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# THE MARITIME MEDICAL NEWS

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MEDICINE & SURGERY

Vol. XXII.

HALIFAX,  
JULY

NOVA SCOTIA.  
1910.

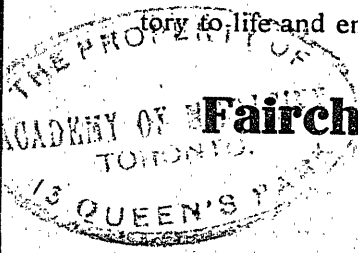
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THE MARITIME MEDICAL NEWS is a monthly magazine devoted to the interests of the medical profession. Communications of general and local professional interest will be gladly received from friends everywhere. Manuscript for publication should be legibly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

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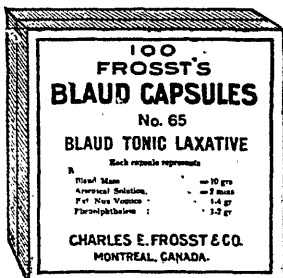
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# THE MARITIME MEDICAL NEWS

VOL. XXII, JULY, 1910, No. 7.

WORLD OF MEDICINE.

## Paroxysmal Tachycardia.

H. M. Rich, in an article appearing in the *Journal of the American Medical Association* for June 4, says that the term paroxysmal tachycardia has latterly been confined to cases in which the heart attains a rate of 200 or more, within a short time following the beginning of the attack. The clinical picture is simply one of tachycardia. Irregularities of rhythm are rare. He reports a case and then describes the special symptoms of the disease. The first intimation of the attack is generally described as a "flop" of the heart and the rapid action commences almost immediately. In a few cases three or four extrasystoles have been observed at the onset, but this is not constant. The earlier attacks cause marked anxiety of the patient, but this generally passes off with the later ones, when the patient is assured that he is not going to die. There is a feeling of pressure over the precordial area and the patient has to sit or lie down. The face is usually pale, and profuse sweating sometimes occurs, but is unusual. There is a disinclination to exertion. The end of the attack is usually as abrupt as the onset. There is usually another "flop" and a feeling of goneness and suffocation and of impending death. In long-continued cases signs of stasis may occur. It has not as yet been possible to produce paroxysmal tachycardia by any experimental procedure on the nerve

supply of the heart, and this is described and illustrated. A very important contribution to our knowledge of the subject was made in 1893 by the discovery of the bundle of His and later discoveries of the nodules of Tawara and Keith. These nodes receive special arteries and are now looked on as the seat of the impulses of the heart rhythm. The modern or myogenic theory of the heart rhythm is that the impulses are in and are transmitted by this primitive cardiac tissue known as the bundle of His, which is composed of muscle cells embryonic in character. In particular, it is believed that normally the impulses arise in the node of Keith, but Gaskell's experiments, in which the ventricle started up with an independent rhythm after both nerve and muscle connections were cut, are taken to prove, that Tawara's node alone may also originate impulses. All these are, of course, subject to inhibition and acceleration through the well-known nerve channels. MacKenzie's nodal theory rests on the assumption that for some reason the impulse begins in the node of Tawara instead of that of Keith, reversing the ordinary sequence of contraction. The pathology, according to Keith's findings, is a fibrosis and degeneration of cellular elements in the heart, extending to the bundle of His in such a way as to produce the nodal rhythm, as MacKenzie calls this disorder. The influence of position is

interesting. Some subjects can stop attacks by standing feet up and head down in a corner, and in other cases it is produced or relieved by special changes of attitude, and the position is, therefore, one of the most important elements of treatment. The simplest device is to lower the head and elevate the feet. If there is no dyspnea or cyanosis the abdomen may be tightly bandaged. Compression of the vagus in the neck has been successful and the electric current over the vagus may be tried. Ice at the heart or nape of the neck should be useful at times. Drugs seem to be of little use. Proper treatment between attacks is, however, of importance. Abstinence from stimulants is important and gastrointestinal troubles must be avoided. If the blood pressure is high, measures should be taken to reduce it. The disease may occur as a complication in mitral stenosis and aortic insufficiency. An interesting case of postural treatment relieving the attacks reported by Hoover, is reproduced with the article. While the onset of the attacks is always alarming, the individual attacks usually terminate in prompt recovery, and this fact necessitates caution in the prognosis of the disease.



**Pain in the Ear and its Diagnostic Significance.**

J. Gordon Wilson contributes an article thus entitled to the *Quarterly Bulletin of Northwestern University Medical School* for March, 1910.

The author divides the subject into three parts and classifies pain in the ear as follows:

1. Pain located in the ear or in the anterior part of the auricle is associated with the auriculo-temporal nerve. It often is centred over the upper anterior part of the auricular attachment. During exacerbations it may

radiate over the temporal distribution of the nerve, or, less frequently, overflow into some other branch of the mandibular nerve (third division of the fifth). Such pain may be due to acute inflammation of the membrana tympani, acute inflammation of the external auditory meatus, irritation due to foreign bodies, especially to insects, herpes oticis and disease of some neighboring part such as the teeth, the tongue, the pharynx, the larynx and nose.

2. Pain in the mastoid region may be deep-seated and associated with irritation of the mastoid branch of the tympanic nerve, a branch of the glossopharyngeal. If superficial the nerves primarily involved are the auricularis magnus and the auricular branch of the occipitalis minor. Since inflammation of the mastoid cells reacts quickly in the superficial structures, we find that in acute mastoid disease the pain, though at first deep seated, soon becomes diffused over the head and neck. There are three well defined areas of sensory intensity in mastoid disease; (a) over the antrum, just below the temporal line; (b) over the tip of the mastoid; (c) less commonly on the posterior wall of the mastoid. Pain over the mastoid occurs in acute otitis media, in acute purulent inflammation of the mastoid, in acute inflammation of the mastoid glands, in herpes of the auricularis magnus and occipitalis minor nerves, and also the pain may be referred by glandular enlargements in proximity to these nerves and from irritations of the roots of the nerve as in caries of the cervical vertebra.

3. Deep-seated pain in the ear, so far as it can be dissociated from similar sensations, involving the fifth cranial nerve, involves as a rule the glossopharyngeal nerve. It occurs in

acute otitis media and in inflammation of the pharynx, especially in peritonsillar inflammation.

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**Strychnine in Pneumonia of the Aged.** William Francis Waugh, in an article appearing in the *Medical Record* for May 28, says that in pneumonia of the aged strychnine is the medicine par excellence for use. We should first clear the alimentary tract and eliminate the factor of focal toxæmia; force the emunctories and see that the toxins are passing out by all the natural channels; then sustain the vitality from the beginning with strychnine. The fever should be moderated and nutrition kept up. Leucocytosis should be increased, and each symptom may be met with an appropriate remedy. The pathological conditions are the things to treat, instead of looking for a specific. Strychnine fulfills many of these indications. Normal saline solution to swell the volume of the circulation is appreciated by few. Strychnine arouses the powers and energizes them; it restores elasticity and enhances vital function; increases respiration and aids digestion; tones up the heart and circulation, and aids digestion, and also elimination by the bowels. The arsenite of strychnine is the best salt to use, in doses of one-half milligram every hour, half hour, or quarter hour, as needed.

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**Preparetic States.** C. L. Dana, writing in the *Journal of the American Medical Association* for May 14, after referring to a former paper in which he had expressed similar views, reiterates his belief that certain cases of paresis may yield to specific treatment if thoroughly used in the earliest stages. He is led to repeat his statements be-

cause they have been misunderstood, some having jumped to the conclusion that he had held that fully developed paresis could be cured, and also because his view as to the essential unity of nervous syphilis and parasyphilis had been confirmed by the discovery of the spirochete and the evidence of its activity by Wassermann and other tests. He points out the unreliability of the distinctions which have been attempted to be made between paresis and cerebral syphilis. It follows that if there is an essential underlying unity between true paresis "tuetic neurasthenia," "pseudoparesis," "nervous syphilis," and what he calls the "preparetic state" there is no reason to suppose that if we can cure one we cannot also forestall or even cure the others. It has been his experience to see a number of cases which confirm the view and he puts on record the final history of the five cases he reported five years ago, and adds a number of others. These show that what he is apparently justified in calling incipient paresis may be sometimes arrested or even cured. If the history, he says, of cases of paresis could be traced back in all instances to the first beginnings, he believes that in a good many instances proper medical treatment might have kept them in check. The onset of a parasyphilis, Dana says, occurring in persons who have had infection, takes place in the following different ways: "1. Acute symptoms of syphilitic exudates in the brain, ending promptly or later in paresis, or ending in cure, with or without mental symptoms, or ending in some deterioration with final serious cerebral vascular changes. 2. Acute mental symptoms, maniac or melancholic, ending in cure or paresis. 3. Tabetic and paretic symptoms, ending in taboparesis or



in tabes with arrest of paresis. 4. Insidious mental and physical deterioration ending in paresis." The above conditions may or may not end in paresis, depending on treatment, the constitution of the patient and the intensity of the infection. Often they go on till nearly every symptom of paresis appears and even then may be arrested. This is what he means by the cure of early paresis.

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#### Vesical Irritability.

In the *Therapeutic Gazette* for March. Charles W. Bonney, in considering the treatment of vesical irritability, believes that a simple hyperacidity is liable to produce the condition, especially in children and adolescents. In such cases the administration of alkalis, well diluted, together with the proper regulation of the diet, will soon afford relief. It is important that the bowels be kept free. If there be an excess of indican in the urine, twenty grains of sulphocarbolate of sodium in divided doses during the day will prove of value. Meat should be reduced and vegetables increased. In those cases in which the urine is neutral or slight alkaline, whether due to general nervousness or deposition of the phosphates, improvement generally follows under acids, tonics, and regulation of the diet. Dilute phosphoric acid is here a good remedy, combined with elixir calisaya or small doses of tincture of nux vomica. For the nervous depression, one-tenth grain of zinc phosphate three times daily may be given with advantage. Children and old persons are especially prone to develop vesical irritability after exposure to cold and dampness. These cases are sometimes called cystitis, but erroneously so, and Caspar has called this

condition the precursor of cystitis. For very young children fractional doses of belladonna, given with a few drops of sweet spirits of nitre, soon afford relief. For older children the belladonna may be given in infusion of couch grass and buchu, one half ounce of each to the pint of water, and best given hot. After the case has improved the belladonna may be omitted, and when the urine is hyperacid small doses of citrate of potash may be added. In old men, in whom prostatic hypertrophy is to be thought of, anodynes and demulcents are indicated, together with alkalis or acids as the case may be. Twenty drops each of the fluid extracts of buchu and couch grass, and the same of tincture of hyoscyamus, every three hours has proved an effectual combination. In cases, especially in women, with frequent and sometimes painful voiding, dribbling at the completion of the act, and sometimes inability to retain the urine when desire to expel it comes on, the tincture of cantharides is an exceptionally potent drug in doses of one or two drops twice daily, often working like magic from the outset. Another valuable drug, but little known to the regular profession, is apis mellifica, the active principle of which is the poisonous substance secreted by the honeybee. The dose is about one or two drops. The eclectics prize it highly when micturition is not only frequent but scalding.

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#### Brain Tumours and Optic Neuritis.

Although we have made great progress in the diagnosis of intra-cranial lesions during the last decade, there is much more for us to learn; so that a recent contribution by Paton (*Brain*, 1909, No. 125), dealing more particularly with ophthalmoscopy as

applied to nearly four hundred cases in Queen's Square Hospital, London, the results being in every case checked off either by the surgeon or the pathologist, is peculiarly welcome. This is perhaps the first sustained effort in this direction, and the conclusions are exceedingly helpful.

Briefly summed up, Paton has found that pericentral tumours always show a considerable amount of optic neuritis, postcentral a moderate amount, and often for a short time only. Severe neuritis is also found in tumours of the optic thalamus and midbrain, and of a less grave character in cerebellar and temporosphenoidal lesions. Subcortical tumours, on the other hand, have a mild neuritis, and this in only fifty per cent of cases.

He finds any conclusions based on the eye affected very untrustworthy, the neuritis being just as often as pronounced on the affected side as on the uninjured. Neither does the pathological nature of the neoplasm play any part in the subsequent neuritis.

There are two regions of the brain in which new growths are fairly common without causing any lesion in the eye—the pons and the white matter of the cerebrum. Sometimes we may find optic atrophy without preceding œdema, if the neoplasm exerts constant pressure upon the optic nerves, or upon the chiasms.

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**Treatment of Puerperal Convulsions.** In an article appearing in the *Journal of Obstetrics and Gynaecology of the British Empire*, Little has evolved the following rules for treatment: Minimize the use of narcotics and anaesthetics. Chloroform is rarely indicated for the control of convulsions,

but should be used when general anaesthesia is required for examination or delivery. Immediate delivery is advisable, particularly when the child is viable. In the majority of cases the onset of labour is more or less intimately associated with the onset of convulsions; accouchement forcé—preferably Harris' method followed by version—has given the best results. Immediately after delivery, if not before, the stomach should be washed out, and several ounces of magnesium sulphate, well diluted with warm water, should be introduced through the tube. The patient should then be sweated by means of a hot air bath or hot pack. If convulsions recur after delivery, and particularly in postpartum eclampsia, the best results are obtained by withdrawing 700 to 900 c.c. of blood from one of the veins of the forearm. A large quantity of fluid (forced fluids) should be given for several days, and the amounts so given should be carefully tabulated for comparison with the amount of fluid eliminated in the urine and stools. If the excretion is inadequate, repeat the sweating and purgation. Do not allow the patient to become water-logged. Careful records of ingestion and excretion should be kept for at least ten days, as the involution of the uterus has a marked effect on the general metabolism, particularly between the sixth and ninth days.

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**Tincture of Iodine.** Tincture of Iodine is commended by Allison, in wounds of industrial origin, in which there is contusion and laceration with dirt and debris, and in punctured wounds and wounds made by explosion. It combines the antiseptic action of iodine, and is by far the best remedy to combat the tetanus bacillus

**Coryza.** *Nouveaux Remedes* is authority for the statement that the following mixture will cure a cold in the head in from twenty-four to forty-eight hours, provided that it be taken when the cold is felt to be coming on:

Atropine sulphate . . . 1-60 grain  
 Powdered pulsatilla . . . 3 grains  
 Acetyl-salicylic acid . . . 30 grains  
 Quinine hydrochloride . . 30 grains

The mixture is to be divided into twelve powders, preferably dispensed in capsules. The dose is one capsule four times daily.

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**Magnesium Sulphate as an Analgesic.** Solis-Cohen has found the external application of solutions magnesium sulphate to be of great value in deep-seated pains. The cases in which this apparently reflex analgesia was observed were cases of aneurism, gastric ulcer, gastric carcinoma, lymphatic leukaemia, acute pericarditis, sciatica, headache of unknown origin, chronic pleurisy.

Ligation of the cystic artery at the beginning of a cholecystectomy often makes the removal of the gall-bladder a bloodless procedure.

A short drainage tube, and its early post-operative removal, are perhaps the best safe guards against the formation of an empyema sinus.

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**Acute Anterior Poliomyelitis** According to an article by R. T. Williamson, in the *Medical Chronicle* the infectious nature of infantile paralysis is undoubted, and its great mortality among fowls is a proof of the fact. Syphilitic infection may produce a like disease. It may occur in eight forms, namely, polyneuritic, poliomyelitic, Landry-line, pontine,

encephalitic, meningitic, abortive and ataxic types.

Infective signs may be the only symptoms, and of these, sweating, leucopenia and hyperaesthesia of the limbs may occur early.

The tendon reflexes may precede paralysis, while spinal rigidity, retraction of the head and peripheral cranial nerve paralysis occur. In the Westphalian epidemic the mesenteric glands, spleen and mucous membrane of the bowel were swollen.

Diplococci and other micrococci have been obtained from the spinal fluid; in other cases negative findings are recorded, while cultivations from cord and fluid are negative.

Transplantation of cord to monkeys produced the disease, and the suspected germ is not destroyed by freezing. Urotropin is the only remedy suggested as useful.

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**A Recent Surgical Convenience.** In the operating rooms and on the surgical carriages in the wards may be seen a piece of soap stuck with the varieties of pins which it pleases the doctor and the head nurse to most affect. Our old friend, the black-headed pin, long associated with crinoline dressings, retains still an honoured place. The history of the introduction of the soap into the hospital is interesting. Three years ago Dr. R. H. Follis operated upon a patient at the Church Home. The patient was a tailor by profession, and chanced to reside in Annapolis. When dressings were made he observed the difficulty with which the safety pins were put through the binder and suggested trying the method the cadets at the Naval Academy had evolved to help in pinning through their stiff ducks. This simple but most effective device was a piece of soap as a

pin cushion, and he further remarked that carpenters applied the same principle to screws. Dr. Follis immediately tried the plan, with such success that it has been generally adopted in the surgical service.—*Johns Hopkins Nurses' Alumnae Magazine.*

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**Tuberculosis of Bones and Joints** The "Therapy by Bacterins and Tuberculin in Mixed Suppurative Bone and Joint Disease," was the subject of a joint paper by Drs. De Forest Willard, Professor of Orthopaedic Surgery, University of Pennsylvania, and B. A. Thomas, Assistant Instructor in Surgery, University of Pennsylvania, Philadelphia, read before the recent session of the American Surgical Association. The authors recount their experience of two years' duration in the treatment by bacterins and tuberculin of tuberculous bone and joint disease, complicated by mixed pyogenic infections. The feature of the treatment consists in the alternation of bacterin and tuberculin inoculations in the mixed suppurative type of the disease, as spinal caries, tuberculous hip joint disease, etc.

They do not contend that bacterin therapy is a "cure all," nor that when indications for surgical intervention exist they can be disregarded and active immunization substituted. They wish, however, to emphasize the fact that the *accessory* employment of bacterin and tuberculin in certain cases stimulates the tissue cells of the organism to the production of specific anti-bodies to assist the bodily defenses in antagonizing and combating the given infections. On the other hand, the incompetent, inexperienced and careless use of these measures will not only fail to effect a cure, but will inevitably lead to disaster and thrust a therapeutic measure of worth into disrepute. Bacterins, particularly tub-

erculin, are more potent agents for evil than for good, unless wisely administered. They are invaluable aids in competent hands, and when so employed these cases do better with than those treated without bacterins; their detention in the hospital is shortened, and complications, if they occur, are fewer and less severe.

The authors present two definite clinical types of disease illustrated by charts, in which therapy by bacterins and tuberculin is recommended. The first type is represented by the case in which already at the time of operation a mixed infection of hæmatogenous or exogenous origin has been superimposed upon suppurative tuberculous caries. The second type is manifested in the evacuation and drainage of a "cold abscess," in which case almost invariably after a lapse of fifteen to twenty days, the temperature suddenly rises and symptoms of a mixed infection ensue.

These types of disease are of a serious character, not those mild cases which would recover following simple incision and evacuation, nor those neglected ones of prolonged suppuration, characterized by bacteræmia, grave sepsæmia and amyloid disease, but those with chronic localized processes, the treatment and prognosis of which have been greatly handicapped by the intervention of various pyogenic bacteria.

The authors have found that in the course of weeks the various pathogenic bacteria isolated from the suppuration vary and for that reason they insist upon the employment of autogenous bacterins, the pus being cultured and recultured at least monthly. As soon as the patient's temperature falls to 100 degrees or preferably lower, under the administration of bacterins, inoculations with tuberculin, either alone or alternat-

ing with bacterins for a time, are begun. They conclude, judging from the cases under their observation, that better results have attended the process of active immunization, when just, as in tuberculin therapy, pure and simple, the treatment has been commenced with relatively small bacterial inoculations, progressively increased to the therapeutic limit, rather than by recourse to large dosage, thereby in the former case establishing immunity, and in the latter avoiding anaphylaxis.

Studious observations of the clinical symptomatology have always sufficed to control the treatment, the opsonic index proving not only impractical but unreliable.

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**Drugs in Constipation.** In the May number of the *Practitioner*, W. Camac Wilkinson treats of the use of drugs in constipation, for while we affect to decry and condemn their use in constipation, they still remain our chief remedies. At all times the use of drugs requires clinical acumen, common sense and shrewd observation, lest the drugs make matters worse by establishing a still greater inhibition of the ordinary processes, digestive, muscular, and nervous, upon which the regular and complete evacuation of the bowels depends. Drugs have a specific affinity for certain tissues—a clinical fact which Ehrlich's brilliant hypothesis explains so simply—and when we desire to obtain one effect, we must remember also that few drugs affect one organ or tissue exclusively. This is especially true of purgative drugs. Constipation may be due to widely different causes and the choice of the drug, the dose, and the duration of its use largely depend upon the cause. Thus, if spasm or obstruction be the cause, purgatives which increase spasm and peristalsis are out of

court. After all, constipation is not a disease but a symptom, which arises when the rhythmic usually daily evacuation of the bowels fails. The severest and gravest form is absolute constipation. When neither feces nor flatus can be expelled, a striking symptom in all forms of intestinal obstruction, purgative drugs must never be used, since they cannot help the bowel to empty itself and can only add gravity to very grave conditions. In absolute constipation the only drug that eases the symptoms and gives temporary respite by allaying spasms is opium or morphine, and when the diagnosis is clear 1-6 to 1-4 grain of morphine in an adult, repeated at most in four hours, will give infinite relief and allow time for preparation for surgical interference. With these limitations morphin is the only drug to be thought of in absolute constipation. In other forms of constipation when spasm seems to check natural action of the bowels, morphin may be of use. Thus in lead colic, when the spasm invades also the abdominal muscles and produces the hard, retracted (boat shaped) abdomen, morphin may annul the spasm of the intestines and help evacuation. In extremely chronic forms of constipation one must use purgatives as little as possible, particularly in neurasthenic persons. In children one must aim at improving nutrition and general health; diet is of far greater importance than drugs. One should exercise care and discrimination in the use of drugs for habitual constipation, remembering the patient as well as the symptom. Some patients will take with benefit small doses of aloin, cascara, etc., for many years and keep the dose within moderate bounds. Here each case must be treated on its own merits and individual idiosyncrasies, carefully studied.

# MEDICAL EDUCATION IN NOVA SCOTIA.

By D. A. CAMPBELL, M. D.

Halifax, N. S.

(Read at Fifty-Seventh Annual Meeting Medical Society of Nova Scotia, held at Yarmouth, N. S., July 7, 1910.)

MR. PRESIDENT

AND GENTLEMEN:—

WITH your permission I now desire to call your very special attention to a matter of vital bearing on medical education in Nova Scotia, a matter which deeply concerns the Provincial Medical Board, as the legally constituted guardian of such education, and one, therefore, which calls for the earnest consideration of this Society as the body which appoints six members of that Board, and which, moreover has the whole care of the medical profession of this Province in its keeping.

Some of you may be already aware that "The Carnegie Foundation for the Advancement of Teaching"—a body richly endowed by Mr. Carnegie and having its headquarters in New York—has recently compiled and published a bulletin of some 350 pages, devoted to the subject of "Medical Education in the United States and Canada," in which is discussed first its history, its present condition, and its proper condition, while the latter half of the book is devoted to a more or less detailed account of the equipment, facilities, and status of each of the 155 Medical Schools in the Republic, and of the eight Medical Schools in the Dominion.

The aim of this work, as I understand it after a pretty careful reading, is to sweep or drive out of existence about four-fifths of the Medical Schools of the United States, and

about half of the Medical Schools of Canada; and how aptly and ingeniously the various essays and reports are fashioned to support and further that destructive aim, is evident from almost every page of the bulletin.

Thirty-one of the Medical Schools of the Republic, and four, or at the most five, of the Medical Schools of the Dominion, are marked for preservation, or amplification, while one hundred and twenty-four schools in the United States, and three, or perhaps four, in Canada, are plainly marked for slaughter, and to use the language of the Report: among those whose "speedy demise" is aimed at is the Halifax Medical College.

The main or most serious charge against the college is that it is mercenary or "commercial" in its spirit and ideals, a charge which its whole history, and the character of the men connected with it, since its inauguration as a Department of Dalhousie University forty-three years ago, most emphatically disproves.

But I had better give you the exact words of the report or criticism from the Carnegie Foundation's bulletin.

I shall now read to you from page 320, giving part of the report of the Halifax Medical College, as follows: "Three fourths of the fees are distributed among the professors, and this disposition of funds is reflected in the condition of the medical college; it possesses an ordinary, ill-smelling dissecting-room and a single utterly wretched laboratory for pa-

thology, bacteriology, and histology.

"A microscope is provided for each student.

"Though the same laboratory serves for the provincial board of health, no animals are used.

"There is no museum worthy of the name, and no laboratory work in physiology or pharmacology."

"The laboratory sciences have been starved that small dividends might be paid to generally prosperous practitioners."

The so-called report concludes thus:

"The question may fairly be asked: what is the value of the Dalhousie degree in medicine, won by students whose opportunities have been provided by Halifax Medical College? The connection is, from the standpoint of Dalhousie University, highly objectionable."

At page 36 of the bulletin, the Halifax Medical College is grouped with a number of institutions of which it is said:

"It is indeed stretching terms to speak of laboratory teaching in connection with them at all."

On page 88, we read:

"Elsewhere, dissecting-rooms are indeed found, but the conditions in them defy description. The smell is intolerable; the cadavers now putrid, as at Temple University (Philadelphia), the Philadelphia College of Osteopathy, the Halifax Medical College, and in many of the Southern Schools, including Vanderbilt; again dry as tanned leather,—at the University of Tennessee, &c."

At page 139, the report, referring to the Halifax Medical College, speaks of "the disgraceful condition of the premises."

At page 325, Laval and Halifax Medical College are characterized as "feeble"; and at page 326, the Halifax

Medical College is given notice to get off the map as follows:

"At this moment the needs of the Dominion could be met by the four better English schools and the Laval department at Quebec. Toronto has practically reached the limits of efficiency in point of size; McGill and Manitoba are capable of considerable expansion. The future of Kingston is at least doubtful."

With this summing up, it will be noted that Laval at Montreal, the Western at London, Ontario, the Halifax Medical College, and possibly Kingston, are consigned to the scrap heap. According to the report they "have no present function."

The parts of the report not included in this summary deal fairly enough with the Halifax Medical College and therefore do not cast discredit upon it.

But you will all agree with me that the parts I have quoted would, if true and well-founded, constitute a severe indictment of the Halifax Medical College, and that in any case they call for the earnest consideration, not only of the College itself, but also of Dalhousie University, of the Provincial Medical Board, of the Medical Society of Nova Scotia, of the Provincial Board of Health, and, through that last body, of the Provincial Government of Nova Scotia.

But to answer all these grave charges against the Halifax Medical College is, I am glad to say a comparatively easy matter. All that is necessary is to get at the facts.

And here, let me state that in proceeding to answer these charges, as I now propose, I have not been commissioned or instructed by the Medical College so to do. I did indeed inform the Executive of the College of my intention to address the Society on

this subject, and may be considered to have the consent of that body to do so; but what I have to present is entirely my own independent, personal view of this matter, based on an intimate personal knowledge of the College throughout its history and a full understanding of all the questions involved.

For such a task, it may, perhaps, be allowed that I have some needed qualifications. For some forty years I have been familiar with the affairs and work of the College and with the officers and teachers therein. For thirty-five years I have been one of the teachers, and it now happens that of all the present professors I am the senior in years of service.

Some further qualification may also, perhaps, be allowed me, when I come to speak of laboratories and laboratory teaching, seeing that some time ago I spent eight months in the laboratories of the Medical Department of Johns Hopkins University, and should therefore know something as to what laboratories and laboratory teaching should be.

Now, I think we shall be the better able to weigh and appreciate this Carnegie Foundation report and the serious charges therein contained, if we inquire somewhat in detail into the circumstances and manner in which that report was obtained or arrived at.

Two delegates, Mr. Abraham Flexner, of New York, and another gentleman, Dr. N. P. Colwell, of Chicago, were sent by the Foundation to visit the Halifax Medical College and report upon it.

All the circumstances connected with their visit happened to prove very unfortunate for the success of their mission, that is, assuming that their mission was to gather up all

material and relevant facts bearing upon the subject of medical education at Halifax, and to present an accurate and just report.

In September, 1909, President Pritchett of the Foundation, sent a letter to Halifax intimating that a visit of delegates was contemplated, but stating no definite date for the visit.

It so happened that when, about the middle of the following month, the delegates arrived suddenly and unexpectedly in Halifax, Dr. L. M. Murray, the Pathologist and the Secretary of the Halifax Medical College, was absent in Montreal, and no officer of that College ever saw the delegates, or even knew of their arrival in Halifax until after they were gone.

When the delegates arrived in Halifax it was after a certain midnight, in fact about one o'clock of a Saturday morning—the day as you all know which is an off-day, or at best only a half-day, in Halifax.

The following morning President Forrest, of Dalhousie University was informed of the arrival of Mr. Flexner and Dr. Colwell, the delegates, at the Halifax Hotel, and he with Dr. Lindsay, Secretary of the Medical Faculty of Dalhousie, promptly called upon them at the hotel.

Mr. Flexner asked such questions as he thought proper, which were duly answered.

The delegates, who were determined to leave the city by an early train that afternoon, then paid flying visits to Dalhousie University, the Halifax Medical College, the Victoria General Hospital, and the Halifax Dispensary.

The whole rush performance was enacted in about four hours, and the delegates departed, apparently assuming that they "knew it all," though they had not consulted with a



single officer of the Halifax Medical College, though they had inspected only a portion of its equipment, though their visits to the Dispensary and the Victoria General Hospital (entirely without the knowledge of the Superintendent) was entirely too brief and cursory to obtain correct knowledge of their work and of their teaching facilities available for the College and its students, and though their inspection and enquiries were prosecuted with such haste that they appear to have been unable to take away with them any clear and accurate understanding of even what President Forrest and Dr. Lindsay had told them.

President Pritchett, in his introduction to the bulletin, apparently having in view such rush inspections as that made at Halifax, and anticipating objections thereto, has asserted by way of defence to his methods, "a trained observer can quickly grasp the spirit, ideals and "facilities of a professional or technical school."

It is regrettable to have to state that his delegates who visited Halifax have displayed no such wonderful perspicacity.

In the draft report prepared by the delegates or Foundation, and sent, in February 1910, to President Forrest, of Dalhousie, for "comment," as the letter accompanying it stated, there were, among other grave inaccuracies, such astounding misstatements as the following:

1. That in Medicine Dalhousie University is the *licensing authority* for the Province.

2. That Dalhousie University subjects the students of the Halifax Medical College to only a *single* examination.

3. That one-half the members of the Medical Faculty of Dalhousie

University are members of the faculty of the Halifax Medical School.

4. That three-fourths of the "total income" of the College are distributed among the instructors.

5. That there is no museum and no library in the school.

6. That the two hundred free beds at the Victoria General Hospital are *not* all open to the Medical School.

7. That the students are *supposed* to attend the City dispensary.

Every one of these statements is, as you all know, entirely opposed to the facts.

(1). *Not* Dalhousie, but the Provincial Medical Board is the licensing authority.

(3) Dalhousie subjects the students of Halifax Medical College *not* to a "single examination" at the close of the medical course," but to a strict examination at the close of *each year* of the course, which since 1908 has been extended to five years.

The Medical Faculty of Dalhousie is not largely made up from the Faculty of the Medical College, but the two are quite independent, and in personnel quite different.

(4). Instead of three-fourths of the "total income," only about forty per cent. of the *fees alone*, have been distributed among the teachers of the College throughout its history.

(5). There are both a museum and a library; the museum is small but suitable and useful, and the library is valuable, consisting of over 3,000 volumes, and is constantly being increased by the addition each year of \$200 worth of the latest books, bought with the income from the Cogswell Fund.

(6). The 200 free beds at the Victoria General Hospital are *all open* to the Medical College, and the clinical teaching is extensive, and, with the

small classes in attendance, is very thorough and effective.

The students are not merely *supposed* to attend the City Dispensary, but they are *required* to attend there, and do attend, and in connection with that institution, though despised by the delegates as "small," receive valuable teaching and are afforded opportunities for good practical work.

It is certainly very remarkable that two experts, certified to be able to learn all about the spirit and ideals of an institution at a glance, should have drawn up a report containing so many inaccuracies; but it all goes to illustrate what I have already said about the hurried and utterly inadequate character of the visit of inspection.

Perhaps, moreover, some of you will also note that the errors are all on one side, all tend one way, all go to the making out of a case against the teaching of the Medical College and against the value of a Medical diploma or license granted in Halifax.

So glaring were these errors that, after the "comments" sent back from Halifax, these particular misstatements were eliminated and do not appear in the report as published on pages 320 and 321 of the bulletin.

So far no harm was done; but there were other grave errors and omissions in the draft report, for which the Halifax "comments" supplied considerable material facts for correction.

These "comments" and facts, however, the Foundation saw fit to ignore, and so stuck to their errors and consequent misrepresentation.

For example, the draft report had disposed of the whole subject of practical Anatomy thus:

"The Medical College possesses an ordinary, ill-smelling dissecting-room."

The Halifax "comment" corrected the false and misleading statement as follows:

"In the Halifax Medical College there is an ordinary, well-lighted dissecting-room.

There is an ample supply of material for dissections and for the operative surgery class, the result of a very satisfactory Provincial Anatomy Act.

Formalin with Arsenic and Glycerine are used as preservatives.

There is an appointed time (2 hours) each day for dissecting, during all of which the professor and his assistant are present aiding students or examining them on their work.

Every student is supplied, free of expense, with a set of bones for use at home."

The Halifax statement of facts shows that in the Halifax Medical College, most ample attention is devoted to the important subject of Anatomy.

The Foundation's report of the matter would make it appear that the teaching of Anatomy at the Halifax Medical College is mere make-believe and disgraceful.

The truth is that the subject of Anatomy is taught at the Halifax Medical College in a manner that will compare favorably with the teaching in any of the best schools in America.

It is true the College has no expensive refrigerator plant, but it uses proper means for the preservation of the dissecting material.

But every point of the Halifax statement of facts regarding Anatomy, the Foundation deliberately ignored, and adhered to their meagre, "ill-smelling," and misleading statement.

The foundation even go beyond the "ill-smelling dissecting-room" phrase of their draft report, and, at page 88

of the bulletin, charge the Halifax Medical College with having "putrid cadavers."

That all such statements in this bulletin regarding the Halifax Medical College are absolutely without any justification in fact, can be vouched for, and is vouched for, by many Halifax men who are quite as trustworthy and reliable as any connected with the Carnegie Foundation (or any other body.)

And here I may call your attention to a significant little incident.

You will recollect that it was noted in the Halifax statement regarding Anatomy at the Halifax Medical College, that "Every student is supplied, free of expense, with a set of bones for use at home."

This fact with all the rest of the Halifax statement, the Foundation have deliberately ignored and suppressed.

Some might suppose that this fact was passed over as of small importance; but if you turn to page 83 of the bulletin, you will find that when the College is "Cornell (Ithaca)" and not the "Medical College (Halifax,)" the Foundation consider such a fact of so great importance that a very special statement of it should be made in the bulletin. Thus you will find on page 83 the following foot-note:

"At Cornell (Ithaca) a complete set of bones is given out to each student."

Thus you will see that a practise which is worthy of special note and credit in the case of Cornell (Ithaca) is only worthy to be ignored in the case of the Halifax Medical College.

Just ponder that incident for a moment, in connection with all the other harsh statements and determined omissions, and see what you will be forced to conclude regarding the

spirit, reliability, fairness, and purpose of this Carnegie Foundation report.

When you find a critic deliberately and persistently making statements tending to the disparagement of an institution; when, at the same time, you find that critic persistently suppressing facts which would clearly tend to the credit of that institution; what conclusion do you come to, regarding the "spirit and ideals" of that critic?

Do you find the spirit of truth and justice, or the spirit of prejudice and preconceived purpose?

Now, let us turn to another paragraph of the delegates' or Foundation's draft report, and the Halifax "Comment" thereon.

The draft report asserted that "three fourths of the *total income* are distributed among the instructors."

The Halifax "Comment" admitted that three-fourths of the fees (not the total income) were *sometimes* distributed among the teachers, but it added this important statement:

"A larger percentage may be required for expenses, in fact on occasions the whole fees for the year have been surrendered by the teachers."

As a matter of fact it was by paying the teachers nothing for two full years, that the College was able to put a new wing to the building and provide the pathological laboratory and equipment.

But the Foundation utterly ignored this important statement of fact thus brought to their notice in writing. The important qualifying statement finds no place in the Foundation's report.

Why?

Perhaps you can furnish an answer.

But you will at least note that such a statement about the teachers getting

no part of the fees for a year or two at a time, in order that College needs might be the better served, would have been a complete answer to the Foundation's charge of "Commercialism," and it would also have fairly disproved the Foundation's main thesis that "The Laboratory sciences have been starved that small dividends might be paid to generally prosperous practitioners."

The whole report regarding the the Halifax Medical College, from the very first line to the last, is distinctly unfair and misleading.

At the very outset the College is described as a "proprietary school."

This is misleading. The Halifax Medical College is not a "proprietary school" at all in the sense that some of the United States schools are.

The members of the College corporation hold no stock or anything of the kind, and have no individual legal claim whatever in any property or funds of the College, either as dividends or otherwise.

The Halifax Medical College is no more a "proprietary school" than is any university in the country.

The College collects its revenue, including fees from students, and disburses those revenues as it thinks best in the interest of the educational work in which it is engaged.

If the College Corporation votes an honorarium to the professors and other teachers, they get it: if the Corporation does not vote such honorarium, they do not get it, and have no legal claim for it or any sum whatever.

The small sum which the College Corporation usually distributes each year among the teachers are in no sense dividends or salaries, but are entirely analgous to the honoraria distributed among directors of banks and other corporations, and among

the members of other public bodies, such as the Halifax School Board, not at all by way of dividend or salary, but merely to mark and promote regularity of attendance and attention to official duty.

If a professor or other teacher neglects to give a lecture or demonstration, he loses his honorarium for that hour.

This system has been found to work well in the business world in promoting regular attendance at meetings, and it is also found to work well in the College, and perhaps ought there, especially, to have a place, since nearly all the teachers are engaged in busy practice, and often find it by no means easy to attend to their College duties.

But still I am bound to add, what I know to be a fact, that the teachers one and all think a great deal more of their college work and of their service to medical education, than they do of the small honoraria which merely mark their regularity of attention to duty.

It now occurs to me, Gentlemen, that in giving you this little account of how this Carnegie Foundation report was manufactured or arrived at, I have incidentally given a fairly complete refutation of most of the charges urged and uttered against the Halifax Medical College.

I may here just mention another deliberate omission in the Foundation's report, though it was specially called to their attention in the Halifax "Comment," namely, that the Halifax Medical College provides teaching in Psychiatry, at the Nova Scotia Hospital for the Insane, an institution of some 400 beds, which, under the present highly competent superintendent and his able predecessors, has ever been conducted on the latest and most approved methods for the care

and treatment of the mentally afflicted.

Hospital improvement and expansion are going on in Halifax, and with the development of the new Children's Hospital, improved facilities will be available for teaching in Paediatrics.

But it now still remains that I should make special reference to the bulletin's aspersions as to the College Laboratory for the teaching of Pathology, Bacteriology, and Histology.

You will recollect that the bulletin's statement is:

"The Medical College possesses a single utterly wretched laboratory for pathology, bacteriology, and histology."

And this phrase, "utterly wretched," is used with reference to this laboratory several times throughout this libellous volume.

The words of the delegates' report might be understood to indicate that they considered it highly objectionable that a single room should be used for the three kinds of laboratory work, but, of course, as you know, there is no objection to a single room, provided it is large enough and has sufficient equipment to accommodate the several classes of students that there work at these several branches.

The Laboratory was designed and equipped for routine work and teaching, and so far it has proved entirely sufficient to meet the requirement and the needs of the students of the College.

The classes are always small, never exceeding twenty in Normal Histology, or fifteen in Pathology and Bacteriology.

There are four teachers, two for Normal Histology, and two for Pathology and Bacteriology. One of the latter being also the Provincial Pathologist.

A new wing of the College building was specially designed and built to provide this laboratory. The cost of building and equipment was about \$5,000, mainly provided through the teachers receiving no part of the fees whatever for two years in succession.

This laboratory room is 40 feet long, 24 feet wide, and 13 feet in height. It is lighted from three sides by seventeen windows, each three feet by eight feet, with those on the South and East sides obscured so as to avoid glare. The light throughout the room is excellent.

The room is hot-water heated, electric-lighted, and well ventilated.

Plain tables are fixed round the sides of the room, and afford liberal working space for thirty students at once, or half as many again as the largest class that so far has ever been in attendance.

Such is an accurate description of the "single room" which the delegates describe as "utterly wretched."

The equipment of the laboratory cost \$2,000; and it is all comparatively new and in good order. This equipment includes twenty-seven students' microscopes, and also four high-class instruments for bacteriological work.

While the supply of instruments known as student's microscopes has been more than sufficient for any class up to date, yet the College's own supply of high-class microscopes is rather limited; but the professors have regularly been in the habit of supplying the shortage by lending their own instruments, so that each student has always had a suitable microscope for his work. When the classes increase the College will of course have to provide itself with more high-class microscopes.

There are also five microtomes of various types; an autoclave and other sterilizers; two incubators; facili-

ties for making culture media, and all the glassware and material required for practical work.

The fact of this Laboratory being used by the Provincial Bacteriologist is of great advantage to the College and its students, because it affords at all times an ample supply of varied and suitable material for pathological and bacteriological work.

That in the public interest, however, the work of the Provincial Pathologist should be greatly extended and put on an improved basis, is a matter which, at a later stage, I shall urge upon your attention.

The College so far has not been able to provide laboratory teaching in pharmacology, in the sense in which that word is used in the delegates' report, that is by making experiments to observe the effects of drugs on living animals.

But the College does something far more practical and useful; it gives all its students a very thorough training in Practical Pharmacy; and it does that especially for the reason that many of our practitioners in this Province have to do their own dispensing.

For this course in practical pharmacy the Foundation gives the College no credit whatever. Although attention was called to it in the "Comment."

As to the charge that there is no laboratory work in physiology, it is to be said that hitherto the teaching in the physiology has been mainly didactic.

Two years ago, however, a move was made to provide, in some measure, for laboratory work in this subject; money was voted for the purpose, and a gentleman was chosen as teacher. It is now definitely decided that, at the next session of the College, he will actually begin this work.

Physiological Chemistry is provided for at Dalhousie.

It seems to me now, gentlemen, and I trust it will appear the same to you, that I have already fairly covered and refuted all the serious charges against the Halifax Medical College, preferred by these distinguished, but by no means infallible critics, and that I have also given you ample material from which to form a correct judgment as to the character, aim and spirit of this extraordinary production of the Carnegie Foundation.

That there is much in the volume of great value, which may be read with profit by medical men and educationists, I do not for a moment deny; but the evident aim of the whole work is altogether too destructive, and the methods adopted in furtherance of that aim are not characterized by sufficient regard for truth and justice.

In my opening remarks I intimated that if the charges against the Halifax Medical College were true and well-founded, the fact should call for prompt action on the part of the Provincial Medical Board and of this Society; but I think that I have shown you clearly that all the main charges are without foundation in fact.

But while it is only necessary to cite existing facts in order to refute the disparaging charges of the Carnegie Foundation delegates, it should be distinctly said that the Halifax Medical College is far from claiming perfection, or that it would not very joyfully welcome more extensive facilities for its work.

The ideals and aims of the College have always been of the highest.

When at first it was inaugurated as a Department of Dalhousie University in 1867, it was a part of a movement among the medical men of

Halifax to elevate the standard of medical education in this Province.

It was felt that amendment of the Medical Acts was desirable for the elevation of that standard, but that such improved laws would be attended by some hardship to the young men of the Province, desiring to study medicine, and by some public injury through a scarcity in supply of qualified medical practitioners, unless a Medical School were opened in Halifax to save our students the greater expense of going abroad; and indeed at that time the most accessible schools, namely, those in the United States, were far from being all that was thought desirable, their period of study being too short and their requirements as regards preliminary education being nil.

Halifax at that time had a body of medical men of very marked ability, including Drs. Charles Tupper, A. P. Reid, A. J. Cowie, W. J. Alnon, D. McN. Parker, Edward Farrell, W. B. Slayter, H. Gordon, R. S. Black, Alexander Hattie, and J. R. DeWolf; and to those may be added George Lawson, Professor of Chemistry at Dalhousie, a very thorough man in both Chemistry and Botany, with extensive experience as a teacher in Edinburgh, where he was conspicuous in the introduction of laboratory methods in the study of Biology and also in Kingston, Ontario, where he had taken part in the inauguration of the Medical Department of Queen's University.

Nearly all of these men had received more or less of their professional education in Edinburgh, London, Dublin or Paris, and the standard which they demanded was far higher than that generally prevailing on this Continent.

It was to promote such a progressive aim in medical education, and it

was through the enthusiasm of men of such ability, training, and ideals, that the Medical School at Halifax took its rise, and that school has never yet departed from the high ideals which attended its birth.

From the reorganization of Dalhousie onward, the establishment of a medical school at Halifax was constantly engaging the attention of the profession, and the man whose services proved most helpful to that end was Dr. (now Sir Charles) Tupper.

The service with which a medical man in this Province is most likely to credit Sir Charles Tupper are: (1) His defence of Dalhousie; (2) His advocacy of a Medical School, and (3) his reorganization of the Halifax Hospital, placing it on modern lines and a practical working basis.

Without this last item the establishment of a medical school would have been impossible.

When the question was first mooted about 1863 by the Governors of Dalhousie University the Medical Society of Nova Scotia declared it not feasible, because there was no Anatomy Act, and the clinical facilities were insufficient.

Sir Charles was at one and the same time Provincial Secretary and President of the Medical Society and one of the Governors of Dalhousie University, and his influence was, accordingly, very great and helpful.

In 1867 the school was inaugurated as a Department of Dalhousie University but only as a preparatory school. This, however, was found insufficient to meet the public needs of the Province, and accordingly the full school was organized in 1870.

The following requirements which the founders laid down for the school, prove that its educational aim was high:

(1) Compulsory Matriculation Examination in the subjects then required by the Medical Council of Great Britain.

(2) The period of medical study, after matriculation, to be extended to four years.

(3) A graded curriculum.

(4) Laboratory teaching as far as that could be made possible.

(5) A high standard for examinations, written, oral, and clinical.

That was in 1870. The ground taken by the founders of the Medical School at Halifax was in advance of that held by the Medical Schools of the United States at that date.

Every good feature adopted by the founders of the School forty years ago, has been scrupulously maintained to this day. The only changes made, have been in the way of progress—the Medical Course, then extended to four years, has since been extended to five years, the professional curriculum has been enlarged, the laboratory and clinical teaching have been increased, and the professional examinations have been made even more practical and thorough so as to test a candidate's actual fitness for practice.

As the leading man in the organization and development of the school from 1867 to 1870, the Dean of the Faculty at that time, is with us here to-day, still hale and hearty in his happy old age—I refer to Dr. A. P. Reid, and as Dr. Reid's career displays some points of considerable interest I am sure you will allow me here a brief paragraph thereupon in passing.

Born in Ontario 76 years ago; Alexander Peter Reid graduated in Medicine from McGill in 1858; pursuing post-graduate studies in Edinburgh, London, Paris, and at the Rotunda Hospital, Dublin; he return-

ed to Canada, and started practice in Huron County, Ontario. Shortly afterwards he undertook an expedition and crossed the Continent overland on British territory, to British Columbia. From here he passed down the Pacific coast to Oregon, and here served for a short time as surgeon to a volunteer force in a war against the Indians. Continuing South he reached Mexico; and from Mexico found his way to New York, where he studied for a winter at New York University. Coming then to Nova Scotia, he practiced for a time in Guysboro, but soon after removed to Halifax and became the Dean of the Medical School. His subsequent career is familiar to you all, how that, successively he served most acceptably, as superintendent of the Nova Scotia Hospital, then Superintendent of Victoria General Hospital, and lastly as Secretary of the Provincial Board of Health, in all of which he has done valuable work for the public.

Some more special notice should be made of some others who took part in the organization of 1870; but time presses.

In 1875, for financial reasons and to secure more commodious quarters, especially for the Anatomy work, the Medical School became separately incorporated as the Halifax Medical College, with degree conferring powers, and erected the new building on College Street.

The College then affiliated with the new University of Halifax, and Students were at liberty to take the examination of either the College or the university. All the students of that period, however, took the diploma of the College; and one gentleman who took the examinations and diplomas of both, subsequently obtained degrees in Medicine and Surgery in Britain,



and is now one of the leading surgeons of this Province.

In 1885 the University of Halifax having become inoperative, the College was again drawn towards Dalhousie, but for financial reasons an open affiliation with the University could not be maintained. Dalhousie organized a full medical faculty, and undertook the teaching of the science subjects of the medical course, while the Halifax Medical College devoted itself entirely to the teaching of the strictly medical subjects. The two together *have* provided a very full and effective course of training for medical practitioners; the College having practically ceased conferring degrees, while Dalhousie has become the examining and degree-conferring body.

The present arrangement between the College and the University is working very well for all concerned, the public included; but it has its objections and just as a few years ago the McGill Medical School became an integral part of McGill University, so it is not unlikely that, before very long the Medical School at Halifax may again become an organic part of Dalhousie as it was at the beginning and should always have remained.

But of all such facts regarding the history of the College, and of its real aim and ideals, the able and expert delegates of the Foundation remained profoundly ignorant.

Another unfortunate result of the extreme brevity and hurry of their visit was that they evidently learned nothing about the constitution and practice of our Provincial Medical Board. There is indeed not a single line in their Report to indicate even the existence of such a Board.

Yet this body of experts and censors regard properly constituted State Boards as lying at the very foundation of a sound system of medical

education, and as "the instruments through which the reconstruction of medical education will be largely affected." (see p. 167).

But if the delegates had made proper inquiry and had learned the truth, they would have discovered that the Provincial Medical Board of Nova Scotia has a constitution embodying every feature which they themselves set down as necessary and desirable.

At page 171 of the bulletin we read:

"A model state board must therefore guard the following points: the membership of the board must be drawn from the best elements of the profession, including—not, as now, prohibiting—those engaged in teaching; the board must be armed with the authority and machinery to institute practical examinations, to refuse to recognize unfit schools and to insist upon such preliminary educational standards as the states own educational system warrants; finally, it must be provided either by appropriation or by greatly increased fees with funds adequate to perform efficiently the functions for which it was created. The additional powers needed in order to deal effectively with the practice of medicine, lie outside the present discussion."

If the delegates had made due inquiry they would have found that the Provincial Medical Board of Nova Scotia possesses all the legal authority here set down as necessary to a "model board," including the "additional powers," and that, in practice, the Board exercises all its authority as to preliminary education and professional education, and further that it uses its "additional powers" so as "to deal effectively with the practice of medicine," and to such good purpose that we have few if any unqualified practitioners and "medical sects" are unknown in this Province.

The state boards with which the delegates are familiar are evidently of a very different character; for, at page 170 of the bulletin, we read:

“One or two of the states have latterly begun to introduce certain practical features into their examinations.”

On the other hand, the professional examinations of the Provincial Medical Board of Nova Scotia are conspicuously practical—written, oral, and clinical—dealing with the subjects of the fourth and fifth years in such a way as to test thoroughly the fitness of the candidate to engage in the practice of medicine.

If the delegates had duly inquired into the constitution and practice of the Provincial Medical Board they would have found that Medical Education in Nova Scotia is on a perfectly sound and safe basis.

In concluding this part of my subject let me call your attention to the fact that, so thoroughly satisfactory is the Nova Scotia system of Medical Education, the General Medical Council of the United Kingdom has agreed to Reciprocity in Registration between this Province and Great Britain.

The requisite acts of Parliament having been previously passed, the General Medical Council, in May, 1907, adopted a resolution to the following effect—the exact phrasing being somewhat abbreviated.

“That any person who holds the degrees of Doctor of Medicine and Master of Surgery of the Dalhousie University, or of the Halifax Medical College, or who holds the Diploma granted after examination by the Provincial Medical Board, and is at the same time duly registered in the Medical Register of Nova Scotia, shall be entitled to be registered in the Colonial List of the British Medi-

cal Register, and shall thereby become equally entitled to the same privileges as persons registered in the regular Home Register.”

This includes the right to practice in Britain and in certain other colonies and countries, and also gives admission to the army and other medical services.

It may not be pleasant for us to fall under the condemnation of the Carnegie Foundation delegates after a four hour visit, but we are not entirely without friends and need not feel either cast down or dismayed. Respecting the future of the Halifax Medical College, something further however remains to be said.

The Carnegie Foundation has indeed moved for its prompt abolition, but I do not suppose that any person in this Province would think, for a moment, of seconding such a motion, unless indeed merely for the purpose of giving formality to a discussion.

In any such possible discussion I would briefly note the following points:

(1) The territory to be specially served by the Halifax Medical College comprises the three Maritime Provinces of Canada and the Island of Newfoundland a—region of far greater area than that of all the New England States, and with a population of about one million and a quarter, or about one-sixth the population of the Dominion; and in this region the present proportion of medical practitioners to population is one to about twelve hundred.

(2) The Carnegie Foundation itself recognizes the desirability of local Medical Colleges, with a view to serving the needs of special territories. At page 145 of the bulletin we read:

“A reconstruction of medical education cannot ignore the patent fact that students tend to study medicine

in their own states, certainly in their own sections. In general, therefore, arrangements ought to be made, as far as conditions heretofore mentioned permit, to provide the requisite facilities within each of the characteristic state groups. There is the added advantage that local conditions are thus heeded and that the general profession is at a variety of points penetrated by educative influences."

(3) The Foundation in fact admits that Halifax is a proper place for a medical school, for at page 150, it is declared: "At some future time doubtless Dalhousie University will need to create a medical department"; yet the Foundation now absurdly asks that Dalhousie should destroy what she now has in herself and in virtual affiliation with herself, before setting about building up a new school.

(4) All the reasons that called for the inauguration of the school, in 1867 and 1870, still exist and demand its continuance.

(5) It is entirely proper, if not imperative, to consider the reputation and interests of all the 211 graduates of Dalhousie and the Halifax Medical College, now living and practising not only in Nova Scotia but in many other countries. It is indisputable that Dalhousie and the College are now better able to give a thorough medical training than ever before. If, therefore, the College should now be abolished at the instance of the Foundation, it would be a declaration to the world that the medical education heretofore provided at Halifax had been comparatively worthless—a declaration that would not only be grossly unfair to all the living graduates but would also be positively untrue.

(6) Nova Scotian Degrees in Medicine have already attained such standing and recognition in the Brit-

ish world at least, that it would be sheer folly to do anything tending to jeopardize or forfeit their value.

(7) We shall more readily attain the best results in Medical Education by going on to improve what has already been accomplished by nearly half a century of faithful and intelligent effort, than we should by foolishly destroying a valuable existing institution, and then being compelled, as we should be at some near future time, to start anew and build up from nothing.

And this reference to improvement brings me to the last topic upon which I propose addressing you to-day.

Now, the first great improvement that is needed, not merely in the interests of Medical Education, but also and chiefly in the interests of Public Health, is the organization and establishment by the Provincial Government, of an ample, thoroughly equipped, and well-manned Pathological Institute.

The present condition of the Laboratory used by the Provincial Pathologist is not sufficient to deal with the ever growing needs of the Public Health of the Province.

The present facilities for Clinical Pathology at the Victoria General Hospital are entirely inadequate.

The work already accomplished by the Provincial Bacteriologist at the Laboratory of the Halifax Medical College is about all that could be done with the present equipment by a man who is not so adequately paid by the Province as to be able to devote his whole time to the work; but the public needs and demands of the Province are constantly increasing.

Hence improved accommodation and equipment, with facilities for research work, are, from the point of view of the public health alone simply indispensable.

The immediate needs are: (1) A new building specially designed and adapted for this work; (2) Ample equipment for the doing of all such work as engages attention in a modern and well-provided Pathological Institute; (3) This new institution should be presided over by a thoroughly trained and first-class pathologist, devoting his whole time and energies to the work, with an adequate salary, and with a sufficient corps of assistants.

This forward move is demanded moreover not only by the increasing needs of the public health, but also by the needs of the Hospitals in the various Provincial towns, and especially by the needs of the Victoria General Hospital.

Such an institution could be so utilized as to afford considerably increased facilities for laboratory work in medical education; and the Halifax Medical College has some substantial right to ask such assistance at the hands of the government, in view of the fact that for the past ten years the laboratory of that College has really been supplying the place of such an institution for the benefit of the whole Province.

The many and varied services of the medical profession of the city and Province for the promotion of the Public Health which as was said by Disraeli is "the great concern of statesman," may also well be considered to entitle them to ask some such recognition at the hands of the government.

While the government is now very properly doing much for Technical Education, is it not proper that it should also do something for Medical Education, and at the same time provide indispensable help for the conservation of the health of the whole Province, and especially to afford

most material and greatly needed assistance in fighting the Great White Plague.

A fully equipped Pathological Laboratory, under the superintendence of a thoroughly trained man, affords most valuable assistance to the practitioner in both diagnosis and treatment; but "perhaps even more important than its services to curative, have been the suggestions of bacteriology to preventive medicine;" and preventive medicine is a matter to engage the special attention and care of governments.

There is ample room on the Victoria Hospital grounds for such a building as would be required, and a first class laboratory there would be convenient to meet the needs of both the Hospital and the Medical College.

For his highly meritorious services in conserving the Public Health and promoting Medical Education, I desire to mention the name of one man whose memory is deserving of a high tribute from both the profession and the government—I refer to the late Dr. Edward Farrel, "a man in civic action warm," who came to an early grave through over-devotion to the public service.

When the Provincial Government establish such a Pathological Institute as I have shown to be indispensable, they will perform a graceful and proper act if they give it the name: "Farrell Pathological Laboratory."

Mr. President and Gentlemen, I have to thank you for the patient hearing you have given this rather long address.

I trust I have afforded you some assistance in measuring the value of this Carnegie Foundation report; in judging the character of the strictures against the Halifax Medical College and Medical Education at Halifax; in seeing the folly there would be in

suffering such ill-founded criticism to have any destructive effect on the College; in appreciating the fact that Medical Education in Nova Scotia is on a sound and safe basis; and in recognizing the urgent need of a

new and thoroughly equipped Pathological Laboratory, in the interests of Public Health, and of Medical Education.

If our work is to endure we must make it fit to endure.

## DISCUSSION.

Dr. John Stewart said: I think that Dr. Campbell's carefully prepared paper demands the serious consideration of this society. I think we all feel that he has shown very clearly that the estimate made of the Halifax Medical College by the Carnegie Foundation is a very unfair one, very misleading, and influenced by prejudice. To my mind the keynote to the nature of the report lies in the word "mercenary." The use of such a word in describing the founders or the teachers of the College is simply unjust and entirely uncalled for. Who, for instance, that knows him, can attribute mercenary motives to Dr. A. P. Reid, or indeed any of those who founded and fostered the College. They certainly gave more than any pecuniary return has given them.

Nothing but prejudice, or gross ignorance of the history of the College could lead to the use of so offensive a term.

The friends of the College do not think of claiming rank with the foremost medical schools; what they do claim is that the College gives a sound and efficient training in medicine, and they can justify their attitude by pointing to the many graduates of the College now practising successfully, and holding honourable positions not only in the Maritime Provinces and Newfoundland, but in Western Canada and abroad.

I believe this Society, numbering as it does many graduates of the College, has confidence in the College, and considers that it supplies a need in these eastern provinces.

The gentlemen who report so unfavourably on the College comment on our limited laboratory facilities. Well we should like more apparatus, but so does every laboratory. There is always something more wanted. And it is the man more than the laboratory that makes for efficiency. There were no pathological laboratories when Lister developed antiseptic surgery; Koch, a country practitioner in a lonely Prussian village, had no laboratory, but what he could construct himself. Trudeau alone in the Adirondacks demonstrated the main facts in our knowledge of tuberculosis.

The hospital facilities are quite sufficient for the number of the students.

I think it would be a good plan for all the graduates of the Halifax Medical College, who naturally resent this ill-informed attack on their school, and who must feel that the good character of their degree is called in question, to form a league or society to aid in the continuance and the efficiency of the College.

Dr. Birt, Halifax, ventured an opinion on one point only. He thought, since he was neither a native of the province nor a graduate of the H. M. C., and since his connection

with the teaching staff was so recent, that he might be assumed to be a fairly unbiased critic. His 23 years of professional life had thrown him in contact with men holding a great variety of medical qualifications on both sides of the Atlantic—including most of the British and Canadian degrees, and those of many of the leading schools of the United States. On retrospect he did not think that, taken as a whole, the graduates of the Halifax Medical College suffered in comparison with the work of men who came from wealthier or more famous seats of medical teaching. He had found them, as a rule, excellent emergency men, alert and resourceful, and well up in diagnosis and modern therapeutics. Recognizing fully that there are weaker brethren holding the degrees of *every* school, he had not found these proportionately more numerous amongst the Halifax graduates than elsewhere.

Dr. M. Chisholm, Halifax, said that opposition to the existence of a medical school in Halifax disappeared many years ago. The success of the Halifax Medical College depended upon the thorough grounding students received in the primary subjects and the excellent clinical facilities afforded by the Victoria General Hospital. The number of students was never large, and questionable methods of attracting larger numbers had never been resorted to. It would seem as if the glamour of costly buildings had blinded the eyes of the Carnegie delegates.

Dr. A. J. Fuller, Yarmouth, dwelt especially upon the advantages of small schools where there was no disproportion between the number of students and the clinical facilities. He was satisfied that the Halifax Medical College had done good work and should be maintained.

Drs. Eagar, Halifax; Kennedy, New Glasgow; Webster, Yarmouth, continued the discussion.

A committee, consisting of Drs. Stewart, Webster, Chisholm, W. H. McDonald and the Secretary, was appointed to prepare a minute in connection with Dr. Campbell's paper, and later submitted the following, which was unanimously adopted:

"The Medical Society of Nova Scotia, in session at Yarmouth, July 6th and 7th, 1910, having considered Dr. Campbell's criticism of the Report of the Carnegie Foundation on the standing of the Halifax Medical College, finds that the Report is prejudiced, inaccurate and misleading.

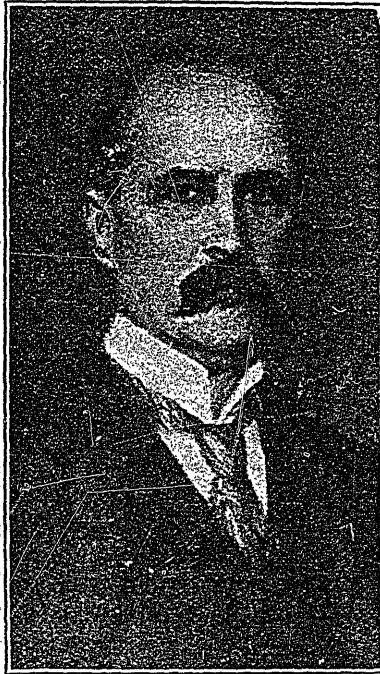
"The Society considers that the best answer to the Report is furnished by the good standing and success of the practitioners who received their education in Halifax.

"The Society believes that the Halifax Medical College has proved its efficiency and that it serves a useful purpose in the Maritime Provinces and Newfoundland, and it strongly recommends that every effort should be made to ensure the continuance of a medical school in Halifax."

## OUR PORTRAIT GALLERY.

**W**ILLIAM OSLER was born July 12, 1849, at Bond Head, Ontario, the sixth son of Rev. F. L. Osler, an English missionary. He was educated at Trinity College school, Weston (now at Port Hope).

stitutes of Medicine there in 1874, a position which he held for ten years. In these years at McGill, by strenuous and unflagging work in the laboratory, the *post mortem* room and the ward, he laid the foundation of a career un-



DR. WILLIAM OSLER

He entered Trinity College, Toronto, in 1866 with the intention of studying theology, but after two years left without proceeding to his Arts degree. He studied medicine at McGill University then, and graduated M. D., McGill, in 1872, and became professor of the In-

equalled for brilliancy in our country.

In 1883 he was elected a Fellow of the Royal College of Physicians, of London. In 1884 he left Canada for the United States, having been appointed professor of clinical medicine in the University of Pennsylvania. He

was invited to deliver the Gulstonian Lectures in London, and chose for his subject Malignant Endocarditis, a disease to which he had given special study, involving much original observation. These lectures attracted much attention, and the British Medical Journal, commenting upon them, expressed the opinion that they provided "the most complete summary of the knowledge of the subject which has yet been made." In 1886 he delivered the Cartwright Lectures on the Physiology of the Blood Corpuscles to the Association of the Alumni of the College of Physicians and Surgeons in New York. It was a striking tribute to the ability and character of Dr. Osler that when the Johns Hopkins Hospital was organized, early in 1889, he was chosen as Professor of Medicine in the University and Physician-in-chief to the Hospital. This position gave fine scope to his amazing power of work, and of organizing research, and it is not too much to say that the success of the Johns Hopkins school is due very largely to his energy and industry. His well-earned reputation as a clinician, especially perhaps his work in cardiac disease, was increased by his success as a teacher, and his text book of Medicine rapidly came to be regarded as the best work of the kind in the English language. In 1893 he obtained the "blue ribbon" of science in the empire, becoming F. R. S.

His long residence in the United States had not made him an American, at least he was still a British American, and he came back to British soil and the folds of the Union Jack, when, in 1904, he was appointed by King Edward VII Regius Professor of Medicine in the University of Oxford, in succession to the late Sir John Burdon Sanderson, one of the most brilliant and able and well-beloved of English scientific men. We quote the

following paragraphs from the *Lancet* of August 20, 1904, in comment on the appointment:

"Professor William Osler has been appointed by the King Regius Professor of Medicine in the University of Oxford in succession to Sir John Burdon Sanderson, who has recently resigned the post. We heartily congratulate the Crown upon their choice, and no less heartily do we felicitate the University upon adding to the number of their professors so brilliant an exponent of science. At a meeting of Oxford medical graduates, held in London on January 5th, a resolution was passed, 'that in the opinion of this meeting the new Regius Professor of Medicine should be a physician who is representative of medicine in its widest sense.' Everyone will allow that the new Regius professor fulfils this requirement to the uttermost. As a teacher Professor Osler has had a very wide experience. . . . He is the author of the best text-book of medicine of the day . . . and he is universally recognized as one of the foremost exponents of modern medicine. . . . It is an open secret that there promised to be some difficulty in filling the chair vacated by Sir John Burdon Sanderson, and at the meeting of Oxford medical graduates, to which we have referred, it was held by resolution that the Regius professor 'ought to be a man who could be accepted as the leader and representative in Oxford of the medical graduates, and one to whom they could with all confidence give their loyal support.' Oxford has now obtained just such a man. In Professor Osler's hands the University may be sure that the medical school will progress upon learned, practical and dignified lines."



Our limits prevent any discussion of the many features of Professor Osler's activity; his charming essays and lectures, his precise and thorough work in pathology, inspiration of his clinical teaching, his delightful hospitality, his spirit of comradeship. We believe Professor Osler has done as much as any man to foster a feeling of brotherhood and mutual regard between the medical men of Canada and the United States. He is as much loved and honoured in the one country as in the other, and it is well for us that we love

and honour such a man, and try to imbibe something of his philosophy. Perhaps some clue to the success of Professor Osler's life, some glimpse of the philosophy or the faith that informs and inspires his work may be found in the question he asks in the lecture on the Immortality of Man, delivered at Harvard University: "Does it ever enter into the consideration of those controlling the destinies of their fellow-creatures that this life is only a preparation for another?"

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## HONORARY ACADEMIC CONSUL.

The Students' Representative Council of Edinburgh University, has officially appointed Dr. A. W. H. Lindsay, of Dalhousie University, as Honorary Academic Consul in Halifax. The duties of Academic Consuls as indicated in the official announcement are:—

1.—To give information and introductions to any Colonial Students proposing to study at Edinburgh University.

2.—To assist and advise any recommended graduate from Edinburgh

University about to settle in their country.

3.—To make an annual report to the Convener, of any matters affecting its interests, the substance of which shall, if of general interest, be published in the *Edinburgh University Magazine*.

The Convener of the Imperial Academic Committee indicates that a letter of introduction from Dr. Lindsay will secure to any student setting out for Edinburgh all the help it is possible for the Committee to afford.

**I**N our May number we commented on an instance of the collision of interests which sometimes occurs in the practice of neighboring practitioners and which, unfortunately, lead frequently to ill-feeling and personal antagonisms. Our attention was called to the incident by a third party, who sent us a paragraph from a local newspaper in which it appeared that, apart from the personal element, there had been a disregard of public health interests. We have just received from one of the gentlemen concerned an indignant denial of the statements made in the newspaper to which we have re-

ferred. It appears that when he found the patient had been already seen by his colleague he expressed his willingness to retire from the case, and he also states that he gave orders for isolation and fumigation. The writer desires to state, as he says, "the facts of the case," over his own signature, but as a large part of his letter consists of hearsay evidence, we see no good purpose to be served in publishing it, especially as the style of the letter is certainly not calculated to promote harmonious relationships in the case.

# SOCIETY MEETINGS.

## ANNUAL MEETING YARMOUTH MEDICAL SOCIETY.

THE 57th annual meeting of the Medical Society of Nova Scotia met at Yarmouth, July 6th and 7th.

The first session convened at Killam's Hall at 9.30 a. m. Dr. G. W. T. Farish in the chair. After the minutes of the previous meeting were read, reports from the Secretary-Treasurer and the Cogswell Library were read and adopted.

The President named Drs. J. W. Lean, W. B. Moore, D. A. Campbell, W. H. McDonald and Corston as the nominating committee.

Dr. Putman submitted report of local committee. Dr. H. H. Banks, of Barrington Passage, read a paper on Acute Anterior Poliomyelitis. It was discussed by Drs. Campbell, W. H. McDonald, Kennedy, Eagar and others.

Dr. E. Kennedy, of New Glasgow, read a paper, Some Reflex Neuroses. Discussed by Drs. Rudolph, Eagar and others.

Dr. A. Birt, of Halifax, read a paper on Excessive Blood Pressure a Promising Sphere for Preventive Medicine. Dr. Rudolph Miller and others discussed the paper.

### AFTERNOON SESSION.

Interesting papers were contributed by Dr. A. F. Millar, on the Early Diagnosis of Tuberculosis, with demonstrations. Discussion was deferred.

Next followed the address in medicine by Dr. R. D. Rudolph, of Toronto. He chose for his subject, "The Causation and Recognition of Functional Heart Murmurs." Dr. Rudolph was tendered a vote of thanks for his very interesting contribution.

The members then participated in a delightful automobile drive, provided by the local committee and their friends.

The evening session convened at 8 p. m. This meeting being open to the public, there was a large attendance. The President introduced Mayor Kelly, who addressed the meeting briefly, conveying to the members Yarmouth's official greeting. Dr. Kennedy, the vice-president, responded in appropriate terms, thanking the citizens for their very cordial reception.

Then followed the address of the President, G. W. T. Farish, of Yarmouth. His paper was entitled, "Reflections." He denounced unethical conduct in severe terms, and criticized recent forms of quackery in a very forceful manner.

Dr. Putnam read the paper of Dr. H. G. Farish, of Liverpool, entitled, "Reminiscences of Sixty Years' Practice in Queens County." The veteran doctor's health did not permit of his presence, which was very generally regretted.

Dr. W. Eagar, Halifax, exhibited a large number of lantern slides in connection with X-ray work.

Thursday, July 7th, 9.30 a. m.

The report of the nominating committee was adopted.

Halifax is to be the next place of meeting.

President—Dr. James Ross, Halifax.

1st Vice-Pres.—Dr. E. Kennedy, New Glasgow.

2nd Vice-Pres.—Dr. J. S. Morton, Shelburne.

Sec'y-Treas.—Dr. J. R. Corston, Halifax.

Executive Committee—Drs. J. L. Bethune, L. P. Bissett, R. G. Gunn, W. Huntley, McDonald, Jost, L. R. Morse, Putnam, T. C. Lockwood, with the presidents of the various county societies.

It was decided after a short discussion to defer action in respect to an annual tax for the support of the Provincial Board.

The papers read the previous day by Drs. Millar and Rudolph were discussed.

Dr. D. A. Campbell, Halifax, then read his paper on Medical Education in Nova Scotia.

Next followed the address in surgery by Dr. S. J. Mixter, of Boston. His theme was: "Intra-abdominal Adhesions." A cordial vote of thanks was tendered to Dr. Mixter for his most interesting and instructive contribution.

Dr. M. Chisholm, Halifax, read an interesting paper on "Regeneration of the Tibia."

#### AFTERNOON SESSION.

Dr. A. P. Reid, Middleton, read a paper on Pneumonia, Past and Present, and strongly advocated, in suitable cases, the old practice of venesection. An interesting discussion followed, in which many took part.

Dr. Campbell's paper was discussed by Drs. John Stewart, Birt, Eagar, Fuller, Kennedy, Cowie, Chisholm, Webster and others. A resolution was adopted appointing Drs. Stewart, Chisholm, Webster, W. H. McDonald and the Secretary a committee to convey to the Governors of Dalhousie University the unanimous decision of the meeting, that the continuance of a medical school in Halifax was desirable and necessary.

Dr. Chisholm's paper was briefly discussed. Then followed an excursion to "Markland," for dinner and smoking concert, which was greatly enjoyed. The weather throughout was favorable, the papers excellent, the discussions pointed, and the social features marked, reflecting credit on the local committee.

### ANNUAL MEETING OF THE ANNAPOLIS-KINGS MEDICAL SOCIETY.

THE Annual Meeting of the Society was held in Canning on the kind invitation of Drs. Miller and Covert, and was a very successful meeting. Nearly twenty doctors met in the parlors of the Waverly House, on June 22nd, and transacted the regular business of the Society and elected the officers as follows for the year: President, Dr. P. N. Balcom, Aylesford; Vice-Presidents, Drs. J. W. Miller, Canning, and L. R. Morse, Lawrencetown; Secretary, Dr. W. F. Read, Middleton; Members of the Executive, Dr. J. A. Sponagle, Middleton; Dr. W. B. Moore, Kentville.

President Dr. S. N. Miller gave the Annual Address, and said, in part, that this session closed the third very successful year of the Society, during which time many very valuable and instructive papers, both from our own members and from those outside, had been read, and which had resulted in giving us new ideas and broadening our views.

The doctors of Digby County were in part represented by Dr. L. H. Morse, of Digby, who was invited to meet with us, and expressed his appreciation of being asked to attend the Society meeting, and hoped that

some arrangement could be made whereby Digby County could join the Society and enlarge its borders.

Dr. Morse very kindly invited the Society to meet the next time at Digby, and on motion this invitation was accepted.

The evening session was a particularly agreeable one from the presence of four of the leading practitioners of Halifax, who had very kindly consented to present papers, and the following programme was enjoyed by all.

Dr. Mathers' paper was a very careful, practical, and "up-to-date" treatise of the subject, and will be published in *News*.

Dr. Birt gave a very exhaustive paper on the subject of blood pressure, with exhibition of blood pressure instruments, and this or a similar paper will be published in the *News*.

Dr. Chisholm, with other very interesting things in Gangrene, spoke very entertainingly and gave a very clear review of a very marked case of Arteritis, followed by thrombosis—

post influenzal—of the popliteal artery with subsequent amputation of the limb, in a very prominent man in public life—with recovery.

Dr. D. A. Campbell read a short paper, entitled "Therapeutic Notes." The paper was prefaced by some general remarks on rational and empirical therapeutics, symptomatic measures and the use of remedies in combination. He expressed the view that the young doctor of to-day was not so well equipped with palliative weapons as were the practitioners of a generation ago. Pharmacology as now taught encouraged scepticism, Pharmacy did not receive sufficient attention, especially dispensing and the theory and art of prescribing; hence the manufacturing chemist was reaping large profits. He then related his experience with opium, massive doses of pot iodide, antimonials, etc., etc.

A hearty vote of thanks was given the Halifax doctors and the Canning doctors, who so cordially received the visitors.

W. F. REID, *Secty...*

## ST. JOHN MEDICAL SOCIETY.

176 WATERLOO STREET,  
St. John, N. B., June 27.

THE meetings of the St. John Medical Society during the spring months were up to the standard of previous reports.

April 13—Dr. W. F. Robert, Insurance Examination:—The doctor discussed the question from the standpoint of first, Examiner; second, the Applicant; third, the Company. He thought that if a committee of physicians could be appointed to make out a standard examination blank suitable for all companies, it would facilitate examinations. The papers now in

vogue are not satisfactory, due to lack of space.

Dr. C. M. Pratt—Paper, Health Statistics:—Dr. Pratt contends that Vital Statistics should be kept by the Province, made from the reports of the municipalities. The death rate, from all diseases, in Vancouver, B. C., is 13.059; London, Ont., 13.28; Montreal, Que., 22.03, and St. John, N. B., 15.

April 27—Paper, Dr. L. M. Curren, Auto-Intoxication:—Dr. Curren advocates the use of cold drinks and the application of cold in preference to heat.

May 11—Surgical Clinic at the G. P. Hospital, by Dr. W. W. White:—The President, Dr. J. S. Bentley, on behalf of the Society, congratulated Dr. James Christie on his attendance of our meetings at his advanced age of 79 years.

A vote of thanks was tendered to the commissioners and staff of the G. P. Hospital for their kindness in having the Clinic at the hospital.

May 25—Annual Meeting—This was the banner year in the history of this society, with an average attendance of 18.3. During the year we were favored with papers from members of the profession in Boston and Montreal.

The Treasurer reports a balance on hand, and very few of the members in arrears at the closing up of the books.

Officers for 1910-11: President, T. D. Walker, M. D.; Vice-President, G. G. Corbet, M. D.; Secretary, W. Warwick, M. D.; Financial Secretary, D. C. Malcolm, M. D.; Treasurer, James Christie, M. D.; Librarian, G. R. J. Crawford, M. D.; Pathologist, W. W. White, M. D.; Room Committee, T. H. Lunney, M. D., C. M. Pratt, M. D., G. G. Melvin, M. D.

Very truly yours,

GEO. G. CORBET, *Rec. Secy.*

## BOOK REVIEWS.

**THE QUEST**, by F. A. STODDART. 12 mo., 200 pages. Illustrated, \$1.50, postpaid, \$1.50. COCHRANE PUBLISHING CO., Tribuac Building, New York.

This short story by one who formerly practised medicine in Nova Scotia, will be of interest to his confreres of the Maritime Provinces. The author utilizes the data gathered during a trip to South America for much of the scenic basis of his plot. The hero is a physician of the proper sort who, in one of the thrills of the book, sustains an injury which leads to a split-

ting of consciousness. In an altered personality, he mysteriously disappears, and the motive of the tale appears in the search instituted for his recovery. This carries the reader through some very interesting country and exciting adventures, and affords the author an opportunity to state his views upon religion, morality, sociology, etc. Of course the ending is satisfactory, and there is enough of medical interest in the story to reward one for its perusal.

## OBITUARY.

### DR. JOHN GILCHRIST.

ON Saturday, the 4th of June, John Gilchrist, a well-known practitioner of Saint John, died at Central Norton, where he had lived for the last two years ever since his retirement from active practice.

He was born at Sheffield, Sunbury County, and was a graduate of Bellevue, New York. For many years he had a large practice in the North End

of Saint John, and during the greater part of his life had been much interested in politics.

He was a great lover of horse flesh and owned several very valuable and speedy trotters.

Dr. Gilchrist was a man of imposing appearance and of much kindness of heart and is sincerely mourned by his friends throughout the province.

# Lactopeptine Tablets

A cleanly, convenient and very palatable method of administering Lactopeptine, especially for ambulant patients.

The tart, pineapple flavor, renders these tablets as acceptable as confections. They are particularly valuable as "After Dinner Tablets," to prevent or relieve pain or distension occurring after a heavy meal.

EACH TABLET CONTAINS 5 GRAINS LACTOPEPTINE.

SAMPLES FREE TO MEDICAL MEN.

**NEW YORK PHARMACAL ASSOCIATION**

88 Wellington Street West    TORONTO, Ont.

# Liquid Peptonoids WITH CREOSOTE

Combines in a palatable form the antiseptic and anti-tubercular properties of Creosote with the nutrient and reconstructive virtues of Liquid Peptonoids. Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol

DOSE—One to two tablespoonfuls three to six times a day.

*The* **ARLINGTON CHEMICAL COMPANY,**  
TORONTO, Ont.

# Borolyptol

A highly efficient (non-acid) antiseptic solution, of pleasant balsamic taste and odor. Absolutely free from toxic or irritant properties, and does not stain hands or clothing.

Formaldehyde, 0.2 per cen	} Active balsamic constituents
Aceto-Boro-Glyceride, 5 per cent.	
Pinus Pumilio,	
Eucalyptus,	
Myrrh,	
Storax,	
Benzoin,	

SAMPLE AND LITERATURE ON APPLICATION.

*The* **PALISADE MANUFACTURING COMPANY**

88 Wellington Street West,    TORONTO, Ont.

# Duncan, Flockhart and Co.'s Capsules of the Formates

## (No. 342) Format Comp.

R	<b>Sodium Formate</b>	- -	<b>2 Grs.</b>	}	<b>DOSE</b> One or two Capsules three times a day, followed by a <i>copious</i> drink of water.
	<b>Potass Formate</b>	- -	<b>2 Grs.</b>		
	<b>Calcium Formate</b>	- -	<b>3 Grs.</b>		
	<b>Quinine Formate</b>	- -	<b>1 Gr.</b>		
	<b>Strychnine Formate</b>	-	$\frac{1}{50}$ <b>Gr.</b>		

This form of administering the Formates is one largely in vogue for increasing tone in those who go in for physical exertion, such as athletes and men who are very actively engaged, who are merely run down and not suffering from any illness, but require a sharp tonic. The Formates are also useful in the treatment of Chronic Rheumatism.

**R. L. GIBSON, 88 Wellington St. W., Toronto, Ont.**

SAMPLE ON REQUEST.

## The Ideal Cod Liver Oil Preparation

# MALTINE —WITH— Cod Liver Oil

“Patients who are unable to tolerate the purest and most carefully prepared Cod Liver Oil can readily take and assimilate it in combination with ‘Maltine.’ The taste of the Oil is almost entirely concealed, and what suspicion there is of it is not at all unpleasant.”

—*British Medical Journal.*

**The Maltine Company, TORONTO, Ont.**

FOR SALE BY ALL DRUGGISTS.

SAMPLE ON APPLICATION.

# NOTES ON SPECIALTIES.

## SURPRISED AND GRATIFIED.

In relating his experience in the treatment of gouty conditions, Dr. Arthur Bailey Francis, (Queen's College), Belfast, Ireland, reports the case of J. W., a gentleman in advanced life and of marked gouty diathesis, who came under treatment complaining of severe pains in the lumbar region and extending down one leg to far below the knee. Dr. Francis says: "I found that he had received a chill and was also suffering from catarrhal bronchitis. I diagnosed lumbago and sciatica, and put in force the orthodox methods of treatment one after the other, but with little benefit to the patient. Insomnia now became a cause of anxiety, bromides had little or no effect, and I was revolving in my mind the safety and advisability of morphia, hypodermically, when it occurred to me to first try the effect of antikamnia and codeine tablets. This I did, ordering one tablet at bed-hour, to be followed in fifteen minutes by a similar dose, and that also by a third at the expiration of half an hour from the administration of the last. On seeing the patient the following morning I was surprised and gratified to find that he had passed a quiet night, slept well, and that the pain in back and legs was greatly modified. I continued the administration of antikamnia and codeine tablets after this, and before the end of the week the patient was quite free from pain, slept well, and was, in fact, convalescent. I should mention that this patient is seventy years of age, but notwithstanding this I could detect no depressing effect on heart or nervous system consequent on the administration of these tablets."

"Since treating the above case I have prescribed antikamnia and codeine

tablets for insomnia, lumbago, sciatica, neuralgia in all its forms, including tic-douloureux, hemicrania, and that due to dental caries, and always with the most satisfactory results."

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## AFTERWARDS.

During the acute stages of any serious illness, such as typhoid, pneumonia, la grippe, etc., the attention of the physician is, of course, centered upon the ways and means of conducting the patient through the stress and storm of the disease, into the peaceful harbor of convalescence. In many instances, when this point is reached, the physician is inclined to relax his efforts and, perhaps, fails to appreciate the extent of the general devitalization that has followed the severe systemic infection from which the patient has just recovered. Unless the reparative and restorative forces of nature are fortified and stimulated, a slow and tardy convalescence is apt to supervene. The devitalizing influence of the infectious diseases is exerted principally upon the blood itself, the vital tissue of the organism, and an easily tolerable, readily absorbable and promptly efficient hematinic is therefore always in order. Pepto-Mangan (Gude) is peculiarly adapted to the needs of the convalescent invalid, because, being palatable and non-irritant, it does not impair the appetite or disturb the digestion. Its freedom from constipating effect is another distinct point in its favor.

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## THE DOSE OF CODEINE.

Fraenkel (*Munch. med. Woch.*) claims that codeine must be given in larger doses than is generally used in order that the full effect may be ob-



tained, as codeine is from ten to twenty times less powerful than morphine. The proper dose should be two-thirds or three-fourths grain, and this amount may be given three or four times a day without any evidence of habit formation. The single maximum dose permissible is one and one-half grains and maximum daily dose is four and one-half grains. For children the daily dose may be as follows:

4 years of age ..... 1-6 grain.  
 6 years of age ..... 1-3 grain.  
 8 years of age ..... 2-3 grain.  
 12 years of age ..... 1-4 grains.  
*Meyer Brothers Druggist, July, 1910.*

In allaying inflammation in the prostatic urethra, before surgical operations, and in keeping the urine bland and non-irritating after the operation is complete, sanmetto has been used very extensively and found valuable.

## IS CANCER OF THE STOMACH DUE TO ULCER ?

Wm. Carpenter MacCarty contributes to the May issue of *Surgery, Gynecology and Obstetrics* a valuable article, entitled "Pathology and Clinical Significance of Stomach Ulcer." The paper is based on two hundred and sixteen cases, fifty-eight of which are ulcers, and one hundred and twenty-five ulcer and carcinoma, and thirty-three carcinoma without any good evidence of ulcer.

Dr. MacCarty says: "The question, Do ulcers become malignant as one of their sequelae, seems, from my material at least, to be answered in the affirmative. Seventy-one per cent. of all our resected specimens of the stomach for carcinoma were associated with definite ulcers and sixty-eight per cent. of the resected ulcers of the stomach, including the duodenal ulcer, which

# THE FIRST THOUGHT Hayden's-Viburnum-Compound

## DYSMENORRHEA

It relieves pain and is not a narcotic.

## MENORRHAGIA

H. V. C. imparts tone to the uterus and its appendages and stimulates normal contraction. It is superior to Ergot without its attending dangers.

## OBSTETRICS

H. V. C. relieves spasmodic contraction (Rigid Os), prevents miscarriage and dangerous flooding and by its calmative properties it overcomes restlessness and alarm.

## AMENORRHEA

Whether from climatic changes or nervous condition, H. V. C. invariably affords relief.

## MENOPAUSE

H. V. C. normalizes pelvic circulation and combined with its sedative action it assists in carrying woman over a most critical period.

## NOTE

H. V. C. should always be administered in hot water. It is never marketed in tablet or pill form. ALL SUCH ARE SUBSTITUTES.

Formula, Literature and Samples upon Request.

**New York Pharmaceutical Co.,** BEDFORD SPRINGS,  
BEDFORD, MASS.

HAYDEN'S URIC SOLVENT of inestimable value in Rheumatism, Gout and other conditions indicating an excess of Uric Acid.

rarely becomes malignant, were associated with carcinoma.

"While there has been a vague feeling from the pathological standpoint that carcinoma frequently occurs upon gastric ulcer, strong pathological evidence has been wanting. The clinician has for years noticed that carcinoma of the stomach often follows a prolonged history of gastric ulcer, and has believed that such was a forerunner of malignancy. The evidence, however, was only circumstantial. The facts established allows and demands a stronger admonition to the diagnostician, who, as soon as he has diagnosed ulcer of the stomach, must consider the strong possibility of its becoming malignant. The chances of this occurrence may be readily seen, as stated above, in the fact that seventy-one per cent. of our resected specimens of gastric carcinoma were associated with ulcer, and that sixty-eight per cent. of our resected gastric ulcers were associated with carcinoma. It must be granted that gastric ulcers do sometimes heal with or without treatment, when seen early, or when not seen at all until autopsy, but unfortunately the early stage of ulcer cannot be so easily recognized, and when recognized at the first definite sign or symptom it is impossible to determine whether the ulcer is

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a small one or a large one, or whether it has been present for weeks or months without having given rise to definite symptoms or even symptoms other than slight discomfort. Many cases with ulcers do not give a history of vomiting blood. Many cases give a history of hyperacidity and do not show hyperacidity at the time of gastric analysis, and therefore absence of hyperacidity is of no value in a case which otherwise gives gastric symptoms. Lactic acid and fatty acids are not to be expected until there is a mechanical or motor obstruction, which may occur associated with a small or a large ulcer, depending upon its location. The length of the history of epigastric discomfort or distress varies within wide limits, and the case with a short history often has a more extensive lesion than one with a long history.

"The lesion occurs most often and practically always, in early adult life or middle life. Our cases have occurred oftener in males than in females. A few give previous histories which appear to be appendicitis. This coincident, if it be a coincident, is well worth considering, however, as a possible etiological factor in view of some experimental and clinical experiences. Cannon has, by the injection of irritants into the larger intestine, produced a retardation of the gastric discharge. Roger has shown that the injection of betanaphthol into the cæcum produces erosions of the mucosa. Litthauer has produced ulcers, which no doubt heal, by the production of localized anæmia and destruction of the mucosa. Clinically, many cases of appendicitis, especially chronic appendicitis, present symptoms of gastric disturbance which predominate those in the appendix

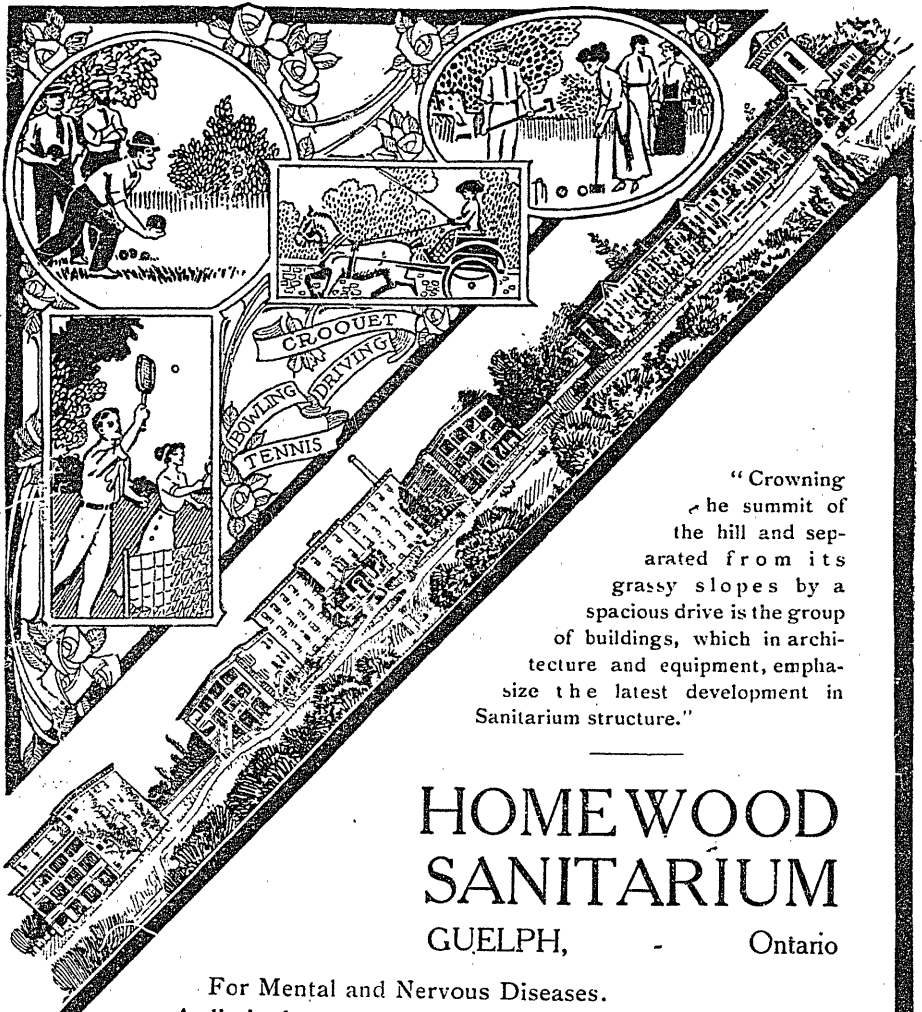
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region. Such cases, after the removal of the appendix, are relieved and recover from the gastric symptoms. In these cases the stomach and duodenum present no lesion recognizable on exploration. These clinical and laboratory experiences are sufficiently striking to warrant further study and experimentation in regard to the possible production of pyloric spasm, gastric anemia, hyperacidity, and necrosis or ulceration of the mucosa."

RESUME.

1. Ulcers may be single or multiple and in different degrees of extension in the same specimen.
2. After the initial destruction of the mucosa, there is definite deepening of the ulcer by necrosis.
3. This deepening is sufficiently slow to allow a dense connective tissue barrier against perforation to be formed.

4. Ulcers heal, perforate and become malignant.
5. Perversion of the glandular elements occurs in the mucosa, and the cells then invade submucosa.
6. One cannot say positively that all carcinomata of the stomach have developed on ulcer, because carcinomatous tissue in the base of an ulcer may be ulcerated primary carcinoma.
7. The length of the clinical history is no positive index of the extent of the lesion.
8. The absence of blood in the vomitus or gastric contents at the time of laboratory analysis when associated with gastric symptoms is not evidence against the presence of ulcer.
9. Clinically, with our present means of diagnosis, it is impossible to say that a gastric ulcer is not malignant.
10. The intimate relationship between irritation in the appendix or

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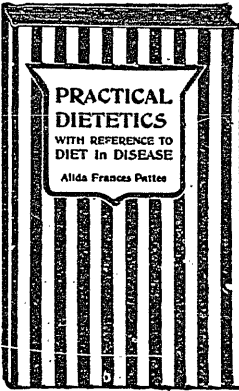
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cæcum and gastric disturbance may have some bearing in the etiology of ulcer.

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When I am sickly and unstrung you ask me to unfurl my tongue; you feel my pulse and prod my back, and say my liver's out of whack, and then you shed your vest and coat, and push a lantern down my throat, and say: "Great Caesar! What a heart! I'll

have to take you all apart." And on your table I am laid, while you go off to hunt a spade, to dig around among my works and find the blamed old germ that lurks around the angles of my frame—the way you carve me is a shame.

When winter comes, with frost and snow, I have a chillblain on my toe; and when for liniment I beg, you want to amputate my leg; and when my throat gets sore and raw, you want to cure it with a saw; to cure my baldness, you, I ween, would run me through a guillotine. A leg of mine is now at rest among the doctors of the West; an eastern doctor has in brine about eight inches of my spine; the jaw that once adorned my mouth, is kept in pickle in the South.

I do not love you, Doctor Fell; you carve too fluently and well; I fear you and your edged tools; I'll send to correspondence schools for absent treatment when I'm ill—or hit the good old fashioned pill.—Walt Mason.

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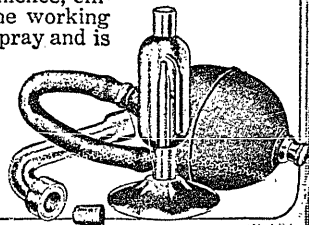
are the preparations most commonly used, being sprayed into the nares and pharynx. The **Solution** should be diluted with four to five times its volume of physiological salt solution. The **Inhalant** (preferred by some physicians because of its oily base, which imparts an emollient effect and renders the astringent action more enduring) should be diluted with three to four times its volume of olive oil. Both are effectively administered by means of our Glaseptic Nebulizer.

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