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HALIFAX, NOVA SCOTIA, JULY, 1902.

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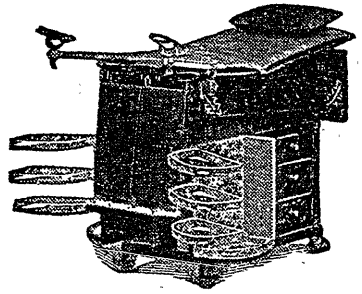
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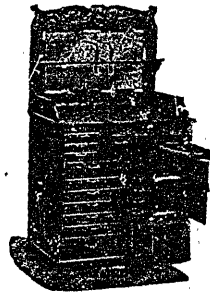
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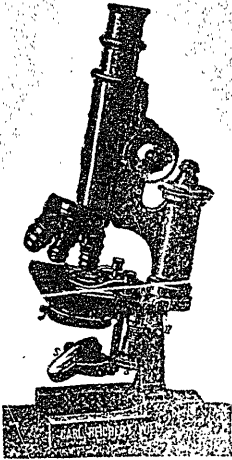
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Vol. XIV.

HALIFAX, N. S., JULY, 1902.

No. 7.

Original Communications.

PRESIDENTIAL ADDRESS.*

By J. W. MacKAY, M. D., New Glasgow, President of the Medical Society of
Nova Scotia.

GENTLEMEN :—On behalf of the medical men of our town, and of the surrounding towns and districts, allow me to welcome and thank you for your especial mark of kindness in selecting New Glasgow as the place for this annual convocation. I trust that your time spent here will be pleasant and not without profit, and that when our session is ended and adieus once more given, you may go away carrying some pleasant recollections of the short time spent with us. I think I can safely say that in the minds of members of the Provincial Medical Society here to-night, there is one thought uppermost—and this is coupled with the sincerest regret and sorrow for the loss the Society has sustained in the death of its late secretary, Dr. W. S. Muir. How much we miss his presence in our midst! It would almost seem that the convention could not proceed without him. Ever since I first attended this Society—which was some sixteen years ago—he filled the office of secretary with eminent success as all can testify. It can safely be asserted, and that without disparagement to any other member of this body, that the success of the Society depended largely on his indefatigable efforts to that end. Many of the members may know, though not all, that scarcely had one meeting of the Society adjourned than he began to prepare for

*Delivered before the annual meeting of the Medical Society of Nova Scotia, New Glasgow, July 2nd, 1902.

the next. This was no small task, for it involved an amount of correspondence and other details which perhaps no member of the Society knows except those who have had experience in a similar position.

No amount of time nor labor was spared in securing interesting material for our meetings, and he was so well and favorably known all through the province and, indeed, I might say the Dominion, and knew so well the medical profession throughout the country, that he was always able to secure for the Society a most interesting and profitable programme. I cannot refrain from citing an instance which reveals how deep was the interest he took in all our gatherings. When he had reached the close of a most successful career, being stricken down suddenly, and when it was tenderly broken to him that his end was approaching, he set his house in order and, the last touch having been given to all his earthly affairs, there seemed to rest upon his mind one thing which he could not carry to completion, and that was the arrangements for our present meeting. Yet the bulk of the programme for this meeting had even then been arranged and he expressed the hope that our gathering this summer would be the best in the history of the Society. Of Dr. Muir I would say that he was one of nature's noblemen. His personality was magnetic, drawing to him all classes, but especially the members of his chosen profession, he himself being an enthusiastic practitioner, he imparted his enthusiasm to others and in this way largely helped in elevating the medical profession of Nova Scotia to its present standing. Like every member of the profession who grasps the truly great and important position we occupy, Dr. Muir carried on his chosen work with a knowledge of and a love for it, and was as eager, willing and attentive in that sphere where his reward was only the gratitude of a thankful heart, and perhaps more so than for remuneration which enabled him to provide for his own family. As a citizen he was interested in every object that lent itself to the betterment not only of his own town, but to the public generally, giving earnest and enthusiastic support to every social, benevolent and philanthropic measure, which he deemed would elevate the community and secure for his fellow-men an environment which would aid in making life's path happy and prosperous.

As a medical man he filled almost all the positions of honour and trust which were within the gift of the medical profession. It is needless for me to tell you, for you all know with what eminent satisfac-

tion and ability he has filled the positions of Member of the Provincial Medical Board, Examiner of the Medical Board, President of the Maritime Medical Association, and of delegate to other Medical Associations throughout the Dominion of Canada. That such a man should be stricken down in the very prime of life and in the midst of work, presses very closely upon the youngest and strongest of us. At our last annual convention, none seemed to have a stronger hold of life; none looked with a clearer eye towards a future of work and progress. But a power none of us can fight had overcome him, and a wiser than all has seen fit to bring to a close a most useful and successful life. In his removal our Society is the poorer and, while feeling our loss, I am sure none of us can forget that there is a spot where the blank is more keenly felt than even here, and our prayer is, that while we seek consolation in the memory of a most useful member of our profession, the God of all may fulfil his promise to the widow and orphan.

Among other philanthropic schemes which Dr. Muir had in view was that of Cottage Hospitals. Situated as he was in a provincial town, like many others of us, he felt as we all feel that such a hospital would be a boon to those who from the nature of things are deprived of the skillful treatment and nursing that can only be obtained in institutions of this sort. We understand that a movement has been inaugurated towards the establishment of a hospital to his memory; already quite a large amount has been subscribed to this end. This of itself is an indication of the fact that they who knew him best judged that in a memorial hospital they would do his memory the greatest honor, knowing that the object which it represents was dear to his heart. We sincerely trust that this scheme now launched will be fostered, so that in the near future our sister town of Truro will have established a modern hospital, knowing from our experience here in New Glasgow that such an institution will be a great benefit to Truro and surrounding district. This naturally leads me to the subject of Cottage Hospitals, an institution not so well known nor so well understood in the province of Nova Scotia as it is in some of the other provinces, especially the province of Ontario, where the government for some years has fostered cottage hospitals. I may be allowed to speak with some authority on the benefit of such institutions, as we in New Glasgow claim the honor of being the pioneers in this work, and I have thought that it might be of interest to the Society to

lay before them a brief history of our institution, and to suggest not only the need but the benefits to be derived from their establishment in such sections of the province where they could be successfully operated. This seems to me to be all the more called for, as from time to time we have had enquiries from different parties interested in hospitals throughout the province, hoping that this information may be useful to those about to embark in similar undertakings.

In the fall of 1894, owing to an outbreak of diphtheria among some of the poor in our town, the medical men, finding that they were very much handicapped in their treatment of these cases, owing to the poorness of the quarters and general unhygienic surroundings, made representations to a number of the citizens in town, by way of seeing if it were not possible to secure a building for the purpose of the better treatment of those cases. These citizens promptly responded, and held a meeting for the purpose of devising ways and means to secure a contagious disease hospital for the benefit of these cases of infectious diseases. At that meeting the whole question came up as to hospitals. Some were of opinion that in moving it might be well to lay before the people, not only a hospital such as I have mentioned, but also that of a general hospital. It may be easily understood that there was a great difference of opinion, yet I am pleased to say that the feeling was that, if there was a need for a general hospital, the meeting saw no reason why both might not be undertaken. It was, therefore, agreed to appoint a committee to look into the matter, and especially to get a full expression of opinion from all the medical men in the town. The committee met on quite a number of occasions, and the more the question was discussed the more it appeared to them that there was a need of both, although the greater prominence was given to the first, and for the purpose of gathering all the information possible it was agreed by them to send out a number of questions to the medical men; for, as a matter of fact, all the committee was charged with was to gather information to be laid before a public meeting to be called as soon as the committee were prepared to report. It might be interesting to the Society to know just what kind of questions a body of laymen might compile, and I venture to read to you from a copy of the questions set us, which has all the appearance of our old friend the college examiner:

1.—Give the number of contagious and infectious diseases in your practice during the past two years.

2.—Were the cases aggravated, or the contagion or infection spread by the surroundings?

3.—In your opinion, what were the circumstances leading to such aggravation and spread of contagion or infection?

4.—Was the fatality, humanly speaking, due to circumstances which might have been alleviated, and the mortality decreased, by having a hospital?

5. State such cases, which, in your opinion, a hospital would have been the means of:

- (a) saving life;
- (b) preventing the spread of disease;
- (c) materially aiding the sufferer, family or connections.

OTHER DISEASES.

1.—How many cases, under the above head, have you had, during the time stated, which, in the interests of a common humanity, would lead you to the conclusion that some provision, in the nature of a hospital, ought to be erected in this community?

2.—State one or more such cases, where it would have been:

- (a) of benefit to the patient;
- (b) materially aided you in the treatment of the case;
- (c) and been of great benefit to the family, etc., to have such an institution as a general hospital.

ACCIDENTS AND SURGICAL.

1.—Have you had in your practice, under the above head, and within the mentioned time, any cases, which, in your opinion, would warrant you in saying that it would have materially assisted you in saving of life and limb, to have had the patient in a hospital?

2.—Give one or more such cases.

GENERAL.

1. In your experience as a medical practitioner, in this and surrounding districts, do you consider that in the interests of humanity, there is a great need of establishing a hospital?

(a) Should such hospital be for infectious and contagious diseases alone?

(b) Ought we, if possible, to aim at a general hospital, or one for contagious diseases, or both?

Very full returns were made by the medical men, and these were carefully analyzed and tabulated by the committee and a report drawn

out. I need not go over this report, but it may be useful to read the conclusions drawn by the committee from the returns, which is as follows:

"It is clearly shown that a hospital for contagious diseases is an absolute necessity. 175 cases in New Glasgow and Trenton in two years gives us a little more than 87 cases of contagious diseases annually in these places. Many of the sufferers have not the means at hand to fight the disease; poor men are kept out of work at a time when every dollar is needed. Young and old are compelled by circumstances over which they have no control to run the gauntlet and engage in a life and death struggle, which they might otherwise be spared, that which in many cases they are not prepared for. The returns clearly show our duty of doing something and of doing it at once. Humanity demands it, and even the selfishness of protecting our own appeals to those who may be thoughtless as regards their fellows.

As to a general hospital, there is, we think, a clear case of its necessity. Of course there is an element of fatality in contagious diseases that makes a contagious disease hospital stand out ahead of a general hospital, and consequently gives it a first place; yet the reports as a whole show that if it is possible a general hospital ought not to be lost sight of." The committee having before them all the returns agreed to call a meeting of the citizens and submit the report, the conclusion of which I have read. By this time the minds of the people in general were pretty well made up to do something, and the meeting called was a fairly large and certainly representative one, and for the purpose of laying the whole scheme before them a set of resolutions were drawn up and voted upon. I need not repeat the resolutions, but merely draw attention to the last, as it refers to the next stage, and runs as follows:

Resolved. that the following committee be appointed by this meeting, with instructions to formulate a scheme for carrying into effect the foregoing resolutions, and to report to a meeting of citizens to be called together within two months. But this committee shall be empowered in the interval to obtain an act of incorporation, or take any forward step which they shall deem necessary.

Then a large and representative committee was appointed, but, for the better carrying on the work, an executive was appointed from the committee and upon them lay the whole work of carrying the scheme to completion. When they met, it seemed, from the interest manifested, that it might be possible to build a small cottage hospital, but

this impressed upon them a much more serious problem, viz., that of maintenance, and these two things, construction and maintenance, were carried along side by side. At last it was thought that if it were possible to get the province to break on its system of centralization and venture upon the system in vogue in Ontario, and then interest both the county and town councils in a humane way of treating their sick poor, a source of revenue might be had which would be considered stable. A third scheme was added, viz., to get the workmen to combine among themselves and guarantee a day's pay annually. If these could be worked out, it was thought that owing to the philanthropic feeling known to exist in the community, the support for such a hospital could be had. At this stage a new factor was introduced, namely, was it possible to reduce the cost of working? It was felt that if we had to provide nurses, say, for a hospital of 20 beds, the cost of running might be too great, whereas if a competent person could be had to act as superintendent and at the same time train nurses, we might, with the aid of one or two fully trained nurses, be able to carry on the work with those under training.

Three things, then, were definitely before the committee: the building of a hospital; the support of a hospital; and a training school for nurses. Communication was then opened with almost all the cottage hospitals in Canada and in the Eastern States, and members of the committee visited almost all hospitals in these two places. When they had made sure of their ground, it was determined to approach the Local Government. Mr. Fielding was the Premier and received the committee very cordially, but hesitated a little, as the scheme proposed ran counter to that which he had adopted and carried out so successfully. It was an easy thing to get an act of incorporation for both the hospital and the training school, but support was another thing. He, however, was persuaded to pass an act permitting cottage hospitals and guaranteeing a certain sum for their support. The act, or that part of it which more immediately lends itself to the growth of the scheme, runs as follows:

The Governor-in-Council may authorize the payment out of the provincial treasury, to the recognised governing body of any such hospital, of a sum of twenty cents for each day's actual treatment and stay, every patient admitted to, or being within such institution during the fiscal year next preceding the year for which such aid is given; provided, however, that the amount to be paid to any hospital

under this section shall not exceed one thousand dollars for a full year, or a proportionate sum for any less period for which the aid is given.

The aid authorized by this chapter may be given to hospitals of the character mentioned in this section and to none others, that is to say :—

(a) Any hospital established or maintained by a municipal council or town council.

(b) Any hospital established and maintained by private persons or benevolent organizations, where such hospital is recognized by resolution of the council of the town or of the municipality within which it is situated as a public hospital, and where such council has granted to it not less than three hundred dollars per annum, and where the governing body of the hospital includes a representative appointed by such council.

Every hospital receiving aid from the province under the provisions of this chapter, shall be subject at all times to the inspection of any officer authorized to make such inspection by the Governor-in-Council, and the aid authorized by this chapter may be withheld if the reports of such inspector are not deemed satisfactory.

It will be seen that the grant is conditional upon inspection, and upon the granting by municipalities of three hundred dollars. This step having been gained, the committee appeared before the town council. The council's mode of dealing with its sick poor was no better and no worse than other towns, but it was found that the acts of incorporation did not permit their granting sums of money unless under certain conditions, and so recourse had to be had to legislation again so as to permit town councils to make such grants.

Municipal and town councils are hereby authorized and empowered to grant aid to any public hospital for the treatment of the sick, established or to be established in the province of Nova Scotia, in such amounts as they from time to time determine, and to vote rates, and collect the same from the ratepayers in the same manner as the rates and taxes for the ordinary authorized services of the municipality or town are rated and collected.

After a good deal of persuasion the town council of New Glasgow and the county council made grants, and the workmen having been canvassed, the way seemed clear to go on with the building. Subscriptions were solicited. Some were large, but it was found neces-

sary to call to our assistance that most valuable aid in all benevolent work—a Ladies' Auxiliary. These being organized, the town was divided into districts and every house within its bounds was visited, and sums of money from five cents upwards were collected until the amount aimed at was subscribed, and both the building and the support was assured. A suitable site was secured and, after consulting several architects, a plan was adopted, up-to-date in its arrangements, and as the hospital is near, those who have sufficient interest in the matter are cordially invited by the superintendent and trustees to visit the institution and see all the details for themselves, as this would be much more satisfactory than any word picture that I could give. I might say that the building as it stands equipped to-day cost within the vicinity of \$20,000, with a cost of maintenance in the vicinity of \$6,000. There are ample accommodations for eighteen patients in the general building, but under stress we have actually had twenty-one, or twenty-two patients at one time, but this is crowding. The contagious annex is capable of accommodating eight or ten patients. Our staff consists of a lady superintendent, a head nurse who is a graduate, and eight pupil nurses. Two of these latter are generally assigned to district nursing after they have been one or two years in training. The course of instruction to the pupil nurses extends over a period of three years, and we flatter ourselves that when they have graduated they are perfectly capable of doing all that could be expected of trained nurses.

I would not disguise the fact that when we began our work some of those associated in furthering the scheme were not very sanguine as to its real need or its success. For in presenting the scheme we were made aware of the fact, that many who did not understand the uses or benefits of a hospital, felt that it was a place where they would not enter except as a last resort, and so there was no small feeling that it might possibly turn out that we had an up-to-date hospital in the midst of a community who as yet were not educated along these lines; for I would say that there is required a certain amount of knowledge as to the benefit of such institutions before they are really appreciated. It was not long, however, before all this was dissipated. The community had before their eyes the practical results not only of treatment in the hospitals, but also of the benefits derived from district nursing. Here I might again mention, that we train

nurses not only for work in the institution, but also for district work. How this department has progressed, I might say that whereas seven years ago so little was understood as to the value of trained nursing that we had only one nurse in our midst, to-day with two nurses doing district work from the hospital and five or six resident nurses in the town, still the supply is not equal to the demand for trained nursing. You may judge somewhat by these figures as to how a cottage hospital in a district educates the community. However, do not for a moment think that the amount of sickness has increased, or that we have had any unusual epidemic—it is simply a demonstration of how quickly people lay hold of the better order of things. Why should this not be in this progressive age? As knowledge expands the minds of the people, and education advances, we look for the most skill in every department and walk of life, and nursing and care for the sick is not the least of these. To-day we provide churches to meet the spiritual wants, schoolhouses to meet the educational wants. Why should we omit the higher and no less important call to provide for the physical wants of suffering humanity?

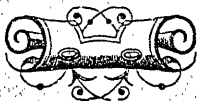
A glance at our reports of the hospital goes to show that the results exceeded our expectation. The number admitted during the first nine months, as per the hospital report, was 122, and up to date, covering a period of five years and three months, there has been well on to 1,100 admitted. The number being treated had steadily increased yearly until the last two years; the number has been practically the same for that time, that is, about 220 per year. The reason for this is that we could not treat any more for want of accommodation, for I might say that for that period practically every bed was filled during the 365 days of the year, and we have had to turn away during some months in the year more patients than we had admitted, for want of room. And now, after five years of experience, we are face to face with the necessity of enlarging our hospital to about double its present capacity, if we are to keep pace with the demand, and, I am glad to say that at the present moment the Hospital Trust is devising ways and means to meet the exigencies. I think that this has demonstrated clearly the great work that can be done by institutions of this kind, and I feel that our experience in this departure might lead our sister towns throughout the province, at least those situated as we are with a large, industrial population, to follow suit. We here have

cleared the way; we have demonstrated the possibility and utility, and having derived such benefit, we are anxious that they should share in a work which is no more utopian, and I trust that when you embark on an enterprise of this sort, you will find available such enthusiastic and capable men and women as we have to carry out the scheme, and such an efficient superintendent as has been in charge of our hospital ever since its inception.

Perhaps I have trespassed already too much on your time in going thus far into the history of our cottage hospital, but I have done so solely on the ground which I mentioned at the outset, namely, that so many have made inquiries concerning the establishment and success of the institution.

But before closing my remarks, permit me to bring to your notice some general facts which I think ought to lead to the consideration of the utility of establishing cottage hospitals throughout the province, for, after all, hospitals are largely local in their sphere of usefulness. If we take, for instance, the Victoria General Hospital in Halifax, which is a creditable institution in all respects, we find in the report submitted to the House of Assembly last spring, that the number of patients from the city and county of Halifax, including seamen, numbered 904, out of a total of 1476. In other words, 61% were local and 39% from the rest of the province, including foreigners. Or to put it in another form, they treated 1 in every 115 in the city and county of Halifax, and every 650 outside of those limits. This in itself bears me out in what I have just said that the benefit is largely local. Here among ourselves we find the same results; that is, during that same period we have in the Aberdeen Hospital treated 1 in every 200 of the population of the county. Nothing more, I think, needs to be said, for these figures speak for themselves. But they do not tell everything. There is indeed a sphere that I might enter, but I must restrain myself and merely point out, and that is that hospitals are educative as to the public—they are also of incalculable benefit to the profession, for it enables the local doctors to treat cases occurring in their practice, which owing to the nature of the disease, surroundings, etc., could not be well treated in any other place than a hospital. And besides this, it enables the doctors to keep abreast of the times, for only in hospitals can they have access to the means for combatting disease, that are essential in so many

cases. There are continually arising in the practice of every doctor cases of so serious and acute a nature as to practically prohibit the possibility of having them taken to a hospital at any considerable distance. Personally, I am glad to find that the Local Government is giving consideration to this matter, and seems more and more disposed to foster such institutions. We wish them God speed in their good work, and hope that in the near future they may become even more generous in supporting a charity that recommends itself to all lovers of humanity, and that the doctors throughout the province may find in their midst institutions as beneficial to the communities in which they reside; as this town and community has found the Aberdeen Hospital.



Correspondence.

A HALIFAX DOCTOR ABROAD.

VIENNA,
May 30th, 1902.

DEAR SIR.—As my visit to the this place is about coming to an end, perhaps some professional gossip in regard to what is perhaps the greatest medical centre in Europe, may be of interest to your readers.

Vienna is a beautiful city of about a million and a half inhabitants. It has fine wide streets, magnificent buildings and numerous open spaces and parks, and all modern improvements.

The medical interests centre round the University and especially the "Allgemeine Krankenhaus" or General Hospital.

The class at the University during the past winter session numbered 7621, and of these 1855 were students of medicine, of which latter 188 gave America as their place of abode.

The courses in elementary branches are given in the University—those in anatomy, physiology, pathology, etc., in special buildings for each subject, while the practical subjects are all taught at the Hospital. There are numerous other hospitals in Vienna but the teaching is almost entirely done at the Allgemeine Krankenhaus.

This is an immense old fashioned building near the University in the centre of the city. It is built around a whole square and encloses about ten hectares of ground, which is divided into eight courts or gardens by transverse buildings crossing each other at right angles. These courts contain large trees, shrubs, grass and flowers, and are very extensive. They communicate with each other by archways under the buildings. There are several entrances from the various streets and at first finding your way about is rather difficult; the courts are full of patients, doctors, students and visitors.

The Hospital has about three thousand beds, and having a very large number of out-door patients besides, it affords almost unlimited material for clinical teaching. Scattered about in various parts of the different buildings are the wards, kliniks and lecture or operating rooms of the various professors. These are designated by sign boards

giving the name of the professor and the form of disease he deals with. Each "klinik" is independent and each has a number of assistants attached to it, the positions being much sought for.

Titles are much in vogue, as example I may give the inscription on the board at side of entrance to the surgical clinic of Prof. Eiselsberg: "K. K. Chirurgische Universitäts Klinik des Professors Dr. Anton Freiherr Von Eiselsberg." The letters K. K. mean Royal, and are made necessary by fact that the ruler of Austro-Hungary is both Kaizer and Korrig. In some cases particulars as to hours and names of assistants etc., are also stated.

The wards, lecture rooms and operating rooms are old and very much behind what we are accustomed to see in America. Each service is complete in itself and has full compliment of instruments and appliances of its own, involving, one would suppose, great increase of cost in duplicating expensive apparatus.

The number of professors and teachers engaged in giving instruction is very large. All fees or honoraria are paid to the University. The principal session is during winter, but clinical work and special "kurse" classes go on most of summer as well. Of course ability to understand German is essential for one to reap the full benefits of visiting here and a mere smattering is of little use. There are "kurses" given in most of practical subjects in English, but they are by assistants usually. Many of professors understand and speak English, but naturally all their lecturers and clinical teaching is in German. Yet there is a great deal to be learned by the use of one's eyes and I have found a fortnight here pass most profitably as well as pleasantly.

The various professors on presentation of your card appear glad to see you and have you attend at operations and clinics. The hospital work begins early—operations are often at 7 a. m. Von Eiselsberg operates every day from 7 to 9, and from 9 to 11 meets the students, so that the position of a hospital surgeon is no sinecure.

Perhaps since the death of the great Bilioth, his former assistant, Von Eiselsberg, may be considered the prominent surgeon of Vienna. Gussenbauer, also a well-known man, has largely given up active work—which is likewise true of Prof. Mosetig Moorhof, formerly celebrated. Of younger men there are a legion all hard at work.

At my first visit to Eiselsberg's klinik, rather strangely, I found him engaged in examining some students in clinical surgery, and I

was rather pleased to find that the process was almost identical with that which I had for a good many years carried on at the Victoria General Hospital. Nor could I see that in application of splints and bandages and modes of examining cases Austrian students seemed much superior to those of Nova Scotia.

I was privileged to see a good many of Von Eiselsberg's operations in his private operating room and was much impressed by his personality. He and assistants all wear white caps, white cotton gloves and gauze masks hooked over ears like spectacles. I have not seen these used by any of the other operators. His technique is good; his assistants well trained, and he operates well and carefully. Like most of other men in active work he is comparatively a young man.

Dr. Rudolph Frank is also a good operator and becoming well known. In the kliniks of Gussenbauer and Mosetig Moorhof the work is chiefly done by the assistants.

In gynæcology the best known men are Schauta, Chrobak and Wertheim. I have seen operations in all of these kliniks. Wertheim operates in the "Bettina Hospital," which was erected by Baron Rothschild and named after his wife. It is modern and up to date in every respect. Wertheim is most known in connection with his operations for carcinoma uteri by the conjoint vaginal and abdominal method. He also is much in favour of the removal of uterine fibroids by the French operation of morcellement or piecemeal removal per vaginam and certainly in his hands it looks much more entitled to success than when I have formerly seen it used.

I had the opportunity of seeing the famous Politzer do an operation for mastoid disease. He performed the radical operation—cutting away the posterior wall of the meatus completely and cleaning out the tympanic cavity and all diseased parts.

In diseases of the eye Prof. Fuchs is the great authority. I attended one of his clinics but did not see him operate—which I regretted as I am told he is a rapid and expert operator, often doing half a dozen cataract operations in half an hour or less. His book on this specialty is probably known to many of your readers.

In the subject of general medicine Prof. Hopat Hermann Nothnagel has a European reputation. I found him delivering a clinical lecture in a dark, low amphitheatre to a large class. The patient was in bed having been wheeled into the room. The examination was very thorough and prolonged, but of course I could only

imagine what was being said. As far as I can judge most instruction partakes largely of this practical character. I went to a klinik by Prof. Neusser, also well known as a physician. The method of teaching was the same; again an unattractive room. I noticed that both used the old-time wooden stethoscope.

In orthopædic surgery Prof. Lorenz is well known, especially for his treatment of congenital dislocation of hip. He has a well equipped klinik.

To sum up, I may say, that in way of instruments and surgical appliances I have seen little new. I may except an ingenious method (Dr. Michee's) of closing incisions without using stitches by means of small strips of metal (agrafes) in which the skin edges are held, being squeezed by forceps tight enough to prevent slipping out.

Silk seems to be almost always used as material for ligatures and sutures. Sponges are never seen; gauze folded in squares being substituted.

No iodoform or other dressings used on clean wounds. No care is taken to wash away blood from wound before applying dressing. A great deal of attention to preliminary preparation of seat of operation; thorough and long continued scrubbing with soap and water, often ethereal soap; always alcohol and lastly ether—both used in large amount.

For hands, all use scrubbing for long period with nail brush and soap under running stream of water, then alcohol and usually bichloride solution, but the soap and water is chief reliance.

As anæsthetic, chloroform or else a modified A. C. E. mixture is employed, given by dropping on mask—never ether alone. I was present on one occasion when a patient died on operating table. I thought from the anæsthetic, though operator was of opinion that it was from air getting into a vein. The operation was one for removal of Gasserian ganglion and was just about completed when fatal result happened. I was surprised to see that only artificial respiration and ballottement over region of heart were used, and no strychnia or other stimulating hypodermic injection, or electricity, or the other common adjuvants.

The Schleich method of local anæsthesia is in favour with some. I saw a radical operation for hernia done under it, and patient suffered very little if any pain.

Contrasting surgeons here with those in America I would say that

however they may compare in anatomical and pathological knowledge the American surgeon can certainly quite hold his own in technique, boldness and dexterity as an operator. In this opinion I am quite borne out by the various men I have met here from various parts of America, and I do not think we are biased by our prejudices.

Most Americans here are graduates who have come for courses in some specialty, and for this purpose it is no doubt a good place. The instruction is good and amount of clinical material unlimited. For anatomical or pathological work too, there is a most abundant supply of material.

I have naturally spoken most of surgical matters. As of others, unless you understand German, you can not learn a great deal. Special "kurses" are given in all subjects by professors, and especially by assistants lasting from six to eight weeks, for which a "honaarium" of twenty to sixty kronen is exacted--the krone being about equivalent to a franc or twenty cents. As I say some of these kurses are in English.

You see quite a few women among the classes, and of them I think a majority are American. The greater number of outside students are of that nationality, very few are from England, but there are some from most of European countries.

I should think Vienna a good place in which to study medicine and also for any one wishing to work at some special subject, but unless one has a good command of German and especially if his object is to brush up his general knowledge of his profession, then a limited time could be better employed in an English or American centre.

I hope to see something medically (or surgically) of Berlin, Amsterdam, Heidelberg and Paris before going to London.

Yours truly,

J. F. B.

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No. 7.

Editorial.

THE KING.

In no part of His Majesty's dominions was there a keener anxiety felt in his illness, or a greater rejoicing in the assurance of his steady recovery, than in these Maritime Provinces. Our nearness to the seat of empire, the constant presence among us of representatives of His Majesty's Army and Navy, the recent visit of the Heir Presumptive, are a few of the reasons for the deep and widespread interest which we all took in the ominous news, of that anxious Tuesday, and the world-wide thankfulness which so soon followed.

It is most gratifying to note the universal expression of sympathy and of hearty congratulation which this incident in our history has called forth in all lands. Even in those Continental newspapers, who had so much evil to say of our Empire during the past two or three years, there is a chorus of pleasure, and it would almost seem, as the Berlin Correspondent of the *London Times*, says, there is a tendency to try and atone for some of the bitter and utterly uncalled for abuse, so heartily heaped upon us during the Boer war. Now that this very necessary war is over, the character of our people and of our Government, our national character, is seen in a clearer light.

None of the friendly comments in foreign journals are more kind and cousinly than those of the high class journals of the United States. The intense interest shown in every particular of His Ma-

jesty's illness, the illness of a mere king, was only exceeded in those days of anxiety when Mr. McKinley lay fighting for this life.

The remarks of the medical journals have, on the whole, been satisfactory. It was to be expected that some of the lay writers in their laudable desire for a good recovery in King Edward's case, should express the wish that he had the attendance 'of some of our American surgeons,' for if rickets was "the English disease," appendicitis is the American disease.

But it was reserved for the *New York Medical Record* to criticise the methods of the King's surgeons, to criticise them adversely and to throw discredit upon their "antiquated" proceedings. We venture to consider it no disparagement to the brilliance of American surgery to say that it has not yet earned the solid trustworthiness of British work, and we hasten to add that the American surgeon is much more trustworthy than his editor.

MEDICAL SOCIETY OF NOVA SCOTIA MEETING.

For the first time in its history, the Medical Society of Nova Scotia met this year in the busy, progressive town of New Glasgow. It is safe to predict that thirty-two years will not again elapse before the Society selects that hospitable town as its meeting place. For the meeting of 1902 was an unqualified success. There was a good variety of papers which elicited excellent discussions, and the addresses of President MacKay, Professors Armstrong and Finley, were of exceptional merit. The sessions were all well attended, and the keenest interest was manifested in all the proceedings.

Throughout the meeting, however, there was felt by everyone a want, distinct and definable. We did miss Dr. Muir. Sometimes it seemed as though it could not be a meeting of the Nova Scotia Society, so accustomed had we become to the presence of the genial, enthusiastic, devoted, whole-souled man, who for so many years was the leading spirit at our meetings. Numerous touching references were made, by various speakers, to the memory of our late confrere, and from all sides could be heard the expression of regret for his early death.

As President, Dr. John W. MacKay was all that could be desired, and his pleasant, urbane manner won for him the friendship and esteem of all in attendance. Dr. John Stewart, as acting secretary, proved an excellent officer, and won the gratitude of many for courtesies extended.

The people of New Glasgow proved themselves to be most hospitable. The hotels were so full that several members were unable to obtain accommodation there, but were found by the members of the reception committee and introduced to private citizens, who very courteously extended an invitation to such to spend the time they were to be in New Glasgow at their homes. On the first afternoon, the members were entertained by the Aberdeen Hospital Trust, at a very pleasant afternoon tea on the beautiful grounds of Mr. P. A. MacGregor. On Thursday evening a most enjoyable supper was tendered the Society by the Pictou County Medical Society. A novel feature of this function was the presence, as waitresses, of a number of young ladies belonging to the first families of New Glasgow. Alive to every chance to further the interests of the Aberdeen Hospital, of which every New Glasgow citizen is very justly proud, they had approached the hosts of the evening, volunteered to provide the supper on the same terms that a caterer would do, and had been so successful in their financing that a considerable surplus was on hand to be devoted to the Hospital Fund.

The members of the Pictou County Medical Society spared no effort to make the meeting a profitable and enjoyable one, and in this they succeeded well and earned the gratitude of all who were in attendance at the meeting.

MARITIME MEDICAL ASSOCIATION MEETING AT CHARLOTTETOWN.

The Charlottetown meeting of the Maritime Medical Association has rarely been beaten for all that constitutes a successful professional gathering. No element which contributes to success was deficient and many were unexcelled.

We venture, without making invidious comparisons, to state that

seldom, if ever, was a meeting presided over more efficiently. Dr. Taylor was an ideal president. Terse and pointed in his own observations, he permitted no discursion from the subjects under discussion. While giving every man a due hearing, he allowed none of the desultory converse, which so often ruins medical debates; and withal he was courteous and urbane. Long may he be spared to fill like positions!

The papers were of more than usual merit, and Dr. Fraser's case report was listened to with intense interest, and well deserved the tribute paid it by the chair. The different discussions were taken part in as widely as time would permit.

The faces of Dr. H. D. Johnson and Dr. G. Carleton Jones, who had taken a prominent part in previous meetings, were missing, and many regrets were expressed at the irreparable loss which the Association had sustained in the death of Dr. W. S. Muir, whose cheery manner and great enthusiasm had made him such a congenial member.

What can we say of the many courtesies and the bounteous entertainment proffered the visitors by the local profession? That they were overwhelming but feebly expresses the appreciation felt. Day and night were sadly too short for all that had to be done. One merit—most difficult of attainment—was that every one seemed to be looked after. No man felt neglected and some were overwhelmed with kindness. Many will never forget the Charlottetown meeting of 1902.

NOTES ON THE MEETING.

Gov. MacIntyre's garden party was much enjoyed by all, and the MARITIME MEDICAL NEWS wishes to record the appreciation felt for his Honor's courteous entertainment.

The conjoint meeting with the Dental Society was a distinct success, and showed each could learn something from the other.

The luncheon parties at the residences of different local men, were pleasant interludes to the more serious duties of each day.

The smoking concert at the Armouries of the 4th C. A. was greatly enjoyed, and formed a fitting climax to the various functions.

The evening session at the "Private Secretary's" was very pleasant and teemed with happy anecdotes and laughter.

Good fellowship reigned (we should rather say poured) from room 1 to room 56, and even beyond.

Count Pulituski and Dr. Kaskewski, though suffering from anorexia, were full of *spirits*.

There were mighty men and men of valour from Moncton, Halifax and Tignish, not to mention the local Hercules.

There were smaller men from Nelson, Amherst and other parts who showed great staying powers.

There were many men and men who played many parts from Terra Nova to the Rocky Mountains.

All were glad to see the genial man from Montreal with us again. He seems as *au fait* with maritime affairs as with the *patois* of the habitant, and never fails to give us something of instruction and something of entertainment.

"The Judge," "The Col.," "The Major," and "The Secretary" deserve our best thanks for the way in which they contributed to our enjoyment.

Was the drive a success? Ask those who crossed to Tracadie Beach, looked in at the picnic, dipped in the briny, sprinted on the sands, dined and danced at the hotel, and returned, singing, in the moonlight behind two swift-footed hackneys.

One Prince Edward Islander, not unknown in politics, is to be *nighted* at some future date. His motto will be "Lux in Tenebris." His crest "Homo Rampant," with supporters—a railway lantern and a bottle.

The "Private Secretary" must, before next gathering, learn the

proper manner of disposing of the visiting cards of noblemen. He is somewhat *hazy* about his duties at present.

Gentlemen driving to garden parties should keep their carriages always in view.

Will the "Chairman" with the beautiful voice and the eloquent address bring his "Omar Khayyam" to St. John next year. We might again be able "to use it in our business!"

CANADIAN MEDICAL ASSOCIATION.

Below will be found a list of papers already promised for the annual meeting at Montreal, in September next. Members and others contemplating contributing to the success of this meeting should notify the General Secretary at an early date of their intention.

MONTREAL MEETING SEPT. 16, 17, 18, 1902.

Address in Medicine—Professor William Osler, Baltimore.

Address in Surgery—Dr. John Stewart, Halifax, N. S.

Lantern Demonstration on the Exanthemata—Dr. W. Corlett, Cleveland, Ohio.

Paper by Dr. D Campbell Meyers, Toronto.

Paper by Dr. Geo. S. Ryerson, Toronto.

Paper by Dr. A. Laphorn Smith, Montreal, also Card Specimen.

Paper by Dr. F. A. L. Lockhart, Montreal.

On some points in Cerebral Localization, illustrated by a series of Morbid Specimens and some Living Cases—Dr. James Stewart, Montreal.

Paper and Specimens by Dr. Geo. A. Peters, Toronto.

The Country Practitioner of To-day—J. R. Clouston, Huntingdon, Que.

Paper by Dr. P. Coote, Quebec, Que.

The Pathologic Prostate and its removal through the Perineum—Dr. A. H. Ferguson Chicago.

Paper by Dr. Geo. E. Armstrong, Montreal.

Paper by Dr. Ingersoll Olmsted, Hamilton.

Empyema of the Frontal Sinus, by Dr. Casey A. Wood, Chicago.

On Tuberculosis—Dr. J. F. Macdonald, Hopewell, N. S.

X-Ray in Cancer,—Dr. A. R. Robinson, New York.

On Degeneration of the Spinal Cord, Anæmia, Mal-nutrition with Microscopic Specimens,—Dr. David A. Shirres, Montreal.

The Canadian Medical Association will meet this year in Montreal, on September 16th, 17th and 18th. This time of the year has been selected by the Local Executive Committee in order that all may avail themselves of the meeting, and it is expected that an unusually large number of members will be present.

To those who contemplate attending the meeting, the following facts will be of interest :

ARRANGEMENTS FOR TRANSPORTATION FROM POINTS EAST OF MONTREAL.

If 10 or more delegates are in attendance holding Standard Convention Certificates, delegates east of Montreal will be given tickets, free, for return.

Any further particulars may be obtained from the General Secretary, Dr. George Elliott, 129 John St., Toronto, or from the Chairman of the Transportation Committee, Dr. J. Alexander Murchison, 70 Mackay St., Montreal.

LOCAL ARRANGEMENTS.

The meetings will be held in the various rooms of the Medical Faculty of McGill University.

PROGRAMME.

There will this year be two Sections of the Association, one mainly Medical, the other mainly Surgical. The address in Medicine will be given by Dr. William Osler, of Johns Hopkins University, Baltimore, that in Surgery by Dr. John Stewart, of Halifax.

In addition to this, on one or two days of the meeting clinics will be held in the Hospitals at such times as will not interfere with the general programme of the Meeting, and will yet enable all those who care so to do, to see or to exhibit living cases or specimens which may be of interest to the members.

PATHOLOGICAL MUSEUM.

The Museum will this year be one of the features of the Meeting, and circulars have been issued by the Secretary of the Museum

LACOTOPEPTINE TABLETS.

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"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."

—*The Medical Times and Hospital Gazette.*

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In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

Dose.—One to two tablespoonfuls from three to six times a day.

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may be found in those containing Asafoetida, Sumbul, Valerian, etc., which at all times possess the strong and characteristic odor of the drugs entering into their composition.

Frequently we are criticised for not manufacturing pills in which this disagreeable feature is overcome; our contention has always been, however, that to mask the odor an insoluble sub-coating must be used, which cannot help but retard a prompt therapeutic effect after administration.

Command us to send samples of our pills—they are made by twentieth century methods, and will at all times be found dependently active.

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Committee, Dr. M. E. Abbott, announcing the intentions of the Committee. Any contributions in the way of specimens will be gratefully received by the Secretary, and every care will be taken of specimens lent, and as soon as the Meeting is over they will be repacked and reshipped to the owners by a responsible person. Specimens for the exhibition should arrive not later than September 6th. The Committee is desirous more particularly of obtaining series of specimens illustrating diseased conditions of the liver, gall bladder and pancreas. To all those who may not have received circulars containing details of the Pathological Exhibit the same may be had on application to Dr. M. E. Abbott, McGill Medical College, Montreal.

The Museum of Commercial Exhibits, which is under the special charge of Dr. J. W. Stirling, 255 Mount Street, Montreal, will be found in the most suitable part of the Medical Buildings, the space allotted therefor occupying one of the main halls of the Building. Many applications have been received from various manufacturers and instrument makers, so that a large and interesting exhibit is expected.

Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.*

The thirty-fourth annual meeting of the Medical Society of Nova Scotia was called to order at 2 p. m., July 2nd, in the hall of the United Church, New Glasgow, Dr. John W. MacKay, President, in the chair.

After reading of minutes and other business, the election of members to serve on the provincial medical board was proceeded with, resulting as follows:—Dr. D. McIntosh, Pugwash, Dr. William Tobin, Halifax, Dr. D. A. Campbell, Halifax, Dr. John Stewart, Halifax, Dr. M. A. B. Smith, Dartmouth, Dr. H. K. McDonald, Lunenburg.

A letter from Dr. G. C. Jones to the President was read, which refers to the loss of our late colleague, Dr. W. S. Muir. The letter is as follows:

With General Kitchener's Force, near Klerksdorp, South Africa.

DEAR MR. PRESIDENT,—I had been looking forward with great pleasure to writing something about our work out here for the meeting of the Medical Society of Nova Scotia, but I have not the heart to do so, since hearing of the death of my dear old friend—the best practitioner in Nova Scotia, the true friend and good companion. I feel as though I had lost a brother. I cannot tell you what Will Muir was to me. He came to Halifax to say good-bye to me, and little did I think that in such a short time he would be called to give an account of his life—which account is all to the credit side. I cannot fancy a meeting without him, and I know it will be an affectionate tribute to one who showed us all the road a practitioner of medicine should take and keep. Yours sincerely,

GUY CARLETON JONES.

The first paper on the programme was read by Dr. H. P. Clay, of Pugwash, on "Several Inconsistencies." It was written in the writer's characteristic and racy style. Reference was particularly made to

*The papers read will be published in the Maritime Medical News.

the inadequate payment for medical services rendered by municipalities and communities. The reading of this paper was followed by a lively discussion.

An interesting paper by Dr. H. H. McKay of New Glasgow, on "Insomnia, with some Suggestions for Treatment," followed, and was discussed by several members.

Two case reports (a) "Suprapubic Cystotomy;" (b) "Abscess of the Lung," by Dr. E. D. Farrell of Halifax, and a "Case of Cystitis," by Dr. H. P. Clay of Pugwash, were next read.

Dr. J. N. Mack, of Halifax, being unavoidably detained, his "Report of Two Unusual Cases," was not read.

A most interesting paper on "The Relation of the General Practitioner to the Physical Life and Development of our Youth," by Dr. J. A. Sponagle, in the absence of the writer, was read by Dr. MacDonald, of Rose Bay. The paper elicited a very interesting discussion.

After the close of this session the members were invited to a garden party on the grounds of Mr. P. A. McGregor which was a most enjoyable function. The weather was beautiful, the refreshments bountiful, and the ladies looked charming in their summer garb. The music rendered by the Stellarton band is deserving of more than passing notice, their rendering of Scottish airs gladdening the hearts of the numerous Scotchmen present.

EVENING SESSION.—This session was open to the public and a large number availed themselves of the opportunity, the addresses and discussions proving most interesting and instructive.

A. C. Bell, M. P., was first called upon by the President to address the society. Mr. Bell said he had great pleasure, on behalf of the town council and citizens, to welcome the medical brethren to New Glasgow. The town of New Glasgow was honored at having so many of the profession present. We all have our entrances and our exits, and with the latter the medical profession had a great deal to do. He recognized the fact that the Nova Scotia medical brethren were equal to any in the world. Their work was laborious with all its disagreeable features, and as a rule the emoluments were small. Great advancement was made in sanitary matters, which was due to the efforts freely given by the profession. Reference was made to our illustrious patient, King Edward VII., who was saved by the skill of physicians from the jaws of death. From our earliest career we are

in the care of the medical profession, and therefore he had much pleasure in welcoming the profession to New Glasgow.

Dr. M. Chisholm, of Halifax, was called upon to reply, which he did in language filled with characteristic humor. Dr. Chisholm stated that he was sorry a more eloquent man was not called upon. He felt like Moses when the Lord wanted him to go to Egypt, for he was "a man of slow speech." On behalf of the medical profession he thanked the citizens for their kind welcome. Nothing else was expected but kindness and hospitality in this town. Most of the people here are from the "old sod," which country is remarkable for many things—"land of the mountain, the valley and the brave." Scotchmen were noted for the Gaelic language, the shorter catechism, hospitality and porridge. The shorter catechism he would put first as everything good from it flows. Hospitality—the Scotch are known for their hospitality. This was noted among the Arabs in Asia Minor, and our forefathers came from there. Porridge—you have not forgotten. It was reserved for the first meal in the day, and could be had at all well-regulated hotels. Language—most of the people have forgotten the first language which Adam spoke in Paradise. It betrays degeneracy on our part to forget it. Our forefathers came over here and called this place New Glasgow—they saw into the future—a city on the East River which will rival some day the city on the Clyde, for you have a noble class of citizens. Once more he expressed his thanks for the reception given by the citizens.

Dr. M. A. B. Smith, of Dartmouth, was then called upon. He was glad that the meeting was taking place here. The citizens are enterprising, and capitalists are attracted to the town. He had been charmed this afternoon and had seen some of the *fairest* features.

Dr. J. J. Cameron, of Antigonish, thought it superfluous for him to return thanks for the pleasant greetings extended by Mr. Bell. We have enjoyed the kind hospitality. It is well known that Pictou county students stand at the head of the list. Reference had been made by Mr. Bell to the sad illness of the King. The supreme tribunal he appealed to was the medical profession, and we hope with success. The incision made in the King made a rent in the hearts of all throughout the empire. His indomitable will and courage led him to fight against fate, and to his own disadvantage. He had fought the battle to please his people and gain the throne: nothing could compensate for life—to each it is the dearest thing. He was glad to

know the people of New Glasgow appreciated the work done here in our own quite way. He wished he could express his appreciation for the cordial welcome tendered by the citizens of New Glasgow.

The Presidential Address by Dr. John W. MacKay, of New Glasgow, was then read, and listened to with much interest by all the members. (Published on page 229 of this issue.)

Dr. D. H. Muir, of Truro, said he had listened with much pleasure to the presidential address. Dr. MacKay had departed from the usual custom, but dealt with a subject of great interest. The first part of the address he could only refer to, and must render his thanks for the kind references to his late brother. He was glad to see that the scheme for a cottage hospital in Truro is progressing. He thanked Dr. MacKay for his instructive paper, and hoped it will bear fruit in other places as it had in New Glasgow.

The discussion on "Vaccination" was then opened by Dr. A. P. Reid, of Middleton. The ancient history of vaccination was dealt with, which proved of great interest. In answer to the question "has nothing been done by vaccination?" he would point out the satisfactory control of epidemics that threatened to wipe out humanity. Inoculation has been practised from unknown times. In the eighteenth century it was introduced into England and was not taken notice of at the time. Lady Montague, who had suffered from smallpox, wanted inoculation introduced into her own country. It was the custom in Turkey for a number of old women to inoculate by opening a small vein and inserting a small amount of the virus, with the result that few poeks were produced and all the patients recovered. They used to take smallpox there as a diversion.

Dr. A. Halliday, of Halifax, in continuing the discussion, dealt with the subject from a bacteriological standpoint. In France some years ago, the plague destroyed a great number of sheep—called "splint fever" or anthrax, which was due to a germ. Pastuer was investigating chicken-cholera and found it was due to a germ as well. One day he used an old culture of the germs, inoculated it in other fowls, and an attenuated form of the disease was produced, and afterwards when fresh cultures were used on the same animal no disease was produced. Experimenting with anthrax germs showed that by heating to a certain temperature the virulence was much reduced. In 1881, in France, 79,000 sheep were inoculated, and only 500 died, where in former years about 7,000 died. From circumstantial

evidence it was believed by most bacteriologists that cowpox is a modified form of smallpox. Judging from analogy vaccination is carried out on strictly scientific lines.

Dr. M. Chisholm was the next speaker, and gave an interesting account of the recent epidemic in Halifax. Out of 52 cases there were 8 deaths and *not one of all the cases had been vaccinated*. Eleven took it who were vaccinated when smallpox was discovered in the family and all of these cases were very light. The number of marks did not exceed 16 in these eleven cases, and in some there were not more than two or three. The railway authorities made vaccination compulsory with its employees and some of these had families in which the disease occurred, yet none of the employees took the disease. Strange we have to say "who hath believed our report," and it was amazing the amount of abuse mentioned against vaccination that has proven so beneficial to mankind.

Dr. W. B. Moore, of Kentville, gave particulars of vaccination in his town, and some facts about the cases of smallpox which occurred there. His experience was the same as that of Dr. Chisholm. He had vaccinated about 1,000, only one giving him any anxiety, and that in a bad subject.

Dr. G. E. DeWitt, of Wolfville, closed the discussion. He had vaccinated several hundreds and in no case was there much trouble, There were a few bad arms, but nothing like tetanus as there were evidently no germs of that kind in his district. We all deplore the opposition to vaccination. There have been vaccinationists and anti-vaccinationists as there have been Christians and infidels. It is dangerous to get sanitary laws into the hands of the laity. What we need in this country is more influence of the medical profession with the government of the country. Some men call it an outrage to be vaccinated. Is it, when it is used to protect his neighbors from disease?

JULY 3RD, MORNING SESSION.—The Nominating Committee brought in the following report for the ensuing year:

Place of meeting—Antigonish.

President—Dr. J. J. Cameron, Antigonish.

First Vice-president—Dr. W. J. Putnam, Yarmouth.

Second Vice-president—Dr. M. Chisholm, Halifax.

Secretary-Treasurer—Dr. W. Huntley Macdonald, Antigonish.

Local Committee of Arrangements—Medical men of Antigonish.

The committee appointed the day before to consider the matters dealt with in Dr. Clay's paper, reported in favour of asking the Government to insist upon the appointment of municipal health officers in accordance with the Public Health Act, and to determine the extent of liability of municipalities in carrying out the law in emergency cases. They also favoured the appointment of a legislative committee to keep watch upon legislative proceedings affecting the medical proposition. The report brought forth animated discussion, and was in substance adopted without a dissenting vote.

The President then introduced Dr. George E. Armstrong, Professor of Clinical Surgery, McGill University, who delivered the Address in Surgery. This was a masterly review of the advance made in surgery within the past year, and was listened to with rapt attention. Dr. Armstrong is a pleasing and forcible speaker, and at the conclusion of his address was warmly thanked by the society. This is not Professor Armstrong's first visit to the maritime provinces, and his contribution to the programme has always been an able and instructive effort.

Dr. M. Chisholm then read an interesting and detailed account of "A Case of Malignant Œdema," which had occurred in his practice, and in which he was successful in saving both life and limb in a patient whose case for some time seemed hopeless. In the discussion which followed he was cordially congratulated upon the result attained which he attributed chiefly to the value of the new anti-septic called "acetozone," from the laboratory of Parke, Davis & Co.

AFTERNOON SESSION.—Dr. A. Halliday read the first paper on "Examination of Water, Chemical and Bacteriological," which was followed by a "Series of Operative Cases in Abdominal Surgery," by Dr. T. J. F. Murphy, of Halifax.

Dr. H. E. Kendall, of Sydney, asked to be excused from reading his paper on "The Treatment of Puerperal Sepsis," as he wished to catch a train.

The Address in Medicine by Prof. F. G. Finley, Assistant Professor of Medicine, McGill University, followed and proved a masterpiece of knowledge and literary style. The progress of medicine was ably dealt with as well as the importance of careful diagnosis.

Dr. W. H. Hattie spoke of the masterly address by Dr. Finley which reviewed so well the progress of medicine and was a literary treat as well. Therefore he had great pleasure in moving a vote of thanks.

Dr. H. H. MacKay added his testimony of appreciation. He referred to diseases of the kidneys and the difficulty of diagnosis at times. One case where considerable albumin was found at repeated examinations but no other symptoms. Physiology and pathology are very necessary as a means to our diagnosis.

Dr. M. A. B. Smith also referred to Dr. Finley's address and particularly to the diagnosis of diseases of the stomach by analysis of gastric contents.

Dr. W. B. Moore referred to the value of these addresses in medicine and surgery to the general practitioner.

Vote of thanks was put and carried.

Dr. Finley, in reply, appreciated the opportunity of coming down to Nova Scotia—a province which supplies McGill with a great many of their best students.

Dr. W. H. Hattie then read his paper on "Mental Disturbances during the Puerperium."

Drs. Reid, J. F. Macdonald and Wm. McKay, discussed the paper, the latter referring to the prophylaxis. Dr. McKay moved a vote of thanks to Dr. Hattie for his exhaustive paper, which was seconded and carried.

Dr. M. A. B. Smith followed with an instructive paper on "Gall Stone Disease."

Dr. Weaver referred to a case of gall stones with attacks of colic who improved in every way with three months' treatment by static electricity.

Dr. Margeson referred to a case in which a patent medicine (consisting of soda, rhubarb and pepsin) seemed to have effected a cure.

Dr. Mader mentioned a case diagnosed gall-stones, which seemed to have passed after administering ether and turpentine.

Dr. G. H. Cox then gave a paper on "Albuminuric Retinitis," followed by Dr. E. Kennedy on "Some Indications for the Use of Arsenic and Sodium Benzoate."

EVENING SESSION.—Dr. A. Birt related a case of "Senile Peritoneal Tuberculosis," illustrated by diagrams, which proved of much interest. The patient was over fifty years of age.

Dr. W. Huntley Macdonald referred to the statistics of Shattuck in these cases. His conclusions were to first try medical treatment and if no improvement follows, surgical treatment, which in many cases

proved very favorable. The majority occur between twenty and thirty years of age.

Dr. T. J. F. Murphy stated he had operated on three cases of peritoneal tuberculosis, in one of whom the lungs were greatly involved. He was personally in favor of a small incision in the great percentage of cases.

Dr. J. Stewart referred to Dr. Birt's case and the great credit he deserved for the care he takes in his patients. No doubt many of these cases were rescued by surgery but surgeons now are not so sanguine as formerly. Had been impressed with an article written some years ago by Burney Yeo, where the disease had become cured or latent by the use of creasote and iodoform internally, and an ointment of iodoform etc., rubbed over the abdomen.

Dr. N. S. Fraser, of St. John's, related some interesting cases of peritoneal tuberculosis. One case, that of a child, he concluded was such by exclusion. Nothing found in sputum or urine, but temperature was keeping up to 103°. Laparotomy was performed and intestines were found studded with tubercle. Temperature came down gradually and ten days afterwards was normal. The child, who was five years old, increased in weight and got well.

Dr. M. Chisholm referred to that class of cases in which laparotomy would do good. Tubercle of peritoneum is sometimes scattered widely and cavity is full of effusion. If you incise and let out fluid before adhesions are formed, a cure is pretty sure to follow. If you delay till tubercle generates in the lung—not likely so successful. If the tubercles are not so scattered, more in lumps and no fluid—not likely to get much good from operation. Has found liniment hydrarg. good—in one case particularly he felt confident patient was cured.

Dr. Birt, in reply, agreed with Dr. Chisholm about mercury. Ung hydrarg. has been advocated by some observers, and is still by Pye-Smith.

Dr. D. A. Campbell then read his paper on "Notes on the Treatment of Enuresis."

This paper was discussed by Drs. Chisholm, Murphy, H. H. McKay and Moore.

Dr. Campbell, in reply, referred to cases occurring after puberty, where passing a sound was of benefit. In none of his cases did circumcision have any effect. Other remedies sometimes useful are rhus, chloral and lycopodium clavatum.

"Notes on Smallpox," by Dr. W. B. Moore, of Kentville, was most interesting, dealing particularly with the recent epidemic. This was discussed by Drs. Reid, Birt, Doyle and Finley.

Dr. Chisholm exhibited a perfect valvular empyema tube devised by himself. Had used it in one case with great success.

The President referred to the recent serious illness of Dr. J. G. McDougall, of Amherst, and his ultimate happy recovery, so that he was able to be present at the meeting. He was also glad to see Dr. Fraser from St. John's, Newfoundland.

Dr. W. Huntley Macdonald gave notice of motion that next meeting he would move that papers, with the exception of addresses, be limited to 15 minutes, and discussions to 5 minutes for each speaker.

Votes of thanks were then passed to the trustees of the Aberdeen Hospital for entertaining the Society at the pleasant garden party and to the railway authorities for reduced rates.

The Society then adjourned after having had one of the most pleasant and profitable meetings in its history, and the largest in attendance, 57 members having registered.

THE DINNER.

The members then meandered to the Mason hall to enjoy the banquet given by the Pictou County Medical Society, which proved in every way a most pleasing function.

A number—fifteen or more—of the most charming of New Glasgow's fair sex most efficiently filled the positions of waitresses, which proved novel and exceedingly satisfactory to the guests. Dressed in white with a suitable head-dress they not only were attentive, but looked the picture of neatness and attractiveness.

Dr. E. Kennedy occupied the chair which he did with credit to himself and those who placed himself in that position.

The speeches were of a high order, especially those by A. C. Bell, M. P., Geo. Patterson, M. P. P., J. D. McGregor, ex-M. P. P., Rev. Mr. Carruthers and Harvey Graham. Space unfortunately prevents us giving details.

MARITIME MEDICAL ASSOCIATION.*

The twelfth annual meeting of the Maritime Medical Association opened at 10.30 a. m., July 9th, in the Legislative Council Chamber, Charlottetown, the President, Dr. F. P. Taylor, in the chair.

After the reading of minutes of previous meeting by the secretary, the President welcomed the visitors present—Drs. N. S. Fraser, of St. John's; H. D. Hamilton, of Montreal; W. B. Geikie, of Toronto; and J. A. Stoddard, of Pueblo, and made them honorary members of the Association.

The Presidential Address was then delivered by Dr. F. P. Taylor.

This instructive address referred to the different aspects of medical education. The deficiency in elementary education was compared to that in military circles, and Lord Roberts was quoted fully on this point. Dr. Paget's address before the medical congress in London last year, on the lack of preliminary education before medical learning was begun, was also quoted at length. Dr. Taylor thought a degree in science or arts should be compulsory before beginning the study of medicine. Surgery is one of the grandest sciences, and to be a good surgeon mechanical aptitude and training were necessary. At the present day medical students had too many subjects which gave them, in many cases, only a smattering and proved of no practical value in after life.

Dr. Atherton, of Fredericton, moved a vote of thanks to the president for his practical paper and hoped all would take it to heart.

Dr. Stoddard seconded the motion, which was put and carried.

A nominating committee was then appointed as follows:

Nova Scotia—Drs. C. Dickie Murray, Halifax; James Ross, Halifax; W. Rockwell, River Hebert.

New Brunswick—Drs. R. L. Botsford, Moncton; T. D. Walker, St. John; G. C. Van Wart, Fredericton.

P. E. Island—Drs. P. Conroy, Charlottetown; S. R. Jenkins, Charlottetown; P. C. Murphy, Tignish.

Professor W. B. Geikie, dean of Trinity College, Toronto, was then

* The papers read will be published in the Maritime Medical News.

called upon to give his address on "The Desirability of Greater Simplicity in Medical Treatment." Dr. Geikie first thanked the Association for inviting him and electing him an honorary member. He knew no place in Canada to compare with Prince Edward Island for beauty in the summer season. The reader dealt particularly with accuracy in diagnosis and with increase of our knowledge day by day from studying the symptoms and not coming too quickly at conclusions, too often we neglect to carefully watch the course of the disease. The common diseases are the most important, and pneumonia being a type of inflammations—very often brought about from direct exposure to cold, he referred to it pretty fully. The advantages of bleeding in proper cases was referred to, and authors quoted, and also blistering in selected cases and at the proper time.

Dr. DeWitt, being called upon, discussed Professor Geikie's paper, agreeing with him in his practical address.

Dr. G. C. Van Wart, of Fredericton, then followed with a practical paper on "A Plea for the Surgical Treatment of Appendicitis," giving deductions from his experience with quite a number of cases he had operated upon.

Dr. T. D. Walker, of St. John, congratulated Dr. Van Wart on his practical paper. He then referred to a case of a woman suffering from appendicitis, who was also afflicted with exophthalmic goitre. He did not want to operate, but was forced to, and found part of the omentum strangulated and gangrenous. This was removed and the patient made a good recovery.

Dr. T. J. F. Murphy, of Halifax, agreed with Dr. Van Wart that it was often difficult to diagnose appendicitis. To relieve pain he prefers the ice-bag.

Dr. Stoddard, of Pueblo, continuing the discussion on Dr. Van Wart's paper, considered irrigation in cases of appendicitis dangerous. Cathartics should only be given four or five hours before it was absolutely decided to operate. All cases of appendicitis should be operated on. The ice-bag is very valuable.

Dr. J. J. Cameron, of Antigonish, said that 80 per cent. get well and 20 per cent. die without operation. In cases not requiring operation, it is well to give calomel and soda, and apply belladonna.

Dr. Secord, of Lakeville, referred to a case where there was great

prostration, whom he would have operated upon if appliances had been handy, that got well.

Dr. C. D. Murray moved, and Dr. T. D. Walker seconded, and it was unanimously carried, that a committee be appointed consisting of Drs. Webster, of Kentville; Botsford of Moncton, and Conroy, of Charlottetown, to draw up a suitable resolution with reference to the death of the late Dr. W. S. Muir, of Truro, and Dr. Beer, of Charlottetown.

Lieut.-Governor MacIntyre, whom the members were pleased to see present during the morning session, invited the members and their wives to a garden party at Government House that afternoon.

AFTERNOON SESSION.

"Health, and How to Save it," was the title of Dr. R. MacNeill's paper. This was a most interesting paper, particularly from a layman's standpoint. Dr. MacNeil treated the subject in a happy manner, and on resuming his seat was complimented by the President and Dr. Toombs on his common-sense view of the subject.

The next paper was the report of a case of "Osteo-Myelitis," by Dr. Houston, of Souris, the affection being present in the femur. Dr. Houston handled his subject in a masterly style. He spoke of the importance of diagnosing this condition which was often mistaken for acute rheumatism. He also cited the difficulties the country practitioner has to deal with when pitted against "Mammydom." In the discussion which followed, the President, Drs. Campbell and Murphy, of Halifax, Atherton, of Fredericton, and Murphy, of Tignish, took part.

"Laryngeal Cases in Practice," was the title of Dr. H. D. Hamilton's paper. Dr. Hamilton is a member of McGill Medical Faculty staff, and a laryngologist at the Montreal General Hospital. His paper was very interesting and was illustrated by various charts. He cited cases from his own experience at the Montreal General Hospital.

"Some of the Mistakes of Surgical Gynæcology," by Dr. Stoddard, Pueblo, (formerly of Halifax, N. S.) was the last paper of the afternoon session. This was a well-thought-out plea for conservatism in operations of this kind,

The meeting then adjourned to attend the "at home" at Government House.

EVENING SESSION.

The discussion on Dr. Van Wart's paper was continued by Drs. Atherton, Conroy and T. J. F. Murphy, all contending that an operation was the only proper treatment. Dr. Van Wart thanked the members for the lively interest taken in his paper.

The discussion on "Cancer" was opened by Dr. P. Conroy, of Charlottetown. Reference was made to the rapid increase in the disease, and he emphasized strongly on an early diagnosis. If the cervical glands are effected, no use for operation. Believed plasters on lip better than the knife, because the caustic closes up the lymphatics and prevents recurrence. Erysipelas toxins also act by closing the lymphatics.

Dr. T. D. Walker, of St. John, mentioned the theory of the causes of cancer, and also gave the classification. Early diagnosis was most important. Adrenalin solution applied in one case eased the pain after the third application. He preferred heroin or codein to allay pain to other derivatives of opium. Free removal of skin and fatty tissue was necessary.

Dr. T. J. F. Murphy, of Halifax, discussed cancer from the standpoint of cancer of the uterus, and gave the points in diagnosis between the different forms. In cancer of the breast he preferred Holstead's operation.

Dr. P. C. Murphy, of Tignish, then gave a report of "An Anomalous Case in Obstetrics."

Dr. P. Conroy, of Charlottetown, agreed with Dr. Murphy that the fœtus was diseased as well as the placenta. Cases of abortive habit are often very troublesome. One case he kept a woman eight months in bed during pregnancy, and delivered a living child, while previously she had several abortions.

Dr. N. S. Fraser, of St. John's, said abortion was due to either a local or constitutional cause. He believed Dr. Murphy's case due to a constitutional cause.

If due to a local cause, generally occurs within three months, if as far as seven months, generally constitutional. Syphilis can never be excluded as a cause.

Dr. Fraser, of St. John's, then read report of a case of "Rupture

of the Uterus." The uterus was removed and patient recovered, the surroundings being very much against a good result.

The President said he never heard a more interesting case. Dr. Fraser was a hero, and was greatly to be congratulated.

Dr. Conroy stated that he enjoyed the paper very much. He referred to a similar case reported in Germany and quoted in journals all over the world. Dr. Fraser acted heroically and deserved great credit.

Dr. Atherton referred to one case where uterus ruptured and child went into abdominal cavity. Operation followed, and death in a very short time.

Dr. MacLaren said he never had a case of the kind. It was particularly gratifying that Dr. Fraser had such a good result.

Dr. G. E. DeWitt followed with report of a "Case of Mediastinal Tumor."

Dr. Murray MacLaren, of St. John, then gave some notes on "Pyelitis in Children." There is an acute pyelitis other than those cases following typhoid and other fevers. It comes on suddenly, frequently with rigors, and convulsions are sometimes present. There is fever with remissions. No prominent urinary symptoms, and liable to be overlooked. There is acid urine and pus in considerable quantity. There may be tenderness over one or both kidneys. In the *British Medical Journal* Thompson reports eight cases, all under two years of age. It is generally found in females, supposed to be due to short urethra and infection upwards from without. In a number of Thompson's cases were excoriations or fissures about the urethra. On bacteriological examination of urine, cultures of the bacillus coli communis were obtained. The prognosis is favorable. The treatment is obvious—alkalies, urotropine or salol.

Dr. MacLaren reported a case, 4 years old, aching pain over left kidney, frequency of micturition, pus in urine. Came on with rigors, but not marked. The condition extended over a few months, and termination was good.

The President thanked Dr. MacLaren for his remarks. The condition spoken of was new to him.

Dr. J. A. McKenzie, of the Nova Scotia Hospital staff, then read a

very instructive paper on "The Mental Disturbances of Puberty and Adolescence."

JULY 10TH, MORNING SESSION.—The nominating committee reported the following officers elected for the next meeting, to be held in St. John in 1903:

President—Murray McLaren, M. D., M. R. C. S., St. John.

Vice-President for P. E. I.—Dr. P. C. Murphy, Tignish.

Vice-President for New Brunswick—Dr. R. L. Botsford, Moncton.

Vice-President for Nova Scotia—Dr. G. M. Campbell, Halifax.

Secretary—Dr. T. D. Walker, St. John.

Treasurer—Dr. C. A. McPhail, Summerside.

Local Committee at St. John—Dr. W. W. White, Dr. W. Ellis, Dr. J. R. McIntosh, Dr. J. P. McInerny, and W. A. Christie.

A vote of thanks to Dr. Campbell was moved by Dr. Marven and seconded by Dr. Jenkins, both gentlemen bearing testimony to the good work which Dr. Campbell had done for the Society during his many years of service as Secretary. The vote was carried unanimously and was tendered to Dr. Campbell by the President.

The President also referred to the good services of Dr. Jenkins, the local Secretary.

(To be concluded in next issue.)

The display of surgical instruments by Paterson & Foster, of Montreal, was a very creditable exhibition. Goods supplied by this well-known firm are of one quality only—and that the best.

Henry K. Wampole & Co.'s show of pharmaceutical products was in every way neat and tasty, and numerous samples from this well-known house were distributed by their two courteous representatives.

Mr. I. R. Reid, the popular representative of Parke, Davis & Co., was prepared to make an exhibition of biological products as shown

at the Quebec convention, but owing to misunderstanding, the room secured from the Secretary of the Medical Association was appropriated by another firm. Parke, Davis & Co. did not therefore make an exhibit, but merely distributed samples of their newer pharmaceutical preparations, and presented each physician with photographic souvenirs of the Convention, showing views of Charlottetown.

PRINCE EDWARD ISLAND MEDICAL SOCIETY.

The annual meeting of this Society was held at Charlottetown on July 9th. After the usual routine business was transacted, the following officers were elected for the ensuing year:

President—Dr. F. F. Kelly, Charlottetown.

Vice-President for Queens Co.—Dr. R. B. Shaw, Charlottetown.

“ “ “ P. E. Island—Dr. P. C. Murphy, Tignish.

“ “ “ Kings—Dr. G. A. C. MacIntosh, Murray River.

Treasurer—Dr. P. Conroy, Charlottetown.

Secretary—Dr. R. B. Shaw, Charlottetown.

THE NEW BRUNSWICK MEDICAL SOCIETY.

The 22nd annual meeting of the New Brunswick Medical Society was held in the Common Council Room, St. John, on the 15th and 16th of July. The attendance was the largest since 1895. The officers elected for the ensuing year were:

Dr. G. A. B. Addy—President.

Dr. J. D. Lawson, St. Stephen—Vice-President.

Dr. A. R. Myers, Moncton—2nd Vice-President.

Dr. G. G. Melvin—Treasurer.

Dr. J. H. Scammell—Secretary,

Dr. Clara Olding—Corresponding Secretary.

Drs. Thorne, Botsford and Shaughnessy—Trustees.

(A full account of the proceedings will be given in our next issue.)

Obituary.

DR. J. H. HARRIS—The subject of this sketch, who had been seriously ill for a number of weeks, passed away early on Saturday morning, June 14th, at Yarmouth, N. S. He was a great sufferer during his illness, but retained his faculties until thorough exhaustion set in. After graduating in 1866, he located at Beaver River, Digby Co., where he attained a large practice, in which he was very successful. He removed to Yarmouth about ten years ago, and erected the fine dwelling house on Parade Street, in which he resided up to the time of his death. In addition to his medical practice he was largely interested in various enterprises. He was a great lover of horse flesh and always had one or more fine animals in his possession. He was 57 years and 7 months of age, and leaves a widow, his third wife, and two daughters—Mrs. (Rev.) N. I. Perry, whose husband was for some years curate of St. Paul's, Halifax, but is now rector of St. Thomas, St. Catherines', and Miss May. The funeral took place Wednesday, June 18th, at 4.30, the pall bearers being Drs. Farish, Webster, Perrin and Putnam. The deceased was a brother of R. E. Harris, barrister, Halifax, and of Rev. V. E. Harris, of Sackville, Halifax.

DR. WYATT JOHNSTON—The death of Dr. Wyatt Johnston occurred June 19th at the Montreal General Hospital, where he had occupied a private ward for a month. He had suffered from phlebitis, death resulting from pulmonary embolism. The death was a shock, not only to the profession, but to the students of the medical faculty of McGill, by whom he was greatly esteemed and looked upon as one of the leading demonstrators of the faculty, clear, painstaking and to the point. In conjunction with Dr. Dugas, he acted as medical expert to the Coroner's Court, and his careful researches, investigations and post mortems have long been considered of the highest expert value before the courts.

He spoke the two languages fluently and gave his evidence with as much clearness in French as he did in English. Cool and collected, he never became ruffled, and once he had spoken for the prosecution it was indeed difficult to upset his theory. He was examined in all

the important murder cases for years past, and in addition to his coroner's court work and his lectures at McGill, found time to do much reading and research work and kept himself well abreast of the times.

He was an earnest student of hygiene, and was one of the first medical men in the Province to promote this specialty. His appointment as Professor of Hygiene in McGill University was only announced on the 30th of May last. He was also to have delivered the annual lecture at the recent meeting of the Medico-Psychological Association. The doctor was kind hearted, outspoken, and above all things an enthusiast in his profession.

His greatest discovery, and one with which his name is associated in all civilized countries, is the Johnston modification of Widal's reaction of the typhoid bacillus. The method devised by Dr. Johnston is now universally employed as the most reliable means of diagnosing this disease, and is so simple that it can be used by the average well-trained physician. As one writer remarks: "If there is one characteristic that I would single out, it was his combination of inventiveness with intuitive recognition of what was the simplest and most practical method of reaching a given end."

DR. NELSON PRICE—News was received at Havelock, Kings County, of the death of Dr. Nelson Price, son of Mr. O. N. Price, in South Africa, of fever. Dr. Price graduated in medicine last year, and was on the small-pox staff in St. John, looking after the fumigation of quarantined houses. He faithfully and conscientiously discharged the duties of his difficult position to the satisfaction of the Board of Health and the public. Later he decided to go to South Africa, accompanied by his brother, Orley Price, as member of the Field Hospital Corps. When peace was declared his aged mother wept for joy because she fancied her boys would soon be home, but even then he was lying dead, the cause being enteric fever. The deceased was 29 years of age. He taught school for several years before he studied medicine. Much sympathy is expressed for his aged parents, who only last fall lost a very bright young son in Dr. Fred Price, who died in Texas of consumption.

Dr. Johnson, of the Field Hospital, has spoken in the highest terms of Dr. Price as a most faithful worker in the interests of the wounded in South Africa.

Matters Personal and Impersonal.

Dr. M. A. Curry, who was surgeon to the Canadian Coronation Contingent, has returned, looking well after his most enjoyable trip. We have not yet learned why the genial doctor was christened "Father," unless he acted in the capacity of *spiritual* adviser as well.

Dr. J. M. Purcell, Assistant City Medical Officer, whose long siege at the small-pox hospital has lately terminated, is, notwithstanding his long confinement, looking the picture of health. The NEWS heartily congratulates Dr. Purcell on the record he made for himself during the recent epidemic.

Dr. Salter, of Oxford, and Dr. O'Shaughnessy, of this city, are recent graduates to the order of matrimony. His confreres on the Dispensary staff presented Dr. O'Shaughnessy with a handsome hall rack and on it a silver plate suitably inscribed.

Dr. H. D. Johnson, of Charlottetown, has just returned from South Africa, where he had a great amount of experience in a short time. His many friends will be glad to know that he is feeling and looking in excellent trim. Dr. G. C. Jones has not yet returned, but will probably go *via* England. Canada may well be proud of the noble work performed by the Canadian Field Hospital.

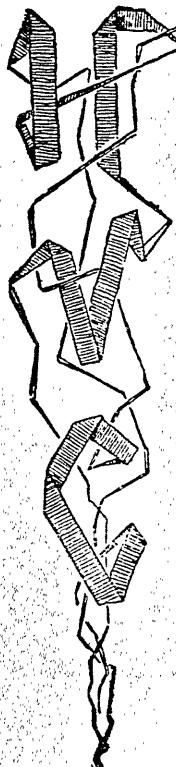
Another letter from the pen of Dr. John F. Black, of this city, appears in this issue. His impressions of Vienna as a medical centre will be found interesting and entertaining.

Messrs. Parke, Davis & Co. have lately issued their revised Price List, in which many points of therapeutic value and practical hints are noticed. A copy has been mailed to every physician in the Dominion, but if for any reason the copy has not been received, a duplicate will be sent upon request.

Notes.

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Digestive disturbances are prevalent at this season and followed by Diarrhea, Cholera Morbus and Cholera Infantum demand prompt attention and treatment. Hayden's Viburnum Compound (genuine) administered in dram doses in hot water not only corrects the existing condition but is a pronounced antispasmodic and relieves the severe pain always accompanying these cases.



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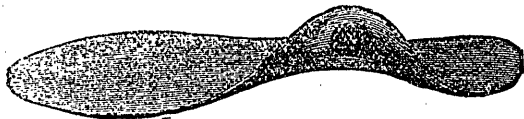
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