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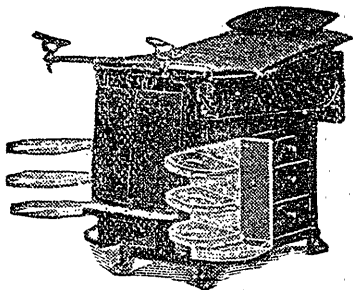
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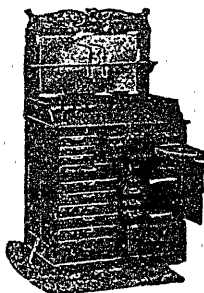
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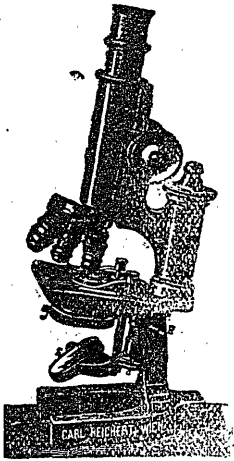
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**Original Communications.**

THE PHYSICIAN'S PROFESSIONAL RIGHTS  
AND DUTIES.\*

By CHARLES RICHARD SHAUGHNESSY, M. D., St. John, N. B.

When I thoughtfully consider the subject on which I am to address you this afternoon I am deeply impressed with the dignity and importance of the matter.

The study of medicine, including the professional rights and duties of a physician, is one of the noblest pursuits to which the human talent can be devoted. It is as far superior to geology, botany, zoology and a score of kindred sciences, as its subject, the body of man, the visible lord of creation, is superior to the subject of all other physical sciences which do so much honor to the power of the human mind.

The physician is indeed one of the most highly valued benefactors of mankind. Therefore he has ever been held in honor among his fellow-men. By barbarous tribes he is looked upon as a connecting link between the visible and invisible world. In the most civilized communities, from the time of Hippocrates, the father of medicine to the present day has been held in deeper veneration than the members of almost any other profession. Even in the sacred oracles of Revelation his office is spoken of with the highest commendation.

In considering the physician's natural rights and duties, I will endeavour to confine myself to matters which civil and criminal legis-

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\*Read before New Brunswick Medical Society, St. John, July, 1902.

lation justly undertake to regulate. One of the chief functions of civil authority is to provide for the observance of contracts. Now the physician in his professional services acts under a double contract—a contract with the crown and a contract with his individual patients. By accepting his diploma of M. D. from the college faculty and indirectly from the civil authority, he makes at least an implicit contract with the crown by which he receives certain rights conditioned on his performance of certain duties. In offering his services to the public, he also makes an implicit contract with his patients by which he obliges himself to render them his professional services with ordinary skill and diligence, on condition of receiving from them the usual compensation.

The usual rights are not granted him arbitrarily by the crown; they are founded in natural justice, but made definite and enforced by human legislation. Take for example his right to receive due compensation for his services. This right was not recognized by the old Roman law in the case of advocates and physicians, nor by the common law of England until the passing of the Medical Act in 1858. Surgeons and apothecaries could receive remuneration for their services, but not physicians. These were presumed to attend to their patient for honorarium or honorary, that is, a present given as a token of honor.

Certainly, if doctors by common agreement waived their right to compensation, or agreed to be satisfied with any gift which the patient might choose to bestow, they would be entitled to honor for their generosity; but they are not obliged to such conduct on the principle of natural justice. For by nature all men are equal, and therefore one is not obliged under ordinary circumstances to work for the good of another. If he renders a service to a neighbour, equity or equality requires that the neighbour shall do a proportionate good to him in return. Thus the equality of men is the basis of their right to compensation for services rendered. The physician's right to his fee is a natural one, and on his patients rests the natural duty of paying it. Not to pay the doctor's bill is as unjust as any other manner of stealing.

As to the amount of compensation to which the doctor is justly entitled. By the law of this country, all branches of the profession may recover a reasonable compensation for their services, the amount of which, unless settled by law, is a question for the jury, in settling

which the eminence of the practitioner, the delicacy and difficulty of the operation or of the case, as well as the time and care expended are to be considered.

The main principle regulating all compensation is that there shall be a sort of equality between the services rendered and the fees paid for them. Ignorant people sometimes find fault with the amount charged as a doctor's fee. There may of course be abuses by excess; but men have no right to complain that a doctor will ask as much for a brief visit as a common laborer can earn in a day. This need not seem unfair, if it be remembered that the physician had to prepare, during many years of primary, intermediate, and professional studies, before he could acquire the knowledge necessary to write a brief prescription. Besides, it may be that his few minutes' visit is the only one that day, and yet he has a right to live in decent comfort on his profession together with those who depend on him for support.

We must, however, remember on the other hand that excessive fees are nothing less than theft; for theft consists in getting possession of another's property without just title.

I have said that the rights conferred on the physician by the crown are conditioned on his performing certain duties. He owes the same duties to his patients in virtue of the contract, explicit or implicit, that he makes with them by taking the case in hand.

Under ordinary circumstances neither the crown nor the patient can oblige him to exercise his profession at all; but, if once he has taken a case in hand, he can be justly held not to abandon it till he has given his patient a fair opportunity of providing another attendant. Even the fear of contagion cannot release him from that serious obligation.

The duties arising from the physician's twofold contract with the crown and with his patients are chiefly as follows:

First, he must acquire and maintain sufficient of his profession for all such cases as are likely to come in his way. No doctor has the right to attempt the management of a case of which he has not at least ordinary knowledge. The courts justly hold him responsible for any serious injury resulting from gross negligence; in such cases they will condemn him for malpractice. I would here remark that, in an age in which the science of medicine is making such rapid progress, every doctor is in duty bound to keep up with the improvements made in general practice, and in his own specialty if he has one.

A second duty is that of proper diligence in treating every single

case. Many a person suffers injury to health or even loses his life in consequence of a doctor's neglect. Gross negligence is an offense which makes him punishable by the courts if it results in serious injury. But, even if such injury cannot be juridically proved, or has been accidentally averted, the moral wrong remains and is to be settled with the all-seeing Judge.

A third duty of the physician is to use only safe means in medical and surgical practice. He has no right to expose his patient to needless danger. What is to be thought of such remedies as will either kill or cure? They cannot be used as long as safer remedies are available and capable of effecting a cure; for neither doctor nor patient has a right to expose a human life to unnecessary risk. But when no safer remedies are going to effect a cure, then prudence itself dictates the employment of the only means to success. In such cases however, the patient, or his parents or guardian, should, as a rule, be informed of the impending danger, so that they may give or refuse their consent if they please. For next to God, the right to that life belongs to them rather than to the physician. The same duty of consulting their wishes exists when not life but the possible loss of a limb is at stake, or the bearing of uncommon sufferings. Moralists teach that a man is not obliged in conscience to submit to an extraordinarily painful or revolting operation even to save his life. Certainly when the natural law leaves him at liberty, the physician cannot compel him to submit to his dictation; all he can do is to obtain his consent by moral persuasion.

As a consequence, from the doctor's duty to use only safe means, it follows that he cannot experiment on his patients, by the use of treatment of which he does not know the full power for good or evil. Nor is he excused from the responsibility in this matter by the fact that the experiment thus made on one patient may be very useful to many others. His contract is with the one now under treatment, who is not willing, as a rule, to be experimented upon for the benefit of others. And if the patient should be willing, the doctor cannot lawfully expose him to grievous danger, unless it be the only hope of preserving his life. This follows from the principle explained before, that human life belongs chiefly to God—not to man exclusively.

There are various kinds of medical treatment to which we can scarcely have recourse without exposing ourselves to serious evil

consequences. Such is the use of cocaine, morphine and, in special cases, of alcohol. The drugs in themselves are useful, but they often lead to evil results. If the doctor is satisfied that a dose of morphine will do more good than harm, he can of course prescribe it. Still in such matters he must remember that the good effect is but temporary, while its pernicious consequences, especially when habits are thus contracted, are liable to be permanent and cumulative. Besides, the good results affect the body only, the evil often affect body and soul. Many a wreck in health and morals has been caused by imprudent recourse to dangerous treatment, where a little more patience and wisdom would have been equally efficient in curing the bodily ailment, without any deleterious consequences.

The sixth duty of a doctor is of a different kind. There exists a tacit or implicit contract between him and his patients that he shall keep their secrets of which he becomes possessed in his professional capacity. It is always wrong wantonly to betray the secrets of others, but the doctor is bound by a special duty to keep his professional secrets; and it is doubly wrong and disgraceful in him to make them known. For instance, if he has treated a case of sickness brought on by sinful excesses of any kind, he is forbidden by the natural law to talk about it to such as have no special right to know the facts. Parents and guardians are usually entitled to be informed of their children's and their wards' wrong-doing that they may take proper measure to prevent further evil. Besides, the doctor is properly in their service; he is paid by them, and therefore his contract is with them rather than with the children. He can, therefore, inform them of what is wrong but he cannot inform others.

It is a debatable question in Medical Jurisprudence whether the doctor's knowledge of criminal acts should be privileged before the courts, so that he should not be forced to testify to a crime which he has learned from his patients while acting as their medical adviser.

By statute, in some of the United States, communications made by a patient to a physician when necessary to the treatment of a case are privileged, and the physician is either expressly forbidden or not obliged to reveal them. Such statutes exist in Arkansas, Indiana, Ohio, Michigan, Montana, Missouri and New York. Such communications, however, must be of a lawful character and not against morality or public policy. Hence, a consultation as to the means of producing an abortion is not privileged, nor would be any similar

conference held for the purpose of devising a crime or evading its consequences.

The practical rule for a doctor's conscience on the subject of secrecy is, that he must keep his professional secrets with great fidelity, and not reveal them except in so far as he is compelled to by a court of justice acting within its legal power or competency. If so compelled he can safely speak out; for his duty to his patient is understood to be dependent on his obedience to lawful authority.

Besides the rights and duties which arise for the physician from his contract with the crown and with his patients, there are other claims on his conscience, which proceed from his character as a man, a Christian and a gentleman.

As a man he is a member of the human family, not a stranger dwelling amid an alien race, but a brother among brothers.

The maxim of most secret societies is that every member must come to the assistance of every brother member in distress. But the law of nature and of nature's God is wider and nobler; it requires every man to assist every fellow-man in grievous need.

As physicians, as men, you will have duties to the poor who cannot pay you for your services; they are your fellow-men. The rule of charity for physicians is that they should willingly render to the poor for the love of God those professional services which they are wont to render to the rich for pecuniary compensation. While thus treating a poor patient, they should be as careful and diligent as they would be for temporal reward.

In this connection of regard for the poor, allow me to call your attention, gentlemen, to a point which students of medicine are apt to forget at times; it is the respect which every man owes to the mortal remains of a departed brother. I do not know that a people has ever been found, even among the barbarians, who do not honor the bodies of their dead. For the good of humanity, dead bodies may be subjected to the dissecting knife, but never to wanton indignities. Reason tells you to do by others as you wish to be done by. Ever handle human remains in a human manner, and as soon as they have answered the purpose of science, see that they be decently interred if possible.

There are other duties which you owe, not as men, but as Christians. All of us enjoy the blessings of Christian civilization, even those who are not Christians themselves. We are dealt with by

others on Christian principles and we ought to treat others in the same spirit.

When your patients are in real danger of death, let them have a good chance to prepare properly for their all important passage into eternity. Give them fair warning of their situation. Doctors and relatives are often afraid of alarming the patient and thus injuring their health. In any case, the interests of the future life are too important to be ignored.

For the same reason, the physician should not prescribe such doses of morphine as will render the patient unconscious at a time when he should be preparing to meet his Judge. This would not be kindness but cruelty.

Lastly I must consider the duties which a doctor owes to others and to himself as a gentlemen. It may not be easy to define what is meant by "a gentleman," and yet to some extent we all know it; we recognize a gentleman when we meet one, we pay him sincere homage in our hearts. We readily allow him to influence us and to guide us. We esteem him instinctively as a superior being as we distinguish a precious stone from a common pebble, so we value a gentleman for precious qualities exhibited in the beauty of his conduct. His conduct ever exhibits two characteristic marks: a proper degree of dignity or respect for self and a proper degree of politeness or respect for others. Self-respect will not allow him to do anything which is considered vulgar, rude or selfish; he will avoid the two extremes, of self neglect on the one hand and self display on the other. His respect for others will make him treat all around him so as to make them feel comfortable in his presence; he will avoid whatever gives him pain or causes embarrassment to even the lowest member of society.

Gentlemanliness has much to do with everyone's success in life, and in particular with a doctor's success. It is especially when we are sick that we are sensitive to everything displeasing in the conduct to others. It is not then the bold thinker or the extensive reader that is the acceptable visitor to the sick room, but the gentlemanly consoler who says the right thing at the right time, whose very eye expresses and whose countenance reflects the thought and sentiment most appropriate on the occasion.

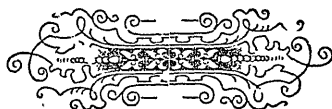
There are most able physicians who are not gentlemen, and there are in the medical profession gentlemen who are rather poor physi-



cians; but as a rule, I believe, the gentleman will thrive where the genius will starve. It is more or less the same in other professions. I know learned lawyers to-day who are far from prosperous, while men ten times their inferior in learning are getting rich. I remember a most skilful physician, now no more on earth, who was a very genius in the science of medicine, but he was so filthy in his habits, that many dreaded his visits and would sooner have a man of less ability and gentler manners as their family physician.

Gentlemen, habits good and bad cannot be put on and off like a dress coat. They are lasting qualities, the growth of years, the result of constant practice and self denial or self neglect.

Uniting the external decorum of a gentleman with a thorough knowledge of his profession, and with what is still more important, the virtues of a conscientious man and sincere Christian, ever true to the sound principles of morality; you will be an honor to yourselves, an ornament to your noble profession, the glory and joy of your Alma Mater, a blessing to the community in which Providence will cast your lot as the dispensers of health and happiness and length of days to your fellow-men.



## MENTAL DISTURBANCES OF PUBERTY AND ADOLESCENCE.\*

By J. A. MACKENZIE, M. D., Assistant Medical Superintendent, Nova Scotia Hospital; Demonstrator of Anatomy, Halifax Medical College.

Life's cycle may be considered, essentially, as extending from the first changes in the fertilized ovum to the somatic death of the individual. For the sake of convenience we may divide it into the following periods, viz.:—the embryonic, when the organs are being formed; the foetal period, between the formation of organs and the time of birth; infancy, the period of dependence on the mother; childhood, from the beginning of independence to the age of puberty; youth, from puberty to the completion of the increase in both stature and weight; maturity, from the completion of growth to the onset of uncompensated decay; old age, from the beginning of uncompensated decay to death. Each period has its own peculiar changes which mark more or less critical periods in the cycle of human life.

Puberty, strictly speaking, is limited to a varying period between the ages of twelve and sixteen or the initial years of the functional development of the reproductive organs, while adolescence is the after years of gradually-coming maturity. Puberty and adolescence together represent one continuous period of development, and no useful purpose is attained by establishing a dividing line between them either physiologically or pathologically, so for convenience we consider puberty and adolescence as one and the same period.

Of all the critical periods of life's cycle, that beginning at puberty and ending with adolescence, or between the ages of fifteen and twenty-five years, seems to be the one attended with the most serious results to humanity. At this period we find the largest number of cases of insanity. A form of mental disturbance, however, appears during this period which has special characteristics of its own and is known as the insanity of puberty or adolescence. To estimate the frequency with which pubescent insanity occurs would be difficult, as few observers take the same view regarding the conditions presented,

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\*Read at meeting of Maritime Medical Association, Charlottetown, July, 1902.

and also on account of the frequent intermingling of symptoms and sets of symptoms essentially peculiar to the insanities of this age. For instance, Hecker considers it quite common, occurring in the proportion of fourteen in every one hundred cases. Schule places the proportion as two in every six hundred, while Spitzka's figures are three in one hundred and eighty-seven.

Of local interest may be the fact that of four hundred and sixty-six patients admitted, for the first time, to the Nova Scotia Hospital during the five years ending September 30th, 1901, one hundred and twenty were between the ages of fifteen and twenty-five years; of this number ten were considered as cases of adolescent insanity, making a proportion somewhat similar to that of Spitzka's. Of this one hundred and twenty admitted between the ages of fifteen and twenty-five years, sixty-four were females and fifty-six males. It is quite evident, therefore, that not only does insanity occur more frequently at this period, but also that the female is more prone to mental derangement than the male. This is only the record of other institutions of a similar character.

Such being the case, the question naturally arises, have we any explanation to offer for this unfortunate record of civilized humanity; first, for the frequency with which mental disturbances occur at this period; second, why it occurs more frequently in the female than the male; and third, is there a form occurring at this period which can be characterized and distinguished from all other forms and known as adolescent insanity?

There is little difference of opinion regarding the immense influence which bad heredity exerts in the production of mental disturbances of any kind at any period, but more particularly is it marked at this period. It can safely be stated that a large majority of the youthful insane bear this taint, and no less an authority than Skae regards hereditary predisposition as an indispensable factor. Be that as it may, it does not fully satisfy the circumstances under consideration, and we are compelled to seek elsewhere for a cause. A brief consideration of some of the natural changes occurring at this period may assist our inquiry somewhat.

At puberty we find the organism which has been hitherto travelling at a rapid pace along a smooth and even path of development, has suddenly struck a difficulty over which it is liable to come to grief. The changes to be observed are numerous. The individual diverges

from the neutral condition of childhood and takes on the distinct characters of his or her sex. In the body the frame fills out, the bones become thicker and more solid, the general outline squarer, more rugged and more manly, the special senses more or less developed, and the various organs of the body better evolved and performing their functions. One set of organs, however, namely, those of reproduction, which heretofore have been rudimentary, take on development making their new influences felt throughout the entire organism. In the nervous system we observe new desires, new passions, and new emotions coming into being. Likewise the mental organization undergoes a revolution. In addition to these new forces acting on the nervous system through the nerves, we find the brain likewise undergoing rapid and widespread changes. The mental constitution being thus beset with these new emotions, new passions, new cravings and new feelings, the higher regions of the brain must therefore rapidly undergo new developments.

Now all rapid development is unstable, and in the human organism when undergoing the revolution of puberty, ordinary stresses, which at other times would be easily overcome, are liable to produce disastrous effects. It can be therefore easily seen that the great changes which take place in the nervous system at this period, added to a hereditary predisposition, might on some slight excitement give rise to mental disturbances. In other words if the individual be primarily unstable, the effect of such a revolution would be liable to produce insanity—which unquestionably is the case.

A comparison of the evolutionary changes occurring in each sex, at this period, may aid us in determining why insanity is more prone to occur in the female than in the male sex.

In the male sex the evolution is comparatively slight and prolonged, while in the female the process is more rapid and of a far more momentous character. Generally speaking the changes in woman between the ages of fourteen and eighteen years are as complete as in man between fifteen and twenty-five years. In woman we find that the organs which carry on the function of reproduction, and which at puberty, not only more rapidly pass from mere rudimentary and dormant ones to fully developed and active ones than in the male, but they are also more numerous, and must therefore be a more important factor and fulfil a more important function in her economy than in his. If in the female we have more organs involved

in the function of reproduction than in the male, in like manner therefore must their reaction on the nervous system be greater, and the resulting disturbance of equilibrium liable to produce more disastrous consequences. Again, in a man at this period, not only do the special activities find ready outlet, since to him invariably belongs by ancient custom the initiation of the overtures of love, but also is he provided with abundant outlets for the general activities of his nature; for now he begins to earn his own living, he becomes a member of society, a citizen, a social unit. In woman the circumstances are quite different; in her the special activities originating at this time and craving for expression, cannot find a spontaneous outlet. On the contrary she must await until occasion arises. She may, indeed, and often does, give her love unsought, but must not give it expression until it has been required of her, resulting in an activity finding no expression and being unsatisfied. Again, in the general activities is the difference quite marked. Woman has not those multitudinous channels of outlet which, if properly utilized, draft off such large quantities of activity, lower the nervous tension generally, and so not only diminish the sexual craving, but also provide a safety valve, so to speak, for the escape of nervous energy, thus obviating a likelihood of a dangerous accumulation. To these may be added the function of menstruation in woman which tends also to increased influence the liability to mental disturbance.

In consequence, therefore, of the greater stress produced by the greater disturbing elements and influences, the resultant reaction on the higher nerve regions in woman is so much more increased than in man, that a condition of affairs exists such that, it is stated, few women pass through this period of development without manifesting some signs of disorder of these higher nerve regions. Mercier maintains that the girls who fail to exhibit some hysterical symptom at puberty are few indeed, hysteria in his estimation being a disorder of mind or feeling or both, and closely allied to insanity.

Having, though incompletely, stated some of the factors causative of mental disturbances at this period, and also some of the probable causes for the greater frequency with which it occurs in the female sex at this period, it remains still to distinguish a form of mental disturbance known as pubescent or adolescent insanity, occurring only at this age and having symptoms separate and distinct from other forms occurring at this or any other period.

Generally speaking, the immaturity of the age stamps both the pathological and physiological mental state; it is characterized by a silliness tinged with melancholia. In many respects the condition resembles hysteria, with which it is often confounded. A variety of mania and melancholia sometimes observed is noticeable for noisy and violent movements, a choreic tendency and cataleptic rigidity, the latter condition closely resembling catatonia. Their actions are invariably silly, semi-delusional or whimsical in character. If a sadness is present, it lacks the profound continuous depression of true melancholia by the period of depression being disturbed by temporary silly outbursts of hilarity. As a rule there is an absence of systematized and fixed delusions. In the milder cases, the disturbance of intellect is superficial and changeable in nature; perception, judgment and reason are but slightly affected. In the graver forms, however, all these faculties may be impaired and the patient left in a demented or weak-minded condition, the result of arrested development.

From the other forms of insanity found at this or any other age it is usually easily differentiated; from mania, lacking the continuous flow of ideas and gleeful illusions found in true mania; from primary confusional insanity by the absence of hallucinations and the perfect orientation; from true melancholia, as already stated, by an absence of the true continuous intelligent sadness found in that condition. A mental condition sometimes present resembles dementia, but it lacks that continuous serene silliness so characteristic of a true dement. From the maniacal stage of circular insanity it can be distinguished by the absence of the period of continuous hilarity, good natured flow of ideas and marked prominence of all the mental and physical faculties found in this stage of circular insanity. From the second or depressed stage of circular insanity it is easily distinguished, as the individual never passes from a condition of apparent mania to that of depression at all resembling that found in this stage of circular insanity.

The question of prognosis in mental disturbances occurring at puberty is a serious one and should not be dealt with superficially. To deal intelligently with a case of mental disturbance occurring at this period, and answer satisfactorily all the anxious inquiries of friends, one must weigh carefully all the prevailing circumstances; determine if possible its natural history, whether to a certain extent the condition may not be congenital, or associated with epilepsy,

caused by or associated with masturbation or some of the other debilitating causes, if it may not be associated with some physical disease, as phthisis, etc. Unlike the other psychoses, we often find we cannot point to any definite local disease, but we can to a local disturbance or condition as essentially connected with it. On the whole, the prognosis is extremely grave. Many sooner or later undergo rapid mental deterioration. Some, before developing decided mental failure, have periods of comparative sanity between outbursts of apparent mania. Masturbation, when present, affects the prognosis most unfavorably.

The treatment of this class of mental disease is, par excellence, prophylactic. To give an adequate account of the various courses to be adopted in the different cases which may come under one's observation would be to take up more time and space than is at our disposal. Each individual case should be considered under the various prevailing circumstances. A suggestion or two may be in order, however. When the morbid inheritance is on the mother's side, or even in doubt, it is best that the child be not left with the mother, but, if possible, a healthy wet nurse be secured. When children are known to inherit this taint they should be separated as soon as possible and as much as possible and encouraged to associate with those of a healthy, vigorous temperament. In fact, the whole course of their lives needs direction, and where separate tuition is possible it should be encouraged, thereby diminishing the evil of competition so often detrimental to an unstable organization, as well as avoiding bad associations which, unfortunately, are occasionally found in our public schools. It can generally be stated that, with careful training, avoidance of excesses of all kinds, such as overstudy, mental strain, abnormal sexual excitement, and living a healthy normal life, with out-of-door exercise, much can be done to tide the individual over this critical period, on to maturity.

The disease established, an insight of the conditions present may aid somewhat in directing the after treatment, which treatment must be more or less symptomatic. Here we have a true psychosis, and, as already stated, dependent in a large measure on an inherited predisposition, together with the tumultuous and rapid physical and mental changes undergone at this period. Invariably the vaso-motor and trophic centres are involved, and, also, we have a disturbance of the sympathetic system, resulting in the female in suppressed

menstruation or excitation to the extent of nymphomania. In the male, as a result of the sympathetic system disturbance, we find peculiar reflexes, oftentimes complicating the condition, due probably to masturbation. To overcome these conditions it is necessary as far as possible to reconstruct the entire system on a healthy basis, which can often best be accomplished by the use of tonics. As in other forms of insanity, so in this one, attention must be given to nutrition, elimination and the securing of rest and sleep. As this is a period of normal growth, the bodily weight should be carefully watched, and all means used to keep it on the increase. A tendency to sexual excitement and masturbation is best combatted by inculcating a healthy moral tone, by careful selection of associates, an unstimulating diet, and by precept rather than a policy of doubt or the use of spies. Anaphrodisiacs as a rule do more harm than good, while mechanical restraint, for any purpose, is bad practice. Though the excitement or depression in pubescent insanity is not as intense as that in acute mania or melancholia, yet at times sedative drugs and measures are necessary. In most cases such persons are not fit to be at large, and hospital treatment is advisable. The objection to having young persons committed to hospitals for the insane, on account of the so-called stigma, associated with the fact of having become an inmate of such an institution, is becoming more and more eliminated. If not sent to a hospital, at any rate a change of surroundings and associates, with a competent nurse to take charge of the case, are certainly indicated.

In conclusion, as medical men, we are oftentimes called upon to tide poor unfortunate individuals through adolescence on to maturity. Through probably no fault of their own, but the tyranny of a bad organization and the imperfect management and limited knowledge of the medical advisor, they may fall a prey to that dreaded living death, which too often is the finale of adolescent mental disturbances. The subject is unquestionably one of great importance, influencing as it does not only humanity in this age but also in that to come; and though I have occupied much of your valuable time, yet I fear I have failed entirely in my endeavour to elucidate the importance which the subject deserves. However, if anything here stated will arouse an interest in any of my hearers to investigate and increase our present limited knowledge of the mental disturbances of puberty, the chief object of the paper will be attained.



## THE MOUTH AS AN INDEX OF HEALTH.\*

By J. M. MAGEE, D. D. S., St. John, N. B.

When I received the invitation to read a paper at this meeting I felt like declining, and in fact did so, but, as I was assured that the members would not care for anything very learned or deeply scientific, I concluded your President had sized me up pretty well and knew my capacity, therefore I consented. When I have finished I think you will agree with his estimate.

In presenting these fragmentary remarks I do so with the hope that a greater interest may be aroused regarding the results to be obtained from a more careful examination of the oral cavity than is usually accorded it by the general practitioner.

In the first place, I think I may take it for granted that all agree with me that unless the entire alimentary tract is in proper condition to do the work nature intends it to do, man is bound to suffer more or less. As every particle of food must be prepared in the mouth for proper assimilation, it is the duty of the dental specialist to keep this first chamber of the alimentary tract in as perfect a condition as it is possible. The general practitioner might profit materially were he to consult with the dental specialist more frequently. To-day in our best schools the dental specialist is educated so that he is in a position to give advice; fifty years ago he occupied a position very little better than a tooth carpenter.

The idea that the dentist's sole mission in this world is the extraction of teeth and the making of artificial substitutes, is a very erroneous one, and, I regret to say, there are still a few physicians who do not know any better than to hold this idea. Such men, however neither attend medical conventions nor read up-to-date medical journals, so I can safely say none are present to-day.

Primarily, the dentist's duty is to keep the natural teeth and gums in a healthy condition, but as the necessity has arisen and urgency has demanded the prompt attention to various lesions in the oral cavity, he has been obliged to meet the demand.

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\*Read at meeting of Maritime Medical Association, Charlottetown, July, 1902.

As the dentist is consulted very frequently for all kinds of dental troubles, he is many times more likely to discover conditions the general practitioner would, perhaps, never have brought to his notice, save through the dentist's mediation. For example, when consulted for the correction of dental irregularities, the dentist looks for conditions likely to be the cause of them. One potent cause of contracted dental arch is adenoids. Aside from any effect they produce directly upon the jaws and teeth, you all know the baneful results of neglected adenoids. One glance at the child's mouth and throat will be sufficient to determine their presence. The earlier they are removed the better, not only on account of the conditions of the general health, but on account of the developing teeth and jaws. In addition to adenoids and enlarged tonsils, which many children continually suffer from, and never consult their physicians about, the mouth shows distinctive symptoms of many systematic disorders, among which may be mentioned thrush, stomatitis, aphthous ulcers, mercurial and lead poisoning, and syphilitic manifestations. Mal-assimilation of food produces a furred tongue and foul breath, conditions which should not be ignored.

The condition of the teeth as regards caries is an indication of health. The perfectly healthy man has no ailments. By perfectly I do not mean approximately perfect, and it is safe to say that not one civilized man in a thousand enjoys perfect health. The perfectly healthy man does not suffer from dental caries, yet it cannot be said that if a man is immune from dental caries he is perfectly healthy; still he is probably more healthy than he who continually suffers from it. I know a man who suffers very much from dental caries; as a boy at school he suffered very severely, having to visit his dentist frequently to have fillings inserted in carious cavities. When about eighteen years old he changed his habits of life, went to a lumber district where he lived largely out of doors, had hard work, plain food and regular hours, went to bed with the chickens, figuratively speaking, and was out again at peep of day. In five years he returned from his voluntary exile and a marvellous change was observed. He could eat and assimilate anything (before he left home he was a dyspeptic); cavities in which caries had progressed rapidly had now healed, that is caries had ceased and the teeth were hard and firm, the gums pale pink and closely hugging the teeth, the tongue in perfect condition.

Now, alas, on resuming the life he left off, late hours for retiring, early hours for rising, irregular meal hours and improper food, he has again returned to pretty much the same physical condition he (shall I say) enjoyed at eighteen. I cite this case merely to show how health may be obtained by almost anyone who follows nature's laws closely. If nothing else but his mouth were examined we would know his physical condition was bettered.

Let me make a digression. One class of food we use is responsible for one half of our indigestion, viz.: white flour. A few years ago a diet experiment was made in a large city in the United States; a number of Italian labourers engaged in building a railway, whose daily fare consisted of very dark coloured bread made from unrefined flour, were told that a certain man would supply them for an indefinite period with bread, free of charge. This individual had given the subject of foods a great deal of study, and had come to the conclusion that the flours in general use were refined to the exclusion of some very essential nutrient qualities, and in order to make a test, hit upon this plan of substituting white bread for that then in use. Of course this meant to the labourers a great saving, and they gladly accepted the offer. Within a few weeks the percentage of men laid up from one cause and another rapidly increased. After a time the free bread was discontinued and the labourers were obliged to resume the fare they had given up; immediately an improvement was remarked in the early return of some of the labourers, until in about three months the percentage of men laid off had fallen to the normal again. This seems to prove pretty conclusively that there is something lacking in our finest flours. One week will prove to anyone who will take the trouble to try it that whole wheat flour is the best to use; eat only whole wheat bread in proper quantity and I will predict a clean tongue, sweet breath and a wholesome appetite. In other words the plainer our fare the better it is for us.

The secretions are pre-eminently of great importance in determining the state of health. Michaels, of Paris asserts that from an examination of the saliva he can diagnose carcinoma when the disease is at all well developed, and can positively determine any well known disease from a conjoint examination of the blood, urine, and saliva. This is an important statement. As an illustration, Doctor E. C. Kirk, Professor of Operative Dentistry in the University of Pennsylvania, who has been labouring along the same lines as Michaels, in a

paper wherein he gave some of the results of his research for the causes of erosion of teeth, incidentally made a statement to the same effect as I have just mentioned. One of his listeners, Doctor Fanueil D. Weisse, challenged the statement and sent Dr. Kirk a quantity of saliva with the request that he make his claims good. On the 11th of March last I had the pleasure of listening to an address given by Doctor Kirk in Brooklyn, and during the discussion which followed, Doctor Weisse announced that Doctor Kirk had so nearly hit the nail on the head that he felt it his duty to report the matter.

Doctor Kirk's report was (I quote his own language) that the saliva was from an individual in a desperately bad nutritional state, and the disease was either diabetes in the approaching stage of coma, or else it was a case of carcinoma in the cachectic stage.

Doctor Weisse then stated that the patient was a woman about forty years of age, suffering from uterine carcinoma which had developed beyond the operable stage. In reply to my query Doctor Kirk supplemented the above report of Dr. Weisse by saying that owing to the lack of time and to the fact that he had not in the laboratory in his house the agents necessary to differentiate the diabetic factor from that of carcinoma, he had to forward the report in that somewhat incomplete state, and he further added that while his report to Doctor Weisse nearly approached the truth, he did not claim to be able absolutely to diagnose a case of carcinoma from the saliva; the most he could say was that carcinoma was strongly indicated.

No doubt there are many who question the accuracy of this statement, and will claim that quite as reliable information may be procured from an examination of the urine, but he who takes that ground loses sight of the fact that the urine represents only waste products, while the saliva is a secretion which returns regularly to the stomach to be utilized over and over again in the human economy. It more nearly represents the constituents of the blood than any other secretion, as has been amply proven by Michaels, for besides ptyalin, which up to the present time a great many have thought is the only active principle it contains, it holds in suspension salts which have hitherto, I believe, been found only in the blood. As the researches of Michaels, Kirk and the few others who are labouring along the same lines, have been prosecuted but a short time we may expect in the near future

some interesting and very important information regarding this secretion of the oral cavity.

This, I believe, is the first time a dentist has contributed an article for discussion at your meetings, and I thank you very much for the honour thus conferred upon me.

In conclusion let me apologize for my ignorance concerning general medicine, but also let me add that I hope in the near future to be in a position to learn more of it.

NOTE.—No mention was made in the above paper of scurvy. A the oral manifestations do not present themselves until the physician's notice would have been called to the case by reason of such symptoms as swollen painful joints, spotted skin and extreme lassitude, this disease does not properly come within the class the dentist can direct attention to. However, two cases of infantile scorbutus have come under my notice, and in both instances the physicians in charge suggested that the family dentist be called in to allay the irritation the child's teeth were causing.

The first case, a child of one year, responded quickly to the treatment. The second case, a child of seven months, was in a deplorable state, and the physician announced death as imminent. His idea was that its teeth were the cause of the trouble, and while he feared the result of a shock, such as must be the sequence of extraction, he said the child must have relief even if this extreme measure had to be resorted to.

After an examination of the mouth, I told the mother and physician that this was not a case for extraction, but that the child was being practically starved to death. The physician bristled up at once, and retorted that the child was getting the best of care, and named two or three proprietary foods. I replied that possibly it was receiving plenty of food, but, as it was not the kind required, starvation was inevitable. I ordered, in small quantities at a time (drops at first, to be increased as it could be taken) ripe grape and orange juices with its food. The week following my first visit the child gained eight ounces in weight, the second week six ounces, and week after week it continued to gain in weight at about the same rate.

When I paid my second visit I explained to the mother the cause of the condition, saying that had she been able to nurse the child it could not have got in its present condition; the farther away we got from live animal food the more likely we were to suffer as this infant

was. My object in prescribing the fruit juice was to give the infant some of the essential properties its mother's milk would contain, had it been fortunate enough to get what nature intended it should. I told her also that, so far as I could learn, the only cases where nursing infants suffered as did her child were the children of poor, half-starved blacks, and that in proportion as money, care, and attention to providing artificial substitutes for nature's nourishment were expended by people of wealth so were these artificially fed infants likely to suffer. As a result of my explanation her second child received nature's food, and she is as healthy as a little trout.

### CARBOLIC ACID IN CORNEAL ULCERS.

By C. P. Bissett, M. D., C. M., St. Peters, C. B.

The *Therapeutic Gazette*, October issue, page 665, contains an article from Theobald, (*Journal of Medical Sciences*, for June, 1902.) "Observations upon Recent Methods of Treating Corneal Ulcers with Special Reference to the Use of Carbolic Acid as a not Infrequent Substitute for the Actual Caustery."

The writer in 1893 first employed carbolic acid for the purpose above indicated, and, from a fair experience in these cases, can recommend its judicious employment. Its use should be strictly limited to corneal ulceration, which tends to rapid extension and threatening perforation—the infective kind, and to those which, notwithstanding the means ordinarily employed, continue to extend or remain stationary. The best method of procedure is with a match wrapped with absorbent cotton. Carefully to remove adherent sloughs, etc., then with the like instrument carefully to apply the absorbent cotton merely saturated with pure acid, to the ulcer or ulcers, chiefly at the circumference. The effect is often simply magical. Even should the procedure fail, or do something worse, it still has this to commend it, namely, the patient or his friends will not be given the opportunity to state that Doctor So-and-So burned the eye with a hot needle and destroyed it. The procedure is probably quite as effective as the application of the actual caustery, probably more so, and following a 4% application of cocaine, absolutely painless.

The writer was led to make a trial of carbolic acid in these cases in consequence of its often noted excellent effect on ulcerations other than those of the cornea.

## A CASE OF MEDIASTINAL TUMOR.\*

By G. E. DEWITT, M. D., Wolfville, N. S.

I was called to see Mrs. E. N. A., May 18th, 1901. Had known her for the past sixteen years to be tolerably healthy, and seldom complaining of being sick until the winter of 1901, when she had an attack of la grippe. Since then and up to the time I saw her, she had had difficult spells of breathing and a dry hard cough; these symptoms becoming severe she applied for relief. I found that she had lost weight. The face bore marks of distress—pale, and the skin of a dusky yellow hue; breathing labored and asthmatic; bowels constipated and digestion impaired; expectoration frothy and scanty. The patient complained of severe spells of dyspnoea in the night and would have to sit up until the attack passed off. Examination of the chest revealed dry rales in the upper portion of the front and back of right lung. Slight dullness on percussion in the upper part of right mediastinum and in the back of right lung. The examination of the heart and blood vessels did not give indications of disease. When examining the patient thus far and excluding aneurism, my impression was that she had contracted tuberculosis from her husband, who I believed was a victim of the disease; but before leaving and subjecting the patient to a more thorough examination, I found an enlarged gland, hard to the touch and movable, beneath and a little above the right clavicle which appeared to be about three-fourths of an inch in diameter. On the opposite side corresponding to the location of the enlarged gland on the right, was another about half the size of the former. The glands of the right and left axillæ were also slightly enlarged.

Before leaving the house I informed the husband that his wife was probably suffering from a malignant disease of the chest, and that I would like to have a consultation with another practitioner.

Dr. W. W. Chipman, of Montreal, who was then in the town, saw the case with me on the following day, and after a careful examination concluded that the case was malignant, in all probability lymphosarcoma. For about a week after Dr. Chipman saw the case with me, the patient's symptoms seemed to be arrested, the violent paroxysms of dyspnoea had ceased, she slept and ate well. Her friends naturally reported that she was getting well. Soon however they were

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\* Read at meeting of Maritime Medical Association, Charlottetown, July, 1902.

disappointed; the paroxysms returned with renewed severity, the dry brassy cough increased. The inhalation of hot vapor, morphia hypodermically, and the inhalation of amyl nitrite all of which had been used from the first, were again resorted to. The inhalation of hot steam and morphia hypodermically were the two agents that gave the most relief. Three months and ten days after my first visit the patient succumbed to the disease.

**AUTOPSY.** The husband by this time thought that as he and others had reported at first that the doctors were incorrect in their diagnosis, that it was due to me to make a post mortem examination. I readily availed myself of the opportunity and with the assistance of Dr. Bowles made an autopsy.

On both sides of the sternum and behind the manubrium were enlarged masses of lymph glands and lymph tissue. The enlarged and diseased glands were pressing on the trachea which was evidently a cause of the dyspnoea. The glands and lymph tissue were diseased down the whole length of the mediastinum. The diseased tissue was of a decided yellow hue. The upper portion of the right lung was slightly involved with the disease. The heart and blood vessels were normal in appearance. The liver and spleen were enlarged. I sent a specimen of the diseased mass to Dr. Chipman in Montreal, who had it carefully examined in the laboratory of the Royal Victoria Hospital. Dr. Chipman reported the result as undoubtedly lymphosarcoma.

Evidence has been adduced at times to lead some of the members of the profession to believe that a close relation exists between lymphosarcoma and tuberculosis. The *British Medical Journal* of December last gives a report of the Pathological Society of London where this phase of the question was ably discussed by the members of the society, but with the result that while the tubercle bacilli were found in lymphadenoma or lymphosarcomatous glands, they were secondary to the enlarged glands, and that the enlarged gland was more susceptible to the bacillus than the normal gland.

Since attending the case I have reported, I have had the opportunity of seeing several cases of Hodgkin's disease in Johns Hopkins Hospital most of which gave symptoms similar to those I have described: dyspnoea, a ringing brassy cough, scanty expectoration, and emaciation. I also had the opportunity of seeing the glands of several lymphosarcomatous cases examined in the laboratory of the same hospital during the past winter. Where histologically the general plan of the gland was abolished, the number of lymphocytes was diminished. The stroma had undergone hyperplasia and the endothelial cells proliferating, but in all cases of undoubted lymphosarcoma, tubercle bacilli did not exist. I have reported this case, not because of its value to the society, but because of its rarity in my practice—it being the first case I had ever been called upon to treat.



## Correspondence.

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To the Editor, *Maritime Medical News*:

Dear Sir:—The enclosed clipping, from the Springhill Tribune, is of interest inasmuch as it shows how proficient the laity are becoming in the knowledge and use of scientific terms:

### QUICK WORK.

Alex. Thomas, of North Greenville, who was treated by Dr. J. G. Campbell for tape worm, has in a bottle of alcohol two tape worms, a small one (*Tænia Soleum*) and a large one (*Tænia Sagetata*). The larger one, the entire worm, is about 15 feet long.

Mr. Thomas is very much pleased with the result of the treatment, as the larger worm had been since boyhood his constant companion. Medicine was given at 9 o'clock in the morning and worms were expelled before 12 same morning.

That a farmer should be able to name and differentiate "two tape-worms" speaks volumes for our Common School System, for certainly no reputable practitioner would have any part in such a glaring piece of advertising as the above would be if coming from an M. D.

Yours faithfully,

HENRY P. CLAY.

Pugwash, Nov. 1st, '02.

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EXCESSIVE PROTEID DIET.—It doesn't require much of an argument to show that good material must go into the twenty-story building if it is to be solid and secure.

Yet a great many people seem to think that it matters little what kind of material goes into the building of the human structure!

They offer the body thistles and ask it to give back figs.

They feed on thorns and expect to pick roses.

Later, they find they have sown indigestion and are reaping ptomaines.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the Bowels Open," The Antikamnia Chemical Company offers Laxative Antikamnia & Quinine Tablets, the laxative dose of which is one or two tablets, every two or three hours, as indicated. When a cathartic is desired, administer the Laxative Antikamnia & Quinine Tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter.

# THE MARITIME MEDICAL NEWS.

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## Editorial.

### REPREHENSIBLE PRACTICES.

Despite the considerable amount of time and the earnest effort which has, during the last twelve months, been expended upon the discussion of the ethical side of medical practice, we still from time to time find in Nova Scotia lamentable examples of unethical behavior. The faults are seen in both young practitioners and their elders. In the young beginner we find an exuberance of energy, far beyond the demand of a limited clientele, which leads him to exploit himself and his successes far beyond legitimate bounds. Men otherwise honourable and well fitted to become successful and respected practitioners allow themselves to drift into the methods of the quack and charlatan, and forfeit the fair esteem of their colleagues. A case to point has recently been brought to our notice where a physician in this province frequently has his cures paraded in the lay press of his town. That such a thing should occur once is perhaps excusable, and can be explained by the carelessness or ignorance of those who garner news; but a recurrence of such items stamps the man as one to be placed beyond the pale of medical intercourse. When this exploiting of cures is done by older men, it is usually found on inquiry that the guilty one is a man who has failed by professional and other merits to attain even local eminence, and seeks notoriety which he deems a fair substitute. Possibly he is a man who early in his career made use of unfair methods to bring himself to the public notice and, having never gained public esteem,

finds himself doomed throughout life to tread the same unenviable road, cut off from honourable association with his fellow medical men, becoming as years go on more and more dependent upon advertising and chicanery.

A more contemptible creature perhaps than any is the man who uses his church in his business and prostitutes his religion to the end of gaining a practice. He is at first an assiduous church goer, carrying under his arm the evidences of his piousness. For a few years he is to the front at all church gatherings, then if he gain practice he ceases to be longer a pillar of the church. On the other hand, if not successful he remains a religious parasite until the end of the chapter.

We could point out many other discreditable methods by which men strive to acquire practice—by tendering their services when brought into non-professional relations with the patients of others; by distributing broadcast their business cards in the houses of those with whom they have casual relations, and by canvassing the members of sick clubs and societies. Happily in Halifax we have of recent years had very little of this, but if reports are to be relied on, and they reach our ears frequently, there is a cropping out of these practices in certain quarters. Men guilty of these various reprehensible methods are often beyond the influence of private remonstrance, and it is only by holding them up to professional opprobrium that they can be made to shrink before the scorn of their fellow practitioners.

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#### NEW APPOINTMENT.

Dr. W. L. Ellis has been appointed by the Dominion Government as medical officer to examine people coming to reside in Canada.

Immigrants, undesirable on account of suffering from various diseases and ailments, such as trachoma, favus, tuberculosis, etc., will now be refused admittance into the country, and will be compelled to return to their homes.

Dr. Ellis' work will chiefly be in examining immigrants arriving at Quebec and Montreal in summer, and at St. John and Halifax in winter.

Dr. Ellis is to be congratulated upon his appointment, which it is understood is a very good one. The selection is considered as an excellent one, and there can be no doubt that the duties pertaining to the office will be well and capably carried out.

Dr. C. D. Murray, of this city, has been appointed inspector at this port.

# LACOTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

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

—*The Medical Times and Hospital Gazette.*

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NEW YORK PHARMACAL ASSOCIATION,

88 WELLINGTON STREET WEST, TORONTO.

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Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

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

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

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

THE ARLINGTON CHEMICAL COMPANY,

—TORONTO.

## “BOROLYPTOL”

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever A **CLEANSING AND SWEETENING** wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION      AS A VAGINAL DOUCHE  
AS A NASAL DOUCHE      AS A MOUTH WASH  
AS A FRAGRANT DENTIFRICE.

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# Wampole's Cresole.

A most  
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Deodorizer.

**ABSOLUTELY SAFE.  
NON-POISONOUS. . .**

It will not stain nor affect the skin or any fabric, and in consequence can be handled and used with impunity.

**CRESOLE** will be found of especial value as a disinfectant where contagious diseases, such as **Smallpox, Diphtheria, Measles, Etc.**, are prevailing. Its continued use serves as a protection against contracting contagious diseases.

## **DIRECTIONS REGARDING USE.**

As a **Disinfectant**, where contagious diseases are prevailing, or as a preventative, closets, sinks, etc., should be thoroughly and frequently cleansed with a solution of four (4) tablespoonfuls of Cresole in one (1) gallon of water.

**For Mosquito or other Insect Bites** rub the Cresole undiluted well into the wound.

**To Destroy Insects** and all parasites, and to keep fleas, flies, etc., from animals, use a solution of one (1) part of Cresole in fifty (50) parts of water.

**For Mange** in dogs, sheep, etc., use a solution of one (1) part of Cresole in twenty (20) parts of water; a few applications will suffice.

As a **Gargle** in sore throat, colds, etc., use a solution of one-half ( $\frac{1}{2}$ ) teaspoonful of Cresole in one (1) quart of water.

**To Stop Bleeding** and to heal wounds, etc., use a solution of one (1) teaspoonful of Cresole in one (1) quart of water.

**CRESOLE** forms a most effective mouth wash, through its property of purifying the breath and preserving the teeth.

The mouth should be rinsed two (2) or three (3) times daily with a solution of five (5) or ten (10) drops of Cresole in a glass of water.

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## Society Meetings.

### ST. JOHN MEDICAL SOCIETY.

President, Dr. Stewart Skinner, in the chair.

The first meeting of the year was held on the 1st October, when the President read a paper on "Heart Lesions." This paper (which will appear in the NEWS,) dealt with the various valvular lesions, the significance of murmurs, prognosis and treatment. A general discussion followed the reading of the paper.

Oct. 8th. Dr. J. McIntosh exhibited a patient who showed a condyloma of the iris; associated with this was a secondary syphilitic eruption of the arms, legs, neck and abdomen and falling out of the hair.

The subject for the evening was the meeting of the Canadian Medical Association. Accounts of the meeting were given by Drs. T. Walker, McIntosh and MacLaren. This meeting while the largest yet held, was regarded in other respects as eminently successful and enjoyable.

Oct. 15. A paper on the "Cocaine Habit" was contributed by Dr. C. R. Shaughnessy. (This will appear in the NEWS.)

Oct. 22. Dr. Thomas Walker opened a discussion on the Roddick Medical Bill. The early history of this movement was referred to. Dr. Roddick, after much labour, succeeded in getting his bill through the Dominion Parliament during the last session and now uniform registration is possible. It remains for the local legislatures to make a few alterations in their respective medical acts, to allow this bill to become law. The holder of a certificate from the Dominion Registration Board would then have the right to practise medicine in any province of Canada upon payment of the registration fee. This bill will in no way interfere with the local examining boards. In order for this law to become operative, it will be necessary to have the consent of all the provinces of the Dominion.

The Council shall be composed of:

(a) One member from each province, who shall be appointed by the Governor-in-Council.

(b) Members representing each province, their number in each case being fixed according to the number of practitioners registered.

(c) One member from each university or from any incorporated medical college or school in Canada.

(d) Three members who shall be elected by such practitioners in Canada as by the law of the province wherein they practise, are now recognized as forming a particular and distinct school of practice of medicine and as such are by the said law entitled to practise in the province.

All registered practitioners who have been engaged in the active practice of medicine in any one or more provinces of Canada, shall after six years from the date of such certificate, be entitled to be registered under the Act, without an examination, upon the payment of the fees.

The discussion was taken part in by Drs. White, J. Christie, Crawford, Lunney, Inches, Gray, McCully, Shaughnessy and T. D. Walker; and thereafter a resolution was adopted requesting the Provincial Council of Physicians and Surgeons of New Brunswick, to make such changes as are necessary in the local Act in order to bring the bill into effect in this province.

Oct. 29. A paper was read by Dr. T. D. Walker on his recent visit to some American hospitals. Cases of interest witnessed at the Massachusetts General and Boston City Hospitals were first referred to, and then the practice as carried out in the Philadelphia Hospitals and at Johns Hopkins Hospital were discussed.

A case of fæcal vomiting in an infant was reported by Dr. J. W. Daniel. The cause of vomiting was obscure, the condition however subsided favourably.

A paper on "Insomnia" was read by Dr. J. H. Gray. Sleep or its equivalent is a function of a large part, if not the whole, of animal life. There is a wide variation among healthy individuals in the exercise of this function. The most common and essential characteristic of normal sleep is the abeyance of consciousness. During sleep the heart beats less, the number of contractions decreases from ten to twenty in a minute, and the arterial tension is lowered. It has been proved the brain diminishes in size, there is less vascularity.

Secretion, excretion, assimilation and peristalsis are less active during sleep. Sleep varies in accordance with age, sex, temperament, occupation, season and climate.

Insomnia is rare before the age of eighteen in females and twenty-five in males. The great majority of cases are met between the ages of twenty-five and fifty-five.

Enthusiastic brain workers sometimes reduce their hours of sleep, but sooner or later they fall victims to the most unrelenting forms of insomnia. The symptoms of functional insomnia are divided into two classes,—those who fall asleep promptly and those who fall asleep with difficulty. The first class is generally due to overwork, worry, and impaired digestion.

In treating insomnia we should at first try and ascertain the cause. If there is mental worry or overwork, there should be relaxation and diversion. Travelling for a few months often effects a speedy cure without medication. Long walks, hunting and fishing are of service. Massage, application of heat to the abdomen and feet are beneficial. The utility of food in the treatment of insomnia is often of decided advantage. This acts mainly by attracting blood to the stomach. In the medicinal treatment, the bromides are of service, diminishing the reflexes and allaying irritability. Of the hypnotics, chloral, somnal, sulphonal, trional and paraldehyde are best known. Chloral weakens the action of the heart and respiration, lowers arterial tension, reduces temperature and produces anæmia of the brain. In general, the sleep produced by the remaining drugs is not as natural as produced by chloral.

Nov. 12, Dr. J. W. Daniel read a paper on "Modern Abattoirs". (This will appear in the NEWS.) Dr. Daniel had recently returned from an inspection of abattoirs on behalf of the City Board of Health.

Dr. Daniel also reported a case of confinement in which there was a second placental sac which contained a dead fœtus, 3 to 4 months old.

Dr. T. D. Walker reported a similar case.

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#### NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

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Oct. 29th, 1902. Meeting of the branch held at the Victoria General Hospital, the President, Dr. G. M. Campbell, in the chair.

A communication was read from the Secretary of the Victorian Order of Nurses, asking the co-operation of the branch and that a member be appointed to act on the advisory board.



Dr. C. D. Murray moved, and Dr. Murphy seconded, that the branch express its willingness to co-operate with the Victorian Order of Nurses. This motion was put and carried.

Dr. Kirkpatrick moved, and Dr. Almon seconded, that the election of a member to the advisory board be deferred till the next meeting. Carried.

Treasurer presented his report and announced that the branch was solvent.

A letter was read from the General Secretary stating that the subscription to the Association was increased to one pound and five shillings.

Dr. Trenaman, on behalf of the auditing committee, reported they had found the books correct.

Dr. Trenman moved, and Dr. Farrell seconded, that a vote of thanks be tendered to Dr. M. A. B. Smith, the retiring Treasurer. This was carried, to which Dr. Smith replied in suitable terms.

Dr. Kirkpatrick presented a case showing the following conditions:

- (a) Aniridia or Irideremia—congenital absence of iris.
- (b) Ectopia lentis—congenital displacement of lens.
- (c) Congenital cataract.

The patient was one of a family of nine, three of whom are similarly affected. Father and mother have normal eyes.

Dr. Silver presented a case of peripheral neuritis due originally to alcoholism. Patient has partial paralysis of extensor muscles of all four limbs and abolition of reflexes. Dr. Silver referred to the etiology and diagnosis of this disease.

Dr. Mader discussed the case from a diagnostic point of view.

Dr. Chisholm advocated the use of salicylate of soda, which he had used with success.

Dr. Goodwin mentioned a case who had improved after blistering. The patient afterwards suicided.

Dr. Doyle, who had seen the case in hospital four years ago, said that œdema of legs was at that time a marked feature.

Dr. Curry showed a case of ulcer of the stomach. There had been no vomiting for the last eighteen months and pain was not now influenced by food, but was constant. It was relieved by pressure and heat.

Dr. M. A. B. Smith considered the ulcer still unhealed. He had examined gastric contents and found hyperacidity. He suggested giving sedatives and alkalis, such as heavy magnesia, subnitrate of bismuth with an opiate.

Dr. Chisholm said opiates were contraindicated in this case by the hyperacidity. The man felt best when his stomach was full, which was against presence of gastric ulcer now. He would use a mixture of liquor bismuth, tincture of rhubarb and lactopeptine.

Dr. Curry stated that the man was getting strychnia, bicarbonate of soda, hydrocyanic acid and lactopeptine. He would not give opiates. He considered the case was now largely neurotic.

Dr. Goodwin considered the case was one for exploratory operation.

Dr. Mader agreed with Dr. Goodwin. He mentioned a case of a man, aged 73, with a chronic ulcer which perforated and he died. Patient had always been a large eater.

Dr. Ross showed a case of lupus vulgaris of seven years standing in a boy aged ten. All the lesions had gone on to ulceration. Disease involved one arm and leg in several large patches. Before coming to hospital lesions had been curetted several times. Treatment had been tonics and urea internally, and application of X-rays by Dr. Weaver. Two patches were not treated by the X-rays at first and showed very little improvement, but rapidly improved like the other lesions after the applications were used. He considered the case had done remarkably well and all cured with the possible exception of one patch.

Dr. Weaver said he had used a six inch tube at distance of ten inches two or three times a week, gradually reducing the distance. The patient had in all twenty-eight treatments.

Dr. Chisholm related a case in whom he had done an abdominal section for acute obstruction. The function of the bowel had since returned. He had previously had a similar case.

Dr. Mader gave the previous history of the case. Dr. Chisholm had operated at a very late hour at night.

Drs. Murphy and C. D. Murray referred to the other case who was operated on after midnight.

Dr. Murphy described a case of annular sarcoma of the sigmoid flexure in whom he had recently operated on for obstruction. He then showed a case of hip-joint disease and hernia. He operated on the hernia and found the cord passed down into the sac without any peritoneal investment.

Meeting then adjourned and the members were subsequently entertained at supper by the superintendent and resident staff.

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### Obituary.

DR. COLIN A. MCPHAIL.—The sudden death of Dr. Colin A. McPhail, of Summerside, occurred about 5 a. m. on the morning of the 3rd inst. The day before he had been attending to his professional duties and had apparently been in good health to within a few hours of his death. The supposed cause was apoplexy and he soon became comatose after the first signs of illness. Dr. McPhail, who was in his fortieth year, was educated at Prince of Wales College and taught school for a number of years. He took his medical course at Trinity College, Toronto, and a post-graduate course at Edinburgh. Since going to Summerside he enjoyed a large practice, the onerous duties of which probably helped to undermine a strong constitution. Dr. McPhail was one of the leading physicians of Prince Edward Island, and was highly esteemed by all with whom he came in contact. He leaves a widow and two young children who will have the deep sympathy of the community in their sad affliction.

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DR. WM. S. HARDING.—Whose sudden death occurred on 12th December, was the senior member of the medical profession in the Province of New Brunswick. He had not, however, been engaged in active practice for a number of years.

Dr. Harding was born in January, 1814, and received his medical education at Guy's Hospital, London, and at Edinburgh.

For 47 years he was port physician of St. John, retiring in 1894 and during this period he had eventful experiences of ship plague and cholera, and at various times rendered valuable services during these and other dangerous epidemics.

Of recent years Dr. Harding has led a quiet, retired life, and now his death is mourned by many old friends.

## Personals.

Dr. M. D. MacKenzie, of Advocate, was married to Miss Laura Tucker, of Parrsboro, on the 5th ult.

Dr. G. H. Woodland and Miss J. Crosby were married at Yarmouth on the 2nd inst.

Dr. H. S. Jacques, of this city, has just recovered from a mild attack of typhoid fever.

The many friends of Dr. Henry G. Farish will sympathize with him in the loss of his wife who died suddenly from pneumonia.

Dr. A. P. Reid, of Middleton, with Mrs. Reid and daughter, recently sailed for Jamaica to spend the winter months.

Dr. Stewart Skinner has been appointed to the visiting staff of the G. P. Hospital, St John, to fill the vacancy caused by Dr. Ellis' resignation.

Dr. A. A. Lewin has been appointed to the out patient department in place of Dr. Skinner.

The numerous medical friends of Dr. Stephen R. Jenkins, of Charlottetown were grieved to hear of the recent accident to him which caused the loss of sight in one eye. The NEWS can feelingly extend to him the sympathy of his confreres throughout the Maritime Provinces.

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## Book Reviews.

A. TREATISE ON DISEASES OF THE ANUS, RECTUM AND PELVIC COLON—By James P. Tuttle, A. M., M. D., Professor of Rectal Surgery in the New York Polyclinic Medical School and Hospital, Visiting Surgeon to the Almshouse and Workhouse Hospitals. With eight colored plates and three hundred and thirty-eight illustrations in the text. New York. D. Appleton & Co., 1902.

This is an excellent book. We have perused it with interest and pleasure. The author reveals himself to us as a man of sound judgment, wide and critical reading, and high professional aims; a skilful surgeon, able in no small degree to advance our knowledge of that special field in surgery to which he has devoted himself. The book is well written and the numerous and well executed illustrations are of great service.

We are impressed by the well balanced appreciation of the work of others, and the marked ability with which the writer justifies himself in any departure from ordinary routine teaching.

In defining the anatomical limits of the rectum he follows Treves, and gives good reasons for doing so. There is an oversight, in the description of the transversus perinæi muscle, on page 6, as "crossing from one tuberosity of the ischium to the other". The ischium has only one tuberosity, and the transversus perinæi is a paired muscle, arising from the inner side of the ischium, sometimes from the adjoining margin of the pubic bone, and meeting its fellow in the central point of the perinæum. But this slip is of as small importance as the t. perinæi itself.

By the way, we note that the author, while following the American orthography, in such words as center, caliber, fiber, retains the diphthong in the noun *perinæum*, while using

e in the corresponding adjective, and invariably writes septum with the diphthong. This use is archaic, even in the ancient Classics. In the word *raphe*, too, the author preserves a memory of its Greek origin by introducing the aspirate. *Septum* and *rhaphe* smack rather of Cos and Salernum than of New York. There are many indications throughout the book of classical study, but we are puzzled when we read of the shrine of *Cloacus*. Some of us no doubt recall a hymn beginning "Great Cloacina, goddess of this place," but Cloacus is new to us.

There is evidence of hurried proof-reading here and there, as in *corporis spongiosum* for *corpus*, and in the spelling of some names, as Cussack for Cusack, and MacCleod for McLeod. It is difficult also to see how such a word as semioccasionally finds its way into so well written a book. We also note a distinct misprint in a prescription on page 579, where the name *Wright's* is transferred, so that it reads "Wright's glycerine" instead of liq. carbonis detergens, Wright's.

But it is pleasanter to speak of the excellences of the book. For clear exposition, sound pathological teaching, and sensible treatment, it will be hard to find equals to such chapters as, for instance, that on hæmorrhoids, or the chapters on colitis, on fissure, and on fistula. The pathology is so admirably explained that the clear, straightforward directions for treatment are followed with intelligent assent. And all through the book there is the over-present spirit of an honest man who knows and respects the work of his predecessors and colleagues, but is "*nullius addictus jurare in verba magistri*", who is ready to communicate all he knows, and whose operations are not all successes. Some of us may take comfort from the frank statement regarding the operative treatment of fistula (page 372). "A very large percentage, if not a majority, of the cases of fistula operated upon in hospitals and treated by general surgeons are failures so far as cure is concerned. . . . There is no more difficult or disappointing condition to treat."

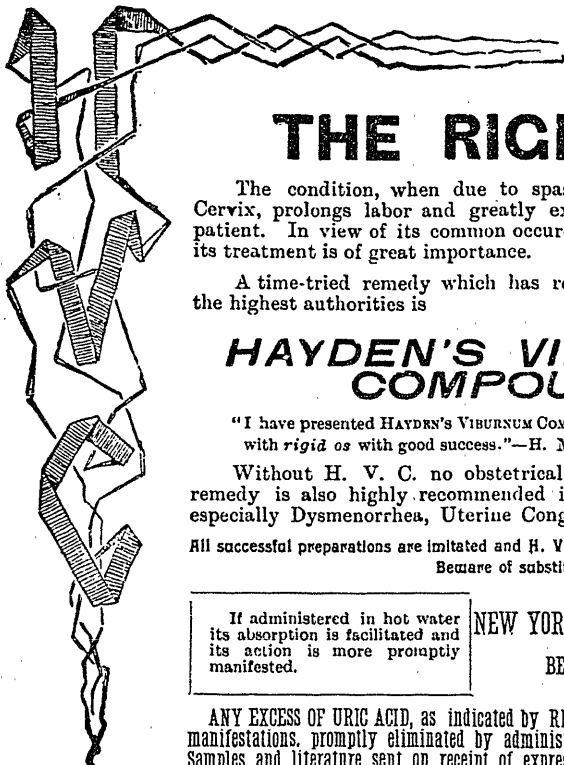
In the chapter on Stricture of the Rectum, the author, dealing with the question of syphilitic strictures, gives it as his decided opinion that all these are secondary to ulceration. It is difficult to prove a negative, but we think it not unreasonable to believe that gummatus swellings may be a cause, and Hutchinson has recorded a case in which, with no ulceration of the mucous membrane, a large gummz completely surrounded the rectum.

Operation is advised against in cases of fistula occurring in advanced tuberculous disease. In those distressing cases of tuberculous ulceration about the anus, a 2 per cent. solution of methylene blue is strongly recommended as a palliative.

We note that the author prefers chloroform as an anæsthetic to ether, and is not at all enthusiastic over cocain.

The various operations for piles are carefully and clearly described, except perhaps the "modified" Whitehead's operation, which we confess we do not quite understand. In a recapitulation of the methods, preference is given, on the whole, to the clamp and cautery, but the operation by ligature is highly spoken of. There is one statement, however, which greatly surprises us, namely this: "The writer does not remember a single case where this method (ligature) was used in which it was not necessary to catheterise the patient for some days or even weeks afterward." It appears to us that this is an unusual experience. We have often found the catheter unnecessary.

We cannot conclude our review of this fine book without noting again the excellence of the illustrations, and we may point, too, to the full and well arranged index. We can recommend this book with confidence to our friends.



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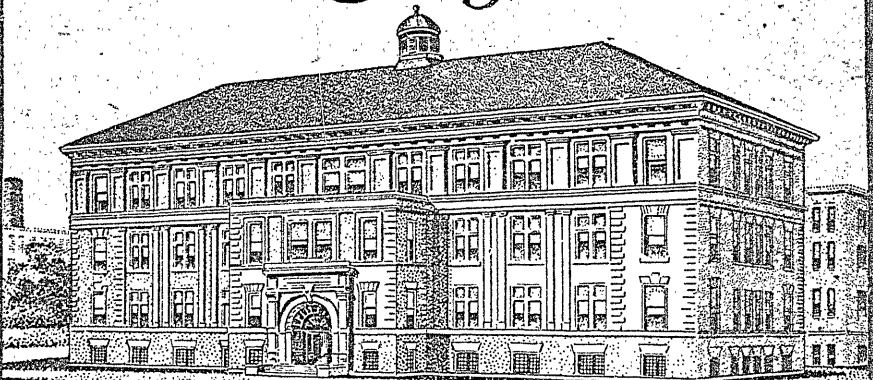
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