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HALIFAX, NOVA SCOTIA, OCTOBER, 1905.

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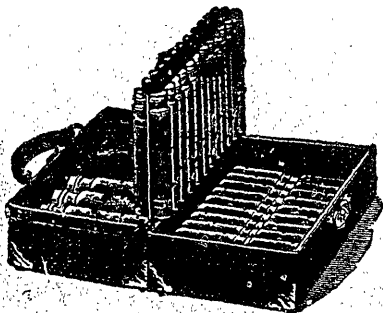
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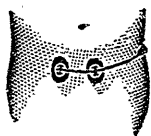
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 3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics. (Pass in Medical Jurisprudence, Pathology, Therapeutics).
 4TH YEAR.—Surgery, Medicine, Gynecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy. (Pass Final M. D., C. M. Exam.)

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS.

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MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., OCTOBER, 1905 No. 10.

Original Communications.

PRESIDENTIAL ADDRESS.*

By JOHN STEWART, M. B., Halifax.

Friends and Colleagues:—

My first duty is to thank you for the honour you have conferred upon me in electing me to preside over this meeting.

I can assure you that my pride in this great honour is tempered by a feeling of very great responsibility, and a sense of marked inaptitude for the duties of this position. And in thanking this Association for an undeserved honour I wish to thank especially the most earnest, energetic and cheerfully laborious Executive which any President ever had.

I wish to express my sense of obligation for the presence of His Honour the Lieutenant Governor, whose more than eighty years of strenuous and honorable life give exceptional value to the kind words of appreciation in which he has just welcomed our Association to this city.

Permit me also to express my pleasure in having on the platform my old friend and colleague, the Honorable D. McN. Parker, one of the founders of this Association.

* Delivered before meeting of Canadian Medical Association, Halifax, Aug. 22nd, 1905.

And now I bid you welcome, welcome to this picturesque Province of Nova Scotia and to the City of Halifax.

I bid you welcome on behalf of the medical men of this province; for when it became known that the Canadian Medical Association was to meet here, there came in from all over the province, from the county societies and from individual practitioners, expressions of a desire to have a share in your entertainment, and therefore it is that we are here today as the guests of the Medical Society of Nova Scotia, and that we have listened to the warm welcome of its President.

In welcoming you to this place I should perhaps say a few words of introduction to a city and a province new, perhaps, to many of you. If you are interested in history, you will find much here to occupy your attention.

In the early morning mists of our history we see Leif Ericson, in his Viking galleys, steer along our coast. Four hundred years ago the Cabots took possession of these regions for King Henry VII. And then for two hundred years the intrepid navigators of Old France, De Monts, Champlain, St. Denis, LaTour, explored these bays and headlands.

If you can spare time to visit Annapolis you will find traces of the French occupation, and see still in good preservation the old powder magazine, the oldest European masonry in America north of Mexico, and built of stone brought from France. Midway in the province, you come to Grand Pre, with its crowded memories of the past, and its wide acres of fertile dyke lands which we owe to the industry of the early French settlers. And in the extreme east you will find the historic ruins of Louisburg, where the sea birds cry over the rain swept turf which covers many a gallant heart. Nova Scotia may indeed claim its share in thrilling memories of "old unhappy far off things and battles long ago."

We can point with pride to the distinguished names of many Nova Scotians. I shall avoid the troubled waters of political life and will mention only the fact that two of the most distinguished college presidents in this country were Nova Scotians, viz, Sir J. W. Dawson of McGill, and Rev. G. M. Grant of Queens'. In literature we are proud of the reputation of Haliburton. The hero of Kars and the defender of Lucknow were both Nova Scotians. Our ship builders

and our sailors have carried our name round the world and it is safe to say there are few ports in the world where you may not find a Nova Scotian sea captain.

This city of Halifax is crowded with historic memories. It was up this harbor that the ill fated squadron of D'Anville, shattered and storm tossed, came to anchor, to meet a more deadly foe than wind and wave in the pestilence which destroyed hundreds of brave sailors. It was here that Cornwallis, stout soldier and sagacious statesman, arrived in 1749 and laid the foundations of this city. St. Paul's church, built in 1750, is the oldest Protestant church in the Dominion of Canada, and the old churchyard of St. Paul's is one of the most interesting cemeteries in this country. In it were laid side by side the heroic dead who made the names of the Shannon and the Chesapeake famous.

In the old Provincial Building, where we hope to meet this evening, Mr. Lawrence Kavanagh stood in 1827, the first Roman Catholic member since the Reformation to represent a constituency in the British dominions.

And there is another old building here, which to my mind should be full of interest for all Canadians. It was a Nova Scotian, Sir Samuel Cunard, who had the enterprise to start the first line of transatlantic steamships, and there are men in Halifax to-day who remember when the *Britannia*, the first Cunarder, came up the harbour and to the shipping office of S. Cunard and Co.

And may I draw your attention to our geographical position and to our incomparable harbour? It has the largest dry dock on this side of the Atlantic, it is defended by one of the most powerful fortresses in the world, and at any hour of day or night, summer or winter, in any state of the tide, the largest and swiftest ships afloat may come along side the pier, or leave it punctually, without delay or interruption.

I trust that when this Association again meets in Halifax it will find the western terminus of the fast Atlantic service,—safe in the keeping of the "Warden of the Honour of the North."

Finally bear with me if I point to our Educational Institutions. Dalhousie University the only undenominational college in the province, has not only supplied professors to several colleges in the United States, but furnished a distinguished successor to the renowned Tait of Edinburgh, and only the other day, sent one to the University

of Birmingham. We have also a medical college whose graduates are now dotted all over the Dominion and the United States, reflecting credit on their province and their Alma Mater. There is the institution for the Deaf and Dumb, where results are obtained equal to those of any similar institution anywhere, and finally we have this School for the Blind in the hall of which we are met, which is presided over by Dr. Fraser, a gentleman second to none on this continent in the skill and success of his methods, and whose marvellous personality overcomes all disabilities and inspires all who come in contact with him.

This is not the first occasion on which the Association has met in Halifax.

In 1875 the Association first met here, and again in 1881, when the General Secretary was a young Montreal physician whose name is now a Master-word in the schools of Aesculapius the world over—the Regius Professor of Medicine in Oxford. At the meeting of 1881 the attendance was 53; to-day we have already registered over 200.

It is only fitting that I make reference to some of those who were with us then and who to-day are not. The president was Dr. G. E. Fenwick, of Montreal, a distinguished surgeon, who occupied the chair of surgery in the University of McGill for fifteen years. The vice-president for Nova Scotia was the late Dr. R. S. Black, one of the leading physicians of Halifax for many years, a man of wide culture, and specially familiar with Spanish history and literature.

There are two names to which I wish particularly to refer in this place on account of their connection with this Province and their interest in this Association. The late Dr. Edward Farrell was one of the foremost citizens of Halifax, and took a leading part in our political life, having been a member of our legislature. He was one of the founders of the Halifax Medical College, where he held the chair of surgery from its foundation until the time of his death, and his admirably lucid, well ordered and emphatic style made him one of the best lecturers whom I have ever heard. He was surgeon to the Victoria General Hospital for thirty years. He took a keen interest in the subject of tuberculosis, especially in the organization of methods to prevent the dissemination of the disease, and was appointed by the Dominion Government to represent us at the Congress on Tuberculosis in Berlin. And it was in the discharge of his duty

as a member of a commission appointed by our own Local Government to select a site for a sanitarium, that he contracted his fatal illness, through exposure to cold and wet when driving in the country; and on the first day of this new century he passed away from among us, but the brave and cheerful spirit, the ready wit, the warm kind heart are memories that remain.

And what can I say of Dr. Wm. Scott Muir? I may say I believe that no member of this Association was better loved or more heartily welcomed to its meetings. He had been a vice-president, and upon at least one occasion he was nominated for the presidentship but generously insisted on giving way to others. He was a very regular attendant at our meetings, and his stalwart figure and cheery voice had become familiar to the profession throughout Canada. His business ability and his knowledge of affairs made him invaluable in committees, and his contributions to the scientific work of the Association were marked by keen observation and practical common sense. He was my own dear friend and I shall not trust myself to say more of what his loss has been to us.

And so one by one, just as we learned to value them more, our comrades fall, and what can we say but

“ Fare you well :

Hereafter, in a better world than this,

I shall desire more love and knowledge of you.”

It is perhaps a weighty sense of the responsible position in which you have placed me that gives to my thoughts to-day a somewhat serious turn.

As I look upon this great assembly I think of the years of study, the expensive education, the physical and intellectual toil, the laborious days and anxious nights, and when I consider the results I am tempted to ask—what is the good of it all? We toil to save, and how often it is that the valuable lives, the bread winners, the wise, the strong, the true, are taken, and we succeed in saving the idle, the dissolute, the degenerate. There is not only a sense of futility, there is horror in the thought that our art may in unworthy hands be degraded to be a servant of evil passions.

And have all these then—our brothers and our forebears—died in vain? Have their lives been wasted and would it have been better had they had no part in aught that's done beneath the circuit of the sun?

Perish such thought! These dark imaginings are nothing but rank pessimism, and pessimism is fatal to us of all men. Of all men the medical man must be an optimist. If our work is to save and prolong life we must believe that life is something worth having and worth keeping, or we are not true to ourselves, and are false to other men.

Now, what is the value of life? Character. And what makes life worth having and worth keeping?

The more we reflect upon human life and all its manifestations the more do we become convinced that its true criterion is character. To the unthinking it may seem that this subject is outside our province, and that health and character are in different categories. But we cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study the physical framework of man, but as practitioners of medicine we must consider the living man as body, soul and spirit.

Our nature is threefold, and health and character pertain to each component, the physical, the intellectual and the moral. We may admit that so far as we can see perfect physical health may exist with feeble intelligence and degenerate morals, but the ideal condition for which we should aim is the balanced blend and perfect equilibrium of all these elements. And even though at first glance it may seem that one component may attain perfection while the others are defective, a close observation convinces us that it is not so. The brilliant intellect is hampered in its working by the diseased body which forms its transient tabernacle, the "eye sublime" subdued to that it works in by a vile spirit, loses its brightness, and

"Faults in the life breed errors in the brain,
And these reciprocally those again."

And as Maudsley put it the other day at the British Medical Association, "Mind works in every function of the body: a sound body is the foundation of a sound mind and the lunatic is lunatic to his finger ends." We cannot think soundly about life if we ignore this essential and indissoluble trinity. Experience tells us that in our work of detecting, preventing, eliminating disease, we cannot treat our patient to advantage if we regard only his physical condition and neglect consideration of his mental equipment and moral proclivities. Indeed, the manner of man our patient is, is determined more by those

invisible forces than by his corporeal form, or as we have it in the sayings of the Wise Man, "As he *thinketh* in his *heart* so is he."

And it is with the community as with the individual. That which makes a nation great is not the wealth of its people or their intelligence, but their good name. It is because I believe that the medical profession may have a large influence in moulding the spirit of a nation, that I wish in the hour which custom allots to me here, to offer a few remarks on National Character and Public Health.

How may our national character help or hinder us in our work, and how may we as the guardians of the public health help to make or mar our national character?

The public health laws of a country will depend largely on the character of the people. The character of the people will be conditioned largely by their public health, that is, by that standard of health of the individuals composing the nation, which as a national ideal all the people are interested in and willing to make sacrifices for. This is Public Health in the largest view.

And first let us consider some of the features of national character which may influence public health.

There is love of liberty, and a free people is usually a vigorous and healthy people.

But there is a liberty not according to knowledge. When an individual claims the right to act according to his own judgment in matters of which he is profoundly incapable of judging, his boasted liberty may prove a perilous possession to himself and his neighbours. When a community refuses to be bound by laws which sanitary science has declared to be necessary, it abuses its liberty and may bring serious damage upon itself. The laws of health cannot be broken with impunity. And this spurious love of liberty frequently stands in the way of sanitary reform.

We have a striking instance of it at present in the stupid rebellion against sanitary laws shown by many communities on the lower Mississippi in the present epidemic of yellow fever.

From the thought of liberty to that of bondage may seem a strange step, yet the next national characteristic which I mention as having an influence on public health, namely, the worship of material things and feverish haste to accumulate wealth, lays upon us a bitter and grievous bondage. The public, and the representatives of the public,

are too apt to regard with impatience if not with scorn the claims of any interest which does not seem to have immediate or direct bearing on the great national occupation of money making.

There is an epigrammatic expression in the works of Aristotle which might well be inscribed in letters of gold over the council chamber of our legislatures and our boards of trade. It may be freely translated thus, "It is not seemly for a free people to be always seeking for cash returns."

I think the Greek philosopher saw the glitter of the golden manacles and would warn us, if we value freedom, to set our affections on other things than gold.

This national characteristic, disinclination to invest in medical securities, is perhaps due to various things. It is partly due to ignorance, to an incapacity of appreciating scientific teaching, to a hesitation in trusting the expert opinion of science—for which perhaps science herself is somewhat to blame. It is not entirely the fault of avarice. When our people are convinced that any measure is for the public weal, they are generally willing to aid. And I may perhaps draw attention here to the fact that the first public sanitarium for tuberculosis, the first in Canada erected as a government work, is now in operation at Kentville in this Province.

But, as a rule, there is great difficulty in inducing corporations and municipalities to expend a reasonable sum in carrying out the details of a Public Health System, to pay for water supply, drainage, sewerage, removal of garbage, disinfection. It is not too much to say that apathy in regard to questions of public health is a national characteristic.

Like the Sybil with her precious scrolls Hygeia comes to Demos, and Demos will not buy.

And the yearly tale of death and disease, preventable by sanitary measures, increases, and perhaps the only effectual clarion to rouse the indifferent will be, as it has been before in the world's history—a pestilence.

Possibly if the public could see the mere financial loss incurred by preventable diseases, the loss of time, the inefficiency of workers, the increased rates to maintain the families who have lost the bread winner, they would be willing to give more to the Health Department.

There is a feature of our public life which I think may fairly be described as a national characteristic, and that is our tolerance if not encouragement of quackery. I mention it here because I wish to point out the great injustice of this to our profession.

The youth who aspires to the practice of medicine is required by the laws of his country to undergo a certain course of study, tedious and expensive. He has to pass certain examinations and give proof of familiarity with the requirements of his profession. He has to satisfy the authorities as to the integrity of his moral character before he is allowed to begin practice. And now see him, embarking on the practice of his profession. From his window he sees the apothecary's shop, and knows that for one patient who has gone there to have a prescription filled, a dozen go to buy some proprietary medicine. He buys the morning paper and finds one tenth to one fifth of the space for which he pays taken up with advertisements of nostrums, often with testimonials signed by otherwise intelligent and moral people. He dines at his club and he hears of nothing but the wonderful cures wrought by some itinerant quack who has never fulfilled one requirement of the Medical Act. Truly Demos loves the quack and seems to have a special spite at him who would practise his profession scientifically in accordance with the noble spirit of the Hippocratic oath.

There are indeed many ways in which the traits of national character may influence the health of the people.

In the Report of the Royal Commission on Physical Deterioration no evidence seems to me more interesting than that of Mrs. Close. This lady who has given her life to the study of the domestic conditions among the labouring classes of almost every country in Europe, has no doubt of a deterioration in the physique of the labouring classes in England. And the explanation of this she finds in a diminished sense of duty, a debased ideal of the duties of a wife and mother. Love of amusement and the attractions of the theatre interfere with the old fashioned domestic economy. Houses are untidy. Food is badly cooked. Early rising is a vanished virtue. The children are hurried off to school without proper breakfast, and the husband finds in the public house the comfort he is denied at home. The picture is too true and its replica may be found in every town in Canada.

And now how may we in the exercise of our daily calling contribute to the development and growth of national character?

In the first place we should accustom ourselves to remember that the body with which we deal is of value only as the tenement and instrument of an indwelling spirit, and that the health of the body is our care simply because its ill health may hamper the action of the intellectual and moral energy within it.

When we prescribe diet and exercise let us remember that the luxury and excess and love of ease which are the most potent factors in disease, injure mind and soul as well as body. Let us press the claims of temperance—that true temperance which walks the golden midway, and turns neither to asceticism nor to indulgence.

In the love of Canadian youth for manly exercise we have a most powerful lever for raising the standard of health and morals.

If we are consulted as to occupation, let us sing the praise of the simple life. Civilization is becoming terribly complex, and it seems on all hands to fungate into luxury. And history points a warning finger to the past. When culture joined hands with luxury decadence was already at the door.

This is an age of sedentary occupations and a large portion of the ills which we are called to treat owe their origin to the exigencies of the sedentary life. It is not a natural life for man.

Will it be thought very much out of place if I say, let us honour the farmer. His is the only natural, the original and the essential work. There is a moral in the fable of Hercules and Antaeus. It was not until Hercules had lifted the giant bodily from the ground and so broke the magic contact that he was overcome, and the prescription for many of the ills of the body and of society is in the cry "back to the land."

I have spoken of occupation as bearing on health and character. There is one other fact in our social life to consider, and that is our amusements. Indeed among some people this question seems to take precedence of work. Amusement and relaxation are necessary, but to give them so prominent a place in our life as they appear to occupy today is a menace to the health of the body which they are meant to secure, to the intellectual powers and to moral character.

Pleasure takes precedence of duty, and complaisant sophistry may even justify this order. To scorn delights and live labourious days is now considered folly. We amble along the primrose path of dalliance and avoid the "asperous way that leadeth to the house of sanity."

It is a delightful and a hopeful omen to see an interest taken in athletics and to know that our country takes such an honourable place in all manly exercises. But for one young man whom you will find on the football field, or plying oar or paddle, you will find many who simply waste their time, their only interest in athletics being the spectacular interest of a match or the dubious financial result of a bet. If we could only influence these young men to take a more heroic, a more manly view of life we should be doing them and our country a service.

Even in our sports there is room for some earnestness, and it might be well if we took our pleasures, as Froissart says our ancestors did, seriously, and sympathised with the spirit of the old English ballad of Ulysses and the Syron.

To spend the time luxuriously
 Becomes not men of worth.
 * * * * *
 * * suppose there were
 Nor honour, nor report,
 Yet manliness would scorne to weare
 The time in idle sport :
 For toyle doth give a better touch
 To make us feel our joy :
 And ease finds tediousness, as much
 As labour yields annoy.
 * * * * *
 But natures of the noblest frame
 These toyles and dangers please :
 And they take comfort in the same,
 As much as you in ease:
 And with the thought of actions past
 Are recreated still ;
 When pleasure leaves a touch at last
 To show that it was ill.

This was the "great spirit of high desire" of the Elizabethan days. But in addition to what we do effect in this way in our own generation we and our successors wield a great power in the laws of heredity.

The observation of centuries and the universal experience of every day life, no less than the laborious and well planned experiments of science tell us that the organism of today is the resultant of forces acting in the past, and the diversity of operation of these forces is

what gives nature her indefinite variety. To us who see every day the working of the inevitable law which visits the sins of the fathers upon the children, and to whom the phenomena of reversion and atavism and variation are constantly present, to us heredity is one of the great powers of Nature. And we believe that by a careful application of scientific principles to the environment, education and occupation of our race we may and can exercise a beneficial determinant action on generations yet to be, eliminating disease, stimulating and clarifying mental processes, strengthening and purifying moral qualities.

But, enormous and far reaching as we believe the power to be of the laws of heredity, we must not allow them to dominate us. They are not the forces of a blind, inexorable Fate. These laws are well ordered in all things. When, in view of the depressing influences of the researches of Lombroso and his school, we feel that we are all smitten, when each scans anxiously his brother's face for stigmata, or fancies himself the bearer of a hall mark of some degeneration, let us remember that not only can we, to some extent at least, control the working of the laws of heredity, but so far as we ourselves are concerned, can bid them defiance.

We may—if we will, say “Evil, be thou my good,” and turn our backs upon our good angel who points us to an honourable ancestry and bids us follow in their path. But, when the Angel of the Pit, with mocking leer, that “Man of Hell who calls himself Despayre” bids us throw up our hands, tells us we are the captives of circumstance bound in millennial chains, tempts us to give up the hopeless struggle, we may—if we will, say “stand thou on that side, for on this am I.” We must not forget that divine part of us, that mysterious, indefinable, undeniable power for good or evil—the human will.

Thirty years ago a young man lay in the Royal Infirmary in Edinburgh. Fortune had not smiled upon him, and now maimed and crippled for life, that life seemed “doomed to dumb forgetfulness a prey.” But not to despair. The “star of the unconquered will” rose and stood over the lonely bed of William Ernest Henley and inspired these lines, the finest assertion of the Free Will I have ever seen.

Out of the night that covers me,
Black as the pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

In the fell clutch of circumstance
 I have not winced nor cried aloud.
 Under the bludgeonings of chance
 My head is bloody, but unbowed.

Beyond this place of wrath and tears
 Looms but the Horror of the shade,
 And yet the menace of the years
 Finds, and shall find me, unafraid.

It matters not how strait the gate,
 How charged with punishment the scroll,
 I am the master of my fate :
 I am the captain of my soul.

“Sir,” said Dr. Samuel Johnson, “the man who has vigour may walk to the East as well as to the West if he happen to turn his head that way.”

Heredity may condemn us to a life of struggle with bodily weakness and mental incapacity, to “Defects of doubt and taints of blood.” It cannot chain the free spirit, and he who can say, I will, I will not, is still a man.

We the members of this Association, as practitioners of the Healing Art are the heirs of a great past. The Masters of Medicine have passed from our world but their influence survives—their spirits still live.

Nothing is plainer in the study of the lives of the greatest of our predecessors than the influence of great ideals. From the days of the grand pagan whom we call the Father of Medicine, and whose recognition of the power of spiritual forces is so clearly seen in the oath which he laid upon his successors, to the great authorities of today, we can trace the power of a faith in the Unseen Universe.

Let me quote from the illustrious Pasteur. “Happy he who carries with him a God—an ideal of beauty, and who obeys him. An ideal of Art, an ideal of Science, an ideal of Patriotism, an ideal of the virtues of the gospel.”

And if we are to have strength for our work, courage and hope to cheer us in our long contest with all these shapes of foul disease, we must bear in mind the supreme importance of high ideals—of life—and of man.

“You touch God,” said Novalis, “when you lay your hand upon a human body.” The spark of life we tend is a part of the divine—and immortal.

“The soul that rises with us, our life’s star,
Hath had elsewhere its setting,
And cometh from afar.”

We deal not with Dust and To-day but with Life and Forever. And when we realise this our own nature becomes ennobled to that it works in, and can rise to still greater power.

We who deal perforce so largely with the material and perishable, if we would keep sight of the indestructible and immortal should cultivate a power of detachment, should rise through the cloudy region of a world, and accustom ourselves to the free air and larger atmosphere of a universe.

As the Healer of the world came from beyond its confines so we who would help in the healing should be able to rise into the ether where we can have a proper perspective of Time. We should revisit the ethereal region where with Amiel we may “listen to the music of time and the hosannas of the world,” or with our own Wordsworth hear “oftentimes the still, sad music of humanity,” and be conscious of

“A presence that disturbs us with the joy
Of elevated thoughts : a sense sublime
Of something far more deeply interfused,
Whose dwelling is the light of setting suns,
And the round ocean and the living air,
And the blue sky, and in the mind of man.”

And how may we best acquire this power but by the study of our subject—the philosophic study of man.

What our profession requires today, even more than an increase in scientific knowledge, is more of the study which gave character to the great masters of the past, and a realisation of the grandeur of the divine possibilities in man. True, we see much of the lower nature, weakness and suffering and sin, but we also see in every soul the capacity of Honour, Courage and Love. Let us rather look on these. “Whatsoever things are true,—whatsoever things are pure,—whatsoever things are lovely,—if there be any virture,—let us think on these things.

THE GROWTH AND ORGANIZATION OF THE MEDICAL PROFESSION IN NOVA SCOTIA.*

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

Mr. President and Gentlemen,—The first duty resting upon me is to thank you for the wholly undeserved distinction which you have conferred in choosing me to deliver one of the general addresses at this meeting of this Association.

I wish to apologize for my presumption in undertaking so serious a responsibility, feeling that local reasons, rather than any fitness on my part, must have counselled your request.

The subject upon which I shall endeavor to address you may be entitled "The Growth and Organization of the Medical Profession in Nova Scotia."

It was not without misgivings that I selected such a local topic, but I have been assured that there are ample precedents for such a course.

It may be confidently stated that there is at the present time a growing interest in the history of the medical profession in all its aspects. This may be regarded as part of the modern recognition of the important fact that no subject can be thoroughly studied and fully understood unless studied historically. Not only is this fact acted upon by the leaders of modern thought and the great teachers of the age, but it is becoming generally recognized by all thinking men, that we must have some knowledge of the past to understand, really, the present, and so make progress in the future. Every movement has its past history, its present struggles, its ideals for the future.

The satisfactory condition of the medical profession in this province to-day has not been attained without much effort and a long history.

The present standard of medical education is sufficiently high, and the average attainments of the rank and file of the profession satisfactory, so that everywhere the public can obtain the services of men capable of coping with the ordinary emergencies met with in practice. The members of the profession are respected, and exercise considerable influence in social and public affairs. In their organized capacity

*Address in Medicine delivered before Canadian Medical Association, Halifax, August 22nd, 1905.

they enjoy self-government—a privilege which they have used for the public benefit, but have never abused. They are active and energetic associations for mutual improvement and protection. The grosser forms of quackery are not prevalent, and what may be called “medical heresies” are scarcely represented. It can be affirmed without exaggeration that the position of the profession in Nova Scotia compares favorably with that which obtains in other provinces of Canada or in the states of the American Union. Such a status for the profession has not been achieved except by the continuous struggles of many generations.

It is to the past, then, that we may now turn attention for the better understanding and appreciation of the present. And if, in doing so, I should seem to present much that belongs to general history rather than specially to medical history, my excuse is that it is desirable, if not essential, to note the general condition of the province and its population, at different periods, in order to see what field there was for the special work of the profession.

It is now just three centuries since the first European settlement was made in this region of North America, at Port Royal, now Annapolis Royal, in this province, which is, thus, the oldest continuous European settlement on this continent north of Florida. The settlement was really made and the colony established by Poutrincourt, under a grant from de Monts, who had arrived there the previous year, 1604, with a grant from Henry IV. of France, of all the territory between the 40th. and 46th. parallels of latitude. The Acadia of the seventeenth century was thus a very wide region, including the present New Brunswick, and, indeed, for a long time, the name Nova Scotia was applied to the same region. Sieur de Monts made many and extensive explorations during the summer, crossed the Bay of Fundy, and established a settlement on the island of St. Croix. The colony of St. Croix suffered great hardships during the winter of 1604-5; and it is from that settlement that we have the earliest account of anything of strictly medical interest in Acadia. That year Samuel de Champlain—a name illustrious in Canadian history—was with de Monts at St. Croix, and he has left a most interesting account of a serious malady which attacked the colonists. Here let me quote part of Champlain’s narrative :

“During the winter, many of our company were attacked by a

certain malady called the mal de la terre, otherwise scurvy, as I have since heard from learned men. There were produced in the mouths of those who had it great pieces of superfluous and drivelling flesh (causing extensive putrefaction), which got the upper hand to such an extent that scarcely anything but liquid could be taken. The teeth became very loose, and could be pulled out with the fingers without its causing them pain. The superfluous flesh was often cut out, which caused them to eject much blood through the mouth. Afterwards a violent pain seized their arms and legs, which remained swollen and very hard, all spotted as with flea bites; and they could not walk on account of the contraction of the muscles, so that they were almost without strength and suffered intolerable pains. They experienced pain also in the loins, stomach and bowels, had a very bad cough and short breath. In a word, they were in such a condition that the majority of them could not rise nor move and could not even be raised up on their feet without falling down in a swoon. The majority of those who remained well also complained of slight pains and short breath. We were unable to find any remedy for these maladies. A post-mortem examination was made of several to investigate the cause of their malady.

“In the case of many, the interior parts were found mortified, such as the lungs, which were so changed that no natural fluid could be perceived in them. The spleen was serous and swollen. The liver was woody and spotted, without its natural color. The vena cava, superior and inferior, was filled with thick coagulated and black blood. The gall was tainted. Nevertheless, many arteries, in the middle as well as lower bowels, were found in a very good condition. In the case of some, incisions with a razor were made on the thigh where they had purple spots, whence there issued a very black, clotted blood. This is what was observed on the bodies of those infected with this malady. Those who continued sick were healed by spring, which commences in this country in May. That led us to believe that the change of season restored their health, rather than the remedies prescribed.

“During the winter all our liquors froze, except the Spanish wine. Cider was dispensed by the pound. The cause of this last was that there were no cellars under our store-houses, and that the air which entered by the cracks was sharper than that outside. We were

obliged to use very bad water, and drink melted snow, as there were no springs nor brooks; for it was not possible to go to the mainland in consequence of the great pieces of ice drifted by the tide, which varies three fathoms between low and high water. Work on the hand mill was very fatiguing, since the most of us, having slept poorly, and suffering from insufficiency of fuel, which we could not obtain on account of the ice, had scarcely any strength, and also because we ate only salt meat and vegetables during the winter, which produced bad blood. The latter circumstance was in my opinion, a partial cause of these dreadful maladies."

Thus it appears that three centuries ago the French surgeons who accompanied this expedition were impressed with the value of post-mortem examinations for determining the nature of disease, and that they at least suspected the causal connection between salt food and scurvy. And this latter view was confirmed by further observation. After the awful experiences of the first winter at St. Croix, the survivors moved to Port Royal. There were still fatal cases of scurvy. By the third winter affairs had greatly improved, owing, no doubt, to the fact that the colonists had taken to hunting and providing themselves with fresh food instead of salt. Champlain reports of this third winter:

"We spent the winter very pleasantly and fared generously, by means of the *Ordre de Bon Temps*, which I introduced. This all found useful for their health and more advantageous than all the medicines that could have been used. By the rules of the order a chain was put, with some ceremony, on the neck of one of the company, commissioning him for the day to go a-hunting. The next day it was conferred upon another, and, thus, in succession. All exerted themselves to the utmost to see who would do the best and bring home the finest game."

With the DeMonts colonists were several surgeons, some of whom may have fallen victims to the then mysterious disease, before the *Ordre de Bon Temps* brought fresh game and health to the adventurous little company.

In 1613 the colony of Port Royal was greatly injured by an expedition from Virginia; war between France and England followed; but upon the restoration of peace, in 1632, France was still permitted to hold Acadia.

The work of colonization was resumed under the auspices of the new company of France; some sixty families of farmers, fishermen and artisans were brought over, settling first at LaHave, and subsequently at Port Royal. Most of these came from districts on the west coast of France where it was customary to protect the low-lying lands from the encroachment of the sea by dykes, and they adopted the same method, with notable success, to reclaim the rich and extensive marshes about the Bay of Fundy, and soon made comfortable homes for themselves. The progress of colonization was long retarded by internal dissensions, and by strife between the rival claimants to the territory—France and England.

From the final cession of Acadia to Great Britain and the peace of Utrecht, 1713, to the year 1749, when Halifax was founded, not the slightest effort was made in the direction of securing British settlers for Nova Scotia. France, by the retention of Cape Breton and the fortification of Louisburg, was enabled effectively to checkmate the plans of England. When war broke out between the two nations in 1744, the governor of Louisburg promptly sent an expedition to regain Nova Scotia. Canso was attacked and destroyed, and it was determined to capture Annapolis—which meant the capture of all Nova Scotia. This attempt failed, but it so exasperated the New England people that they resolved to secure possession of Louisburg. A scheme, planned by a lawyer and executed by a citizen commander, with an army of artisans, fishermen, farmers and lumbermen, snatched, by sheer audacity, from the grasp of France the great stronghold of Louisburg, defended by a garrison of veterans. At the close of the war, however, Louisburg, conquered by arms, was restored by diplomacy. A storm of indignation swept over New England, which had the effect of quickening a plan long cherished by the British government, of establishing a permanent settlement, and strong military station on the Atlantic coast of Nova Scotia, as a counterpoise to Louisburg, and Halifax was founded in the early summer of 1749.

To be Continued.

THE
MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., OCTOBER, 1905 No. 10.

Editorial.

THE PRESIDENTIAL ADDRESS.

In the case of the MARITIME MEDICAL NEWS, the editorial "we" is truly indicative of plurality. The present is an occasion upon which advantage is taken of such a state of affairs, and despite the fact that the President's Address was the product of one of our staff, what follows has been penned and will be published without his knowledge. To all who know Dr. John Stewart, such a statement is unnecessary, and it is only for those who are not acquainted with him, that we preface a reference to his address in such a way.

There is naturally no other event in the course of a meeting of such an association as the Canadian Medical Association, around which there centers so much interest as the delivery of the president's address. It is only upon one who has earned the distinction of being thoroughly representative of the profession that the honour of election to the chair is bestowed, and from such a one then is expected a deliverance, which will be at once noteworthy and authoritative. When it fell to the lot of Dr. Stewart to propose an address, we who know him well had no doubt as to the quality and appropriateness of whatever he would set forth. Elsewhere in this issue the address is presented to our readers, and we are confident that its perusal will give much pleasure to all to whose hand it comes.

Taking advantage of the privilege which belongs to a president, Dr. Stewart drew upon many sources for his material, and very wisely

gave to his audience an essay which dealt with matters of other than purely medical interest. This we feel to be a perfectly proper course. In a long programme of technical papers, a departure from a strictly professional conception comes both as a pleasing relaxation, and as a stimulant to broader thought. A warm welcome, a brief glance at the history of our province, a tender reference to departed confrères, and a philosophical study of character as a health producing force, formed the basis of a paper clothed in beautiful English and aptly embellished with quotations from literary masters. The tone throughout is one which bespeaks a broad culture, and that intimacy with the best in literature which alone makes an easy deliverance possible. There is a manly appeal to men, to look beyond the narrow confines of a strictly professional career. "We cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study the physical frame-work of man, but as practitioners of medicine, we must consider the living man as a body, soul and spirit."

We often tell one another that no one has greater opportunity of contributing to the general weal than the physician. Occasionally we even let some hint of this drop to the laity. But our faith is rarely substantiated by works, save by the exercise of such humanitarian traits as should be rendered quite unconsciously, and for which we should not credit ourselves too highly. A little introspection suffices to convince us that we are not doing all that we might to encourage growth and development of national character, and it must be at once confessed that in such remissness, we lose much of the best of our opportunity.

In the address the way is pointed out by which we may add to our value to the nation, as well as to the individual. We commend it to our readers as the thoughtful production of a thoughtful man, and bespeak for it the approbation of every member of the profession.

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Society Meetings.

CANADIAN MEDICAL ASSOCIATION.

MORNING SESSION.

Thirty-eighth annual meeting at Halifax, August 22nd, 23rd, 24th and 25th, 1905.

Dr. John Stewart, president, Halifax. called the meeting to order at 9.30 a. m..

The minutes of the previous session were, on motion of Dr. G. Carleton Jones, Halifax, taken as read.

GENERAL SECRETARY'S REPORT.

Two hundred and sixty-seven names were inscribed on the treasurer's register at the thirty-seventh annual meeting of the Canadian Medical Association, held in Vancouver, B. C., from the 22nd to the 25th of August, 1904. It was the third largest meeting in the history of the association. Of this number sixty-one were guests, several distinguished members of the profession being present from Great Britain and the United States. Two hundred and six were from the Dominion of Canada; and the fact bears some significance, that our guests at that meeting numbered nearly one-third of the attendance from our own profession in Canada. In detail the attendance may be grouped as follows. Vancouver, 40; Victoria and the province, 40; Ontario, 56; Quebec, 21; N. W. T., 19; Manitoba, 18; New Brunswick, 3; Nova Scotia, 6; P. E. I., 3; England, 3; Scotland, 1; United States, 55; R. M. S. *Athenian*, 1; S. S. *Empress of China*, 1. One hundred and one new members were added to our lists, that number having been elected to membership; and there were present forty-three members of the profession from Canada who did not seek membership in our association, which number was about one-half of the previous year. Amongst this number were some who took a prominent part in the proceedings of the meeting, such as delivering addresses of welcome, acting on the nominating committee. etc. This seems rather anomalous, and I respectfully call your attention to it. I call your attention to a notice

of motion handed in by Dr. H. B. Small, Ottawa, at the last meeting: "That the members from each province, present at an annual meeting, elect from themselves three representative members, who, together with the President, Secretary and Treasurer, shall constitute the Executive Council of the Association." This is a radical step towards amending the constitution; appears like the thin edge of the wedge towards reorganization; and is deserving of your most careful and serious consideration. Although no official acceptance of the invitation sent by this association to the British Medical Association, to convene in Canada in 1906, has been received, it is understood that that association has accepted this invitation, and the additional invitation forwarded by the profession of Toronto, to meet in the Queen City of Canada. The meeting of this well-organized body in Canada will, I trust, excite some interest in the reorganization of Canada's national medical organization. It is with sorrow that I report the death of one of our past-presidents, Dr. James Thorburn, Toronto, since our last meeting. Dr. Thorburn filled the office of President in 1895-1896.

Dr. Elliott moved, seconded by Dr. Reeve, Toronto, that the secretary's report be received and entered on the minutes. Carried.

Dr. Carleton Jones, chairman of the committee of arrangements presented his report.

Dr. Goodwin, Halifax, presented the report of the programme committee and read telegrams and letters from many, regretting their inability to attend.

Dr. Elliott called attention to the notice of motion by Dr. Small, Ottawa, set forth on the programme, and moved, seconded by Dr. R. W. Powell, that the president appoint a special committee to consider same. Carried.

Dr. Lockhart, Montreal, moved, seconded by Dr. Murray McLaren, St. John, that the president appoint a special committee to deal with the question of reorganization of the association and revising the by-laws and constitution. Carried.

Dr. Reeve, Toronto, referred to meeting of British Medical Association in Toronto in 1906, and said that the special committee *re* this, appointed at London in 1903, would present a report at this meeting.

The president appointed Dr. G. M. Campbell, Halifax, and Dr. W. F. England, Winnipeg, auditors for this meeting.

Dr. R. W. Powell moved the adjournment, seconded by Dr. Elliott. Carried.

AFTERNOON SESSION.

August 22nd, 1905.

The meeting was called to order by the president in the chair at 3 o'clock.

On motion by Dr. A. McPhedran, Toronto, seconded by Dr. Reeve, the minutes were taken as read.

The Rev. President Forrest, of Dalhousie University, opened the meeting with prayer.

His Honor Lieutenant-Governor Jones was introduced to the meeting by the president. His Honor delivered an eloquent address of welcome on behalf of the Province.

The Mayor of Halifax supplemented the welcome on behalf of the city.

Then Dr. H. A. March, President of the Nova Scotia Medical Society read an address of welcome from the society to the visiting delegates.

Dr. Curry, Halifax, then introduced Dr. Howard A. Kelly, of Baltimore, to the meeting. Dr. Kelly acknowledged the compliment.

Dr. F. LeM. Grasset, Toronto, introduced Mr. Francis Caird, of Edinburgh, Mr. Caird in turn acknowledging the compliment.

The president, Dr. John Stewart, Halifax, then delivered the annual presidential address, which was an able one, and was well received. (Published in this issue.)

On motion of Dr. Blackader, Montreal, seconded by Dr. Reeve, Toronto, a vote of thanks was tendered the president for his splendid address.

Dr. D. A. Campbell, Halifax, then delivered the address in medicine. (Published in this issue.)

Vote of thanks was moved to Dr. Campbell by Dr. McPhedran, seconded by Dr. F. LeM. Grasset. Carried.

Dr. Campbell made his acknowledgments.

The president then declared the session adjourned and the meeting divided into medical and surgical sections.

SURGICAL SECTION.—DR. MURRAY MACLAREN, *Chairman*.

Dr. W. F. England, of Winnipeg, read "A Report of Three Cases of Septicæmia and Pyæmia from a Surgical Standpoint." In the course of his remarks Dr. England invited the Association to hold

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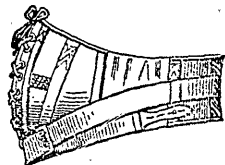
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the next annual meeting at Winnipeg. Discussion of his paper followed.

Dr. H. E. Kendall, of Sydney, spoke of the varied character of the infection in these cases, especially those following upon tonsillitis. He said, however, that he did not consider malignant endocarditis following tonsillitis to be so serious a condition as it is usually regarded. In treatment, he thought antistreptococcic serum to be of some value, although the value was often not apparent until natural immunity had been established.

Dr. Wetmore's experience with the serum coincided with that of the previous speakers,

In conclusion, Dr. England said, with regard to the antistreptococcic serum, that he found variable results, an abscess developing in one case at the site of injection.

Dr. E. W. Cushing's paper on "Prostatectomy" was not read, owing to the absence of that gentleman.

Dr. J. W. T. Patton, of Truro, read two case reports:

(a) "Recent Fracture of the Clavicle with Operative Treatment."

(b) "Rupture of Urethra with Extravasation of Urine; Operation; Recovery."

Dr. Bruce, discussing (a) thought that there was too great risk taken in converting a simple into a compound fracture, as in this case.

Dr. Irvine mentioned a case, where all the usual mechanical means failed, in which he sutured the fragments with excellent results.

Dr. F. N. G. Starr considered that with strict asepsis there was but little risk in incision in these cases.

Dr. Armstrong, of Montreal, thought that the risk involved in wiring a simple fracture was too great in view of any advantage gained, and of the serious nature of any infection about the neck. Speaking generally, he did not think that the technique of operations for wiring bones was yet near enough perfect to justify it as a general practice.

Mr. Caird mentioned two cases:

1. Comminuted fracture; irreducible; fragments removed but wiring not done. Date, 1876.

2. Similar case, but patient was an old lady; fragments removed.

He thought the clavicle to be generally capable of taking care of itself and that cases for wiring should be selected with great care.

He endorsed Dr. Armstrong's remarks concerning the serious nature of infection about the neck.

Dr. Starr, discussing case (b), mentioned a case where the extravasated urine extended down the right thigh, and in which the ischial tuberosity was fractured.

Dr. Patton, in concluding, thought that the urgent appeal of the patient to have no impairment of function should be considered, and mentioned a previous case in which he had experienced difficulty in holding the fragments in position by the usual methods.

MEDICAL SECTION.—DR. JOHN STEWART, *Chairman*.

“Tubercular Pericarditis,” read by Dr. A. McPhedran, of Toronto.

Discussion of this paper was taken part in by Drs. Rudolf, M. A. B. Smith, Finlay. Eagar, Blackader, and March, Dr. McPhedran making a few concluding remarks.

The other papers on the programme for this afternoon were not read, owing to the absence of the authors.

Wednesday, August 23rd.

MORNING SESSION.

MEDICAL SECTION.—DR. A. MCPHEDRAN, *Chairman*.

Dr. D. A. Shirres's paper, the subject of which had been changed to “A Plea for the Neurasthenic,” was read by the author and discussed by Drs. Finlay, McPhedran and others.

Dr. F. G. Finley read “Cerebral Tumour Simulating Vascular Lesion.” Discussed by Drs. McKenzie (Montreal), Smith, Shirres, Cowie, Rudolf, Morrow and Small.

Wednesday, Aug, 23rd, 1905.

GENERAL SESSION,—FORENOON.

The President in the chair called the meeting to order at 10 a. m. The minutes of the previous session were read and confirmed.

The President then appointed the two following committees, the the first *re* Dr. Small's notice of motion: the second a special committee *re* organization.

Re-organization Committee.—The President, general Secretary and Treasurer, and G. C. Jones to represent Nova Scotia; S. R. Jenkins for P. E. I.; A. B. Atherton for New Brunswick; H. S. Birkett for

Quebec; for Ontario, Dr. A. McPhedran (chairman) Toronto; Dr. H. H. Chown for Manitoba; Dr. J. D. Tafferty for N. W. T.; Dr. S. J. Tunstall for B. C.

Both committees to be identically constituted.

Under reports of committees, Dr. Reeve, Toronto, as chairman of special committee re British Medical Association Meeting in Canada, reported for the committee and moved the following resolution, seconded by A. B. Atherton, Fredericton:

That the Canadian Medical Association learns with great satisfaction that the British Medical Association will hold its next meeting in Toronto, in August, 1906; and in view of this fact, it resolves that the next meeting of the Association shall be held in Toronto, in executive-session only, in a so-called business meeting, on the day preceding or the morning of the first day of the meeting of the British Medical Association. Carried.

Nomination of Nominating Committee: Prince Edward Island, H. D. Johnson, Dewar; Nova Scotia, Carleton Jones, W. B. Moore; New Brunswick, A. B. Atherton, J. W. Daniel, Wetmore; Quebec, F. R. England, W. F. Hamilton, F. G. Finley; Ontario, F. N. G. Starr, D. J. G. Wishart, H. Meek; Manitoba, W. F. England, J. J. McKenzie; North West Territories, Alex. Taylor, H. Church; British Columbia, Boyce, O. Morris.

Nominations were declared closed by the President.

The President then introduced Mr. Francis Caird, of Edinburgh, who delivered the address in surgery, the subject being "Gastric Ulcer."

Dr. Geo. Armstrong, Montreal, moved a vote of thanks to Mr. Caird for his scholarly address. This was seconded by Dr. Grassett, Toronto, passed unanimously, presented by the President to Mr. Caird, and by him acknowledged.

The meeting then adjourned.

SURGICAL SECTION.—DR. MURRAY McLAREN, *Chairman*.

"Combination Operation for Radical Cure of Inguinal Hernia," read by Dr. F. N. G. Starr, Toronto.

The following took part in the discussion: Drs. Elder; John Stewart, and England.

Dr. Starr, in concluding, said that he always opens the hernial sac and examines the interior for adhesions.

“Surgery of the Stomach in Non-malignant Conditions,” read by Dr. Geo. E. Armstrong, Montreal. Dr. Armstrong’s time was especially extended, that he might report a case of “Gastric Syphilis.” Discussion by Drs. Bell, Elder, Bruce, McKeen, Lafleur, Atherton and Walker.

Dr. Armstrong in his reply considered gastroenterostomy only as a last resort, as a relief for hæmorrhage in cases where the bleeding point could not be found. Recurrence was the chief indication for operation.

“The Buried Suture,” read by Dr. J. M. Elder, Montreal. Discussion by Drs. Irvine, Margeson and Chisholm.

GENERAL SESSION.—AFTERNOON.

The President called the meeting to order at 3 p. m.

On motion of Dr. F. R. England, seconded by Dr. Geo. M. Campbell, the minutes were taken as read.

The president appointed Dr. D. J. Gibb Wishart, Toronto, and Dr. W. H. McDonald, Rose Bay, to act as tellers in the election of nominating committee.

The president, on the ballot being counted, declared the following elected to the nominating committee :

Prince Edward Island, Drs. H. D. Johnson, Dewar ; Nova Scotia, Drs. G. C. Jones, Moore ; New Brunswick, Drs. A. B. Atherton, J. W. Daniel ; Quebec, Drs. F. R. England, W. H. Hamilton ; Ontario, Drs. F. N. G. Starr, D. J. G. Wishart ; Manitoba, Drs. W. F. England, J. J. McKenzie (Toronto) ; North West Territories, Drs. Taylor, Church ; British Columbia, Drs. Boyce, O. Morris.

The president then introduced Dr. J. W. Stirling, Montreal, who delivered the address in “Ophthalmology.”

Dr. R. A. Reeve, Toronto, moved a vote of thanks to Dr. Stirling for his able and interesting address. This was seconded by Dr. Kirkpatrick, Halifax, unanimously passed, presented by the president to Dr. Stirling, and by him acknowledged.

The meeting then adjourned and divided into surgical and medical sections.

SURGICAL SECTION—DR. McLAREN, *Chairman*.

Dr. R. A. Reeve read, “Indications for Operations in Ophthalmic Practice.”

Dr. Kirkpatrick, speaking to the paper, showed a case of his own, asking the opinion of the meeting with regard to operation.

Dr. Stirling, referring to the operation for squint, mentioned the method of making a double fold or reef in the tendon. He reported a case where a splint of wood, one and a half inches in length, had lodged in the orbit. Cold locally and recumbent position on the back were the chief features of his treatment. He did not advise operation in this case.

Dr. Reeve advised the expectant attitude in the case under consideration, that of Dr. Kirkpatrick.

Dr. E. A. Kirkpatrick read case report—carcinoma of the lachrymal gland.

Dr. McLaren read, "Mesenteric Cyst, with Intestinal Obstruction."

Dr. Chisholm read, "Intestinal Obstruction."

Discussion on these papers followed.

Dr. Armstrong thought that in cases of intestinal obstruction, practitioners were inclined to wait too long before operating. He considered that when the obstruction was purely mechanical, the patient should not die. He recommended an exploratory incision as soon as symptoms of a serious condition developed, or when the patient does not react to one cathartic dose and an enema.

Dr. Elder mentioned a case where a sarcomatous mass, falling down, produced torsion of the intestine and acute obstruction. He protested against the giving of opium before a diagnosis is made.

Dr. Chisholm also emphasized the importance of immediate operation.

EVENING SESSION.—

The President in the chair called the meeting to order at 8 o'clock.

Moved by Dr. G. M. Campbell, Halifax, seconded by Dr. McLean, North Sydney, that minutes of previous session be taken as read. Carried.

The following were nominated for membership by the general Secretary:—Drs. J. R. Corston, Halifax; W. B. Moore, Kentville; A. C. Jost, Guysborough; C. B. Trites, Liverpool; A. E. Doull, Halifax; G. W. T. Farish, Yarmouth; J. McKenzie, Mulgrave; W. D. Forrest, Halifax; Robert King, Halifax; F. V. Woodbury, Halifax; D. J. Macdonald, Sydney; W. W. Alexander, Lachute; A. F. Buckley, Halifax; A. G. Ferguson, Moncton; W. H. Irvine, Fredericton, C. J. McNally, Fredericton, (N. B.); W. H. Eagar, Halifax; Thos. W.

Walsh, Halifax; W. Bruce Almon, Halifax: H. L. Reddy, Montreal: J. J. Roy, Sydney; L. W. Johnston, Sydney Mines, (N.S.): F. H. McKinnon, Brooklyn, (N. Y.): E. O. Hallett, Weymouth; Francis A. R. Gow, Halifax; E. V. Hogan, Halifax: Jos. Price, Campbellton, (N. B.): F. B. Day, Westville; Andrew Love, Sydney Mines; Wm. Rockwell, River Hebert, (N. S.): J. D. Page, Quebec; Charles Verge, Quebec, (Que.): Duncan Campbell, West River, (N. S.): R. L. Langstaff, Richmond Hill, (Ont.): J. Ross Millar, Amherst; C. A. Webster, Yarmouth; C. Dickie Murray, Halifax; H. Mather Hare, Halifax; M. A. B. Smith, Dartmouth; J. St. C. MacKay, Earltown; J. Fred Lessel, Halifax; M. D. Morrison, Old Bridgeport; F. W. Goodwin, Halifax: H. A. March, Bridgewater; E. N. Payzant, Wolfville; R. E. Mathers, Halifax; C. P. Bissett, St. Peters; J. A. Turnbull, Clark's Harbor; H. V. Pearman, Halifax; J. S. Bentley, Truro; Mary C. Randall, Sydney, (N. S.): Edward Archibald, Montreal: Chas. S. Morton, Port Greville; G. L. Foster, Halifax; H. E. Kendall, Sydney; F. S. Yorston, Truro; A. M. Hebb, Chester; H. K. McDonald, Lunenburg; Edgar Douglas, Halifax; Murdoch Chisholm, Halifax; E. E. Bissett, Morien; F. J. A. Cochrane, Halifax; J. W. T. Patton, Truro; J. Clyde Macdonald, Westville; C. R. Gates, North Brookfield; D. G. J. Campbell, Halifax; Freeman O'Neil, Louisburg, (C. B.); Wm. Warwick, Westfield, (N. B.); H. W. Jacques, Canning; A. McD. Morton, Bedford; D. A. Taylor, Londonderry; E. D. Farrell, Halifax; C. S. Marshall, Bridgewater; W. J. Kennedy, Musquodoboit Harbor; G. B. Kennedy, Tangier; A. C. Hawkins, Halifax; S. E. Shaw, Berwick; C. H. Freeman, Folly Village; Henry P. Clay, Pugwash; Albert A. Shaffner, Halifax; F. S. L. Ford, New Germany; Evan Kennedy, New Glasgow; Thos W. P. Flinn, Halifax; J. N. Mack, Halifax; T. C. McLeod, Bay Roberts, (N'f'd); Louis H. Morse, Digby; W. S. Woodworth, Kentville, (N. S.); Fred. S. White, Moncton, (N. B.); C. A. McQueen, Amherst; Joseph Hayes, Parrsboro, (N. S.); H. E. McEwen, O'Leary, (P. E. I.); S. A. Fulton, Truro; J. A. Sutherland, Springhill; W. G. Putman, Yarmouth; C. J. Miller, New Glasgow; Robinson Cox, Upper Stewiacke, (N. S.); A. J. Murchison, Clyde River; G. F. Dewar, Southport, (P. E. I.); Geo. H. Cox, New Glasgow; S. C. Primrose, Lawrencetown; L. R. Morse, Lawrencetown; P. N. Balcom, Aylesford; J. A. Sponagle, Middleton, (N. S.); A. S. Simpson, New Glasgow, (P. E. I.); R. D.

Bentley, Wallace; D. Mackintosh, Pugwash; W. T. M. Mackinnon, Amherst, (N. S.)

The president then introduced Dr. Howard A. Kelly, Baltimore, U. S. A., who delivered the address in Gynecology.

Dr. F. A. Lockhart, Montreal, moved a vote of thanks to Dr. Kelly, which was seconded by Dr. T. Walker, St. John, N. B. This was carried unanimously, was presented to Dr. Kelly by the president, Dr. Kelly in reply thanking the Association for the honor they had done him.

Dr. J. M. Elder, Montreal, in the absence of Dr. J. Alex. Hutchison, Montreal, gave for the latter an illustrated lantern lecture on fractures. A vote of thanks was tendered Dr. Elder on motion of Drs. Thos. Walker, St. John, and Murray McLaren, St. John.

Professor J. J. McKenzie, Toronto, gave a lantern demonstration on arterio-sclerosis which, as well as Dr. Elder's demonstration, was greatly appreciated. On motion of Dr. M. Chisholm, Halifax, seconded by Dr. Gaudet. President of the N. B. M. Society, a vote of thanks was tendered Prof. McKenzie.

The meeting adjourned at 10 p. m.

Thursday, August 24th.

GENERAL SESSION.—FORENOON.

The president called the meeting to order at 9.30 a. m.

On motion of Dr. T. Walker, St. John, N. B., seconded by Dr. F. N. G. Starr, Toronto, the minutes were taken as read. Carried.

The following were nominated by the General Secretary:

Drs. G. Carleton Jones, Halifax; F. W. Stevens, Mahone; H. D. Weaver, Halifax; E. T. Gaudet, St. Joseph, (N. B.); J. Howard Slayter, Halifax; F. E. Lawlor, Dartmouth; J. W. Reid, Windsor; St. C. J. Gallant, A. J. Fuller, Yarmouth, (N. S.); L. N. Curren, Fairville, N. B.

The list of nominations as published were then elected members of the Association.

Report of Nominating Committee:—This was presented by Dr. F. N. G. Starr, Toronto, and signed by him as Chairman.

Place of meeting, 1906, Toronto, at same time as the meeting of the British Medical Association.

President, Dr. Alexander McPhredran, Toronto; General Secretary, George Elliott, Toronto; Treasurer, Dr. H. B. Small, Ottawa.

Vice-Presidents:—P. E. I., Dr. H. D. Johnston, Charlottetown; N. S., Dr. G. Carleton Jones, Halifax; N. B., Dr. Emery, St. John; Quebec, Dr. H. S. Birkett, Montreal; Ontario, Dr. J. D. Courtenay, Ottawa; Manitoba, Dr. S. P. Prowse, Winnipeg; N. W. T., Dr. H. G. McKid, Calgary; B. C., Dr. R. E. McKechnie, Vancouver.

Local Secretaries:—P. E. I., Dr. Simpson, New Glasgow; N. S., Dr. J. R. Corston, Halifax; N. B., Dr. J. A. Scammell, St. John; Quebec, Dr. Ridley McKenzie, Montreal; Ontario, Dr. Harold Parsons, Toronto; Manitoba, Dr. J. R. Davidson, Winnipeg; N. W. T., Dr. J. Hislop, Edmonton; B. C., Dr. W. H. Sutherland, Revelstoke.

Executive Council:—Drs. W. P. Caven, A. A. Macdonald, F. LeM. Grassett, Toronto.

(Sgd.) F. N. G. STARR,

Chairman Nominating Committee.

The adoption of this report was made on motion by Dr. Starr, seconded by Dr. Gaudet, St. Joseph, N. B. Carried.

Notice of motion, Dr. Starr:—Dr. F. N. G. Starr, Toronto, gave notice of the following motion: That the by-laws be amended to provide for a representative vice-president and a local secretary for each of the new provinces, soon to be created.

Dr. James Bell, Montreal, showed a male patient, a case for diagnosis, and recited the history of the case.

Dr. Thos. Walker, St. John, N. B., opened the discussion of Obstetrics, the subject being the management of the puerperal state. He was followed by Dr. H. L. Reddy, Montreal, who paid particular attention to the ante-partum state. Dr. A. A. Macdonald, Toronto, followed in the discussion, and was succeeded by Drs. D. McIntosh, Pugwash; Laphorn Smith, Montreal; W. H. Eagar, Halifax; J. W. T. Patton, Truro; A. P. Reid, N. S., and McPhedran, Toronto. Dr. Thos. Walker closed the discussion.

Adjournment.

SURGICAL SECTION.—MORNING.

DR. MURRAY McLAREN, *Chairman*.

Dr. F. A. L. Lockart read "Case Report, Chorio-Epithelioma," by Drs. Lockhart and B. D. Gillies.

Dr. Laphorn Smith read "The Possibility of Stamping Out Cancer, Especially of the Uterus."

Dr. Cameron, discussing this paper, opposed the "contagion theory."

Dr. Lockhart urged the early examination and diagnosis of cancer. He noted the frequency of occurrence of carcinoma in a previously lacerated cervix.

Dr. Somers of Cambridge, Mass, thought that there was a possibility of cancer infection, and that in any case all lacerations of the cervix should be early reported.

Dr. Chisholm said that the discovery of the cause of cancer was prerequisite to its extermination. He noted the fact that scar tissue is not by any means the only nidus for cancer development.

Dr. Irvine read "Prophylactic Tracheotomy for Œdema of the Glottis with Case Report."

AFTERNOON SESSION.

Dr. H. L. Reddy read "Cæsarian Section, with Report of Nine Cases."

A motion was here introduced by Dr. Cameron, "That discussion of papers be postponed until all papers have been read, in view of the limited time." This motion being seconded by Dr. Morton was put and carried.

The following papers were then read in succession :

"Post-operative pulmonary thrombosis," by Dr. Herbert A. Bruce, Toronto.

"Tracheotomy as a remedy in severe whooping cough," by Dr. A. B. Atherton, Fredericton.

"Experimental work in intestinal adhesions," by Dr. E. W. Archibald, Montreal.

"Can the vermiform appendix, while itself free from obvious lesion, be the source of purulent peritonitis?" by Dr. James Bell, Montreal.

Exhibit of photographs illustrating radium treatments, with paper, by Dr. Myron Metzenbaum, of Cleveland, read by Dr. James Ross, Halifax.

Case report, by Dr. H. L. Reddy, Montreal.

Discussion was resumed shortly after five o'clock.

Speaking to Dr. Bruce's paper, Dr. Reddy mentioned a case in his experience of pulmonary thrombosis in which the wound had been perfectly aseptic.

Dr. Bruce, in reply, contended that sepsis was not the causative factor of the thrombosis in the cases under consideration.

Dr. Elder spoke to Dr. Atherton's paper, and Mr. Caird to Dr. Archibald's, these gentlemen replying.

Before adjournment, a vote of thanks was tendered to the chairman of the surgical section, Dr. Murray MacLaren.

GENERAL SESSION—AFTERNOON.

The President called the meeting to order at 2.30 p. m.

It was moved that the minutes of the previous session be taken as read. Carried.

Dr. A. McPhedran, chairman of the special committee on re-organization, presented an interim report, mentioning the advisability of a complete re-organization of the Association, incorporation, a membership fee of \$3, permanent membership, as well as the establishment of a journal to publish the transactions, and be the official organ of the Association.

Dr. McPhedran moved that the interim report be received, and that the name of Dr. J. H. Cameron, Toronto, be added to the committee list, as chairman. This was seconded by Dr. A. P. Reid, and carried.

The General Secretary then read, for Dr. R. W. Powell, the report of the Special Committee on a Public Health Department for Canada, as follows :

REPORT OF SPECIAL COMMITTEE ON PUBLIC HEALTH :

As convener of your sub-committee in re the creation of a Department of Public Health as a Dominion measure, I have the honor to report that practically no advance has been made since we first presented your views to the Federal Government on this important question three years ago. Strong resolutions have been passed by your association containing the views of the profession on this matter, year after year, and they have been duly forwarded to the proper authorities at Ottawa, to say nothing of the personal representations of your sub-committee, conveyed to the government by way of deputa-

tion and personal interview. On the last occasion on which I waited upon the Hon. the Minister of Agriculture, he pointed out to me that he was familiar with the views of our association as contained in the several resolutions referred to above, and that it appeared to him to be unnecessary to call the committee to Ottawa to reiterate what we had so clearly laid before him. He assured me that the whole question had his entire sympathy and that he trusted to see such a scheme as had been outlined to him brought into operation. And he further said that it was his intention to bring the matter again to the attention of the Prime Minister, he hoped at a date sufficiently early to enable him to give something rather definite for our meeting at Halifax. Your committee feel that they have done what they could to induce the government at Ottawa to create a Department of Public Health, under one of the existing ministers, in order to place this important branch of the public service on the same footing as it stands in nearly all progressive countries. We regret, however to be obliged to report that so far our efforts have been unavailing, and as we believe that a more powerful and influential committee is needed from this association to more seriously impress the Government with the great importance of this question, we respectfully ask to be discharged.

R. W. POWELL, *Convener.*

Resolution of Public Health:—*Resolved*, That a committee be appointed from this Association to wait upon the Dominion Government and lay before them the several resolutions now on the books of this Association in reference to the creation of a department of public health, in order that all matters pertaining to the public health, over which the Dominion Government has jurisdiction, may be administered under one official head. That the committee be requested to impress upon the government the great importance and public utility of this matter, and that it is the wish of the medical profession in the Dominion, as represented by the Canadian Medical Association, that such an advance should be made in this branch of the public service. That the committee consist of Dr. E. P. Lachapelle (convener), Montreal; Dr. R. W. Powell, Ottawa; Dr. Daniel, M. P., St John; Lt.-Col. Carleton Jones, Halifax; Dr. H. A. Bruce, Toronto; Dr. H. H. Chown, Winnipeg, with power to add to their number. Carried.

The president then referred to the amendment to the British Medical Act in the Imperial Houses of Parliament in charge of Lieut.-General Laurie, M. P. On motion of Dr. Walker, St. John, seconded by A. P. Reid, the general secretary was instructed to acknowledge to General Laurie, the thanks of the association for his interest in this matter.

Dr. Campbell reported that the auditors had examined the books and vouchers in the treasurer's hands and had found same correct and satisfactory. Dr. T. Walker moved, seconded by Dr. G. M. Campbell, that the report be received and adopted. Carried.

Dr. R. A. Reeve, Toronto, moved that the president be authorized to donate from the funds of the association a gift to the School for the Blind, as an expression of thanks and good will, and as an exhibition of interest in the work of the institution. This was seconded by Dr. A. McPhedran, Toronto, and carried unanimously.

Moved by Dr. W. F. England, Winnipeg, seconded by Dr. H. A. Bruce, Toronto, that the general secretary be paid the usual honorarium. Carried.

Moved by Dr. H. L. Reddy, Montreal, and seconded by Dr. A. Stewart, Palmerston, that the thanks of the association be conveyed to the railways for their facilities for transportation to and from the meetings. Carried.

Moved by Dr. R. A. Reeve, Toronto, and seconded by Dr. A. McPhedran, Toronto, that the thanks of the association be conveyed to Dr. Fraser (Principal), and to the Directors of the School for the Blind. Carried.

Moved by Dr. H. A. Bruce, Toronto, and seconded by Dr. F. N. G. Starr, Toronto, that the thanks of the association be conveyed to the City and Halifax Clubs for the courtesies they extended to visiting members of the association. Carried.

Dr. A. P. Reid moved that the thanks of the association be tendered His Honour Lieutenant-Governor Jones, and the Mayor of Halifax for their cordial welcome extended to delegates. Carried.

Moved by Dr. H. L. Reddy, Montreal, and seconded by Dr. Thomas Walker, St. John, that the thanks of the Association be tendered to the Medical Society of Nova Scotia for their hospitality during the meeting.

Dr. Thomas Walker, St. John, moved that a cordial vote of thanks be presented to the President for the work he has performed, and for

the able manner in which he presided. This was seconded by Dr. R. A. Reeve, Toronto, and carried amidst cheers. Dr. Stewart replied.

Dr. H. A. Bruce, Toronto, moved, seconded by Dr. Murray McLaren, St. John, that the thanks of the Association be tendered to Lt.-Col. Carleton Jones, Chairman of the Committee of Arrangements, for the splendid entertainments provided for the members of the Association. Carried.

Moved by Dr. McKeen, seconded by Dr. Martin, that Lt.-Col. Jones' paper be now read. Carried.

Lieutenant-Colonel Carleton Jones then read his paper, entitled, "The Equipment of the Canadian Army Medical Corps."

Adjournment at 4, when all present inspected the hospital tents and army medical equipment on the grounds adjoining.

MEDICAL SECTION.—AFTERNOON.

DR. GRANT STEWART, *Chairman*.

Dr. A. P. Reid read "Atmospheric Humidity in Relation to Health." In discussing this paper, Dr. Laphorn Smith advised zinc tanks attached to the back of radiators, also the sprinkling of water over carpets, etc., in short, any method of keeping the air moist.

Dr. W. H. Hattie read "The Prodromata of Insanity." Discussion taken part in by Drs. Grant Stewart, A. P. Reid, Anglin and McPhedran.

Dr. Reid did not consider the average examination of mental condition by a medical man to be sufficiently elaborate.

Dr. Anglin emphasized the importance of the prodromata, as so many cases may be aborted by early treatment.

Dr. McPhedran's remarks were in support of the same idea. He thought that the profession should be in a position to take charge of cases before it is possible to certify insanity.

Dr. R. A. H. Mackeen did not consider home treatment practicable in most cases.

Dr. Hattie, in concluding, agreed with Dr. Mackeen, and recommended separate institutional treatment for the early cases.

Dr. D. G. J. Campbell read "Case Reports, (a) a case of chylothorax; (b) further notes on a case of myelogenous leukæmia with disappearance of the splenomegaly and myelocytes."

Dr. Finley mentioned a recent case of his own with chylous fluid present in the peritoneal cavity.

Dr. McPhedran, discussing case (b) questioned the efficiency of X-ray treatment or arsenic. He cited a case of spontaneous rupture of the spleen. No autopsy. He remarked that many anæmic patients cannot take arsenic at all.

Dr. Campbell, in replying, said that mast cells present to the extent of five per cent., denote myelogenous leukæmia.

Obituary.

Dr. John M. Purcell.—The death occurred on Sunday evening, Sept. 30th, after an illness extending over a period of two months, of Dr. John Martin Purcell, at the early age of 42 years. Although not in the best of health for some time, his family and friends did not look for a fatal termination. During the smallpox epidemic in Halifax a few years ago, he volunteered his services and remained at the Infectious Diseases Hospital for some months. Previous to assuming medicine as a profession, the doctor was with A. & W. Mackinlay, stationers, of this City, and he had the benefit of a mercantile, as well as a professional training. About three years ago he was appointed Assistant City Medical Officer, the duties of which he performed to the satisfaction to all concerned.

The deceased was a son of the late John Purcell, who conducted a large business on Upper Water Street, and he is survived by one brother and two sisters, the former being Peter of the Western Union Telegraph Co's staff. One sister is the widow of the late James N. Lyons, of this city, and the other is Sister Raphael, also of this city. His mother predeceased him by about a year.

Dr. Simon Fitch.—The death occurred on Sept. 13th, at his residence, 152 Spring Garden Road, of Dr. Simon Fitch, in his 86th year. Dr. Fitch was born at Horton, N. S., and was educated at Edinburgh, Scotland, after taking a course at Acadia. He practiced his profession in Wolfville, St. John, N. B., Portland, New York and Halifax. He moved to this city in 1876, and worked up a large practice, which he carried on until a few years ago, when he retired. Dr. Fitch has had quite a distinguished career as a physician and surgeon.

He was twice married, his first wife being Miss Paddock, of St. John, N. B., and his second wife, who survives him, was a Miss McKerman, of Portland, Maine. Besides his wife, he is survived by two sons and six daughters. The sons are Dr. T. S. P. Fitch of Orange, N. J., and Rev. Frank St. John Fitch, pastor of the Baptist Church at Brandford, Conn.

The daughters are Mrs. DeGraw Moore of Prince's Lodge; Mrs. L. M. McGhee, of Halifax, and the Misses Amelia, Adelaide, Margaret and Edith Fitch, of Halifax.

The remains were taken to Wolfville for interment.

The deceased was a highly esteemed resident of Halifax, and was and was one of the oldest physicians in Nova Scotia.

Dr. J. A. McKenzie.—The death of Dr. J. A. McKenzie, Assistant Superintendent, Nova Scotia Hospital, occurred on the 12th inst. after only a few days illness.

It was a sudden summons to the Great Beyond, and came as a great shock to his many friends and relatives. (An extended obituary will be published in next issue.)

Personals.

Dr. Clarence Buckley, who has been seriously ill for some weeks, has, we are pleased to state, shown signs of considerable improvement.

The sudden death of Mrs. Eagar, wife of **Dr. W. H. Eagar**, of this city, was a shock to her many friends. She will ever be remembered for her kindness of heart, which was so evident at the recent meeting of the Canadian Medical Association. No lady was so arduous in attending to the social entertainment of the visiting ladies as Mrs. Eagar, and her bright and cheery manner won her numerous friends on that occasion. The News extends its heartfelt sympathy to Dr. Eagar in his great bereavement.

Dr. H. M. Hare, is now at Harrington, Labrador, overseeing the construction of a new hospital. He will be away from the city for some months.

Therapeutic Notes.

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Secretary-Treasurer—J. A. GRANT, Jr., M. D., Ottawa.

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IN the opinion of many prominent rhinologists, laryngologists and general practitioners Solution Adrenalin Chloride and Adrenalin Inhalant meet the indications in Hay Fever better than any other agent.

SOLUTION ADRENALIN CHLORIDE

is a remarkably powerful astringent. In the treatment of Hay Fever it is usually diluted with four to five times its volume of physiologic salt solution. Sprayed into the nostrils by means of a hand atomizer, it promptly reduces the hyperemia and turgescence of the mucous membranes of the eyes, nose, etc., and checks the profuse secretions. It allays the nasal irritation and controls paroxysms of sneezing. Two or three applications a day ordinarily serve to keep the patient in a state of comparative comfort.

Supplied in ounce glass-stoppered vials.

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