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THE MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO
MEDICINE & SURGERY

VOL. XIX.

HALIFAX, NOVA SCOTIA, AUGUST, 1907.

No. 8

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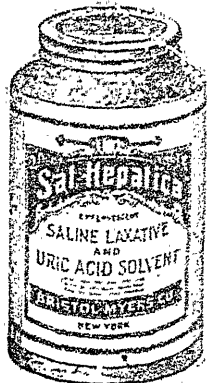
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WOMEN'S
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The advertisement features a central illustration of a large, ornate gate with a circular logo containing the letters 'AK' above it. The gate is flanked by signs listing various ailments: 'HEADACHES', 'NEURALGIAS', 'INSOMNIA' on the left, and 'WOMEN'S PAIN & ILLS', 'LA GRIPPE' on the right. The gate is set against a background of a landscape with trees and a building. At the bottom, a banner provides contact information for Antikamnia Tablets.

THE MARITIME MEDICAL NEWS

VOL. XIX, AUGUST, 1907, No. 8.

Brain Exhaustion. A capital article appears in the *Canada Lancet* for August, from the pen of Campbell Meyers, entitled "Brain Exhaustion." The author refers to the growing interest in functional nervous diseases, and he predicts that in the near future brilliant results will be seen. He prefers the term brain exhaustion to the older term neurasthenia. As subdivisions, somatasthenia applies to the case when thoracic and abdominal symptoms predominate, while psychasthenia indicates the predominance of psychological symptoms. Certain of these conditions, if untreated, or improperly treated, pass over into insanity. The differential diagnosis from organic disease is sometimes very difficult. Not infrequently undue attention is given to local symptoms, and treatment directed to their relief fails to accomplish its purpose because of the essentially neurotic condition upon which they depend. In the treatment, definite instructions should be given. It is not sufficient to merely tell the patient that a rest or a change of scene is needed. While drugs play a minor part, rest, massage, electricity, diet, hydrotherapy, isolation and psychotherapy are important measures. A tactful nurse is often a prime necessity. Meyers agrees with Barker that persuasion is better than suggestion—the appeal being to the higher rather than to the lower centres.

Evolution of Gastroenterology. Henry Walde Bettmann states, in a paper contributed to the *Medical Record* of August 3, that new impetus has been given to researches as to the physiology of the digestive system. As to gastric peristalsis, emotions inhibit it and handling the intestines does the same. Operations close the pylorus for six hours. The impulse for the closure of the pylorus is due to the reaction of acid chyme. We have recent additions to the knowledge of the movements of the intestine. There is an oscillatory movement that breaks up the food masses, but does not propel it forward. By antiperistalsis the bowel contents are churned about in the cæcum until most of the liquid is removed. The small intestine is inhibited by vagus stimulation, and excited by the splanchnics. The peristaltic waves are caused by stimulation of Auerbach's plexus. Knowledge of the chemistry of digestion has been much increased. Pepsin is secreted before food enters the stomach, and pancreatic juice when the chyme enters the duodenum. The excitator of pancreatic secretion is secretin, produced by the action of HCL on the duodenal mucosa. The upper small intestine secretes, while the lower absorbs. Gastric digestion is relatively unimportant. The study of the fæces gives valuable information. Mucus means inflammation, if visible in the colon. Purulent mucus means ulceration. Connective tissue remains in

the stool means impaired gastric digestion. Intestinal disorders are hepatogenic, pancreatogenic, or essential intestinal. Too good a digestion, leaving little residue, may cause constipation. The intestinal bacteria offer a new field for investigation. As old age approaches intestinal putrefaction is easier. There are the indolic type, the saccharobutyric, and the combined types. Cholecystitis is practically always due to infection.

*

Intramuscular Injections in Syphilis. From ten years' experience with the method, W. S. Gottheil, writing in the *Journal of the American Medical Association*, August 3, recommends as a routine treatment in syphilis the intramuscular injection of insoluble mercurials, claiming for it over other methods of administering mercury, a greater rapidity of action, especially in acute cases, more security against relapses and lessened danger of hereditary transmission of the disease. The patients themselves soon come to prefer the treatment; it is much less trouble to receive an injection at the doctor's office once in 10 or 14 days than to be taking pills or medicine several times a day. It is a lesser tax on their memory and time, and the risk of publicity is less. The injections, properly administered in the gluteal region, cause very little pain and very slight inconvenience, indurations are exceptional and do no harm; they are indications, other things being equal, for reducing the frequency or the amount of injections. On this account he sometimes prefers to give a 5 or 6 drop injection weekly instead of twice that amount once in two weeks. Abscesses, he declares, are due to faulty technic, and he has found them, even in hospital and dispensary work by internes and assistants, very rare indeed. The danger of pulmonary embolism after

the injections is considered by Gottheil almost illusory. He always insists on the precaution of disconnecting the syringe and watching the lumen for a few seconds before making the injection, and with this it is difficult to see how it could occur. There is evidence of the entrance of the point of the needle into a vein in about one in twenty-five injections, but this simply entails its withdrawal and reinsertion elsewhere. Mercurial intoxication may occur, but is less frequent than with the use of mercury in other ways. He always begins with a small dose and progresses up to a full one as the patient's reaction is learned, and it is safe to do so. Having the treatment directly under the control of the physician is a great advantage of the method over other modes of the administration of mercurials.

*

An Interrupted Flight. Professor Pierre Janet, in his book, "The Majestic or Symptoms of Hysteria," describes a number of remarkable cases of what he calls "fugue," or the hysterical mania that impels people to run away. One of these is the case of a boy of seventeen, living in Paris, who suddenly lost all memory of his previous life and his home. He left Paris and wandered about the provinces, at last falling in with an old china-mender, whom he accompanied and for whom he worked. The restoration of his memory is described by Professor Janet as follows:

"One evening an unlooked-for event took place again. The day's work had been a success; the two companions had earned seven francs. The old china-mender stopped and said to R.: 'My boy, we deserve a good supper, and we will keep to-day's feast; it is the fifteenth of August.' On hearing this, the boy

heedlessly said: "The fifteenth of August? Why, it is the feast of the Virgin Mary, the anniversary of my mother's name-day." He had scarcely uttered these words when he appeared to be quite changed. He looked all around him with astonishment, and turning to his companion, said: "But who are you, and what am I doing here with you?" The poor man was amazed, and was quite unable to make the boy understand the situation; the latter still believed himself in Paris, and had lost all memory of the preceding months. They had to go to the village mayor's, where, with great difficulty, the matter was made more or less clear. The mayor telegraphed to Paris, and the prodigal child was sent back home."

*

Heart Disease and Blood Pressure. Louis Faugères Bishop regards physiological re-education as of great value in the cure of functional cardiovascular disease. There must be persistent measures undertaken, covering weeks, months, or even a year; but excellent results may be obtained even where compensation is destroyed. The first thing to accomplish is relief from worry and mental concentration for the patient. Next comes reduction of diet, including taking away the sweets and red meats. Exercise should be carried on systematically, whether the patient wants it or not, except in those cases in which failing compensation necessitates a short time in bed.—*Medical Record*, July 13, 1907.

*

High Retinal Tension. In a paper entitled "Concerning the Sign in the Retinal Vessels of Persistent High Arterial Tension," which appeared in the *Ophthalmic Record* for August last, G. E.

DeSchweinitz urges the importance of early recognition of vascular sclerosis in the retina. Indications are a beaded appearance of the arteries, loss of transparency, tortuosity of the smaller arterial twigs, peri-vasculitis and compression of the veins by the arteries where the latter cross them. The condition is one dangerous both to sight and life, and indicates a similar state of the cerebral vessels. Prompt and energetic treatment is demanded.

*

Latent Diphtheria.

M. Solis-Cohen, writing in the *Journal of the American Medical Association*, July 6, criticises modern methods of handling diphtheria infection, which by the disinfection of comparatively harmless fomites, etc., create a false sense of security, while paying little or no attention to the virulent bacilli often carried about by these who have been in contact with the patients or by the convalescent patients themselves. He uses the term "latent diphtheria" for those cases without pseudomembrane, but due to the specific diphtheria organisms. Twenty-seven cases are reported briefly, in nearly all of which presumed diphtheria germs were demonstrated, mostly by culture method. Mild atypical cases, he claims, are exceedingly common, frequently giving only the clinical picture of slight tonsillitis or pharyngitis, and even without any constitutional disturbance whatever. These latent cases are largely responsible for outbreaks and epidemics of diphtheria; they are just as contagious as the acute membranous type and call for the same precautions. Tonsillitis and pharyngitis should be included, therefore in the notifiable diseases, and at least two negative throat cultures be obtained before any patient

in whose throat virulent bacilli have been found, shall be allowed to go at large. While there is a disagreement of authorities as to the distinction between the diphtheria and pseudo-diphtheria bacilli, the error, if any, should be on the safe side. Nevertheless, Solis-Cohen thinks that the health authorities may properly disregard the presence of diphtheria-like bacilli in the throats of healthy persons who have not been in direct or indirect contact with a case of diphtheria, membranous or latent, and who have not themselves suffered from sore throat. Otherwise they should, in his opinion, be subjected to the same restrictions as infected contacts residing in the same house with a diphtheria patient, *i. e.*, be excluded from school or work and not permitted to frequent public places till two successive cultures have proved negative. Every one who has been in contact with the patient, whether at home, at school or at work, should be examined bacteriologically. Disinfection of fomites and terminal disinfection of rooms and their contents is insufficient and reliance thereon treacherous. Animate carriers of infection are much more dangerous than inanimate. He would not dispense with terminal disinfection, but would postpone it until after all the members of the household have been examined bacteriologically and found free from germs.

✱

Tannin in Toothache. Knev, a dentist of Ischl, recommends the use of tannin in neuralgia of dental origin. He contributes a paper to the *Weiner med. Presse*, of March 17, in which he states that the most universally useful application is a lotion of 2 parts tannic acid to 10 parts of rectified spirit. When painted on the gums and around the teeth

this will relieve almost any kind of dental pain. It is also an excellent application in alveolar pyorrhœa, and under this treatment loose teeth soon become firm and capable of performing their function.

✱

George Roe Lockwood **Gastroptosis.** discusses gastroptosis and its management in the *Medical Record* of July 20. Out of two thousand patients he has found 351 suffering from gastroptosis. The disease runs a typical and characteristic course, and can be divided into stages. It begins with subnutrition and nervousness, and occurs especially in persons with an acute costal angle. In such persons prophylactic treatment should be instituted. In the first stage there is gastroptosis alone without any symptoms. In the second temporary atony sets in with intermittent symptoms, consisting of gas in stomach, heart-burn, and distress after eating. Later follows permanent atony and continuous symptoms. Gastritis is not an etiological factor, neither is tight-lacing. In fact, a straight-front corset gives support and is of value. Intermittent atony is brought on by mental and physical strain. Fermentation has been proven by the author's experiments not to occur in atonic stomachs, in which food is perfectly digested as a rule. High gastric acidity exists and prevents fermentation. Distress depends on the amount of gas and quantity of food. Neurasthenia and constipation result. Flushing of the colon will bring away strings of mucus. Diet brings on subnutrition and makes the patient worse. Examination of stomach contents shows a top layer of clear liquid and a lower one of digestive food. Inflation is valuable to aid in diagnosis. Treatment of permanent atony involves

rest in bed for four weeks with entire absence of worry and of society, and a trained nurse in charge; hot baths and spinal douches, massage and a very nutritious diet, excluding fruits and red meats, given in six small meals a day. Bromide is an indispensable remedy. Under such treatment weight increases, the curvature of the stomach rises, and a cure is complete after six weeks or so. Prophylactic treatment consists of teaching the patient not to undergo strains, mental or physical, and keeping up the general condition.

*

A Medical Night School. The Hippocratean College of Medicine, St. Louis, has been chartered by the State of Missouri for the purpose of making it possible for young men and women, who are obliged to work in day time for their livelihood, to acquire instruction in medicine. Lectures will be given from 7 till 11 o'clock on five evenings each week, and three or four hours of clinical instruction will be provided on Saturday afternoon.

Medical Staff at Muskoka. Drs. Harry James and J. S. Pritchard have been added to the medical staff of the National Sanitarium Association. The former will be assistant at the Muskoka Cottage Sanitarium, and the latter at the Muskoka Free Hospital for Consumptives. The resident medical staff of the Muskoka institutions now consists of C. D. Parfitt, M. D., M. R. C. S., L. R. C. P.; W. B. Kendall, M. D., C. M., L. R. C. S., L. R. C. P.; J. K. M. Gordon, M. D., and Doctors James and Pritchard.

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Advance in Psychiatry.

We note with much pleasure that the members of the Ontario government are showing much interest in

the treatment of their insane wards, and plan upon building at Toronto a new institution which will be in advance of any hospital for the insane on this continent. Dr. C. K. Clarke, of the Toronto Asylum, and Dr. E. Ryan, of the Kingston Asylum, have been sent to Europe to study the latest developments in the specialty in France and Germany, and to note features which may wisely be included in the plans for the new Toronto institution. This institution, when completed, will provide every facility for the study of insanity, and will undoubtedly be a most valuable adjunct to the University. We gladly welcome this indication that Canada is at last about to awaken from its lethargy in respect to the study of the insane, and hope that other provinces will quickly follow the excellent example being set by Ontario.

*

The Maritime Medical Association.

The sixteenth annual meeting of the Maritime Medical Association held in St. John was a distinct success.

The attendance was good; while the total number registering was not so large as has been the case with some other meetings, the average attendance at the various sessions was uniformly well maintained.

The papers were generally of excellent quality, and the proceedings altogether held the attention and interest of the members.

At the close of the afternoon session of the first day, the profession enjoyed a trip on the steamer Victoria, and viewed the glories of the River St. John, but the principal attention was given to the sessions.

These sessions, however, were fewer in number than usual, and the precedent of devoting two full days to the proceedings was not followed.

In a meeting of this importance, it would probably be advisable to follow the old custom in this respect. As it was, some papers were not able to be heard, on account of the adjournment taking place on the morning of the second day. It would also appear advisable to place a time limit on the reading of papers. This practice is now a generally adopted one. One cannot but be most favorably impressed in this respect, by the business-like manner in which the American medical associations are conducted.

The President gave a suggestive address on the "Degeneration of Civilized Races" in which he forcibly pointed out the degenerative tendencies of the race of to-day. Whether sterilization of those unfit to procreate is a practical subject, may be a matter of much doubt, but there can be no doubt of the great importance of the whole subject, and the Association is indebted to the President for having brought the matter forward.

Dr. Finney, of Baltimore, gave a very excellent paper on the "Differential Diagnosis of Appendicitis," and it will be read with much interest when it appears in the NEWS

The lantern views of goitre, by Dr. Shepherd, and Dr. Blackadar's paper on "Therapeutics of Some Phases of a Failing Circulation" added to the interesting character of the meeting; while our own members of the Maritime Provinces made very profitable contributions.

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The "Bayard" of Practitioners.

At the graduation ceremony in connection with the University of Edinburgh, held 26th July, in the McEwan Hall, the Vice-Chancellor, Principal Sir William Turner, presiding, Sir Ludovic J. Grant, Secre-

tary of the Senatus, presented for the honorary degree of L. L. D., Wm. Bayard, M. D., of St. John, N. B., (in absentia) and in doing so said:

"Before the candidates for medical degrees are presented, I shall ask you to confer the honorary degree of Doctor of Laws, in absentia, upon one who himself graduated as Doctor of Medicine in this University on August 1, 1837—nearly three-quarters of a century ago. The venerable alumnus whom the Senatus Academicus desires to honor to-day is Dr. William Bayard, of St. John, New Brunswick, who next month will attain to the great age of ninety-three years, but who is—I rejoice to say—in vigorous health himself, and still actively engaged in administering to the health of others. Dr. Bayard's long career forms a most interesting link between the new academic order and the old, for its commencement takes us back to the era when the University was still the Town's College, when graduation in medicine was regulated not by Ordinances, but by Statuta Solennia, and when the last of the Monros was still in office. So far as I am aware, there is no one who can challenge Dr. Bayard's title to be regarded as the patriarch of the whole vast tribe of Edinburgh graduates throughout the world. But, sir, it is not because of his longevity alone that Dr. Bayard has been deemed worthy of academic recognition—yet higher grounds are furnished by the rare wisdom, the probity, the dignity, and nobility of character which he has ever displayed in the practice of his profession and in social intercourse. He has long exercised, by virtue of these qualities, a salutary and ennobling influence amongst his medical brethren in New Brunswick, while by the entire community he is greatly honored and greatly beloved. The

motto "sans reproche" was brought into close connection with the name of Bayard more than four centuries ago, but I question if it applied more fittingly and justly to the gallant Chevalier than it does to the venerable doctor upon whom his Alma Mater now rejoices to bestow her highest honor." (Applause).

Dr. Bayard was asked to kindly contribute something to the MARITIME MEDICAL NEWS on the happy occasion of his seventieth anniversary of graduation, and he has thereupon written two case reports:

REPORT OF CASES.

By DR. WM. BAYARD.

Now in his Seventieth year of Practice.

I.

I was called on the 28th September, 1887, to see Mrs. W., whom it was said had cut her throat. She lived about three miles from here.

I found her in bed suffering from a ghastly wound in her throat, five inches long, cutting through all the tissues from the surface to the vertebrae of the neck; the cut when a little above the vocal cords, so she could speak, but very indistinctly. How she escaped cutting the carotids on either side is a mystery.

There were about three pints of blood in the bath tub where she went to commit the deed. The blood had ceased flowing when I got there.

When the head was elevated from the chest, the wound was a ghastly one.

When I proceeded to dress the wound, she was restless. I put five stitches in the gullet, leaving the larynx in its position which increased the difficulty of applying the stitches. When the head was in position and the finger in the wound, I found the parts kept their natural position, and

I concluded to leave them so. I cut the hair off, and had a cap made to fit the head firmly, and with adhesive straps applied to the waist and fixed so that she could not move the head from one side to the other. She was fed with peptogenic milk by a tube passed through the nose into the stomach. I had no difficulty in passing the tube through the nose until ten days had elapsed. After that it became so difficult to insert that I hesitated about withdrawing it, and with whatever medicine I had to give her, it was always mixed with milk.

During one of the last visits I paid her she smelled a partridge pie baking in the kitchen, and asked if it might be brought up to her to smell. She looked into my face and asked me if she could have a piece of it? I said yes, if she could swallow it.

While I was considering the answer I should give her, she put up her hand to her nose and withdrew the tube from the nose, and threw it to the other side of the room.

She was under my hands for three months, and could swallow any sized mouthful when I left off attendance.

II.

I had a tumour half an inch below my right eye. It gave me no inconvenience except from its growth, which caused me to be anxious about it, and fearing the knife I concluded to try the X-ray. A portion of the tumour was sent to Dr. Adami, professor at McGill, who supported the diagnosis (epithelioma).

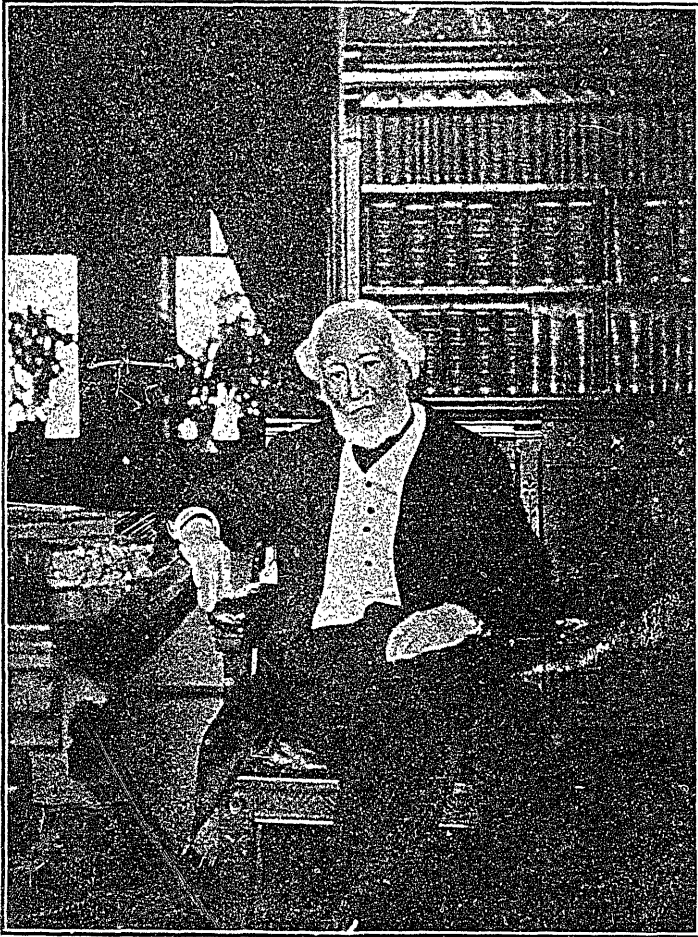
It took eight years to arrive at the size of $\frac{3}{4}$ inch in diameter.

One application of X-ray for ten minutes every other day for six weeks was all that was required. There was no scar left of any kind, nor discoloration of the skin.

DR BAYARD'S SEVENTIETH ANNIVERSARY OF GRADUATION.

THE 70th anniversary of the graduation as a doctor of medicine of Wm. Bayard of St. John, was fittingly observed on 1st August, by the presentation of addresses by various medical societies and by the

ly engrossed address, read by the president, Dr. T. H. Lunney. The ceremony took place in the drawing room. Besides Dr. Bayard and members of his family, the following were present: Dr. T. H. Lunney, Dr. G.



WM. BAYARD, M.D., L.L.D.

Faculty of Edinburgh University. There assembled at Dr. Bayard's residence members of the St. John Medical Society. The sentiments of the society were expressed in a beautiful

A. Hetherington, Dr. J. H. Scammell, Dr. W. L. Ellis, Dr. W. B. McVey, Dr. Thos. Walker, Dr. T. D. Walker, Dr. James Christie, Dr. T.E. Bishop, Dr. Murray MacLaren,

Dr. O. J. McCully, Dr. W. W. White, Dr. Mary McLeod, Dr. P. R. Inches and Dr. Stewart Skinner. The address which Dr. Lunney read from the local society was as follows:

St. John, N. B., Aug. 1, 1907.

To William Bayard, Esq., M. D.

Dear Sir,—The members of the St. John Medical Society desire to extend to you their hearty congratulations on this the seventieth anniversary of your graduation as a doctor of medicine. Such an occasion is, we believe, unique in the history of the profession. When, as in your case, we find added to long years of faithful service, a strong personality commanding and retaining the respect and love of the community at large, we, your professional brothers, may indeed offer our sincere congratulations.

Your seventy years of professional life have seen many and great advances in the science of medicine. Your natural ability, coupled with your untiring industry, have enabled you to keep abreast of these improvements and so have won our admiration.

It is a source of pride to us that your brethren, not only in this province, but in the wider field of this Dominion, have honored you by elevating you at different times to the highest offices in their gift.

Your devotion to every duty claimed from a medical man, as evidenced by your labours on behalf of the General Public Hospital, by your interest in matters pertaining to the public health and other kindred matters, merit our warmest thanks.

It is most gratifying to us that your Alma Mater has honored you by conferring upon you the honorary degree of Doctor of Laws.

It is our earnest prayer that the autumn of your life may yet hold in store for you many blessings and that

you may be cheered by the consciousness of a life well spent and of work well done.

T. H. LUNNEY, President.

J. S. BENTLEY, Secretary.

A letter from Dr. M. Chisholm, of Halifax President of the Maritime Medical Association, was next read as follows:

Halifax, July 30, 1907.

Dr. T. H. Lunney,

President St. John Medical Society:

Dear Sir,—You will kindly convey the cordial congratulations of the Maritime Medical Association to Dr. Bayard of your city, on the anniversary of his seventieth year in the profession. The evidence of a useful life well and nobly lived sits refulgent on his brow. May we be inspired by his example so that at "our evening time" too, "it shall be light." I have much pleasure in sending you this small token of the profession's esteem in the three provinces.

Very respectfully yours,

M. CHISHOLM.

President Maritime Medical

Association.

The following verses accompanied Dr. Chisholm's letter:

In long years of mercy bending
You have lightened many a load,
Occupied your time in mending
Vases, shattered on the road.

In the twilight, in the dawning,
In the darkness of the night,
When the winter winds are storming,
When the summer days were bright.

When the sun was hot and blighting,
When the dew was on the grass,
When the elements were fighting,
When the snowdrifts blocked the pass.

When the rest of men and mortals
 Were in slumber, soft and sweet,
 When the order: "Man the portals,"
 Came like thunder from the street.

Then to cheat the sleeper's charon
 Of his freight across the stream.
 You have buckled on your armour,
 Fighting shy of pleasant dreams.

All your life a round of labor,
 Making paths for others bright,
 You have been to all a neighbour,
 Now your even-time is light.

When the Master from His glory,
 Calls to rest from weary toil,
 May your life, so aged, so hoary,
 Be repaired on heavenly soil.

M. CHISHOLM.

Halifax, N. S., July 31.

A telegram of congratulation was sent by Dr. McPhedran, Toronto, President of the Canadian Medical Association, and Dr. Doherty, of Rexton, N. B., forwarded an appropriate letter.

The following address was then read by Dr. Thos. Walker, representing the Edinburgh University:

University New Buildings,
 Edinburgh, July 9, 1907.

To William Bayard, M. D., Edin.:

Venerable and Dear Sir,—It is with keen interest and warm sympathy that the faculty of medicine of the University of Edinburgh have learned that on the 1st of August you celebrate the 70th anniversary of your graduation day, and that the medical profession in New Brunswick intend to make this the occasion of demonstrating to you the respect and affection in which you are held.

The faculty of medicine of your old university desire to join with your many friends in the celebration

and they have instructed me to transmit to you their most cordial greetings, and to offer you their most sincere congratulations.

So far as we know you are the senior graduate on our roll, and it was with pleasure and pride that we listened to the account given to us by Dr. Walker, of the long, useful and honorable career that you have had in New Brunswick. We heard of the esteem in which you are held, of the good you have done and of your skill in your profession, and we are glad to think you are still at work.

Venerable sir, a life such as yours reflects honor on our university. The names of our old professors: Graham, Allison, Home, Munro, Tertias, Hope, Hamilton, Jamieson, Christison, Chas. Bell, Syme, Thomson and Traill, will no doubt call up to your mind many memories and associations of your student days. There is no one in the faculty now whose experience goes so far back. The occupancy of the chairs has been changed in most cases four or five times, but although the faculty as at present constituted is thus far removed from the faculty as you knew it, I would fain hope that we are actuated by the same spirit as that which distinguished our predecessors, and that the honor and reputation of our university is as dear to us as it was to them.

We trust that on the 1st of August the celebration held in your honor will be a source of gratification and pleasure to you, and we earnestly hope that in this the autumn of your life, you have yet much happiness and useful work before you.

I am, sir,

Yours most respectfully,

D. J. CUNNINGHAM.

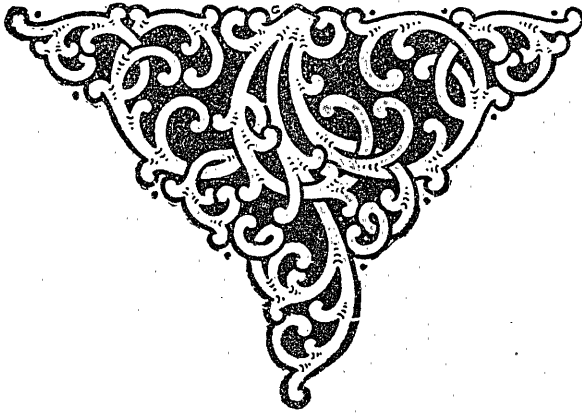
Dean of the Faculty of Medicine of
 the University of Edinburgh.

Dr. Bayard received these evidences of appreciation in which he is held, with gratification and natural emotion. This appreciation extends to the whole community, and to all who know him. The Common Council of the City of St. John has likewise decided upon expressing to him the regard in which he is held by the citizens.

THE MARITIME MEDICAL NEWS joins heartily in the congratulations which have been so generally

showered upon this venerable distinguished member of the profession, one who has done so much to preserve the dignity and honor of the profession of medicine.

He has been a splendid type of the physician and the gentleman. May Dr. Bayard be still spared to adorn his profession for many years. His activity has been remarkable. After seventy years of practice, he enjoys an acute mind, and recently performed an operation.



PRESIDENTIAL ADDRESS.

By A. B. ATHERTON, M.D., L.L.D.,

Frederickton, N. B.

IN the first place it is my pleasing duty to return thanks to the members of the Maritime Medical Association for the great honour they have done me in my election to the high office of President, and to assure then I appreciate very greatly the distinction.

In casting about for a theme upon which to address you on this occasion, it occurred to me that instead of choosing a mere professional subject, it might be both interesting and profitable to direct attention to the causes of the degeneracy of the human race which seems to be taking place in the highly civilized nations, and suggest some remedies for this condition.

It may well be said that I have set myself a large task, and I can hope only to barely touch upon the subject very cursorily and briefly.

I shall take it for granted that the civilized nations are undergoing some deterioration in their general physique as well as, perhaps, in their mental powers. I think this is too obvious for anyone to seriously dispute, in regard to the first part of my proposition at all events.

Let us now consider some of the causes which are at work in producing such deterioration. These may be referred to under two heads, namely: (1) Those rising from our manner of life and (2) those which are the result of bad breeding.

In other words, we have the acquired and the hereditary influences which tend to degeneration.

In the first class, we may place the inevitable tendency to the herding of people in large cities. As a consequence of this we get the over-

crowding of many with the insufficiency of fresh air which necessarily follows. We are more than ever, of late, appreciating the importance of this and are finding that a life in the open, away from the more or less polluted atmosphere of the cities, is one of the most efficient remedies for tuberculosis. But if this is one of the chief measures for its cure, is it not still more valuable as a preventative, and should we not be very careful to minimize, as far as possible, this evil of city life by seeing to it that the people are comfortably housed, and that the children, especially, have plenty of out-of-door life? Attention to this last is rendered all the more imperative by the fact that it is considered so very important that the rising generation should spend a great part of their time in acquiring an education, which in cold climates at all events, necessitates being shut up several hours every day in more or less crowded and often ill-ventilated school-rooms. To obviate or lessen this hurtful influence as far as possible, it is very needful that the play-grounds around all city schools should be capacious enough to insure an abundant supply of good, wholesome air, as well as to also afford the children ample room for the enjoyment of any of the customary games, such as cricket, base-ball, foot-ball, etc.

It is very important that this matter should receive the serious attention of the citizens, and we think it should be insisted upon, that without such supervision, no school should be established.

If we cannot afford to furnish these play-grounds about our school-houses

where the children can have the opportunity to exercise and enjoy themselves, we are of the opinion that we had better do without the schools, for surely that which conduces to the general health and vigour of the young and rising generation is of greater importance than even the benefit of a school training.

It is all very well to have parks, where flowers and shrubs are in evidence, and where the grass is kept well cut and carefully guarded from being trodden down by the thoughtless feet of the children, but it seems to me that there should be more provision made for these children in the open spaces and parks, where they can make themselves happy and stronger by plenty of proper exercise.

And while considering the school question, we think that we may say with truth that all who have given the matter serious attention must admit that under the best surroundings, a long course of hard study is too often injurious to the health of the young, especially to those of a nervous temperament, or of a delicate constitution. How often do we medical men find such ones breaking down from too close application to their school work. This is more frequently seen in the weaker female sex, largely because of the tendency in its members to make greater efforts to please their teachers, than obtains in the case of the boys, and also because they are less apt to counteract the ill-effects of study by a resort to out-of-door games and other physical exercise. Indeed we have for some time held the opinion that the public schools should be closed to girls for one, or even two years, at the critical age of approaching puberty, when an important physiological change is taking place in their constitution,

and on account of which they should not be placed in competition with boys of the same age. We pay more attention to the horse at this period than we do to that of our children.

If parents wish to have their studies continued during this interval, let them send their daughters to a private or boarding school, where the competition is not likely to be so keen and where a closer supervision may be had over them. Should they not be able to afford this it might be just as much to their future benefit if the time is devoted to domestic duties, which are at the present time too much neglected.

Another source of injury to body and mind is both girls and boys is the spending of their spare time in reading sensational and trashy novels. Even the necessary hours for sleep are encroached upon in order that the interesting novel may be finished.

One of the most frequent and evident signs of the injurious effects of school life is the deterioration produced in the eyesight. It is found that at the beginning of school attendance, say at seven years of age, the proportion of those who have defective sight is only about five per cent., and by the time they reach the college, it is in the neighbourhood of fifty per cent. Whether this acquired defect will to any extent be transmitted to their offspring may perhaps be questioned, but we very much fear that it may. We well know that errors of refraction are to be met with in some families more than in others, and it may be that an acquired defect will to some extent become hereditary.

In order to minimize, as far as possible, this danger to sight, careful attention should be given to the proper lighting of school rooms, and the

use of fine print in the school books should be prohibited. Also it is very important that at least once a year an examination of all school children should be made, in order that any defect in their eyesight may be remedied by glasses. This is now being more or less done in the large cities, and the custom should be adopted everywhere.

Very great injury must necessarily be done to the young, as well as also to those of more mature age, by the spending of a large part of their time in the stuffy and heated rooms of our factories, and we would in consequence expect to find the general physique and health of a lower plane in localities where much manufacturing is carried on. Indeed it is found that in the city of Manchester, England, only about twenty per cent. of those who apply for admission to the military service are able to pass the medical examination. The obvious remedy for this is the prevention of the employment of children in these establishments and shortening the hours of work for adults.

Again, a very serious injury to the human race is, as we all too well know, done by the abuse of stimulants and sexual immorality. These vices are very much in evidence, especially in city life, and must be left largely to our moral reformers to correct: merely remarking that it seems impossible in the present state of society to entirely put a stop to these evils and that the more rational and practical plan is to aim at their regulation, rather than at complete suppression. A great deal must necessarily be done by the teaching of the home, in order to overcome these terrible destroyers of the peace and health of humanity.

Let us turn our attention to the subject of better breeding of the race.

We take great care to raise vigorous and healthy stock on our farms, but we act as if it did not much matter what kind of men and women are raised. Surely every child has the right to be born healthy and fit to fight the battle of life, and it is the bounden duty of the individual and the State to see to it that this result should, as far as practicable, be attained.

In order that this much to be desired end be reached, we should discourage or prevent, as far as possible, the marriage of those who are defective in physical or mental or perhaps even moral qualities; for it is more than probable that these last are also handed down to their progeny. While it is all right and proper that everything possible should be done to alleviate the sufferings and save the lives of the individual, we think the community has a right to demand that the diseased and defective ones should not transmit these characteristics to the rising generation.

Great efforts are, at the present time, being made to save persons from the ravages of tuberculosis, and rightly so. But ought we not to require those who are themselves rescued from the disease, largely or entirely at the expense of the community, shall not be the means of bringing children into the world who will inherit a more or less pronounced tendency to the same disease, and thus in their turn likely be a burden to their contemporaries?

It is pleasing to those who inherit such a tendency to be told by medical men and others that tuberculosis is not a hereditary disease and that it is only conveyed by contagion; but we think it matters very little whether the child has the disease when he first comes into the world or has given to

him a great tendency to contract it. If the soil is eminently suitable to grow the plant and the seed is almost certain to fall upon it, the crop will probably grow sooner or later. Certainly it is a matter of every-day observation, that a considerable percentage of the offspring of tubercular parents become in the course of time themselves tubercular. We have seen, time and again, several generations exhibiting this taint. It may be that this result occurs because of their coming in contact in some way with the tubercular bacillus, but can we ever hope to guard ourselves against the entrance into the system of so ubiquitous a germ?

Then again, tuberculous subjects seem to be more prolific than the rest of the community, and therefore it is all the more important that they should not be allowed to marry.

If this means of preventing the propagation of those who inherit a tubercular tendency prove ineffectual, it might be even reasonable and proper that at least those who are rescued from the ravages of the disease by the efforts of others, and largely at their expense, should be required to submit to sterilization.

This would doubtless meet with strong opposition on the ground of individual rights, but we already compel the vaccination of children before they are allowed to enjoy the benefits of a public school education, and may we not with equal reason demand that those who enter a public sanitarium shall be prevented from handing down a tubercular tendency to others?

It would seem that those persons themselves might, in many instances, willingly submit to such treatment when they consider the danger of their producing sickly and weak offspring. Besides they would probably be more

ready to do so when they learn that this procedure would not necessarily imply the production of impotence.

Again, the marriage of near relatives is often a source of danger to their progeny. While it may be quite true that the children of first cousins, who are themselves the subjects of no weakness of either body or mind, may be, and often are, even more than up to the average in intellectual ability, and of good physical development, yet the instances are not rare in which these children are idiotic, weak-minded, or chronic epileptics, and others in which cataract and other eye diseases are met with. Such cases have several times come under my own observation. I think therefore, that it would be wise to forbid such unions.

Another question to be considered is how to remedy the apparent increase in the number, from whatever source they arise, of the weak-minded in the population. According to a paper read by Dr. Helen MacMurchy, at the British Medical Association last year, there are over twelve hundred feeble-minded unmarried women in the Dominion of Canada. These must necessarily be a constant source of menace to us because of the great risk of their bearing children of a like character. The strictest care and supervision are required to prevent such a consequence. They ought therefore to be segregated in some public institutions where such supervision can be had, or perhaps had better be sterilized. This can be done, even in females, with very little risk to life, and we think ought to be done in all these cases.

If we can rely upon our statistics the percentage of both the idiotic and insane is on the increase, and it is high time that a serious effort should be made to remedy this condi-

tion of things. Not only the feeble-minded but those who are insane should be treated by sterilization. It is monstrous to allow these unfortunates to hand down their mental defects to the coming generation.

The chronic criminal might also be very well subjected to a similar procedure. The fact that this treatment would be meted out to him might act as a very good deterrent to crime, and would, at all events, prevent him from begetting children with like tendencies. We are not in so great need of securing an increase of population, even in this Dominion of Canada, that we should welcome those who present defects, whether they come from abroad or are produced by ourselves at home.

I know of a case where a young man was an inmate for two or three years of a lunatic asylum, and soon after his release married and has already had six or seven children born to him within a period of ten or eleven years. Are we foolish enough to shut our eyes to these things and stand idly by without even making a single effort to prevent their occurrence?

The longer this breeding of the degenerates goes on, the more difficult of course it will be to deal with it, and we think it is high time that the matter should receive the serious consideration it deserves, both by the medical profession and the general public, and I trust that these few remarks may be productive of good by calling attention to the need of such consideration.



LOBAR PNEUMONIA, ITS PATHOLOGY AND TREATMENT.*

By *W. H. IRVINE, M.D.*

Fredericton, N. B.

I may be supposed that I intended imposing upon you a resumé of the conclusions regarded as authoritative pertaining to the pathology and treatment of acute lobar pneumonia.

Were such my object, a lot of valuable time would be consumed, and nothing but confusion would be the inevitable result. For there is no more unsettled subject in the whole domain of internal medicine, and one is struck with the variety of conflicting views advanced on this subject. And, whilst the writings of men eminent in the profession must be regarded with profoundest respect, one is nevertheless on some matters inclined to views, perhaps somewhat peculiar, to his own methods of reasoning, and, perchance, at variance with those considered as quite infallible.

So, when honored by a personal request from our secretary to contribute something towards this programme, and possessing some thoughts pertaining to this most important disease, based upon some forty odd cases, of undoubtedly true lobar pneumonia, covering a period of some thirteen years, and having had a very low rate of mortality, you will pardon me should I venture to address you on this subject.

Pneumonia of this type is now generally regarded a constitutional disease, with the most prominent lesions in the lung. It is evident, I think, that all cases of lobar pneumonia are not due to the diplococcus pneumoniæ as some writers would seem to imply.

Osler defines lobar pneumonia "as an infectious disease characterized by

inflammation of the lungs, toxæmia of varying intensity and a fever that terminates abruptly by crisis."

That it is in a low degree infectious is evident. I have had three cases in one family at the same time, one of which was severe and complicated by miscarriage and anuria, resulting fatally. This same season—that is the winter of 1895 and 1896—I had twenty-three cases in all, including the three above mentioned. In no instance did I have more than one case in the same family, neither have I since more than one case in the same household, and in most instances some members of the family were very closely, and quite constantly associated with the patient, consequently in a condition of depressed vitality incident to the work of nursing, and thus rendered susceptible to infection, yet in no instance has the disease been contracted. So that it would appear that if infectious, it is non-contagious, in this regard resembling typhoid fever.

This, I think, is the experience of most men in this section of the country. I might say in passing, that in the winter mentioned, in which I had so many cases, my experience was not exceptional; it was the year in which la grippe was so often followed by or complicated with pneumonia. On the other hand it has appeared (as the literature freely states) in endemic and epidemic form in hospitals, prisons, barracks, schools, etc., and in some years Osler tells us it has been so prevalent as to have been considered pandemic. Since beginning practice in New Brunswick I have had

* Taken as read before Maritime Medical Association, St. John, July, 1907.

some forty odd cases of lobar pneumonia ranging in age from 7 to 71 years. I have not had cases under seven that I considered true lobar pneumonia. Of this number two resulted fatally, one, the first, before referred to as having aborted at the seventh month, during the height of the disease. The second, a man over seventy, who died in the winter of 1904; this man had had a previous attack of the preceding winter, and came under my care with involvement of the lower lobe of the right lung; this cleared up and in a week or so he was removed to another house, and a recurrence began in the opposite lung which promptly resulted fatally—general pulmonary œdema developing.

PATHOLOGY OF THE DISEASE.

This disease is variously termed lobar, croupous pneumonia, fibrinous pneumonia, pneumonitis, acute primary pneumonia, lung fever and inflammation of the lungs, and has for its etiological factor, in a majority of instances, the diplococcus pneumoniae.

Among the principal predisposing causes, exposure to cold or wet, constitutional depression, alcoholism and previous attacks, are generally regarded as most active factors.

Three stages are recognized in its morbid anatomy; that of (1) congestion, (2) of red hepatization, and (3) of grey hepatization. In the first stage the lung is quite firm, red in colour, does not collapse; the cut surface excludes blood stained, frothy liquid.

In the stage of red hepatization or second stage, the affected portion of the lung is dark red, firmer, sinks in water, and tears easily, granular to the touch, and quite dry. The alveoli are filled with coagulated fibrin, intermingled with red and white corpuscles.

In the third stage, or stage of grey hepatization, the lung presents a greyish mottled appearance; the cut surface is moist; the alveolar evudate undergoes softening and liquefaction, which is either absorbed, carried away by the lymphatics, or becomes purulent.

The symptomatology of *typical* cases is very uniform, probably more so than in any other disease: abrupt severe chills, quick sharp stabbing pains in chest, followed by a quick rise of temperature, reaching 103 to 105 F. Rapid breathing, forty to sixty per minute, with expiratory grunt, accompanied by restrained, dry painful cough. The face is quite characteristic, the cheek on the affected side is often flushed, and the nostrils dilate with each inspiratory movement.

The sputum is rusty, blood streaked, thick and very tenacious. The pulse is rapid, 100 to 120, full and bounding, tongue coated, bowels constipated, urine scanty, high colored and often albuminous and deficient in chlorides; the lips bluish, and herpes labialis usually present; delirium is frequently manifest. The fever usually reaches its highest point within twenty-four hours, remaining, with remissions, from five to ten per diem, and in typical cases ends by crisis, reaching the normal in six to twelve hours, often in less time.

The physical signs show: compensatory increase of movement of the unaffected side, increased vocal fremitus over the affected portion of the lung; if consolidation is complete fremitus is absent, percussion elicits dullness of the involved portion of lung, the unaffected part being usually hyper-resonant, or even tympanitic. Early in the disease the crepitant rale is distinctly audible, at the end of inspiration and as consoli-

dation advances the breath sounds become broncho-vesicular and finally intensely bronchial, transmitting spoken or whispered sounds with great distinctness.

During the second stage the bronchioles and alveoli being filled, the breath sounds are absent; tubular breathing and pleuritic being only audible.

As resolution begins, the air gains admission, and we recognize the small moist crepitations, the so-called rale *redux*.

ATYPICAL CASES.

Like all other infections caused by micro-organisms pneumonitis may be very variable both in symptoms and general character, and atypical cases are often seen, though my cases have been most typical.

Writers recognize, that in very old persons, and in chronic alcoholics, that the fever may be very slight or entirely absent.

The crisis may occur in seventy-two hours. The fever may terminate by lysis. There may be so-called pseudo crisis three or four days previous to the final fall. Not infrequently cough and expectoration are slight in the very young or old, or those previously ill with serious, acute or chronic maladies the same ending in general asthenia and death.

The localization of pneumonia is also variable; most frequently the right lower lobe is affected. In double pneumonia usually both lower lobes are involved. Sometimes there is a gradual extension from one lobe into another, constituting the so-called migrating pneumonia.

The complications of pneumonia are numerous; the principal of which, pleurisy—almost constantly present—hydrothorax and pneumothorax, empyæmia, meningitis, endocarditis, pericarditis, toxæmic jaundice, ot-

itis media, venous thrombosis, peritonitis, the various types of neuritis, embolism of femoral or other large arteries, also cerebral embolism, with its various phenomena.

It has been necessary to review these matters in order to elucidate the ideas entertained regarding the underlying pathological principles, as they appear to me, and the treatment pursued in this most fatal of acute diseases.

In the first place I do not see any more reason for classifying all cases of acute pneumonitis among the general diseases, than for so classifying acute tonsillitis, acute bronchitis, acute rhinitis, acute enteritis, or even pulmonary tuberculosis. It is true that the germs so often found in pneumonia are oft-times found in remote organs; they are also found in the blood without the patient having pneumonia, and in the joints. But is it not remarkable that they are not more often guilty of producing grave complications? For it would appear that no pathogenic factors could be more favorably located for general distribution in the economy. Because we find the gonococcus in remote organs, or in such locations as the endocardium, the joints, etc, is that proof that gonorrhœa is a constitutional disease? Or the colon bacillus in the urine, in a case of appendicitis, does that necessarily prove appendicitis to be a general disease? It is true that such things do occur; but I am of the opinion that their presence is largely accidental; and in pure uncomplicated acute pneumonitis, such migrations of bacilli do not necessarily occur, any more than does pyæmia necessarily follow local infection, though such cases may occur. It is my opinion that uncomplicated acute lobar pneumonia is essentially a local disease, and that any

means at our command, which would be applicable for the relief of inflammation, would likewise be applicable here; and I think that this inflammation is the kind one would naturally expect to find in tissues of this peculiar type and structure; basing our grounds for treatment on the established rules of therapeutics, hygiene, physics, or any other department of science utilized in the treatment of disease.

Inflammation here is characterized as elsewhere by heat, redness and swelling, and increased determination of blood to the parts; impairment of functional activity, particularly that most vital and essential process, respiration. (By this I mean not merely the actions of inspiration and expiration, but the appropriation of oxygen by the tissues). The high temperature, plus the disturbed metabolism, results in perversion of glandular activity, and naturally contribute to toxæmic conditions; thus accounting for the cerebral manifestations seen in the course of this disease.

Reasoning along these lines I have adapted almost routine measures in the treatment of pneumonia. Believing that quinine possesses preeminently the powers of reinforcing the blood against infection, I have given my cases as large doses as the individual would safely tolerate, from five to fifteen grains three or four times daily.

Believing that the embarrassed and inflamed lung required the purest and coolest air obtainable, I have put my patients in the largest and airiest room in the house; and that the emunctory organs should do all possible to eliminate toxines, I have always encouraged the free use of water and other bland non-irritating fluids.

As a preliminary I have always given calomel, in order to insure

free intestinal activity, and as pain, cough and restlessness are the cardinal indications for the use of opium, I have always given morphia, believing that it possesses preeminently the properties of allaying pain, soothing respiratory action, and favoring physiological rest. It, in conjunction with copious draughts of lemonade or some similar drink, encourages free and early diaphoresis.

I place my patients between blankets and apply hot bottles up and down the legs (both inside and out) and to the feet, *thus favouring a determination of blood away from the lung*. I am strongly of the opinion that hot applications to the thorax in pneumonia is both irrational and unscientific. Whilst the heat undoubtedly possesses anodyne virtue, it really aggravates the underlying pathological conditions, and favours extension of the area of congestion, and in my judgment encourages intrathoracic and other complications. I have not used ice to the chest; fearing the possibility of shock to the heart, it seems to me to be rather heroic.

I do not lose sight of the fact that the mortality of some epidemics is greater than others, and the death rate in some localities unusually high despite any or all methods of treatment, particularly in localities near the ocean or other large bodies of water, certain altitudes and in people of certain physique.

I believe that the administration of strychnine, digitalis or other powerful cardiac stimulants, are contra-indicated; and their use in pneumonia *per se* is like whipping a horse doing his best to pull the load along. For whilst pneumonia is a self-limited disease, I believe that anything that favorably influences the pulmonic condition lessens the danger and saves the heart.

I have not used expectorants to any extent, and have no special preference. I have further observed that empyæma following lobar pneumonia has occurred in those cases where hot poultices were employed. It has been my fortune to have had no serious sequelæ or protracted recoveries. I had one case complicated with pericarditis. This man had been vigorously poulticed night and day before I had seen him. This was the worst case I encountered. I have in nearly all cases used carbonate of creosote, believing that it possesses special merits as a pulmonary tonic.

I believe, in conclusion, that had I used digitalis, strychnine, alcohol (except for bathing purposes), veratrum viride, nitro-glycerine, hot poultices, venesection, and the various other orthodox agents, that I would have had more atypical cases, more complications, sicker patients, and higher mortality. And until convinced that my interpretation of the pathogenesis of pneumonia is inaccurate, and treatment misdirected, (as we see in this country) I think it safe to adhere to the lines of procedure above suggested.



SOCIETY MEETINGS

THE MARITIME MEDICAL ASSOCIATION.

SIXTEENTH ANNUAL MEETING HELD AT ST. JOHN, N. B., 17TH AND 18TH JULY, 1907.

THE association met at 10 a. m., the President, Dr. A. B., Atherton, Fredericton, N. B., in the chair.

The minutes of the last annual meeting were read and adopted, a vote of thanks being given to the Secretary.

The Committee on Irregular Practitioners reported that, in consequence of the widely-separated location of its members, no meeting had been held, and, in consequence, no progress could be reported, but asked for an extension of time, and permission to report again at a later session of the meeting. These requests were granted. Dr. Bennett, of Portland, Me., presented his credentials as representative of the Maine Medical Society to the Maritime Medical Association, and was welcomed by the President and was seated upon the platform.

The Secretary, Dr. Melvin, with the unanimous consent of the Association, moved the following resolution, which was seconded by Dr. McNeil of Charlottetown, and carried:

That a Committee of three, consisting of one member each, from New Brunswick, Prince Edward Island and Nova Scotia, to be known as a Programme Committee, be at once appointed by the President, the duty of which shall be, to obtain by personal interview or other means, the consent of fifteen practitioners to contribute to the programme of the next ensuing meeting, three to be selected from Prince Edward Island, five from New Brunswick, and seven

from Nova Scotia. The names, alone, of the contributors are to be given to the Secretary before the close of the present meeting, each such contributor agreeing to forward title of his contribution to the Secretary, not later than the first day of May next preceding the date of the annual meeting.

The President appointed on this Committee, Dr. McCully, St. John, Dr. Jardine, Prince Edward Island, and Dr. Mader, Halifax, Nova Scotia.

Dr. T. D. Walker reported for the committee appointed to audit the Treasurer's account for 1904-5. He stated that the audit found the accounts correct. Dr. Thorne of Havelock, N. B., and Dr. Pearson, of Sussex, N. B., an audit committee on the Treasurer's account for the past year, reported it satisfactory.

Bills of \$26.56 from Barnes & Co., for printing, etc., \$40 for advertising, and \$14.25 for postage, were ordered to be paid.

Drs. T. D. Walker and Jardine were appointed a committee on deceased members, to report at a later session.

The President then struck off the Nomination Committee as follows:

For Nova Scotia: Dr. Chisholm, Dr. DeWitt, Dr. Farrish; for New Brunswick: Dr. Deacon, Dr. Mott, Dr. Purdy; for Prince Edward Island: Dr. McNeill, Dr. Sutherland, Dr. McEwan.

The Degeneration of Civilized Races was the subject of the Presidential Address. It was listened to with great attention and interest, and

will be published in full in the NEWS. Drs. McNeill, DeWitt and James Christie were appointed a committee to consider and report upon it.

Dr. DeWitt then presented his paper upon Forest Preservation and Perpetuation: a Factor in Preventive Medicine. He called attention to the immense area denuded of forest in all three provinces. This has reduced the amount, and interferes with the water supply, and greatly enhances the chances of contamination of water with pathogenic germs.

The matter of sewer drainage was gone into at some length, and he remarked on the prevalence, because of defects in this, of typhoid in the United States, and the comparative freedom from this disease of Switzerland, in consequence of the conservatism of the forest areas in the latter country.

Dr. McNeill, in discussing the paper, hardly thought Prince Edward Island was so utterly stripped of its forests as the reader had intimated, but heartily agreed with the general deductions of Dr. DeWitt. On motion, Dr. DeWitt was heartily thanked for his valuable paper.

Dr. VanWart reported a case of menorrhagia. Parents tuberculous, brothers and sisters in good health, but one who showed tuberculous symptoms. Irregular and profuse bleeding at each menstrual epoch for weeks. In hospital curettage was done at various times for a number of years with partial success. Several theories were put forward for the pronounced bleeding, and hints given for operation. The paper, though short, was valuable, and full of matter worthy of reflection.

Dr. McLaren, St. John, who had seen the case, further discussed it, and elucidated the causation.

The Committee on the Presidential Address gave it high appreciation. It

was learned and exhaustive. Particularly calling attention to the remarks contained in it, on adulteration, more especially of alcohol, with absinthe and other drugs, and earnestly recommended the consumption, when necessary, of pure alcoholics. The thanks of the Association were heartily tendered the President for his most excellent effort.

Dr. McIntosh, of Dartmouth, spoke on Huntington's Chorea. He particularly instanced a patient. Laborer with three children. Six years ago began to be irritable, remaining in bed by day, and roaming about at night. Became abusive and violent to sister, with delusions or attempt at poisoning. Countenance markedly changed: forehead low and retracted: vision impaired: face dull and stolid with notably stupid expression. Facial muscles so degenerated that "chewing-cud"-like movements were made when eating. Choreic movements ceased during sleep, and could, for a limited space, be controlled by will.

Well marked heredity of drunkenness and insanity in this case, as well as in others Dr. McIntosh instanced.

This paper displayed great research and was much appreciated.

The President brought up the matter of affiliation of the New Brunswick and other provincial societies with the Canadian Medical Association. Dr. DeWitt explained the question as he understood it, having derived his information from Dr. McPhedran at the recent meeting of the Nova Scotia Society. No action was taken.

Dr. Skinner, President of the New Brunswick Society, then presented his address. It was listened to with much interest and will be published in full in the NEWS.

AFTERNOON SESSION, July 17th, 1907

The President in the chair.

Infantile Convulsions was the title of the paper read by Dr. B. A. Moram, of Hillsboro, New Brunswick. He detailed, at some length, the prodromic and clinical symptoms, objective and subjective. The seizures last, on an average, about ten minutes. When of very much longer duration, the attack is liable to be fatal, though to this there are many exceptions. In scarlatina, if the fit occurs after the full development of this eruption, the prognosis is very grave. Convulsions are most common under one year: comparatively rare over two. One seizure or more, during a sickness, apparently predisposes to others in subsequent illnesses, thus justifying us, perhaps, in saying that a "habit" of such attacks is possible to be set up.

The causes are many, for, indeed, convulsions themselves are only symptoms. Heredity and, above all, intermarriage between "blood" relations, are apparently predisposing factors.

In the latter instance he brought out the serious and valuable fact that second-cousin parents are more apt than first, to have "convulsion" children.

In discussion Dr. Watson of N. S., recited a case of his own, and Dr. Murray, of N. B., also took part, highly commending Dr. Moram's presentation of the subject.

Dr. Finney, of Johns Hopkins, Baltimore, followed with an address on the Differential Diagnosis of Appendicitis. Absolute diagnosis is not always possible without incision, though physicians should exhaust every resource at their command to make the nature of the trouble as positive as possible before calling in the surgeon. Nearly all the diseases of

the abdominal viscera and the organs in juxtaposition, at times, have to be distinguished from the one in question. In this respect the kidneys are to be particularly noted. Though many cases are plain and straightforward, many again, are most obscure and complex, rendering it imperative, often, "to operate for a diagnosis."

The whole matter was gone into exhaustively, and with consummate ability. The paper will appear in full in the NEWS.

EVENING SESSION, Wednesday, 17th July, 1907.

President in the chair.

Dr. Thos. Walker remarked on what he had seen in a recent visit to the United Kingdom. In Edinburgh he witnessed a number of anæsthesias with a mixture of ethyl chloride and ether, with apparently happy results. Here, too, he had the privilege of seeing Mr. Stiles operate for reduction of dislocation of hip, a method being employed quite different from that made so famous by the celebrated Austrian surgeon, Lorenz, and, in Dr. Walker's opinion, more in consonance with surgery and science in general. Mr. Stiles was also somewhat peculiar in his hernia operations, not hesitating to include even the youngest child, and completing the case wholly without dressings. In eight days the little patients are sent home. He also described an operation for malignant tumour of throat, involving the ligation of the internal jugular. He spoke in high terms of the Royal Infirmary of Edinburgh, the best hospital, he thought, in the United Kingdom.

Dr. Murray McLaren, of St. John, also briefly recited some of his experiences in a late trip to Europe, mostly on the Continent. He particularly

described some remarkable operations for tuberculosis in the shafts of the long bones. He was especially struck with the excellence of the pavilion system in the hospital at Hamburg; this establishment comprises over sixty separate buildings. Another notable one is the Virchow Memorial, named in memory of the late great pathologist. This is also after the pavilion principle, and will accommodate 2,500 patients. The expense of this style of hospital is so great, that the thought of it was hardly practicable, as yet, for this country. One great item in the up-keep of such institutions, especially in Canada, would be the requisite heat during our long and cold winter, and the increased cost of supplying it to this style of building would go far to render such pavilions out of the question here.

On Dr. Finney's paper, the discussion of which had been postponed till this session, the President said that we often learned more by our mistakes than by our successes. He instanced a case of his own of malignant growth in mesentery simulating appendicitis. Another, and more remarkable, was a constitutional gout, the disease, in 24 hours, definitely locating in the great toe. In closing the discussion, Dr. Finney expressed his diffidence, as his mistakes had been many, but it was of the utmost importance to derive lessons from them.

Dr. McNeil, of Charlottetown, reported for the Committee on Suppression of Irregular Practitioners:

We, your Committee appointed to suggest the best means of suppressing irregular practitioners, would say that in our opinion the best means are: 1st. To improve the elementary education of the regular profession equivalent to a degree in Arts or a

B. A., and then a practical course of four years, if not five—the last being practical in diagnosis and treatment.

2nd. To educate the people so that the difference between both parties is taken notice of by the public.

3rd. To secure effective legislation for the protection of the people against the encroachments of ignorant charlatans, convincing the people that it is not exclusively for the protection of medical men.

All of which is respectfully submitted.

R. MACNEIL, *Chairman.*

J. W. DANIEL.

Dr. McCully, of St. John, then read his paper on neuroses caused by eye strain. He particularly wished to prove beyond peradventure that such cause existed. This relation between neurotic seizures and eye-strain, is not yet thoroughly understood or properly valued by the profession at large. Donnelly, Thompson and Wier Mitchell, in their various works, had laid the basis of all our knowledge and practice on this subject. Some of the distressing symptoms following eye-strain are:

(1) Pain: generally moderated by pressure upon eye-ball. 90 per cent. of all head-aches, according to Brunton are due to this cause.

(2) Stomach-disturbances are due to eye-strain, either as a basic factor, or as an accelerating cause.

(3) Chorea may, also, be caused by it. True chorea never occurs as a result, but that variety known as "habit" chorea, involving, generally, the muscles of the head and neck.

(4) Vertigo is also occasioned by it.

(5) Epilepsy may be due in its origin to eye-strain, in a reflex way.

This had been experimentally proved by Brown-Sequard in his experiments upon animals. In conclusion he declared it was as sensible to treat Bright's disease without an examination of the urine, as it was to prescribe for head-aches without an examination of the eyes. Dr. Crawford thought Dr. McCully's figures as to the prevalence of head-aches due to eye-strain somewhat excessive, but quite agreed with him as to the immense importance of the subject.

Dr. Chisholm, of Halifax, spoke on Extra-uterine Pregnancy. He defined the condition. Had had, in all, twenty cases, of this peculiar abnormality. Operated upon 19, with recovery in all, and excellent after condition for life. He detailed his latest case. Tube ruptured four days after initial signs of trouble, and he operated with pulse at 115, and patient blanched from loss of blood. Recovery followed in three weeks. He gave other instances. Darkened appearance, when abdominal opening is made is very significant and almost pathonomic. It is due to coagulated blood from past hemorrhages, and is very rarely met with in any other condition. He followed with a full and elaborate detail of symptoms, and, generally, so elucidated the subject as left little to be desired. (His paper will appear in this journal at an early date).

Dr. Murray McLaren asked if decidua membrane has been discharged in any of these cases. Dr. Chisholm replied that, though such should be the case according to strict theory, such membrane is not often found, it being generally reduced to microscopical dimensions before being expelled. Dr. McLaren in rejoinder, stated that he, himself had had one beautiful example of such membrane some little time ago,

an almost complete coat of uterus having been found.

"Diagnosis of Presentation by External Examination Only." This was the subject of the paper of Dr. Webber, of Calais, Maine. He first alluded to the grave danger of infection by vaginal examination, a very considerable percentage of puerperal fever arising from this habit. It was of the utmost importance always to know the exact position of fœtus just previous to labor. He detailed *five* methods of external examination.

(1) *Abdominal palpation*.—The most important and best. All students should make themselves expert in it.

(2) *Auscultation* reinforces information obtained by palpation. If the fetal heart-sounds are *below* umbilicus the presentation is by the head: if above by breech.

Dr. M. A. Curry held that the condition of parts through which the fœtus comes, as well as the fœtus itself, should be known to the operator. This can only be obtained by internal methods. Without vaginal examination it is impossible to know the exact condition of labor movement, such as the amount of the dilatation of the cervix, and so on. Nevertheless, he highly commended Dr. Webber's paper, the motive which actuated it, and the methods it put forth.

Dr. Bennett, representative to the Association from the Maine Medical Society, thought Dr. Webber's address a most practical and important one, and one to which he had listened with the greatest interest. There was far too much carelessness, he feared in internal examinations, especially in the way of prophylaxis against contamination by germs. It was not an easy matter notwithstand-

ing the flippancy with which we often refer to it, to render the hands aseptic. As proof of how such evil can come from such procedure, he instanced the terrible epidemic of puerperal fever in the New York Maternity Hospital in 1883, mainly, he understood, from dirty and careless manipulation. Dr. Webber, in closing, explained that he did not intend external methods to be exclusive: in complicated and abnormal labour, internal examinations were essential, but his chief plea was to reduce the latter to the smallest number possible, especially in normal cases, which, after all, constituted the great bulk of obstetric work.

In the discussion of "Artificial Delivery: Its Methods and Indications," Dr. Curry, opened. The subject involved abortion and the induction of premature labor. Regarding means to these ends, drugs are wholly useless, and, frequently, are dangerous. The best method is the dilatation of the cervix. The induction of premature labor is becoming rarer Cæsarian section taking its place, the latter being better for both mother and child. In inducing labor before normal period begins bougies are extremely useful and efficient, but sometimes dangerous. Dilatation by Barnes's bag is the best and safest procedure. Concerning the use of forceps, in ordinary cases, he thought they might well be used, as a very general and broad rule, after two hours of the second stage. But this, of course, had many exceptions. As a rule before forceps are applied, head should present at brim of pelvis; cervix should be well dilated, and membranes ruptured. Three inches of cervix dilatation is sufficient. He favored the side position of patient, rather than back, but acknowledged that this was

more of a question of habit, than of real scientific importance. Version was an alternative to the forceps. It is often, in its procedure, very simple, but in cases of brow or forehead presentations it became more difficult. He spoke of the combined method of version and internal manipulations, and instanced a case of his in which he had been assisted by Dr. Cisholm. He then went on to describe *cutting* operations as aids to delivery. Of these Cæsarian section is, without doubt, the best and safest. Symphysiotomy is dangerous, and does not make a sufficiently wide opening. It frequently damages organs in close juxtaposition, as clitoris, urethra, etc. It also often results in retention of urine. Cæsarian section has as low a mortality as the latter so far as the mother is concerned, and considerably lower as regards the child.

In consequence of the lateness of the hour, the remainder of the discussion was postponed until the following morning session.

MORNING SESSION, Thursday, 18th July, 1907.

Dr. McEwan, of O'Leary, P. E. I., showed a child of four, with in-coördination of movements. Family history negative, except that parents were first cousins. While walking or attempting to do so, child staggers and falls. Second child congenitally blind, while a baby of three months threatens to become so. There has also been failure of speech.

Dr. Corbett of St. John, exhibited skiagraphs of Colles's fracture and reported cases.

Dr. Scammell, St. John, read an interesting sketch concerning *Monstra per Defectum*, and exhibited two specimens. Dr. G. M. Campbell, of

Halifax, detailed two similar cases and Dr. J. D. Lawson, St. Stephen, one case.

The Nominating Committee then reported as follows:

For President: Dr. M. Chisholm, Halifax, N. S.; for Vice-President Nova Scotia: Dr. G. E. DeWitt, Wolfville, N. S.; for Vice-President New Brunswick: Dr. Anglin, St. John, N. B.; for Vice-President P. E. Island, Dr. Jardine, Summerside, P. E. I.; for Secretary: Dr. Melvin, St. John, N. B.; for Treasurer, Dr. Farrish, Yarmouth, N. S.; for Local Committee (in Halifax), Dr. James Ross, Dr. Hogan, Dr. C. D. Murray, Dr. L. M. Murray, Dr. M. A. Curry. Dr. J. R. Corston, Local Secretary.

Dr. Gray, of Fairville resumed the adjourned discussion of the previous evening on Artificial Delivery. Hippocrates had favored the introduction of the hand into the vagina to accelerate or assist delivery, but had found it, on the whole, impracticable. Avicenna (born in 980 A. D.) spoke of the forceps, or something analagous thereto, as well as very early subsequent writers. It was not until the middle of the seventeenth century, however, that the present familiar instrument was invented and put to use. Chamberlain, and his relatives were the discoverers or inventors, but, for a long time kept it secret. Drinkwater, however, close to the same period fashioned a similar instrument.

Chamberlain went to Paris for the purpose of introducing his secret there with a financial end in view, but his operations with it were not fortunate, either in a scientific or monetary sense. He, however, soon afterward, sold out his rights to parties in Holland, and the instrument from that time became practically

common property. Palfine, of Ghent, had attempted to fathom the Chamberlain's secret, but unsuccessfully. He, however, devised a similar instrument and reported on it to the Academy of Paris. All these earlier specimens of the forceps were but short and straight, and only capable of seizing the head when low down. Many modifications were made in the 18th century. In 1842, Smellie invented the "high" forceps, and Simpson, of Edinburgh, shortly afterward followed with his well-known model. There were four principles of application, viz., (1) As a compress in reducing size and shape of skull, temporarily. (2) As a lever: to modify the course of progress of head. (3) As a rotator, to change position of head, as regards local presentation. (4) As a contractor. Indications for use were many, and he went into this question in some detail. There were two methods by which they are applied: (1) To side of head, and (2) Indiscriminately. He favored and practiced the first. As regards choice between Cæsarian section and symphysiotomy, he favored the latter.

Dr. Lawson, St. Stephen, doubted if Cæsarian section was ever necessary for placenta prævia, but cited case of contracted pelvis where had it been made, would have saved mother and child.

Dr. Deacon also took part in the discussion.

The President thought Dr. Curry rather severe on symphysiotomy, and recited an instance of his own where this operation had been most efficient.

Dr. Farrish, of Yarmouth, then presented his paper on "Proverbs XXV, 16." He referred to the surprising amount of medical lore and

wisdom there is in this celebrated collection of sayings by the wise king, and explained how his attention came to be called to the verse which formed the heading for his discourse.

The paper, though not strictly scientific, or practical, in the ordinary medical sense, was exceedingly happily conceived, and was listened to with great pleasure and acceptance by the Association. The readers of the NEWS will it is to be hoped, be able to read it in full in a near issue.

Dr. Shepherd, of Montreal, followed with numerous views of the surgery of the thyroid gland by lantern slides. He sketched the anatomy of the organ, and its pathological abnormalities. A comparatively early idea of the function of the gland was that it was antitoxic, but later authorities have referred its activity to metabolism. In operating, a practical point is to recognize and preserve the parathyroids. This can generally be done by means of their dark color though their small size render them often liable to extirpation.

Among the various slides were included:

(1) Goitre, in which the water-supply of peculiar localities, notably, tracts in South Germany and Switzerland, is supposed to be a dominating factor.

(2) Compression of trachea by tumour of large size.

(3) An inoperable case, showing interference with venous circulation.

(4) A bi-horned example, right and left, enclosing trachea. Operation with good result.

(5) Cysto-colloid gland: developing Graves' disease. Operation, with good recovery.

(6) Purely cystic case. Eneu- cleated. Most easy of all to operate upon.

(7) Several microscopic slides were also thrown upon the screen, showing various pathological changes.

He also mentioned exophthalmic goitre, due to excessive action of the gland. Here, tachycardia is always present, and, often, leucoderma, with secondary changes in heart muscle. Operation is dangerous. The exposure simply of gland to air has been found efficacious in a few instances, but has been generally abandoned as an operative measure. The only real palliative procedure is to remove superfluous part of gland.

(8) Malignant disease of thyroid.

(9) Sarcoma of gland. Usually occurs in young. This case had recurrence in eye, and was finally fatal.

(10) Carcinoma of gland. Looked like cystic-goitre. Died of malignancy of lung.

(11) Cretinism. Really the wasting of the thyroid gland. Showed a very interesting example of this disease "before" and "after," exemplifying good effect of the thyroid extract. The child, from a condition of typical stupidity and stolidness became bright and intelligent, as was plainly evident from photographs. In conclusion Dr. Shepherd gave instructions as to operation for the relief of various troubles touched upon.

"The Therapeutics of Some Phases of a Failing Circulation," was the subject upon which Dr. Blackadar, of Montreal addressed the Association.

It was a most complete and elucidative presentation of the subject, and will be published in full.

Upon its conclusion votes of thanks were tendered Drs. Shepherd and Blackadar.

Dr. T. C. Walker, for the Committee on Deceased Members, reported that the condolences of the As-

sociation should be sent by the Secretary, to the widows or other intimate family relations of the following, who have died during the past year: Dr. March, Dr. M. Sheffield, of St. John; Dr. McMillan of Picton, N. S.; Dr. Chas. Holden, St. John; Dr. Benson, of Chatham, N. B.; Dr. Taylor, of Charlottetown, P. E. I.; Dr. Clancy; Dr. McGillvary, of Sydney; Dr. Venables of Halifax; Dr. Clay of Pugwash; Dr. C. E. A. Buckley, Dr. D. G. J. Campbell, Halifax; Dr. J. W. Chisholm, Glace Bay; Dr. R. J. Ellison, Bear River; Dr. T. P. Farrel, Bombay; Dr. D. M. Johnson, Tatamagouche; Dr. J. S. Layton, Halifax; Dr. J. D. Mosher, Rawdon; Dr. A. McIntosh, Antigonish; Dr. J. P. Smith, Greenspond, Nfld.; Dr. G. D. Turnbull, Calgary; Dr. T. W. Walsh, Halifax.

The Secretary was also instructed to convey, in a letter, to Dr. Wm. Bayard, of St. John, the congratulations of the Association upon his continued good health and well-being, and to inform him of the sincere wish of the members, that those blessings be vouchsafed to him for many years to come.

On motion, the Association adjourned, to meet in Halifax next

July, according to the constitution.

The meeting, as a whole, was most successful. It is rare that such a unanimous opinion with respect to the general excellence of the papers, the deep interest taken, and the assiduous attendance, is heard expressed.

At the close of Wednesday's afternoon session, the Association enjoyed a very agreeable sail up the St. John River, on board the Steamer Victoria, and had luncheon before returning. To not a few of the gentlemen present, this experience of the beauties of the St. John River was new, and they were therefore enabled to carry away with them a mental panorama of the most beautiful river scenery in Canada. While the total attendance was not up to its highest record level, it had probably the largest average attendance of any meeting since the inception of the Maritime Medical Association.

It is to be regretted that several papers, appearing on the programme, were not read, some because of the absence of the authors, and one or two, because of lack of time. These, however, together with others, not specifically so mentioned above, will be published in the News at an early date.

NEW BRUNSWICK MEDICAL SOCIETY.

THE twenty-seventh annual meeting of the New Brunswick Medical Society was held at St. John on the 16th of July, 1907.

The meeting was opened at 10 a. m. in the Orange Hall, with the President, Dr. Stewart Skinner, in the chair, and on motion, adjourned till 8 p. m.

The meeting was called to order by the President, Dr. Skinner. The

minutes of the last meeting were read and approved.

The following bills were ordered to be paid:

St. Croix Publishing Co.	\$16.18
J. & A. McMillan	4.50
C. of E. Institute	5.00

TOTAL	\$25.68
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Dr. Melvin, treasurer of the Society, read his report showing a balance of \$152.14.

Drs. Daniel and Crocket audited the Treasurer's account and reported it correct.

Dr. Skinner, Registrar of the Council of Physicians and Surgeons of New Brunswick, then read his report which is as follows:

*Mr. President and Members of
New Brunswick Medical Society:*

It again becomes my duty to present to you 'he report from the Council of Physicians and Surgeons of New Brunswick.

The year just passed has been uneventful, matters medical having with few exceptions passed along smoothly and with little or no friction.

The number of names on the register this year is two hundred and seventy-three. Although this is not a full list of the Medical Practitioners in the province, still there is great improvement on that of a few years ago when there were only about two hundred names entered. The members of the profession have come to recognize that failure in payment of the annual fee makes them illegal practitioners, and thus paves the way to endless trouble.

Complaints from medical men residing in various parts of the province regarding illegal practitioners practicing in their districts are constantly being received by the Registrar. These letters invariably contain a proviso that the name of the writer be kept secret, one M. D. going so far as to state that "if you will promise not to divulge your informant, I can give you the name and address of the offender." You can well understand that the Council finds it impossible to take legal action in such cases. They at least expect some assistance from those making the complaint.

On the receipt of such letters the Registrar invariably writes a warning letter to the delinquents, informing them of the offense, and the penalty incurred. In many cases this has the desired effect. It might be well to consider whether it would not be better to employ a proper person to obtain the necessary information for conviction, as is done in Ontario. The Council are doing all in their power to free the province of all illegal practitioners, which for various reasons is by no means an easy task. Following the recommendations of the Society, they have taken steps to bring action against one practising osteopathy.

The question of Inter-Provincial Reciprocity has not advanced: if anything it has taken a backward step as one of the provinces of the Dominion, namely Alberta, requires all candidates for registration to pass their professional examination. As the tendency of emigration not only among the laity, but also among our profession is still westward, it may be of interest to give the requirements of these provinces.

Requirements for Registration, the Province of Alberta: Any person producing a diploma of qualification from any college or school of medicine and surgery, and a certificate or certificates that he has taken at least a four year's course of lectures of at least six months each before receiving such a diploma, and is satisfactorily identified, pays the examination fee of \$50.00 and passes the examination of the College of Physicians and Surgeons, can register on payment of \$52.00.

Requirements for Registration, North West Territories including the province of Saskatchewan: Any person producing a diploma from Great Britain or Ireland, entitling

him to practice there, and being satisfactorily identified, can register on payment of \$52.00.

You will note that Saskatchewan leads the way towards interprovincial reciprocity.

The following gentlemen passed the professional examinations in June last, and are entitled to registration:

Hugh A. Farris, White's Cove; Thomas Fraser, Liverpool, N. S.; J. A. Graham, Campbellton; Robert G. Guvan, Rexton; Roy D. Grunniver, St. Andrews; Merville A. Oulten, Jolicure; Gilbert Plat, Andover; H. LeBaron Peters, St. John; George O. Taylor, Hillsboro.

George W. Bailie passed the professional examination in January, 1907.

STEWART SKINNER,
Registrar.

THOMAS WALKER, M. D., *Treasurer.*

In account with the Council of Physicians and Surgeons of New Brunswick.

Receipts from Feb. 19, 1906, to March 22, 1907.

Balance on hand February 19, 1906	\$1,308 27
Received from Registrar	260 00
Total	\$1,568 27

Expended from Feb. 19, 1906, to March 22, 1907.

Examiners fees	\$ 202 00
Travelling expenses	197 00
Salary of Registrar	75 00
Printing Register	72 55
Printing	7 94
Expenses of examinations	5 30
Total	\$ 559 97
Balance on hand	1,008 48
Total	\$1,568 27

Respectfully submitted,

THOMAS WALKER, M.D.,
Treasurer.

Examined and found correct,
March 22, 1907.

MURRAY MACLAREN, M.D. } *Auditors.*
P. R. INCHES, M.D. }

STEWART SKINNER, M.B., *Registrar.*

In account with the Council of Physicians and Surgeons of New Brunswick.

Receipts from Feb. 17, 1906, to March 22, 1907.

Annual fees	\$ 262 00
Examination fees	140 00
Registration fees	60 00
Matriculation fees	45 00
Total	\$ 507 00

Expended from Feb. 17, 1906, to March 22, 1907.

Aug. 10th, paid Treasurer	\$ 230 00
Sept. 13th, " "	30 00
Mar. 22nd, " "	247 00
Total	\$507 00

STEWART SKINNER,
Treasurer.

Examined and found correct.

P. R. INCHES } *Auditors.*
MURRAY MACLAREN }

The following are officers appointed at last meeting:

President, Dr. Murray McLaren, Treasurer, Dr. Thos. Walker; Registrar, Dr. Stewart Skinner.

Audit Committee:—Dr. J. P. McInerney, Dr. H. G. Addy.

Registration Committee:—Dr. Thos. Walker, Dr. A. G. Addy.

Examination Committee:—Dr. Thos. Walker, Dr. J. P. McInerney, Dr. E. T. Gaudet.

Laws Committee:—Dr. J. M. Deacon, Dr. C. T. Purdy, Dr. J. P. McInerney.

Professional Examiners:—Dr. A. B. Atherton, Dr. G.A.B. Addy, Dr. P. R. Inches, Dr. T. D. Walker, Dr. J. W. Daniel, Dr. Stewart Skinner.

Matriculation Examiners:—Dr. H. S. Bridges, Dr. G. U. Hay.

On motion this report was received and ordered to be entered on the minutes.

Dr. Deacon read the report of the insurance committee. This committee was appointed in 1905. A large majority of the physicians in the province have signed the agreement to hold the fee for insurance exam-

ination at \$5.00, leaving out the so-called fraternal associations.

Out of 270 active physicians, 239 have signed the agreement, leaving 31 who have not as yet signed the agreement.

The committee requested that the resolution be brought into effect Oct. 1, 1907.

The report was discussed by Drs. Pearson, T. D. Walker, McLaren and Deacon.

On motion, \$50.00 was allowed the committee for expenses. The report of the committee was adopted.

Election of officers for ensuing year:

Dr. Deacon, President; Dr. McIntosh, 1st Vice-President, Dr. Furgeson, 2nd Vice-President; Dr. Day, Secretary; Dr. Purdy, Corresponding Secretary; Dr. Melvin, Treasurer; Drs. Emery, Warwick and Crocket, Trustees.

On motion it was decided to hold the next annual meeting at St. Stephen.

A reception was held at the residence of Dr. Skinner, where a very enjoyable evening was spent.

R. U. DAY,
Secretary.

MEDICAL SOCIETY OF ANNAPOLIS AND KINGS.

The second meeting of the Medical Society of Annapolis and Kings Counties—organized in Middleton in June last—was held in Berwick on Friday, August 2nd, and a most interesting and every way successful meeting was held.

Instructive papers were read by Drs. DeWitt of Wolfville, Sponagle of Middleton, Morse of Lawrencetown, and Birt, of Berwick.

A very hearty reception and lunch was given the visiting members by those resident in Berwick. After the meeting a sumptuous dinner was enjoyed at the Hotel Berwick.

The officers present were Dr. G. E. DeWitt, President; Dr. Balcom, Aylesford, and Dr. Sponagle, Mid-

dleton, Vice-Presidents; Dr. W. F. Read, Secretary-Treasurer; Dr. J. B. March, Berwick, and Dr. L. R. Morse, Lawrencetown, members of Executive Committee.

Other members present were Drs. W. B. Moore and W. S. Woodworth, Kentville; Payzant, Wolfville; J. A. Morse, Port Williams; Covert, Canning; Killam, Woodville; Burns, Bridgetown; and Birt and S. E. Shaw, Berwick. Drs. X. L. Anthony, of Stockett, Montana, and H. M. Shaw of Ashland, Oregon, were present, and were elected honorary members.

The next meeting will be held in Bridgetown, in January, 1908.

THE LUNENBURG-QUEENS MEDICAL SOCIETY.

The Lunenburg-Queens Medical Society met at Rose Bay, on Tuesday, August 16th, with a good attendance of members. Several discussions took place, and business of importance was transacted. Dr. R.

H. Burrell read a bright and well-prepared presidential address, which will appear in a subsequent issue.

E. Ross Faulkner, F.R.C.S., Eng., a charter member of the society, was present and received an enthusiastic

welcome. He delivered an eloquent and most interesting address, relating some of his experiences during his three year's study and work in London. In addition to his hospital and research work he had served as locum tenens for different London practitioners for short periods. At one time the practice was among the most wealthy class, at another entirely in the slums, where one hundred patients daily were seen.

Dr. H. K. McDonald, who had recently returned from a year's study

in London and New York, compared the work of the two centres in an interesting address. He also outlined the treatment of tuberculosis as followed in the New York Post-Graduate School.

Mrs. (Dr.) McGregor was At Home to the members during the afternoon.

A somewhat foggy codfishing trip was indulged in during the afternoon. The cod were rather shy.

The next meeting will probably be held at Liverpool.

PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA.

DURING the year ending June 29, 1907, there have been held three regular meetings of the Board. At the meeting called Oct. 18, 1906, there was no quorum, and no business was transacted. At other meetings the attendance was satisfactory.

The plan for conjoint professional examinations, established last year, has worked well and proved satisfactory to all. The question with regard to the date of holding the first or Spring examination, was, however, again revived. It will be remembered that the Board in the first instance appointed the middle of June as the date for the examinations for the Provincial License, thinking that this date would be satisfactory to all, as by that time not only the students of Dalhousie and of the Halifax Medical College, but those away at other Canadian or American schools, would have completed their course and thus one examination would be sufficient for the year. The students of the local colleges opposed this arrangement and

made it appear to the legislature, to whom they appealed, that they had a grievance in being compelled to remain in Halifax, or come back about two months after graduation to go through another set of examinations. The Board under pressure was practically compelled to change the date of these examinations from June to April, to suit the students of Dalhousie and of the Halifax Medical College, and in order to accommodate the graduates of other colleges. a second examination was appointed to be held in September. This arrangement, along with the further adoption of the conjoint examinations has been perfectly satisfactory to local students, but it has not otherwise been free from objection. In the first place graduates of outside colleges have complained that while the month of June was particularly satisfactory for them, neither April nor September is so convenient. In April such persons have not yet graduated, and to wait for September means a delay in their case of two months. This objection was in it-

self of no great moment, but through it a more serious difficulty arose in connection with securing the interne staff of the Victoria General Hospital. The date when these internes begin their hospital year, together with the fact that the law required such persons to be duly registered licensed practitioners, and the dates appointed for the examinations for license resulted in this, that the authorities were practically limited to graduates of local colleges for its house staff. It has not been thought advisable to shift the September examination back to June, or to appoint a third examination for that month, neither of which would improve the hospital difficulty. Instead of either change, the following has been carried out: In the first place a Bill was passed at last session of the Legislature, specifically exempting the house staff of the Victoria General Hospital from the requirement of holding the Board's License with certificate of registration. They are simply required to show that they are graduates of a recognized college. In the next place the date of beginning of the hospital year was changed from May 1st to July 1st. As a result of this arrangement, which is in the main quite reasonable, two graduates of McGill who have not yet passed the Board's examination, have secured positions on the hospital staff for the current year.

During the year the negotiations with Great Britain with regard to reciprocity with this province were brought to a satisfactory issue, and at the May meeting of the General Medical Council, the resolution of the Executive Committee was adopted, recognizing the diploma granted by this Board under the Medical Act of 1889, also the degrees granted by Dalhousie University, and by the

Halifax Medical College, when accompanied by a certificate of registration or license to practice in Nova Scotia. As indicating the importance of this matter, the following from the address of Dr. McAllister, the President of the Council, is of particular interest. Dr. McAllister said:

"It is with special satisfaction that I record the completion of the negotiations for medical reciprocity with the Province of Nova Scotia, to which, as you will remember, His Majesty in Council was pleased last year to apply Part II of the Medical Act of 1886. The negotiations with the Executive Committee, to which the Council has delegated the duty of carrying into effect this part of the Act, have been conducted by the provincial authorities with the utmost goodwill, and with the fullest desire to meet the requirements of the Council. As a result the Committee have felt justified in granting recognition to Nova Scotian degrees and diplomas on terms which, while they fulfill the conditions of the Medical Act as regards sufficiency, are at the same time satisfactory to the Provincial Medical Board. The Board has, moreover, voluntarily undertaken to initiate legislation, which will tend to raise still higher the efficiency of the medical curriculum of the province. The correspondence which has led to this very gratifying result, has been printed and published in the Minutes of the Executive Committee.

"The admission of Nova Scotian qualifications to the British Register has already, as I understand, had the incidental consequence that Canadian medical graduates, who have fulfilled the conditions applicable to the Maritime Provinces, are now declared to be eligible for com-

missions in the Royal Army Medical Corps. The Australian States, which long ago entered into reciprocal relations with this country, are already in a position to offer similar advantages to their medical graduates. It is to be regretted that graduates of provincial universities in Canada, other than those in Nova Scotia, are still ineligible for appointments in the Medical Services of the Crown. It now rests with Canadian provinces themselves to remove this disability. The Council, which has always taken a broad view of its responsibilities to the Empire in general, will doubtless give the most favorable consideration to any overtures the Provincial Governments may make to this end."

With regard to the five years course, action has already been begun by the Halifax Medical College and by the Medical Faculty of Dalhousie. A committee has been appointed to outline the course, and notices referring to its being made compulsory for graduation appear in the Calendars of both colleges. Nothing definite, however, has as yet been done by the Board. The first thing, no doubt, will be to ascertain whether it is actually necessary to go to the legislature, or whether the Board under subsect. (2) sect. 19, has not power to make the necessary change in the curriculum, subject simply to the approval of the Governor in Council. Some notice referring to the matter should, if possible, appear in the Annual Announcement for 1907-08.

Under the Penal Clauses of the Act, proceedings were authorized against "Prof." Cudden, referred to in the last Annual Report as engaged in practice in the town of Windsor and vicinity. The case was placed in the hands of Mr. W. M.

Christie, Barrister, Windsor, but no report has as yet been received as to how the matter is progressing.

The attention of the Board and of the Discipline Committee has been more or less occupied throughout the entire year with investigation into the case of Dr. Ira E. Dyas, of Amherst, the authorities of Tuft's College, at which Dyas attended during three sessions, having declared that the certificates which he submitted to this Board, and upon which he secured his registration in this province, are fraudulent. In connection with this investigation, the officials of Tuft's College came to Halifax last October, and submitted the records of the College to the Discipline Committee. The case is still under consideration, and Dr. Briggs, the present Registrar, will again appear before the Board, together with Dr. Taylor, who held that office during Dyas' attendance at Tufts.

The case of J. M. Roy is still in an unsatisfactory condition. As already reported, judgment was given against him (Sept. 27, 1905), in a penalty of \$70.00, with costs amounting to \$139.50, but so far, nothing has been recovered, and the Board is out \$168.10, amount paid as legal expenses. As Roy continued to practise with this judgment still unsettled, Messrs. Nichols, of Digby, were directed to proceed against him, under the new section added to the Medical Act of 1906, and applying to such cases, but nothing seems to have been effected. In the meantime, Roy has renewed his application for registration, but could submit nothing which would entitle him to enter for the Board's examination, which indeed, he declares he would not take anyway, and he has indicated that he and his friends will take steps to se-

cure his registration by Act of Parliament.

The preliminary examinations have been held as usual, with local examinations at Sydney and Pictou. The following are the general results:

Date.	Candidates.	Passed.	Passed —1 sub.	Failed.
Aug. 06,	9	4	5	0
May, 07,	2	2	0	0
<hr/>				
Total	11	6	5	0
1905-6	11	5	2	4

The number of candidates taking the Board's examination continues small, which is to be expected, as more are being admitted to the medical course through their high school certificates. The results were in the main better than last year as no one actually failed. Including those who took the Board's examination and those entering on other certificates there were in all 23 names added to the Students' Register, being 3 less than last year.

At the Professional Examinations held in September, 1906, there were 4 candidates, of whom 3 passed and 1 failed. In April, 1907, there were 7 candidates, of whom 6 passed and 1 failed, making in all 9 who passed all examinations and were accordingly granted the Board's diploma. All of these have since been duly registered, together with 2 others registered on British Certificates, making the total number of additions to the register for the year 11, being 10 less than last year. During the same period 15 names were erased, being four less than last year, but this number being greater than the additions, the Register has actually been reduced 4 names.

On June 30, 1906, the total number of names on the Register was 628. On June 30, 1907, 624.

Detailed results of all these examinations, Preliminary and Profes-

sional, will be found in the examiners' reports herewith submitted. The erasures were all on account of death. The deceased were:

Name	Age
Clarence Edward Avery Buckley, Halifax, Mar. 27, '07	29
Duncan George Joseph Campbell, Halifax, July 18, '06	25
James W. Chisholm, Glace Bay, July 23, '06	26
Henry Pines Clay, Pugwash, June 15, '07	49
Robert James Ellison, Bear River, Feb. 13, '07	76
Louis Patrick Farrell, Satara, Bombay, Ind. Sept. 12, '06	29
Daniel McIntosh Johnson, Tatamagouche, Mar. 12, '07	34
James Smith Layton, Halifax, Feb. 12, '07	31
James Dudley Mosher, Rawdon, May 4, '07	34
Alexander Daniel McGillivray, Sydney, May, '07	66
Alexander McIntosh, Antigonish, Feb. 27, '07	75
John McMillan, Pictou, May 1, '07	73
John Peter Smith, Greenspond Nfld.	73
George Dykeman Turnbull, Calgary, Alta.	73
Thomas William Walsh, Halifax, May 10, '07	49

In the above list are included two who served as members of this Board, Dr. McMillan having been appointed some years ago as a representative of the Nova Scotia Medical Society, and Dr. McGillivray, who at his death was the oldest member of the Board next to Dr. W. H. MacDonald, having been appointed by the government, March 2, 1885. Dr. McGillivray took a great interest in the work of the Board and attended regularly at least every annual meeting until prevented by illness, which supervened about two years ago. He came all the way from Sydney to attend the annual meeting July, 1904, but was compelled to leave and return home. The government has been notified of the vacancy caused by his death, but his successor has not yet been announced.

During the year the Hahnemann Medical College has been the only one added to the list of Colleges whose courses are recognized by the Board. The recognition is, however, conditional to evidence of a satisfactory preliminary examination.

The experiment was tried this year of holding the ordinary meetings of the Board on Thursday instead of on Wednesday as heretofore. It will be for this meeting to decide whether this will be continued and extended to include the Annual Meeting or not.

The attention of the Board is drawn to the following fact relating to its financial position. According to the Financial Statement of the Treasurer, the balance in hand which had been gradually increasing from year to year until at the end of 1902-3 (June 30, '03), it had reached the fair amount of \$3,103.00, has since then dropped, until as the Report for the year just ended indicates, (June 30, '07), it has been reduced to \$1,674, being an average of about \$350. If this condition of things continues without remedy, in about five years the surplus in the bank will have been all used up, and the income will not meet the expenses of the Board. There are two ways in which the funds of the Board may be supplemented. One would be by the adoption of an annual fee of two dollars, the other being by the raising of the Examination and Registration fees. A comparison of the fees paid in Nova Scotia with those of the other provinces shows the latter to be as a rule much higher than ours. The western provinces for example, exact a fee of \$100.00, with an additional annual tax of two dollars. The corresponding fees in this province amount to \$35.00, and there is no annual fee. Again, according to present regulations, a registered British practitioner may register here on payment of \$20.00, whereas, a person holding a Nova Scotia qualification will have to pay \$25.00 to register in Great Britain. The imposition of an annual tax has never recommended itself to the Board, but something must be done, and it would certainly seem reasonable that

the Examination and Registration fees should be considerably raised.

The money receipts for the year have been as follows:

		I	
Fees—	9, \$35.	Prof. Exam. Fees.....	\$315.00
"	1, 25.	Prof. Exam. Fee (on account).....	25.00
"	2, 20.	Prof. Exam. Fees (Suppl).....	40.00
"	2, 20.	Med. Registration Fees.....	40.00
"	1, 2.	Additional Qual. Fee.....	2.00
"	7, 2.	Special Registration Cert.....	14.00
"	8, 10.	Preliminary Exam. Fees.....	80.00
"	2, 5.	Preliminary Exam. Fees.....	10.00
"	3, 2.	Preliminary Exam. Fees (Suppl)....	6.00
"	2, 2.	Preliminary Exam. Fees (Local)....	4.00
"	17, 10.	Students Registration Fees.....	170.00
		Total Fees.....	\$706.00
		Being \$442.00 less than last year.	

		II	
Additional Receipts, Sales Registers and Exam. Papers.....			19.00
			\$745.00

all of which amount, being \$431.00 less than last year, has been transferred to the Treasurer, and will be accounted for in his Financial Statement.

All of which is respectfully submitted.

A. W. H. LINDSAY.

MEMO:

Of the 624 names on the Medical Register, June 30, 1907:

Halifax City is credited with	73
Nova Scotia, outside Halifax.....	384
Total for Nova Scotia	457
Resident in New Brunswick	10
" P. E. Island	2
" Quebec.....	2
" Ontario	12
" Manitoba	9
" Alb., Sask. and N.W.T.	21
" Br. Columbia and Yukon ..	11
" Newfoundland	16
" Br. West Indies	2
" England.....	3
" China, India and New Zealand.....	10
" United States.....	69
Total.....	624

OBITUARY.

DR. JOHN S. BENSON.

AT Chatham, June 22nd, 1907, Dr. John S. Benson, aged 69, after a somewhat protracted illness, passed to his eternal rest.

Dr. Benson was born at Chatham on the 10th of May, 1838, being the eldest son of the late Dr. Stafford Benson, a man of great force of character and a skillful surgeon, who was a member of the Royal College of Surgeons, having received his medical education at St. Bartholomew's.

He finished a brilliant course at Guys, and graduated as M. R. C. S. in 1861.

When at Guys he was associated with some of the greatest medical men of the time, or in fact of any time, viz.: Bryant, Hilton, Addison, Hicks and Pavy, and private letters from all these men showed how highly they thought of his ability: in fact he was promised a position on the staff of Guys, and advised by them to settle in London.

He, however, immediately after graduation, returned to Canada, and commenced practice in Newcastle, where he only remained for a year, when he returned to Guys, where he was resident-surgeon for two years. But the attraction of a brilliant career which was opening up for him in London was not as strong as his love of home, and of the natural grandeur of his native country, and freedom of Canadian life, so he returned to Canada and settled in Newcastle, and practised there till 1873, when he removed to Chatham, and remained there till his death.

He was Senior Surgeon to the Hotel Dieu Hospital at Chatham, and also surgeon in charge of the

Marine Hospital at Douglstown. He was regarded by his confreres as the leading surgeon in the Northern Counties, and was being constantly called by them in consultation. His skill and knowledge were not more appreciated by them than his never-failing courtesy.

He was twice married, his first wife being Miss Louisa Nesmith, of Newcastle, his second being Miss Margaret Bowser, of Chatham, who died a few months previous to his own death.

He is survived by eight children, three sons, Stafford, John J. and Stewart, and five daughters, Mrs. Anderson, Brown, Murray, Hutchinson and Tapper.

He was most happy in his domestic life, and it was here that he showed forth a constant serenity of disposition, and a most genial kindly, unselfish character. He loved his profession as few men do; he was proud of it and nothing pleased him so much as to do his work well. He was the very embodiment of that generosity which Stephenson says is shown forth by the medical profession more than any other, and which is capable only in those who practise an art, never in those who drive a trade.

He never refused a call to the sick bed, no matter how inclement the weather, or how poor the patient.

To show how his services were appreciated, after the death of his second wife he was urged by the Rev. Mother Kane, of the Hotel Dieu, to make his home at the hospital, and nothing would have afforded the Sisters more pleasure than to wait upon him till the end of his days.

He was buried with Masonic honors, of which order he was a prominent member. One of the largest funeral corteges in the history of the town gathered from far and near to pay to him they all loved so well this last sad tribute of respect. And as they stood by his open grave and thought of his blameless, generous and arduous life, they could but say:

"He has done his duty well, he has acted out his part,
And now's entitled to a furlough for his brain and for his heart"

*

DR. GEORGE A. C. MACINTOSH.

Dr. George A. C. MacIntosh passed away on the night of June 23rd at Murray River, P. E. I., where he had practised for upwards of thirty years. He was born at Stanley Bridge, P. E. I. He graduated M.D. from the University of Pennsylvania in 1875; M. B., University of Trinity College, 1880; Fellow, Trinity Medi-

cal School, 1880; M.D., C.M., New Trinity College, 1889. The Prince Edward Island Medical Society, at its last meeting paid the following tribute to his memory: "Resolved, that we, the members of the Prince Edward Island Medical Society, desire to place on record our high appreciation of Dr. Geo. A. C. MacIntosh of Murray River, a student of rare ability and intelligence who died on Sunday the 23rd June last. We honour his memory as an "honest man, the noblest work of God"—and extend to his bereaved stricken wife and family our sympathy, assuring them that He who "tempers the wind to the shorn lamb" looks down with infinite compassion upon the widow and fatherless in the hour of their desolation, and that He who wept while on earth will fold the arms of His love and protection around them who put their trust in Him."

PERSONALS.

Dr. E. Ross Faulkner, F.R.C.S., recently returned from London looking well after his successful examination.

The NEWS extends its congratulations to Dr. J. F. Ellis, M.P.P., on having recently joined the ranks of the benedicts.

Dr. F. S. L. Ford, of New Germany, whose health has not been of the best for two months, is now much better.

Dr. O. G. Donovan, formerly practicing at Lunenburg, is looking after Dr. Ford's practice.

Dr. J. C. Goodwin, formerly of Amherst, is now practising at Meteghan.

Dr. F. E. Boudreau has moved to Amherst in place of Dr. Goodwin.

Dr. H. L. and Mrs. Dickey recently returned from a trip to London.

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The Management of Convalescence.

In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc., we are face to face with the problem of restoring the weakened organism to its normal condition. *The blood shows a state of secondary anaemia*, the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them.

It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "Nature" do the rest. The wise practitioner, however, knows that Nature is grateful for the proper kind of aid in these circumstances—aid in her efforts to lead a weak organism out of the bondage of illness.

And so, the far seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the digestion, the assimilation, the appetite, the weight and the powers of resistance of the sufferer to normal, in the quickest possible time.

Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance



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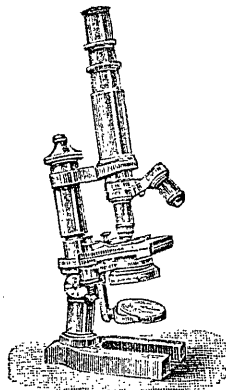
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VALUATIONS.

Assessed Valuation of Real and Personal Property for Tax Purposes	\$18,925,527.00
Total Debt	184,500.00
Total Receipts for 1906	78,477.94
Total Expenditure	75,061.46
Surplus	3,416.48

Population 70,000.

Price Par and Int. To return 4½ per cent.

TOWN OF NEW GLASGOW.

\$30,000. 4½ per cent. Due September 1st, 1937.
Interest payable semi-annually.
Denomination \$1,000 each.

VALUATIONS.

Assessed Value Real and Personal Property	\$1,687,675.00
Total Debt	309,500
Less Water Debt and Sinking Fund	155,000

Net Debt	154,500.00
Value Corporation Property	322,800.00

Population 4,500

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that the forms of iron and manganese administered be such as to become absorbed and assimilated with the least disturbance of the gastrointestinal organs. The old-fashioned inorganic preparations of iron which still figure in the Pharmacopœias of various countries are totally unsuited for this purpose.

The scientific researches of Hamburger, Bunge, and others, conducted during the past twenty-five years, have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds, the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude) is the most readily absorbed, and therefore the most efficient preparation of iron-manganese known, and as such is used with the greatest benefit in convalescent anæmias.

A point which is frequently lost sight of in considering the treatment of anæmia, is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hæmoglobin of these cells.

Campani, an Italian servant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lhéritier show that manganese forms a constant constituent of the hæmoglobin molecule. Furthermore, Zalesni (Zeitschr. f. physiol. Chemie, 1904, page 449) showed that manganese enters the molecule of hæmoglobin with the same readiness as does iron,



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The eminent Dr. J. N. LOVE, in his address to the Medical Board on the subject of Alopecia (loss of Hair) stated that if a means could be devised to bring nutrition to the hair follicles (hair roots) without resorting to any irritating process, the problem of hair growth would be solved. Later on, when the EVANS VACUUM CAP was submitted to him for inspection, he remarked that the Cap would fulfil and confirm in practice, the observations he had previously made before the medical board.

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and therefore, it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with manganese, is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (Boll. Scienc. Médiche, Bologna, June, 1905)

A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible bloodbuilding efficiency without in the least interfering with

the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude), therefore offers in convalescence the surest, most agreeable, and most prompt road to perfect health.

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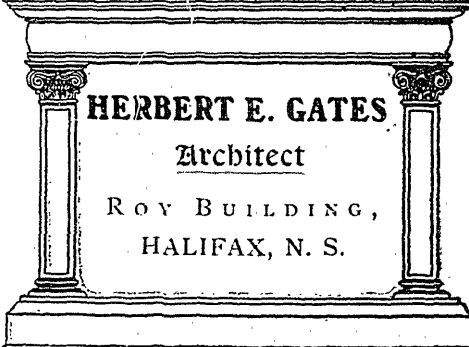
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The Collegiate Course of the Faculty of Medicine of McGill University begins on September 18th, 1907. Notwithstanding the fire of April 16th, 1906, which destroyed a part of the Medical Building, arrangements have been made for the carrying on of the work of the College without interruption and as efficiently as formerly.

MATRICULATION.—The matriculation examinations for Entrance to Arts and Medicine are held in June and September of each year. The entrance examinations of the various Canadian Medical Boards are accepted.

COURSES.—Beginning with the session 1907-08 the Regular Course for the Degree of M. D. C. M. will consist of five sessions of about eight months each.

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AND ITS TREATMENT



By reason of its prompt and powerful astringent action, ADRENALIN is easily the most satisfactory agent to-day in the treatment of Hay Fever. Available in three forms:

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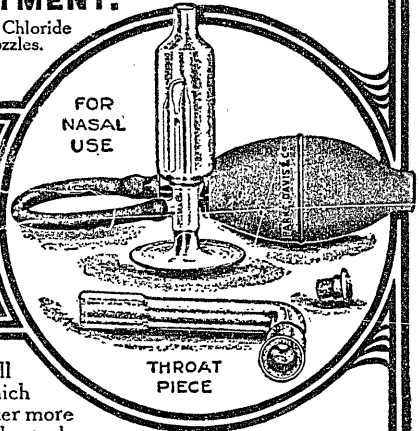
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