who are able to say whether or no preparations as they are offered by the manufacturers are worthy of trial by the medical profession.

The Council on Pharmacy and Chemistry are about publishing a book entitled "New and Non-Official Remedies," one of the rules of which is that the name of no article which is advertised to the public will be admitted in the book.

It may be interesting to mention in connection with this subject the impressions of *The Literary Digest* expressed recently in an article entitled "Is There a Physicians' Trust?" It considers that there is now a division of interests between physicians and pharmacists. It quotes *The National Druggist* (St. Louis) as saying that an attempt is being made to whip in the medical men of the United States into the American Medical Association and to monopolize the medical press and crush out independent journals, and that the efforts to legislate against proprietary medicines are an outcome of this "trust." It further quotes from the *Druggist* that an effort has been made to regulate and control the drug interest of the country and that the "patent medicine" bills are an outcome of this effort.



PRESIDENTIAL ADDRESS.

THE POETRY OF MEDICINE AND SURGERY.

By H. A. MARCH, M. D., M. P. P.,

Bridgewater, N. S.

(Delivered before Medical Society of Nova Scotia, Lunenburg, July 4th, 1906.)

THAT there is or can be any such thing as poetry, even remotely associated with the practice of medicine and surgery, to a majority of people outside the profession and to a great many people within it, may upon casual thought appear akin to the absurd. It is perhaps a pity that the commercial spirit so dominates this old world to-day as, to a greater or lesser extent, to dull the perceptions and dwarf the possibilities that only can be keenest and of desirable dimensions in the higher atmosphere breathed by comparatively few.

Edwin Markham says: "Religion is poetry gone to deed." Matthew Arnold has defined poetry as a criticism of life under the conditions fixed for such a criticism by the laws of poetic truth and poetic beauty. William Henry Hudson takes exception, however, not to the spirit of this definition, but to the colloquial interpretation put upon the somewhat harsh word—criticism. Poetry to him is an artistic interpretation of life. It is not necessarily rhyme nor metrical composition. Walt Whitman discarded both, yet in his uncouth, original style gave to the world his

"Leaves of Grass," a wonderful interpretation of nature, devoid of the aroma and beauty alone consonant with poetry to the senses of many, but, to others who know him best, redolent with suggestiveness of both, more pleasing because of its delicacy and ethereal character. Some of life's sweetest, yea, some of life's most tragic poetry never saw the written or printed page. The beauty, harmony, fragrance, gladness, greatness, trust, truth of some lives, and the hideousness, discord, malodour, distrust, deceit, madness and insignificance of others constitute poetry of the most inspiring or depressing character; a poetry, that will live on as long as life, and pass beyond its confines into the boundless ages. Christ sounded the keynote of this poetry of medicine and surgery one summer day long years ago from the Galilean hillside, when he uttered the golden words which have since become the very warp and woof of our civilization, the basis of all ethics, "And as ye would that men should do to you, do ye also to them likewise." Be it the heroic or dramatic, and the ethical medical and surgical life frequently must disclose both, we

cannot, without marring this poetry, deviate one iota from this infallible rule. Here, though other rules are said to be proved by their exceptions, there can be none. We dare not choose the barley corn like the fabled cock, who, having found a pearl in the straw, exclaimed:—"You may be a treasure, but I would rather have one barley corn than a peck of pearls."

Nearly four hundred years before Christ, Hippocrates had in part exemplified the fundamentals of medical poetry. His "Jusjurandum" is a classic, and bears the impress of a heart and mind subjugated by ideals only possible to one daily abiding in a truly ethical and poetical atmosphere. And, although we have long since discarded many of his theories, and more of his practice, his ethics still live.

How, then, in an audience composed of the brightest and best of our land, many of whom in age, experience, and prestige are my seniors, can a subject of such ancient and honourable lineage be profitably presented? Many things must of course be said that are trite, and some stale and unprofitable, but probably the most of us can afford to review a theme fraught with intrinsic importance in order to the perpetuation of the grand ideals by which the medical profession has ever been characterized. No consideration should

permit the furling of the ethical flag so long venerated by the foremost physicians of the years. Beneath its folds they have gone on in the past conquering and to conquer; and with it still floating over us, inspiring us by past tradition and achievement, we are bound to march to ultimate victory. Let us, if you please, then consider the poetry of medicine and surgery under the broad definition:—

RIGHT RULES OF CONDUCT.

How should the medical practitioner conduct himself? What are the ideals towards which he should aim? We are selfish beings, according to natural inheritance, very much inclined to look out for number one, but there is a certain healthy selfishness, which might lose some force by being called a less austere name, that in spite of its apparent opposition to ethics is included in and in fact is one of the most essential factors of it; and no physician or surgeon can expect to withstand the ordinary, muchless the spring tides and freshets of professional life, unless this abutment of the ethical bridge be well grounded.

The attitude of the physician toward himself should be such as to enable him to attain to the highest physical, moral, and mental development, and in his case especial care is requisite for the exigencies of his calling encroach

upon that regularity so essential to this end. Deprivation of sleep, abstinence from food for shorter or longer periods, prolonged anxiety, exposure to storms, and worse than all foundationless ingratitude of patients, are inseparable from the life of the medical practitioner. Once he was active in outdoor sports, but now his tennis racket is a pair of obstetric forceps; his acquaintance with cricket only a memory recalled perchance by the tick, tick, of the so-called "death watch" as he sits waiting in some lonely garret; football has given place to the bawl of the latest advent to fame or shame. All the old healthful pastimes have been given up, and for him only exist as suggested by something affecting his brain cells, and which by virtue of some remote similarity of sound induced, some emotion stirred, some long forgotten trail of least resistance stumbled upon, call back the early days before the strenuous professional existence began its fossilizing process. This does not of course find universal application, but with the busy general practitioner of the country and towns it is so often the case as to justify calling attention to it in language long drawn out.

If you remonstrate with this deluded victim of circumstance, he will tell you that he cannot deprive his patients of absolutely necessary attention. And the worst of it is that many of his patients are so

myopic as to agree with him. Or he will tell you he cannot afford the expense consequent upon relaxation, he needs all he can possibly earn to make ends meet; the last of which is lamentably true. How many general practitioners never think of taking a holiday; many never attend a medical society meeting. "All work and no play makes Jack a dull boy." This is equally applicable to old Jacks. The busy physician should insist upon his annual holiday. At least four weeks out of the fifty-two should be devoted to recreation, pure and simple, the more so as for him there is no Sabbath relaxation, no one day of seven when he may rest from his arduous toil. He must get away from his accustomed environment, even away from the hobby he may have been cultivating because of a love for it, with the praiseworthy idea of getting relaxation which he recognizes as essential to his personal well being, and incidentally beneficial to those to whom he ministers. His every day routine must be broken up; there must be a change, a new set of nerves operated upon, or the same old ones subjected to new forces or both.

This cannot be accomplished simply by attending the local or provincial medical society meetings, both of which will be found educative and pleasurable and are in the line of duty. Here professional distrust, imaginary injuries, and even real ones are apt

to melt away. The physician learns something of his co-labourers, and the more he knows of them the more he will be impressed with the strong similitude between them and himself, only the most of them are a little better; and it is his privilege to select the best, and this means improvement.

Humanity, like the photographer's sensitive plate, takes impressions readily upon exposure; but to receive benefit passively is not the summum bonum of attendance upon a medical society meeting. Store up all you can, but do not forget that others are there for that purpose, and you must give out in turn. "It is more blessed to give than to receive," is the experience of those who give of their talents as well as those who give of their substance. "There is that scattereth and yet increaseth, and there is that withholdeth more than is mete, yet it tendeth to poverty" is as true in our day literally, and in this artificial application of it, as it was in the days of Solomon. These society meetings keep us posted to a degree in matters of professional interest, a satisfaction, to say the least of it, every medical practitioner owes himself.

All this is recreation of a kind, but the physician needs more than this. This is not the change which constitutes real rest, and the term real rest is used advisedly to distinguish it from the partial

rest which attention upon medical society meetings and short periods of medical study at some medical centre afford.

"Oh! where shall rest be found?"

When the frost has gone and the brooks
swell out,

And the rapid rivers boil;

From the nestling lake darts the
speckled trout,

To the running stream for spoil.

Ah! 'Tis then with my fishing rod and
line,

To my favourite haunts I hie,

And from birch canoe with her jolly
crew

Cast the minnow and the gutted fly.

When the maple buds and the mayflies
float,

When the rips and the runs race free,
From the woodland depths, hark! the
flier's note;

Ah! That is the tune for me.

Out of tent 'neath the birch and maple tall

To the tumbling waters nigh,

Into birch canoe where her jolly crew

Cast the minnow and gutted fly.

And the river roars as the waters drain

O'er its slate and granite way,

As with clicking reel, and with cast astrain

To the bending rod we play

The unwary and sportive speckled trout,

And the landing net we ply,

In our birch canoe, where her jolly crew

Cast the minnow and gutted fly.

This little rhyme suggests an answer to the above interrogation, that to the lover of the wood and stream, Isaac Walton's art cannot be paralleled this side of Paradise. Thanks to a kind Providence there are splendid fishing lakes and streams within easy reach of the most of us, where a week or ten days may be utilized beyond the reach of telephone or telegraph, the cares and responsibility of professional life left behind, every

avenue of the soul to receive what nature at this spring season spreads so profusely about :

"A little space for dreams
On care unsullied streams,
'Mid task and toil a space
To dream on nature's face."

Let the ears weary with the groanings, moanings, and sighings consequent upon pain and disease vibrate once more to nature's melody, the song of robin, linnet, and bobolink, the soft murmur of the winds through springing leaves, the myriad harmonies of rapid and water-fall. Let the eyes prematurely dim by straining through long nights of dreary darkness, eternities of corduroy, mud, rocks and ruts, or watching long when life's pale lamp burns low for someone well beloved, fatigued by sombre pathologic tints, rest once again on nature's living greens and varied blues till they themselves become as bright and clear. A short vacation thus spent will certainly rejuvenate and invigorate. Salmon fishing, moose hunting, duck shooting in their season, bringing one into contact with the "Rivers that water the woodlands" and "The forest primeval, the murmuring pines and the hemlocks, bearded with moss, and in garments green," all have their charms and for the purpose in hand are alike suitable.

This side line of my subject has been dwelt upon more fully than at first intended, but it is important, and so closely related to what

is to follow, as to make apology unnecessary. No man who is unhealthy physically or mentally, or both, can live, or in any great measure demonstrate the ethical medical life. If this proposition is correct, and it is so nearly axiomatic as to need no demonstration, then to be true to ourselves and others, only one legitimate highway lies before us; and in travelling upon that highway only may we hope to live out the poetry of medicine in the various relations the practice of our profession involves.

Primarily important as is this care of self to self, the length, breadth, depth, and height of it does not begin to impress us until thought of in connection with our ideal conduct toward others. How narrow, how circumscribed, how infinitesimal is the ego world when compared to that without, which ever and anon repeats in startling tones the old refrain "Thus far shalt thou go and no farther."

There are many specific ethical associations which come within the scope of our subject, but recognizing our limit respecting time and infringement upon your patience, I shall deal with but few, and as briefly as possible.

The conduct of a physician toward his patients presents a wide field for the exercise of the poetry of medicine. Here it is that truth æsthetically expressed is sure of its reward, a reward two-fold in

its nature, happy in its effect upon the patient recognizing and appreciating it, and retroactive in that it improves and inspires the exponent of it. The relations of physician and patient are of the most intimate and sacred character. The physician becomes the repository of, I had almost said, the inmost thoughts of his patient. To him the blushing bride announces the sweetest secret of true womanhood, the fact that she has entered upon the fulfilment of her destiny as the mother of mankind. Into his ear the wayward erring maiden pours forth the sad story of her unwise, but often deep affection for the author of her undoing. To him applies the wedded female devotee and victim of modern society for relief from the responsibilities solemnly assumed at the marriage altar, refusing to pour libations at the shrine that once with solemn oaths, she pledged her sacred honor, e'er to reverence. To him for counsel and advice comes the astonished but robust youth surprised in childhood's dreamy starlight by manhood's energizing dawn. It is, in this artificial age, the physician who supplies the mother with the information which, put into effect, gives the nation its grace and beauty, as well as its bone and sinew. He touches domestic life at its critical periods, yea, and through all its most trying vicissitudes from the cradle to the grave. The impressionable moments in

the lives of men and women, boys and girls, are peculiarly under his influence, when nature's flood gates are wide open, in the moments of joy unspeakable, or in hours of sorrow, trial and despair. But time fails to enumerate the points of contact between physician and patient, and ability to portray in adequate language the sanctity and responsibility which such contact entails. The "Golden Rule" fortunately points out to us the ideal manner of dealing with such a state of being. Having made the most of our natural endowments, and having stored within us the best and most helpful from our environment, in the light of this knowledge let us do unto others as we would be done by under similar circumstances.

The physician should be an educated gentleman, not only educated in anatomy, physiology, gynæcology, and all other branches of his professional curriculum, but he should be educated in the broadest sense of the word. Literature, arts, sciences, and chiefly should he know mankind.

"Know then thyself, presume not God to scan;

The proper study of mankind is man,
Placed on this isthmus of a middle state
A being darkly wise, and noduly great,
With too much knowledge for the
skeptic's side,

With too much weakness for the sc's
pride,

He hangs between; in doubt to act or
rest,

In doubt to deem himself a God or beast

In doubt his mind or body to prefer,
 Born but to die and reasoning but to err,
 Alike in ignorance, his reason such
 Whether he thinks too little or too much ;
 Chaos of thought and passion, all con-
 fused,
 Still by himself abused, or disabused ;
 Created half to rise and half to fall ;
 Great lord of all things, yet a prey to all ;
 Sole judge of truth, in endless error
 hurled ;
 The glory, jest and riddle of the world !"

The avocations of men, their aspirations, their aptitudes, their besetments, their passions, their struggles, their pleasures, their griefs, everything that goes to make up this complication called life, should be intelligently observed, and placed not in memory's cobwebbed garret, but in its workshop to be daily utilized. Such an education will be found of inestimable value in dealing with patients and in helping to attain as nearly as possible the ideal conduct which should be meted out to them. "Honesty is the best policy," applies here. "Judicious diplomacy" may be advantageous, but it should never reach the borderland of deception. The pedestal of professional dignity must be continually beneath the physician's feet so that those looking to him must look up ; not that he should presume superiority over those with whom he comes into professional contact, but he should feel the dignity of his position to the extent that undue "familiarity which breeds contempt" may be obviated. The most important interests of this present life are entrusted to the

physician's keeping, and indirectly, often directly, interests which affect the character of his patients and reach out into the great beyond. The physician must recognize this fact. His duty is to inspire his patient with confidence, and by appreciating the obligations resting upon him, demonstrate the fact that such confidence is not misplaced.

The laws of our land protect the confidences between lawyer and client. These are inviolable, and although no such protection is accorded to the confidences between physician and patient (with few exceptions, an unjust discrimination, and one which organized medicine should strive to amend), yet, unless compelled by legal process, all private communications between physician and patient should be kept inviolate. And I would go even further and say that outside conversations concerning the diseases of patients, whether voluntary or the result of meddling interrogations, are pernicious, tending to morbid gossip, and should be discounted.

Culture, honesty, a sense of our responsibility and secrecy, are the dominant principles in our conduct toward patients. There are many others, but the most are included within or implied by the above. The necessity, yea, the duty of impressing our patients with the fact that prompt and adequate remuneration for service rendered

is essential to the best service, might justly be considered under the head of honesty or sense of responsibility. That our usefulness is often crippled because of the lack of this adequate remuneration must be apparent to every country practitioner, and to those practising in the smaller towns beyond the reach of hospital facilities. Patients expect, and have a right so to do, efficient service, the best service that modern medicine and surgery with all its labour and life-saving appliances in the hands of educated, intelligent, average men has for them, and they might have it, provided medical practitioners were placed financially in a position to equip themselves with the essentials. The exorbitance of the physician's charges is and has been a matter of common talk and jest, and most believe physicians to be overpaid, when, as a matter of fact, many can barely subsist under more expensive modern conditions of life with fees lessening year by year, owing to the sad tendency to commercialize professionalism. This is an important consideration, and one that should be thought of and advocated by all physicians who have the best interests of their patients at heart.

Closely related to this, and I prefer to mention it in this connection, is the desirability of periodical visits to some medical centre for the purpose of study. This

is worthy of extended remark. The medical profession is a progressive one. New and great discoveries are being made continually, and only by coming into touch with the newest and best is it possible to do justice to the afflicted. The foremost men of the profession have long since recognized the advantage of such a course, and, probably, this is why they are foremost, but this should be possible to all engaged in medical or surgical practice.

The public arena presents another opportunity for the exercise of the physician's ethical capacity, and here he is frequently too severely tested, and unless possessed of a good share of the spirit of Him who said "Swear not at all; neither by heaven for it is God's throne; neither by the earth for it is God's footstool; neither by Jerusalem, for it is the City of the Great King;" he will be inclined to swear by all these and add Jupiter, and a score of other mythological and historical characters to his righteous adjuration. Nevertheless, there is a public right which cannot be winked out of sight or ignored because misguided and parsimonious legislators have failed to see their duty respecting reasonable remuneration for public services rendered by the medical profession. Physicians are bound to assist the public in the maintenance of law and order, whether in the microscopical laboratory, at the post mortem table,

the coroner's inquisition, or in the higher courts of our land, but having done the work, they should insist upon a sufficient and legitimate fee. Why our legislators should vote increased indemnity to which, by the way, I have no objection, into their own pockets, and expect us to do post-mortems for a mere pittance, and attend upon sick mariners, Indians, and other public wards under a certification "that the charges in the above account are the lowest made to the poorest class of private patients" or words to that effect, is beyond my comprehension, and should be investigated under protest by all medical organizations.

Nor does the public duty of the physician end here. He is by virtue of his profession and by the law of the land the custodian of the public health, than which no more important obligation devolves upon him. He should in every possible way uphold the hands of those entrusted with the carrying out of local and provincial health acts; be scrupulous in all the details requisite to the prevention of the spread of infections. Private inconvenience of patients and friends must be submerged in the wider public interests. Reporting to the proper authorities of infectious diseases when required by law so to do, should not be neglected from fear of occasioning personal loss to the physician, or trouble and loss to his patients and acquaintances. If measles, scarlet

fever, whooping cough, diphtheria, cerebro-spinal meningitis, pneumonia, and all other infections were as much dreaded and dealt with as promptly and decidedly as is small pox, these diseases would soon be as infrequent as that unwholesome and much feared malady.

Then, too, artistic truth can never be measurably approached whilst the medical profession continues to wash its hands in token of its innocence of the modern patent medicine frauds. That the ethical relation of the profession to the public in this respect has been a miserable failure cannot be gainsaid. Acquainted with the facts as they only, because of their technical education, can be, physicians have too long gazed listlessly upon the physical, financial, and mental victims of this unholy and degrading business, and their own ostensible latitudinarianism. The profession has had opinions and desires, but to a large extent has been lacking the courage of its conviction. Now, however, when there is a public sentiment awakened in the land through the agency of the press, it is in order that physicians assume their whole duty, and by active co-operation in this imperative reform, convince the public that although they fail to lead, they are not slow to follow when so great an interest is at stake. Such experiences as the recent action of the local legislature, which caused us to blush

with shame at the reckless ignorance or brazen-effrontery of representatives, and murderous attitude of the shackled press, which in one instance blazoned abroad its contempt for the Sixth Commandment under the heading "Kill This Bill," should only stimulate organized determination to remove from the land a slavery compared to which the bondage of the brickmaking Israelite was a picnic, the captivity of the vine-dressing Judean a festival, and the serfdom of the cotton picking African gayest carnival.

The quack, whether "cancer doctor," "bone setter," "eye doctor" (optician self-styled), and all that like, is ever with us. The attitude of the physician towards such always has been one of hostility, and this should become more and more aggressive in spite of the fact that the efforts always put forth on behalf of the public have on several occasions been frustrated by the machinery of our courts.

"Not profitless the gain e'en when we lose,
Nor wanting in reward the thankless toil,
The wild adventure that the man pursues
Requites him though he gather not the
 spoil."

Another important phase of Medical Ethics is the relation of the physician to the profession as a whole, or to the profession in its organized capacity. Many apparently fail to lose sight of their individuality, fail to grasp the great fact that they are small, but by no means, insignificant part of a great body, and "as in our

natural bodies, the eye cannot say unto the hand, 'I have no need of thee,' or again the head unto the feet, 'I have no need of thee,'" but each has its particular function and does something towards perfecting the whole activities of the body imperfect without its aid, so must the professional body suffer if any fail to perform his part. Alexander Pope has expressed it thus :—

"God loves from whole to part, but human
 soul
Must rise from individual to the whole."

This is not transcendentalism, this is the true professional spirit, artistic truth if you please; one method of announcing the fact that we are cognizant of our ethical relations, and willing to undertake them, even though they may interfere with our personal convenience. Anything then that will advance the interests of the profession at large, make it more effective in its labours for humanity, command public respect in its endeavours to effect public reforms, assist in elevating its already high standard of professional proficiency, relieve it from the handicaps which sectionalism has allotted it, and bring about unification at least throughout the British Empire, should claim the best attention, and even sacrifice of every medical practitioner.

Perhaps no obligation arising out of this ethical system is more difficult in its working out than that under which the physician is

placed in respect to his brother physician. How frequently is it the case that physicians living in the same town or city are engaged in a competition as unholy as any which has disgraced the speculative world, beginning many times in avaricious ignorance, gradually growing into reckless indifference, and maturing in shameless disregard. That such a condition of affairs does not obtain in this province to any great extent, is a matter for congratulation. The primarily mercenary has not today, nor has it ever had, any legitimate place in the medical profession. The life of a physician is continually one of self subjection, self abnegation. He lives not for himself, but for others. The competitive idea does not enter into his professional life only in so far as it stimulates him to greater effort in the line of assumed responsibility. Incidentally he may rise to a competence, and occasionally to emolument and even wealth. How then shall the physician conduct himself in relation to his fellow benefactors? The infallible ethical epitome of the Nazarene replies: "And as ye would that men should do to you, do ye also to them likewise." Out of this has originated a code sufficiently perfect if strictly observed to test the best. This testing is exactly what is needed, provided we are competent to stand it. This is true poetry, to be measured by the highest standards, and not found

wanting, always exemplifying truth gracefully, no matter how adverse or perverse the environment.

When the physician or surgeon determines to practise his profession in any locality, he touches his ethical limitations, and in a very sensitive spot. His first duty is to call upon any brother practitioners within a reasonable distance who may have preceded him upon the field. He should ascertain the usual fees, and if sufficiently remunerative, should adopt them. Never should he attempt to reduce the established fee, and least of all for the sake of securing patients. There is frequently a temptation in this direction, and one by which young practitioners are sorely tried, but let me assure you that it is much easier to hold to an established fee, than having once lowered it to recover the *statu quo ante*.

To advertise by professional card or sign is undignified, and unprofessional. This is the method of the charlatan and quack.

All medical practitioners, their wives and children whilst depending upon them, are to be treated without charge. Physicians should have continually in mind the fact that they are members of a profession, not of a commercial organization. It has been said that the age of sentiment has passed, that practicality reigns supreme. This may be true of joint-stock companies and their

like, but perish the day when the medical profession has so far forgotten its history and traditions as to join hands with the "do others" fraternity. There is in certain quarters to-day, instead of affection, respect and confidence, a sad lack of all three on the part of the laity, where the physician is concerned. The "esprit de corps" that called forth the admiration and veneration of the people for those exemplifying it, has relaxed. Even the legislators of the land have not the confidence in the physician which it is his privilege to inspire; not that it is all the physician's fault, nor perhaps any great part of it, yet he is not blameless. The relation of one physician to another should professionally be honest and cordial, a continual object lesson to that frequent class which goes rooting about here and there and grunts and lays over with swinish content whenever it finds someone to scratch its back.

When a man becomes a physician, he in fact surrenders his individuality. To a degree, he becomes identified with that charity which the great Paul said "Seeketh not her own." Whilst many, on the lower plain, through inventions, have made vast fortunes and became famous, on the more exalted level occupied by the medical and surgical fraternity, the door to fortune through this avenue is closed. The physician cannot protect the product of his

genius and labour by letters patent to his own self-aggrandizement. It belongs to the profession and to humanity. I must confess that this sometimes leads to rather absurd complications, but upon the whole it adds strength and dignity to the profession.

There seems to be an impression abroad that physicians are the exponents of selfishness. We know in the main that this is false, but there must be some foundation for an opinion entertained so generally. We cannot get legislation much needed in the interests of the people, because sinister motives are attributed to us. What is the remedy? "To thine ownself be true, and it must follow, as the night the day, thou canst not then be false to any man." Patients are continually changing from one physician to another, and in doing so delight to pour into the ear of the latest confidant the manifold mistakes of those who have preceded him. The poetry of medicine does not consist in giving encouragement to conversations of this character, and I believe that the condoning of so serious a breach of ethical conduct has detracted seriously from the dignity and influence of the profession.

Consultations between physicians are advisable, and conducive of good to all concerned. It has been said, and is wise, that a physician should not wait to be asked by patients or their relatives

to seek the counsel of a professional brother, but if in doubt, or in serious cases, should be careful to request a consultation. There are, however, some rules laid down in this connection which are open to criticism, to one of which I wish to refer. A consultation having been decided upon, promptly at the appointed time attending physician and consultant should be present. It has been the custom, when the bedside is reached, for the attending physician to give the case into the hands of the consultant to question and examine. If the patient be one that the attending physician sees frequently once or twice a day, there might be no objection. But, as often happens in the country districts, the patient may not have been seen for several days, and it then appears as if the better procedure would be to have the attending physician examine the patient first, report any change he may have observed to the patient or friends, and then give way to the consultant. Acute diseases show marked changes in short periods. Having completed the examination of the patient, retire into a place apart from all others, and talk over the case. If there be an unfortunate difference of opinion, a compromise should, if possible, be effected, always, of course, with the welfare of the patient foremost. When more than one consultant is present, the majority should decide,

and if there is not a majority, the decision should rest with the attending physician. Once having decided, the decision should have the concurrence of all, and never should any consultant say publicly or privately that he held any other opinion than that agreed upon. The patient, or immediate relatives, should be given to understand that the fees for consultation are to be paid by them, and where circumstances render it possible, they should be paid at once. No physician, after being called in as consultant, should, even in case of the dismissal of the attendant, assume any professional care of the patient.

A physician called to the patient of a brother practitioner during his enforced absence on another professional call, should immediately upon his return surrender the patient to the usual attendant's care.

When, as often happens, several physicians are hastily summoned to an emergency case in the absence of the regular physician, the right to act lies with the first upon the ground; but should the regular attendant arrive, the patient should be gracefully given over to his care, and he in turn may select the assistants desired.

Physicians undertaking the care of a brother physician's patients during his absence for a short period on professional engagements, should not only give over the patient upon his return, but

should also permit the usual attendant to collect the fee, unless other arrangements have been previously made. Midwifery, when delivery has been completed, is an exception as far as the fee is concerned, but the subsequent attention should be conceded the regular attendant.

Now that every branch of the profession, and almost every organ of the body, is in the hands of a specialist, it might be profitable to enlarge upon the ethical relations existing between the family physician and that useful, though multifarious class. Sometimes it looks as if the family physician is about to be victimized after the manner Mark Twain says he once was by the keeper of a small billiard hall. The proprietor of the hall was a new comer, and Mark says, as he was always looking about for a soft snap, he dropped in, and made proposals for a game. "Well" said the stranger, "knock the balls about for awhile, so that I may be able to size you up," to which the humourist acceded; whereupon the stranger, turning to him said: "I'll play you left-handed." This rather angered Mark, for, he said, "the proprietor had red hair and was cross-eyed." The game, however, began. The stranger secured the roll, and proceeded to run out the score without a miss, greatly to Mr. Clemens' consternation, from which with difficulty he aroused himself to remark:—"If you play

a game like that left-handed, I'd like to see you play with your right." "Oh," exclaimed the victor, "I can't play with my right, I'm left-handed."

There should be no left-handed business in this matter. The family physician should be treated with the same honest consideration that he gives to and receives, according to the highest ethical standard, from the general practitioner. Physicians are frequently the innocent victims of circumstance. They find themselves called upon at, it may be, a considerable distance, and great loss of time, to treat patients that have been and are right up to the moment of their advice being sought the patients of other physicians. This is a lamentable condition of affairs, and one that if the ethical principles involved are to be preserved inviolate, will cause annoyance, inconvenience, and expense; but there is only one honourable course to pursue; a physician cannot undertake the treatment of another physician's patient, only under circumstances before suggested. If this were strictly adhered to, an educative process would be set in motion that would eventually put an end to the misconceptions of the laity respecting this matter. Where a physician has been dismissed from a case, or retired of his own option, another, not previously connected with it as a consultant, may undertake the treatment without prejudice.

There are a great many other points connected with the poetry of medicine and surgery, some of them more or less intricate, with which it might be interesting to deal on this occasion, but sufficient has been said to recall the fundamentals to mind. That the speaker has been instructed and enlightened by the perusal and placed under a debt of gratitude to the authorities consulted, and from whom he has in some instances paraphrased of necessity, is only just to remark. That one should be enlightened on a subject of this character after a fifth of a century of actual practice is somewhat humiliating, and only tolerable upon the ground that

"Knowledge comes but wisdom lingers,
and I linger on the shore,
And the individual withers, and the world
is more and more."

This, then, gentlemen, is part at least of what I have chosen to denominate "The Poetry of Medicine and Surgery." Some of it, admittedly, verges closely upon tragedy, a very large factor, by the way, in all human life; nor is it devoid of comedy. But above the weeping and agony, above the

laughter and ecstasy, methinks I hear the old sweet song of the centuries, "Peace on earth, good will to men." Financial success does not satiate human longing nor does a scientific conscience constitute an Eldorado. Human life consists of a great many elements, all of which must be proportionate, and not the least are the emotional and spiritual. Crowd these out of life we may, but just in the measure we succeed, in that same measure we deprive ourselves of the greatest of God given happiness producers. Feel, hear, see, think, and understand as men and women about us do; strive to interpret life correctly in the light of all its checks and limitations; ever bear in mind that men and women cannot be understood apart from their environment; and then as physicians and surgeons occupying a sphere a little nearer the emotional and spiritual than any other class, we shall be able to appreciate more fully, because we have entered into the very substance of the poetry of medicine and surgery.



SOCIETY MEETINGS.

MEDICAL SOCIETY OF NOVA SCOTIA.

PRELIMINARY to the meeting of the Medical Society of Nova Scotia on the evening of July 3rd., the good people of Lunenburg tendered to the members of the Society a reception which was both pleasant and unique. On the pretty square the townsfolk assembled to greet us, and there we were treated to a number of selections by the two excellent bands of which the citizens of Lunenburg may justly feel proud. Interluded with the music were eloquent addresses of welcome from the Mayor of the town, Mr. Morash, and the President of the Lunenburg-Queens Medical Society, and a fitting reply by the President of the Medical Society of Nova Scotia, Dr. March. The evening was beautifully fine, brilliant with moonlight, the air delightfully balmy, and the greetings most cordial, so that our first impressions were pleasant indeed, and we were made to feel from the very start that we were amongst a peculiarly hospitable and warm-hearted people. The succeeding days only enchanted the opinion thus early formed.

The fifty-third annual meeting was held in the Parish Hall, Lunenburg, on the 4th and 5th of July. Proceedings opened at 10 a. m., July 4th, the President, Dr. H. A. March, M. P. P., in the chair.

The minutes of last meeting were read and approved.

The committee appointed to revise the by-laws submitted the following additions and amendments which were read clause by clause, and carried.

(1) All medical men registered in the province of Nova Scotia are eligible for membership in the Medical Society of Nova Scotia, and may become members upon payment of the annual fee, \$1.00.

(2) That in addition to the officers, President, Vice-Presidents, Secretary-Treasurer, there shall be a council consisting of a member from each of the county societies, and where none such exist there shall be one appointed by this Society, whose duty shall be to meet once yearly before the annual meeting, and to have a general oversight over anything or everything that pertains to the good of this Medical Society and the profession in general.

It was then moved and carried that the constitution and by-laws of this Society be published.

The President then named the following members as the nominating committee: Drs. J. Stewart, Elderkin, W. B. Moore, G. W. T. Farish and Mader.

DR. J. A. SPONAGLE read the first paper, report of a case of "Intussusception," which recovered without operation.

DR. J. STEWART congratulated the reader and referred to a case under the care of the late Dr. Norrie, who used a similar method with success. The late Dr. Farrell told him of a like result. Hutchinson argued years ago for manipulation and alterations of position in such cases. He (Dr. Stewart) had a case where inversion and shaking of the patient relieved the symptoms.

DR. S. MINTER, of Boston, being called on, said he had seen cases where distention with water, etc., had failed, but had not used the method mentioned by Dr. Sponagle. Surgical treatment has been very successful where gangrene has not taken place. In adults the cause is often adenomata, causing polypi in the bowel. Always look for polypi in intussusception in adults.

DR. W. H. EAGAR then read a paper on "Practical Points on Infant Feeding."

DR. SPONAGLE said he was afraid the reader had given too much to digest, but appreciated the paper very much.

DR. W. B. MOORE referred to the custom of society women who will not take the responsibility of performing the natural functions. He found a method of milk-shake apparatus admirable when using a diluent, to shake the milk thoroughly.

DR. C. A. HAMILTON had found modifying milk to produce sometimes marvellous results. This

was a most important subject and one in which he had taken great interest. The process he used was simple and was done as follows: Dilute milk with one-half or one-third barley water or lime water; the former if constipation present, the latter otherwise. Add about a teaspoonful of cream and a little sugar, just enough to make sweet. He referred to a case of severe acute eczema, in which changing the food produced great improvement in a week.

DR. BIRT referred to sodium citrate which rendered the curds of milk more flocculent, adding one grain to an ounce of milk.

DR. BURRELL had seen midwives feed infants not a day old with oatmeal porridge. He mentioned a case of a three months' old, puny infant suffering from lack of digestion after taking the breast alone, then changed to cow's milk modified by Fairchild's Peptogenic Milk Powder, and great improvement followed.

DR. EAGAR, in reply, said what was needed was simplicity. Dr. Hamilton's method would be suitable at a certain age, but his (Dr. Eagar's) method was dilution according to age.

DR. W. H. MACDONALD, of Rose Bay, followed with an interesting case report on "An Extensive Burn by Lightning."

DR. ELDERKIN referred to a case of a man whose clothes were partly wet and the lightning followed down the clothes only where wet.

DR. BIRT spoke favorably of creolin, 2% with carron oil for burns.

DR. MADER advocated hydrogen peroxide where sepsis was present.

DR. W. HUNTLEY MACDONALD had done skin grafting in seven or eight cases, but not successful.

DR. MIXTER said that burns from live wires were very hard to heal. He should not think that there should be much difference in the result after skin-grafting in burn cases.

Afternoon Session, July 4th.

The Address in Surgery was delivered by Dr. S. Mixter, of Boston. The subject was "Surgery of the Gall-Bladder and Bile Ducts" and was a most practical and instructive paper.

The President referred to the importance of the subject. A hearty vote of thanks was then tendered Dr. Mixter.

DR. BIRT, speaking of the importance of drainage, alluded to one case of cholecystitis in which no drainage was used and the result was disastrous—a biliary fistula, leakage into the peritoneal cavity and death in a few weeks. Often we are not awake to many cases of indigestion, with epigastric pain and slight jaundice, failing to appreciate the cause. It may occur at any age, younger cases being more common than supposed.

DR. STEWART joined in his appreciation of the paper, and thanked the Secretary for suggesting Dr. Mixter to give the address in surgery.

DR. HOGAN also expressed his pleasure at hearing the paper. His first case he did without drainage and regretted it afterwards, as the recovery was very tedious.

DR. EAGAR mentioned a case of an infant who developed convulsions and jaundice with a fatal result.

DR. W. HUNTLEY MACDONALD referred to Dr. Mixter as one of his old teachers, whom he had not seen for sixteen years.

DR. WATSON asked in cases of doubt between cancer and impacted gall-stone would there be much emaciation in the latter.

DR. MIXTER replied that sometimes there is extreme emaciation in cholæmia. Always better to explore in doubtful cases. He had never seen gall-stones under 16 years old, but earlier cases have been reported; saw no reason why not to operate in the very young. Cases of gall-bladder inflammation with acute pancreatitis are not promising; only one such patient did he save. There is no medical treatment for gall-stone inflammation; also heard Dr. Fisk, one of Boston's noted physicians, say the same thing.

DR. A. I. MADER followed with "Notes on Six cases of Sub-Hepatic Abscess (Non-Appendicular)."

DR. STEWART referred to one of Dr. Mader's cases in which there was some difficulty in diagnosis.

DR. R. H. BURRELL then read a very practical paper on "Injuries to the Perinæum and their Repair."

DR. MIXTER said it was the deep stitches that did the good. When only using superficial stitches, the result is a thin diaphragm, which is not perinæum. Thorough dilatation of sphincter is a good plan; his experience has only been with secondary operation.

DR. A. P. REID stated that deep stitching only was necessary.

Nothing better than the old quill suture as mentioned in old books on surgery. Superficial stitches could be put in afterwards.

DR. J. C. McDOUGALL said he had only experience in primary cases. Stout silk had always been satisfactory, but he found catgut disappointing.

DR. SPONAGLE believed chloroform saved many tears. He often puts in stitches loosely before placenta comes away, tying afterwards.

DR. BURRELL said he wished to learn the experiences of others which was his reason for reading the paper.

DR. A. BIRT then read an instructive paper on "Malignant Endocarditis."

DR. D. A. CAMPBELL stated this condition he seldom met with. There is every gradation between mild and severe cases. Last case he had patient had three or four attacks in three years.

DR. BIRT said we may get an elevated temperature and no physical signs. Fever may be practically the only symptom. A diagnosis is reached when other things are eliminated.

DR. JOHN STEWART followed with "Diagnosis in Renal Surgery."

DR. MIXTER alluded to hæmaturia occurring without serious disease of the kidney; eating rhubarb or tomatoes in some people brings on hæmaturia and a lot of oxalic acid crystals. The value of the segregator and cystoscope cannot be too strongly emphasized. A kidney should never be removed without exploration of the other one, or by use of segregator or cystoscope. Modern methods are getting more exact. Sometimes we obtain good

radiographs of stone in the kidney. Has also seen a beautiful shadow by a radiograph, but no stone on operation.

DR. BIRT asked the best methods of examination for the general practitioner. He agreed that displacement of kidney was much more common than thought. The amount of displacement does not agree with the degree of symptoms; sometimes in great displacement there are no symptoms, while in little displacement the nervous symptoms may be severe.

DR. HAMILTON, referring to hæmaturia, mentioned the case of an old man in whom hæmaturia occurred for some days, with lots of blood and clots and then urine became clear for two or three days; in two weeks symptoms passed away. One year after patient had a similar attack. To-day he is alive and in good health. Also a woman, between 50 and 60 years old, who had a similar history.

DR. SPONAGLE related a somewhat similar case. Patient developed mental trouble, she believing she had cancer. She died and a small calculus was found in the kidney—both kidneys healthy.

DR. WATSON mentioned a case of a young woman, suffering from left renal pain reflected down the ovary, with a history of previous attacks. Gave an opiate which relieved, but still tenderness over both kidneys. Urine at first was clear. In two days the pain over ovary became excessive, and then menstruation appeared, the urine becoming thick and loaded with urates; no pus or blood. Patient given lithia and salines; symptoms abated and patient apparently got

well. The temperature had been slightly raised. Believed the trouble was an impacted calculus. Would like to know if there was any value in the medicinal treatment given.

DR. HOGAN related a case where signs of renal colic were present, but urine contained no blood. However, an exploratory operation was considered justifiable. No stone was found; only a slight mobility of the kidney which was stitched and the symptoms abated. Lately patient had a similar attack and the question still is, whether there is a stone present which was overlooked. In two cases of tuberculous kidney the first sign noticed was incontinence of urine.

DR. STEWART, in reply, said he had never noticed incontinence, but frequency; getting up at night. In Dr. Watson's case believed a calculus present. Had not much faith in diluents, but remembers a somewhat similar case where operation was refused. Gave distilled water, a gallon daily, and symptoms disappeared in six months. In cases diagnosed renal calculus, cannot always be sure of it.

Evening Session, July 4th.

This was a public meeting and quite a large number of ladies and gentlemen were present.

The Presidential Address was delivered by Dr. H. A. March, the subject being "The Poetry of Medicine and Surgery." This most admirable address appears in the current issue.

DR. SPONAGLE offered his congratulations to the President, and felt that in the legislature the profession had a representative who would advocate its interests. He moved a vote of thanks to Dr. March for his able effort.

DR. MADER had great pleasure in seconding the motion. He once heard a rival say that Dr. March would never say anything against a brother practitioner.

The Vice-President, Dr. G. W. T. Farish, put the motion which was unanimously carried.

The President, in acknowledging the hearty vote of thanks, said he could hardly express himself. Anything in the larger field referred to that could be done, he would use his utmost to accomplish.

DR. W. B. MOORE then read a most thoughtful and appropriate paper on "The Possibilities of Improvement in the Human Race by Closer Association with the Medical Profession."

DR. A. P. REID followed with an instructive paper, "Why Some Germs of Disease are More Virulent than Others."

As the hour was late, discussion on the above papers was deferred.

Morning Session, July 5th.

The Nominating Committee reported as follows: President, Dr. J. B. Black, M. P., Windsor; 1st. Vice-President, Dr. J. A. Sponagle, Middleton; 2nd. Vice-President, Dr. W. H. Macdonald, Rose Bay; Secretary-Treasurer, Dr. J. R. Corston, Halifax.

COUNCIL:

Guysboro, G. E. Buckley; Shelburne; J. S. Morton; Yarmouth, G. W. T. Farish; Digby, E. J. Elderkin; Annapolis, M. E. Armstrong; Kings, W. B. Moore; Antigonish, W. Huntley Macdonald; Inverness, C. E. McMillan, M. P. P.; Victoria, J. L. Bethune; Cape Breton, R. A. H. McKeen; Richmond, C. P. Bissett, M. P. P.; the different societies to name the other members of the council.

COMMITTEES :

Medicine—D. A. Campbell, A. Birt, F. S. Yorston, E. J. Elderkin, G. E. Buckley.

Surgery—W. Huntley Macdonald, J. G. McDougall, H. E. Kendall, J. W. McKay, G. W. T. Farish.

Obstetrics—D. McIntosh, R. H. Burrell, M. A. Curry, H. V. Kent, C. A. Webster.

Therapeutics—W. B. Moore, F. W. Goodwin, M. E. Armstrong, F. S. L. Ford, H. H. McKay.

Sanitation—A. P. Reid, J. W. Reid, L. M. Murray, C. J. Miller, G. E. DeWitt.

Legislation—E. A. Kirkpatrick, A. P. Reid, A. J. Cowie, J. F. Ellis, M. P. P., M. A. B. Smith.

Place of meeting—Windsor.

Committee of Arrangements—Hants County Medical Society.

DR. J. C. McDUGALL then gave notice that at a subsequent meeting of the Society he would move that the Council of the Society be constituted by the election of one member from each County Medical Society.

A communication was then read from Dr. A. W. H. Lindsay with reference to recent medical legislation.

A committee was appointed to discuss matters with the Disciplinary Committee of the Provincial Medical Board.

The President named W. H. Macdonald (Rose Bay), M. Chisholm and G. W. T. Farish.

A letter from the Vancouver Medical Society was then read, referring to their action in urging their members in the Dominion Parliament to assist the committee appointed there to investigate the Patent Medicine question.

DR. J. STEWART moved that a committee be appointed to act on

the Vancouver communication and report at the afternoon session. Carried.

The President appointed W. B. Moore, F. S. L. Ford, D. A. Campbell.

DR. KIRKPATRICK showed a patient aged 23 years with a cataract but no apparent cause. Has lately had another case in a man aged 40 years, of good health and no history to account for it. Also a third case in a woman aged 31 years, married and the mother of four children.

DR. T. C. LOCKWOOD, not being present, it was moved seconded and passed that his paper on "Puerperal Eclampsia," be taken as read.

DR. M. CHISHOLM then read two interesting case reports of "Intestinal Obstruction."

DR. STEWART congratulated Dr. Chisholm on results obtained.

DR. D. A. CAMPBELL followed with a most instructive paper on "Cardiac Insufficiency without Murmurs."

DR. MOORE said he had been much interested in the paper, because we generally think if we get no murmur then there is no disease of the valves. Should examine cases under different conditions, such as upright, in the recumbent position, and after exertion.

DR. A. P. REID said if the sounds seem normal we are apt to pass the heart as unaffected. This was well brought out by Dr. Campbell who has had a long experience.

DR. CHISHOLM stated that he was much interested in cardiac murmurs, and complimented Dr. Campbell on his paper. Cardiac insufficiency is what we ought to treat ;

the presence or absence of murmurs in such cases does not matter much. He (Dr. Chisholm) had a murmur himself. Years ago he had been advised to give up his work. Once consulted the late Dr. Palmer Howard of Montreal, who said you have a murmur but your heart is all right.

DR. J. W. REID had had a few cases of cardiac insufficiency without murmurs. He would like to hear more on the other symptoms which would make the diagnosis sure.

DR. FORD referred to a young man who had mitral disease but no symptoms of any kind. Also to a girl who died at the Victoria General Hospital, 36 hours after operation, the autopsy showing a patent foramen ovale, but patient never had any symptoms.

DR. J. STEWART spoke of the heart of a fish having no valves, but still carries on the circulation. There was a great difference between murmurs and their causation. Much more dangerous are the degenerations of the heart. Sometimes the sound is due to the fluid waves and also to the size of the orifice.

DR. R. E. MATHERS followed with a paper on "Corneal Ulcer."

DR. KIRKPATRICK referred to the easiness of diagnosis. Where rills were present they should be scraped out, strong bichloride applied 1 to 1000, and then iodoform ointment. Traumatic cases are the most difficult to deal with. A clear corneal ulcer, no infiltration at margins is seen only in the old and feeble; in these cases only is eserine indicated instead of atropine.

DR. W. H. HATTIE then read a most valuable paper on "The Care of the Adolescent."

DR. CHISHOLM said he was much indebted to Dr. Hattie for his valuable paper. He had five or six children going to school and it was appalling how much they had to learn. He would suggest a committee be appointed to wait on the school authorities and have the contents of the paper brought before the public.

DR. W. B. MOORE referred to increased studies and over-crowding in the public schools. One of his own boys—a bright one—was simply knocked out and had to keep him from from school. We will soon get a generation of mental imbeciles. Business men complain of boys not knowing the fundamental principles; people realize it but still it goes on.

DR. EAGAR favored the appointment of a committee to take the matter into consideration.

DR. STEWART said he was delighted at hearing the paper and sentiment expressed. The paper should appear in the public press and hoped Dr. Hattie would repeat it before a larger audience. The educational system is a great folly. There was more adaptation to the powers of the children in Germany. A committee was appointed some years ago to confer with a former Attorney-General on physical education in the schools and he poured iced water on the whole thing. He said the children had too much exercise already.

A committee was appointed consisting of Drs. Hattie, Moore and Stewart.

DR. J. ROSS read the last paper on the "Treatment of Chronic Urethritis," showing instruments, chiefly referring to Overall's treatment by electrolysis and cataphoresis.

Afternoon Session, July 5th.

The committee appointed to report on the communication from the Vancouver Medical Society brought before the meeting a resolution endorsing the action of that Society which was carried.

DR. BIRT suggested that some effort be made towards cheapening antitoxins so they could be put in the reach of poor people at a reasonable price.

DR. WATSON endorsed the suggestion of Dr. Birt.

DR. ELDERKIN had the same trouble for it was difficult to arrange who was to pay for the antitoxin.

DR. MOORE thought that in the Health Act, medical officers could provide medicines for the poor, but it is not definite enough. He moved the matter be referred to the incoming council. Carried.

The report of the committee re educational matters in the common schools, was read and carried.

DR. J. STEWART suggested papers read the night previous

should be transmitted to the Halifax morning papers. Moved and carried.

DR. D. A. CAMPBELL referred to the retirement of the Secretary from that office, who had been for a number of years a worthy successor of the late Dr. W. S. Muir. He moved a vote of thanks to Dr. Macdonald for his valuable services and that a minute be recorded to that effect.

DR. BIRT seconded the motion, the office of Secretary requiring a skilful manoeuvrer and special type of man. Motion put and carried, Vice-President Dr. Farish extending the vote of thanks.

DR. W. HUNTLEY MACDONALD said he was highly gratified at the flattering things said about him. Two members particularly who had always been very helpful in getting up the programme were Drs. J. Stewart and D. A. Campbell, and he wished to thank also all the members who had helped him out.

Meeting then adjourned.

BRITISH MEDICAL ASSOCIATION.

The seventy-fourth annual meeting will be held at Toronto, August 21st. to 25th. A synopsis of the programme and travelling arrangements was published in our June number, and we here append some items of special interest:

In the Main Building of the University of Toronto will be found:

1. An elaborate Museum of Exhibits, of Instruments, Drugs, Medical Publications, Foods, etc. Visitors will do well to inspect this exhibit carefully, and it is suggested as a suitable rendezvous.

2. In the exhibit halls will be found an interesting collection of Indian Pictures from the brush of Paul Kane (loaned by E. B. Osler Esq., M. P.).

3. Adjoining the exhibit an Information Bureau, Registration Bureau, Post Office, Express and Telegraph offices, Offices of the General and Honorary Local Secretaries, and of the Editor of the *British Medical Journal*, Ladies Reception and Writing rooms, Public Stenographers.

4. A Restaurant (west wing and Dean's Garden.)

5. Office of G. H. Webster, general passenger agent for all railroads.

The Toronto Industrial Exhibition opens on Saturday, August 25th, and continues for two weeks. This will afford an unrivalled opportunity to visitors to obtain an idea of Canadian progress in agriculture, manufacture, etc.

At the time of the meeting there will be held in Toronto a tuberculosis exhibit, which visitors will do well to examine.



Tuberculosis Exhibition.

The National Sanitarium Association has arranged to have the Exhibition organized by the (American) National Association for the study and Prevention of Tuberculosis and similar organizations, reproduced in Toronto at the time the British Medical Association will be in session there and during the following week. The exhibit has been shown in various cities throughout the United States, and has attracted a great deal of attention. Some ninety different organizations have contributed towards the Exhibition, and every phase of the tuberculosis question has received consideration. The object is purely educative, the desire being to impress the importance of the subject upon the public as well as

the medical profession. Consequently the exhibition is open to everyone.

At the exhibitions held in the United States, Canada was represented only by the National Sanitarium Association and the Toronto Free Hospital for Consumptives. In the Toronto Exhibition it would be desirable to have some illustrations of the work done elsewhere in Canada up to the present time. There are various institutions and organizations which might well be represented.

The Toronto exhibition will be held in some building centrally situated but not yet determined upon. A programme of addresses which should prove instructive and interesting is being arranged for every second evening of the fortnight. Stereoptican views will be given every evening. There will be specially conducted tours for the purpose of explaining various features of the exhibit.

Physicians are urged to attend and to draw the attention of the public to the exhibition.

Individuals or associations who would in any way care to assist will have their inquiries promptly answered and all information furnished by addressing J. S. Robertson, Secretary National Sanitarium Association, 28 Adelaide Street, West, Toronto, Can.

CUMBERLAND COUNTY MEDICAL SOCIETY

At the annual meeting of the Cumberland County Medical Society a resolution was passed unanimously, binding the Society to abide by the action of the Medical Society of Nova Scotia, re Fees for Life Insurance examinations.

In connection therewith the Secretary, Dr. Clay, was requested to write each member as follows:

A. Will you stand by the decision of the Nova Scotia Society?

B. Will you agree to charge \$5.00 for Medical examination and certificate for candidates for Bank clerkships?

OBITUARY.

DR. D. G. J. CAMPBELL.

THE sudden death of Dr. D. G. J. Campbell of this city was a most distressing blow to relatives and friends. On the 10th inst. Dr. Campbell was married at St. Mary's Cathedral to Miss Florence May Bishop, of Dartmouth, who for some years had been a most popular and efficient nurse at the Victoria General Hospital. Four days after, while at Hubbard's Cove, the doctor was stricken with pneumonia and he was removed to his home on the 16th inst. The disease rapidly extended until both lungs were involved, resulting fatally on the morning of the 19th inst.

Dr. Campbell was the only child of Dr. D. A. and Catherine Campbell and was born at Halifax twenty-six years ago. At the age of nineteen he decided to follow his father's profession, and with that end in view began study at Dalhousie University. In 1902 he graduated with the degree of M.D., C.M. The same year he was appointed one of the House Surgeons

at the Victoria General Hospital, where he first became acquainted with his bride who is now so sorely afflicted. After his term at the hospital had expired he became associated in practice with his father. During 1903 and 1904 he did considerable post-graduate work at Baltimore under Kelly, Simon and others. It was while



THE LATE DR. D. G. J. CAMPBELL.

engaged in this work that he was instrumental in saving the life of a child from drowning, which act was commented upon at the time as being one of more than ordinary bravery. He was always prominent in the field of athletics and will be long remembered for his fairness and daring on the football field, hav-

ing been captain of the Dalhousie team during his junior year at college. He was a great favorite with all classes, of a particularly bright disposition, and possessing a keen sense of the humorous.

Dr. George was the writer of several valuable articles on medical subjects which have appeared in this journal, and in next issue will be published another contribution from his pen.

On Saturday, the 21st. inst. he was laid to rest, the funeral being the largest and most representative seen in this city for years. The sad circumstances attending his death caused genuine sympathy, and besides those who walked behind the hearse and in front of it, the streets near his residence were lined with people. The deceased's brother practitioners, including nearly every member of the medical profession in the city and Dartmouth, walked ahead of the hearse, the Dispensary staff and members of No. 1 Field Ambulance Unit, in which the deceased was an officer, formed a

double roll of pall bearers. The body was taken to St. Patrick's church, where service was held by Rev. Gerald Murphy, thence to Mount Olivet cemetery, where interment took place.

There were thirty floral offerings notwithstanding the request for "no flowers." Among them being No. 1 Field Ambulance Unit, who were represented by three superb designs. Others were sent by the Mayflower Curling Club, the Lorne A. A. Club, the Wanderers, and the Halifax Dispensary, in all of which Dr. Campbell took so active a part. The NEWS extends its deepest sympathy to all so sorely bereaved.

CORRESPONDENCE.

To the Editor of the NEWS.

Kindly permit a few lines in reference to your editorials touching the Lively case. In the last you say the essential facts in connection with the patient Lively are well known to the profession of Nova Scotia. If that be true they did not obtain their information from the NEWS. The only reference to the nature of the case was in the January number and that was misleading, inasmuch as it belittled the injury by only going so far as to say that it consisted of rupture of the urethra. It is hard to conceive of any reason for suppressing the other injuries viz: fracture of the corpus spongiosa and corpora cavernosa with extensive infiltration of blood

and urine of several hours' duration. Did it occur to the writer that in minimizing the injury he correspondingly increased the blame for non-success in treating it? It certainly gave no evidence of any desire to help a brother practitioner in combating the foulest attack upon the profession ever made in this province.

Neither did the profession get the essential facts from the public press, and this makes their suppression by the NEWS less excusable. From false delicacy the public press gave no publicity to the actual state of the patient. Weeks after the trial was over I was asked over and over again by physicians from the country what the real character of the injury was. So that while there was

a foul charge of improper treatment and neglect, we were handicapped by being unable to get any particulars published in refutation. Under these circumstances—circumstances which were well known to the NEWS—it would have been a token of fairness to have published the actual facts. This much, however, I will say in extenuation, that when several men are rushed with private business they cannot be expected to overtake every phase of editorial work.

Having said so much by way of admonition, let me close by an expression of gratitude for your congratulations in the May number. The whole article has a true ring about it. The writer evidently is not one of those who weeps where others rejoice, and rejoices where others weep. From all such may the good Lord deliver us.

* * *

Since writing the above I have read Dr. Stewart's letter in the June number of the NEWS which professes to be a disclaimer: i. e., he disclaims having had anything to do with the editorial in the May number *re* the Lively case. He may designate it a disclaimer; it is really an attack; first upon the Commissioner before whom the investigation was held, secondly and, most pointedly, upon myself and others of the Victoria General Hospital. For if it were meant as a disclaimer pure and simple, there was no difficulty in stating that he was not the author of the editorial in question. Beyond this he need not have gone. The editorial called for no more.

Dr. Stewart's letter gives the key to the attitude assumed by the NEWS all through the piece since the *Herald* blare last August. This was a surgical case, and any word of deprecation of the manner of attack, or of help or sympathy would naturally have been expected from the surgical editor. Were any such words published by him? Not one.

Did he give the profession any information whatever about the condition of Lively when he came into the hospital? Not a word for months, and when he did speak in January after the investigation, he misrepresented the facts, or allowed the NEWS to do so, this time too without a disclaimer. Now after the lapse of a year Dr. Stewart for the first time joins the editorial staff in "condemning the sensational and ill-judged newspaper article." Better late than never to be sure! Will he be good enough now to give the readers of the NEWS the facts as to Mr. Lively from the time he received the kick from the cow till he entered the Victoria General Hospital, and the possible pathological sequences of his condition when he entered there? This would be a fair though tardy measure of justice.

In conclusion I submit that it remains with Dr. Stewart to put himself right before the profession as to his conduct, before he can expect us to pay any attention to his convictions. I have given proof that to us at least his conduct was unsympathetic, hostile and unfair. What better could we expect of his convictions? I never thought that he would go to the extent of publishing them at this hour when the unfortunate incident was being forgotten.

Speaking personally I have been particularly unfortunate in my connection with the Lively case. He did not come under me till pyæmia had supervened eleven days after the injury, when very little could be done for him; and yet I had to bear the brunt of the attack and of the obloquy attached to the investigation. Neither of these things could move Dr. Stewart's pen. Now it runs very quickly over the page to belittle my victory.

Yours truly,

M. CHISHOLM.

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THERAPEUTIC NOTES.

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During the past Spring months, we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with



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and pleasant occupation are all not only helpful, but actually necessary in curing the patient.



X-Ray Burns.

At the 37th. regular meeting of the New York Dermatological Society held Nov. 28, 1905, the subject of X-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dermatology in New York University, said, according to the Journal of Cutaneous Diseases, "that he had obtained the most benefit in treating these conditions from antiphlogistine, chloride of zinc, high frequency current and ultra violet rays."

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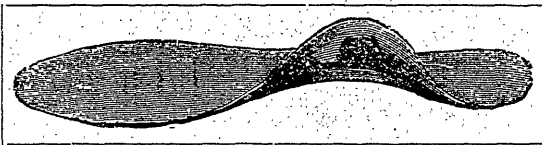
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Faculty of Medicine, Seventy-Fourth Session, 1905 - 1906

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F. A. SPRINGLE, M. D., Lecturer in Applied Anatomy.
J. A. L. LOCKHART, M. B. (Edin.), Lecturer in Gynaecology.
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W. W. CHIPMAN, B. A., M. D., F. R. C. S. (Edin.), Lecturer in Gynaecology.
R. A. KERRY, M. D., Lecturer in Pharmacology.
S. RIDLEY MACKENZIE, M. D., Lecturer in Clinical Medicine.

JOHN MCCREE, B. A., M. D., Lecturer in Pathology.
D. A. SHIRRES, M. D. (Aberd.), Lecturer in Neuro-Pathology.
D. D. MACFAGGART, B. Sc., M. D., Lecturer in Medical-Legal Pathology and Demonstrator of Pathology.
W. G. M. BYERS, M. D., Lecturer in Ophthalmology and Otolaryngology.
A. A. ROBERTSON, M. D., Lecturer in Physiology.
J. R. ROEBUCK, B. A., Lecturer in Chemistry.
J. W. SCANE, M. D., Lecturer in Pharmacology and Therapeutics.
J. A. HENDERSON, M. D., Lecturer in Anatomy.
J. D. CAMERON, B. A., M. D., Lecturer in Gynaecology.
A. A. BRUERE, M. D., Lecturer in Clinical Medicine.
W. M. FISK, M. D., Lecturer in Histology.
H. B. YATES, M. D., Lecturer in Bacteriology.

FELLOWS.

MAUDE E. ABBOTT, B. A., M. D., Fellow in Pathology.

THERE ARE IN ADDITION TO THE ABOVE TWENTY-SIX DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

The Collegiate Course of the Faculty of Medicine of McGill University begins in 1905, on September 20th, and will continue until the beginning of June, 1906.

MATRICULATION.—The matriculation examinations for Entrance to Arts and Medicine are held in June and September of each year. The entrance examinations of the various Canadian Medical Boards are accepted.

COURSES.—The **REGULAR COURSE** for the Degree of M. D. C. M. is four sessions of about nine months each.

SPECIAL COURSES leading to the Degrees of B. A., M. D., and B. Sc. (Arts); M. D., of six years have been arranged.

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THIRTY-SEVENTH SESSION, 1905-1906

THE MEDICAL FACULTY

- ALEX. P. REID, M. D., C. M.; L. R. C. S., Edin.; L. C. P. & S. Can. Emeritus Professor of Medicine.
 JOHN F. BLACK, M. D., Coll. Phys. and Surg., N. Y., Emeritus Professor of Surgery and Clinical Surgery.
 H. MCD. HENRY, Justice Supreme Court; Emeritus Professor of Medical Jurisprudence.
 GEORGE L. SINCLAIR, M. D., Coll. Phys. and Surg., N. Y.; M. D., Univ. Hal.; Emeritus Professor of Medicine.
 JOHN STEWART, M. B., C. M., Edin.; Emeritus Professor of Surgery.
 DONALD A. CAMPBELL, M. D., C. M.; Dal.; Professor of Medicine and Clinical Medicine.
 A. W. H. LINDSAY, M. D., C. M.; Dal.; M. B., C. M.; Edin.; Professor of Anatomy.
 F. W. GOODWIN, M. D., C. M.; Hal. Med. Col.; L. R. C. P.; Lond.; M. R. C. S., Eng.; Professor of Pharmacology and Therapeutics.
 M. A. CURRY, M. D., Univ. N. Y.; L. M., Dub.; Professor of Obstetrics and Gynaecology and of Clinical Medicine.
 MURDOCK CHISHOLM, M. D., C. M.; McGill; L. R. C. P., Lond.; Professor of Surgery and of Clinical Surgery.
 NORMAN F. CUNNINGHAM, M. D., Bell. Hosp. Med. Coll.; Professor of Medicine.
 G. CARLETON JONES, M. D., C. M., Vind.; M. R. C. S., Eng.; Prof. of Public Health.
 LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology, Medicine and of Clinical Medicine.
 C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine.
 GEO. M. CAMPBELL, M. D., C. M., Bell. Hosp. Med. Coll.; Prof. of Pathology and Diseases of Children.
 W. H. HATTIE, M. D., C. M., McGill; Professor of Medicine.
 N. E. MCKAY, M. D., C. M., Hal. Med. Col.; M. B., Hal.; M. R. C. S., Eng.; Professor of Surgery, Clinical Surgery and Operative Surgery.
 M. A. B. SMITH, M. D., Univ. N. Y.; M. D., C. M., Vind., Professor of Clinical Medicine, Applied Therapeutics, Class Instructor in Practical Medicine.
 C. E. PUTTNER, PH. M., D. PH., Hal. Med. Coll.; Lecturer on Practical Materia Medica.
 THOS. W. WALSH, M. D., Bell. Hosp. Med. Coll.; Adjunct Professor of Obstetrics.
 A. I. MADER, M. D., C. M., Professor of Clinical Surgery and Class Instructor in Practical Surgery.
 E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, Otology, Etc.
 E. H. LOWERISON, M. D., Lecturer on Ophthalmology, Otology, Etc.
 JOHN MCKINNON, LL. B., Legal Lecturer on Medical Jurisprudence.
 THOMAS TRENAMAN, M. D., Col. P. & S., N. Y., Lecturer on Practical Obstetrics.
 E. V. HOGAN, M. D., C. M., McGill; L. R. C. P. & M. R. C. S., Eng.; Professor of Clinical Surgery and Associate Professor of Surgery.
 J. A. MCKENZIE, M. D., C. P. S., Boston; Demonstrator of Anatomy.
 T. J. F. MURPHY, M. D., Bellevue Hospital Medical School, Professor of Clinical Surgery and Lecturer on Applied Anatomy.
 L. M. MURRAY, M. D., C. M., McGill; Professor of Pathology and Bacteriology.
 W. B. ALMON, M. D., C. M., Dal.; Lecturer on Medical Jurisprudence and Senior Demonstrator of Anatomy.
 D. J. G. CAMPBELL, M. D., C. M., Dal.; Demonstrator of Histology.
 J. J. DOYLE, M. D., C. M., McGill; Junior Demonstrator of Anatomy.
 J. R. CORSTON, M. D., C. M., Dal.; Junior Demonstrator of Histology.

EXTRA MURAL LECTURERS.

- E. MCKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.
 Lecturer on Botany at Dalhousie College.
 Lecturer on Zoology at Dalhousie College.
 JAMES ROSS, M. D., C. M., McGill, Lecturer on Skin and Genito-Urinary Diseases.
 A. S. MACKENZIE, PH. D.; Prof. of Physics at Dalhousie College.
 E. D. FARRELL, M. D., C. M., Dal.; Lecturer on Clinical Surgery.

The Thirty-Seventh Session will open on Thursday, August 31st, 1905, and continue for the eight months following.

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- 1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Biology, Histology, Medical Physics.
 (Pass in Inorganic Chemistry, Biology, Histology and Junior Anatomy.)
 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.)

Fees may now be paid as follows:

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TWO OF	- - - -	155 00
THREE OF	- - - -	110 00

Instead of by class fees. Students may, however, still pay class fees.

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There will be a distinct and separate course for each of the four years.

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Clinical Teaching is given in the Toronto General Hospital, Burnside Lying-in-Hospital, St. Michael's Hospital, Hospital for Sick Children, and other medical charities of Toronto.

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Further information regarding Scholarships, Medals, etc., may be obtained from the Calendar or on application to the Secretary.

FEES.—Lectures and demonstrations: 1st year, \$100; 2nd year, \$100; 3rd year, \$100; 4th year, \$100. Registration for Lectures, \$5. Registration for Matriculation, \$7. Annual Examinations, each \$14. For Examination in Practical Chemistry, 50c. For admission *ad eundem statum*, \$10. Degree, \$20. Hospital Perpetual Tickets, \$34. Lying-in-Hospital, \$8.

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