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THE MARITIME MEDICAL NEWS

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MEDICINE & SURGERY

Vol. XXII.

HALIFAX,
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No. 10

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THE MARITIME MEDICAL NEWS is a monthly magazine devoted to the interests of the medical profession. Communications of general and local professional interest will be gladly received from friends everywhere. Manuscript for publication should be legibly written in ink (or typewritten, if possible) *on one side only* of white paper. All manuscripts and correspondence relative to letter press should be addressed to The Editors, MARITIME MEDICAL NEWS, P. O. Box 341 Halifax, N. S.

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—*Merk's Report for May, 1910.*

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THE MARITIME MEDICAL NEWS

VOL. XXII, OCTOBER 1910, No. 10.

WORLD OF MEDICINE.

Varicose Veins.

A new method of intravenous injection treatment of varicose veins of the lower extremities is described by P. Scharff, in *Berliner klinische Wochenschrift*, for March 28.

In order to cause thrombosis of the veins, the author recommends an intravenous injection of bichloride of mercury in normal salt solution of 1-5000 strength. The injections are made with the patient in a standing position after a ligature has been applied to the thigh. The injections are made in the prominent parts of veins, and from three to eight injections are made at one sitting. The author recommends initial doses of $\frac{1}{2}$ c.c., which are gradually increased in strength until even 5 c.c. may be used at each injection. If these are well borne a 1-3000 solution is injected in the same way. The injections are made at intervals of from three to six days. The author's experience are based upon 90 cases and are highly satisfactory. In only one case was an untoward result obtained. This was the production of a slow-healing ulcer and was due to the injection of a larger dose than he was commonly in the habit of employing.

* * *

The Henry Phipps Institute.

Mr. Henry Phipps, of New York, has selected the University of Pennsylvania to carry on the work of the Phipps Institute, for which purpose

a hospital will be erected. The extent of the benefaction exceeds \$5,000,000.

The work will be divided into three general departments, each of which will be presided over by a director. For the Directorship of the Laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For Directorship of the Sociological Department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment of Director of the Clinical Department.

Dr. Samuel G. Dixon, Harrisburg, Pa.; Dr. S. McC. Lindsay, New York City; Dr. William H. Baldwin, Washington, D. C.; Dr. Herman M. Biggs, New York City; Dr. William H. Welch, Baltimore, Md.; Dr. Simon Flexner, New York City; Dr. James A. Miller, New York City; Dr. Lawrence Brown, Saranac, N. Y.; Dr. Henry Baird Favell, Chicago, Ill., and Dr. James Pratt, Boston, Mass., compose the advisory council.

* * *

The Psychoneu- roses.

An interesting paper, read by Joseph Collins of New York, at the last meeting of the Canadian Medical Association, appears in the *Medical Record* for July 16., Collins defines a neurosis as a functional nervous disease attended with conspicuous mental and emotional symptoms. The chief functional diseases are epilepsy,

migraine, tic, hysteria, and neurasthenia. The author confines himself to hysteria and neurasthenia. Hysteria, psychasthenia, and neurasthenia are states of mental unrest under the dominion of obsessions of fear, and states of anxiety and panic, and are to be classified as psychoneuroses. Hysteria he confines to cases which are capable of being produced by suggestion. The stigmata of hysteria have been given a fictitious value, and many symptoms of major hysteria exist in the imagination of the person who has described them. Freud considers hysteria to belong to a group of neuroses that are due to cerebra insufficiency, and is characterized mainly by moral symptoms. There is weakening of the psychological synthesis, causing a disintegration or doubling of personality, initiated by sexual trauma. The psychic traumata are painful emotions, and if not reacted to adequately, there remains an affect-neurosis in the mind. This memory may cause a single, or a series of attacks of hysteria. Adequate reaction may be prevented by the experience being one that has no possibility of reaction, such as death of a friend, or any experience that is voluntarily excluded from the mind, or may be prevented by the attending circumstances. Freud's attitude toward consciousness is that of a working machine. He is not systematic and he omits a description of the mechanism of the normal mind, and believes that a situation is caused which is neither understandable nor removable, and is an obstructive element. Scrutiny of the details of his work show its limitations, and it deserves severe scrutiny. He makes his own set of terms. When applied to specific situations the method fails. To cure the patient we must go slow-

ly over the occasion and pick up the threads of the story. Probably a state of isolation would be demanded to prevent false experiences. The economic importance of the process must be investigated in each case. Objections to Freud's method are that it is too arbitrary, that psychoanalysis becomes a source of auto-suggestion, and that it gives too conspicuous a place to the sexual factor. Neurasthenia is a manifestation of atavism that has not been corrected by education. The name has been much abused and applied to all sorts of nervous states. The mind in perverse action dominates the clinical picture. General treatment repairs the damage, but the disease remains and again causes a return of the symptoms. The average individual exposed to the same causes does not become a neurasthenic. Neurasthenia is a psychoneurosis characterized by lack of initiative and executive capacity; fundamentally the symptoms that are invariable are the mental and emotional ones. It appears only in those who have a neuropathic heritage, as a result of overwork, disease, and dissipation.

* * *

Treatment of Typhoid with Vaccine. Austin W. Hollis, New York, gives (*Medical Record*, October 8, 1910), the result of the treatment of typhoid fever with vaccine at St. Luke's Hospital, in the late summer and fall of 1909. Twenty-one cases were treated with hydrotherapy, eleven with vaccine. The diet was of the high caloric variety, no drugs were used, but strychnine and whiskey were used as stimulants when needed. No baths were given with the vaccines, except the daily warm sponge. Large or small doses of bacteria did not produce different results, and no fever reactions

were obtained. The injections gave no bad effects, and they were no deaths in these cases, while in the unvaccinated there were four deaths. The general conclusions given were that the agglutination was more marked and the general results were favourable. We know that in typhoid the system is protecting itself against the toxins, and it seems possible to artificially stimulate the production of antibodies to aid the system in its struggle. The injection of dead bacteria does not increase the fever, nor add to the danger of the patient. Illustrative cases are given.

* * *

Antinomy- cosis.

F. T. Lord, Boston (*Journal A. M. A.*, October 8), refers to a previous publication in the *Boston Medical and Surgical Journal*, in which he showed that organisms having the morphology and staining reaction of actinomyces could be constantly demonstrated in smear preparations and in serial sections of the contents of carious teeth in patients without actinomyces, and in such abundance as to suggest that they play a fundamental part in dental caries. Following this demonstration, the contents of tonsillar crypts were examined and the results are here reported in detail. The investigated material consisted of yellowish hard or soft masses extracted by means of the platinum loop from the tonsillar crypts of seven patients. In addition, material expressed from the crypts of removed enlarged tonsils was examined in six cases, in both methods under due aseptic conditions. The findings are given in detail. Inoculation of guinea-pigs with the contents of carious teeth (5 cases) and of the contents of the tonsillar crypts (10 cases), pro-

duced, in 60 per cent. of the inoculations, omental tumors histologically identical with actinomycotic tissue and containing typical club-bearing actinomycotic granules. From these facts he deduces that actinomycosis originates in the buccal cavity.

* * *

The Catching Cold Phobia.

William Brady, Elmira, N. Y., in the *Medical Record*, ridicules the general impression that almost any disease may be brought about by catching cold. He refers the symptoms of a cold to errors in diet producing auto-intoxication. He says that no matter what position we take in a room we cannot dodge drafts. Applications of cold less severe than enough to produce frost-bite have been shown to be harmless. The tonic effect of porch-bedrooms is acknowledged. Dietetic errors, unhygienic living, excessive heat, and defective ventilation are the causes of the "so-called" cold. Fuel economy and free ventilation are opposed to steam heating, and temperature in the average modern building is too high. Sixty-five degrees is plenty for any house. The value of a saline cathartic in a cold is due to unloading the portal circulation and the venous plexuses of the esophagus, nose, and throat. Overeating and alcohol are predisposing factors to respiratory difficulties. The wearing of improper clothing is another factor in predisposition. A suit of woolen underwear acts as the hair of an animal does; it is comfortable and keeps out cold, being a slow conductor of heat. Cotton conducts off the heat quickly, and dissipates it rapidly and the blood is driven to the great splanchnic areas, causing active congestion.

**Test for
Gastric
Cancer.**

J. W. Weinstein, New York *Journal A. M. A.*, September 24), describes a modification of the glycytryptophan test of Neubauer and Fischer which is also described. In it the filtered stomach contents are added to a solution of glycytryptophan which is placed in a thermostat for about 24 hours. At the end of that time a test is made for the presence of tryptophans by the bromin method. A reddish-violet colour, or at times a rose-red colour, appearing, shows the presence of tryptophan and the test is positive for gastric cancer. Weinstein points out the special sources of error in the method such as the presence already of tryptophan in the stomach contents, the presence of peptid-splitting bacteria, of trypsin or blood, some of which he thinks are exaggerated by Neubauer and Fisher. He has been experimenting on the value of this test, and thinks that glycytryptophan is unessential in the test and that there are some advantages in doing without it. He also does not believe in the presence of blood being a source of error and the testing for occult blood is superfluous. The test as he recommends, as modified by himself, is made as follows: Four or five hours after a regular dinner some stomach contents are secured, filtered and tested with bromin water for tryptophan. If present, reaction is positive, if absent, some of the filtrate is transferred to a stoppered bottle and treated with a little toluol, or better still, without a preservative, is put into the thermostat and tested again for tryptophan 24 or 48 hours later. Although the reaction sometimes develops at room temperature the mixture should be kept in a thermostat for the period stated. The most serious defect

of the tryptophan test is its inconstancy; it may be present in one specimen and not in another, so three or four specimens of stomach contents obtained at different times should be tested. Another shortcoming is that the contents must be practically colorless, so care must be taken to exclude specimens that would be colored by the food and regulate the diet accordingly. The fact that free hydrochloric acid interferes with the activity of the cancer enzyme or may destroy it is another serious objection. In spite of all these, he considers it a valuable sign in the diagnosis of gastric cancer and superior to the other tests in that it is a sign of itself and does not require the association of other symptoms which are met with in conditions other than carcinoma. Moreover none of these has any negative value. Whether it is an early sign or not he is not able to say. A series of cases in which the test was used, with positive and negative results, is also published at the end of the paper.

* * *

Treated by the Ehrlich-Hata Preparation. M. S. Kakels, New York, presents (*Medical Record*, Sept. 24, 1910) a preliminary report on the first two cases of syphilis treated in America by the Ehrlich-Hata preparation, 606. The first case was in the person of a man twenty-four years old, who had an extensive gummatous infiltration of the liver; he had had the initial sore three years before, and gave a positive Wassermann reaction. An injection of 3 decigrams of 606 was soon followed by signs of betterment, and within two days the large tumor had very markedly decreased in size. The

second case was that of a man, thirty-six years old, who had suffered from syphilis for three years, the disease was markedly obstinate, responding hardly at all to the usual specific remedies. He was finally practically given up by his physicians, and death was regarded as certain within a short time. Within two days after an injection of 3 decigrams of 606 a marked improvement was noted, and within one week the ulceration and pustules had almost disappeared; a broken-down gumma on the nose was filled up with healthy granulations; a large and deep ulcer on the malleolus was also filled with healthy granulations, and epidermis was beginning to grow over it; and other subcutaneous gummata were rapidly diminishing in size.

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Rachitis. J. W. Van Derslice. Chicago (*Journal A. M. A.*, October 15), says that rachitis is a disease without a very definitely understood symptomatology, and that is the reason, he thinks, for the wide differences of opinion in authorities on the subject. It is a diet disease, but he cannot subscribe to the opinions that have attributed it mainly to the arrangement of the percentages of the different constituents of the food. We find rachitic infants who are fed entirely on breast milk, and the point should be emphasized that, while many cases show this and that attributing cause, in all there is an indigestion which is always present. The reason that it has not received more attention is that rachitis is not a summer disorder like the indigestions of more acute type. These digestive symptoms always precede the bone changes, but sooner or later the latter appear. Besides these, there

is a general muscular feebleness, nervous irritation, enlarged lymph glands, disorders of dentition and blood changes like those in chlorosis, especially in the severe cases, and a general tendency to catarrhal disorders. The disorder is an insidious one in its onset and the definite clinical symptoms of restlessness, light rise of temperature at night, profuse perspiration about the head and face, general tendency to tenderness on handling, flatulence and bowel disturbance either diarrhoea or constipation, always precede the bone changes. The term acute rachitis is not applicable, nor is there any definite disease that may be called chronic rachitis. In many cases so called it is evident that the disorder has been long since overcome. Of the more frequent mistakes in diagnosis, one is the failure to recognize inflammatory and bloody effusions under the periosteum, and this is undoubtedly the cause of the use of the term acute rickets. Another is mistaking the bone changes of congenital syphilis for those of rickets, and still a third is that of considering the pseudoparalysis of rickets as essential paralysis. Infantile scurvy may complicate rickets, but the two conditions are distinct. Children rarely die of rickets *per se*, some intercurrent disorder is the cause of death, especially lung disorders. The treatment consists in attention to diet and hygiene. In breast-fed infants something should be done to make the mother's milk suitable, and it may be necessary to supplement with artificial food. No diet can be recommended in all cases. There is danger of putting too much stress on the fat diet in these cases. The use of drugs should be limited to the needs of the case. Syrup of iodide of iron is sometimes indicated. The addition of malt and molasses sometimes

gives favorable results for the digestive weakness. The intercurrent disorders should be attended to, as well as avoidance of strain on the weakened bones to prevent deformity and help Nature's efforts at repair.

* * *

William Benham Snow,
 Neuritis. New York (*Medical Record*, October 1, 1910),
 from his observation of some 200 hundred cases of sciatica, and as many of brachial neuritis, says that there is a localized inflammatory process causing the pain in all cases. The result is infiltration, and pressure on the nutrient vessels, causing permanent hyperplasia and hardening of the surrounding tissues. The neurilemma or nerve trunk is involved, not the axions of the nerve trunk. The inflammation is circumscribed in a small area. Regions where a nerve is exposed, as in passing over a bony prominence, or where a muscle is located over a nerve, are subject to such lesions. Etiological factors are mechanical injury, exposure, toxemia, and local infection. Treatment may be given which will speedily relieve pain and end in a rapid cure if begun soon enough. The method of treatment advocated by the author is the use of static electricity. The induration that exists about the seat of the lesion causes fibrin and round cells to be thrown out into the lymph spaces and to become organized, causing adhesions to the surrounding tissues. These infiltrating materials must be dissipated, and this is done by inducing intrinsic activity, that is, successive structural contractions throughout the area involved. The alternations should be about 120 per minute. This principle may be applied in the treatment of all sorts of inflammation. Muscular

tension is relieved at once. The author gives minute directions for the application of the treatment to all sorts of neuritis. He states that there is probably no technique in electricity that requires more care and precision in its management than that for neuritis.

* * *

A new Rule for the Duration of Pregnancy. Variations in the duration of pregnancy make it a matter of more or less uncertainty to predict accurately the date of labor. Ellice McDonald, in the current number of the *American Journal of the Medical Sciences*, points out that a protracted gestation means an abnormally large child, while large children are generally found to have been carried over the usual term; furthermore, variations are caused by a difference of multiparity, nutrition and exercise of the mother, heredity, and probably a number of other factors. When we consider that in certain institutional cases, and sometimes in private practice as well, an accurate menstrual history is not to be obtained, it is evident that the determination of the date of labor by physical examination has distinct advantages, if it can be done with precision.

McDonald finds that the duration of pregnancy in lunar months is equal to the height of the uterus in centimeters divided by 3.5, the measurement being taken with the patient lying supine and the tape extending from the upper border of the symphysis pubis upward over the surface of the enlarged abdomen to the junction of the latter with the normal contour of the body at the upper extremity of the uterus. In cases where the abdominal walls are thin and lax, the uterus should be supported laterally while making the measurement, so as to

bring the fœtus in a longitudinal position. This rule is stated to be extraordinarily exact after the sixth month, and to be most useful in determining the date of labor and size of the fœtus, especially when the date of the last menstruation has been forgotten.

McDonald's rule is especially valuable in determining the date for inducing labor in cases of contracted pelvis and inducing labor in case the child has attained the average development but seem in danger of having its birth delayed until it has grown so large as to cause difficulty in delivery. The so-called "sinking" of the fœtus by engagement of the head introduces very little error into the measurement, as when the patient is in the recumbent position the fetal head slides upward on the pelvic bones, so that sinking is not a factor. The error due to hydramnios is also small, as the uterus enlarges laterally and the height of the fundus is still determined by the occipitococcygeal measurement and the size of the fœtus.

* * *

The Teeth in Pathogenesis H. A. Potts, Chicago, (*Journal A. M. A.*, Sept. 10), reviews the diseased conditions which may be directly caused by dental abnormality and disease. Pathologic conditions occur before the eruption of the temporary teeth, during their eruption and after and during their loss. The unerupted temporary teeth may give rise to cyst formation and and congenial epulis has been observed. During teething they directly modify other existing abnormal conditions and when fully erupted they are liable to the same disorders as the permanent teeth. There are many complications and sequelæ fol-

lowing the death of a tooth pulp, and the chief of these is the alveolar abscess, which is essentially an osteomyelitis and requires the same treatment as osteomyelitis elsewhere. It may occur from the temporary teeth as well as from the permanent ones. In the permanent teeth, the conditions are largely the same, but there are still other complications. Among these is the effect on the mental growth. In neurotic patients irritation from the teeth, even of a mild kind, may produce trouble, especially at the time of developmental changes, and Upson of Cleveland has made a study of a number of cases of insanity and found benefit from attention to impacted teeth and other dental conditions. Sapremia may be due to absorption from defective teeth and from the bacterial poisons there developed. Unerupted teeth play a part the importance of which cannot be overestimated, namely, in producing reflex disturbances referable to almost any of the cranial nerves and also taking in a much wider scope, that of impaired mental conditions as in the cases studied by Upson. Normally shaped teeth, appearing normally in a normal arch and unaffected by caries, should give rise to no pathologic condition, but malocclusion causes many deplorable conditions, interferes with the normal function of the teeth and paves a way for other pathologic conditions. of the teeth and local trouble may give rise to special neuralgic pains. It is also certain that cancer at times develops on the tongue and mucous membrane of the mouth following irritation by the sharp points of abraded teeth or roots. Lastly, Potts mentions tuberculosis as occasionally due to infection through diseased teeth.

PRESIDENT'S ADDRESS.

By W. A. FERGUSON, M. D.

Moncton, N. B.

(Delivered before the Maritime Medical Association, St. John, July 20, 1910.)

GENTLEMEN,—Allow me in the first place to thank you very heartily for the honour you have conferred on me by electing me to preside over this nineteenth meeting of our Association—an honour which I need hardly say I highly appreciate.

Permit me also to avail myself of this opportunity to welcome those visitors who have come to our province of New Brunswick and its commercial capital, St. John, no mean city as you perceive at present, and with a future whose prospects are of the brightest.

Since our last meeting, a number of our colleagues, who lived and practiced in various parts of these provinces, have passed over to the great majority. We are poorer for their departure, and their loss we must all deplore.

Coming now more particularly to the subject of my address to-day, it will be within your knowledge and recollection that the President is allowed a free hand and quite a wide range lies open to him in the selection of his subject—thus I might fittingly address you on some of the more salient features of the progress of our profession in the immediate past, or I might dwell on the improved methods of the present, or, adopting a prophetic role, I might enlarge on the potentialities and possibilities of the medicine of the future. All these things are open to me, but none is within my present purpose, which is to carry you back to-day to that Master of Medicine, whose work forms the basis on which the superstructure of modern surgery

is reared. I allude of course to the illustrious John Hunter. Let us then glance first at some of the more prominent incidents in his life, and afterwards examine the epoch-making and enduring character of his work.

John Hunter was born some 182 years ago at Long Colderwood in Lanarkshire, distant about seven or eight miles from Glasgow, where his father owned a small estate which he cultivated.

He came of a sturdy ancestry, whose history can be traced to the 13th century, being a great grandson of the Laird of Hunterston, a place in Ayrshire to which his family gave its name. With such antecedents then we are not surprised to find him one of that brilliant phalanx of Scotchmen, who have held foremost places among the world's physicians and surgeons, and who, by their skill have wrought untold benefits and conferred untold blessings on suffering humanity.

John Hunter was the youngest of a family of ten children, only five of whom—three sons and two daughters—lived to grow up. Of the brothers, the eldest, James, became a writer to the *Signet* (for thus Scotch advocates are designated), while the next brother, William, who was ten years older than John, became—and this is most important—a leading physician in London and a teacher in anatomy and surgery. Here is an advertisement of his (contrary to all the canons of modern professional ethics), taken from the *London Evening Post* of January 9th, 1745.

"On Monday, February 1st, at 5 o'clock in the afternoon, will begin a course of Anatomical Lectures, to which will be added the operations of Surgery with the application of bandages. By William Hunter, Surgeon. Gentlemen may have an opportunity of learning the art of dissecting during the whole winter season in the same manner as at Paris."

John, of whose early life, as well as of his later and more notable career, we are able to obtain full and accurate information from a number of letters still extant and many of them published, spent the years of his youth almost entirely at home. His father died when he was in his 14th year, and we are told that sometime previous to this he had already left school. Like many a great man, from Socrates downward, he owed, we are told, much to his mother who exercised a great influence over him, and though he missed that very essential equipment for a professional career—a university training—we are not to suppose that his home life was by any means an idle one. Thus speaking of this period, he says of himself: "When I was a boy I wanted to know all about the clouds and the grasses and why the leaves changed colour in the autumn; I watched the ants, bees, birds, tadpole and caddis worms; I pestered people with questions about what nobody knew or cared anything about."

He hated, he tells us, his school books, and when subsequently persuaded by his brother William, he entered Oxford; thus disrespectfully does he speak of his brief course there:—"They wanted to make an old woman of me, or that I should stuff Latin and Greek at the University; but these schemes I cracked like so many vermin as they came before me."

He remained at home until he was twenty-one years of age, when the call of London, the great metropolis, came to him, as it has come to so many gifted Scotchmen, the call to enter into its service and share in its rewards. And so we find him in the fall of the year 1748 proceeding thither and joining his elder brother, already so well established. There his work commenced at once, and his genius and his industry forthwith displayed themselves. There we learn that "he gave himself, body and mind, to his task in the dissecting rooms; that he did not work in anatomy as is usually done for a few hours a day, but was employed in it from the rising to the setting of the sun."

In May, 1756, Hunter received the position of House Surgeon to St. George's hospital, but he only held his appointment for five months, probably because he could not bear to be away from his work in Anatomy. Of his work at this period, his friend, Everard Home, says. "It was not his intention to make dissections of particular animals, but to institute an inquiry into the various organizations by which the functions of life are performed, that he might thereby acquire some knowledge of general principles. This I believe had never been before attempted, or certainly had never been carried far into execution." So eagerly did Mr. Hunter attach himself to Comparative Anatomy that he sought by every means in his power the opportunities of prosecuting it with advantage. He applied to the keeper of wild beasts in the Tower for the bodies of those which died, and he made similar application to the men who showed wild beasts. He pursued all rare animals which came in his way; and these with such others as were presented to him by

"his friends, he entrusted to the show-men to keep till they died, the better to encourage them to assist in his labors."

In 1759 ill health compelled him for a while to abandon his active occupation of demonstration and dissection, and to accept the appointment of Staff Surgeon in the Army—this gave him change of work, a voyage and abundance of surgery. He was present at the capture of Belleisle, and subsequently went to Spain with the troops engaged in protecting the Portuguese frontier from the attacks of the Spaniards. His military experiences are chiefly valuable in that they afforded him the data for a portion of his magnificent work "A Treatise on the Blood, Inflammation and Gunshot Wounds."

In 1762 peace was declared, so the year following we find Hunter once again in London and commencing to practice in Golden Square. He was now 35 years of age, and the following pungent words of his give us a clue to his feelings and position at this time—"Well Lynn, I must go and earn this damned guinea, or I shall be sure to want it to-morrow."

The fact is that then as always general practice was subordinate to Anatomy and Pathology, and the fees he earned, he earned to spend in scientific work. Thus, therefore, we find afterwards when he had acquired a more lucrative and extensive practice, he valued it only as a means of pursuing his favorite studies. It was in order to prosecute these studies under more favorable circumstances that he purchased two acres of land at Earl's Court, then in the open country two miles out of London; here he not only built a residence for himself, but also provided accommodation for his animals, so that he might study their

habits and experiment on them while living and dissect them when dead.

In 1768 Hunter was elected one of the surgeons of St. George's hospital, a position which was of infinite value to him, for, it has been said, a surgeon without a hospital is like a gardener without a garden, and Hunter, now that at last he had got his garden, made it bear fruit a hundred fold—in the words of his brother William, "Were I to place a man of proper talents in the most direct road for becoming truly great in his profession, I would choose a good practical anatomist, and put him in to a large hospital to attend the sick and to dissect the dead."

One of the advantages of this position was, that it enabled him to receive house pupils, and these he continued to receive up to the end of his career. In the year 1771 he married, having two months previously published his first book, "The Natural History of the Human Teeth," the profits of which, tradition asserts, went to pay his wedding expenses.

Honours now fell thick upon him, and he became Surgeon Extraordinary to the King and a Fellow of the Royal Society; he had a large practice and his name was known everywhere. Notwithstanding this, however, he never saved money, his expenses were enormous, no less than fifty persons being employed and kept by him in one capacity or another, while his museum alone is said to have cost him the vast sum of £70,000 pounds. Collecting, dissecting, observing, experimenting, this was his incessant work, we are told, even in the midst of ill health, right up to the day of his death. He was able to do with little sleep, and from four to five in the morning until the breakfast hour he dissected; then he saw patients, visited the hospital, pur-

sued his researches, worked at his notebooks, and pondered the bearing of his observations till midnight. At fifty years of age he had reached the zenith of his surgical career. On the death of Pott he became the chief surgical authority in London. There is no doubt he was an admirable clinical teacher and a courageous operator, and although his systematic lectures on surgery were marred by a faulty delivery and an occasional obscurity of style, they attracted all those who afterwards attained distinction among their contemporaries. We only possess an account of these lectures on the principles of surgery at second hand, but even these teem with observation, are full of suggestion and enlightened by many applications of physiological knowledge.

"Hunter was deficient in what we are pleased to call general culture, and doubtless he suffered in consequence. He read but little and many of his discoveries had been anticipated by others; but, when this was brought to his knowledge he abandoned any claim he might have advanced. It appeared to him of small consequence by whom a discovery was made, if it only proved the stepping stone to a higher and more complete knowledge." As illustrating his methods, I shall refer in brief detail to his operation for aneurism.

Some six months before his first operation he had a buck thrown, and tied his carotid artery. Immediately the pulsation in the velvet ceased, and the antlers grew cold. Returning a week later he found warmth restored and the antlers growing. The buck was now killed, and upon examination the ligatured artery was found to be obliterated and the circulation carried on by other generally smaller vessels above and below the site of the ligature.

Possibly he had no immediate thought of the application to surgery of this experiment, but six months later, in December, 1785, he did his first operation at St. George's hospital for the cure of popliteal aneurism, tying the femoral artery high above the disease. The patient was cured, and left the hospital in six weeks. I may say that until recent years this Hunterian operation has been the preferred one in the treatment of aneurism. , ,

During the latter years of his life, Hunter was subject to attacks of angina pectoris, which occurred so frequently, and came on with such slight provocation that, he says of himself "My life is in the hands of any rascal who chooses to annoy and tease me." At last an unfortunate dispute arose between him and his colleagues at St. George's, on the question of student's fees; memorials were prepared and submitted to the board, and their decision was against Hunter. This irritated him exceedingly, and on October 16th, 1793, at a board meeting, he confronted his colleagues, and a warm dispute arose; this brought on an attack of his malady, and he died almost instantaneously. Not only had he worked while it was day, but he worked up to the last moment of his life. The night had fallen, and John Hunter could work no more. He was buried in Westminster Abbey.

Turning now from those brief and somewhat disjointed biographical notes, which I have endeavoured to place before you, we come to consider the value and abiding influence of Hunter's epoch making work. What, we may ask, lies at the bottom of our lasting obligation to the Great Master? Why, I should say this fundamental fact, viz.—that he placed Surgery, which had hitherto been only

empirical or experimental, on a scientific basis, and his method in teaching "Don't think," he says "try, be patient, be accurate," plain words still useful in the whole range of medicine, and of knowledge relating to it and forming a rule which may well be used in the promotion of all sciences.

Though his name is not associated with any striking discovery like that of the circulation of the blood by Harvey, or the Specialization of Nerve Function by Charles Bell, yet his influence in many sciences was both far reaching and profound.

His contributions to knowledge in human and comparative anatomy, in the natural history of plants and animals, in vegetable and animal physiology and in geology and palæontology were of such signal value that progress was made in each of these sciences through his labors. He was at once anatomist, biologist, naturalist, pathologist and surgeon, and all of the highest, and he bears the proud title of being the only man in England in the 18th Century, after the death of Newton, who took a really comprehensive view of the phenomena of nature. "But he was chiefly and finally a surgeon, and to the development of surgery he brought all the knowledge and all the training he had acquired in other branches of science. It is because of this he was able to transform surgery from a barren account of isolated cases into a calling founded on anatomical, physiological and pathological knowledge. He carries us beyond mere handicraft and detail into the region of general principles and law. The surgery of the middle ages was a trade; Ambrose Pare and Jean Louis Petit converted it into an art; John Hunter elevated it to the rank of a science."

As you are well aware, there are only two philosophic methods open to the intellect, the deductive and the inductive—the deductive which starts from the universal and leads down to the particular, and the inductive which starts from individual facts and reasons upwards to general propositions. Roughly speaking, while the Scotch philosophy of Hunter's day was deductive, English under the influence of Bacon was inductive. Usually those systems were employed separately, and were by some regarded as antagonistic to one another. Hunter, however, saw that for a complete scheme of knowledge, deduction and induction must be supplementary to each other, so that, though in the main he may be spoken of as a great inductive philosopher, yet at the same time he used deduction very largely, especially in pathology.

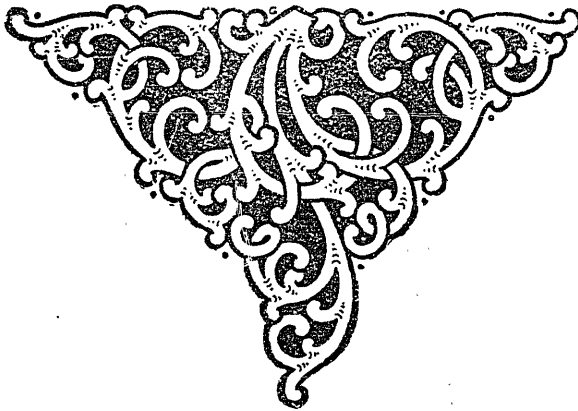
Besides the monumental works already mentioned, he was the author of "General Principles of the Blood," "Principles of Surgery" and other treatises, all of which are remarkable for the co-ordination of the inductive and deductive systems already referred to.

It was not however as a logician, but as an observer and experimenter that Hunter excelled; it was not the beauty of his logic, but the industry with which he collected facts, and the ability and honesty with which he reasoned from them which made Hunter great. He naturally possessed the special requirement for induction, namely, a desire for knowledge, the love of inquiry, acuteness of observation, ingenuity in devising experiments, and the habit of taking nothing for granted which he could verify for himself. Had it been otherwise John Hunter might have become a deductive pathologist of Scottish type like the only other great British

pathologist of the 18th Century, the illustrious Scotchman, William Cullen.

Gentlemen, I am reminded that the time is passing, and that I must now bring my address to a conclusion. The worst feature in dealing with a subject so great and so important is that in a brief address like the present it is utterly impossible to do justice to it, for I can give you nothing but fragments and indications of what I would like to say and bring before you. However, my object will, in

some measure be attained if it leads us to a fuller admiration of the genius and a keener emulation of the industry and zeal of one who raised the noble practice of surgery to a higher plane than ever before, and caused it, by improved methods and a fuller knowledge to become a more efficient factor for the mitigation of human suffering, as well as the preservation and prolongation of human life.



THE EXTENSION OF PROPHYLAXIS.

Annual address of the President, Dr. V. L. Goodwill, Superintendent of the Prince Edward Island Hospital for the Insane, to the Prince Edward Island Medical Society, July 13th, 1910.

GENTLEMEN—The choice and pursuit of a subject for an address that will be of practical interest to the members of our profession is when undertaken no easy task. In endeavoring to decide upon a theme some of the many problems of prophylaxis, especially those relating to psychiatry, seem to claim my attention. Allow me to warn you before hand that what I shall say is not new although probably presented in a different way.

You are all more or less familiar with the important and wide range of prevention in general medicine; how imperative it is if advance is to be made and prophylaxis become to any extent the treatment of the future, that the different phases of the subject should be given further attention by our profession.

The old adage is still worth remembering: He who cures a disease may be the most skilful, but he who prevents is the safest physician.

At the present time the chief campaigns are directed against tuberculosis, and care in handling certain food supplies as milk. These endeavors should go on until satisfactory conditions are brought about. It is hinted in some communities that the laity are in advance of the medical men in the fight against tuberculosis. We hope that this will not prove to be so in the Maritime Provinces. As physicians we know that there are other serious diseases and conditions requiring attention. Take for instance such diseases as syphilis, gonorrhoea, etc. It cannot be denied

that it is no easy matter to teach those subjects to those who should know them most. It is a choice between having a physician frankly and clearly explain to the young man what "such diseases" mean to him and the girl whom he may some day make his wife, or letting the boy go in ignorance, leaving him totally unprepared to face the world. Ignorance being no protection he is liable to make a mess of it. Family physicians should not hesitate where public or family health and happiness are in question.

The object of preventive medicine being to lessen the burdens of mankind by obviating preventable diseases and conditions which jeopardize the general health and welfare of the family and community, the subject becomes a vital one. In no sphere of public health is it more important than in that of "Race Improvement," by which we can hope to relieve humanity of many human wrecks. This should be the earnest desire of every public spirited person. In the study of any condition, etiology necessarily precedes prophylaxis. A survey of the different grades of humanity is therefore indicated, the study of which would comprise sociology, criminology, as well as psychiatry, which is a term adopted to designate any exhibition of mental abnormality in any grade. A general knowledge of these grades and their importance and cause should be the stock in trade of every physician.

It has become an established habit from long practise for men to ob-

serve, criticize and classify each other into grades, based on intelligence and character. Although in a manner all men are similar still there is a variability of mental acts. Men differ in their grade of ability and in their habit of thought sufficiently to render each person peculiar to himself. We may say that men differ in their brain just as they differ in their faces. Nature divides mentality into three parts—learning, reasoning and executing. So we may say that men learn differently, reason, and ideate, differently, and execute differently. No two are exactly alike in the three departments. They differ when classed as normal and when classed as abnormal.

Briefly, humanity has been classified as follows: first, idiots; second, imbeciles; third, medium grade imbeciles; fourth, high grade ones; fifth, feeble-minded; sixth, backward; seventh, normal human beings of poor ability; eighth, normal human beings of mediocre ability; ninth, people of talent, and tenth, men of genius.

When considered from the prophylactic aspect, the study of conditions which help to explain this variety of grades is instructive as well as of great importance. This is particularly true of the lower grades when the welfare of the community is considered.

We all come into the world stamped with a certain quality of brain, blood and muscle, and are quite unable to make geniuses out of ourselves if we are born weaklings in body and brain. It is a common observation that the man with common sense learns, reasons, and executes to profitable ends. These traits are inherently inborn. They cannot be imparted by others or the school. The lower grades of humanity are not insane

conditions; they are to a great extent distinct from insanity, although confounded with it by many. These low grades are studied in connection with psychiatry under "defect psychoses." The idiot is usually of little trouble where separate institutions are provided for them, but the imbecile is a menace to any community, many of them being delinquents and vagabonds. The study of these individuals, particularly the high grade ones, is most important, as they are usually found to be most prolific.

From an observation of the low grades we grasp one phase of the idea Dr. Earle had when he stated, over a century ago, very clearly, that if insanity were to be diminished it must be by prevention and not by cure. The ever increasing number of insane and defectives, with the accompanying evils and heavy public and private burdens, which they entail upon a community, causes us to recall his words and give them due consideration, and leads to the idea of psychiatry as a part of preventive medicine. For prevention may prove less costly than the erection of new hospitals and other institutions, to say nothing of the family distress and suffering which we might hope to prevent. We find it stated that next to alcohol insanity is probably the most potent cause of pauperism and dependence, and the afflicted family unless relieved by public aid, sooner or later comes to want.

We are adopting a term "instability" which applies to any grade. It means that condition of the human organism wherein mental equilibrium is upset by less causes than would be required in the average or normal. We may assume that for every defective there are at least two persons who are unstable because of inherited

tendencies of lesser intensity than causes lower grades. We cannot hope to exercise any great influence in the reduction of mental breakdowns until we can perceptibly reduce the number of unstable and defectives and also diminish the force of the direct cause.

Dr. Blumer states: "You will agree with me that preventive medicine is the highest development of medical science and that the best way to diminish insanity is by non-production." This means that we must overcome the forces at work in the altering process.

As physicians we do not presume to explain all the intricate details connected with the laws of heredity or those which govern the transmission of hereditary taints, as these are generally known. The number and degree of inheritable deviations of structure and function are endless and when neglected or ignored, or even unguarded by proper safeguards they rapidly give rise to nervous states which may be expressed in forms of headache, neuralgia, St. Vitus dance, hysteria, epilepsy, nervous prostration, etc. "*Blanca*" says that the individual inherits many of the characteristics of his parents and ancestors—as the tendencies, the instincts, the emotivity, the intellectual force and the capacity of adaptation, sociability, special artistic and professional aptitudes, either identical or in different form.

We know as physicians that a tendency to baldness, greyness, comes on at thirty in some and not at all in other families, as also do tendencies to rheumatism, gout, and diseases of lungs, heart, kidney and blood vessels. In the intellectual and normal traits we find families immoral, litigious, querulous, emotional, sexual

as well as those in which the credulous, the acritical or excessively simple abound.

The prominence of heredity in the production of low grades of humanity and the unstable cannot be overlooked in questions of prophylaxis in psychiatry. On the appearance of psychopathic conditions it is well to remember that whatever factors tend to deteriorate general health, let down the cerebral ability along with the rest, and people who expose themselves to conditions that jeopardize the health of their body and brain burning their candle at both ends are, of course, endangering their individuality and efficiency by poisoning themselves, knowingly or ignorantly, with poisons from within or without the body, are not only liable to mental downbreak but to propagate the lower grades of humanity or the unstable.

Consanguinity in marriage between neuropathies, advanced age of the parents, organic weakness, constitutional, or resulting from diseases at the time of conception, may be cause of psychic degeneration and of morbidity in the offspring. According to Morel, Maudsley and others, eccentricity, possesses a degenerative significance equal to and possibly greater than insanity.

Drunkenness either is itself an expression of mental weakness or of disease, such as dipsomania, or else it initiates the family degeneration producing the gravest forms of cerebropathy in the descendants and in infantile eclampsia, infantile encephalitis, idiocy and the like. The study of alcohol as a cause of the various forms of degeneracy, including criminality, is very important. The experiments of Krapelin and other have done much to make it clear, and

the most reliable investigation, mostly in other countries, goes to show that alcohol is one of the most powerful factors in the degeneracy of the human race. If this be true it should be known, and the physician who deserves the title should not hesitate to take active interest in spreading the truth, whatever it be. If it is ever true that prevention is better than cure it certainly applies to alcohol.

It should not be hard for us to agree with Dr. Hurd that the knowledge should be universal that "every individual represents the sum total of the vices and virtues, fates and profections, strength and weakness of his remote ancestors, plus special morbid conditions or otherwise which existed among his immediate progenitors.

Every one admits that it is the duty of the physician to warn those with weak hearts or lungs not to overtax these organs. Is it not equally important that the mental welfare of a community be safeguarded. Every one who has had an ordinary education and training should have learned the salient facts in reference to heredity before he reaches a marriageable age and if he transgresses he cannot have the excuse we have offered so many times for such unfortunate marriages—"an absolute ignorance of danger." All physicians have opportunities of teaching simple lessons in social hygiene but shrink from it lest some one's feelings be hurt, standing silently by witnesses of the union of two stocks that is bound to be the parent of mental disease in the offspring. There is a great amount of ignorance on the subject. Even people who pass in a community for reasonable beings often imagine that there is initiated

some mystic process, psychic or physical that makes for sanity when marriage of whatever kind is consummated. "It is well to reflect that the making of a human life is as serious as the taking of one.—"Blumer." Is it not true that in the question of marriage, occupation or education, the consideration of heredity seems forgotten or wholly ignored by the majority of people.

There are some who affirm that were it possible to have children subject to some ideal rules in good environment much of the dependency and delinquency could be eliminated. But it is, as one writer has stated, "humanity endeavoring to advance on one leg." Good environment has no doubt enabled many weaklings to pass through life without a mistake, but usually it is only effective within limits. Heredity and environment should receive equal attention as there is great difference in the output of the same environment, the best training and education not insuring uniformity. Inherited ability to take advantage of its advantages and profit by surroundings are important factors. Great irregularities exist everywhere because of inherited traits and abilities. This is a most important factor and one that receives little or no attention, even although each generation brings forth and exhibits suffering and many failures of those who have been forced through no fault of their own into the thick of the unequal struggle for life, where the weak receive no quarter. "Day by day these ruined hulks pass before you mere driftwood on the ocean of life."

Prevention in psychiatry is concerned therefore largely with questions of education. Paton says "only some men are born to be educated.

The sudden expansion of mental powers may be quite as unfortunate as the sudden acquisition of riches, being disastrous to themselves and to the community at large. The community that heedlessly imposes mental tasks indiscriminately upon the children in its public schools adds greatly to the list already appallingly large of those who overtax the capacities of hospitals for the insane." The fact that many neurotic children are precociously bright, quick to imitate and often quick to learn leads parents and teachers to stimulate them to acquire knowledge from books and to omit the practical side of their training. Care should be taken not to convert a neurosis into a psychosis. Education is not the cultivation of memory alone, but training of all the powers of mind and body. It is our duty as physicians to keep in mind the modern medical teaching which implies that the prime necessity in our school children is to have plenty blood, bone and muscle, and to be well developed physically, even if it is at the expense of their education. Medical science also teaches that children of nervous or unstable constitution should be kept fat from birth and when they arrive at school age their brain should not be forced. To the alienist the

medical inspection of school children is of great importance. In the interest of public health and race improvement the presence of thin, pale, anxious faces should give place to round, fat, rosy cheeks, and laughing eyes, in our school children. For various reasons the feeble-minded children and high-grade imbeciles should be detected early and removed from contact and competition with the normal. Every effort should be made to have institutions provided for the special training of the defective classes who so easily fall into vicious habits and crime.

Much might be written on the subject but probably sufficient has been said to interest physicians in taking a more active and extended part in prophylaxis.

You are all well aware that in order to accomplish anything worth while in prevention the general public requires instructions to gain the sympathy that is necessary for progress along any line that we wish to put into practise. It is therefore necessary that the family physician should become acquainted with and carefully study all problems relative to public health, so that by timely council and judicious advice, families may be instructed where preventive measures are possible.



THE SURGICAL TREATMENT OF ONE HUNDRED AND TWO CONSECUTIVE CASES OF APPENDICITIS.

By G. C. VANWART, M. D., (Univ. of Penn.)

Frederickton, N. B.

APPENDICITIS has so often been the subject of discussion that, unless there is something new and tried to offer, its further discussion seems superfluous. Yet the subject has a fascination which increases with experiences.

Naturally we do not like to speak of our failures, believing that the publicity given by the death of the patient is quite enough. But the story is only half told when these are suppressed.

A classification of the various forms of inflammation of the appendix vermiformis is somewhat difficult as there is no definite line dividing one from another.

For the purpose of analysis, I classify this series as follows:—

Variety :	Onset :	Clinical Symptoms :	Pathology :
1. Chronic Appendicitis.	Insidious or obscure.	Occasional pain. Persistent tenderness. Intestinal symptoms.	Fibrosis.
2. Acute Appendicitis.	Abrupt.	"Three Cardinal symptoms," Pain, tenderness and rigidity.	a. Catarrhal. b. Suppurative c. Ulcerative. d. Gangrenous.
3. Localized Abscess.			Circumscribed with adhesions but includes cases with pelvic abscess.
4. General Peritonitis present at time of operation.			

In no case in this series was the appendix removed incidently while other surgical conditions prevailed.

It has not been easy to determine the number of attacks, as patients frequently give an indefinite history of abdominal pain and soreness.

As far as I have been able to make

out, the first attack is the most severe and the severity of the attacks decrease with repetition.

Severe diarrhoea was present in three pus cases.

In children the cases were all pus, with insidious onset.

I do not attach much importance to leucocytosis, as you may have normal counts or only slight increase in cases with gangrene, perforative or those suppurative cases in which there is no absorption from the abscess cavity.

The appendix is considered to lie between two points, one the apex of the caecum, i. e., McBurney's point, the other the diseased portion of the organ.

Marked abdominal rigidity is an indication of trouble in the abdominal cavity.

In acute appendicitis the most important symptom is rigidity of the right rectus; in chronic appendicitis, tenderness.

The order of symptoms in acute appendicitis as given by Dr. J. B. Murphy, Chicago, has not varied in this series, viz.:—

"1. Pain in the abdomen, sudden and severe.

2. Followed by nausea or vomiting.

3. General abdominal sensitive-ness.

4. Elevation of temperature, beginning from two to twenty-four, after the onset of pain."

Dr. Murphy would question the diagnosis if this order were varied.

In acute cases a rise of temperature was always present, but never preceded the pain. The temperature may be normal when pus is present.

DIFFERENTIAL DIAGNOSIS.

Enteric Fever—The symptoms at the beginning are more constitutional than local. Pain in the ileo cæcal region is less acute. Eruption on abdomen and characteristic temperature record. The absence of muscular rigidity should put one on guard.

Disease of right tube and ovary—This condition frequently associated with an infected appendix must not be overlooked. Cases supposed to be recurring appendicitis have proved to be tubo-ovarian disease.

Peritonitis due to tubercle.

Dietl's Crises in floating kidney.

Renal Colic.

Pneumonia, especially the right lobe in children. The reflex symptoms including pain and rigidity in the appendiceal region is reflected through the lower intercostal nerves.

Rovsing's Sign is helpful in acute appendicitis, to differentiate this condition from acute lesions in other organs in the lower part of the abdomen, for instance, *Salpingitis*.

"Pressure over the descending colon at a point opposite the cæcum will give pain in the appendix region if the case is appendicitis, but will not give pain if the case is any other lesion."

In children rectal examination was found most helpful.

Medical treatment—The patient should be put to bed and no food allowed for twenty-four hours. The bowels should be freely moved and an icebag applied over the right iliac

fossa. If there is no marked improvement at the end of thirty-six hours, I advise immediate operation.

REMARKS ON THE OPERATION.

The appendix was removed in ninety-four cases. In eight it was not removed, either on account of the general weak condition of the patient or the danger of spreading the infection through manipulation.

In the septic cases the abdominal incision was made low, almost parallel to Poupart's ligament and drainage was used.

The operative technique of the appendix itself has been over specialized.

The absorbable suture, chromic catgut, was used both in clean and septic cases.

In all these cases, except two, the abdominal incision was closed with through and through sutures of silk-worm gut. I am very partial to this method of closing the incision, as the formation of dead spaces is rendered impossible if the suture is properly used. But beware of making too great tension on the suture.

If the incision is small and primary union takes place, the patient may get out of bed in two weeks. In large incisions I keep the patient in bed at least three weeks, to avoid the risk of subsequent hernia.

Formerly I advised the use of an abdominal support for a short time, but of late I do not, as I think it favors muscular atrophy.

ADVANTAGES OF EARLY OPERATION.

- a. The operation is easy, no adhesion.
- b. Closure of abdominal incision without drainage.
- c. Convalescence is short.
- d. No sequelæ.

SOCIETY MEETINGS.

NINETEENTH ANNUAL MEETING OF THE MARITIME MEDICAL ASSOCIATION.

ST. JOHN, N. B., JULY 20TH AND 21ST, 1910

WEDNESDAY, 10 A. M.

THE Association met in the Court House Council Chamber, the president, Dr. W. A. Ferguson, Moncton, in the chair.

The secretary read the minutes of the preceding meeting, in Charlottetown, P. E. I., July, 1909, which were adopted.

The treasurer, Dr. G. G. Corbett, presented his report. It was referred to an audit committee, composed of Drs. Maclaren, Chisholm and Murphy.

The president introduced the mayor of St. John, Dr. J. N. Frink, who said he was glad to see the medical men, not because, however, the city is sickly or unwholesome, but by reason of the importance of the profession. He adverted to the recent appointment of a Chief Health Officer for the city and county. Thought such officer should be supported by the general government, and not by the municipality. A government bureau of public health had often been proposed, but seemed difficult of attainment. He thought that so far as the government was concerned, the health of the domestic animals was better looked after than was that of the human family. He hoped the committee in charge of this reform (health bureau), would exert themselves to some effect. He was aware of the tremendous progress medicine and surgery had made in the last half century. He welcomed the association on behalf of the city.

Upon the motion of Drs. Ferguson

(Dalhousie), and Murphy, the association thanked the mayor for his address and kindly welcome.

A number of accounts were ordered paid, upon being presented by the secretary.

The president named the following nominating committee:—

N. B.—Drs. Thos. Walker, Corbett, and Ferguson (Dal.)

N. S.—Drs. Jas. Ross, Millar and Dewitt.

P. E. I.—Drs. Conroy, Murphy and McEwan.

Dr. J. D. Lawson, St. Stephen, N. B., presented a paper upon "Inversion of Uterus." He defined the lesion, and touched upon the cause. Hart and Barbour thought it was due, nearly always, to imperfect conduct of labor. This was going too far. There must be predisposing causes. Crede's system of expelling placenta sometimes leads to it, if favoring conditions already exist. Irregular uterine contraction the immediate cause. He thought the accident should throw no reflection upon the operator. He described the mechanism of inversion. Its frequency seemed a disputed point. The Rotunda Hosp. (Dublin), had only one case out of 191,000 labors. He, himself, had had two, and he knew of several among his neighbors. Barnes says that patient generally dies quickly from pure shock, or in twelve hours. Cross, that 35 per cent. die immediately, or within a month. The chronic case is to be

diagnosed by manual examination and by sound; the acute by shock, proportionate to the severity of the inversion. In the latter instance, action, to be efficient, must be prompt. Detailed cases of both chronic and acute inversion in his own practice.

Dr. Cushing (Boston), gave instances of his own observation. Advocated operating, shortening round ligaments, etc., to prevent repetition of accident.

Dr. Thos. Walker also detailed cases of his own, and Dr. Ferguson cited instance of two successive wives dying of this misadventure. Dr. Chisholm had had three cases. Favored reduction by palpation rather than hysterectomy in chronic instances. Dr. Black had had none of his own, but had seen a number in consultation. He had little trouble in reducing. Dr. Teed recited two cases. One had adherent placenta.

In closing, Dr. Lawson thought discussion had proven comparative frequency of the accident.

Dr. Wm. F. Roberts, St. John, "The Laboratory in General Practice."

Instanced the great triumphs of Virchow, Koch, Simpson, etc., in laboratory work. It makes practitioners more intelligent, especially in diagnosis, which is the pass-port to success in medicine. There were few general laboratories in these provinces. Even in these, delays often occur such as make their findings of little practical benefit. Urine, blood, stomach contents were all available in private work. No serious disease can be present without urine being affected. The pathology of the blood is often the key to the diagnosis. It is the only easily available tissue to study the patient's life. Its study is yet young and is destined to great results. It serves to distinguish functional

from constitutional disease. It is the most effectual weapon against quackery of all kinds.

The cost of private laboratories on a moderate scale is not excessive, and may be as low as from \$150.00 to \$200.00.

Dr. Murray (Hx.), said this was an age of laboratories. Dr. Chisholm remarked the great attention to laboratories in the Southern States. Thought such work depended largely upon a man's gift, and that there was great need in Nova Scotia of endowment of a pathological chair. It was better to send to a special laboratory than to trust to a small private one.

Dr. Watson agreed with Dr. Roberts in his advocacy of private work. He had tried it himself.

Dr. Roberts was much pleased with the discussion, and thanked the members for the kind words said about his paper.

Dr. Millar, Amherst—"Treatment of Affections of, and Injuries to, the Hand." Minor surgery was most important. "Trimming of fingers" is often literal. Surgeons, frequently, were the worst enemies of wounded hands. These parts were rarely so mutilated as to be beyond repair. Infected wounds of thumb and little finger were more serious than those of the other digits. Penetrating wounds in these localities should have special attention. All digital arteries should be separately taken up. Twisting them will generally suffice. Detailed *modus operandi* of typical case arriving in his office. Leather, wood and cloth workers were more liable to infection than those employed as engineers and machinists. Carbolic acid as a disinfectant, lessens vitality.

Advocated removal of distal end of meta carpal bone if finger is to be am-

puted. Dresses with moist boracic gauze and normal saline solution. Drain, by all means, if occasion arises. Sharp palmar pain always suspicious of suppuration.

Dr. Murphy complimented Dr. Millar upon the excellence and timeliness of his paper.

Dr. Ryan instanced cases of suppurating wounds of hands in the St. John General Public Hospital.

Dr. Murray spoke of improvement in C. P. R. in hand injuries because of modern mechanical devices in coupling cars. He amputated in cases of severe joint injuries. Always tie deep palmar vessels when continuity is broken.

Dr. DeWitt thought paper good and subject important. Had seen fingers restored when picked up after being thrown across floor!

Dr. Chisholm insisted upon retention of fingers even though joint be opened. "Sterilize, sew with horse-hair, and it will be restored." His favorite antiseptic was acetozone or alphazone.

Dr. Millar closed. The working man was not indifferent to cosmetic effect in these cases. He, also, testified to re-affixing fingers when totally severed.

Hysterical Hemiplegia. Dr. Wetmore, Hampton, N. B. Hysteria was mental and emotional. Recited cases of hysterical aphasia and another of blindness. All types of paralysis may be simulated by hysteria. Paralysis is not, generally, absolute. Weeping and crying is nearly always present. When lower limb is affected it is always dragged, not thrown to one side as in true paraplegia. Sudden attacks are more marked in the leg than in the arm. There is some headache, a furred tongue, disturbance

of speech. Detailed case confined in hemiplegic condition. There has been gradual improvement in the 4 months which have since elapsed.

Dr. Birt had had similar cases. Instanced one in a patient of 40. He had been in perfect health, but grew wet and indulged in too hearty eating. Next morning suffered from aphasia and right hemiplegia. The paralysis came and went a number of times within a few hours. Pulse tension and temperature were, respectively greater and less than normal on left side, probably due to arterial spasm. The toxins of malaria, which this patient had suffered from specially educated left brain, rather than the embolic right half.

Dr. G. G. Corbett, St. John, Osteopathy. Opposed to drugs, vaccination, etc. Admits surgery to be necessary at times, but holds it is too often resorted to. It holds that disease is the result of anatomical abnormalities, and that the adjustment of these will relieve pathological conditions. It can, so it claims, be applied to all cases, even surgical, which, after all, is only a branch of osteopathy.

There was, the reader affirmed, a sub-stratum of truth in these claims. Instanced hip-dislocation giving rise to wide-extended disorders, as uterine displacement, bladder troubles and variously ascribed pains. Reduction by manipulation, of course, would relieve in this condition.

Similarly the reduction of ribs and clavicle frequently cured cough.

We cannot afford to ignore the osteopathy. His range, though narrow, is direct. The medical schools should investigate the subject, and students should, more than at present, take in all non-drug plans of healing.

Dr. DeWitt thought there was something in osteopathy. It was a pity, though that it was in the hands of unscientific people. Schools should pay more attention to the influence of mind over matter.

2.30 TO 5 P. M.

Presidential address—Dr. W. A. Ferguson, Moncton.

He thanked the association for his election and made feeling reference to the deceased members of the year. He would allude, very briefly, to a celebrated man in medical science, perhaps not a great original thinker, but a pioneer in practical application. John Hunter was born 182 years ago, in Ayrshire, Scotland. He was the youngest of ten children. A brother became a leading practitioner in London, and was professor of anatomy in a school there. The father died in John's 14th year. The latter had no university training, but was, early, interested in natural history, especially as regards the animal kingdom. In 1748, then in his 21st year, he went to London. His genius and industry, here, early displayed themselves. He became house surgeon to St. George's hospital in 1756, but only served five months. He then devoted himself to the study of comparative anatomy, but fell into ill-health in 1759. Afterwards he went with the army to Spain, as staff-surgeon, where he acquired valuable experience in gunshot wounds and their successful handling. Upon his return to London he entered on private practice, but only as a "pot-boiler," and continued to study animals. 1768 found him again in St. George's, this time as surgeon. He now received "house-pupils," and published his first book in 1771. In the same year he married. He had now a large practice, but was

no money-saver. He continued to dissect animals, practice, and attend hospital till death. He was no great stylist or speaker, and was deficient in general culture. He read but little, and made practical use of the discoveries of others. He experimented on bucks for aneurism, and discovered the effect of collateral circulation. Six months later, he operated for popliteal aneurism. Unfortunately, he had a wrangle with his colleagues, which had a bad effect on his health, and he died suddenly.

He placed surgery on a scientific basis. He was patient and accurate. He made no great striking discovery, but influenced cognate science largely. He was an anatomist, biologist and surgeon, but pre-eminently, the latter. To this he brought all his ability and made it a science, instead of, as formerly, a handicraft. His philosophy was deductive, mainly, but he did not, at times, scruple to use induction. He was the author of many works. He was greatest as an observer, and a reasoner from what he saw. He took nothing for granted. The learned reader hoped that this sketch of a great man would cause more than one of us to emulate the example thus shadowed forth.

The association thanked the president for presenting them this lively and living picture of one of the masters.

Dr. W. H. Trainer, Fredericton. "Nephrorraphy, Herniotomy and bilateral Oophorectomy" (in same patient). Complete recovery. female. 43. Was robust and healthy in girlhood. Acquired leucorrhœa in 20th year. Confined to hospital 14 weeks. Subsequently, for 4 years, suffered from cehalagia, and cystitis. Also had astigmatism. Uterus to one side, an-

tiflexed and enlarged. Operated on November, 1909. No good effect. Did nephorrhaphy April 29. Case made good progress in hospital. Left in six weeks, practically well. Remains well now, 14 months after

Dr. Birt, "Excessive Blood Pressure." Many middle-aged men have this condition. Also women, but not so many. Earlier stage of hyperpyrexia should be noted. A mechanism to record the various qualities of the pulse is as necessary as the clinical thermometer. In the main, there are two patterns (1), Janeway's; (2), Cook's modification. Latter the most practical, as it is portable. The pulse-beat in excessive blood pressure is from 6 to 8 more per minute in an upright position than in recumbency. Viscosity of blood, excess of that fluid, and the contraction of branches of arterial tree are the principal causes of this malady. The latter is the chief, and is due to toxins of gastrointestinal origin. Alcoholic drinks, meat and sluggish life are determining factors. Dyspnoea is a constant symptom. Reduced diet often relieves pressure in functional cases. Toxins irritate muscular coats of vessels thus causing their contraction. This results in cardiac hypertrophy and degeneration follows. Causes of death (1), apoplexy; (2), cardiac defect; (3), intercurrent pneumonia. There is little doubt that sod. chloride retained produces renal inadequacy. Salt is a circulatory stimulant if above 100 grs. daily. Excessive blood pressure in its functional stage is remediable. If not then remedied it advances to arteriosclerosis, unless terminated earlier by inter-current disease. It is quite common among women at the menopause. After definite hardening of the arteries, treatment is only palliative. Digitalis is contra-indicated in advanced stages.

Dr. Lafleur, Montreal, complimented the reader. With regard to particular style of pulse-metre, he would hesitate to name any one, but would advise sticking to that with which one makes himself familiar. Thought people in middle life took too much fluids, with consequent increased strain on arteries and heart. Knew little about effect of toxins on increased blood pressure.

Dr. Birt (closing), always restrained his patients in use of fluids and proteid food.

Dr. Lafleur, Montreal. "Skiagrams of Some Aneurisms of Thoracic Aorta.

Four cases—F., middle age, saw her one year ago. Had severe intrathoracic pain. Treated for intercostal neuralgia. Could make out little by physical examination. Auscultation, at least, suggested aneurism. Accentuation of and echoing character of 2nd sound of heart. Condition revealed by X-ray picture. Treated with pot. iodid, which relieved pain for first time in many months.

(2) F., 45. The most interesting of the four. Had had easy life. History of alcohol using and cigarette smoking. Brothel-keeper. Probably syphilitic but not positively. Quite well until sudden collapse at seaside. This seizure was renewed several times. Sometimes two or three attacks of unconsciousness. Daily examination revealed complete absence of both radials at wrist. Physical examination of chest was negative. Absence of radials led to X-ray examination, but result was only suspicious. Thought, at first, attacks resembled epilepsy.

(3.) M. Excesses in tobacco and venery. Persistent cough and stomach pains. Very fat and short. Always out of breath, and with hoarse voice. Auscultation revealed no breath-sounds on right side. Hence suspect-

ed hæmo-thorax. Three days after x-ray picture had a loss of three pints of blood, developed secondary broncho-pneumonia and was in critical state for 3 or 4 weeks. Pressure on left bronchus was main suspicious sign.

(4.) M., 50. Dyspnoea on slight exertion. Not true dyspnoea, but more difficulty of drawing in breath. Voice husky. No palpitation, cough or pain. Construction of trachea found by Dr. Birkett. Then x-ray showed aneurism of arch. Pot. iodid gave much relief. Many aneurisms can only be so made out by x-ray examination.

Dr. Watson detailed two cases similar to Dr. Laffleur's (1) and (3).

Dr. Birt instanced case. Male. Few physical signs of aneurism. Practically only one, viz., base of left lung almost inactive. Aneurism of descending aorta adherent to left bronchus.

Dr. Atherton, Fredericton. Two cases of "Acute Intestinal Obstruction." (1) Female—middle life. Enema without result. Not even gas passed. Abdomen distended. Thought of gall stone. Operated. Found large stone $1\frac{3}{8}$ x 1 inch in lumen of bowel. Closed wound without drainage. Much pain for one day. Intestinal discharge of $\frac{1}{2}$ oz. to 1 oz. daily, which considerably irritated skin. Operated for opening in bowel third day, and again, a second time, but fistula persisted. Made another attempt, a year after, to close opening. Wound gradually healed.

(2.) C.B., female, 19. Pregnant. Had passed stick into vagina to cause abortion. Complained later of abdominal pain. Fœtus was expelled later on. Condition, afterwards, was grave. In hospital. Operated in medium line. Intestines glued together, and

held down by bands of adhesions and greatly distended with gas. Loosened entrapped gut. Patient, afterwards, very sick, vomiting for a long time, finally recovering. Remarkable that gall-stones should go into duodenum. Vomiting fœcal in odor, and in one case was unprecedented. Pregnancy and abortion complicated second case very much. Recovery was due to saline infusion and washing out of stomach.

Dr. Maclaren said large gall-stones often caused obstruction. Had had one case similar to Dr. A's. Stone could be readily palpated through abdominal wall. There was marked danger of inhaling stomach contents in vomiting after operation. Would wash out stomach prior to operating.

Dr. Atherton agreed as to the wisdom of last mentioned procedure.

Dr. M. Chisholm, Halifax. "Gangrene." Very common yet not susceptible of much benefit by treatment. Necrosis attacks bone, but subject of paper, soft parts. The causes are various. traumatism, thrombus, inflammation, etc. It is very apt to occur in the infirm. Feelings of weakness and paralysis in foot often precursor of gangrene, due often, to thrombus blocking circulation.

Detailed case. Male, elderly. Had been fishing and got wet. Leg partially paralysed, with blanching of toes and adjacent parts. Swelling began in 12 hours. Consultants thought of popliteal rupture, but incision brought little blood, but a good deal of serous fluid. Vessels largely distended. An additional consultant confirmed original diagnosis of thrombus. Gangrene was now very evident and amputation was performed, with good recovery. Thought

thrombus due to bacteria. Vitality enables some to throw off almost everything, others, with less, succumb. Old age is only a relative term. Would say "a man is as old as his vital forces," assuming he has good nourishment, and not as we generally say, "as old as he feels." Interference with circulation is always bound to cause local death, if prolonged any time. Had known a medical battery to save, for a time, at least, a man's leg of low vitality. Cited another case in which delay had caused loss of foot. It was not easy to classify gangrene, though there were varieties of the disease.

Dr. Atherton believed amputation should always follow diagnosis. Cited instance of three cases in one family. In one of these nitro-glycerine was used with good effect.

Dr. Chisholm (closing), emphasized the need of proper treatment. Unnecessary delay had often compelled doctors to do nothing. A great deal depends upon patient himself.

Dr. Conroy, Charlottetown. "Caisson Disease." Due to sudden removal from normal to a higher or lower air-pressure. Light paraplegias frequently quickly recover. Rapture of eardrum, myalgia, epigastric pain and vomiting, blindness, etc., are the usual symptoms. "Sand-hogs"—men habitually employed in caissons—insist on treating their comrades themselves, refusing medical aid. They rub vigorously, and subject patient to extreme heat for hours. Low vitality predisposes to attack. The common uræmic symptoms are often seen; hence the utility of hot rooms; thus causing sweating and elimination of poisons. Air in which these men labor should be kept at an even temperature.

Dr. A. G. Ferguson thought the paper an extra-ordinarily good one.

Dr. Murphy said the disease was one of which we know little. He thought the papers read at their meeting formed an epoch in the history of the association.

Dr. Watson detailed a case of his own, resulting from a wounded man—a boiler-attendant—being suddenly transferred from a hot room to a very cold one. Gradual return to ordinary temperature together with light stimulants resulted in recovery.

Dr. Conroy thanked the association for the interest shown in his paper.

Dr. W. W. White. "Osteoma of Testicle." Read by Dr. Dunlop.

8 TO 9.30 P. M.

Dr. Turner, Montreal. "Pain in the Back." In neurotic conditions the pain was general.

1. Pure neurosis—History of trauma, usually; often far back. In one case 25 years. In examining, review movement of spinal column, as flexion, rotation, extension, right and left lateral rotation, etc. These, not as a rule, abnormal. Tenderness often present, as was also hyperæsthesia. If skin is stroked toward tender area, a marked reflex is often obtained.

2. Organic lesions. (a), acute; (b), chronic.

(a.) Prolonged muscular action, but not contusion, produces pains in back of this nature. Tender spots are often found along spinous processes. When ligaments are torn there is pain along nerve trunk. Illustrative case—F., 42. Pain in back; in right calf and shin. Marked hyperæsthesia over lower extremities. neuritis at 3rd and 4th lumbar nerves. x-ray showed fracture of transverse process of 5th lumbar vertebra. Potts is most serious cause of pain in back. Here there is

muscular spasm and rigidity, with clumsy gait. F., 60. Persistent neuritis over shoulder, involving 5th and 6th cervical vertebrae. Stiff neck, etc. M., 18. Pain in calf of left leg. Stiff back. Unable to play games. Neuritis of 4th lumbar nerves. X-ray showed definite enlargement of 4th and 5th lumbar vertebrae. Pain in Pott's is a dull ache. Stiffness; hence typical attitude when stooping forward to pick up pin. These cases always relieve back by arm-support, when possible, while standing, driving in carriages, etc. In rheumatoid arthritis of spine, there is marked flattening of lumbar region. Sometimes "band-like" sensations are experienced—not much "poker-back" in Canada, but frequent in United States. This is usually taken to be lumbago. The onset is variable. Sometimes soreness or stiffness. No pain on percussion and good general health. In women pain is often worst at menstruation. Sometimes tenderness over sciatic, or inner side of calf. Pain often relieved by manipulation. In these cases often a click can be heard. Pendulous abdomen. Always examine sacro-iliac joint to exclude trouble there rather than in back.

Dr. Birt dwelt upon the importance of fully exposing spinal column when examining. Patients often overstate symptoms, and to correct such by careful examination is all important. Prostatic disease often causes severe pain. He thought much of the paper.

Dr. Chisholm also thought the paper was good. Often at a loss to determine cause of back-pain. Cited case of coal-shoveller. Real cause, here, was gumma of spine, and potassium iodid cured him.

Dr. McEwan. "Chorea in Childhood." There was always a tendency to acute endocarditis. The typical movements cannot be checked, and excitement increases them. Girls are attacked in proportion of 104 to 42 boys. Another ratio is 79 per cent. female, to 21 per cent. male. It is rare in negroes and Indians. It has a connection with rheumatism. Some authorities regard it as certain evidences of latter disease. Rheumatism is always, he thought, sure to be present, sooner or later. Rheumatic children should be guarded against excitement, and excessive mental strain. Functional heart abnormalities often become organic if neglected. There are no pathological changes of importance. Was of opinion that embolic theory of Turck had something in it. Also, that there was a contagious element in the disease. Early symptoms were frequent dropping of things from hands, irritability, headache, etc. "Habit-spasm"—that is, repetition of a peculiar movement, as shrugging the shoulders should not be mistaken for chorea. "Convulsive tic," also, and sudden starting when spoken to, "fidgetting" should all be differentiated. Worms often simulate the disease. Recovery was the rule in chorea. There should be complete rest in bed for one or two weeks. For the "residual" chorea, the child may amuse himself. School, especially, interdicted for a long time. In drugs, arsenic is most used. 15 to 20 drops Fowler's has been known to cure in a week. This dose, given at the usual intervals, must not, however, be used longer than a week, even if not effective. Ergot, chloral, salicylates, etc., are all occasionally useful.

Dr. DeWitt asked regarding toxic effect of natural salicylate salt compound with that of the synthetic pro-

duct. He thought the former much less; therefore never prescribed latter. Cited case of chorea in adult, twice following delivery, in succession. It was, each time, apparently cured with the salicylate.

DISCUSSION ON CONSTIPATION.

Some may have symptoms—others not. Even those who go very infrequently to stool often suffer little inconvenience. But headache, lassitude, piles and even inflammation of the gut may result from constipation.

The treatment was to clear out the lower bowel and then find out the cause. He regarded calomel as the best purgative, in doses of from gr. 1-10 to $\frac{1}{2}$ every two hours. He animadverted against the modern method of milling wheat claiming the resultant product as shorn too much of its laxative qualities. Food should be well masticated and the teeth looked to. For tonics fresh air and exercise were required. Regularity of defecation was all important.

Dr. Murphy had looked through the literature of the subject and failed to find any real cause. The treatment of the ancients was the proper one today. He mentioned an old-time bird, blessed with a long neck and, perhaps, a larger bill, which was accustomed to overcome its constipation by the happy expedient of administering to itself, from time to time, an enema of water, using its bill as a syringe. He did not throw this out as a therapeutic suggestion, in this connection, but as a hint that artificial "long bills"—the syringe—was here a useful instrument. He rather deprecated the use of calomel, as it is often followed by pyalism. Our unnatural method of living was at the bottom of most of our constipation.

Dr. Eagar quoted Hurtz, of London, as the leading teacher on the right path of treatment. The latter gives the patient, bismuth, and traces it by means of skiagrams in its passage through the digestive tract. By this means he could scientifically locate the seat of the trouble. The speaker showed skiagrams, illustrative of Dr. Hurtz's theory, depicting the bismuth in its various stages in the bowels. Hurtz claims the saline purgatives causes liquid stools before really passing through the whole intestinal canal. Calomel acts as a direct irritant, not as a physiological one. Hurtz thinks constipation is often due to lack of mere bulk in food.

Dr. Ross (Alberton), thought a consideration of functional constipation would be useful. Such was more common in women than men, and most so in pregnancy, in whom, perhaps, it was due to the unnatural posture assumed in defecation. The giving of drugs should be a last resort. A severe purge seems to paralyse the bowel. Phosphate of soda, before meals is useful. Recited case where suggestion had a happy effect.

Dr. Walker (closing), admitted that posture might have a considerable effect at stool. Was rather of the opinion that modern closets hardly admitted of a correct position at this important function of the body.

21ST JULY—9.30 TO 1 P. M.

The president in the chair.

Dr. Murray Maclaren reported for audit committee.

The treasurer's accounts were found correct.

The committee for the nomination of officers of the association for the ensuing year reported as follows:—

For President—Dr. E. A. Kirkpatrick, Halifax, N. S.

- For Vice-President for N. S.—Dr. G. E. DeWitt, Wolfville, N. S.
 For Vice-President for N. B.—Dr. Geo. G. Melvin, St. John, N. B.
 For Vice-President P. E. I.—Dr. H. E. McEwan, O'Leary, P. E. I.
 For Treasurer—Dr. G. G. Corbett, St. John, N. B.
 For Secretary—Dr. D. T. Watson, Halifax, N. S.

These were duly elected by the association.

Dr. Ferguson (Dalhousie), moved his resolution of which he had given notice one year ago, respecting change in the constitution of the association. Ordered, that motion be the first order of business in the afternoon session.

Dr. Van Wart, of Fredericton, folloed wwith his paper on "102 Consecutive Cases of Appendicitis." It was discussed by Dr. E. W. Cushing, Boston, and Dr. T. D. Walker.

Dr. Chas. H. Hodgitts, -Ottawa, presented his paper on "Public Health." Dr. Black, Dr. Murphy, Dr. Cushing, Dr. Daniel and Dr. Murray (Albert), discussed it.

It was resolved that a copy of the motion of last year, relative to the establishment of a Bureau of Public Health, be sent to each M. P. in Canada.

Dr. Emery read a clinical report on "Uncinariu Americanus." Discussed by Dr. Cushing and Dr. Watson.

Dr. Ross (Alberton)—"The subconscious and its Relation to Certain Functional Neuroses." Spoken to by several members.

AFTERNOON SESSION.

2.30 to 5.00 P. M.

Dr. Ferguson's motion was the first matter taken up. It was as follows—"That there be alternate meetings in New Brunswick and Nova Scotia for four years, and in Charlottetown, P. E. I., every fifth year."

Dr. Conroy thought that as P. E. I. was so much smaller than either N. B. or N. S., it was, perhaps, asking too much of the former to have the association meet there in regular and equal sequence with the latter provinces. They, in P. E. I., had their own societies which must be kept up, and the funds were small. Country members did not seem to take an enthusiastic interest in medical societies. He referred to the suggested abolition of the Maritime Medical Association, in favor of the Dominion Association. He thought the consensus of opinion in P. E. I. was favorable to the proposed change.

The motion was carried by the necessary two-thirds majority.

Dr. Ross, (Halifax), "Initial Lesion of Syphilis." Discussed by Drs. Melvin, Irvine and Hodgetts.

Dr. Little (Montreal), "On Certain Advances in Obstetrics." Dr. Thos. Walker made remarks on this paper.

Dr. Cushing (Boston), spoke on some details of operation work, and his remarks were commented upon by Dr. Archibald (Montreal), Dr. Cushing replied.

Dr. McVey then presented his paper on "The Medical Chemistry of Iron."

Upon invitation, Dr. Archibald, General Secretary of the Canadian Medical Association, made some remarks about the places of meeting of that body. He thought that that association was about to be greatly expanded, in unison with that of the medical profession, generally. The next date of meeting was not yet fixed, but would probably coincide with the graduates reunion of McGill university. Many very prominent men would be present. It had been suggested to him that the Maritime Medical Association be dropped, but though he had thought well of this at first, he had, since, rather changed

his mind. In reply to a question by Dr. Ross (Halifax), respecting the new Canadian association's medical journal, he said that the prospects of early publication were good. Negotiations were being had with the proposed publishers, and the first number might reasonably be expected with the new year. A general discussion ensued regarding the conditions imposed by the Canadian Medical Association, as respects membership.

Votes of thanks were passed to the mayor and council of St. John, for the use of the council chambers; to the St. John Golf Club and to other bodies for their hospitality. The janitor of the building was voted five dollars.

Adjourned.

GEO. G. MELVIN,
Secretary.
W. A. FERGUSON,
President...

ANNAPOLIS AND KINGS MEDICAL SOCIETY.

THE autumn meeting of the Annapolis-Kings Medical Society was held in the new court house, Digby, on Tuesday, Oct. 11th, with afternoon and evening sessions.

The afternoon session opened at 3.30 p. m., Dr. J. W. Miller, of Canning, vice-president of the society, being in the chair, in the absence of the president, Dr. P. N. Balcom, of Aylesford. Dr. L. R. Morse, of Lawrencetown, was appointed secretary pro tem, in the absence of the regular secretary, Dr. F. W. Read, of Middleton.

The first matter of importance at the afternoon session was the admittance of the Digby county medical men into the valley society. It was much regretted that the only Digby county doctors present were Dr. L. H. Morse, of Digby, Dr. E. O. Hallett,

of Weymouth, and Dr. A. Gallant, of Meteghan. Dr. Archibald, of Bear River, attended in the evening. A new scale of fees was discussed which will probably be adopted.

A letter was read from the anti-tuberculosis society of Halifax, which brought out considerable discussion.

It was finally moved, seconded and passed, that the matter contained in this letter in reference to the Provincial Sanitarium at Kentville, be deferred until the next regular meeting, and that the society in the meantime ascertain from the league what stand the other societies were taking in the matter.

The evening session opened at 7.30 o'clock with the vice-president in the chair. The programme proved an interesting one, papers being read by Dr. Walter W. White, of St. John, and Dr. J. R. McIntosh, also of St. John. A paper on surgical treatment of uterine displacements, by Dr. T. D. Walker, of the same city, came next. The last on the programme was a paper on typhoid fever by Dr. Victor F. Connor, of Hantsport.

The chairman called on the various members present for discussion on each paper.

The discussion on Dr. Connor's paper was particularly interesting and brought out a lot of information on the cause, symptoms and treatment of typhoid fever.

A vote of thanks was extended to the St. John gentlemen present and to Dr. Connors for their valuable papers.

It was not fully decided Tuesday night where the January meeting would be held, but it will probably be either Bear River or Bridgetown.

The medical men appeared to be much pleased with their visit to Digby and greatly impressed with our town as a summer resort.—*Digby Courier.*

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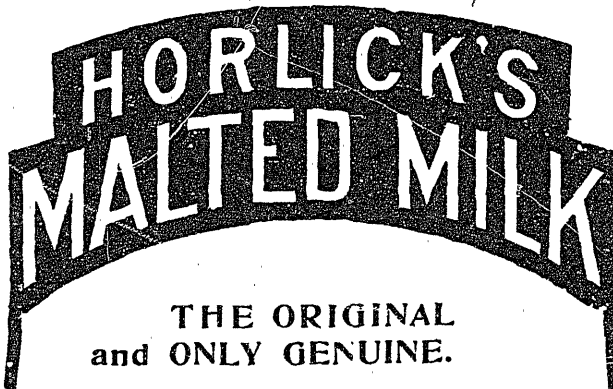
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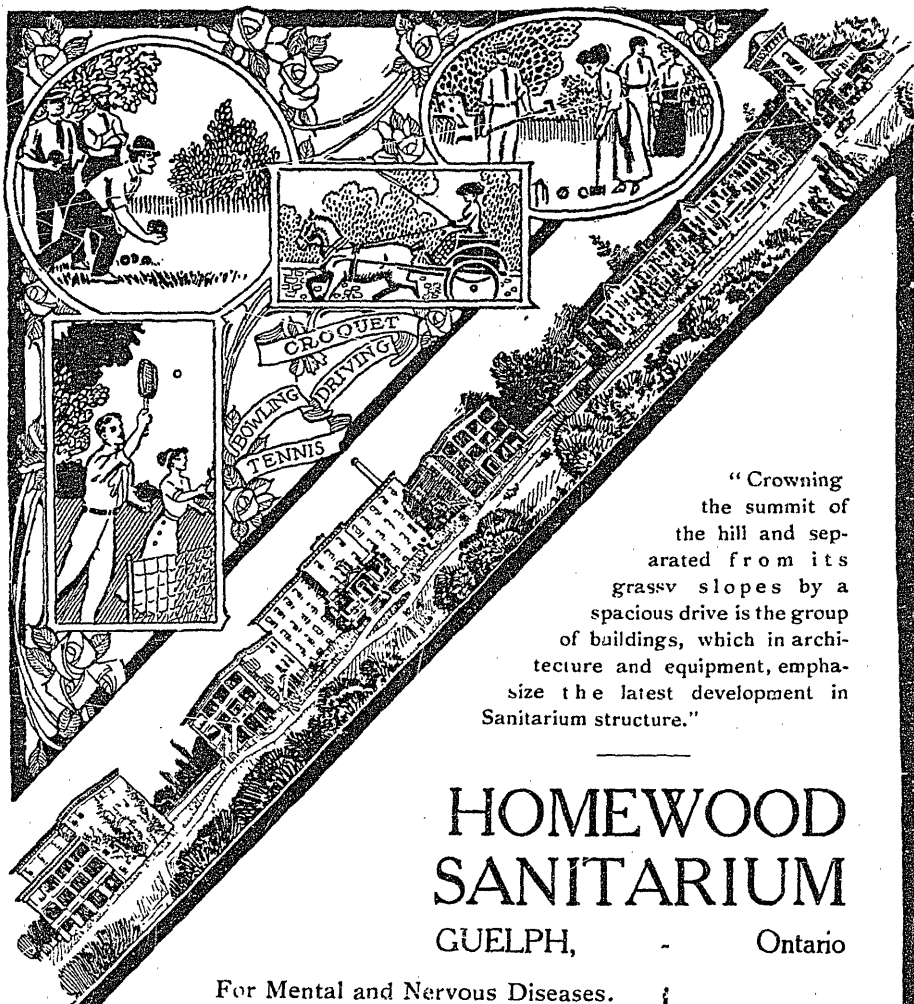
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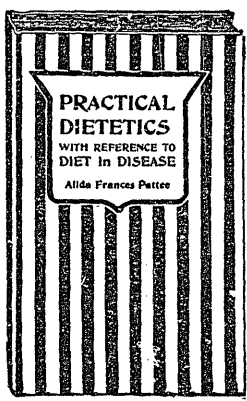
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a hose to me chest an' begins listenin'." "Anythin' going on inside?" says I. "'Tis ye'er heart," says he. "Glory be!" says I. "What's th' matter with that ol'ingin?" says I. "I cud tell ye," he says, "but I'll have to call in Dock Vintricle, th' speycialist," he says. "I oughtn't be looking' at ye'er heart at all," he says. "I niver larned below th' chin, an' I'd be fired be th' Union if they knew I was wurrukin' on th' heart," he says. So he sinds f'r Dock Vintricle, an' th' dock climbs me chest an' listens, an' then he says: "They'se somethin' th' matter with his lungs, too," he says. "At times they're full iv air, an' again," he says "they ain't," he says. "Sind f'r Bellows," he says. Bellows comes and pounds me as though I was a roof he was shinglin' an' sinds f'r Dock Lap-orattemy. Th' dock sticks his finger into me side. "What's that f'r?" says

I. "That's McBurney's point," he says. "I don't see it," says I. "Mc-Burney must have had a fine sinse iv humor." "Did it hurt?" he says. "Not," says I, "as much as though you'd used an awl," says I, "or a chisel," I says; "but," I says, "it didn't tickle." The end is: "They mark out their wurruk on me with a piece iv red chalk, an' if I get well, I look like a red carpet."—*American Medicine.*

* * *

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