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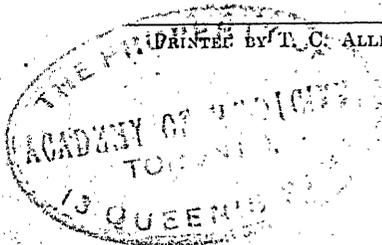
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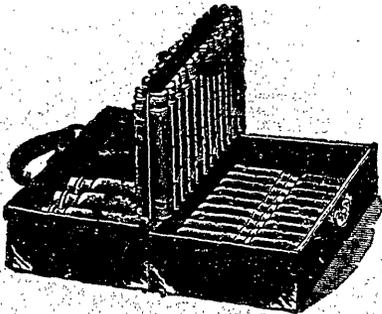
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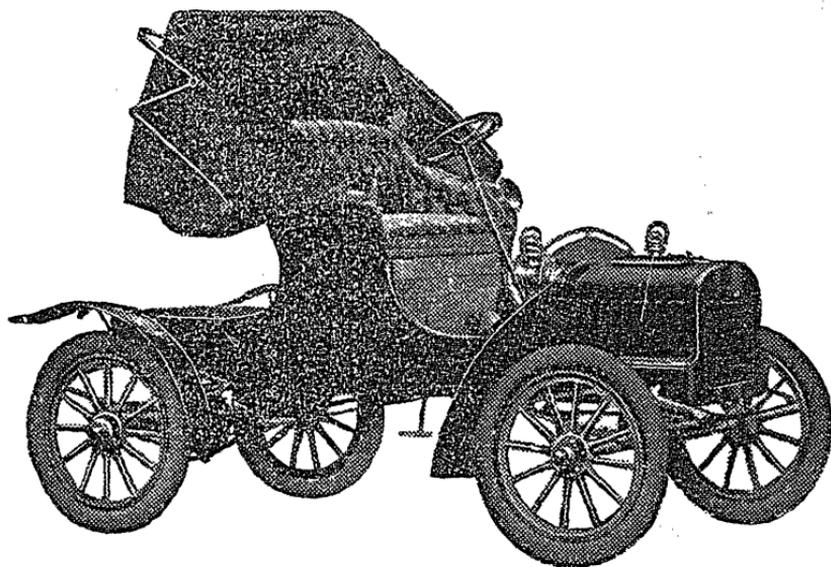
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THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS.

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THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII.

HALIFAX, N. S., MAY, 1905

No. 5.

Original Communications.

THE RESIDIUM.*

(Concluded from April Number.)

By GEORGE W. T. IRVING, Provincial Education Department, Halifax, N. S.

Among the many contributing causes that help to swell the ranks of the residuum, none plays a greater part than *intemperance*. While the effects of other evils on society may be obscure, this giant monster performs its task so openly and so completely, no man challenges its effectiveness. All students of society agree that intemperance is the most prominent economic and moral problem that confronts the Anglo-Saxon world to-day. However much we may disagree on the means to be used for its extirpation, we are all of one mind on the magnitude of this great evil.

Poverty, with its concomitants, insufficient and ill-cooked food, unsanitary and untidy dwellings, goes hand in hand with intemperance. Which of these two is cause and which is effect is a matter of dispute among workers in this field. Some tell us that intemperance in an individual may be the first open manifestation of a weakened, nervous organization inherited from the past. On the other hand we are told that intemperance is of itself the chief cause of nearly all the misery, vice and crime we see around us.

The following from the "report of the sub-committee of the committee of fifty to investigate the liquor problem," and which is by no means a brief for teetotalism, states both views of this problem very

*Read before N. S. Branch, B. M. A., March 22nd, 1905.

fairly : "It is important to know that the immoderate drinking of alcoholic liquor may be the first symptom of some disease, which when later recognized, is erroneously ascribed to alcohol as the cause. It is furthermore established that many of the mental and nervous disorders of alcoholism, while they are attributable to the toxic action of alcohol, are dependent in large measure upon an underlying psychopathic constitution, excessive indulgence in alcohol rarely producing certain of these disorders in persons of normal constitution. *Inebriety in the parents or more remote ancestors ranks among the important causes of this inherited instability of the nervous centres.* After making the necessarily large but not precisely defensible allowance for the share of inherited or acquired, organic or constitutional defects in the etiology of the nervous manifestations of alcoholism, there still remain cases enough in which alcoholic poisoning is the cause of serious diseases of the brain, spinal cord, and nerves in persons of previously normal constitution, so far as can be ascertained." Whether the fondness for intoxicants is owing to an inheritance from the past, or whether it is an acquired taste, it matters but little for our present purpose, as the result is the same with respect to the residuum—an intensifying of poverty. The money spent for liquor is so much taken from the food supply of the already underfed wives and children of the poor.

John Burns, M. P., in a lecture delivered a short time since in Manchester, told the workmen of Great Britain, that "drink is the most important, as it is the heaviest, handicap with which we load our goods in the markets of the world." Taking Whitaker's estimate he says that the amount spent annually by those of the working class who drink is £18 15s 4d per family. As to the consequences of drunkenness, Sir Andrew Clark is quoted as saying, after acting as a doctor at the London Hospital for twenty years, that "seven out of every ten patients there, were there through physical injury caused by drink." He further states that he was informed by a London sanitary inspector that he had never yet served an overcrowding notice except on drinking tenants, and had never issued a notice to abate dirt or nuisance to a teetotaler. The lesson from this, says Burns, is plain. "Drunkenness is next door to dirtiness—often in the same house."

Referring to the influences of disreputable surroundings on the drinking habit, he makes the following statement: "Let the Rev. R. J. Campbell or the Archbishop of Canterbury work in a black ash-shed,

live in a dilapidated hovel in a miserable yard, next door to a railway arch, with a bone factory next door and a guano factory over the way, they would both become chronic dipsomaniacs."

The brutalizing effects of the drink habit upon the inebriate himself, as well as the demoralization of all who come in contact with him, are so well known to you all that it is not necessary to dwell any longer on this aspect of our problem.

It is to another feature of this subject that I wish to draw your attention, that is the effects of inebriety on the descendants of the drunkard. We could afford to be comparatively indifferent if the consequences of intemperance were confined to the inebriate himself, if he and he alone were the sufferer. But unfortunately this is not the case. It is a well established fact that the vice of intemperance in a parent may be visited upon the children unto the third and fourth generations in some form or other.

Dr. Maudsley in his work, "Responsibility in Mental Diseases," says: "A host of facts might be brought forward to prove that drunkenness in parents, especially that form of drunkenness known as *dipsomania*, which breaks out from time to time in uncontrollable paroxysms, is the cause of idiocy, suicide or insanity in their offspring." Dr. J. Ray, in his "Mental Hygiene," says: "As a cause of idiocy in the next succeeding generation, the potency of gross intemperance has been placed beyond a doubt. The transmitted effect of intemperance may also appear in the form of a propensity to vicious courses, or a dullness of moral perception or irresistible impulses to crime." Dr. Anstie says: "The tendency to drink is a disease of the brain, which is inherited. When drinking has been strong in both parents I think it is a physical certainty that it will be traced in the children." To these we might add the opinions of such distinguished writers as Morel of France, Ferri of Italy, Dr. Howe of Massachusetts, Drs. Richardson and Yellowlees, and many others.

Anyone who examines the biographical statistics of any humane or penal institution will be surprised at the large number of inmates whose parents have been addicted to the liquor habit. From the last annual report of the New York State Reformatory at Elmira, we learn that of the 12,041 inmates admitted to that institution during the 27 years of its existence, drunkenness in ancestry was clearly traced in 4145 or 34 per cent., whilst in the case of 1245 the contrary could not be established. In the report of the Iowa Institution for feeble-

minded children, a statement is made of the condition of the parents of these children. Where it could be ascertained, the parents of nearly 50 per cent of these were intemperate and about 12 per cent were epileptic. I had the opportunity of looking into the life history as far as it was possible, of the inmates of one of our institutions and found that about 50 per cent. came from homes where drunkenness prevailed either in one or both parents. Of the remainder very little could be learned, some were illegitimate, some came from other institutions, while of others nothing definite was known. These children were placed there at a critical time in their lives for protection from their base surroundings. It was surprising to notice the large number of mothers who were either feeble-minded or unfit in some other way to manage a household, which unfitness was indelibly stamped on the offspring.

Owing to the limited time at our disposal, I find it necessary to omit the discussion of such subjects as ignorance, disease, and crime, with special reference to the part played by each in creating and fostering the residuum.

Now if we are doing all that is possible to be done for the betterment of the unfortunate and the downfallen, and are using every means to prevent others from drifting into this great maelstrom, then this study has no *raison d'être*; but, if we are not doing for this class all that might be done, any suggestions looking towards improvement should receive consideration. The suggestions I am about to offer are made with some diffidence, as all of you who have thought at all on this problem have some definite ideas upon it. I submit the following, although you may not always agree with what I say, with the hope that it may awaken a greater interest in the lives of the poor and unfit, and result in action in the near future.

Discussing the question of poverty with some ladies, who have been engaged for some time in working among the poor, not only here but in other cities, I was informed that Halifax has a greater amount of extreme poverty according to its population than either Montreal or Toronto. But while we occupy this unenviable position among the cities of Canada, our charities reflect great credit upon our people.

I inquired how it is, that with such large sums expended among the poor, so many cases of want and suffering are found. I was told that there was a large number of people who were pauperized in the

past through indiscriminate giving. These persons exploit different organizations—two or more churches of different denominations at the same time—and reap as rich a harvest as they can from private sources.

When persons of this class find they can obtain aid by making known their wants, they soon lose all feeling of shame in doing so, and begin to claim it as a right. Besides having a bad effect upon the young, almstaking begets wastefulness.

What is obtained for nothing is little valued. Today there is a full supply, eat and drink to satiety, careless of tomorrow's wants. The absence of any knowledge of domestic economy among women of the extreme poor is one cause of their deplorable condition.

To show how easy it is to propagatè pauperism: I heard of a case in a New England town where it was the custom to distribute outside aid from the almshouse at stated periods. The superintendent had been connected with the institution in different capacities for fifty years. When he first came there, an old man and his grandson, a mere child, came regularly for help. The old man passed away, but the grandson was still coming, and had been doing so during the whole fifty years. From such examples as this we can see how easy it is to encourage dependence.

Is it not possible to devise some way to prevent this great waste?

Surely some concerted action might be taken by the different churches and organizations by which deserving ones only might be assisted, while the generous public could be protected from impostors. All who are incapacitated to earn a living either through misfortune or for other reasons should be cared for, but all who are fitted both physically and mentally to earn a living should receive no encouragement to lead idle and vicious lives.

Another condition peculiar to our city I understand, is, that the respectable poor are compelled to take lodgings in tenements where they are surrounded on all sides by the disreputable and vile... They locate in these places of necessity, the rents in the reputable quarters being beyond their reach. Home influence, however good it may be, cannot be expected to withstand the demoralizing effects of such surroundings upon the children reared under these conditions.

In permitting this state of affairs, we are helping to increase the number of the unfit. Not only should the respectable poor be able

to find suitable quarters away from the disreputable and vile, but many of the tenements in the city should not be allowed to cumber the ground.

It appears that under the statute the Board of Health has power to condemn a building as unfit for habitation, but it does not seem that it can order its destruction. Every old shanty left standing is a blot on our city that cannot be removed too soon. If a score of our quiet, home-loving women were to visit in a body some of the tenements in our alleys and lanes they would rise in their might and sweep them off the face of the earth with the besom of destruction. There is a philosophy underlying those squibs. We find occasionally in our newspapers about the man putting up the stovepipe losing his temper and making use of language not considered polite. No one feels at his best when working at dirty work. If a few minutes employment at a job that makes us look like a chimney-sweep, ruffles our temper and calls up the old Adam in us all, how can we expect those living amidst filthy surroundings to remain long superior to their environment.

To offer a remedy for the evils of intemperance, now and here, might seem to many like bringing coals to Newcastle. So long and so vigorously has this problem been thrashed out, there does not appear to be anything new that can be said on this subject. However, each of us is at liberty to choose from the different panaceas prescribed the one that would seem the most efficient.

In examining the liquor problem we find two elements, and if either were absolutely removed the other would soon cease to exist. One is the craving for intoxicants in the individual, the other the facilities for satisfying that desire—the saloon. The desire for stimulants cannot be eradicated by Acts of parliament or civic regulations. Its causes lie so deep they can only be removed slowly and gradually. We attempt to cure poor fellows of this habit by sending them to Rockhead for thirty, sixty, or ninety days. By watching the police court records we can see how utterly we fail, by the number of old offenders that come up from time to time, until at last we have reached the acme, in the case of one inmate who has been convicted and sentenced over *one hundred* times in twenty-four years. It is very evident our treatment is ineffective. It seems to me that we might as well expect a hungry dog to guard a bone as to

expect those cursed with the drink habit to refrain from indulging when such excellent opportunities are furnished on all sides for the gratification of their craving.

But the removal of the saloon is well within the power of the state. Why should we permit a few men to buy, sell and make gain from those who can barely get the necessities of life,—I am speaking now of the residuum—while the rest of us have to contribute to the support of families that are thus beggared?

It costs the city over \$30,000 annually for its police force, one of whose duties is to look after drunken men and prevent them from injuring themselves or others. We spend nearly \$6000 more for Rockhead, which is largely used for locking them up out of the way. Our police court, with its staff of officials, has a great deal of its time occupied with drunks. The \$38,000 spent in maintaining our poor-house is largely in consequence of intemperance, either directly or indirectly. These are some of the items to be placed to our profit and loss account. Many more might be found if time would permit. Besides the material side of this problem there are the moral and social sides also. Not only is there great economic waste but there is great moral and social wreckage.

By abolishing the saloon we remove at once the most baneful influence that affects civic government throughout the whole of this continent. The intense activity of those engaged in the liquor traffic, in its defence, when it is attacked, gives a false idea of its power—like the stinging nettle, it only needs to be firmly grasped to show its weakness.

For the sick, whether in body or mind, we are providing in no niggardly manner in the two hospitals for their care. Our schools for the blind and deaf have no superiors in the Dominion. Those little waifs of humanity, cast upon the sea of life without a pilot to guide their course, are tenderly cared for in our orphanages. Our poor-houses, while caring for the poor and needy, are refuges for three other classes that should be domiciled in separate institutions, viz: the harmless insane, the epileptic, and the feeble-minded. Under our present arrangement the number in any one class is so small that they cannot be placed in the care of a specialist. It is almost cruel to keep the unfortunate poor of the province in houses where they have as companions the imbecile, the epileptic, and the insane. No extra expense need be incurred; it would only involve a

classification of the inmates of the present institutions with a corresponding distribution of them to different points. "A Royal Commission has been appointed in England to consider the existing methods of dealing with idiots, epileptics, imbeciles, and feeble-minded persons. It is the result of long agitation against unnecessary and harmful detentions in insane asylums."

Of epileptics we should have, according to the statistics of this disease, about nine hundred in the province—that is one for every five hundred of the population. Today we have no special place to send them. Many of course are in poor-houses. When they happen to get into any of our juvenile asylums they work injury to the other inmates.

Ontario is preparing to open, next summer, an institution for the special care of insane epileptics, that will accommodate from sixty to one hundred. Epileptics are closely related to the feeble-minded from the fact that the disease once thoroughly established tends to produce mental deterioration.

But most particularly do I wish to draw your attention to the case of the feeble-minded. This class of unfortunates constitutes a very dangerous element in society, and its increase is viewed with alarm in every country where social problems are being dealt with. In all the progressive States of the American Union schools have been established for their instruction and custodial homes for the protection of the adults. The medical world of England is asking the question: "What are we going to do to check the rapidly growing percentage of feeble-minded born in England." It is stated on the same authority that more than 2 per cent. of all children born in the last decade have been imbeciles. Dr. Potts, of Birmingham, referring to the condition of things in that city, speaks of a Magdalene home filled with girls in their teens, of whom thirty-seven out of ninety-seven were mentally deficient. "He knew one woman, a thorough imbecile, who had given birth to nine children in the maternity ward of the poor-house, all of whom were idiots." This noticeable increase in the number of feeble-minded born in Great Britain followed very closely the marked increase of drunkenness among women. The drinking habit among women has spread very rapidly since they have come into competition with men in the factory, workshop and stores. The superintendent of the Indiana school says: "Seventy per cent. of the inmates of our institution

owe their affliction to hereditary influences ; only thirty per cent. to accidents or disease." Speaking of those uncared for throughout the Union, he says : " Some are wandering about debased and debasing. Many are reproducing their kind, with little or no hindrance. From these neglected or abused feeble-minded persons have come or will come most of the next generation of idiots, imbeciles, and epileptics, and a vast number of the prostitutes, tramps, petty criminals and paupers." These are not the words of sensation-mongers, they are the opinions of men who have had special opportunities of studying this subject. This state of affairs is not peculiar to Great Britain or the United States. We have the same conditions in Nova Scotia and the danger is equally as great. For particular information I would refer you to the very valuable reports of the Inspector of Penal and Humane Institutions, Dr. Sinclair, who has been endeavoring for some years to awaken public interest with respect to the care of all our unfortunates. The feeble-minded woman of child-bearing age is a constant menace to the health and morals of any community where she is allowed to go at large. She is loaded with a double liability to fall—one, a weakness of the will to resist evil ; the other, the possession of strong animal passions. In the meantime nothing short of the complete isolation of these poor creatures will insure us from this great danger until such time as advanced public opinion will permit a surer and more summary method of dealing with it.

Among the many institutions in our midst there is not one specially devoted to the care of this class. If the economic reasons I have advanced are not sufficiently convincing, I would then appeal to the philanthropic spirit of this Christian community to give of its wealth to provide a safe refuge from a cold unfeeling world, for these poor creatures, who, through weakness of intellect, are unable to care for themselves. Here is an opportunity for some benevolent person to perform an act of mercy by starting, even on a small scale, a home for these persons. All of us, however poor we may be, can do something to bring joy and gladness into the lives of these our unfortunate fellow-creatures.

O all of you that hold the gates of vision,
Fling wide your doors to those without that wait,
And lead them through the highways of your city,
And through its temples, ere it is too late.

O all of you that know love's orchard closes,
Bend down the boughs for those beyond the wall
Gather for them from all your wealth of blossoms,
And shake the branches that the fruit may fall.

O all of you made stewards of earth's treasure,
Give while you may the gold that is your trust,
For you shall lie at last where is no giving,
With helpless hands close folded in the dust.

O all you dwelling in the house of learning,
Set forth your pages that the poor may read
The gathered wisdom, that the years inherit,
In haste before you pass beyond their need.

O all of you that know the wells of gladness,
And sing beside them, share, while yet you live,
Your pitcher with the thirsty, ere hereafter
You hear them cry and be too poor to give.

Oh! Give. The road you tread has no returning,
But stretches on into the endless night,
Then give your life, your joy, your gold, your learning,
Lift high your lamp of love and give its light.



TUBERCULOSIS BEFORE THE HOUSE OF COMMONS.

(Speech by Dr. J. W. DANIEL, M. P., St. John, Feb. 20th, 1905.)

DR. J. W. DANIEL, (St. John City): Mr. Speaker, I think the honorable member for Argenteuil (Mr. Perley) who has introduced the subject to us this afternoon is deserving of the thanks of the House and of the people of this country. This is a subject which I think must receive the sympathetic consideration of this government, because I cannot conceive of any government having the interests of the people at heart which by any possibility can throw to one side a matter so important to them as that which has been brought before us this afternoon. The mover of this motion has gone so thoroughly into the matter that it leaves really very little for any one else to bring forward. The subject of tuberculosis has, within the last few years, been brought so frequently and thoroughly to the notice of the people that the movement is having its effect as is indicated by the attitude now taken by the public at large towards this disease. Having been connected with public health matters for a number of years, it has been a matter of great gratification to me to find within the last few years, people in whose home a death has taken place from consumption sending of their own accord to the board of health and asking them to either go and disinfect the house in which the case was or to give them such directions as would enable it to be thoroughly done. I think this is a matter of great moment as showing that the people are beginning to take an interest in the measures which are necessary to prevent the spread of this disease. The great question for us to consider at the present time is: Can the disease be eradicated? For my part, I believe it can, if sufficiently radical means are taken to that end. It will not be the first time in the history of the world that widespread disease has been completely eradicated. Four or five hundred years may be a long time for an individual to look forward to or look backward on, but it is really a comparatively short time in the history of a nation. Some four or five hundred years ago it is calculated that there were no less than 19,000 leper houses in Europe. There were 95 in England alone besides those in Scotland and Ireland.

What has become of leprosy in Europe to day? Do you ever hear of a case? Do you ever see a case? We know very well that leprosy as a disease has entirely disappeared from Europe, England, Ireland and Scotland. How has this been accomplished? I think there is no doubt in the world that it was accomplished by segregating those afflicted with the disease in houses which were plentifully supplied for that purpose. When we compare those ancient leper houses with the sanatoria to which my honorable friend has referred, we must remember that over the former there must always have been written, if not in actual letters, at least in the imagination, "Abandon hope all ye who enter here," while on the other hand if any inscription is written over the doors of these sanatoria it would be one which should give to those entering the greatest hope in the world that they would have some hope upon entering and know that they were not simply going there to die.

Now, Mr. Speaker, it appears to me that there are two points which the government might fairly take into consideration. They may say: What would you advise the government to do? My advice to the government in a case of this kind would be for them to take to their councils those who are expert in this disease, who have made a study of it, who have ascertained what they believe to be the best mode of dealing with it. They should take these people into their councils and act on their advice. My own view of this matter is that there are just two special points for them to consider. The first is a wide dissemination of knowledge all over the Dominion so that the people would have impressed upon them the great necessity there is of observing the rules of sanitation which have been especially prepared in regard to this disease, of putting them in practice and more especially of obtaining an early diagnosis of cases. If Koch's discovery has done one thing more than another that we should be grateful for, it is that it has given bacteriologists an opportunity of diagnosing the disease of tuberculosis even before any symptoms are apparent either of wasting or weakness or indeed any of the symptoms that would be understood or available or could be got at by a physical examination of the chest. If by an early diagnosis of the cases of those people who have sickness accompanied by a cough the presence of the disease can be detected, those people are in the most favourable position imaginable to get a cure. Then, there is the other subject of providing sanatoria. These are the two points, it appears to me

that should be taken into consideration by the government. In regard to the widespread knowledge that is being obtained by the people generally in regard to this matter and especially in connection with the subject of providing sanatoria, I should like to read to the House a short telegram that I read on Saturday night in one of the daily papers :

“TUBERCULOSIS FARMS.

Cigar Workers' Union has under consideration big scheme for combatting the white plague.

Chicago, February 17.—Tuberculosis farms to be established in different sections of the United States by labor organizations for the treatment of union workers with consumption have been advocated by President George W. Perkins of the Cigarmakers' International Union. The Cigarmakers' Union for a month has had under consideration the establishment of such an institution for the benefit of that organization. By a narrow margin the members voted against a plan submitted. A new plan, now in preparation, probably will be adopted. The new scheme is broadened to include other fraternal unions. Perkins' suggestion is for at least four of the largest unions in the country to join hands. According to the plan, farms would be located in North Carolina, the Adirondack Mountains, in the middle west, and on the Pacific coast.”

I simply read that extract, Mr. Speaker, to show to what an extent knowledge of and interest in the subject of tuberculosis is spreading over the world at large. There is no doubt, of course, that this is due in the first place to Koch's great discovery and the practical advantage which the medical profession have taken of that discovery. It is also due, in large degree indeed, to the great activity with which the press of this country have been popularizing all the knowledge that is to be gained on this subject, and also, Mr. Speaker, to the enthusiasm which is being created by the knowledge of the curability and preventability of this disease, among philanthropic people of both sexes, which has induced them to band together and to give their time, their means, their attention and their labor to do all they can to assist in eradicating this disease.

It might be asked : What benefit have these sanatoria exercised upon the health of the people. I think the gentleman of whom I have already spoken once or twice, Professor Koch, might be considered an authority on that matter. The great decrease that has

taken place in the mortality from consumption in this country has been referred to this afternoon by the honorable member (Mr. Perley) who introduced this resolution, and to emphasize that I might say that in the old country the mortality from tuberculosis has diminished at least one half since the establishment of these sanatoria there—and it is well known that some of them have been established there for a number of years. This is what Koch testifies with regard to it:

“The only country that boasts a considerable number of special hospitals for tuberculosis patients is England, and there can be no doubt that the diminution of tuberculosis in England, which is much greater than in any other country, is very largely attributed to this circumstance.”

It is hardly necessary, Sir, in view of the statements that have already been made, and in view of the knowledge which we all have, to endeavor by any lengthened remarks to induce the government to take up this subject to make them feel that there is no doubt whatever of the benefit which these sanatoria possess, but I certainly take great pleasure in adding my voice to that of the honorable gentlemen who have already spoken, and I hope that the government of this country will take this matter not only into their sympathetic consideration, but within the scope of their most sympathetic action.



THE ARREST OF POISONING IN WOUNDS—RELIEF OF PLEURODYNIA BY SUBCUTANEOUS INJECTION OF STERILE WATER.

By J. J. REID, M. D., New York.

The possibility of arresting the poisonous influence of toxin infections in wounds and the resulting systemic infection appeals directly to all, and that this may be done is shown in the report of the following cases, in two of which the patients were seen twelve hours after the injury, and in one evidences of systemic infection had existed for three days.

The credit of this method is due to Dr. Follen Cabot, of New York, who, by his experiments with Rabies virus, showed that after placing the virus in a guinea pig and allowing it to remain twenty-four hours, its poisonous effect might be nullified by opening the wound at the end of that time and treating the virus with strong nitric acid. In his report he shows that in a series of tabulated cases about 95 per cent. escaped the effect of the virus when treated in this way. These results are important in themselves, but they also suggest the possibility of their use in the case of any poison introduced into the system through a wound. They give, also, a solid basis for the use of caustics on dog-bite wounds. This basis was badly needed by all who felt in a half-hearted way that something should be done, although little benefit could be expected.

Case 1.—A stableman, whilst at his work one morning, received a punctured wound of the wrist—presumably from a nail. During the day inflammation set in, and in the evening—twelve hours afterwards—he came for treatment.

The hand was swollen and had the ordinary appearances of cellulitis, with a free discharge of pus from the wound caused by the nail.

The case was not hopeful, but having in mind Dr. Cabot's experiments, the wound was first cocainized, then cauterized thoroughly with strong nitric acid. After treatment all symptoms abated, and the man was able next morning to resume his work.

Case 2.—A salesman in a butcher shop punctured his finger to the extent of one-third of an inch with a sharp-pointed butcher's knife. This also happened early in the morning. Six hours after pain began in the finger, and after twelve hours the pain became unendurable. The same method was pursued as in the previous case. The relief was immediate and continuous.

Case 3.—The third case was even more interesting than the others, inasmuch as a systemic poisoning existed for three days, and was quickly relieved by cauterizing the wound. The patient was a coachman, and had for a fortnight a wound on one of his fingers. Three days before he was seen pain began in the wound, accompanied by general systemic infection.

It is obvious that the results in these cases open up a large question, and that is, how long after infection can we hope for benefit from cauterization? It can only be answered by extended observation. At the present time it may be said that it is worth while to try at any period, in order to obtain negative as well as positive results.

Many years ago the subcutaneous injection of water was practiced for the relief of thoracic pain, but from the hap-hazard way in which it was used, and from the want of knowledge of the *modus operandi*, the method fell into disuse.

It is pretty well known now that if water is injected into the tissue, the nerves in the vicinity become anæsthetized. All the methods of water anæsthesia seem to rest on this fact.

Case.—A woman with lobar pneumonia complained of pain, not only over the affected lung, but extending down to the lower borders of the ribs. Morphia and other remedies gave only temporary relief. On examining the case closely, it was noticed that the pain was confined to one or two indicated nerves. Two hypodermic syringefuls of sterile water were carried down to that part of the nerve where the pain was most severe. The relief was prompt and continuous.

Retrospect Department.

MEDICINE AND THERAPEUTICS.

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

W. H. HATTIE, M. D., Halifax.

CEREBROSPINAL FEVER.

I. C. WILSON, M. D., Philadelphia, contributes an up to date account of this disease. (*Journal A. M. A.*, April 29, 1905). The unusual prevalence of cerebrospinal fever in New York City, for some time past, has excited considerable interest in this disease, and already many contributions of value have appeared in the medical press. This disease was first recognized as a distinct affection about the beginning of the nineteenth century. Since that, many epidemics have occurred in America and Europe. The only recorded outbreak of this disease in Nova Scotia occurred during the winter and spring of 1873. It was confined mainly to Halifax, and was attended with a very high mortality. Sporadic cases conforming closely in type to the epidemic variety have been reported from time to time, but the diagnosis has not been confirmed by anatomical or bacteriological investigation.

Wilson defines cerebrospinal fever as "an acute infectious epidemic disease caused by the *diplococcus intracellularis meningitidis*, characterized clinically by sudden onset, with headache, vomiting, and painful contraction of the muscles of the back of the neck, irregular fever, profound nervous symptoms, rapid course and high death rate; anatomically by inflammation of the meninges of the brain and cord." The micro-organism believed to be the specific exciting cause was first described by Weichselbaum in 1887, and his researches were confirmed by Jäger (1895) and by Councilman (1897). The pathogenic organism is confined to the lesions of the disease, and is obtained during life in the fluid removed by lumbar puncture, and after death in the meningeal exudate. The cerebrospinal fluid is usually more or less turbid. The organisms are usually found within the leucocytes. It can be grown but with difficulty on suitable culture

media. It is an organism of feeble vitality, dying quickly on exposure to drying and light, and is incapable of a saprophytic existence.

Cerebrospinal fever does not appear to be a catching disease. It is rare to have more than one or two cases in a house. Some recent accounts suggest the possibility of the disease being transmissible from person to person. In respect to predisposing causes climate appears to have little influence. Outbreaks are more common and extensive in the winter and spring than in the warm seasons of the year. Densely populated cities and sparsely settled farming districts are alike subject to its prevalence. Damp, overcrowded, and unclean habitations favor its spread and persons living on the ground floor are especially apt to suffer. Children and young adults appear to be more liable to contract the disease. Among adults, males are more frequently attacked than females. The period of incubation is unknown. The onset of the attack is usually abrupt. The disease presents a great diversity of symptoms. No other acute malady appears in such various guises. Fever is constant but irregular, and symptoms referable to the cerebrospinal centres predominate. Cutaneous eruptions are common, especially herpes of the lips and nose. Complications and sequels are numerous and severe. The average mortality is about 40 per cent. It is less fatal than other forms of meningitis.

The diagnosis of cerebrospinal fever is attended with difficulty in sporadic cases or at the beginning of an epidemic. In addition to the clinical manifestations, special diagnostic features, such as Kernig's sign and lumbar puncture are available. Kernig's sign is present in a great majority of the cases, in probably more than four out of every five. Kernig's sign is the impossibility of producing complete extension of the leg on the thigh when the thigh is flexed at right angles to the abdomen. The value of this test is lessened by its occasional absence in typical cases, and by its presence in other diseases attended with irritation of the central nervous system.

When practical, lumbar puncture should be performed. The method is easy and devoid of danger. The fluid removed is rather turbid and the presence of the specific micro-organism can be shown by microscopic and cultural tests. Occasionally this test will fail to give positive results.

The old treatment of the disease consisted chiefly of blood letting, mercury, liberal doses of opium, iodide of potassium, and the

application of cold to the head and spine. Among the recent plans of treatment may be mentioned, the hot bath as suggested by Aufrecht; lumbar puncture to relieve intracranial pressure; lumbar puncture followed by injection of antiseptic fluids; bichloride of mercury injections along the spine, and diphtheria antitoxin in large doses.

A hot bath proves remarkably soothing in some cases, and may be repeated from time to time. Lumbar puncture relieves pressure symptoms, but requires repetition. The injection of antiseptic fluids into the spinal canal has been practised to some extent, but no striking results have been obtained. It is of interest to note that the spinal cord tolerates irritants to some extent, and that fluids injected into the lowest part of the canal may pass upward to the brain.

Dr. Waitzfelder, of New York, (N. Y. Med. Rec., March 11, 1905) reports the treatment of a series of seventeen cases of cerebrospinal fever by anti-diphtheritic serum. Of these seventeen cases, five completely recovered; three died; nine were still under observation (at the time of the publication of the article) of whom five, it was thought, would recover, four being doubtful.

The employment of diphtheria antitoxin was based on an antagonism which was found by Wolff of Hartford, Conn., to exist between the *diplococcus intracellularis meningitidis* and the Klebs-Loeffler bacillus and their products. A dosage of from 4000 to 10,000 units of the diphtheria antitoxin was used. Since the publication of the paper the method has been extensively tried by many practitioners, chiefly in New York City, with indifferent results, as indicated by a recent discussion at the New York Academy of Medicine.

The following plan of treatment will probably yield the best results. The room occupied by the patient should be darkened and quiet. The diet should consist of milk, eggs, meat juice, and broth administered at regular intervals. Cold should be applied to the head and spine by means of ice bags. Laxative doses of calomel should be given in the early stages of the disease. Opiates are indispensable and should be given in sufficient quantities to ensure quiet. Hot baths as warm as can be borne are worth a trial. Antipyrin may be given in combination with opiates, or alone in some cases.

If pressure symptoms are marked, lumbar puncture should be performed and repeated at intervals. Complications may demand other measures.

INTERLOBAR EMPYEMA.

SIR WM. BROADBENT (*Pract. Feb.*, 1905) calls attention to the occasional occurrence of the accumulation of pus between the lobes of the lungs, and its retention in this situation by firm adhesions along the lines of the fissures. Such a possibility should be suspected if the general symptoms are suggestive of empyema, with absence of the usual physical signs, such as dullness at base of the chest and inability to obtain fluid by exploratory aspiration. In this condition there may be a variable impairment of resonance on percussion, and signs pointing to an imperfect entry of air, chiefly from the upper to the lower lobes and back again, without obvious cause, except perhaps the position of the patient. The amount of imprisoned pus may be so great as to cause compression of the lobes of the lung, and displacement of the heart. Pus in this situation may make its way to the surface, or burst into the pleural cavity or a bronchus, the last mode of termination being not an unlikely one. In a suspected case, should exploratory puncture demonstrate pus, it must be evacuated, and provision made for subsequent drainage.

PROBLEMS RELATING TO SIMPLE ULCER OF THE STOMACH.

BEVERLEY ROBINSON, (*N. Y. Medical Record*), discusses at length the subject of gastric ulcer as it presents itself to-day from the standpoint of the internist and the surgeon. The cases in which surgical operation (excision and sewing up of the ulcer, or gastroenterostomy) effects a cure are those of acute ulcer, or in which the hemorrhage is sudden, profuse, repeated, and in the menace to life too great to await the slower results of medicinal remedies, or hygiene and time; or those of chronic ulcer, in which the abundant, recurrent bleeding shows that the degenerated, gaping artery of the diseased surface may be obstructed for a while with a clot, but will soon, through its removal, bleed afresh. Here there is but one way to obtain a cure and that is through an operation. In cases of perforation of the stomach from any form or of any duration of ulcer, the formal indication is to operate, and the sooner the operation is performed, the greater the chances of saving life. Instances of cure without operation are known and recorded, but they are very infrequent, and unless special conditions prevail, such as empty stomach, very small opening from ulcer in stomach, chronic adhesions to adjacent organs, etc., even

these instances would not have been possible. In general, however, the author's attitude toward surgical treatment of gastric ulcer is conservative, for as yet the results following operations are inferior to those obtained by proper medical care, especially in cases occurring among patients in affluent circumstances, who seek the best medical advice in the beginning, and can carry out with intelligence the necessary dietary and remedial regimen. Such cases sooner or later get well without surgical interference, their hemorrhages are infrequent and relatively slight, and perforations very rarely occur. For the details as to etiology, diagnosis, prognosis and treatment, both medical and surgical, reference must be made to the original.

THE TREATMENT OF EPILEPSY IN CONNECTION WITH AUTO-AND HETEROTOXIS.

A. McL. HAMILTON, (*N. Y. Medical Record*, December 3, 1904,) expresses a hopeful view of the treatment of epilepsy, and says that many apparently hopeless epileptics can be greatly benefited, if not cured, by a rational method of treatment and avoidance of indiscriminate and routine bromide giving. The experience of the author, as well as that of numerous other investigators, bears out the view that toxæmia enters much more largely than is generally supposed into the pathogeny of epilepsy, and it would appear that the occurrence of the fit betokens the accumulation in the body of some particular toxic agent, the presence of which gives rise to a convulsion when the limit of cell tolerance is reached. These toxæmias may be of gastrointestinal origin, or due to the introduction into the circulation of certain familiar cocci, or lastly and especially, may be consequent on the generation and accumulation of cholin in the blood, through the breaking down of nerve tissue. The author discusses in detail the plan of treatment that must be used to combat such conditions, and summarizes the principles of a rational therapy as follows:

1. We should, besides every measure that will favor elimination, regulate the dietary so that the idiosyncrasies of the individual should be taken into account, but nitrogenous food should be interdicted as far as possible. No large quantities of food should be taken at any one time.
2. If intestinal autoxis exists, cholagogues and appropriate ferments, as well as antiseptics, should be prescribed.
3. Everything

should be done to prevent the lighting up of gross intracerebral pathological processes, and the resulting formation of cholin. The equilibrium of the arterial pressure should everywhere be maintained.

4. The bromide should be given only in doses sufficient to diminish the activity of the cortical motor cells.

TREATMENT OF CHLOROSIS.

The essential points to keep in mind in the treatment of chlorosis are :

1. Rest in bed in a well ventilated room, or on a couch in fresh air. When improvement has taken place, graduated exercise in the open air should be advised.

2. A light nutritious diet. The continued exhibition of raw meat or raw meat juice is distinctly beneficial. A moderate quantity of claret daily with food is also helpful.

3. Regulate the actions of the bowels carefully. Aloin or a preparation of cascara should be given every night, and a saline cathartic in the morning.

4. Bland's Pills, or preferably the capsules containing Bland's mass in gradually increasing doses. The exhibition of iron should be continued for some weeks after apparent recovery. In bad cases attended with some water-logging of the tissues give alkaline diuretics for a week before commencing the administration of iron.

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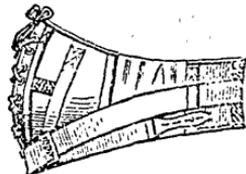
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THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Editorial.

MOVABLE KIDNEY.

The diagnosis of movable kidney is comparatively easy, hence it is difficult to understand why the condition escaped recognition until quite recent times. The treatment of movable kidney by retentive appliances has been so unsatisfactory that most physicians usually prefer to conceal the diagnosis, and only recommend a surgical operation when the displaced organ causes pronounced suffering. The eminent surgeon, Sir Frederick Treves, of London, contributes a paper worthy of note, (*Practitioner*, Jan., 1905), inasmuch as he has devised a special truss which, if carefully adjusted and worn for a year or two, will afford permanent relief in the great majority of cases of movable kidney.

The description of the method of treatment is prefaced by a general account of the conditions, which contains some points of interest. The kidneys lie in recesses on either side of the spinal column, under the cartilages of the seventh, eighth, ninth and tenth ribs, the upper end of the left kidney reaching as high as the ensiform cartilage, and the same point of the right kidney reaches almost to that level. They lie somewhat lower in women and children. The kidneys are invested by that extension of the sub-peritoneal tissue which is known as the perirenal fascia, and are immediately surrounded by fat.

The organs are maintained in position by the fascia and fat which surround them, by the general pressure of the abdominal viscera, and to a minor degree by the renal vessels. Much support is also derived from the configuration of the gutters in which they are lodged. The

peritoneal covering has little effect in holding the gland in place, being loosely attached to the fascia and fat. The normal kidney moves on respiration, but Treves thinks that the range of movement is slight.

The etiology of the condition is obscure, and little is definitely known about the progressive tissue changes leading to it. This can be said, that it is infinitely more common in women than in men, that it is more frequently met with on the right side, and that most of the cases are discovered between the ages of 25 and 50. A large proportion of the women who are the subjects of movable kidney are individuals of feeble muscular development, of lax tissues, with flabby abdominal walls, and with possibly a tendency to general enteroptosis. Rapid loss of intra-abdominal fat is possibly a cause, also injury. There is no evidence that tight-lacing induces the condition. Certain cases may be congenital. The movable kidney is usually normal, but often appears to be larger than normal, this being probably due to variable thickness or rigidity of the abdominal wall. The movable kidney may become the seat of hydronephrosis, this, no doubt, being due to repeated kinking or acute bending of the ureter, whereby the escape of urine is interfered with. The displaced organ may become the seat of calculus, tuberculous disease, and of a malignant growth. A displaced kidney, in the course of time, may become fixed by adhesions in an abnormal situation.

There is scarcely one abdominal or other symptom that has not been credited to movable kidney, from mere peevishness to agonizing renal pains.

The classical picture would probably be—absence of dragging in the abdomen, a dragging from the loin, attended with an undefinable discomfort and feeling of weakness. This discomfort may pass into actual pain, which pain may follow the lines accredited to renal pain, or may radiate down the thighs and legs and across the back. There may be some undue frequency of micturition, but this is uncommon. Added to this would be certain evidences of abdominal disturbance, such as dyspepsia, flatulence, and constipation. The symptoms are increased by movements, especially by jolting, and the patient is disposed to walk and stand as little as possible. Over and above such manifestations as these come that congeries of troubles which belong to what is known as neurasthenia.

The literature would rather encourage the idea that the only treatment is operative. The operation of fixing the kidney in position is neither difficult nor dangerous. Possibly the mortality at present is not more than one per cent.

Treves thinks that the operation is followed by failure oftener than is commonly supposed, and apart from mere failure to secure replacement, the procedure has been followed in certain instances by neuralgia, sometimes renal, sometimes radiating down the outer side of the leg into the foot. Up to 1895, in common with other surgeons, Treves regarded operation as the only treatment, but he now considers that it should be resorted to not as the first, but only as the last resort, and he reserves it for cases in which torsion symptoms have occurred, or where the patient cannot manage the truss, or derives no benefit from its use.

When operation is not in question, Treves treats by a month's rest in bed, with careful feeding and attention to the digestive functions, and general massage. This will not fix the kidney, but it will rid the patient of the symptoms. For the rest, he depends upon a special truss which he describes and illustrates. With the truss, pressure can be made at two points by two springs, on the inner and lower borders, so as to press the kidney upward and outward. The apparatus demands careful adjustment. Since 1865, 300 cases have been treated in this way, and with success in 95 per cent.

The truss can be dispensed with after being worn one or two years.

PHYSICAL TRAINING.

The multiplication of magazines which profess to set forth the merits of physical culture, and the numerous advertisements of exponents of various "systems", have combined to call to the attention of the laity a matter about which the average practitioner is perhaps not sufficiently well informed. Some, at least, of these magazines are filled month after month with a mass of nonsense which, while it may not be harmful, is certainly devoid of value; some are pernicious to the point of immorality. And those who advertise their desire to teach physical culture by correspondence are, most of them, but cunning quacks, whose methods of money making are quite comparable with those who prey upon "weak men." Nevertheless, the mere fact that such magazines and such "instructors" exist and flourish is a clear indication that the public in a hazy way appreciates the value of physical training, and that there is always a goodly number ready to receive the benefit which a proper course in gymnastics is capable of giving. It is well from both medical and financial points of view that members of the profession should take a cue from the evident tendency of the time, and should devote some intelligent consideration to the problems entailed.

The experience of military organizations is overwhelmingly in favour of a judicious system of physical drill. Largely as a result of the educative movement organized by several members of the Aldershot gymnastic corps who have at one time or another resided in Halifax, a system of free gymnastics has become an integral part of a number of the institutions of Halifax, and everyone admits that much benefit has resulted to those who have had the advantage of such courses. The instructors generally have been men of good judgment, who have intelligently gauged the capacity of each member of their classes, and who have been careful to overtax none. Frequently they have appealed to physicians for advice as to the quantity and kind of exercise which should be imposed upon special cases. So we have had an opportunity of witnessing the effect of a sanely conducted system of physical culture, and are able to bear testimony to the good which it may accomplish.

So many of our patients are compelled by their occupation to lead sedentary lives, that it often happens that the best prescription which

could be given would be an appropriate series of exercises. In the summer and autumn seasons, suitable out-door recreation might be preferable, but for the winter and early spring months, something which may be taken in-doors is usually necessary. But exercise should not be ordered in a haphazard way. Just as much care should be used in its prescription as though a drug were being ordered. That it may be advised intelligently, the physician should know the full effect of each exercise, and there is no way by which he may better gain this knowledge than by practical experience under a competent instructor. Usually after a time, the routine compelled by nearly every system becomes more or less irksome, and it is necessary that the patient become enthused by words of encouragement and admonition from the physician; and one who has had personal experience of the results to be obtained is likely to succeed better in impressing the patient than one who knows of these exercises only by description.

It is unnecessary to dwell upon the danger which some enthusiasts run of going to extremes and—in athletic parlance—becoming stale. This can only merit the condemnation of physicians. This applies to all forms of athletics quite as forcibly as it does to the quiet but over strenuous devotion to free gymnastics or dumb-bell drill. That enough is as good as a feast is a truism which should always receive recognition.

CANADIAN MEDICAL ASSOCIATION.

A meeting of the Executive Committee of the Canadian Medical Association was recently held, and reports were received from various sub-committees.

It is now definitely arranged that the meetings of the Association will be held in the fine new hall of the School for the Blind. This is a very suitable place, central, easy of access and in a quiet neighbourhood. In addition to the central hall, the kindness of Mr. Fraser Superintendent of the School, places at our disposal several smaller rooms; there will also be a post office and probably special telegraph and telephone service.

The chief anxiety of the executive at present is the usual difficulty—to wit, finance.

Only one County Medical Society, that of Pictou, has been heard from officially, and the Executive would be glad to hear from the Secretaries or Treasurers of the various societies, or from individual practitioners, where there are no societies.

Very much of the success of the meeting will depend upon the way in which we are able to entertain our visitors, and while the Executive desire to avoid all extravagance, they are anxious to provide suitable entertainment for the members of the Association, and make their visit to Nova Scotia a pleasant one.

A very cordial letter has been received from Mr. Edmund Owen of London, England, whose address on surgery at the Ottawa meeting of the Association, was so much appreciated. He regrets his inability to be present with us, but sends his greetings and best wishes for a successful meeting.

Another interesting communication is an invitation to the President and Office-bearers of our Association, from the President and Committee of the South African Medical Congress, to their meeting, to be held at Pietermaritzburg, Natal, in June.

Definite arrangements with the railways cannot be made until the summer time-table comes into force, but the usual reductions have been promised.





DR. C. E. PUTTNER, PROFS. PRACTICAL MATERIA MEDICA,
HALIFAX MEDICAL COLLEGE.

HONOR WHERE HONOR IS DUE.

It will be gratifying, we are sure, to the medical profession in Nova Scotia, and more particularly to the one hundred and fifty or more practitioners who have learnt practical pharmacy at his hands, to learn that the Halifax Medical College has acknowledged the debt the medical men of Nova Scotia, and in fact far beyond the provincial limits, owe to Mr. C. E. Puttner, Ph. M. At the annual meeting of the college, it was on motion unanimously voted and confirmed by a standing vote, to confer on him the honorary degree of Doctor of Pharmacy. This is the first occasion on which the Medical College has exercised the privilege granted by its charter, of conferring an

honorary degree in medicine or the allied sciences ; and we feel sure that the profession of Medicine and Pharmacy throughout the Maritime Provinces will agree with us, that there could be no more worthy recipient of the honor.

Throughout a long career Dr. Puttner has exercised a very potent influence for good not only in his own profession and the allied profession of medicine, but extending far beyond the borders of either.

Few men in either profession have brought into more intimate relations with the sick poor, and none has with less ostentation extended the hand of charity and helpfulness to those needing assistance. Throughout his life in Halifax, his connection with the Halifax Dispensary, and with the Provincial and City Hospital—later the Victoria General Hospital—has brought him into intimate contact with the sick and indigent, and he has stood as an intermediary in the transfer to these, of charity from their more fortunate neighbours; while the cry of the sick poor has never passed unheeded by him, it is safe likewise to say,—such is the confidence placed in him, that he never asked for a charitable subscription from the well-to-do which was not willingly given.

The Masonic bed in the Victoria General Hospital, supported by Virgin Lodge, is a substantial proof of his energy in suggesting and establishing good works, while the Masonic endowment at the Old Men's Home bears evidence to the same fact.

Dr. Puttner was born in New York and came to Halifax in 1867, on a blockade runner from Raleigh, North Carolina.

He became pharmacist to the City and Provincial Hospital in 1872, and for 10 years was also Dispenser to the Halifax Dispensary. He continues after 33 years to occupy the position of pharmacist and bursar to the Victoria General Hospital.

In Freemasonry he has been Master of Virgin Lodge No. 3, R. N. S., and Treasurer for 15 years. He has taken the 32°, and is now District Deputy Grand Master, District No. 1.

In 1874 he joined the staff of the Halifax Medical College, and has continued from that time to teach pharmacy in that Institution—where he is also Treasurer and a member of the Executive Committee.

For 16 years he was an officer in the 66 P. L. Fusiliers, retiring with the rank of Captain.

THE NEWS joins in extending to Dr. Puttner its most hearty congratulations.

Society Meetings.

N. S. BRANCH, BRITISH MEDICAL ASSOCIATION.

March 22nd, 1905. Meeting at City Council Chamber, President C. D. Murray in the chair.

Dr. W. O. Farquharson, of Glen Margaret, Halifax Co., was regularly elected to membership.

Mr. G. W. T. Irving read a very interesting paper on Criminal Sociology, which was much appreciated by the members of the branch. (Published in April and May numbers.) This paper was discussed at some length by Dr. Bryce, of the Immigration Department, who emphasized the importance of environment in bringing out or retarding evidences of degeneracy. Treatment in these cases should be directed to "building back toward the normal."

Dr. Hattie complimented Mr. Irving and Dr. Bryce on their treatment of the subject. He regarded heredity as being a decided factor, as well as environment. He referred to the small personal history of alcoholism in patients at the Nova Scotia Hospital for Insane.

Dr. Hattie, in concluding his remarks, moved a vote of thanks to Mr. Irving and Dr. Bryce, which was presented to those gentlemen by the President. Meeting adjourned.

April 5th, 1905. Meeting held at City Council Chamber.

Dr. C. P. Bissett, M. P. P., read a most interesting paper entitled, "Some experiences during fifteen years' general medical practice." (Published in April issue.)

Most of the members present mentioned unusual cases met with. Dr. Chisholm mentioned a case of inversion of the uterus of three months' duration, which he had operated upon successfully.

Dr. Hawkins reported a case of ruptured urethra, in which he had immediately sewed up the tear, with excellent result.

Dr. Farrell spoke of a case of double phlegmasia alba dolens following acute catarrhal appendicitis.

Dr. Ross mentioned a case, presumably of bullous syphilide, which had been previously seen by Dr. Robinson, of New York, the diagnosis being doubtful. Under heavy dosage with potassium iodide recovery ensued.

A case of dendriform keratitis was reported by Dr. Kirkpatrick. Dr. Finn spoke of a case which had been treated by the late Dr. Farrell for acute caries of the cervical vertebræ, about twelve years ago. When Dr. Finn saw the case, recently, the young man was in good health. Treatment had consisted of a plaster jacket with a jury-mast.

After a few remarks from Dr. Bissett, a cordial vote of thanks for his interesting paper was tendered him. On motion, the following resolution was passed: "That this Association record its appreciation of the very intelligent and successful efforts of Dr. Bissett, in the Provincial Legislature, on behalf of the medical profession of this Province." Carried unanimously. Meeting adjourned.

Personals.

Dr. H. M. Hare has returned from his trip to Newfoundland.

Dr. W. F. Smith sailed on the "Victorian" on her last trip from Quebec, to take up post graduate work in London for some months.

Dr. W. H. Hattie is looking well after his recent visit to Texas and Mexico.

Dr. M. A. B. Smith has returned from Baltimore where he devoted most of his time with Prof. Hemmeter.

The following recent graduates of Dalhousie comprise the new house staff of the Victoria General Hospital: **Drs. V. N. McKay, T. G. MacDonald, D. R. MacDonald, G. A. McIntosh and J. I. O'Connell.**

Dr. W. H. Eagar has taken up his residence at 231 Pleasant Street.

Dr. J. L. Potter, of Glenwood, Newfoundland, spent a few days here on his way to New York to visit his mother who is very ill in that city.

Dr. M. G. Archibald has removed from Upper Musquodoboit to Kamloops, B. C., and is replaced by **Dr. G. W. Whitman**, formerly of Shubenacadie.

Dr. G. M. Campbell, has been elected alderman for Ward V of this city by acclamation.

Book Reviews.

Charities Reports.—Thirty-eighth report of the Victoria General Hospital, 1903-4 ; forty-seventh report of the Nova Scotia Hospital, 1903 4 ; thirty fourth annual report Halifax School for the Blind ; forty-seventh annual report of the Institution for the Deaf and Dumb, Halifax, N.S., 1904 ; report on Penal Institutions ; Dr. Reid's Report.

We have read a good deal about the prosperity of Canada, and we presume Nova Scotia enjoys some of this prosperity. Notwithstanding the collapse of badly managed banks and the inevitable losses of a few wiseacres who undertake to wrest fortune from the bucket-shop we believe Nova Scotia is prosperous. We have only to consider the well fed, well dressed, cheerful crowds that throng our streets, the evidences of wealth, and luxury demanding satisfaction, which are afforded by the shop windows of Granville and Barrington Streets, the surging mobs that besiege the theatres, to be convinced that in Halifax, at all events, some people have "money to burn." There is therefore a grim irony in the reports of our charitable institutions, for there the iterated and reiterated cry is the cry of the penniless. The Victoria General Hospital, managed with conspicuous economy, suffers from the want of necessary extension and equipment. It is the same in the case of the Nova Scotia Hospital for the Insane. The financial outlook in the School for the Blind is, in the words of its most able and hopefully spirited superintendent, "a source of great concern." The report of the directors of the Institution for the Deaf and Dumb, announces that they are about two thousand dollars in debt.

The fact we are all too selfish, or at least forgetful of the claims of the poor, the suffering, the disabled. The amount of money contributed by the people of this province to works of mercy might be doubled with no strain. And how much better to give cheerfully than to give through the compulsion of taxation.

But the question of taxation, in this country, is ridiculous. People complain of their taxes. Do they consider the matter? The heaviest tax rate in the country is too small. Many a man chews as much tobacco in a month as would pay his taxes for a year ; and twenty-five per cent. of the money spent on candy in this city would endow a bed in the hospital.

And even from a selfish standpoint it is a most shortsighted policy to be niggardly towards these charitable foundations, for they save money for us in the long run. The restoration of health, the preservation of limbs, may restore a workingman to the support of his family, who else would become a charge on the community. The blind child, who would grow up a helpless drag on the slender resources of a laboring man's family, may be so educated as not only to earn his own livelihood, but to do so with cheerfulness and happiness.

If the people of our province could only see what is being done in our hospitals and in these admirable schools for the blind and the dumb, we are convinced they would cheerfully double their subscriptions, and would applaud a government which would make larger grants. It is positively painful to find in one report after another the same sad complaint of want of means.

We drew attention on a previous occasion to the preposterously low charges for private wards in the Victoria General Hospital. It does not seem fair that a patient, who feels that he cannot afford a private ward may yet pay seven dollars a week in the public ward where the man in the next bed may perhaps pay nothing, and a third, for two dollars a week more, may have all the comforts and advantages of a private ward. We think that nothing less than twelve dollars a week should be charged for a private ward.

There is no disguising the fact that there is much dissatisfaction throughout the province with the hospital, not on account of its management or the skill of its staff, but because of the difficulty and delay in getting admission. It is possible, as some have hinted, that some patients are kept in the hospital much longer than is necessary, but it is much more likely that what is wanted is increased accommodation.

We would draw attention to the remarks of the superintendent (pp. 10 and 11) on the admittance of patients, and, from all we hear, there is good reason for believing that many people, very well able to pay a fair amount, both for their bed, board and nursing, as well as for medical attendance, are being treated as charity patients.

We regret to note that the recommendation of the Medical Board as to the preservation of pathological specimens is still neglected.

In looking over the statistical tables we are somewhat puzzled with the arrangement. For instance, under the medical division, are mastoid abscess, carcinoma of the uterus, senile gangrene of foot, lacerated cervix, and sprained ankle, which we were accustomed to consider as falling under a surgeon's care, while in the surgical division we have subacute colitis, general debility, and delirium tremens.

In Dr. Hattie's report we note the new classification of mental diseases, according to Kraepelin, and we have again to notice the very serious opinion as to "a steady increase in the occurrence of insanity." This should give food for reflection. It is also very uncomfortable reading to find that the overcrowding at this hospital is becoming so great as to constitute a menace to the physical health not of the insane inmates alone, but of their attendants.

We are glad to note in Mr. Fearon's report to the directors of the Institution for the Deaf and Dumb a plea for the provision of an institution for the feeble minded of the province, a scheme so earnestly urged by Dr. Sinclair in his reports.

It is just a year ago today (Ap. 19, 1904) that the new building for the School for the Blind was formally opened. This building is a credit to all concerned, to directors, to superintendent, to architect and contractors. We take a special interest in it, for we hope to be able to secure it for the meeting of the Canadian Medical Association next August. The main hall is a particularly fine room, and every attention has been paid to sanitary conditions. Alas! there is a deficit of \$20,000 on this building.

We wish to draw special attention to some paragraphs in the report of the superintendent, Dr. Fraser. No less than fifty per cent. of the graduates of the school support themselves by teaching music, or by pianoforte tuning. Without the inestimable blessing of this school these persons would be sitting in darkness, helpless and practically useless.

Another sphere open to the graduates of the school, and one of much interest to our profession, is the practice of massage. There should be a large and increasing field for this art.

It is with pleasure that we read the following paragraph in Dr. Fraser's report, one which we commend to the attention of all who are interested in education. "No effort" he says, "is being spared in the physical development of our young people. Without this development of muscle and nerve their training in the other departments of the school would be of little practical value. With this development, their chances of success in this work-a-day world are greatly improved."

In Dr. Sinclair's Report on Penal Institutions we notice the same painstaking and conscientious spirit as has always distinguished his Reports. It is cause for regret that his suggestions as to improvements in the construction and management of our jails are not more promptly adopted. There is, very evidently, room for improvement, and, as it seems to us, there is no improvement so necessary as the provision of jail yards and of work for the prisoners. In Antigonish, Digby, Sydney and Guysborough, little has been done to remedy defects formerly indicated, and in all these cases the fault appears to lie with the municipal authorities. A most pleasant contrast is to be noted in Yarmouth, where there is a good building, scrupulously clean, and in excellent order, and where work is done by prisoners.

This question of work in jails leads to the consideration of the management of the criminal classes and the establishment of Reformatories, and Dr. Sinclair calls attention to the "indeterminate sentence," and to the proposal to adopt for juveniles and other offenders sentenced to reformatories, the plan of empowering judges to order indefinite detention.

Only in some such way as this can the deserved punishment of the youthful offender, which, under present conditions, only confirms him in his idle, useless and dirty life, become a means of correction and "instruction in righteousness."

There is no greater cause of crime in the young than idleness, and it seems an absurd thing that crime should be punished by enforced idleness, and that in unsanitary conditions, physical and moral.

There are many points of interest in the Annual Report of Dr. A. P. Reid, Chief Health Officer of the Province, but we shall advert at present to one only, and that is to the question of Vital Statistics. Until we have some definite, thorough and comprehensive system of registering births and deaths, our statistics are valueless. As Dr. Reid indicates, there are more ways than one in which such statistics are valuable. It is from a study of carefully prepared statistics of public health that we learn our exact position as regards hygiene, or, in other words, take stock of our public health. This is a national question, and should be attended to by the Federal government.

In Nova Scotia we once had a fairly-good system of registration; but we have fallen behind. If legislation cannot be secured for the whole Dominion, it still should be possible for this Province to establish a Bureau of Vital Statistics.

A Book about Doctors. By JOHN CODY JEFFERSON. (Volume IV. of the Doctors' Recreation Series, Charles Wells Moulton, General Editor). Published by the Saalfield Publishing Co., New York, Akron and Chicago.

The "Book about Doctors" is an interesting compilation of brief biographical notes, scraps of gossip, and short "character sketches" of a large number of those whose names are prominent in the early history of English medicine. It tells of the foibles and eccentricities of those who have gone before, and of the peculiar fashions which have prevailed amongst medical men at various times, always in a kindly way, and with such illustration from general literature as to give a distinct and very pleasing flavour to the work. There is a deliberateness and attention to detail and literary nicety in the writer's style, which is in restful contrast with much of the literature that is being flung at us to-day, and which recalls that of the older essayists. Much of the material has been collected from old manuscripts hidden away in various collections, and now made public for the first time. The book is a large one, but it contains so much that is of value, and is always so readable that one's interest is maintained to the end. The volume, like the previous ones, is well made and attractively bound, and should prove very popular with those who are fair enough to themselves to wish to know something of the work and character of the old masters in our profession.

The Delineator for May. In the *May Delineator*, Dr. Grace Peckham Murray, gives some suggestions in regard to "The Child's" Bath, which will be appreciated particularly by young mothers:

"The ideal bathtub for cleanliness is of glass, but this is not practical in the ordinary house. It is very heavy, and is liable to be chipped or cracked or broken. For the tiny baby, a foot tub or a large oval dishpan of enamel ware, which is not expensive, answers very well. There is a great variety of opinion in regard to the giving of a child's bath. Those who believe in cold baths recommend a very low temperature, and think that it toughens and hardens the skin, and that even the child of months should be dipped into a cold bath, then rolled up in a blanket without further drying. Others think that the bath should be given very hot. Certainly for cleanliness this is necessary. The depth of the water is recommended by some to come to the naval of the infant. It is better, I think, and the child is less likely to take cold, if he is covered up to the neck with the water, which then wraps him about like a garment. I also think for a very young child the water should be very warm—certainly not under 85 degrees. The wash cloth is either of soft linen or cheese-cloth, and should be fresh every day. It should be boiled and dried in the sun after using. This is important for the adult, and much more so for the tender skin of the baby which is more susceptible to impurities. Sponges should not be used, as it is impossible to keep them perfectly clean. The temperature of the room in which the bath is given should not below 70 degrees."

J. B. Lippincott Company announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett, of the Third German Edition of the "Principles of Clinical Pathology" by Dr. Ludolf Krehl, with an introduction by Dr. Wm. Osler, of John Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under the Interim Copyright Act.

New Books Received.

A Text Book of Obstetrics By Adam H. Wright, B. A., M. D., M. R. C. S., Professor of Obstetrics, University of Toronto. Cloth \$4.50. Published by D. Appleton & Co., New York.

Chemical and Microscopical Diagnosis. By Francis Carter Wood, M. D., Adjunct Prof. of Pathology, College of Physicians and Surgeons, Columbia University. Published by D. Appleton & Co., New York. Price Cloth \$5.00, Half Leather \$5.50.

Subscribers are respectfully asked to refer to advertisement of M. R. Benn. His terms for supplying the newly revised Standard Dictionary can be had by dropping him a postal.

Therapeutic Notes.

AN EXCELLENT GERMICIDE AND INTESTINAL ANTISEPTIC FOR TREATMENT OF TYPHOID FEVER, DYSENTERY, DIARRHEA AND OTHER DISEASES OF BACTERIAL ORIGIN.—That Acetozone is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water. In their experimental work Freer and Novy (Contributions to Medical Research, p. 107,) made the following tests: (a) A cylindrical glass-wool filter was prepared, and on it was placed a layer of Acetozone crystals, about three cm. thick. A bouillon suspension of typhoid bacilli passed once through this filter yielded a sterile filtrate, while control tubes gave the usual abundant growth. (b) A liter of tap-water was sterilized by heat, and when cool a suspension of cholera or typhoid germs added, the experiment being repeated several times. Ten to twenty milligrams (one-sixth to one-third grain) of Acetozone was added, and after thorough shaking portions of the liquid were taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes, and the typhoid germs in fifteen minutes, by the extremely small quantity of Acetozone used. From the above experiments the authors drew the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. Therapeutically Acetozone is being very widely and successfully used in the treatment of typhoid fever, intestinal diseases, notably diarrrhea, dysentery, cholera, in gonorrhoea, suppurating wounds, and infectious processes generally. It is prescribed in the saturated aqueous solution which is prepared by adding fifteen grains of Acetozone to a quart of water, shaking thoroughly, and setting aside for a couple of hours to hydrolize. Messrs. Parke, Davis & Co., who prepare Acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

QUININE WITHOUT EBRIETY.—When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use.

Antikamni is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets," each tablet containing $2\frac{1}{2}$ gr. antikamnia and $2\frac{1}{2}$ gr. sulph. quinine. The antikamnia in these tablets not only relieves the pain, but prevents the ebriety of ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anæmia patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachetic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News*.

OPINION BASED ON AN EXPERIENCE OF OVER TWELVE YEARS.—Sanmetto is an excellent preparation and in my opinion the best medicine of the kind today in the market. I have used it for over twelve years, and always with benefit. I have arrived at the age of sixty-seven years, when the plague of old men—enlarge prostate, is apt to annoy me, showing itself in frequent micturition, stoppage of urine, etc., etc. I intend to use Sanmetto on myself. I received some literature on Sanmetto this morning. I enjoyed the piece of poetry from my old friend, Eugene Field. It is very appropriate.

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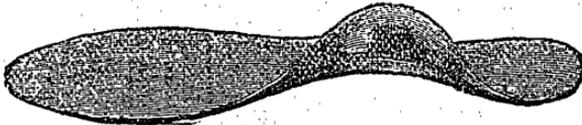
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