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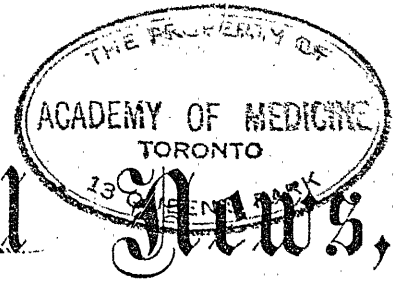
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THE

Maritime Medical News,



A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

PUBLISHED BI-MONTHLY AT HALIFAX, N. S.

VOL. I.—NO. 5.

JULY, 1889.

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The SUMMER SESSION for 1889 will commence on Monday, April 29th, and continue until July 5th.

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NOTICE.

THE ANNUAL MEETING
OF THE

N. B. Medical Society

WILL BE HELD AT

ODDFELLOW'S HALL, ST. JOHN,
On Tuesday, July 16th, at 10 o'clock, a. m.

And will be immediately adjourned, without transacting business until the following Tuesday, July 23rd, then to meet at the same place at 10 o'clock a.m. for the transaction of the regular business of the Society. The adjournment is made for the purpose of giving members outside of St. John the opportunity of attending the Summer Carnival and Medical Meeting at the same time.

DAN. MACLAREN,

President Medical Society.

G. R. J. CRAWFORD, Secretary.

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JAMES STEWART, M. D., Professor of Materia Medica and Therapeutics,
and Registrar to Faculty,

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D. P. PENHALLOW, B. Sc., Professor of Botany.
RICHARD L. MACDONNELL, B.A., M.D., M.R.C.S., Eng., Professor of Hygiene
and Demonstrator of Anatomy.
T. WESLEY MILLS, M.A., M.D., L.R.C.P., Lond., Professor of Physiology.
JAS. C. CAMERON, M.D., M.R.C.P.I., Professor of Midwifery and Diseases of
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T. JOHNSON ALLOWAY, M.D., Instructor in Gynecology.
F. G. FINLEY, M. D., Assistant Demonstrator of Anatomy.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to end of the first week in July.

The fifty-seventh session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the Student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting-room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating 76 students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriology carried on.

Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating-room for a smaller number. There is also a Library of over 10,000 volumes and a museum, as well as Reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

MATRICULATION.

Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University, on the first Friday of October, or the last Friday of March.

HOSPITALS.

The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

REQUIREMENTS FOR DEGREE.

Every candidate must be 21 years of age, have studied medicine during *four* six months' Winter Sessions, and *one* three months' Summer Session, one Session being at this School, and must pass the necessary examinations, For further information, or Annual Announcement, apply to

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VOL. I.

JULY, 1889.

No. 5.

MEDICAL LEGISLATION IN NOVA SCOTIA; PAST, PRESENT AND FUTURE.

The President's Address delivered before the Nova Scotia Medical Society,

BY D. A. CAMPBELL, M. D.

MY first and most pleasing duty is to thank you for the honour you have conferred on me by electing me to be your President. It is not for me to question the choice made, but so far as I can to justify it by giving my best energies to carry out the trust reposed in me—hoping that whatever defects or errors may be seen in the execution of my official duties may meet with a favourable construction. In seeking for a subject upon which to address you, I concluded to select one of general interest in preference to a purely professional topic. The subject I have chosen is "Medical Legislation in Nova Scotia, Past, Present and Future."

I have been mainly influenced in choosing this subject by a wish to gather and record some important circumstances connected with the progressive growth of our profession in Nova Scotia, and a desire to have a more cordial support extended to the Provincial Medical Board than it has hitherto received. By medical legislation I mean enactments designed to regulate the practice of medicine. The right to do so comes within that general police power which extends protection to the life and limb of the citizens. A recent decision of the Supreme Court of the United States says :

"The power of the state to provide for the general welfare of its people authorizes it to prescribe all such regulations as may be necessary to secure the people against the consequences of ignorance and incapacity as well as of deception and fraud. If the means adopted are appropriate to the calling or profession and obtainable by reasonable study and application no objection to their validity can be raised."

The basis of medical legislation then is the necessity of affording protection to the people against ignorant persons and pretenders. The intention of this legislation is to secure a standard of professional education to be exacted of every one who is desirous of engaging in the practice of medicine. Many persons and not a few in our own ranks suppose that the primary aim of legislation is to punish ignorant and unqualified persons who venture to practice. Such is not the case. As evidence of having reached the required standard of professional attainments, the state usually accepts diplomas of graduation from some legally incorporated school of medicine in good standing. In some cases, however, a certificate of having passed a satisfactory examination before examiners appointed either by the state or by some body deputed for that purpose, is requisite irrespective of the diploma. Again the state may entrust the profession with maintaining the standard and all questions relating thereto. The necessary evidence of having reached the standard being accepted, registration of the qualification is required which obtains certain privileges. These privileges are the right of holding public appointments and of performing any service required by the public, such as signing certificates, etc., and the right to demand and recover in any court of law reasonable charges for professional services. In some states the practice of medicine by unregistered persons is not prohibited. It is assumed that if a statutory distinction is drawn between registered and unregistered practitioners the public will know how to protect itself against

unqualified persons. In other states unregistered persons are not permitted to practice, and any attempt to do so is made a penal offence.

In Nova Scotia the profession is entrusted with full control of all questions relating to medical education and registration, and is given ample power to punish unregistered practitioners. The affairs of the profession are administered by a central organization styled the Provincial Medical Board—a body representative in character. When I compare the position of the profession in this province with that which obtains in other countries, and fully realize the great advantages we possess, it becomes positively painful to listen to expressions of discontent, and when I hear men of intelligence in our own ranks declare that the Provincial Board is but a stumbling block to students, and a vexation of spirit to applicants for registration, I conclude that they are either cranks unthankful in spirit or they don't know what they are talking about. A conviction that the public and many of the profession neither understand nor are conscious of the many blessings that flow from our organization has determined me to narrate the steps by which it was obtained and explain its present methods of working.

The first step in the direction of medical legislation was taken in 1828, a red letter year in the history of medicine in this province. Before explaining the nature of the Act I must glance briefly at the early history of the province, mainly for the purpose of seeking the reasons that led up to its adoption. I trust you will pardon me if in doing so I dwell for a moment on some incidents and persons entirely foreign to my subject. The commanding situation of Nova Scotia with its magnificent harbors, waters teeming with fish, valuable furs, and rich marshes almost ready for tillage, was a prize greatly coveted by the hardy adventurers who first began to cross the ocean from Great Britain and France about three centuries ago. It therefore formed a not unimportant part of that great battlefield on which English and France waged war for supremacy on this continent. In Nova Scotia the conflict raged incessantly for over a century with alternate succession and possession, and was finally brought to a close by the cruel expulsion of the Acadians in 1755. Even after this date the times were troublous and continued so down to the close of the second American war in 1815. While such a condition was very unfavourable to rapid settlement it strongly demanded the resources of our art. The many diseases incident to hardships, and the emergencies of conflict urgently called for the exercise of our art, and there is sufficient evidence to show that it was usually available. How, by whom, and with what measure of success it was exercised with the slender resources then at command we can only conjecture. Certain it is that to successfully cope with many of the emergencies that arose in early times would tax to the utmost all the resources of the present day. Take for example the condition of affairs that happened after that marvellous venture, viz: the seizure and capture of Louisburg by the provincials, or the scenes that ensued after that extraordinary march of the French to Grand Pre. . . . The leaders who figured in early times, such as LaTour, DeLoutre, Mascarene, and Lawrence, are all interesting characters, and we possess a fair amount of knowledge concerning them, but of those who moved in humbler spheres, such as professional men, only fragments of information exist. Lescarbot speaks of Louis Herbert of Port Royal as a man learned in his profession and very much devoted to the cultivation of the earth. Doubtless he was a leading figure of that genial order "Le Bon Temp." He subsequently removed to Quebec, and Ferland tells us that many of the old families of Canada trace their descent from him. William

Skeene was a member of his Majesty's Council at Annapolis from its inception down to the foundation of Halifax. He was the first of the many of our profession who have brought the aid of rare talents and matured intelligence to the councils of their country, some of whose memories will be cherished as long as time endures. Much more is known of Thomas Pickon alias Tyrell the first historian of Cape Breton and Prince Edward Island. Born in France, he studied medicine and was for some time inspector of military hospitals in Bohemia. I regret to say that he was a traitor. He seems to have enjoyed the confidence of the French leaders, particularly of the crafty and designing DeLoutre. For British gold he disclosed the whole machinery of DeLoutre's diplomacy. After the fall of Beausejour he came to Halifax for a time and subsequently removed to London where he spent many years enjoying the friendship of learned men. Doubtless he foresaw the downfall of French power in America and governed himself accordingly. The following extract from a letter written to his English correspondent in Halifax, throws a ray of light on his character. "Cannot Mr. Mauger send me by the spring some woollen stuffs to make me a summer coat, a silk waistcoat of a different color from the coat and not easily tarnished, with all the trimmings as buttons and cords of the same colour. It must be considered that I am large and that our coats are wider than yours. The lining of the coat should be woollen of the same color but of the finest fabric. That of the silk waistcoat should be white and strong. I will make an exchange or pay in gold. Apropos as to gold I dare not say that I have *guineas*. They would ask me where I got them or perhaps embarrass me." His history is considered to be an excellent work. His MSS journal and letters form one of the volumes bound up and preserved by the Record Commissioner of Nova Scotia.

With the three thousand and odd people sent to Halifax in 1749, and these comprised the first British settlers of Nova Scotia, came 15 surgeons, 1 lieutenant and surgeon, 10 surgeon's mates and assistants, and 1 surgeon's pupil, lured no doubt by the prospect of a free trip to America, subsistence for a year after arrival, 200 acres of land in fee simple, and the chance of picking up a pretty fair practice among the aborigines. How they succeeded history telleth not, but a few years later the Board of Trade urge economy upon Governor Cornwallis and give him a sly hint that he has too many paid surgeons and apothecaries. Jonathan Belcher, the first Chief Justice of Nova Scotia, pays a beautiful tribute of respect to the memory of one Doctor John Abercrombie, who died in Halifax in 1773. Reading it one would suppose him to have been a model of all the virtues. The following extract of a document in the registry office in Pictou speaks for itself. "Know all men by these presents that I, Archibald Allerdice, of the Province of Nova Scotia, mariner, for and in consideration of the sum of forty pounds currency to me in hand paid by Dr. John Harris, of Truro, have made over and sold and bargained, and by these presents do bargain, make over, and sell to the aforesaid Doctor John Harris one black negro man named Sambo, aged 25 years or thereabouts, and one brown mare and her colt now sucking." Slavery obtained a slight footing in this province, but the accursed institution soon died out.

Haliburton and Almon are names well known and highly respected in this community. Both are connected with a most unusual consultation. The Duke of Kent had his leg badly bruised by being thrown from his horse. Some weeks after untoward symptoms developed which threatened the loss of the limb. He was attended by Doctor W. J. Almon of the Artillery, and Doctor John Haliburton of the Naval Hospital. They united in their advice that he should go to England as soon as possible. The Duke, who seems to have been very much attached to Halifax, was very unwilling to go, and sent all the way to Quebec for a Doctor Nooth. He came in due season, and, after consultation, concurred in the advice that had been previously given.

In connection with the Naval Hospital I notice the name of Robert Hume. He was president of the first medical society organized in Nova Scotia from its formation in 1844 down to the time of his death in 1853. A letter of condolence

addressed to the relatives contains the following. "As a society we have lost a president who ever presided with simple dignity and gravity, as professional men we have lost that counsel which a strong and ready mind, careful education and great experience ever extended to us, and as individuals we have each of us lost a kind and sympathising friend."

The following extract is taken from Haliburton's history which was published in 1829. "A medical and surgical journal, however, has been announced as forthcoming under the direction of one of the most distinguished medical men in the province, and it is to be hoped that it will receive that support from the profession and the public which such a commendable and patriotic effort deserves." It almost takes one's breath away to hear of such a venture when the *London Lancet* was not out of its swaddling clothes. But I must bring this profitless digression to an end, for I fear I am taxing your patience too much. In concluding this reminiscence of the past, I may say that the annals of our country are strewn with fragments relating to medicine which if gathered and treated with literary skill would supply a not uninteresting volume.

Before taking up the Act of 1828, I must briefly consider the relation of the medical supply to the progressive increase of our population previous to that date. The population increased very slowly at first and was subject to very considerable fluctuations, so that in 1790, that is forty years after British settlement it had only reached about 35,000. In 1827, nearly forty years later, it was estimated to be 153,000, an increase of nearly 120,000 which we may regard as a fairly rapid expansion. The chief source of medical supply for many years was retired military and naval surgeons, who naturally being the salt of the profession took the cream of the practice. British licentiates came from time to time and perhaps a very few graduates from the United States. Medical education could not be readily obtained at that day—private tuition being the principal means. Now what happened. At first the medical supply was probably equal to if not in excess of the demand and the quality good, but later on it did not keep pace with the increase of population and the extension of the settled area of the province,—hence might be found in every sparsely settled section of the community practitioners without qualification. Do not for one moment suppose that I rank them with the blatant quacks and pretenders of to-day. They were mainly deserving men—their sympathies were aroused by human suffering and they strove as best they could to palliate it. Such men appear early in our history, lived useful lives, and, as a class, are not yet extinct. Doubtless the professional leaders of that period foresaw danger looming up and determined to raise a barrier against the inflow to our ranks of an undesirable element—hence the Act of 1828. The Act is very brief and is entitled "An Act to exclude ignorant and unskillful persons from the practice of Physic and Surgery." Its substance is as follows: "No man to recover any award for medical or surgical aid without a diploma from some college, etc., etc., or having been examined by judges to be appointed by the Governor-in-Council."

An amendment the year following exempts any one who had been in practice prior to 1821 from the provisions of the Act. The Act is an admirable one, being simple in character and perfectly adapted to the wants of that period. Although free from penal clauses it restrained irregular practice, and afforded a chance for partially instructed men, with limited means, to obtain a qualification. As a proof of its value we have only to cross the border. In the British Provinces we observe a slow but steady rise of the professional standard. In the United States just the reverse occurred. The explanation is contained in this extract I will read from the eighth annual report of the Illinois State Board of Health:

"Early in the history of the country laws were enacted for the regulation of the practice of medicine. But the sparse population and the conditions which then obtained, as well as the fact that many of the enactments were so onerous and restrictive that they came to be regarded by the public as in the nature of class legislation operating to make the profession a close guild or trades union rendering their enforcement impracticable. They were gradually repealed or ignored until

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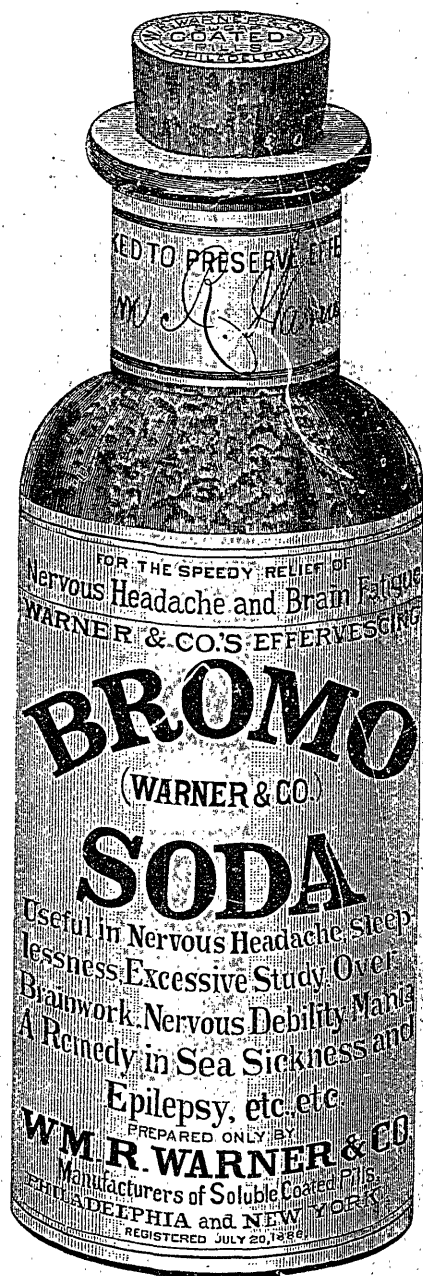
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Med. prop.—Anodyne. Dose, 1 to 2.

Ext. Ignatia Amara,.....1/4 gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2

Ext. Cannabis Indica,.....1/4 gr.
Med. prop.—Anodyne. Dose, 1 to 4.

Ext. Hyoseyam. (English.) 1/4 gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Ext. Nuc. Vomica,.....1/2 and 1/4 gr.
Med. prop.—Nerve Stimulant, Dose, 1 to 3.

Gelsemin,.....1/4 gr.
Med. prop.—Emetic, Diuretic, Cathartic, Dose, 1 to 2.

Hyoseyamia,.....1-100 gr.
(Crystals Pure Alkaloid.)
Med. prop.—Anodyne, Soporific.

Leptandrin,.....1/4 gr.
Med. prop.—Cathartic. Dose, 1 to 4.

Mercury Prot. Iodid......1/4 gr.
Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid......1/2 gr.
Med. prop.—Alterative. Dose, 1 to 2.

Mercury Prot. Iodid......1/8 gr.
Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red.....1-16 gr.
Med. prop.—Alterative. Dose, 1 to 3.

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Morphinæ Sulph......1-10 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinæ Sulph......1/2 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

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about 1830-1840 there were practically no restrictions, the profession became a "free for all," bogus diplomas were openly and unblushingly sold and displayed by their purchasers as credentials of membership in a learned profession. The country was overrun by hosts of ignorant, immoral and dangerous swindlers, self-styled doctors who preyed upon the unfortunate afflicted; isms and so-called "schools" of medical practice multiplied, a mushroom crop of diploma-mills sprang up over the land, and as a natural result the general standard of medical education and of requirements for graduation—except among the best class of medical colleges—fell lower and lower."

Timely legislation has spared the Canadian provinces from such evils, nay more, the methods which with us have proved so successful have been copied and put into effect in almost every state of the American Union.

A few words about the embryonic form of our present organization, viz., the old Licensing Board. Originally it was composed of three leading practitioners with the P. M. O. of garrison as umpire; later his services were dispensed with. The last members of the Board were the late Dr. Jennings, the Hon. Dr. Almon, and the Hon. Dr. Parker. The sole duty of the Board was to test the knowledge of men who wished to practice, but who had not the customary qualification. The examination was to a large extent a practical one. The candidates were usually men who obtained their knowledge either by private instruction from a practitioner or a partial collegiate course. Occasionally a genuine natural doctor presented himself, and if all the anecdotes related are authentic, many amusing scenes must have transpired. They usually arose from a reluctance on the part of the candidate to disclose his methods of treatment. The licentiates of Nova Scotia, once quite numerous, are fast disappearing and before long will be extinct, and it is only right to express what competent persons to judge have told me that among them were many very skillful practitioners, commanding the highest respect in the communities where they laboured.

The second step in medical legislation was taken in 1856, when a Registration Act was adopted. It enacts that qualifications are to be registered at the Provincial Secretary's office where they may be inspected on payment of a shilling. A licence is granted to those who are able to prove that they were in practice prior to 1821. Unregistered persons are prohibited from holding provincial appointments, and the assumption of a registrable title is made penal. This Act like the previous one is moderate in character and devoid of objectionable features. It supplies the defects that practical experience had shown to be lacking in the former one. One feature of interest is that the agitation in connection with its presentation to the legislature led to the formation of a provincial organization known as the Medical Society of Nova Scotia. The gradually increasing number of persons coming into the province from other places, thoroughly versed in all the vile arts of the quack, provoked a strong desire among the profession to repress the evil. Repeated efforts to obtain legislation ended in failure. The question was then taken up by the Medical Society of Halifax. A committee appointed for the purpose reported as follows: "With regard to the improper treatment of bills presented of late years to the legislature, your committee are of opinion that the only alternative now left by which an effectual resistance may be offered to the unjust procedure of the committees of Assembly appointed to investigate the petitions of medical men, is an union of the profession throughout the province. To effect such union your committee suggest that the medical society of Halifax should become a provincial association and its title altered accordingly, —and further, that the practitioners throughout the province be invited by a circular to become members of the association."

On motion of Dr. Parker it was resolved "That it is expedient for the members of the profession in this province to organize themselves forthwith into an association for scientific and professional purposes for their mutual protection, and that every regularly qualified practitioner in Nova Scotia be invited to join the association." In 1854 the association was organized

and the Hon. W. Gregor elected President, the country members having heartily endorsed the scheme. A memorial was drawn up for presentation to legislature, and the Act of 1856 was introduced by the late Dr. Webster of Kentville.

We may look upon this period as a dividing line between the old and the new. In earlier days the imported element in our profession largely predominated, now their supremacy was steadily waning, and before long became insignificant. In leaving the legislation of the past I trust it will not be considered inappropriate on my part to make a brief reference to some of the difficulties that had to be contended with in those days. O. W. Holmes, in that strange and fascinating story, *Elsie Venner*, portrays a very interesting character, the old doctor. He says: "Oh yes, country doctor, half a dollar a visit, drive, drive, drive all day—get up at night and harness your own horse, drive again ten miles through a snow storm, shake powders out of two vials—come back again if you don't happen to get stuck in a drift—no home, no peace, no continuous meals, no unbroken sleep on Sunday, no holiday, no social intercourse, but one eternal jog, jog, jog in a sulky until you feel like the mummy of an Indian who had been buried in a sitting posture and was dug up a hundred years after." Take away all the consoling features from this and throw in the following additional hardships and you get an idea of the trials of the earlier practitioners in this province. The roads were simply bridle paths through the forest. Streams had to be forded. A journey might often have to be completed on foot. Water carriage, when available was regarded as a boon. The serious emergencies of a mixed practice had to be surmounted single-handed with very slender resources at command. Periodicals did not exist and the library was limited to a few volumes. The fees were as small as the services rendered great. Of domestic comforts there were none. Yet in spite of all these obstacles educated men toiled and moiled from year to year until death ended their labours. The best men of the past do not suffer any by comparison with the leaders of to-day, and they have left us patterns of simplicity of character, of candour, humanity, and generosity that cannot fail to be reproduced in an intellectual and civilized community.

PRESENT LEGISLATION.

Not long after the Act of 1856 was adopted, a new and much more dangerous factor confronted the profession, by a slow but steady depreciation of the value of a diploma as an evidence of professional attainments. The exposure of diploma mills, and the downward tendency of a keen competition among a large number of irresponsible medical schools, caused a growing sentiment in the profession, in favour of a higher standard of education and qualifications. This found expression in the Act of 1872, a year ever to be memorable in the history of medicine in this province, and rightly so, for the profession then obtained self-government. The Act of 1872 with amendments, gives the profession full control of all questions relating to medical education, registration, and discipline. This brought us into line with Ontario and Quebec. The other provinces, with one exception, shortly followed in our footsteps. So that the Canadian profession have reached a standpoint to-day, that has not been attained elsewhere.

An explanation of the methods by which the provisions of the Act are carried into effect, with an account of what has been accomplished will, I trust, be the means of convincing many persons of its value, who have hitherto evinced but little interest in its working. To work the Act, an organization is created, styled the "Provincial Medical Board. It is composed of thirteen regularly qualified practitioners, of not less than seven years' standing. Seven of the thirteen are nominated and appointed by the Governor-in-Council, and hold office at pleasure; the remainder are elected tri-ennially by this Society. The revenue is obtained from Matriculation and Registration fees, and is expended in defraying necessary expenses, such as travelling expenses of members who reside out of Halifax, registrar's salary, and examiner and solicitor's fees, etc.

The officers appointed are, matriculation and medical examiners, a registrar, who must be a qualified practitioner, a treasurer, who is usually a member of the Board, and they also

retain a solicitor, and for some time an agent was employed, but his services had to be dispensed with for want of funds. Meetings are held quarterly, but a special one may be summoned at any time by a requisition to the president. To secure registration, compliance with the regulations relating to preliminary education, period of study, and curriculum, is demanded.

The Act provides that no person shall begin the study of medicine until he has attained the age of 16, and has obtained a certificate from the Board that he has passed a satisfactory preliminary examination in certain specified subjects. An endless amount of trouble was required to place this examination on a sound basis, satisfactory to all concerned, but it has been accomplished. The examination is entrusted to two gentlemen of high standing in their department, and who are responsible to the Board for the way it is conducted. The subjects of the examination are nearly the same as those recommended by the British Medical Council, and embrace the elements of a good general education, with a fair amount of Latin and Elementary Physics. Greek, French, German, and History are also recommended. One is required, and the student may select which he pleases. In order to pass, a candidate must make fifty per cent of marks in each subject. The exemptions are a University degree on a teachers Grade A. License of Nova Scotia. The matriculation and sessional examinations of any chartered University or College, and also the preliminary examination of any Medical Licensing Board in her Majesty's dominions are recognized *pro tanto*. Owing to the care exercised by the Board, the matriculation certificate now possesses considerable value. It is accepted by every school and licensing body in America, and being recognized by the British Medical Council, it enables the holder to register as a medical student in Great Britain. A valuable privilege has thus been secured for those who wish to study abroad.

The regulation of the curriculum is the most important function the Legislature have entrusted to the Board, and it is one which the whole profession should take a deep interest in. The period of study is to be not less than four full years, one of which, if spent with a Preceptor, is recognized as equivalent to a collegiate session. The curriculum now in force, corresponds with that required by Canadian and American schools, and so far has been considered adequate. The Board rigidly insist on compliance with all its requirements before granting registration. The curriculum is a subject of great importance, and surrounded with many difficulties at the present time, owing to the change that has been going on in the methods of instruction, and the great diversity that exists in the requirements for graduation in British, Canadian, and American schools. For the best interests of the profession, a good standard must ever be maintained, and the student must not be subjected to unnecessary vexation or expense. Therefore, to hold the balance fairly, between the profession and those who wish to enter its ranks, the exercise of prudence and sound judgement is demanded. To satisfy existing conditions, the curriculum must be adequate, adapted to the conditions which obtain in our own country, not subject to frequent change, as far as possible in harmony with that of the schools where the great majority of students pursue their studies and obtain qualifications, and should not interfere or retard progressive improvements of methods of instruction. It is not surprising therefore, that a curriculum framed twenty years ago, and never since modified, should elicit hostile criticism and a desire for change. The grievances most loudly spoken of, may be managed and considered under three heads.

1. The curriculum has ceased to be adequate.
2. It retards the substitution of practical instruction for didactic teaching.
3. It operates unfairly against British graduates.

These objections are well taken, and must be fairly considered. It is contended that the curriculum has ceased to be adequate, inasmuch as it fails to make provision for Pathology and Hygiene, and extends recognition to private tuition. With respect to Pathology and Hygiene there can be no question. The importance of both, and the Public Health Act of 1888, imperatively demand their addition at an early date. The value of private tuition is a vexed question. At one time, the sole means of obtaining instruction, it has ceased to be recognized by the leading British and Canadian schools, the objection being that it is in most

cases a farce, and in no sense as equivalent to a collegiate term. Impressed with its great value if properly conducted, as every one must be who has enjoyed the privilege, I am pleased to observe a marked reaction in its favour in Great Britain. At present it is improperly placed, but if it were recognized as the equivalent to the third collegiate year instead of the first, as is done in Quebec, or substituted for a part of the long holiday season students are permitted, no objection could possibly be raised. It is pleasing to note that nearly all our students take the collegiate course of four years, and avail themselves of every opportunity for private instruction. Further, it is contended that our curriculum compels men to follow two courses of didactic instruction, exactly like each other in subject, length, and cost, and by doing so, discouraging the grading of courses of study and restraining the development and growth of practical modes of instruction. This contention is true in every particular. But before a change is sought or demanded, the whole question must be carefully thought out, and for this reason.

In Germany and France, the State, as the guardian of the public weal, has been year after year voting simply enormous sums, to stimulate the growth of medical science, with the result so far, of completely transforming our relation to disease. Every medical school has for each subject of our curriculum, a laboratory, which surpasses in the perfection of its appointments, the average American college. Here, under the direction of a well State-paid staff of instructors, with the most ample facilities for illustration, the student pursues his study, and his senses are trained and exercised, while facts are being imparted. Every advantage that a well appointed hospital can afford, is at his bidding. What wonder then, that these countries lead the world in everything pertaining to medical science. The German methods of instruction have been transplanted to Great Britain, and fostered, with some measure of success, in the more richly endowed of the British schools. This has led to material modifications of the curriculum in that country. In Canada and the United States, the pecuniary circumstances of the schools, coupled with the restraint which the authorities place upon the development of classical instruction, does not permit of any wide departure from the present system of cramming men with facts, without or with very limited material or appliances for illustration. As the majority of students, for economical reasons have to be trained on this side of the water, it would be unwise to make any serious modification of the curriculum, until the changed circumstances of Canadian and American schools render it expedient.

But a better day is dawning. A knowledge and appreciation of the innumerable blessings that are but beginning to flow from the labours of Pasteur Koch and Pettenkofer, must sooner or later awaken a conviction in the public mind, that we are at last getting our hands upon the subtle agents which produce disease. When that day arrives, the niggardly spirit of governments will vanish, the springs of generosity will flow abundantly, and the long fettered intelligence of the disciples of medicine in this country, will rise to its level in the forefront of the nations. The third objection need not detain me long. The strict enforcement of the curriculum necessarily excludes British graduates. This seems very unfair, as the curricula of the University and Licensing Board, though different, is superior to ours. The difficulty is obviated by requiring proof of registration in Great Britain to accompany the qualification. The real injustice is the payment of a British registration fee, which is \$20.00, a small amount it is true, but wrong to exact if unnecessary. The reason is this, in Great Britain there are 21 chartered bodies, dissimilar in constitution, conferring titles with their examinations neither uniform nor even approximately equal in standard. Many of these qualifications are not now registrable, and for the Provincial Board to readily accept what is there refused, would certainly be doing an injustice to the profession in Great Britain. In addition to these specific charges we often hear railing accusations of inconsistency, harshness, and unfairness, manifested towards candidates for registration. These may be dismissed. In fact the Board have been unduly lenient, as they should be during a transitional stage of affairs. The danger of relaxing restrictions are obvious, and the time has now arrived when the reins must be held

tightly, and by doing so, I feel assured they will be sustained by the united profession of this province, of whose best interests they are the responsible guardians.

Before summing up results, I must refer briefly to the Medical Register and the penal claims of this Act. The Medical Register is published in the *Royal Gazette*, a copy sent to every practitioner with a request to supply corrections. Great pains are taken to secure accuracy, so that the errors are comparatively trifling. In addition, the Register with a few extracts from the Act is inserted in Belcher's Almanac, a publication that finds its way into almost every home throughout the province. This measure has been productive of much good. The Act gives the Board power to remove for cause, a name from the Register, and authorizes it or any registered medical man to institute proceedings against any irregular or unlicensed practitioners. The effect of the penal clauses has been mainly a moral one. An apparent reluctance on the part of the Board to act upon the penal clauses, has created an amount of dissatisfaction and loss of confidence entirely uncalled for. Proceedings so far, have been chiefly carried on against persons who neglected to register, and two or three irregular practitioners, and in all cases with uniform success. The expenditure incurred and the feeble response to an appeal for financial aid from the profession, does not justify the Board in going any further in this direction. In one sense it is not an unmixed evil that the hands of the Board are thus tied, because in enforcing these clauses they forfeit the sympathy of the public and endanger the existence of valuable legislation. Let us be content then, with bettering ourselves, (for I often think that many existing evils are but the reflex of our own short-comings), rather than applying the terrors of the law on ignorant offenders.

What has been gained for the public and the profession by the progressive legislation of the last sixty years. Very much, I think, perhaps far more than we fairly appreciate. Quackery has diminished very perceptibly, and it is rare to observe any manifestations of its grosser forms, of "isms" we have practically none. Examine the "register" and you can count on the fingers of a single hand the number of those from whom we are ethically separated by therapeutic differences. Scrutinize the qualifications carefully and you find that they have all been obtained from institutions of the most reputable character. Test the question in any other way you please and you cannot escape this conviction that the judicious administration of timely and appropriate legislation has quietly distributed over the face of this province a body of men of whom we have the public guarantee that they have the elements at any rate of a solid education, a knowledge of the structure and functions of the human body, and are capable of meeting the ordinary emergencies of professional life.

My treatment of the subject thus far must lead you to suspect a conservative attitude in respect to future legislation, if so, your suspicions are well founded, because I firmly believe we require no further power of any moment from the legislature either now or for some time to come. No opinion has ever been voiced in favour of saddling the Medical Board with the administration of a Public Health Act, a custom very common in the United States. Existing grievances have no real foundation, therefore the duties of the Board must be confined to rendering existing legislation more perfect. To accomplish this it may be necessary now or at any future period to ask for modifications and perhaps power to deal with subjects in direct relation with the present ones.

The propriety of a change in the constitution of the Board making it more representative in character, and of exercising complete control of the licensing power in view of obtaining restrictions, with which the Board is at present empowered, are debatable questions. Further the desirability of asking power to levy a small annual tax on long registered practitioners, as is done in the other provinces of Canada, of framing a tariff of fees, and of enlarging the power of clause 33, relating to the practice of midwifery by females, is ripe for discussion.

In conclusion, let me thank you for an attentive hearing, and ask you to bear in mind the advice of that distinguished Canadian, Prof. Osler, of Johns Hopkins: "To move surely

we must move slowly but firmly and fearlessly, confident in the justness of our claims on behalf of the profession and of the public, and animated solely with a desire to secure to the humblest citizen of this great country in the day of his tribulation, in the hour of his need, a skill worthy of the enlightened humanity which we profess, and of the noble calling in which we have the honor to serve."

CAUSATION OF CALCULOUS DISEASE.

BY DR. M. F. BRUCE.

Read before the St. John Medical Society, March 20th, 1889.

THE pathological processes which give rise to the formation of urinary calculi have never been explained and accounted for in such a way as to receive the general sanction of professional opinion, scarcely two writers agreeing upon the subject; and a study of the works of half a dozen different authors always ends by leaving the mind of the investigator in a haze of uncertainty by reason of the conflicting hypotheses advanced.

Great ingenuity has been manifested in all periods of medical literature in explaining conditions which would account for their existence, and many have been the investigations of the physiological, pathological, dynamic, and chemical processes by which the excess of uric acid, oxalate of lime, the phosphates, etc., is formed, or may exist free in the urine; but the fact is too often lost sight of that these may all exist, and no stone be found, while again a large stone may be and frequently is present, in the absence of all of them.

Most observers, with a singular unanimity, refer stone to a diathetic cause, some vice of the system by which an excess of this or that ingredient exists in the system and is eliminated by the kidneys; while a few even yet seek for its origin in external circumstances, as the drinking of lime water, the use of certain articles of food and the like.

As long ago as in the early part of the present century Von Walther fore-shadowed the idea that stone was a local disease, but he was so imbued with the contemporaneous belief that some abnormal condition of the excretory fluids was necessary, that he enunciated the belief that two conditions were necessary for the formation of a stone, "beside the *excessive production of uric acid*, a change in its quality, at least in reference to its degree of oxidation, and a more or less copious secretion of a connecting gluten;" and Dr. Murchison in his Croonian lectures, delivered before the Royal College of Physicians in March, 1874, maintains nearly the same opinion, when after stating that lithic acid constitutes five sixths of all renal concretions, and of vesical calculi which have only recently descended from the kidneys, he says: "The circumstances favorable to the precipitation of lithic acid are catarrhal and other morbid states of the urine."

Magendie insists upon an excess of uric acid, a diminished quantity of urine, and a diminished temperature of the urine as the causes: while Netzar thinks that "a *free state of uric acid*" constitutes the lesion.

Dr. Lionel S. Beale admits that "the deposition of calculus does not always depend upon the state of the urine, for it is possible that the urine may be healthy while a stone is forming," and he attributes the formation of the calculus to changes upon the surface of the stone itself which pre-dispose to a deposition of the ingredients of the healthy urine."

Dr. William Roberts thinks that stone may be formed first, by an excessive proportion of the precipitated ingredients of the urine; second, by a too acid state of the urine; third, by an alkaline state of the urine; fourth, by a deficiency of the chloride of sodium and the alkaline phosphates.

These opinions, conflicting and unsatisfactory as they are, suffice to show the general direction the professional mind has taken in the investigation of this disease, and as samples of the conclusions arrived at, they render apparent the futility of seeking for the etiology of the disease in this direction.

I believe any explanation of the causes of calculous disease, based upon diathetic conditions alone, causing variations in the component elements of the urine, to be radically erroneous, and wholly insufficient to account for the phenomena presented.

The accidental ingredients of the urine and the variations in their relative proportions depending upon diet, disease, external temperature, etc., and influenced by the peculiar diathesis of the system, are very unstable and subject to transient and varying circumstances. The kidneys are one of the principal depurators of the system, and as varied as are the conditions under which it is placed, will be the ingredients of the urine, and its consequent depositions, and as little stable.

Who has not suffered from lateritious deposits of uric acid after a glass too many of claret for dinner? And what student has not had phosphatic sediment in his urine while preparing for the green room? But these do not constitute stone, nor are they permanent conditions, but cease upon the removal of the exciting cause. They possess no qualities of cohesion, and it would be as feasible to make a rope of sand as to fabricate a calculus from the brick dust sediments of uric acid found in the urine after a convivial indiscretion. These deposits would never be of a character to form a concrete mass without the presence of some other element, some connecting medium, whose office it is to aggregate the crystals into masses, in the form and shape of calculi, and hold them there.

This element, this bond of union, the diathetic hypothesis does not and cannot supply, nor can any purely chemical view of the phenomenon, based solely upon the crystallization of the salts of the urine, account for the peculiar formation of those bodies. They present a singular regularity in the arrangement of their particles in concentric laminae, etc., wholly unlike any other form of crystallization with which we are acquainted, in the body or out of it, and much more nearly approximating to vital processes, as shown in the formation of the oyster shell and other like organic bodies; and like such substances their composition is not entirely mineral, but after the inorganic elements have been dissolved out, a basement structure of animal matter is left. The investigation of these chemico-vital processes belongs to the province of organic chemistry, and would require more time and space than would be proper in a paper like this, but I will enumerate a few in illustration, without attempting their explanation.

The formation of the pearl in the shell of the pearl oyster is a striking illustration of this class of processes, especially as it takes place in a situation accessible to inspection in its different stages. "The substance of the pearl is normally deposited upon the interior surface of the shell in the form of a slimy secretion of the exterior of the mantle. Grains of sand, or other foreign bodies lodging between the mantle and the shell, produce an irritation of

the delicate tissues which causes the deposition of pearly matter around them for production." Pearls are produced artificially by the Chinese by boring holes in the shell of a fresh water mussel and introducing an irritant as a means of exciting the deposit. The absorption of saline matters by this "slimy secretion" or protective mucus from the surrounding fluids, whether of the oyster or of the sea, necessary to its solidification, is undoubtedly due to an elective affinity which the mucus has for these particular salts.

Another illustration of the process of the absorption of inorganic elements by an animal structure is found in the egg of the fohol, which is formed in the ovary without a shell, and it is in another part of the generative passage, (the fallopian tube,) that the lime necessary for the solidification of the shell is furnished.

But it is not necessary to go so far to find a still more striking illustration of this principle, in the formation of the teeth in the dental Sac. There three distinct tissues, viz.: enamel, dentine, and cementum, are formed; first as a pulpy mass, and afterwards solidified by the affinities of the different sets of cells, each selecting different proportions of the inorganic substances secreted by the lining membrane of the sac, and in the case of the enamel forming salts of silicic acid and fluorine, different from all other tissues of the body, as well as from those of the dentine and cement formed simultaneously from the same fluid within the same little sac, and, as in the calculus, this animal plasma may be shown after the removal of the mineral ingredients. No explanation ignoring this all important factor in the problem can ever arrive at a solution of the question. The first point, then, is to inquire what this connecting animal substance is, and more important still, where and how it is formed, for without it no stone can exist. It is undoubtedly a perverted secretion of the mucous membrane of the urinary passages, one of the albuminoids or colloids, as claimed by *Rainey* and *Ord*, the product of inflammatory action.

This abnormal secretion so re-acts upon the healthy urine as to cause it to precipitate certain of its ingredients, the chemical constitution of which is determined by the part of the urinary tract in which this catalytic action upon the urine takes place, uric acid and its derivations being deposited in the kidneys and the phosphates in the bladder.

In other words, the pathological condition which gives rise to calculous disease is *local* in its character, and consists of an inflammation of some part of the urinary tract, causing the secretion of an albuminoid substance, which determines the crystallization, in a spherical form, of certain of the salts of the healthy urine, varying with the part of the passages in which the inflammatory action exists, and which at the same time serves as a bond of union to these particles.

There are several reasons which occur to me as sustaining this belief:

1. That such a process is sufficient to cause a calculus is shown by the researches of Mr. *Rainey*, who has demonstrated that where saline matter crystallizes in a viscid substance, like gum or mucus, it takes the spherical form, instead of assuming the usual crystalline character. Does not this fact explain the way in which the first step in the formation of a stone is taken? that a low grade of chronic catarrhal inflammation in the kidney causes a "viscid" albuminoid secretion to be formed, which has an affinity for certain of the salts of the otherwise healthy urine, and in which they are "crystallized in a spherical form" seems a more rational explanation of the origin of the nucleus of a

calculus than that of "clots of blood, plugs of inspissated mucus," or "mammoth crystals," so often given.

2. A reason for believing that stone is not due to external causes is found in the fact that there exists no chemical relation between the substances employed as a dish or beverage and the constituents of stone, there being no material of food containing uric acid as such, and but few oxalic acid, while very few calculi have a lime basis. There are no laws by which we can, with any degree of certainty, foretell the chemical character of a stone in a given case, only by an analysis of the urine at the time, or by an inspection of a fragment of the stone, or from certain of its physical characters as revealed by contact with the sound, can we form an idea of what it is composed, which would not be the case if it was due to any permanent external cause, which being ascertained, would indicate the effect produced by it. Stone is also governed by no chemical laws in its geographical distribution that we have been able to define, existing alike in limestone and finstone regions, and notably in the case of Holland, in which country *Rau* cut over fifteen cases of stone, while the geographical peculiarities of the country preclude the use of any but rain water, to such a degree that a late article notes the prevalence of mollities ossium among the Dutch in consequence of the absence of calcareous salts in the water drunk.

Again, the chemical constitution of stone is not the same in different persons in the same climate, exposed to the same apparent exciting causes, nor will the same stone in one individual present throughout the same composition.

3. A strong reason, to my mind, for believing stone not to be of a diathetic nature is found in the fact that the removal of the calculus by operation is generally a radical cure of the disease. Who will pretend that the removal of a local manifestation will cure a diathetic disease? Would the cutting out of a chalk stone from the knuckle of a gouty subject cure the gout? or would the removal of all the sugar from the kidneys and bladder cure a case of diabetes mellitus? Then why is the operative procedure, in the large majority of cases, curative of stone? Simply because it is a local disease, a peculiar form of local inflammation, which is relieved, as are other local diseases, by removing the cause.

4. The fact that one kidney is usually affected with calculus disease is also a striking argument in favor of its local nature.

Finally, a diathesis is understood to be a more or less permanent condition, exposing its subject to a manifestation of the latent tendency upon every recurrence of the exciting cause, but we know that not to be so in case of the removal of the stone, and even during the period of its growth there are long intervals of rest, and a total change in the characters of the concentric layers often takes place. Will an oxalic diathesis, accompanied with an acid re-action of the urine, change into a phosphatic diathesis with ammoniacal urine, with no alteration in the patient's habits or surroundings? I think a more rational explanation of the change can be given.

Having stated my reasons for believing stone not to be of external or diathetic origin, and having shown how it may be formed by local action, I shall now try to give some reasons for believing that it is so formed. They have necessarily been set forth to a great extent in the discussion of the preceding propositions, but there are several reasons which occur to my mind in support of these views additional to those already stated, one of which is the fact that the

retention within the healthy bladder of foreign substances as a metallic catheter, bullets, spiculæ of bone and the like, almost invariably causes a phosphatic calculus to be deposited upon them. The deposits upon catheters are too well known by all who have had occasion to leave them in the bladder for any length of time, to require comment. In the late American war there were twenty-one cases reported in which vesical calculi were removed by lithotomy, of which the nuclei were foreign bodies, accidentally introduced into the bladder, such as projectiles from fire arms, spiculæ, etc. These foreign bodies could exert nothing but a local action, could cause none but a local disease, and they were mainly phosphatic, just what would be looked for in an inflammation of the coats of the bladder, although in one or two cases the inflammation seems to have extended up the ureters to the kidneys, from continuity of surface, and caused some uric acid to be intermixed with the phosphates. The presence of these bodies could give rise to none of the usually ascribed causes of stone, were entirely local in their action, and when removed, in the majority of cases, the disease was cured.

These views are strengthened and still further supported by the history of analogous depositions in other organs, arising from local inflammatory action. The atheroma of the arteries and cardiac valves is believed to arise from direct inflammation of the coats caused by the presence in the blood of lactic acid, as well as the lesions of the valves following rheumatic endocarditis. The production of sesamoid bones in tendons exposed to pressure, causing an inflammation of the tendinous structures, is another illustration of the same pathological process, as are also the calcareous cataract, which is always the result of an inflammatory process within the globe of the eye, frequently the result of direct violence.

The difference in the chemical constitution of calculi being due to the particular locality in the urinary tract in which the re-action upon the urine takes place, is easily accounted for when we recollect the analogous phenomena found in the female generative organs, the uterine secretions of which are alkaline, while the vaginal are acid; just as the secretion of the kidneys is acid, and that of the bladder alkaline, as is shown by the re-actions of the urine in nephritis and cystitis, respectively. But it is not to be inferred that every cystitis or nephritis will cause a stone; the inflammation may be high and the secretion of mucus or muco-pus very abundant, and not be of such a viscid nature as to agglutinate the urinary crystals together and impart to the mass the semi-organic peculiarities necessary to constitute a stone, while by its presence it may precipitate them from their solution in the urine. This is frequently seen in a patient who has a growing stone in the bladder who will void at times large quantities of gravel, and the same thing often occurs from the use of medicinal substances, notably of certain mineral spring waters, where the precipitate from the urine will be voided as a fine sand, by the actions of the waters in diminishing the viscosity of the secretions from the mucus membrane, thereby unfitting them to serve as a "connecting gluten" to the crystals.

The formation of stone is a slow process, and I take it the action which produces it must necessarily be of a slow and persistent grade—essentially chronic,—as may be seen in other mucus membranes where inflamed; for example, in the Schneiderian membrane, an acute coryza causes a copious secretion of liquid mucus which is readily expelled, and it is only in the chronic form of ozoena that the viscid, tenacious and glairy secretion is exuded which forms the hardened and compact masses so difficult to get rid of in such

cases; so I conceive it is in the similar conditions of the mucous membrane of the urinary passages. An acute catarrh, whether of the kidneys or the bladder, is accompanied with a fine secretion of mucus, which is washed away and discharged with the Supernatant urine, and it is only in the more chronic forms that the viscid, tenacious substance is formed of which we treat.

A great deal of labor and ingenuity have been wasted, I think, in investigating the nucleus of calculi. It would be about as profitable and satisfactory to search for and study the nucleus of a hail stone, as both are probably formed in about the same way, viz: by the operation of those physical laws of attraction which make particles tend to arrange themselves in a spherical form under certain circumstances.

It is in what Sir Henry Thompson calls 'a model calculus' that we can best trace the formation process. Unmixed calculi are comparatively rare. What usually happens is about as follows; from some accidental cause, as the checking of cutaneous perspiration, a catarrhal inflammation of the mucus membrane of the pelvis of the kidney is produced, not perhaps sufficiently acute to constitute a nephritis, but rather of a low, chronic grade, in which a tenacious viscid albuminoid mucus is secreted; this re-acts upon the urine in a way determined by its own chemical affinities, causing a crystallization of uric acid to occur, which, from taking place in a viscid substance assumes the spherical form," and a minute uric acid nucleus is originated. This, by its presence, continues or augments the irritation, and it increases in size, being always enveloped in the viscid mucus in which the crystallization continues until it becomes sufficiently large to excite a reflex contraction of the muscular fibres of the ureter, and consequent expulsion from the kidney into the bladder. But its removal from the former does not at once relieve the mischief already done; the morbid process established by its presence continues for a time, and accretions from the acid elements of the urine separated in the kidneys continue to be received for a while after its arrival in the bladder. Soon, however, its presence in the bladder causes its mucus membrane to become inflamed, just as it would from the presence of any other foreign body, and its alkaline secretion possessing the same viscid qualities, but different in its chemical affinities, re-acts upon the urine, causing the phosphates to crystallize out of it, upon what has now become a nucleus, and for a while the two processes are blended, the uric acid of the kidneys alternating and intermixed with phosphates of the bladder. But finally the kidney trouble ceases from the removal of the exciting cause, while that of the bladder increases from the augmented size of the stone, and its peculiar deposits predominate until the last layers will be found composed exclusively of the phosphates of the bladder. Then you cut the bladder open, remove the irritating cause, place its inflamed coats at rest, and *causa sublata tollitur effectus.*"

Is not the whole process much more like an essentially local disease than a local manifestation of a constitutional affection? I believe that the facts I thus grouped together, and the deductions naturally to be drawn from them, will bear me out in assuming it to be so.

DR. BUCKLEY'S paper at the N. S. Society Meeting was so interesting and evoked such a general discussion that we purpose giving both paper and discussion at the first opportunity.

RELATIONS OF THE PROFESSIONS TO SOCIETY.

A. P. REID, M. D.,

Superintendent N. S. Hospital for Insane.

Mr. President and Gentlemen.—There was a time when the professions of Divinity, Law, and Medicine were honored by society, and I may say that it was led by them. This was due to the high intelligence and education of the professional representatives and the relative ignorance of the mass of society. But of late years, with the exception of law, they have fallen from their high estate and are fighting for even a humble position, where they once ruled.

This is due to two causes: 1st. The better education of the masses; 2nd. A lowering of the high standard of professional dignity that animated our predecessors, for I believe the education of the members of each profession has kept pace with the general progress.

As to divinity, I think they waste too much of their energy in fighting with one another instead of combining forces "to work havoc to the many sided spirit of evil," who has apparently a good time watching the personal encounters of his supposed enemies who are working for him.

With regard to our own profession there are many subjects that demand our attention. Society has always looked up to our profession for advice, assistance, and instruction in everything pertaining to the health of its members, singly and collectively, and I would ask you have we fulfilled that trust? And I think you will say with me, yes as regards the individual, and no as regards the community. Take the subject of hygiene and sanitation and you will say with me surely this belongs to medicine, but she has been so derelict and the necessity for its consideration so great, where we have large populations massed together, that our unfilled trust has been taken up by the professional engineer and pushed on as vigorously and successfully as is possible, when we consider his necessary ignorance of the laws of Biology and Pathology. The engineer's wonderful technical skill has almost reduced the aristocratic plumber to subjection. The engineer to be successful wants the knowledge of the laws of health and pathology, which he, as an engineer has neither the time nor the facilities to acquire, and which medicine should furnish, as she has a great number of them piled away in her store-house and is rapidly and successfully adding to her store of everything attainable by the energy and experiments of the brightest minds of the intellectual world.

Medicine is bashful, she does not assert herself, even in her proper sphere and is pushed aside by the more energetic sciences by which she is surrounded, and a few of her deductions improperly understood are grasped and an effort made to utilize them. This is too often unsuccessful owing to ignorance and medicine gets the credit for the failure. This need not be if medicine were to take a lesson from her sister profession *Law*.

I scarcely think that anyone will dispute the fact that health and life are of equal interest with justice, nay, much more—where one man kills another—preventable disease destroys thousands—where one person injures another by theft or misappropriation of dollars—disease wastes 100 times as much in loss of time, concurrent expense and ruined prospects to all of which there is the addition of pain, misery, and suffering incomparably greater than the financial loss.

Yet what do we see. The profession of the law has so impressed society with its ideas, that in addition to a host of high legal authority, as judges in the various high courts,

there must be a judge in every county, a magistrate at every corner, and a very respectable number of practitioners in every community. To this I do not object, I say the more honour to them for upholding the dignity of their profession and persuading society that they cannot be done without, and they perform their duties with great ability.

To us is the lesson. Is there any legislative assembly that law is not well represented in by many of the most active minds of the profession. I know of none. Conversely. Is there any legislative assembly in which medicine is represented as she should be, either in number or importance? I know of none. Comment is unnecessary. Hence there is no wonder that medicine is looked on as a poor relation by her sister. In the courts of justice her representatives may get courtesy but not position.

What public positions fall to the profession? Well the coroner used to be one of its perquisites, but even this has ceased to be the rule, and the verdict of a coroner's jury lately given in our province has been quoted abroad as something wonderful; the English language has no adjective which would correctly express its unique construction.

The physician has fallen to the low estate of the common labourer, to work hard for his daily bread and fight for his pay. More than this so low has his dignity fallen that when the educated intelligence which presides over our county affairs wishes to have a doctor attend the paupers they call for tenders from doctors and allot the position to the one who will charge the least, and this has occurred more than once and in presumed centres of intelligence. A lawyer first called my attention to this and he was horrified at the thought. To me it is no wonder that tenders were asked for for this service, as this is what might be expected from our county boards, but that they received a tender passes my comprehension. I can only say that the county boards know the dignity of the profession better than I do. I must give our municipal representatives credit for being good judges of character, so much so that they would never ask for a tender from lawyers to perform the duties of a solicitor.

Has the physician any prospect of position that will be remunerative and worth an effort to attain? None that I know of, except a coroner or a hospital position, of the value of which we need not argue.

Every country needs an Attorney-General, Departments of Justice and officials, to look after duties of no importance as compared with health, also a Department of Education to teach the young the three R's. They die of measles, diphtheria, scarlet fever, and a host of other preventable diseases, but this is nothing compared with the three R's.

The late Dr. Page, (a gentleman well known to you all, and a deep thinker, ahead of his time,) when I was discussing this subject with him, said he had long since come to the conclusion that a department of health, or hygiene, or sanitation, (no matter as to the name,) should be a necessary department of the government, and he told me the efforts he had made to get this instituted, but failed. It must come to this, however, and I know of no more difficult department to manage than such a one, or one with so wide a field and requiring so much knowledge and labour. A sanitary officer as well trained in his department as a judge in law and as well paid, is needed in every country. A thorough, systematic, well trained, and well paid sanitary department is needed, and we will get it *just as soon as*, and *no sooner than*, the people send to our legislatures a sufficient number of medical men to make their influence felt. We have only to take a lesson from our sister profession the law.

There is great need of the Medical Missionary to enlighten the people, to show them how to escape disease, misery and death, that carries off old and young as uncalled for and as mercilessly as though a band of thugs resided in every community. More than this it is inexcusable at the present day, when professional theories have given place to unquestioned facts. We have heard papers read here at this meeting, and do hear them at every meeting of medical men, of scores and even hundreds of people affected with fevers, diphtheria, and similar diseases of death and suffering, because they did not know the danger that lurked in tainted milk, ill ventilated cellars, or badly situated wells. Would they hesitate to pay the tax that would provide an instructor who could bring home to them the necessity for avoiding disease producing agencies?

If a sanitary officer be appointed, the remuneration is *honorary* generally. How many honorary judges have we? Lawyers are not fools! And what is the result, a doctor cannot afford to work for nothing any more than a lawyer can, hence he does not do much sanitary work of the honorary kind, and what he does is done in a half hearted way. Society demands intelligent and honest service, and is able and willing to pay for it when the subject is properly presented. Society, like the individual, values anything at precisely what it costs to get it. The profession deserves no sympathy from society because it is taken at its own valuation of itself. Doctors have been known to fight and even call each other bad names, and for what forsooth, a *soi disant* honorary position, save the mark.

Medicine has for too long a time grovelled in the mud of hebetude. Let each one raise his own standard and as a result the profession can reach its proper place. Let every doctor take an active interest in politics, it matters not what party, let the legislative halls feel that influence, they can be a unit professionally when these things are brought up. There is no Tory or liberal lawyer when a question of laws is to be decided. Medical men have but little time to spare in parliament but they should make the effort, and if numerous they could shorten the time of a session by hurrying up business.

At a late meeting of the legislature of this province the government tried to introduce sanitary legislation and they were ably assisted by Dr. McKay, the leader of the opposition and by his conferees Drs. Munro and Bethune.

In Great Britain the medical association has a "Parliamentary Bills Committee" to officially advise in medical legislation, and it is a self evident fact that one is as much needed here, and this society the authority for creating such a committee. Had there been such an official connected with the profession, it would have been of great benefit to the medical members of the House and as well to the Government that desired to establish such necessary legislation, and I would take the liberty of proposing a "standing committee, with powers similar to those of the similar committee of the British Medical Association."

CASE OF COMPLETE RECENT FISTULA IN ANO WITH SUCCESSFUL OPERATION.

ON February 25th, was called to H. L., strong, robust merchant, aged 35, with excellent family history, who was complaining of an acute attack of hemorrhoids from which trouble he had suffered more or less for some years. On examination found a number of inflamed and painful outward piles, and as patient complained of soreness and severe

pain in lower bowel, I made an examination per rectum discovering a tumor distinct and painful on pressure and about two and one-half inches above anus. Externally, in perineum, about one-inch behind anus on moderately deep pressure the same swelling was detected. Fearing abscess and fistula I put patient to bed with Tr. iodine painted over perineum and cold enemata twice a day, bowels being kept free by pil. rhei. co., and pulv. glycyrrhiz. co. This treatment was continued for a few days when it became evident that an abscess was forming and pointing externally. Now ordered hot flaxseed meal poultices to perineum and warm enemata as before. After two or three days of this treatment abscess discharged freely externally and great relief was at once felt by patient. Enlarged external opening and continued poulticing, the parts being so exquisitely painful, could not probe abscess cavity.

On March 19th decided to etherize patient make complete examination and at once operate if necessary. Dr. Irvin, my partner, assisting, we administered ether, and on probing found but one fistulous track opening into rectum about two and one-half inches above anus. Introducing a grooved director through fistula, the point was brought out through anus in manner described in Bryant's Practice of Surgery, and the whole of tissues bridged over director were completely divided by scalpel. Not having a curette we made shift with a hollow tooth elevator to thoroughly scrape walls of fistula, then with scissors trimmed off closely all external hemorrhoids. The dressing consisted in stuffing incision with lint soaked in carbolized oil and application of a pad and T bandage. Bowels kept closed for four days by opium, at end of that time gave an enema when bowels were opened painlessly and wound was found in a healthy condition. Ordered daily teaspoonful doses of Pulv. Glycyrrhizae. Co. and hot sitting bath after each stool, all dressing being removed.

March 28th, parts well healed. Patient has been on several long fishing tramps and attends to his usual business without experiencing the least trouble or discomfort, and is at present enjoying excellent health. Says he has not felt so well in rectal region for years as he does now.

T. C. LOCKWOOD.

Lockeport, May 30th, 1889.

Hospital Practice.

GENERAL PUBLIC HOSPITAL, ST. JOHN.

NOTES FURNISHED BY DR. ESSON, *House Surgeon.*

Case.—Fracture of patella with bony union.

K. K., female, aged 39. Admitted December 25th, 1888. *Diagnosis.*—Transverse simple fracture of the patella. *Treatment.*—Limb put up in inclined plane splint with strapping above and below the fragments. At the end of one month the strappings were removed, and extension of the upper fragment was procured by applying rubber plaster to the whole of the front of the thigh, with lateral bands of rubber extending around the foot board on either side of the limb (Prof. Chiene, Edinburgh.) This was kept up for two months, when all dressing was removed, with the exception of a back splint, which was kept on for one month, maintaining extension of the limb during that time. Early in May, 1889, all dressings were removed. Complete union found on examination. Passive motion was applied to the

limb twice a day, for one month, with the result of obtaining one-half the normal amount of flexion. Patient discharged June 1st.

Case 2.—Dermoid cyst containing hair, &c.

G. McK. Aged 15 years. Admitted to out-patient department May, 1889. On examination a small tumor was felt, above the outer angle of the right eye of semi-fluctuating consistence, and apparently attached to the periosteum of the frontal bone. Dr. W. Christie removed the tumor, which was found to be a cyst attached to the periosteum, and containing hair and cheesy matter. Patient was discharged, cured, at the end of 7 days. Some of the hair was free in the cyst, and some still growing from its internal surface.

Society Proceedings.

ST. JOHN MEDICAL SOCIETY.

The Regular Annual Meeting of St. John Medical Society was held June 5th. Present—Doctors Bruce, J. Christie, W. Christie, Murray, MacClarer, Crawford, McLeary, Kenney, Emery and Daniel.

Minutes of last Meeting were read and adopted.

Dr. Esson was balloted for and elected a member.

Dr. McQueen was also balloted for and elected a member.

Moved and seconded, that the order of business be suspended, while two patients, who were waiting, were introduced.

Dr. MacClaren introduced a patient aged 15 years. May 24th, 1883, fell about six feet astride ledge of beer barrel and ruptured urethra, followed by extravasation of urine, and severe sloughing of perinæum and scrotum, leaving fistula in the membranous portion of the urethra. No scrotum present, Testes being on pubes and covered with skin and cicatrix. Urine all passed by fistula. February 20th, 1889, passed metal sound through penis and within $\frac{1}{4}$ inch of fistula, at which point, within, urethra was closed. Cut down on end of sound. Then a silver catheter was introduced into the bladder, the being previously divided. Metal or soft catheter was kept in for 29 days, then there was too much cicatrix for dissection and stitching. Wound was completely healed on April 13th, less than two months. Urine passes normally by urethra and a No. 10 metal sound (Eng.) passes readily. Temperature nearly normal throughout treatment.

Dr. W. Christie introduced a boy, aged 9 years. Fell off wagon May 1st, 1889, injured right elbow. The limb remains straight, but pronation and supination are perfect.

Order of business resumed.

Dr. Bruce, the retiring President, made some few remarks, thanking members for their courtesy &c. while he held the chair. He also spoke of the increase of members and increased interest in the meetings.

Election of officers was then proceeded with

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|-----------------------|----------------------|
| DR. HETHERINGTON..... | President. |
| DR. DANIEL..... | 1st Vice-President. |
| DR. M. MACLAREN..... | 2nd Vice " " |
| DR. F. G. ESSON..... | Recording Secretary. |
| DR. MCLEARY..... | Corresponding " " |
| DR. WALKER..... | Treasurer. |

Dr. Hetherington sent in a piece of intestine about 8 inches long, passed by a boy aged 9, who had suffered from symptoms of invagination. Patient recovering.

Moved and seconded, that Dr. Hetherington be asked to give full report of the case.

Dr. Daniel reported a case of morbus maculosus or purpura haemorrhagica, ending fatally. Disease, of about one fortnight standing, death from haemorrhage into stomach; had constant epistaxis and bleeding from gums.

Dr. James Christie shewed three calculi, which he removed from membranous portion of urethra, by incision. Calculi were each about the size of a cherry stone; urethra healed up readily.

Dr. Christie also shewed a small neuroma from lower end of fibula. Meeting then adjourned.

[SPECIAL NOTICE.]

CANADIAN MEDICAL ASSOCIATION.

Twenty-Second Annual Meeting, at Banff Hot Springs, on the Canadian Pacific Railway, August 12th, 13th, and 14th, 1889.

Medical men intending to go to Banff will please notify the General Secretary, *Dr. Jas. Bell, 53 Union Avenue*, stating whether they are to be accompanied by their wives or other friends in order that he may fill out a form entitling the applicant to tickets, &c., at special rates, as required by the Railway Companies.

Departure should be arranged so as to connect with train leaving Montreal or Toronto on the evening of 6th August.

Tickets issued on these certificates will be good only for going trip between 5th and 13th August, inclusive, by which latter date the journey to Banff must be completed.

Reviews and Book Notices.

PHYSIOLOGY OF THE DOMESTIC ANIMALS—A TEXT BOOK FOR VETERINARY AND MEDICAL STUDENTS AND PRACTITIONERS.—By Robert Meade Smith, A. M., M. D., Professor of Comparative Physiology in the University of Pennsylvania; Fellow of the College of Physicians and Academy of the Natural Sciences, Philadelphia; Associate Etrange de La Societé Francaise D'Hygiene, etc. With over 400 illustrations. F. A. Davis, Publisher, Philadelphia.

This admirable work is we believe the most complete treatise on the subject in the English language. The author is a thorough Physiologist, and the work does credit to himself and to our modern physiological knowledge. The intelligent student of human as well as of animal physiology will find this book of the greatest interest and value.

In next issue we intend reviewing this work more in detail.

SYNOPSIS OF HUMAN ANATOMY.—By James K. Young, M.D., Instructor in Orthopedic Surgery, and Assistant Demonstrator of Surgery in the University of Pennsylvania, etc., etc. \$1.40. F. A. Davis, Publisher, Philadelphia.

This book differs from Pocket anatomists in being a complete synopsis of human anatomy. It is therefore a reliable compendium for the student to use before examination as a review of his more extended reading. Its completeness also makes it a suitable reference book for the practitioner. It contains a number of illustrations and concisely arranged tables. We confidently recommend it.

The Maritime Medical News.

July, 1889.

EDITORS:

D. A. CAMPBELL, M. D., Halifax, N.S. J. W. DANIEL, M.D., M.R.C.S., St. John, N.B.
ARTHUR MORROW, M. B., " L. C. ALLISON, M. B., "
JAMES McLEOD, M. D., Charlottetown, P. E. I.

Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication must be legibly written in ink on one side only of white paper.

Papers of cumbrous or unnecessary length, but otherwise acceptable, will be returned for condensation.

All manuscripts, and literary and business correspondence, to be addressed to

DR. MORROW,
ARGYLE STREET, HALIFAX.

WE are happy to pronounce the late meeting of the Nova Scotia Medical Society a success. It was a success in the number of papers read, and in their quality, due to the care with which they had been prepared; and it was successful too, in the promotion of acquaintanceship and friendship among fellow-workers, whose only opportunity of shaking hands is at this 'annual meeting.' There was a gratifying shortness about many of the papers, and in the other direction there were very few offenders. All were good.

The President's address was something new, which fact did not detract from its interest. It evinced a knowledge of the past, and gave the fruit of a careful study of medical legislation in Great Britain, which has been copied and improved in Nova Scotia. He showed that we should, on the whole, be satisfied with our present medical legislation, and urged the necessity of a conservative attitude. He recognized the desirability of an improvement in our curriculum, a nearer approach to the English, and maintained that the subjects of Pathology and Sanitation should without delay be added. We think most of our readers will agree with the above views, that in short, we are prepared for the measures advocated. The President is to be congratulated upon the expeditious despatch of business. We would like to have seen a still larger number at the meeting, and believe, if the doctors would come once, they would wish to come again.

Nothing could exceed the cordiality of Dr. Coleman's invitation to Granville Ferry, and the attractions and beauty of that town, and there is thus an

additional incentive to an attendance upon next year's meeting. In view of the meeting last year being at Digby, we think it would have been more politic to have chosen another district of the Province, so as to bring the meeting within reach of a new body of men, and we hope to see this borne in mind in the next choice of place. Dr. Stewart's motion was timely, and we look forward to a practical result from the energetic action of this committee. Dr. Reid's paper we commend to the careful perusal of every reader. Dr. Reid plainly points out some perfectly remediable evils. Let all help in the recovering of a position in the social fabric, which is in the interests of society itself, and which is at once our *due* and *duty*. Let each man value his services as he wishes them to be valued, and let us regard as an ignorant insulter the man, or company, or court, who would ask us to *tender* for medical services. It will be noticed that Bergeon's treatment of consumption seems to have had its day; on the other hand, Apostoli's treatment of fibroids seems fast becoming established.

“YOU nasty, idle, vicious, good for nothing brute,” cried the woman, stamping on the ground, “why don't you turn the mangle?”

“So I am, my life and soul!” replied a man's voice. “I am always turning, I am perpetually turning, like a demd old horse in a demnition mill. My life is one demd horrid grind!”

Many a hardworked medical practitioner thoroughly tired with the constant labor and mental anxiety which attention to a numerous clientele always demands, will sympathize heartily with poor Mr. Mantalini in the above dismal refrain, and sometimes feel his own daily round of visits become monotonous and uninviting. There are few men who can continuously attend to practice day in and day out, year after year, accompanied as that practice must be with much loss of rest at night, and give their patients the benefit of their skill, without suffering physically and mentally in the process. When he begins to find duty an effort, the investigation of symptoms distasteful, and the ring of the door-bell a positive dread, or at least provocative of a mental protest, it is very certain that his own favorite prescription under such circumstances of *change of air and scene*, is the one that should be taken by the Doctor himself. Of course, often, it is extremely difficult for a physician to take a holiday to himself, especially if he is in a situation where his place cannot readily be filled, and he may

think it a matter of conscience to stick to his post but as Butler puts it:

“Why should not conscience take vacation
As well as other courts o' th' nation?”

Those of our professional brethren who are able to take a prolonged vacation of several weeks, as some are doing this summer are much to be envied, and we prophesy they will return healthier and wiser men, and that their rest will be of immense good to themselves, while their patients will reap the benefit of the renewed zest they will put into their work on their return. While few may be able to leave their practice for so long, there are not many who cannot spare a few days or a week in the summer for needed rest and change. To such we are of opinion that a visit to the Provincial Medical Association meetings will come as an acceptable way of taking a holiday, combining as it would the pleasure of forming new acquaintances, and making mutual interchange of ideas with them, of gaining something in knowledge as well as enjoying a little needed recreation.

The meeting of the N. B. Medical Society takes place this year in St. John, and the time for it according to by-law is the 16th July. As the Summer Carnival occurs in the following week the profession in the city consider that among the numerous visitors who will be in St. John that week will be many medical men of the Province and that it would be an accommodation to them to have the annual meeting at such a time as would necessitate only one visit. This will be done by making the meeting on the 16th a purely formal one, and it will be opened and immediately adjourned till the following Tuesday, then to meet for the despatch of business.

This we think will meet with the approbation of the members all through the Province.

Among the many attractions promised by the Carnival Committee, the Electrical Exhibit will be specially worth seeing. It will be on a scale never before attempted in Canada, and the many novelties in electricity and electrical apparatus which will form part of the display will be found to more than repay a visit to the City and Exhibition Building.

With regard to the programme at the Medical Society Meeting it is sufficient to say that it will be fully up to the average, and we are certain that all who take part either as hearers or speakers, or both, will be amply satisfied.

We cannot too strongly urge upon all members of the Society, which includes all on the Register, the great desirability of their attendance at our annual

meeting. To many it is the only opportunity given in the course of the year of rubbing elbows and wits too with their confreres, and it is acknowledged everywhere that their meetings are of the greatest value. In England, the United States and Canada they are largely and enthusiastically attended, and we hope to see a very large attendance.

THE Calendar of the Halifax Medical College for the session of 1889-90, is now out, and presents a much improved appearance. "The expectations held out in last year's announcement, with reference to the Final classes, have been fully realized," and teaching in all the subjects of the medical curriculum is now resumed. The prescribed courses will compare favourably with those of other American Colleges, and the good work the College has already done, justifies brighter expectations for the future.

THE 1889 ANNUAL MEETING OF THE NOVA SCOTIA MEDICAL SOCIETY.

HELD IN HALIFAX ON JULY 3RD AND 4TH.

THE number of medical men present was very gratifying and such as to ensure a successful and interesting session; and included the following gentlemen: Dr. Campbell, of Halifax, President; Drs. Page and W. S. Muir, of Truro; Dr. Stewart, Pictou; Dr. Buckley, Guysboro; Dr. Moore, Kentville, Vice-President; Dr. A. T. Clarke, Parrsboro; Dr. J. Mackintosh, Whycoomagh; Dr. J. M. McKay, Wallace; J. W. Kirkpatrick, Canning; Dr. J. W. Reid, Windsor; Dr. C. J. Fox, Pubnico; Dr. McIntosh; Dr. Pineo, Chester; Dr. Fox, Pubnico; Dr. Morris, Musquodoboit; Dr. Runtswitz, German Training Ship *Nizi*; Dr. Ins, French Ship; Drs. Reid, Sinclair, Weeds, Cunningham, M. A. B. Smith, W. F. Smith, Gow, of Dartmouth; and Drs. Parker, Farrell, Cowie, Black, Somers, Wickwire, Trenaman, Morrow, Tobin, Crawford, Jones, Lindsay, Curry, McKay, Goodwin, Stoddard, DeWitt, Chisholm, Hawkins, of Halifax.

Wednesday, July 3rd.

MORNING SESSION.

The President, DR. CAMPBELL, called the meeting to order and extended a cordial welcome to the visiting medical men.

DR. FARRELL then gave in the Report of the Committee of Management detailing the number and time of meetings. On behalf of the medical men of the city he extended an invitation to their visiting friends to dine at the Bedford hotel on the following, (Thursday,) evening.

The minutes of the last meeting were read and approved.

Letters of regret for non-attendance were read from Dr. Coleman, of Granville Ferry; Dr. J. T. Cameron, (2nd Vice-President,) River John; and Dr. Stevenson, Little River. Dr. Coleman invited the Society to meet next year at Granville Ferry.

The PRESIDENT then gave his address, his subject being "Medical Legislation in Nova Scotia, Past, Present, and Future." The address will be found in other columns. At its conclusion,

DR. PARKER, in moving a vote of thanks to the President referred to the permanent historic value of the paper which would be appreciated as an important record by the Historical as well as the Medical Society. In presenting this most extensive resume of our past medical history Dr. Campbell had rendered us a service. Dr. Stewart seconded the motion of thanks which was tendered by Vice-President Moore.

AFTERNOON SESSION.

The section of medicine was taken up, the session commencing with the reading of a paper by Dr. J. C. DeWitt, of Halifax, on

"THE PROGRESS OF MEDICINE." Dr. DeWitt mentioned some of the lately vaunted therapeutic procedures, the expectations concerning which had not been realized, *e.g.*, Bergeons Consumption Treatment. He expressed the opinion that the tubercle bacilli were a sequel and not the cause of tubercular disease. He believed that they were nearer the mark who regarded this disease as a neurosis and he referred to the views of Thos. J. Mays and others in this direction. Diphtheria, Dr. DeWitt considered, to be best treated locally, sulphuret of calcium solutions, for example, being very serviceable in preventing constitutional infection. He referred to the successful use of medicated steam and urged local treatment along with careful nutrition. He mentioned the successful treatment of rheumatic affections of the muscles, of pleurodynia and allied affections by the electric vapour bath and massage. For acute rheumatism he advocated the removal of a few ounces of blood from the median cephalic vein in selected cases and with appropriate associated treatment. He next referred to the great benefit in certain nervous and rheumatic affections of massage. By massage he did not mean untrained rubbing between which and massage there was all the difference that there is between the correct playing of music at sight and the discordant sounds of a child's pounding the piano. In the circulatory system, sulphate of sparteine and strophanthus as heart tonics are referred to as coming into extended use in certain countries, and the speaker stated his strong belief in the therapeutic value of venesection and his readiness to employ it whenever indicated. Many other points of interest were referred to.

DR. BUCKLEY, of Guysboro, then read a most instructive paper upon "PNEUMONIA," narrating the circumstances of two epidemics, referring to the increased prevalence of pneumonia during recent years and to the peculiar types of the disease.

The next subject was an "EPIDEMIC OF TYPHOID AT TRURO," which seemed to be spread through the medium of milk. The history of the epidemic was narrated by Dr. W. S. MUIR, of Truro. He was called a few months ago to attend a case which he diagnosed as typhoid. One after another in the same house took the disease. The hygienic surroundings were very good. Dr. Muir then found that in the house of the milkman by whom the milk was supplied there was typhoid. He further found that in the other houses supplied by the same milkman typhoid fever had developed. Dr. Muir then fed two cats with the supposed infected milk with the result that both developed diarrhoea and other typhoid symptoms and shortly died. There seemed no doubt but that the milk in these cases was a vehicle of infection.

Dr. PAGE said that formerly when asked "Is typhoid fever contagious," he had been accustomed to say that it was not, in the ordinary meaning of the term. He meant that a healthy person might go into the room where lay a typhoid patient, and would not in all probability take the disease. But he lately attended a house where several persons had typhoid fever and where the sanitary conditions were very bad. The virulence of the poison about this house was such that every one who stopped in it for any length of time became affected with the disease, and furthermore they were ill just in proportion to the length of time spent there.

Dr. WEEKS, Dartmouth, asked if Dr. Muir had observed the lenticular spots in his cases. Dr. Muir replied that he had not observed them satisfactorily.

EVENING SESSION.

Section of Surgery—Dr. John Stewart, of Pictou, made some remarks upon "SURGICAL DRESSING." He said that the dressing of wounds was even more important than the wound itself. Too many surgeons lost interest in the wound as soon as the operation was over. Many of us may practice for years without having any serious surgical operation. But wounds frequently come to us and offer full play to our utmost care and all the knowledge we possess.

Surgical dressings at present are antiseptic, the three principle bases of them being carbolic acid, perchloride of mercury and iodoform. Carbolic acid is mis-named, being really an alcohol. Its advantages are its power and the fact that it does not injure the instruments. Its volatility is not wholly disadvantageous because when a large dressing after being on some time gets stiffened and rises somewhat from the surface, you have in the space thus formed an antiseptic atmosphere. Carbolic acid was not easy to carry about and acted upon the hands severely and upon the kidneys in some cases.

Corrosive sublimate was the most fashionable antiseptic, and though considered by some as the most powerful, carbolic acid in 1 in 20 solution is as powerful as hydrarg. perchlor 1 in 1000. The sublimate is conveniently portable and is not volatile, but it destroys instruments. Its best form is sal alembroth, which is a mixture of Hydrarg. perchlor, (1 part,) and ammonium chloride, (2 parts.) Iodoform is widely used as an antiseptic dressing and clinical experience confirms its efficiency notwithstanding the statement that germs have been found in the dry powder.

A recently propounded theory of inflammation is that it is a neurosis; bacteria irritate the nerves; Iodoform anaesthetizes the nerves and prevents inflammation.

Salicylic acid. Thiersch of Leipzig introduced this as an antiseptic. It does not irritate the skin. A covering of this acid will prevent the eczema sometimes occasioned by Iodoform.

Dr. Stewart spoke of zinc chloride in the strength of 40 grains to the ounce as a most serviceable antiseptic for cleansing a wound its efficiency lasting for three or four days. He referred also to various other dressings, such as marine tow oakum, &c., to the many kinds of antiseptic gauze and their mode of preparation and to the precise antiseptics at present used in the great medical centres.

Dr. REID, of Windsor then read an instructive paper on "THE LATEST METHODS OF TREATING WOUNDS." He graphically described typical cases illustrating the frequent inconsistencies in antiseptic practice. How often a medical

man on being called to a case where there was an open wound, would probe and handle with no thought of antiseptics or cleanliness. He would then have the case removed to his office or the patient's home and working with dirty hands and nails would perhaps, nevertheless, get down some of his antiseptics and begin improperly to use, (or abuse,) them

He urged a common sense, thoughtful, thorough application of sound antiseptic principles, and thought the surgeon should bear the responsibility for a purulent wound when the result might have been otherwise.

Dr. FARRELL approved of each year reviewing the progress that had been made. He stated that surgeons do not yet sufficiently realize the great principles of antiseptics, forgetting that the main principle is cleanliness. Nothing is better than soap and water and plenty of it. We should remove noxious material instead of having afterwards to destroy it, but should destroy when we cannot remove it.

Dr. Stewart took exception to the statement that antiseptics consisted merely in cleanliness.

We must do more than keep wounds clean in the ordinary sense. To keep them surgically clean we must take measures to destroy germs. He thought it was absurd to say, as so many did, that we must work along with nature and not interfere with nature. Our duty generally consists in fighting nature.

Dr. PARKER then read a paper on "KELOID," followed by a paper by Dr. W. S. MUIR on "AN INTERESTING CASE OF CANCER IN THE BREAST," (with photographs.)

Dr. FARRELL read a paper on "The Importance of Early Operations in Cancer."

The papers of Dr. Parker and Dr. Farrell we shall publish in a future issue.

Dr. Muir's paper was a very interesting one. He began by giving extracts from recent writings as to the duration of life in cancer of the breast, the average as estimated by different observers ranging from 28 to 55 months in those not operated upon, and from 32 to 53 months in cases operated upon by the knife. He said that

MR. W. R. WILLIAMS furnishes some more hopeful statistics based upon the fatal cases at Middlesex Hospital during the last six years. He gives the average duration of life in cases operated upon as 60-8 months, and in cases not operated upon 44-8 months; the longest duration among the former being 297 months and among the latter 194 months.

Dr. Muir comes to the conclusion that present day surgeons take a more hopeful view of mammary carcinoma and that the duration of life is much greater.

Dr. Muir then gave the history of his case as follows: "At the age of fifteen years she fell against a sharp pointed picket fence, receiving a painful injury to the left breast; this breast was in a state of chronic inflammation for over six months. At the age of 22½ years she noticed that the breast was painful, and it continued so for about eighteen months, during which time she consulted several doctors who pronounced it a "cancer tumor." About this time my father came from Scotland and was consulted, and according to my patient's statement he had no difficulty in pronouncing it a cancer and advised its removal at once. Here I will give an interesting fact which goes to show how little is really new. One of the medical men present asked my father why he was so sure that it was cancer. His reply was that he was

taught that such a condition as this nipple presented here, was always a true sign and accompaniment of cancer of the breast. My patient describes the nipple as being sore for some eight or nine months, the soreness extending in a circular direction to a distance of one and one-half inches from the nipple, and everything that was prescribed by the medical attendants failed to cure it. The nipple entirely disappeared within the breast. In a few words no one could describe an eczematous nipple and areola more beautifully than this old lady did, and, as you see, it must have been known to exist or rather be associated with carcinoma of the breast to the Glasgow Surgeons long before Sir James Paget described the disease which carries his illustrious name. In the year 1844 Dr. Saml. Muir removed the left breast, without anaesthetics, as it was one year before Horace Wells inhaled laughing gas, and three years before Simpson introduced chloroform. The operation occupied one-half hour, and the breast was not stitched, but was allowed to granulate. It was four months before it was entirely well and as you will see by the photograph the left side of the chest is very much smaller than the right. According to my patient's statement nothing bothered her until the year 1879, or 35 years after, then she felt shooting pains in the right breast, and examining carefully she discovered a small painful spot; after a time a lump appeared at the centre of the breast, the breast continued painful, the lump increasing in size until she was compelled to consult a surgeon. The medical men consulted at the time advised an operation, but it was not until the year 1884 that she consented to have breast removed. I operated in November, 1884, just forty years and six months after the left breast was removed. I removed the whole breast and have had it examined microscopically and pronounced carcinoma. I have in this jar a portion of the breast, (right,) and it is without doubt a carcinoma. As I said before this is a most remarkable case, one I think worth recording, and I think it goes to prove that carcinoma attacks the young at times, that it attacks the vigorous as well as the weak, that when there is a hereditary tendency, as there is in this case, cancer will follow an injury; and that the knife is the successful agent."

DR. WEEKS, of Dartmouth, showed an ingenious contrivance for controlling haemorrhage after operations about the tongue and mouth. It consisted simply of a tube of block tin, 4 to 6 inches long, with a small leaden plate soldered on each end. The tube can be bent to a circle retaining in any position considerable rigidity.

In Dr. Week's case of incision of the tongue the tube was partly bent, one plate inserted into the mouth and laid flat against the inner buccal surface, and the outer one was then bent so as to approximate the inner one the cheek with its artery being firmly grasped between. It acts as a clamp, and may be kept in situation several days.

DR. J. F. BLACK read notes on an interesting case of abdominal tumour, which after presenting considerable difficulty in diagnosis, and calling forth rather different diagnoses on the part of certain London surgeons, was finally operated upon by Knowsley Thornton, who had diagnosed it as a growth connected with the kidney. It proved to be a sarcoma of the capsule of the kidney weighing several pounds. At last accounts the patient was doing well.

We hope to give our readers full notes of this exceptional case and gratifying result.

Thursday, July 4th.

MORNING SESSION.

Section 3.—Obstetrics and Diseases of Women.—DR. PAGE, of Truro, made some remarks on the "FREQUENCY OF FORCEPS APPLICATION IN CHILDBIRTH." He remembered the advice given him by one of his old teachers who told his students "whenever called to a midwifery case though ten miles away, leave your forceps at home. If later it becomes absolutely necessary to use them the fact that you must travel or send ten miles for them gives your patient that much more chance of avoiding the use of them." That advice was a mistake, though the intention of the teacher was a good one, namely to lessen the risks resulting from a hasty and unskillful use of the forceps. Due conservatism was right, still he thought we should not withhold the forceps too long. He deprecated the needless and undignified practice of two frequent examination, and of coddling and yielding to the whims of patients too much, as young practitioners are apt to do.

DR. BLACK then read a paper on "APOSTOLI'S TREATMENT OF FIBROIDS," showing the apparatus used. This paper was very instructive, supported Apostoli, constituted a valuable resume of his methods and appliances and set forth what this method does do and has done, and the recognized limits of its achievements. We hope to publish this paper in a subsequent issue.

DR. JONES, of Halifax, did not think the system would come into general use, as its use necessitated a skilled operator and electrician. He spoke of a case where a vaginal fistula had been produced. He thought it benefitted dysmenorrhœa more, and he cited a number of cases of fibroids which he had seen treated by this method when he was house surgeon under Dr. Playfair, in London. Most of these cases were not benefitted.

Dr. Black said that at the time mentioned Playfair himself was but a novice in the method, and he added that the production of fistula and similar untoward results is not the fault of the method but of the operator using it.

DR. C. J. FOX read a paper upon "PUERPERAL ECLAMPSIA," This carefully written paper evoked an interesting discussion, and we purpose later to publish Dr. Fox's paper.

DR. W. S. MUIR believed in blood-letting in this malady, and had found morphia of value given hypodermically. He saw that morphia was coming into more general use. Pilocarpine (hypod.) has been used in Ontario. He had not tried it except in one case of uræmic poisoning (not after child birth) when it acted well on the skin, though it did not save his patient.

DR. DEWITT stated similar views. P. M. examinations showed the meninges filled with blood, and he thought this congestion indicated venesection to relieve it.

DR. CHISHOLM, of Halifax, showed a uterine repositior and sound of his own contrivance. It is a sound which about two and one-half inches from its extremity has a joint; it has a two-limbed scissor-like handle whereby the sound may be made to assume a straight position or bent forwards or backwards at the joint.

Session adjourned until the afternoon.

AFTERNOON SESSION.

Section 4—Therapeutics.—DR. N. E. MCKAY read papers upon cases of hare lip; cleft palate; badly united fracture of femur; and excision of tubercular glands. Of the first three Dr. McKay exhibited cases in which the results were very satisfactory, that in the thigh case being

obtained after re-fracture and re-setting, with a gain in the length of the limb of about an inch.

DR. W. B. MOORE, of Kentville, read the following notes on "THE THERAPEUTIC VALUE OF GLYCERINE." "This agent has been so long before the profession, having been discovered by Schuld just one hundred years ago, and so much is known concerning its therapeutic value that I cannot hope to present many facts new to the profession concerning it, but having used it extensively for some time I wish to add my testimony to its value. As an external agent in various skin affections, it has been long known and generally used, and although to a certain extent superseded by vaseline and lanoline, yet it still holds a valuable place. In the treatment of weak ulcers and wounds with weak granulations and having an unhealthy action, from its antiseptic, hygroscopic, and emollient properties it has seemed to me one of the most satisfactory dressings I have ever tried, both alone and in combination with various astringents such as alum and tannic acid, and antiseptics such as perchloride of mercury, carbolic and boracic acids according to the needs of the case. Respecting its value as a solvent antiseptic and hygroscopic agent in combination with various drugs applied to the throat and nasal cavity, in diphtheritic sore throat and catarrhal affections continued use seems only to add further proof of its efficiency. In many uterine affections, displacements, &c., the plan suggested by Bell, of Edinburgh, of the introduction of vaginal supporting tampons, saturated with medicated glycerine, has been much practised by the writer, and in many cases yielded excellent results, the glycerine seeming to have the effect of relieving the congested and relaxed parts of abundant watery secretion, thus tending to produce increased firmness and tenacity of the tissues.

Of late I have been prescribing it in connection with antiseptic solutions as post partum injections when such were indicated, and I believe its use in this class of cases is new, and I hope further experience in this line will substantiate its practical value as it seems theoretically reasonable and likely to lessen the danger of absorption as well as being in itself a valuable antiseptic. Respecting its rectal use, I have resorted to it much in combination with astringents in cases of prolapsus recti and internal hæmorrhoids, and I am sure that it has done a great deal towards relief and even cure, used both internally and locally. Glycerine enemata for constipation have of late been advocated, and certainly in the matter of convenience and efficacy the injection of about one-half drachm of glycerine into the bowel by means of a little hard rubber syringe, seems to be far ahead of anything in that line yet suggested, rarely failing to move the bowels promptly and agreeably. It no doubt acts by its hygroscopic action, increasing the watery secretion from the mucous membrane and thus favoring a movement of the fœcal mass, but whether the prolonged use of the agent extending over a considerable period in chronic constipation, would have any injurious effect on the mucous membrane, remains to be seen by further experience. Personally I am inclined to think that in so far as its action is hygroscopic and not irritant nor distensile, it has manifest advantages over many common enemata.

Respecting its internal use, which is perhaps not the least important of its many uses, since Drs. Ringer and Murrell advocated it in gastric troubles, pyrosis flatulency and acidity, it has been freely used and I judge with satisfaction by the profession. Doubtless it acts beneficially in these cases by its anti-fermentation and anti-septic qualities, and for a long

time I have been so convinced of the value of an agent of this class not toxic, but even possessing food value in itself, and valuable as a solvent and sweetening agent, as well as lessening the liability to decomposition of various medicines, that it has been my practice to use glycerine as a vehicle in whole or in part in nearly all my prescriptions, and the use of syrup is exceedingly rare with me. Its value in infantile therapeutics is perhaps less generally known, and therefore the point to which I wish to draw most attention. Ever since I read the experiments of Mr. Kulics, showing that glycerine is a very powerful agent in preventing putrefaction, fermentation, and the formation of septic poison, I have had the idea that it should be a useful agent in the treatment of many gastric and intestinal disorders to which children are liable, especially during warm weather, which is so favorable to the production and development of fermentative and putrefactive processes.

Accordingly I have freely prescribed it in such ailments, and I believe it to be one of the most useful agents we possess, both for the prevention and cure of many infantile digestive disorders, particularly vomiting, diarrhœa, and dysentery, obviously due to food fermentation and the production of septic irritant poisons. In sufficient doses to have a laxative action it seems to me to be away ahead of even the traditional castor oil for the purpose of carrying off the offending material, as it is not nauseous but palatable, while it exercises its peculiar antiseptic and anti-fermentation qualities. It has the great advantage of retarding or altogether preventing the souring of milk, and it is my frequent habit to advise its use, added to milk as soon as possible after its removal from the cow, in cases of bottle-fed children, as well as those older. It thus takes the place of sugar as a sweetening agent, without the unpleasant after effects of acidity and fermentation which the latter is so liable to produce. It has the paradoxical property of relieving both constipation and diarrhœa, being useful for the former by increasing the quantity of the intestinal secretions, and for the latter by improving their quality.

I have at present several children who take their milk regularly, mixed with a little glycerine, and I think the combination is keeping them in a more healthy condition than they would otherwise be. It appears to me that if we can get a simple agent like this which can scarcely be classed in the drug line, without any toxic or injurious effects, and which on that account is so eminently suitable for infantile use, that we should avail ourselves of its advantages as much as possible, providing it will meet the requirements of the case, and that it will in many cases be of great service, I feel sure that extended experience will fully prove. Of course many cases will require more powerful medication, but even so, glycerine in combination as a solvent or vehicle, will rather assist the action of most drugs, while exercising its own valuable intrinsic qualities."

DR. DEWITT had used glycerine tampons and enemata during the past year and they had proved of good service.

DR. MORROW said he had found glycerine enemata of great value in certain classes of cases. He had also considerable experience of the failure of glycerine enemata to produce an evacuation. As a result, and in view of the statistics given by various British and Continental medical men, he had concluded that the enemata were of little or no value in constipation when the trouble was high up in the tract, but were only to be depended upon in accumulation of fœces in the lower bowel and here they were of very marked convenience and efficiency.

DR. STODDARD and others joined in the discussion.

DR. MORROW then made some remarks upon the use and functions of Medical Journals. He thought regrettable and even injurious the plethora of Medical Journals that may be found more especially in certain districts of the United States. But even the old established journals are ready to welcome those new ones which spring up as pioneers in new territory and which are each a natural product of the increasing numbers, greater organization, and more extended ambition of its medical constituency. The objectionable newcomers are those which are needlessly launched in constituencies already fully represented and the effect of which scattering of strength among so many is to render it more difficult for any one to maintain the highest standard.

We in the Maritime Provinces are out of reach, for practical use, of any outside journal, and, so, to enjoy the benefit of one it was necessary for us to possess one of our own. Having the above in view, and also the substantial constituency afforded by the Maritime Provinces, he thought it evident that the NEWS had a *reason for existing*. Its last and strongest justification lay in the endorsement and reception which it has received from its maritime constituency.

He was not therefore soliciting their support, that had already been accorded. But he wished to impress upon the profession that the successful character of the journal depends largely upon the active interest taken in its contents. This is what he did ask for.

He then referred to the functions of the journal. It would serve for us the uses served by other journals elsewhere. It enabled us to take a wider interest in the persons and work of our contemporaries. It would lead to a greater interest in our own work with a view to reporting our cases, both successes and failures. In many ways it filled a gap in our local professional equipment which was frequently felt to exist. Also a journal may play an important part in the rectifying of grievances and in cutting off unsightly barnacles which still disfigure our ship. DR. MORROW pointed out that the NEWS had already done service in this regard. He asked them to set forth their views freely upon all questions so as to bring about enlightened, well-considered views and united action.

In behalf of the editors he said they would be guided by a due sense of the responsibility of their stewardship.

DR. STODDARD, Halifax, read a paper on "SANITATION, THE DISPOSAL OF SEWERAGE, &c." He pointed out the imperfection of our sanitary precautions and the premium upon disease caused by our neglect of observing the dictates of common sense and cleanliness.

Only lack of space prevents us from giving our readers the benefit of this stirring and useful paper.

The nominating committee consisting of Drs. A. C. Page, A. T. Clarke, T. Trenaman, John Mackintosh, W. N. Wickwire and J. Kirkpatrick presented their report of officers and committees for the ensuing year. Those were as follows:—

President.....DR. W. B. MOORE, Kentville.
Vice-President.....DR. JOHN T. CAMERON, River John.
2nd Vice-President.....DR. WICKWIRE, Halifax.
Secretary and Treasurer...DR. W. S. MUIR, Truro.

COMMITTEES.

Section 1. Medicine.—Drs. George E. Buckley, Guysboro, (Chairman); Arthur Morrow, Halifax; C. J. Morris, Musquodoboit; John Somers, Halifax.

Section 2. Surgery.—Drs. J. F. Black, Halifax, (Chairman); D. H. Muir, Truro; J. W. Reid, Windsor; M. Chisholm, Halifax.

Section 3. Obstetrics.—Drs. N. Cunningham, Dartmouth, (Chairman); M. Curry, Halifax; C. J. Fox, Pubnico; J. C. DeWitt, Halifax.

Section 4. Therapeutics.—Drs. D. A. Campbell, Halifax, (Chairman); A. T. Clark, Parrsboro; J. Mackintosh, Whycomagh.

Section 5. Sanitation.—Drs. T. Trenaman, Halifax, (Chairman); T. H. Stoddard, Halifax; Wm. McKay, M. P. P., Reserve Mines; H. H. McKean, Cow Bay; T. R. Trueman, Acadia Mines, Colchester.

It was decided that the next place of meeting would be Granville Ferry.

DR. STEWART was then called upon to present his resolution respecting the admission of Surgical Instruments and Medical Works duty free.

He said he did not allude to the subject with any political feeling.

On steel instruments the present duty was 20%; if there was rubber in their composition the duty was 25%; if they came in cases the duty upon the case was 35%. Is this just? He wished to do the best for his patient. But the government says you must have no innovations or you must pay for them. So with Medical Works. The result was a premium upon ignorance and against improvement. He protested against this.

The object of a duty is to develop home industry and to raise revenue.

In Canada there was no manufactory of surgical instruments and would not be for some time, and the principle is recognized in other instances when goods are not made in the country and there is no prospect of their manufacture, such goods are admitted free.

As to the revenue, the total collected from instruments was small but was heavily felt by the individual.

He moved that the President appoint a committee to approach the government.

DR. TOBIN seconded the motion.

DR. W. S. MUIR supported the motion and said that like DR. Stewart he was an upholder of the present government.

Drs. DeWitt, Morrow, Jacques, Campbell, and W. B. Moore strongly supported the motion, the last named suggesting that the interest of the medical societies of New Brunswick, Quebec and Ontario be enlisted in the question.

The motion passed unanimously. The following committee was appointed: Drs. Stewart, A. C. Page, Hon. Dr. Parker, Dr. C. A. Black, of Amherst and Dr. Lindsay.

On account of the absence of Dr. J. F. Black the following notice of motion was dropped for this session, viz: Who should appoint the Provincial Medical Board, the Government or the Medical Profession?

The President read a communication from Rev. H. McMillan in regard to the registration of vital statistics asking the society to take some action upon the matter. After some discussion the President named the following committee to wait upon the government. Drs. Moore, DeWitt and Wickwire.

DR. JACQUES called attention to the unjust treatment of medical men who are called to give evidence before the Supreme Court. He moved that the last named committee be empowered to confer with the local government in this matter.

DR. GOODWIN seconded the motion which passed.

DR. STEWART gave notice that at the next meeting he would bring up the subject of physical education in schools.

Votes of thanks were then tendered to the President and Secretary, after which the meeting adjourned.

In the evening the visiting medical men were entertained at a dinner at the Bedford hotel, where a very pleasant evening was spent. Numerous toasts were proposed, including "The Queen," "Our Guests," "The Law," and "The Press," "The Founders of the MARITIME MEDICAL NEWS," and "Our Next Merrie Meeting." The last notes of "Auld Lang Syne" echoing the good will of all to all terminated the profitable and pleasant re-union of 1889.

SAMPLES, ETC., RECEIVED.

LISTERINE.—This now widely-known preparation is the essential antiseptic constituent of Thyme Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis in combination. Each fluid drachm also contains ten grains of refined and purified Benzo-boracic acid. The Messrs. Lambert have certainly provided a very attractive-looking preparation, the liquid being crystal clear, with no sediment or undissolved oils whatever. It has been largely used as an external antiseptic, but as a rule we think more satisfaction will be derived from a simple solution. Its oily constituents however give it a more healing and penetrating power than is possessed by a purely mineral solution. It is, specially, as an internal antiseptic that we would recommend a trial of Listerine. In fermentative disorder of the stomach and in corresponding forms of diarrhoea we consider Listerine certainly a safe but also a valuable preparation. It is not at all unpleasant to take when properly diluted. As a toilet antiseptic to use after a post-mortem or similar work, Listerine, with its pleasant odour, needs only to be tried to find a permanent place there. The Messrs. Lambert have introduced Listerine strictly through the profession, and have not advertised to the laity. This attests their good faith in the efficiency of their preparation. We also received samples of their Lithiated Hydrangea, another nice-looking and tasting preparation, but we are not yet able to comment upon its therapeutic powers. We shall refer to it again.

Books and Pamphlets Received.

PHYSIOLOGY OF THE DOMESTIC ANIMALS.—By Robert Meade Smith, A. M., M. D., Professor of Comparative Physiology in the University of Pennsylvania, etc., etc. Publisher, F. A. Davis, Philadelphia.

SYNOPSIS OF HUMAN ANATOMY.—By James K. Young, M. D., Instructor in Orthopædic Surgery in the University of Pennsylvania, etc. F. A. Davis, Publisher, Philadelphia. Price \$1.40.

IS MORE CONSERVATISM DESIRABLE IN THE TREATMENT OF THE JOINT DISEASES OF CHILDREN. (Pamphlet.)—By A. B. Judson, M. D., Orthopædic Surgeon to the Out-patient Department of the New York Hospital.

Literary Notes.

THE "KANSAS MEDICAL JOURNAL" auspiciously begins its career with the May number. Its editors are Drs. W. I. Schenck, Osage City; J. E. Minney, Topeka, and S. G. Stewart, Topeka.

This journal has a bright, tidy appearance and its contents are interesting. We bid it welcome to our exchange list and wish it all success.

Kansas Medical Journal, published monthly at Topeka, Kansas. Subscription \$2.00 per annum.

Personal.

DR. W. F. SMITH, late of Elmsdale, has begun practice in Dartmouth.

DR. J. G. DYER, late of Smith's Cove, Digby, has removed to Portland, Maine.

DRS. STEWART, of Pictou and W. S. MUIR, of Truro are among those who expect to attend the Banff meeting of the Canadian Medical Association.

DR. JOHN BERRYMAN, M. P. P., St. John, has our most cordial good wishes and congratulations on the occasion of his marriage, which took place in Boston on April 23rd.

DR. F. G. ESSON has been appointed Resident Physician, &c., of the St. John Public Hospital. Dr. Esson is a graduate of McGill and is proving himself a good officer.

DR. A. F. EMERY who recently went to New York City to practice has returned to St. John and will practice his profession in that city.

WE are glad to hear of the improved health of DR. LINTON, of Westville. He has suffered greatly from an injured foot which at last required surgical interference. He is now able, we understand, to get about again.

DR. THOMAS and Mrs. Walker, of St. John, are enjoying a three month's trip to England and the continent. The genial Dr. is much missed, but we expect to hear some very interesting reminiscences on his return. We wish both him and his accomplished wife a safe and enjoyable trip.

DR. WILLIAM BAYARD is accompanying Sir Leonard Tilley in a visit to British Columbia. The legion of friends of the Dr. are glad to find him taking such a well earned rest, and more than glad to know that he is enjoying his vacation and renewing his youth, inhaling the fresh dry prairie air of the North-West. His medical friends will be pleased to have him back again, and see his sprightly step once more.

DOCTORS wishing to dispose of, or to purchase, or to obtain, their practices, partners, assistants, or substitutes, will find it to their advantage to insert a card to that effect in the MARITIME MEDICAL NEWS. Also those having books or instruments to dispose of or who wish to obtain such. If there are any looking out for a practice they may learn of an opportunity by corresponding with DR. G. BARNABY, of Weymouth Bridge, or DR. MORRISON, of Freeport, Digby Co.

MARRIED.—At the Cathedral St. John, June 5th, by his Lordship Bishop Sweeney, Florence, eldest daughter of Boyle Travers, Esq., M. D., to Dr. James P. McInerney, all of St. John. We extend our heartiest congratulations to both bride and groom on their good fortune. Mrs. McInerney is a general favorite with all who have the pleasure of her acquaintance, and we are pleased to know that she still remains in the profession. The Dr. is a rising young man and has the respect and esteem of all his professional brethren.

WE understand that Messrs. Hanson & McLaughlin of St. John, N. B., who have lately been prevented by an injunction in the Court of Chancery from using the trade mark "Bovinine" to designate a superior kind of prepared food which they manufacture, by the owners of the trade mark "Bovinine," who make a similar food, have been successful in getting the injunction dissolved, and are now prepared to push the sale of this preparation and to bring it under the notice of the Medical Profession.—*Canadian Practitioner.*

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Oct. 27, 1888.

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I am, my dear sir, faithfully yours,

(Signed)

MORRIS H. HENRY.

To Mr. N. D. ARNOLD.

Nov. 8, 1888.

My Dear Sir:—In answer to your favor of yesterday, I have no objection to your publishing my recent letter to you, for I sincerely believe that the only way in which spurious articles can be driven from the market, is by the widest publication of endorsements of genuine preparations, from those who are privileged by education and Honest experience to speak authoritatively on therapeutic agents offered to the profession and the public.

Believe me, my dear sir, faithfully yours,

(Signed)

MORRIS H. HENRY.

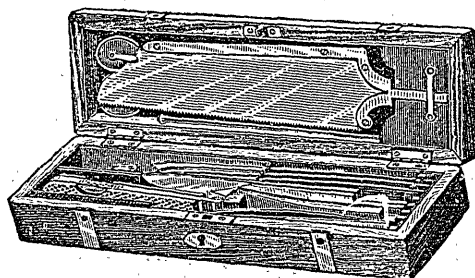
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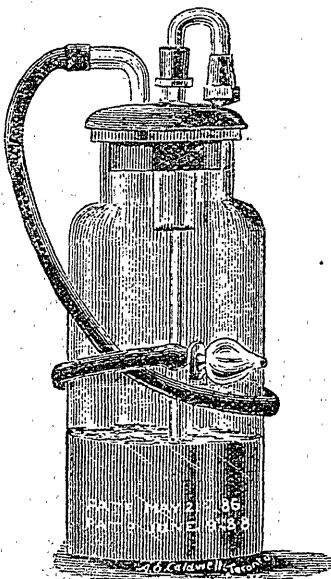
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COMPARATIVE DIGESTIVE POWER OF PEPSINS!

R. H. Chittenden, Ph. D., Professor of Physiological Chemistry at Yale University, read a paper entitled "Observations on the Digestive Ferments," before a section of the New York Academy of Medicine, January 23rd, 1889, which was published in the *Philadelphia Medical News*, February 15th, 1889.

This gives an able comprehensive review of the whole subject, of the investigations of other observers from the discovery of the digestive ferments to the present time and of the experiments of the author, from which he reaches the following conclusions:

"As a final result then we may consider the true proteolytic power of the following Pepsins compared with one of the highest digestive power to be as follows:—

RELATIVE PROTEOLYTIC ACTION.

| | | | |
|---|-----|--|----|
| 1. Parke, Davis & Co.'s Pepsinum Purem in Lamellis..... | 100 | 5. Ford's Pepsin in Scales..... | 32 |
| 2. Fairchild's Pepsin in Scale..... | 52 | 6. Horth's Pure Pepsin..... | 16 |
| 3. Scheffer's Dry Pepsin Concentrated..... | 48 | 7. Boudault's Pepsin..... | 14 |
| 4. Lender's Crystal Pepsin..... | 35 | 8. Royal Chemical Co.'s Pure Pepsin..... | 9 |

"As to the actual strength of these preparations, 1 milligram of the strongest pepsin converted into soluble products 198 milligrams of the pure dry albumen, which would be practically equal to 2000 parts of fluid egg-albumen."

Dr. John R. Winslow, Lecturer on Chemistry at the Women's Medical College, Baltimore, Md., read a paper before the Clinical Society of Maryland, January 18th, 1889, entitled "Pepsin and its Incompatibles with Exhibition of Tests." His conclusions are about the same as those of Professor Chittenden. From his article we quote the following table illustrating the comparative digestive power of different pepsins.

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