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THE MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO
MEDICINE & SURGERY

VOL. XVIII

HALIFAX, NOVA SCOTIA, JUNE, 1906.

NO. 6

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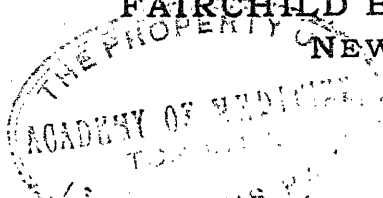
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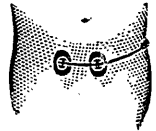
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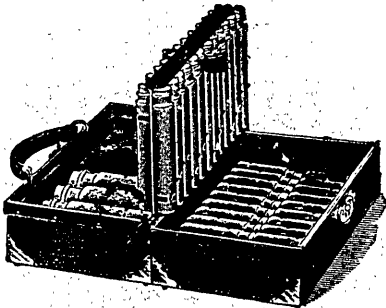
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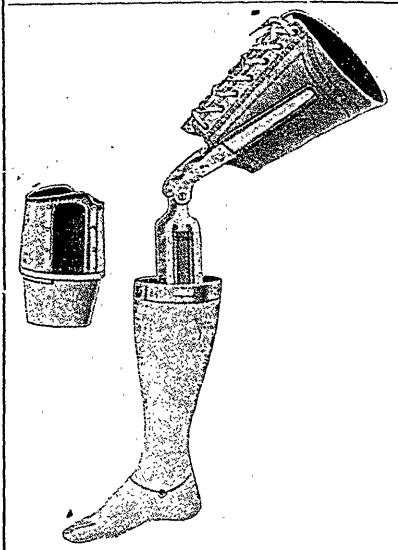
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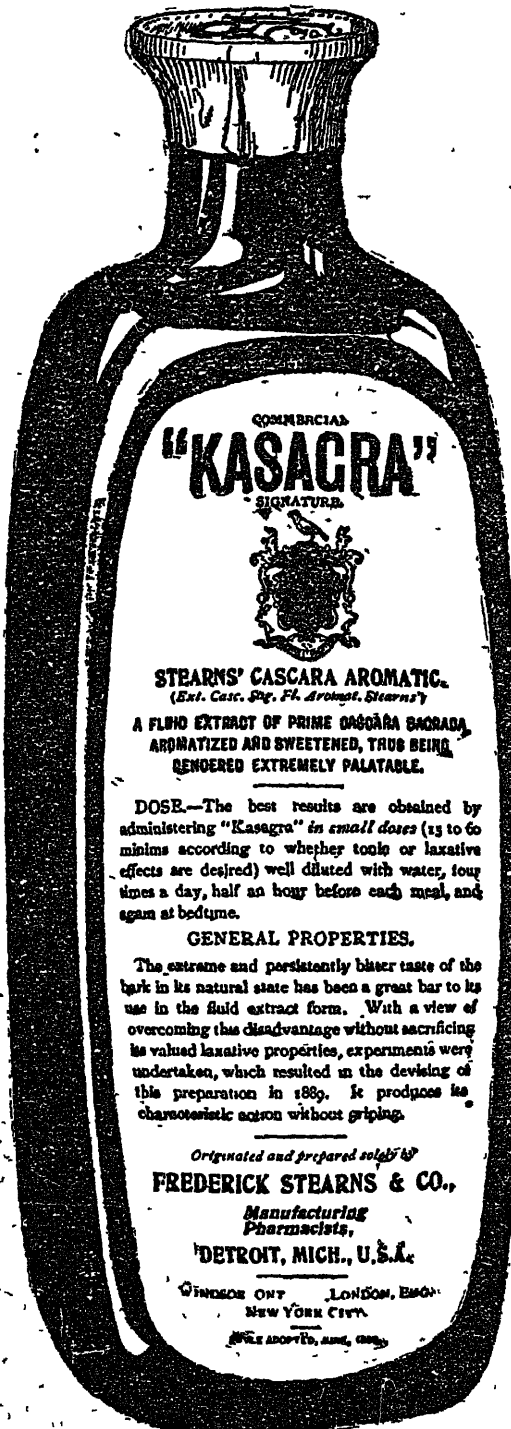
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THE MARITIME MEDICAL NEWS

VOL. XVIII., JUNE, 1906, No. 6.

Cremation in Austria. A Bill was recently introduced to the Austrian parliament to make cremation optional in that country, but failed to receive the support of the government party and was consequently defeated. In 1904 the bodies of 316 persons, for which cremation was desired by relatives, had to be taken to crematories in Germany.

Treatment of Ozæna. Because the use of adrenalin, to facilitate examination, led to exacerbation of the malady, Royet decided to try the effect of vaso-dilators in the treatment of ozæna. In one case he had remarkably good results from the use of a one per cent. solution of stovaine in glycerine and water. In other cases, he began treatment with stovaine but later substituted dionine. This treatment led to very great amelioration of the symptoms.

San Francisco Physicians. As might be expected, doctors suffered not less than others by the terrible disaster which recently overtook San Francisco. Many men lost everything in the fire, it being stated that fully five hundred physicians are destitute. It

is reported that the New York Chamber of Commerce has specified that, out of the large contribution forwarded to the stricken city, \$5,000 is to be devoted to the relief of unfortunate physicians and their families. The Philadelphia County Medical Society has appointed a committee to collect moneys, and has contributed \$200 from its treasury to the fund.

Dampness and Respiratory Diseases. Dr. Henry J. Barnes, writing in the *Boston Medical and Surgical Journal* (May 3, 1906), on the Influence of Dampness of Soil and Climate on the Diseases of Respiration, reviews the literature and statistics of this subject, and concludes that, as respiratory diseases are so universally distributed and of such common occurrence regardless of temperature, of humidity, or of dampness of soil, these factors can scarcely be considered to have any influence in their production. An excessively dry air, however, such as is almost constantly created in our dwelling houses by present heating methods, impairs the resisting powers of the mucous membrane, and doubtless contributes to the universal frequency of respiratory diseases in cold weather.

Ontario Anti-Vaccinationists. A very active campaign is being waged by the anti-vaccinationists in Ontario, and a great deal of venom has been introduced into the discussion which has been going on. The type of smallpox with which the Ontario folk have had to contend for some years back, has been very mild, and seemingly many smallpox patients have suffered less than some of those who submitted themselves to vaccination. Of course the opponents of vaccination have made full use of this circumstance. In Toronto, where the agitation has been especially keen, a sufficiently strong sentiment has been aroused against the practice to compel the School Board to rescind the order making vaccination compulsory.

Reversal of the Circulation. Carrel and Guthrie make the astounding announcement (*Annals of Surgery* for February) that they have successfully reversed the circulatory current in the limb of a dog, by cutting the main artery and vein, and uniting the central end of the artery to the peripheral end of the vein and the peripheral end of the artery to the central end of the vein. Within three hours after the operation the resistance offered by the valves in the veins and the other factors opposing the circulation in the reversed direction were overcome, and red blood flowed through the veins and the

capillaries, while in the artery the blood showed venous qualities. It is thought that possibly the experiment might be turned to practical account in the treatment of gangrene of an extremity, but it has not yet been determined that a limb in which the reversed current obtains is nourished as effectively as one in which the blood courses naturally.

Cerebellar Apoplexy. Dr. M. Allen Starr contributes a paper on this subject to the *Medical Record* of May 12th. That the condition described is somewhat rare is evidenced by the fact that hæmorrhage in or softening of the cerebellum was found but four times in 187 consecutive cases of apoplexy, examined post mortem, at the Presbyterian Hospital. He refers, however, to 27 cases in the literature relating the discovery of hæmorrhage in the cerebellum at autopsy. The clinical history of five cases is given, the diagnosis in each being cerebellar apoplexy. The symptoms common to these cases were vertigo, of an extreme degree at the onset, subsiding gradually to some extent, but recurring on any attempt to walk and remaining as a permanent symptom; an uncertainty in gait due, not to paralysis, but to a lack of balancing power, which results in staggering and uneven steps; an unnatural posture of the head when at rest; and nystagmus.

The question is raised whether a number of attacks of vertigo in old people, diagnosed as "stomach vertigo," are not really instances of cerebellar hæmorrhage. The treatment, of course, is the same as for cerebral apoplexy.

Action of Drugs on the Skin. Drugs acting on the skin and mucous membranes, mainly when externally applied, are the subject of chapter XXI of the special article *Journal A. M. A.*, May 19. After some general remarks as to the points of application of counterirritants, and on the stimulating action of baths, saline and others, the subject of rubefacients is taken up. Alcohol is first considered and a caution is given against any employment of wood alcohol which may be dangerous, even if used only externally. The popular preparations of hamamelis, arnica, etc., are mentioned as being effective mainly through the alcohol they contain, and soap liniment is also referred to in this connection. The use of chloroform and its action as a rubefacient is next considered, and after it the irritant volatile oils, capsicum, mustard, etc., and their official preparations. The use of heat, by means of poultices and the substances employed are next described and a word is given regarding the utility of formic acid as a rubefacient. The concluding paragraphs are devoted to the rubefacient action of iodine and the saponified petrolatum

of the National Formulary is mentioned as likely to replace the other preparations as a medium for its external application.

Tuberculous Pleurisies. Following out his studies of the sero-prognosis of other disorders, P. Courmont, Lyons, France (*Journal A. M. A.*, May 19) has investigated the agglutination reactions of the blood serum and of the pleural serosity in tuberculous pleurisies. He finds that the prognosis of tuberculous pleurisy with effusion is favourable according to the intensity of the agglutinating power of the pleural liquid, and grows worse with the diminution or absence of this reaction, which increases as recovery progresses and diminishes in fatal cases as death approaches. His conclusions are given, in substance as follows: 1. The mortality is about 25 per cent. in cases with agglutinating power of the pleural effusion, and about 75 per cent. in those in which this is absent. 2. In patients with agglutinating effusion the ratio of recoveries is large in proportion as the agglutinating power is high. 3. One can see the agglutinating power increase as the case progresses toward recovery, and *vice versa*. 4. These facts support what has been held concerning typhoid fever, viz., that the agglutinating reaction is a reaction of defense, or at least goes parallel with the reaction of resistance of the organism. It is

in general in inverse proportion to the gravity of the disease and in direct proportion with the intensity of the resistance. 5. The study of the agglutination in tuberculous pleurisy leads to important prognostic conclusions.



Dirt and Danger in the Market.

Writing on the food question in the June *Delineator*, Mary Hinman Abel makes the statement that "Dirt in contact with food is doing more harm than all the preservatives and coal-tar colors, for in the popular understanding of that word, dirt covers dust and all that is in it; all that results from contact with insect or other animal life, and whatever is breaking up into simpler compounds under the action of bacteria, or what is decayed and diseased. The tubercle bacillus is known to exist in street dust. The tetanus or lock jaw bacillus is also found, and many others of local origin. How many cases of 'sporadic' typhoid fever are due to infected food, is not easy to say. The sources of disease are often very difficult to trace, but fruit that has been gathered by dirty hands, carted through dusty streets in open baskets or brought long distances in open freight cars, stored in market cellars, repeatedly sorted by the huckster, and exposed for sale after a polishing on a dirty coat sleeve, has had at least a chance of dangerous germs gathering, for in all dirt are

countless organisms, and some of them are harmful to men.

"What is to be done to remedy these conditions that exist to greater or less extent in all our cities and towns?" Mrs. Abel asks, and answers: "We must have—1. Better market inspection and cleaner streets. 2. Better protection for food in transit and when on sale, with careful screening to keep out dust and insects. 3. The consumer must be better instructed as to the danger of infected food and come to feel a citizen's responsibility for improving conditions. 4. Fruits and vegetables must be properly cleansed in the kitchen."



Ætiology of Rheumatism. An article on the Aetiology of Acute Rheumatism, by Dr. Lewis Fox Frissell, appears in the *New York Medical Record* of May 12th. He reviews past work in the bacteriology of this condition, and records the results of his own investigations. After failure to obtain from joints or nodes (of erythema nodosum) an organism which seemed likely to have a causal relationship to rheumatism, he turned his attention to the tonsil as the probable portal of entry, making cultures from cases of tonsillitis occurring in the course of a rheumatic attack. These cultures, of course, were mixed growths, but after much searching Frissell isolated a bacterium which produced a constant

train of symptoms in animals—one which causes a poly-arthritis tending to spontaneous cure, and with an additional tendency to attack the heart and serous membranes. Another organism, very similar morphologically and in cultural characteristics, was also found, and this, too, causes arthritis, so that Frissell thinks it possible that rheumatism may be caused, not by a specific coccus, but by a coccus group, intimately allied though perhaps indistinguishable from each other by present cultural methods.

As a result of analysis of the pathology and symptomatology of rheumatism, Frissell contends we are forced to look beyond the joint affection to gain a clear idea of so protean a disease, attacking, to be sure, oftenest the joints, but too frequently skin, pleura and heart. Granted a point of entry, probably the tonsil, the various conditions vaguely called rheumatic, as well as the out-and-out attack of acute rheumatism seem best explained by considering the essential condition to be a blood infection. Assuming this hæmatogenous origin, the localization of the symptoms is readily accounted for by the bacterial embolus, or local toxic action.

✦
Suturing in J. E. Summers,
Appendicitis. Omaha, (*The Journal,*
A. M. A., May 19) describes his method of operation in appendicitis, with especial reference to the

manner of inserting the sutures. The wound is sutured from peritoneum to skin, inclusive, by a one-string continuous stitch. Commencing at the inner angle, the peritoneum is closed by a simple continuous or button-hole stitch. When the outer angle is reached, the needle (a full curved, round one, spear pointed) is passed from below upward through the transversalis and internal oblique muscles, the needle emerging one inch outside of and above the outer angle of the separation in these muscles. This manipulation pulls the closed and puckered wound in the peritoneum above and somewhat outside of the line of the cleft in the muscles. These muscles are closed from without inward by a few deep (including all muscle) continuous stitches. If the deep continuous stitch through the muscles has sufficed, the needle is passed from the inner angle of this closure superficially through the internal oblique muscle downward and brought out at the lower angle of the wound in the fascia of the external oblique muscle. This fascia is then closed, either by a simple continuous stitch from below upward, or else the fascia may be made to overlap, and in this way give firmer support. Summers, however, thinks overlapping of the fascia unnecessary. He closes the skin with either a compound button-hole stitch or a subcuticular stitch. The whole procedure from the commencement

of the operation to the closure of the wound takes from eight to twenty minutes, according to the difficulties found within the abdomen and the thickness of the abdominal wall. After fixing on this technic as the most appropriate for the purpose, he selected 61 cases as suitable, and except 5 patients who were detained several days because of complications independent of the operation, as bronchitis, diarrhoea, etc., all were discharged on the sixth or seventh day following operation, many being at home, perhaps, from fifty to one hundred and fifty or more miles away, one week from the day they left home. In cases of several farmers, he has known of their being at work on the farm on the seventh day.



Omen Faustum.

From Digby comes a cheery message, ominous of the dawn of a day of better-understanding between pharmacist and physician. It appears that of late some of the large manufacturing firms have been supplying apothecaries with certain of their preparations at a special price, in consideration of an agreement whereby such apothecaries covenant to supply such preparations, when called for, at stated prices, and without *in any manner* attempting to substitute or to induce a customer to accept another preparation in its place. The druggists of Digby have taken joint action in this matter

and have refused to sign any such "Price-restrictive Agreement" unless the following clause be introduced:—

"Nothing in this agreement shall, however, be held to prevent me (or us) from referring any intending purchaser to his or her physician for advice as to the advisability of taking or using the above named preparation, and should the physician deem it advisable to order some other preparation, I (or we) shall be at perfect liberty to dispense it on his prescription, without being deemed to have violated this contract."

In a joint letter to one of the pharmaceutical houses concerning this matter, the several druggists of Digby stated: "We claim the right to send every case we possibly can to our physicians. They are the best judges of the preparations they wish their patients to take." This attitude will certainly be commended by our profession generally, and it is not surprising to know that the physicians of Digby are thoroughly in accord with the druggists of that charming town in this respect. Such evidence of harmony and good feeling between druggist and doctor is very pleasant. It is assuredly most desirable that a perfect understanding should exist between those who prescribe and those who dispense. Anything else must inevitably lead to mutual loss. We would be glad to hear

of the adoption by pharmacists generally of the principle laid down by their Digby confreres. It could not but engender a feeling of good-will on the part of medical men, and might even initiate such a rapprochement as would lead to a much greater communion of interests than now seems possible.



Age and Alcoholism.

In our March number we referred to a remarkable article on the age incidence of drunkenness, by Dr. C. L. Dana. It will be remembered that a statistical study of the subject led Dana to the conclusion that practically all cases of inebriety have their beginning in young people; that after the age of twenty has been passed without previous indulgences in alcohol, the risk of a habit being formed is distinctly less than if the drug has been used previously; and that if a man has not indulged to excess before he is twenty-five he is not likely to do so later. So small is the number of those who begin excessive drinking after the age of thirty, that one who has reached that age without excess is almost perfectly safe.

The problems which confront the advocates of temperance are admittedly formidable, and it is very doubtful whether it will ever be possible for them to develop so general a sentiment in favour of the restriction of liquor-selling as most of them demand. However

one may regard the attitude of the man who refuses to assent to a measure which, no matter how much it would further the public weal, might deprive him of some of his own freedom of action, the "liberty of the subject" is still an argument which must be taken into account, and the reformer who ignores this factor is certain to fail in his efforts. The statistics which Dana has investigated may, if read aright, throw a new light upon the problem and aid in its solution. It has for long been felt that there is more to be gained by the intelligent education of the youth in matters of temperance, than by any prohibitive measure which has thus far been devised. Such striking scientific testimony in corroboration of this contention is surely suggestive, and should give an added impetus to the "campaign of education," which has for some time been carried on in a somewhat desultory and not always very rational manner. We would suggest to temperance workers that the diversion of energy (now being manifestly wasted in well-meant but impracticable efforts to deal with a class of men who will not be dealt with) into a comprehensive and determined attempt to instil temperance principles into the young, might be fruitful of results. There are many ways by which young people might be persuaded to avoid the use of alcohol until the age of twenty-five has been reached.

Doubtless persuasion would prove of greater avail than the attempt at coercion. The promise of some stated reward for abstinence, which has already done yeoman service in the cause of temperance, is a means which is not so widely used as its usefulness merits, and it is but one of many devices which might be brought into operation.

The evils of intemperance are recognized quite as clearly by medical men as by those of any other calling. Our responsibility in guarding the health of the people is very great, and we must not permit ourselves to overlook any factor in the causation of

disease. Of necessity, then, we must interest ourselves in any movement which promises the betterment of the race. And while we may not, individually, be able to look favourably upon the methods which some temperance advocates exploit, we can at least agree upon the desirability of inculcating the principle of abstinence in the youth of our land. In this way we may not only aid in the control of the drink-evil and in the amelioration of all the moral disaster which follows upon it, but also contribute materially to the physical well-being of mankind.



CONGENITAL HYPERTROPHIC PYLORIC STENOSIS.

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

Halifax, N. S.

(Read before Halifax and N. S. Branch B. M. A., March 14th, 1906.)

I HAVE chosen as the subject for my paper "Congenital Hypertrophic Pyloric Stenosis," a condition which, in the realms of Pædiatrics, has excited as much interest as was manifested by the general profession at large on the introduction of appendicitis.

The subject is one of great importance, and the increasing number of cases met with go to show that many cases heretofore diagnosed as marasmus, etc., are now being recognized as pyloric stenosis, and in consequence some, if not many, lives have been saved to the glory and satisfaction of our profession.

In addition to the subject under discussion, I wish this paper to be considered as a plea for the more thorough and frequent physical examination of children, without which it is impossible for us to make advances in this branch of our profession.

HISTORY.—It is not my intention to tire you with a lengthy history of this affection. The first recorded case was by Williamson, of Edinburgh, in 1841; second by Davoski, 1842. Following these cases were reported at intervals, but it

has only been within the last fifteen years that much interest in the condition became manifest. Numerous cases have been recorded and much work done to throw light on this seemingly obscure affection. Now, however, the condition is well recognized and we constantly meet with case reports, and discussions in the journals.

SYMPTOMS.—The principal symptoms named in order of merit from a diagnostic standpoint are: tumour, visible gastric peristalsis, vomiting, emaciation and constipation, and these I shall discuss in detail with the general course of the disease.

At birth the child is generally healthy in appearance and of the average weight. For the first few days or weeks all may go well, especially if the child is breast fed. Then vomiting begins, at first in small quantities soon after nursing. The vomiting is forcible without apparent nausea, and depends more on the quantity than the quality of food administered, and may, at this early stage, be considered as simple "possetting," without its attracting any special attention. Soon, however?

it becomes more severe, and as the case progresses the intervals become longer and the quantity larger (several meals being retained between the vomiting spells), and we have the classical features of gastric dilatation.

In some cases, especially where hypertrophy is marked, the symptoms of dilatation are not prominent.

In appearance the vomited matter varies with the stage of the disease and the condition of the stomach; a coexistent gastritis giving an entirely different vomitus from those cases of pure obstruction, especially when severe and running an acute course.

At first there is clear or partially curdled milk, or partially digested if it has remained in the stomach some time; later it is frothy, sour smelling and acid, with sometimes, if gastritis is present, a considerable quantity of mucus. In a case reported by McGregor Robertson, the mucus was very viscid and semi-gelatinous and was vomited or washed out with extreme difficulty. The failure of the operation in this case was attributed to the mucus blocking the aperture.

Free hydrochloric acid is generally diminished, especially in those cases where gastritis and much mucus is present. The organic acidity is proportionately increased, but estimation of acidity has not been practised sufficiently in these cases, nor is our knowledge of the

gastric acidity in healthy babies sufficiently accurate to give us any exact data.

Absence of bile in the vomit is the rule and assists us to differentiate the condition from ordinary gastritis.

As a rule the bowels are constipated. In some cases small, hard, dry scybalous fæces are passed at infrequent intervals; in others some diarrhoea may exist, when there is intestinal catarrh due to partially fermented food passing the pylorus from time to time.

The urine is scanty and high coloured. The temperature is generally subnormal. There is considerable abdominal distress, especially late in the disease.

The child is constantly hungry and takes food eagerly, especially in the early stage.

Emaciation is progressive and marked until the child presents the typical appearance of marasmus; drawn features, great atrophy, dry loose skin which can be picked up into folds, and depressed fontanelle.

The weight curve is an excellent index to the degree of obstruction and presence of pyloric spasm. In some cases a distinct gain may occur from time to time and mislead the physician into the belief that a cure has been effected.

I would like to mention here the importance of taking the babies weight from time to time, not only in these cases but in all artificially fed babies. It is certainly one of, if

not the most important, index to the suitability of a food that we have, and should indicate a gain of from 4 to 6 ounces a week.

Visible gastric peristalsis, the wave passing from left to right, can be observed early in the disease if patiently sought for. The best time is immediately after nursing. The patient should be in a good light. Scratching the abdomen over the stomach will help to produce it. Later in the disease, when emaciation is marked, the stomach bulges out and the wave can be seen distinctly.

Palpation of the thickened pylorus is difficult at first, but can generally be made out after the administration of a few whiffs of chloroform. It is situated in the epigastrium, to the right of and near the middle line, and is felt as a hard body about the size of a hazel nut, or larger, and more elongated.

The appearance of the tongue varies and is not a guide to the condition. Stomatitis is frequently present.

Nervous phenomena have been noted in a few cases, as sluggishness of the pupils with a tendency to turn the eyes downward, and some rigidity of muscles at the back of the neck.

DIAGNOSIS.—The important symptoms, which make our diagnosis sure, are tumour and visible peristalsis, and of these peristalsis is the more important, as the tumour may not be palpable until well on in the disease.

In the absence of these symptoms it becomes necessary to differentiate this condition from gastro-intestinal catarrh. The character of the vomiting, absence of bile in the vomit, and especially the beneficial effects of treatment in the latter condition, help us to decide, but it may be necessary to watch the course of the disease for some time before we are able to determine. The use of the stomach tube to determine the quantity and length of time that the food remains in the stomach is also of service.

Most important, however, is the care with which we make our examination, and the patient search for these symptoms so characteristic of this affection.

MORBID ANATOMY.—The child presents the usual signs of death from starvation. The organs of special interest are the stomach and small intestine.

The pylorus is greatly hypertrophied, involving principally the circular fibres. The longitudinal fibres are affected to a much less extent. It is elongated and hard, funnel shaped from the stomach side, and projects into the duodenum in a manner similar to the os uteri in the vagina.

The mucous membrane is hypertrophied and thrown into folds. In some cases we find a single long fold resembling the veru montanum of the bladder.

In some cases there is great hypertrophy of the gastric muscles

with only slight enlargement of the viscus; in others the organ is enormously dilated and may fill the whole abdominal cavity.

The pylorus will generally admit a small probe, and is sometimes large enough to admit of a cedar pencil, but will not give passage to fluids. This is due to the redundant mucous membrane acting as a valve and shutting off the orifice.

There is generally some fluid in the stomach, usually considerable mucus, and there may be evidence of gastritis.

The small intestine is shrunken and collapsed, and the bowels generally devoid of fæces.

It is extremely rare to find the hypertrophy involving any other organs.

ÆTIOLOGY.—Unfortunately it is impossible to state exactly the cause of this condition. Numerous theories have been advanced, all more or less unsatisfactory, and I will not burden you with a lengthy discussion on their several merits, but will simply state the reasons for considering the conditions to be congenital, and the most reasonable and generally accepted theory regarding its cause.

Is the condition congenital or acquired? Some authors claim that the hypertrophy is a secondary condition to spasm caused by gastric irritation, probably due to improper feeding. Pfaundler claims that there is no real hypertrophy,

but the condition is purely spasm of the pylorus. To offset both of these arguments it may be said that there is hypertrophy to a comparatively large extent, and that the condition is manifested too soon after birth to have been acquired through injudicious feeding or other cause. That spasm does play an important part is acknowledged by all. Cantley reported a typical case where a distinct gain in weight occurred twice during the course of the disease, once as much as 13 ozs. in a fortnight. Post mortem the pylorus would not admit the passage of fluid, though normal fæces were found in the intestine, shewing that food had passed through the pylorus some short time before death, and therefore proving the presence of spasm. But if gastric irritation alone could produce this condition we would expect to find it much more frequently in this age of artificially fed babies. It is reasonable, however, to say that an existing hypertrophy could be exaggerated by spasm of the pylorus.

Granted then that the condition is congenital, we are confronted by the questions why and how does it occur? The theory advanced by Thompson is by far the most reasonable: "That primary congenital hypertrophy is secondary to antagonistic and incoordinated action of muscles of stomach and pylorus dependent on functional disorder of the

gastric nervous system, and resulting in congenital gastric spasm." He states that the stomach is an active organ during intra uterine life and is therefore more prone to this condition than other organs. His paper on the subject is discussed at length in the *British Medical Journal*, 1904, vol. 2, p. 678.

Heredity does not seem to play an important part in this condition, but the parents are generally of the neurotic type.

It is rare to find more than one member of a family affected, though there are a few cases on record where several members were afflicted.

PROGNOSIS.—The prognosis is always grave. Mild cases recover on suitable treatment if taken early. Operation is successful in many cases if not put off too long.

A. E. Maylard considers that many obscure gastric disturbances in young adults are due to congenital narrowness of the pylorus.

TREATMENT.—For the purpose of treatment we can divide the cases into two classes:

1st. Those cases in which prostration and emaciation are marked. A typical marasmic condition is generally seen in an advanced stage of the disease, especially in neglected cases. In this condition, immediate operation offers the only hope of cure.

2nd. Those cases seen early where the symptoms are not severe

and vitality is strong. In this class medicinal measures are justifiable and should be tried before resorting to operation.

MEDICINAL TREATMENT.—Feeding by the mouth should be stopped for at least 24 hours, nutrient enemata being given to supply the proper nourishment. In some cases the rectum is very irritable. Great care should be used to cleanse the rectum at all times, and opium is sometimes a necessity.

Lavage of the stomach should be carried out daily or several times daily, to avoid the retention of fermenting food in the stomach, and continued until symptoms have disappeared. A solution of bicarbonate of soda, gr. xx. to the pint of warm water, is the best.

Feeding should be begun through a nasal tube (a small sized catheter being used) and continued until it is found that meals by mouth are retained.

This method of feeding in this condition was introduced by Balten on the supposition that the peristalsis set up by deglutition is prevented. It is certainly of value, especially in those cases where spasm plays the principal part. If it is found that the meals are not retained any better by this method, the child should be allowed to have its food in the natural manner.

The return to feeding by either method should be very gradual. At first only a little whey should be given, then add a little cod liver

oil, or better, cod liver oil and malt. All food causing a coagulum or leaving a residue in the stomach should be avoided.

When milk is begun, it should be given very dilute, and it is well to prescribe something which will tend to lessen the heavy curd formation of cow's milk. Citrate of soda in the proportion of one grain to the ounce of food is the best drug we have for this purpose. Condensed milk might be used to advantage for a time.

The child should be kept warm by wrapping in cotton wool, and all measures tending to the conservation of energy carried out. (Avoid cradle, etc.)

Drugs are not of much benefit. Some authors recommend belladonna, the bromides, and chloral, in the hope of reducing spasm. They may be tried, especially in those cases where operation is refused or inadvisable.

Where such treatment is of no avail, and in those cases mentioned in class one, operation is the only hope we have of cure. It therefore becomes necessary to decide on the method of operation we are to pursue.

I have been unable to procure definite statistics of the results of the different operations, and it will probably be some time before any satisfactory data will be obtainable. The merits and disadvantages of the different operations in favour may be mentioned. They are: 1st—Some form of

Loreta's operation for dilatation of the pylorus. 2nd—Pyloroplasty 3rd—Gastro-enterostomy.

The short time consumed in operating, small abdominal incision and slight exposure of abdominal viscera, consequently less danger of shock, are points in favour of dilatation and pyloroplasty claimed by their advocates. The opponents to these methods claim that in dilatation the operator is working in the dark, that it is impossible to gauge definitely the amount of dilatation attained, rupture of the peritoneum or pylorus is liable to occur without the operator being aware of the fact, mucous membrane may block the orifice even if dilatation is sufficient, and the effects are not lasting. Those in favour of pyloroplasty claim that all these difficulties are overcome by their method, the exact amount of dilatation is seen and accurately gauged, and the redundant mucous membrane can be removed. Its opponents claim that the difficulty in approximating the hypertrophied muscle debars the application of this method.

Gastro-enterostomy is held in most favour, and undoubtedly the results would be more certain and lasting than the former methods if it were always possible to carry it out; but it takes more time, requires a longer abdominal incision causing greater exposure and liability to protrusion of abdominal viscera than either of the former methods. Also the

organs, naturally small in a child of this age, may be further atrophied by the condition. The small intestine may be so shrunken that it is impossible to get a good result by suturing, and Murphy's button is conceded by all to be too dangerous for use. Mayo Robson claims that it is not difficult for a skilled abdominal surgeon to suture the stomach and intestine in these cases.

From the perusal of the literature on the subject and the cases I have observed, it seems to me that no hard and fast line can be drawn regarding the operation to be chosen. Many factors both before and after the initial laparotomy should be taken into consideration. Thus if our patient is in a condition of marked lowered vitality or collapse, we should decide upon the operation which will put less strain on the vitality, namely, Loreta's operation or pyloroplasty. But where the patient's condition is good we should decide upon gastro-enterostomy as offering the most

certain and lasting results. Upon opening the abdomen it may be necessary to choose one of the other operations, because of the shrunken condition of the intestine, especially where the operation falls to those of us who are not skilled in this branch of surgery.

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THE PUBLIC HEALTH ACT OF NOVA SCOTIA.

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(In our April issue we published a valuable article on the Public Health Act of New Brunswick, by Dr. J. W. Daniel, of St. John. The subjoined article by the eminent Provincial Health Officer of Nova Scotia, will, we are confident, interest our readers in every province. Supplementary to these two papers we will, in a future issue, publish one dealing with the same subject as it affects Prince Edward Island.)

IN taking up this subject I will be brief, as we have not as yet got very far on the way to an up-to-date status. But we are on the road there, and will in time "get on."

The earliest act of moment was passed in 1888, making provision for Boards of Health in Halifax and towns and municipalities, and regulations for the local Boards of Health which contained the ordinary requirements; repealing chapters 26 and 27 of Revised Statutes. This was amended in 1890 by recognizing any regular physician employed by the Government of Canada, to deal "with certain forms of disease."

In 1893 it was further amended by the appointment of a Provincial Board of Health, to consist of the Provincial Secretary, the Attorney-General, the Commissioner of Public Works and Mines, the Superintendents of the Victoria General Hospital and of the Nova Scotia Hospital (for the Insane) and four other members "who shall be duly registered medical practitioners and appointed

by the Governor-in-Council, and to hold office during pleasure;" which four only were entitled to draw an annual allowance (\$100.00 each). The others received only travelling expenses. The Provincial Secretary (ex-officio) is chairman and one of their number (the writer) was appointed secretary. The members of the Board were:

Hon. W. S. Fielding, Premier and Provincial Secretary; Hon. J. W. Longley, Attorney-General; Hon. C. E. Church, Commissioner Public Works and Mines; Wm. H. Macdonald, M.D., Antigonish; Edward Farrell, M.D., Halifax; F. W. Borden, M.D., Canning; A. S. Kendall, M. D., Sydney; A. P. Reid, M.D., Superintendent Victoria General Hospital, Halifax; Geo. L. Sinclair, M.D., Superintendent Nova Scotia Hospital for the Insane, Dartmouth.

The rest of this amendment defined the various duties of the Board.

In 1900 the Act was still further amended, chiefly in the direction of appointing a local

Health Officer for each town and municipality, who should be the executive officer of the local Board of Health with a salary of \$100.00 a year.

The Nova Scotia Medical Society being dissatisfied with the Provincial Board of Health, asked the Government to amend the act by doing away with the Board and appointing a Provincial Health Officer, with a Department of Public Health under the Provincial Secretary similar to the Departments of Education, Agriculture, etc. Amendments to this effect were made in 1904 and during the past session further amendments were made to facilitate the working of the Act, and making specific arrangements in reference to the sale of milk, meat and their products, and the licensing of dairies, slaughter-houses, etc.

Much credit is due Dr. Wm. McKay of Reserve, Cape Breton, who, when the representative for Cape Breton County, devoted much time and attention to the re-organization of our health laws.

The principal work performed by the late Provincial Medical Board, in addition to routine business, was the establishment of a "Provincial Laboratory," distribution of literature and appointment of local Health Officers.

The establishment of the Provincial Laboratory and the appointment of a Provincial Bacteriologist placed our Public Health Department in line with the progress of the day.

The direction of the laboratory was first entrusted (in 1896) to Dr. W. H. Hattie, who paved the way for our present very efficient service. In 1899 he was succeeded by the late lamented Dr. Halliday, and since his death the work has been most efficiently carried on by Dr. L. M. Murray.

A series of circulars (Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9) was printed and distributed over the province, giving detailed information in regard to contagious and infectious diseases.

Our Public Health Act is good as far as it goes, and if carried out as it should be, would give very satisfactory results. But there are two difficulties in the way which are most formidable—ignorance and impecuniosity. How to deal with these efficiently is a difficult question. Ignorance—or we may say hebetude—conservatism or disinclination to leave the old and adopt new customs, is the greatest stumbling block. People have got to be so accustomed to assume that disease of all kinds is fore-ordained that they cannot practically conceive that the research of the past few decades has taught that 75 per cent. of disease and death is preventable, and nothing but a serious epidemic of some kind will arouse them from this lethargy and stimulate preventative measures. The cause being removed, they again lapse back into the old way and a reluctance to believe that "I am my brother's keeper."

We are not so much in need of more law as we are of a general desire to carry out that which we have, and how to attain this object is the dominant question.

The late Provincial Board tried to do so by distributing circulars giving general information on all the most important subjects, and in this they were following the lead of most Boards of Health in other places. I do not feel at all certain that the result amounted to very much, because there is so much literature similar in kind published by nostrum vendors, as well as by those philanthropically inclined, that no doubt the greater part of it reaches the waste paper basket or is simply thrown aside. The busy business man is the one we want to enlist in our service, and he gives the *go by* to all that has no individual interest to himself.

The daily newspaper and special publications have also been enlisted, and no doubt with a modicum of benefit, but not one which is commensurate with the expense or the gravity of the subject to be considered, and this for the same reason as above intimated that "people are only likely to read something which is of personal, political or religious moment, or something that will amuse," and contagious diseases or public health, *per se*, do not generally appeal on these grounds.

Then what are we going to do about it?

I can only see two methods which furnish probabilities of success. First: regular, systematic missionary work carried out by lecturers and teachers after the manner that the apostles of temperance and religion have found to be the most successful. It is the old story, "If the mountain won't come to Mahomet, then Mahomet must go to the mountain," and I think I can hazard the prophecy, that carried out on the above lines, with the same energy and enthusiasm, it would be more successful than either, as the principles of health do not carry with them the prejudice and antagonism that so often accompany religious and temperance movements, and this the more, with so desirable an object as to prevent seventy-five per cent. of the sickness, suffering, annoyance, expense and death which follow ignorance and non-observance of the laws of health.

In carrying out this argument I can drop down to a lower level, which may illustrate the idea which I desire to explain.

To dissipate the assumed ignorance and disseminate general knowledge, the leaders of our political parties regularly send their emissaries, promoters or teachers throughout the length and breadth of the land; and though it is expensive and laborious it must be efficient, or long-headed business men would not continue to keep up this practice.

Why not carry out our public health propaganda on the same lines?

The other plan which I have advocated is to use the public school for the dissemination of knowledge; commencing with the normal school, to train the teachers how to teach the pupils the few specific rules that are needed to intelligently understand, *how to avoid disease and how to prevent communicating disease to others.*

To elaborate details would take up too much time here and now—but I think it is safe to assume that the object is not only attainable, but most necessary to the carrying out of our Public Health laws.

Though ignorance is the most potent factor, yet expense is not a negligible item; it is in fact about the only reason given for not carrying out the law. It appears to run on these lines:—A community stricken with diphtheria and its sad results suffers only a dispensation of Providence, but if there be a bad bridge on the road requiring teams to go through a few inches of water or mud, it is quite inexcusable and the question of expense is rapidly brushed aside. If it be thought too much for the community, then they go to the Government. *Funds, however, are provided.*

The Government would just as readily assist in promoting public health as a public bridge, if the

Government would receive as much consideration in the one case as in the other.

Summing up it amounts to this, *if the people would, the money would be forthcoming.*

Our Health Act would yet require many amendments and I may indicate some:

1st. Official sanitary regulation of the barber shops. These may be up-to-date but there is no official knowledge of it available to the public.

2nd. The Undertaking business—to which the same applies as to the barber's establishments.

3rd. Transportation of the dead.

4th. Vital Statistics. This subject has been dealt with so frequently that there is no occasion here to do more than acquiesce in the general opinion.

To show its necessity I subjoin the following from clause 6 of Public Health Act, in enumerating the duties of the Provincial Health Officer:

(a) Make a special study of such vital statistics of the province as are available, and endeavour to make an intelligent and profitable use of records of deaths and sickness among the people;

(b) Make sanitary investigations and inquiries respecting causes of diseases, and especially of epidemics; the causes of mortality, and the effects of localities, employment, conditions, habits and other circumstances, upon the health of the people.

An effort has been made for years past to make an approach to the causes of sickness and death, but as there is no law requiring such work to be done, or any remuneration, provided for those

who are in a position to give the details, nothing has been accomplished which is of scientific value.

5th. Visitation of Schools.

The sickness and death rate of children under 15 years of age is so enormous that more than half of those born have been removed by death before that age is reached, and in these cases it is easily safe to assume that 90 per cent. of deaths are due to ignorance, carelessness or both.

At the present day such a large percentage of those between 5 and 15 years of age attend the public school that a systematic visitation of the schools by a medical man would, if his instructions were carried out, go very far towards alleviating this tax on the numbers and vitality of our people, and the cost would be infinitesimally small compared with the probable results.

Medical men are so well distributed over the province, that there is no public school which could not be regularly visited by a

doctor, at little cost to him in time or to the school trustees in money. I do not hesitate to affirm that it would not be difficult or costly for any school board in the province to secure the services of a competent medical man as often as would be required. This might be once a week or once a month, such as local conditions would require. And it should be the duty of the school inspector to urge on the school trustees the carrying out of this duty, and for continued refusal the same penalty should be provided as now obtains where recalcitrant trustees ignore the recommendations of the school inspector.

In the above article I have merely outlined the salient points in our public health system. From the improvements which have taken place in the last two decades, we can assume that there will be continued progress in the future.



SOCIETY MEETINGS.

BRITISH MEDICAL ASSOCIATION.

CONSIDERABLE progress has been made with the arrangements for that notable event, the meeting of the British Medical Association in Toronto in the closing part of August. From the inquiries that are being received from every part of the continent, as well as from the British Isles, it is evident that a very large attendance will be recorded at this meeting. Over 200 members resident in the British Isles have already asked for accommodation, and in many cases they will be accompanied by members of their families. The Association will be convened under thirteen sections, which will meet daily from 9.30 to 1 o'clock. The afternoons and evenings will be devoted to general meetings, public addresses and various entertainments. There will be three public addresses delivered. Sir James Barr will present the address in medicine, his topic being, "The Circulation viewed from the Peripheral Standpoint." Dr. W. S. A. Griffith will deliver the address in Obstetrics, Sir Victor Horsley the address in Surgery, and it is just possible that a public address will be delivered by Dr. Marie of Paris. It is intended that clinics shall be held each morning at 8.30, when interesting cases will be reviewed by some of the prominent physicians and surgeons in attendance.

Considerable advance has already been made in arranging for the work of the sections.

Anatomy.

The section of Anatomy will be under the presidency of Dr. Arthur Robinson of Birmingham. Papers have been promised by the following:—

Dr. C. R. Bardeen, University of Wisconsin, Madison, Wis.; Prof. G. C. Huber, University of Michigan, Ann Arbor, Mich.; Prof. J. P. McMurrich, University of Michigan, Ann Arbor, Mich.; Dr. Ross E. Harrison, Johns Hopkins, Baltimore, Md.; Dr. H. Knowler, Johns Hopkins, Baltimore, Md.; Dr. G. L. Streeter, Johns Hopkins, Baltimore, Md.

It is also possible that Prof. Mall of Johns Hopkins, Baltimore; Prof. C. S. Minot, Harvard Medical School, Boston; Dr. E. A. Spitzka, New York, and Dr. R. R. Bensley, of Chicago, may communicate papers.

Laryngology and Otology.

The section of Laryngology and Otology will be under the presidency of Dr. J. Dundas Grant of London, and will have three or four principal topics for discussion.

1. "Operations for the Correction of Deviations of the Nasal Septum." (Discussion to be opened by Dr. St. Clair Thompson of London.)

2. "Laryngeal Disturbances produced by voice use."

3. "The Indication for ligation of the Jugular Vein in Otitic Pyæmia."

4. "The Diagnosis and Treatment of Ethmoidal Disease."

Each discussion will occupy about two and a half hours, the remainder of the day being devoted to papers. It is just possible that Dr. Logan Turner will open the discussion on "Ethmoidal Disease."

Medicine.

TUESDAY, AUGUST 21st.—"Blood Pressure in its relation to Disease." (a) Physiological Introduction. (Dawson of Baltimore.) (b) Clinical methods of determining blood pressure; their uses and limitations, (Geo. Gibson, Edin.) (c) Pathology and Therapeutics of blood pressure, (Sir Wm. Broadbent). Also possibly a paper on the subject by Clifford Allbutt, and one or two others, including one Canadian.

WEDNESDAY, AUGUST 22nd.—Discussion in junction with the section of physiology upon "Over and Under Nutrition, with special reference to Proteid Metabolism." Introduced by Chittenden. Other special speakers:—Herter, Starling, Hutchison, Francis Hare, A. Haig and others.

THURSDAY, AUGUST 23rd.—Papers from William Osler, on Heart Block; J. MacKenzie,

on Heart Block; Erlanger, on Heart Block. Other papers: L. F. Barker, A. Stengel, and A. McPhedran.

FRIDAY, AUGUST 24th.—Papers devoted to Neurological subjects, W. G. Spiller, "Syringomyelia." J. J. Putman.

The following gentlemen have signified their intention to contribute to the section: Dr. J. J. Putman, Boston, Mass.; Dr. W. G. Spiller, Philadelphia, Pa.; Dr. Alfred Stengel, Philadelphia, Pa.; Dr. Barker, Baltimore, Md.

Obstetrics and Gynæcology.

The section of Obstetrics and Gynæcology is under the presidency of Dr. A. H. Freeland Barbour of Edinburgh. The following is the programme suggested:

TUESDAY.—Discussion on "Hyperemesis Gravidarum." Opened by J. C. Cameron, Montreal.

WEDNESDAY.—"The Changes in Uterine Fibroids after the Menopause, with special reference to operations."

THURSDAY.—Subject for discussion and opener to be selected by Dr. Barbour.

PAPERS.—"Uterine Myomata and their degenerative changes," T. S. Cullen. "Sectional Anatomy of Labour," (lantern demonstration,) A. H. F. Barbour. "Condition of Ovaries in Normal and Abnormal Pregnancy," C. Lockyer, (lantern demonstration).

Surgery.

The section of Surgery is under the presidency of Sir Hector Clare Cameron, M. D., Glasgow. The following is the programme suggested:

TUESDAY.—"Enucleation of the Prostate Gland." Reader, Bingham, Toronto.

WEDNESDAY.—"Treatment of Ascites, secondary to Chronic Hepatitis."

THURSDAY.—"Surgical Treatment of Ulcer of the Duodenum." Reader, W. J. Mayo, Rochester, Minn.

FRIDAY.—"Treatment of Acute Septic Peritonitis."

Pædiatrics.

The section of Pædiatrics is under the presidency of George A. Sutherland, M. D., London. The following is the programme suggested:

TUESDAY.—Discussion on "Congenital Pyloric Stenosis." The medical aspect of the subject will be introduced by Edmund Cantley, (London) and the surgical aspect by Harold Stiles, (Edin.)

WEDNESDAY.—Discussion on "Pneumococcal Infection." The medical aspect will be introduced by Dr. Henry Ashby, (Manchester.)

THURSDAY.—A Symposium on "Enterocolitis." The subject will be taken up under the following headings: (a.) Etiology. (b.) Pathology. (c.) Symptoms. (d.) Diagnosis

and Prognosis. (e.) Medical Treatment. (f.) Dietetic Treatment.

FRIDAY.—A discussion on "Rheumatism."

Psychology.

The section of psychology is under the presidency of Wm. Julius Mickle, M. D., London. It has been arranged to have four discussions, one each day of the sectional meetings. The subjects are:

TUESDAY.—"General Paresis."

WEDNESDAY.—"Classification of Insanity."

THURSDAY.—"So called Mental Degeneracy."

FRIDAY.—"Dementia Præcox."

The leaders and those chosen to discuss these subjects will be eminent British, American and Canadian psychologists and the President, Dr. Mickle, is expected to present the first paper, as he is a recognized authority on general paresis. The second subject chosen will be one of great interest to both countries, as it is a question now under general discussion.

A series of papers will also be presented by eminent men, and the following Canadians have already signified their intention to take part:

Dr. C. K. Clark, Toronto; Dr. Ryan, Kingston; Dr. Mosher, Brockville; Dr. Shirres, Montreal; Dr. Daniel Clark, Toronto.

State Medicine.

The section of State Medicine is under the presidency of Dr. F. Montizambert of Ottawa. The following programme has been arranged:—

TUESDAY.—“The Prevention of Tuberculosis.”

WEDNESDAY.—“Water Supplies.”

THURSDAY.—“The Hygiene of Homes and Educational and Industrial Institutions.”

FRIDAY.—“International Sanitary Protection.”

Guests.

Prof. Brouardel, member of the Institute and Academy Medicine of France. Dr. Martin, City Health Officer of Paris, France. Dr. Letulle, Prof. of the Medical Faculty of Paris. Dr. Liceaga, Sanitary Adviser of the Governor of Mexico, Mexico.

Dr. Wyman, Surgeon-General of the United States Public Health and Marine Hospital Service, Washington.

Therapeutics.

The section of Therapeutics is under the presidency of Donald MacAlister, M. D., Cambridge. The following is the programme arranged:

TUESDAY.—The Study of the Kidney. (a.) Its Physiology and Pharmacology. (b.) The Therapeutics of Acute Nephritis. (c.) The Treatment of Chronic Nephritis. (d.) The Treatment of Uræmia.

WEDNESDAY.—“Serum Therapy.”

THURSDAY.—“The place of Materia Medica and Therapeutics in the Medical Curriculum.”

FRIDAY.—“The Value of Alcohol in Therapeutics.” Dr. A. D. Blackadar, Montreal. “The Teaching of Pharmacology.” “The Teaching of Therapeutics.”

Pathology and Bacteriology.

The section of Pathology and Bacteriology, under the presidency of Professor J. G. Adami, M. D., F. R. S., Montreal, has made the following preliminary arrangements:

TUESDAY.—“Nuclear Physiology and Pathology.” To be opened by Professor Adami and Dr. Macallum.

WEDNESDAY.—“Etiology and Life-History of Malignant New Growths.”

THURSDAY.—“The Forms of Arteriosclerosis, their Classification and Experimental Production.”

FRIDAY.—Papers upon “Pathogenic Protozoa,” by various workers. Papers have been promised by: Prof. Aschoff, Marburg, Germany; Prof. Novy, Ann Arbor; Dr. Pearce, Bender Laboratory, Albany; Dr. Bushnell; Prof. Grunbaum; Prof. Calder Leith; Dr. Oscar Koltz, Montreal; Prof. J. J. MacKenzie, Toronto.

The American Association of Pathologists and Bacteriologists

have been formally invited to be present, and a number of the members will likely attend.

Dermatology.

This section will meet under the presidency of Dr. Norman Walker of Edinburgh, who will open the section by an address on "The Teaching of Dermatology." During one of the days of the meeting there will be a discussion on the subject of "Eczema," to be opened by Dr. A. J. Hall of Sheffield, England. A paper on "Psoriasis and Light" has been promised by Dr. J. N. Hyde of Chicago. Papers will also be given by Dr. Gilchrist, Baltimore; Dr. A. R. Robinson, New York; Dr. Elliott, New York.

Physiology.

The section of Physiology will meet under the presidency of Professor W. D. Halliburton, M. D., F. R. S., London. The following programme has been arranged: DISCUSSIONS.—1. Discussion in junction with the section of medicine on "Over Nutrition and under Nutrition, with special reference to Proteid Metabolism in Health and Disease." 2. Discussion in junction with the section of Pathology on "The Role of the Nucleus in Nutrition."

PAPERS.

Dr. S. P. Beebe, New York, on "Serum under the Influence of injected Nucleo-proteid."
 Prof. T. G. Bordie, F. R. S., London, on "The Functions of the Renal Tubules and Glomeruli."

Prof. F. Gotch, F. R. S., Oxford, on "Demonstration of the Sphinthariscopes."

Prof. W. B. Hall, Chicago, on "New Apparatus."

Prof. W. D. Halliburton, F. R. S., London, on "Proteid Nomenclature."

Prof. C. F. Hodge, Worcester, Mass., on "Structures and Physiological Functions of *Amœba Proteus*."

Profs. C. F. Hodge and M. F. Duncan, Worcester, Mass., on "Differentiation of Contractile Protoplasm."

Prof. W. H. Howell, New York, on "Physiology of Heart."

Prof. G. C. Huber, Ann Arbor, on "Physiology of Renal Tubules."

Dr. G. T. Kemp, Champaign, Ill., on "Blood-platelets."

Dr. Louis Lapicque, Paris, on "Electrical Excitation of Nerves and Muscles."

Prof. J. S. Macdonald, Sheffield, on "Structure and Functions of Nerve Fibres."

Prof. J. J. R. MacLeod, Cleveland, on "Experimental Glycosuria."

Dr. Gustav Mann, Oxford, on "A Plea for Microphysiology."

Prof. B. Moore, Dr. M. Edie, Dr. Spence and Dr. H. E. Roaf, Liverpool, on "Experimental Glycosuria."

Prof. B. Moore, E. Whitley and Dr. H. E. Roaf, Liverpool, on "Effect of Ions on Growth and Cell Division."

Dr. F. W. Mott, F. R. S., London, on "The Functional Significance of the Convolutional Pattern in the Primates."

Dr. Maurice Nicloux, Paris, on "Chloroform Anæsthesia and a simple method of estimating Chloroform."

Prof. C. S. Sherrington, F. R. S., and Dr. H. E. Roaf, Liverpool, on "Lock-jaw."

Prof. F. S. Lee, New York, on "The Causes of Fatigue in certain Pathological States."

Papers are also promised by the following:—Dr. Harvey Cushing, Baltimore; Dr. P. T. Herring, Edinburgh; Dr. F. G. Hopkins, F. R. S., Cambridge; Prof. Waldemar Koch, Columbia, Mo.; Dr. S. J. Meltzer, New York; Dr. Sutherland Simpson, Edinburgh; Prof. L. B. Mendel, New Haven; Prof. Porter, Boston; Prof. Jacques Loeb, Berkeley, Cal.

Ophthalmology.

The section of Ophthalmology will meet under the presidency of Robert Marcus Gunn, F. R. C. S., London. The following provisional programme has been arranged:

TUESDAY.—"Rare Forms of Choroiditis."

WEDNESDAY.—"Sympathetic Ophthalmia."

THURSDAY.—"Affections of the Lachrymal passages."

FRIDAY.—"Visual Tests for Marine and Railroad Service."

Most of the buildings of the University will be utilized in connection with the meeting. On the

ground floor of the main building, in addition to the post office and reception rooms, there will be rooms for the regular meetings of some six or eight sections. The second floor, in addition to special offices for the Secretaries and the Editor of the *British Medical Journal*, will be devoted almost entirely to the Museum, which will afford some 12,000 square feet for exhibitors. Accommodation for other sections will be provided in rooms closely adjoining the main building. It is expected that the new Convocation Hall will be completed in sufficient time to enable the ceremonies of the official reception, on the evening of the 21st of August, and the public addresses to take place there. Already the committee is actively engaged in providing accommodation for the host of visitors that is expected. Queen's Hall, Wycliffe College, Annesley Hall, the Fraternity houses and other buildings adjacent to the University will probably be utilized, and many of the citizens are already offering their hospitality. The Committee of Entertainment have a most excellent programme prepared, one of the interesting features of which will be an excursion to Niagara Falls, at the invitation of Sir Henry Pellatt. Owing to the exceptionally favourable travelling rates, which have been obtained over the Canadian lines of steam and rail, the attendance will be made very easy and

physicians wishing to avail themselves of the privileges of this meeting should communicate with the Secretaries at an early date, in order to obtain accommodation.

Travelling Arrangements.

FARES, GOING DATES AND LIMITS.—Domestic Business, Certificate Plan Arrangements; free return regardless of number in attendance. Passengers going rail, returning R. & O. Navigation Co., or vice versa, rate to be one and one-half fare.

EXTENSION OF TIME LIMIT.—On deposit with Joint Agent of Standard Convention certificates issued from points in the Maritime Provinces, points west of Port Arthur and from points in the United States, on or before August 28th, 1906, and on payment of the fee of \$1.00 at time of deposit, an extension of time until September 30th to be granted. Joint Agency to be conducted in the name of G. H. Webster, Secretary, Eastern Canadian Passenger Association, will be kept open from August 21st to September 15th, 1906.

SIDE TRIPS.—Side trip tickets to be sold from Toronto to delegates from the Maritime Provinces, from points west of Port Arthur and from the United States, on presentation of validated certificate, or deposit receipt, at lowest one-way first-class fare for the round trip, to all points in Canada.

Dates of sale, August 23rd, to September 1st, 1906, inclusive.

Return limit, September 30th, 1906.

Re Joining the Association.

Members of the medical profession in Canada who may be desirous of attending the British Medical Association meeting in Toronto, (August 21-25) and who are not members of the Association can join for the half year beginning with July. The following extract from an official letter of the Members Sub-committee makes this clear: "The membership fee is \$6.10 for the year, and \$3.05 for the half year commencing July 1st, 1906. This also covers the subscription to the weekly *British Medical Journal* for this period."

The Maritime Medical Association Meeting.

THE fifteenth annual meeting of the above Association will be held at Charlottetown on the 11th and 12th of July, and the officers are making every endeavor to have a large attendance and an interesting programme. It is necessary, however, to obtain the co-operation of the profession throughout the Maritime Provinces by making every effort to attend the meeting and taking part in the proceedings. It is urged that members intending to read papers should communicate with the Secretary, Dr. T. D. Walker, St. John, sending the titles of their papers without delay. Among those who have promised papers are the following:

C. B. Wertenbaker, Surgeon U. S. Marine Hospital Service.

Murray MacLaren, St. John, N. B.

G. G. Melvin, " "

S. S. Skinner, " "

J. M. Deacon, Milltown, N. B.

J. A. Caswell, Gagetown, N. B.

R. Macneill, Charlottetown, P. E. I.

J. T. Jenkins " "

P. Conroy, " "

H. E. McEwan, O'Leary, " "

A. Ross, Alberton, " "

John Stewart, Halifax, N. S.

F. B. Lund, Boston, Mass.

Every member should embrace the opportunity of a pleasant and profitable trip, and enjoy the great hospitality of our Island brethren which cannot be surpassed.



Annual Meeting Cumberland Medical Society.

DR. MCQUEEN, president, in the chair. Minutes of last meeting read and adopted.

On motion of Dr. Hewson, seconded by Dr. Avar, a resolution of sympathy with the widow and family of the late Dr. Robert Mitchell, was passed by a standing vote, and the Secretary ordered to convey the same to Mrs. Mitchell.

The Treasurer's report was read and adopted. The Society is in a healthy condition financially.

Report of Committee on Railway fees was adopted, and on motion of Drs. McDougall and Hewson, the following resolution, after discussion, was unanimously passed :

"Whereas there still exists great dissatisfaction in the county with

regard to the fees paid medical men by the I. C. R. Relief Association ;

Resolved, that the Secretary be authorized to correspond with practitioners along the line of the I. C. R., with a view to obtaining further information, and have the whole matter laid before the Medical Society of Nova Scotia and the Maritime Medical Association for their consideration."

On motion of Drs. Hewson and McDougall, it was unanimously resolved that the fee for examining candidates for Bank clerkships with certificate of health be \$5.00.

On motion, it was unanimously resolved that the medical men in the county be asked to sign an agreement, with regard to insurance fees, to abide by the action of the Medical Society of Nova Scotia at its annual meeting in July next.

Drs. McQueen, McDougall and Clay were appointed a committee to meet the County Council re the enforcement of the Provincial Health laws.

The election of officers resulted as follows :

Dr. C. A. McQueen, President, re-elected.

Dr. C. McQ. Avar, 1st Vice-President.

Dr. J. C. McDougall, Parrsboro, 2nd Vice-President.

Dr. J. Sutherland, Springhill, 3rd Vice-President.

Dr. D. Mackintosh, Treasurer, re-elected.

Dr. H. P. Clay, Secretary, re-elected.

On motion of Drs. McKinnon and McDougall, the Secretary was ordered to have 50 copies revised bye-laws printed and distributed to the members.

Society adjourned to meet in Pugwash in June at call of President.

Colchester Medical Society

THE annual meeting was held in the academy building, Truro, N. S., May 29.

President—Dr. E. D. McLean.

Vice-President — Dr. S. L. Walker.

Sec.-Treasurer—Dr. H. V. Kent.

Executive — President, vice-President, Secretary, Drs. Yorston and Cox.

A resolution was introduced, and unanimously adopted, that the Secretary be instructed to notify all insurance companies "Regular and Assessment" doing business in Colchester Co., that a minimum fee of \$5.00 for all examinations has been unanimously adopted by the Society, including every member of the profession in the county.

Medical Society of Nova Scotia.

THE programme of the meeting at Lunenburg on July 4th and 5th, so far contributed, is as follows:

S. Mixter, Boston—Address in Surgery.

D. A. Shirres, Montreal—Address in Treatment (Diseases of the Nervous System.)

W. B. Moore, Kentville—The Possibilities of Improvement in the Human Race by Closer Association with the Medical Profession.

H. P. Clay, Pugwash—Dilatation of the Stomach.

John Stewart, Halifax—Diagnosis in Renal Surgery.

R. H. Burrell, Lunenburg.—Perineorrhaphy.

A. P. Reid, Middleton—Why Germs of Disease are Virulent.

J. Ross, Halifax—Treatment of Chronic Urethritis.

W. H. Macdonald, Rose Bay—Extensive Burn by Lightning.

R. E. Mathers, Halifax—Corneal Ulcer.

R. A. H. MacKeen, Glace Bay—Treatment of Psoas Abscess.

D. A. Campbelle, Halifax—Chronic Cardiac Insufficiency.

W. H. Eagar, Halifax—Practical Points in Infant Feeding.

H. K. McDonald, Lunenburg—Case Reports. (a) Ectopic Gestation. (b) Cyst of Kidney.

S. S. Slauenwhite, Rose Bay—Case Report.

A. I. Mader, Halifax—Notes on Six Cases of Sub-hepatic Abscess (Non-Appendicular).

M. Chisholm, Halifax—Surgical Cases.

Papers have also been promised by C. J. Fox, Pubnico; M. A. Curry, Halifax; T. C. Lockwood, Lockeport; A. Birt, Berwick.

Any physician having grievances with regard to Intercolonial Railway fees is requested to communicate at once with Dr. H. P. Clay, Pugwash, N. S., Secretary of the Cumberland Medical Society.

CURRENT MEDICAL LITERATURE.

(In order to afford our readers a ready means of learning what new books and new editions are being issued, we propose publishing such lists as follow from time to time. We would be glad if medical publishers would co-operate with us, so that these lists may be made as complete as possible.)

INTERNATIONAL CLINICS. A quarterly of **Illustrated Clinical Lectures and Especially Prepared Original Articles.** By leading members of the Medical Profession throughout the world. Volume I. Sixteenth Series, 1906. Published by J. B. LIPPINCOTT COMPANY, Philadelphia. Canadian Representative, Charles Roberts, 1524 Ontario Street, Montreal. Price \$2.00.

The new volume begins the sixteenth year of the Clinics, and fully maintains its high standard of practical worth. The present price, \$2.00 a volume, should bring it within reach of most practitioners. Some of the most valuable articles in the latest number are the following: "The Treatment of Gastroptosis," by Dr. A. P. Francine, Philadelphia; "Coughing and its Relation to Treatment," by Dr. J. M. French, San Diego, California; "The Diagnosis and Treatment of Membranous Tonsillitis," by Dr. Lewis S. Somers, Philadelphia; "Death and Blindness as a Result of Poisoning by Methyl Alcohol and its Various Preparations," by Dr. Casey A. Wood, Chicago; "A Contribution to the Study of Eosinophilia," by Dr. C. E. Simon, Baltimore.

The "Progress of Medicine" during 1905, comprising over one

hundred pages, deals briefly with the most important literature of the past year. This is divided into three parts—Treatment, Medicine and Surgery, and is most valuable for reference. The volume contains a large number of excellent illustrations.

Since the beginning of 1906 the firm of Lea Brothers & Co., Philadelphia and New York, have issued the following publications:

Williams on Food.

Food and Diet in Health and Disease. By Robert F. Williams, M. A., M. D., Professor of Principles and Practice of Medicine in the Medical College of Virginia, Richmond. 12 mo., 392 pages. Cloth, \$2.00, *net*.

Koplik on Children. (Second Edition.)

A Treatise on Diseases of Infancy and Childhood. By Henry Koplik, M. D., Pediatricist to the Mt. Sinai Hospital, late Attending Physician to the Good Samaritan Hospital, etc., New York. New (2nd) edition, enlarged and thoroughly revised. Octavo, 868 pages, with 184 engravings, and 33 plates in colors and monochrome. Cloth, \$5.00, *net*; leather, \$6.00, *net*.

Culbreth's Materia Medica and Pharmacology. (Fourth Edition.)

A Manual of Materia Medica and Pharmacology. By David M.

R. Culbreth, M. D., Professor of Botany, Materia Medica and Pharmacognosy in the Maryland College of Pharmacy, Baltimore. New (4th) edition revised in accordance with the new U. S. P. Octavo, 976 pages, with 487 illustrations. Cloth, \$4.75, *net*.

❖
Cushny's Pharmacology and Therapeutics. (Fourth Edition.)

A Text-book of Pharmacology and Therapeutics. By Arthur R. Cushny, A. M., M. D., Professor of Pharmacology in University College, London. New (4th) edition revised to accord with the new U. S. P. Octavo, 752 pages, with 52 engravings. Cloth, \$3.75, *net*.

❖
Caspari's Pharmacy. (Third Edition.)

A Text-book on Pharmacy. By Charles Caspari, Jr., Ph. G., Professor of Theory and Practice of Pharmacy in the Maryland College of Pharmacy, Baltimore. New (3rd) edition, revised to accord with the new U. S. P. Octavo, 834 pages, with 302 engravings. Cloth, \$4.25, *net*.

❖
This enterprising firm placed on the market in 1905, the following new books:

A TEXT-BOOK OF THE PRACTICE OF MEDICINE, by Hobart Amory Hare.

AN EPITOME OF MEDICAL DIAGNOSIS, by A. W. Hollis.

A PRACTICAL MANUAL ON THE URINE AND FECES IN DIAGNOSIS, by Otto Hansel, Richard Weil and Smith Ely Jelliffe.

AN EPITOME OF THE DISEASES OF THE EYE AND EAR, by Arthur N. Alling and O. L. Griffin.

A PRACTICAL TREATISE ON ACUTE CONTAGIOUS DISEASES, by William M. Welch and Jay F. Schamberg.

AN EPITOME OF CLINICAL DIAGNOSIS AND URANALYSIS, by James R. Arneill.

AN EPITOME OF THE PRACTICE OF MEDICINE, by Hughes Dayton.

A MANUAL OF SURGICAL DIAGNOSIS, for students and Practitioners, by Albert A. Berg.

In addition to the above, new editions of many favourite works were issued, including the following:

Harrington's Practical Hygiene, Findley's Gynæcological Diagnosis, Stimson on Fractures and Dislocations, Hall's Physiology, Green's Pathology, Taylor on Sexual Disorders, Jackson on the Skin, The Natural Standard Dispensatory, Gray's Anatomy, Coakley's Laryngology, Simon's Chemistry, Hare's Practical Therapeutics, Abbott's Bacteriology, Park on Pathogenic Microorganisms, LeFevre's Diagnosis, Wharton's Minor and Operative Surgery.

❖
Messrs. P. Blakiston's Son & Co., Philadelphia, announce the publication of the following volumes during the present year:

❖
Box and Eccles. **Clinical Applied Anatomy;**

Or, the Anatomy of Medicine and Surgery. By Charles R. Box,

M.D., B.S., B.Sc.(Lond.), M.R.C.P. (Lond.), F.R.C.S. (Eng.), Physician and Lecturer on Applied Anatomy, St. Thomas' Hospital and W. McAdam Eccles, M.S. (Lond.), F.R.C.R., (Eng.), Assistant Surgeon and Lecturer on Surgical Anatomy, and Demonstrator of Operative Surgery, St. Bartholomew's Hospital. With 56 illustrations. 471 pages. Cloth, \$4.00 *net.*

✦
Landis' Compend of Obstetrics.

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MANUAL AND ATLAS OF ORTHOPEDIC SURGERY, by James K. Young.



CORRESPONDENCE.

Elevate the Profession.

TO THE EDITOR OF THE NEWS :

The thoughtful medical man cannot but be impressed with the continuous cry, "elevate the profession," found in all our medical publications.

I presume the meaning of that phrase is, that the Doctor of the present day should be better equipped both in medical and general education than the "Doctor of the old school."

In response to this continuous cry which has been heard from year to year, and is as vigorous now as it was some years ago, the medical course in the several colleges has been lengthened; the preliminary education of the student made more exacting; medical boards sit in solemn conclave discussing how new thorns may be added to the already thorny path travelled by the disciples of Æsculapius, all of which has, I am sure, our hearty approval, as every move tends to placing the medical man on the same level, as to literary education, with the highest in the land. But does the term "elevate the profession" find its complete interpretation in "elevating the standard of education."

Examining Boards deal none too gently with the poor student who through ignorance, lack of opportunities, or youthful indolence fails to comply with the slightest

detail of the preliminary requirements, and the luckless college graduate, who fails to rise to the high standard set by the Examining Board, receives but little sympathy. These just men murmur "Pro Salute Publica," and the profession as a whole join in the Amen. But do they go far enough? May not the feet of the medical man wander after L. P. M. B. is added to his name? While the strictest justice awaits those who meet the Examining Board, how very seldom do we hear of the slightest attempt to correct the wayward practitioner, or even punish those who break our provincial laws.

My object, however, is not to take the Board to task in this respect, though we are more lax in Nova Scotia than in the upper provinces, but to point out where, I think, the standard requires "elevation."

Take medical etiquette, as understood in the "the old times," and as carried out to-day. In the former days medical etiquette meant everything. I do not know of any one thing that did more to uphold the high ideals of the profession, nor bring about the universal respect, which to some extent, still lingers with us. But are we upholding these high ideals? Has medical etiquette the place to-day it should have in our medical schools? Do

our Professors and Instructors point out that to air the mistakes of a brother before the public—these mistakes being often imaginary—serves no good purpose, and that where it is done only one conclusion can be drawn?

I am afraid that there is ever with us, too much of the spirit of “get money,” honestly if you can, but “get money.” In almost every community you will find the physician who enters the house where a brother practitioner is attending, and who informs the patient or the friends that the diagnosis was wrong, and the treatment worse, and all for what purpose? Let the doctor who has done so tell. Do you not think that just here one might find a field into which might be extended the phrase, “Elevate the Profession?”

Or take a survey of another field: A new evil has come among us, which bids fair to be ruinous to professional self-respect. I allude to the conditions prevailing in our mining and manufacturing centres.

Among the workmen there is a steady cry for shorter hours and increased wages. In recent years they have received both these, the latter on the ground that the cost of living is much higher than it was, say ten years ago. One would naturally think that the reasonable mind of the workingman would realize that the increased cost of living presses all around, and that the increase of his wages would be followed by an increase in the very small fee paid to the “doctor.” If, however, the physician suggests

such an advance, he is laughed at by the very men who declared that the cost of living had increased so much, and that therefore to equal the increased cost, he should have such and such an increase in wages.

The men tell the doctor that if he does not like the existing fee, there are other medical men willing at any moment to take up the work on the present basis. Are the men correct? Is the small monthly fee retained by means of competition among the doctors? I am afraid that there is too much truth in it. The profession has lost its dignity, and its members are found willing to compete with each other. The men know this, and they would be fools not to take the best they can get for the least possible money.

At present, the doctor out of a small monthly fee must attend on the family, provide medicine, dressings, &c., for almost all kinds of trouble, real or imaginary—and in most cases it is almost impossible to collect an extra. To the miner the few cents per month includes everything, and if the medical attendant is not satisfied he knows there are men willing to take up and carry on the work.

Redress is impossible, and made so by the doctors themselves. The men can strike for the best possible wage, and their unions compel them not to work for a less wage than their fellow, but *etiquette* among the noblest of all professions, and I might add the greatest of all unions, makes it impossible for the doctors in the mining and manufacturing districts to strike. An advertisement for another doctor, or doctors, at the old figure, or even less, would bring a

dozen applicants only too ready to cut into the work of another. Is there not room here for the "elevation of the professional standard," and the instilling into the minds of some of the profession, an honor, at least equally as high as that of the working man.

Another retrogression of the professional spirit is found in these districts where we have what has been called "The life insurance type of physician."

A new man arrives and is at once face to face with the fact that he is not wanted. The resident medical men are against him, so also is the law of the province, and as a general rule the company consider that there are enough doctors on the list.

Provincial law compels the company to collect at the office, if 125 men signify their desire that a certain man is to be known as their "doctor." But how is the new man to get hold of 125 of these men? They will not walk into his office and ask him to receive their fee. That is impossible, for independent of the absurdity of the idea, each man is already on the list of another doctor, and the company sets its face against continually changing its list. The only alternative is to go out like an ordinary insurance man and beat up the required number.

Thus a young man is ushered into his professional life by shattering all his professional ideals, and once shattered he has been known to resort to means not considered the highest. That the required names may be gotten some have cut down the fee, reduced to the lowest possible figure the number of extras, and in this

way each new doctor tends to draw down the standard of a once honored profession, until at last we have the strange spectacle of medical men 'out for business, soliciting names, and giving reasons why they instead of another, should have their patronage, especially as the other medical man's record is thus or so.

As the young doctor sees all that goes on he cannot but ask, "What has become of the honor of the highest?" Is all that he has heard but mere poetry? And is even this, the noblest profession, but a repetition of the sepulchre of the pharisees, outside white but "inside full of dead men's bones and all uncleanness?"

Do you not think that there is a wider field than the educational, into which we might carry the work of "Elevating the profession?" Not for one moment would I detract from all that has been written, or from all that has been done, to meet the cry so constant and so consistent. Yet I cannot but think that "elevation" ought to stand for an all round elevation.

I make no suggestions as to how all this is to be remedied. I am content to leave the remedy of this lamentable state of affairs to those who have been longer in the profession, or felt the strain more keenly than I. All I ask for from older and more experienced men is "let elevation" mean an all round lifting of the education, dignity and honor of a profession whose etiquette at one time was respected as the highest among men.

J. STUART CARRUTHERS.
Sydney Mines.

Information Wanted Re Cancer.

EDITOR MARITIME MEDICAL NEWS.

DEAR SIR:—I have been convinced for many years that cancer is a highly contagious and not at all a hereditary disease, and that we should spare no effort to stamp it out, as we could easily do if the whole profession was convinced of its contagiousness. With this end in view I am preparing a paper for the Toronto meeting of the British Medical Association, and in order to make it convincing I have collected quite a number of cases of

actual and undoubted contagion. I would earnestly beg that any of your readers, who know personally of cases of the disease having been contracted from neighbors or persons in the same house, who were in no way related by blood, (especially cases of a man having cancer of the penis giving it to or contracting it from his wife) would communicate the same to me and I will give them due credit for their help in my paper.

Yours very truly,

A. LAPHORN SMITH.

248 Bishop St. Montreal.

OBITUARY.

DR. W. D. CURRIE—The death of Dr. William Douglas Currie took place on the evening of June 6th, at Brookland Hospital, Sydney Mines, C. B. Dr. Currie was the youngest son of Rev. Dr. Currie, Professor of Hebrew in Pine Hill Theological College, and was a bright young man who was doing splendidly in the practice of his profession at Sydney Mines, where he was colliery doctor at No. 3 mine. About three days previously he was stricken with a severe attack of pneumonia, probably contracted from a patient suffering from the same disease, whom he had diligently watched just previous to his own illness.

Dr. Currie graduated in Arts at Dalhousie, and in medicine at McGill University four years ago.

Dr. Currie was thirty years of age, and leaves many sorrowing relatives and friends. He is survived by his father and mother and by four brothers and four sisters—John, in Maitland; Robert, manager of the Royal Bank in Lunenburg; George, in the States, and Harry, in Schenectady, N. Y.; and Mrs. F. O. Robertson, of Truro; Mrs. C. J. Burchell, of Sydney, and Misses Maria and Anna, sisters at home. They will receive the sincere sympathy of many friends in this sudden affliction.

His funeral took place at Halifax on Sunday, June 10th, and was attended by a large number of citizens.

The NEWS extends its sincere sympathy to all the relatives.

A DISCLAIMER.

THE fact that my name appears among those of the editors of the MARITIME MEDICAL NEWS, and that it is reasonable to suppose I agree with the opinions appearing in its editorial columns, is my reason for writing this paragraph.

The editorial on the Lively case in the last number of the NEWS (p. 169) endorses the verdict of the court of inquiry which found nothing to justify the charge of negligence.

I cannot join in this endorsation. It is my conviction that the patient *did* suffer from negligence. And

I do not think we can congratulate ourselves on the results of an investigation which has seriously shaken the confidence of many in an excellent and useful institution.

The fact that I feel compelled to disagree in this matter with my colleagues on the staff of the NEWS only adds to the sincerity with which I join them in deploring the want of harmony in the surgical staff, and in condemning the sensational and ill-judged newspaper article to which the editorial refers.

JOHN STEWART.

PERSONAL PARAGRAPHS.

DR. ALLAN R. CUNNINGHAM has taken the office formerly occupied by Dr. Anderson, Hollis St.

Dr. G. A. McIntosh, recently house surgeon at the Victoria General Hospital, has been appointed to the staff of the Nova Scotia Hospital, Dartmouth.

Dr. T. J. MacDonald, who had been seriously ill for some months at the Victoria General Hospital, has greatly improved in health, and returned to his home.

Dr. N. S. Fraser, of St. John's, Nfld., was a recent visitor to this city.

Dr. L. O. Fuller, of Shelburne, was married recently to Miss Purney of the same town. The NEWS extends its congratulations.

Dr. Arthur E. Doull is now associated in practice with Dr. R. E. Mathers of this city.

Dr. C. D. Murray is progressing favorably at the Victoria General Hospital.

Dr. E. Ross Faulkner, formerly of Mahone Bay, N. S., has successfully passed the first professional examination for the Fellowship of the Royal College of Surgeons, England.

Dr. H. M. Hare has returned to this city for a short visit. The doctor looks the picture of health after his year's experience in Labrador.

The house surgeons recently appointed to the Victoria General Hospital for the ensuing year are Drs. F. E. Boudreau, G. A. Dunn, O. G. Donovan, M. E. Devine, C. Goodwin.

FOR IDLE MOMENTS.

Bad for the Skin.

AN Episcopal clergyman of Cincinnati was being shaved by a barber who was addicted to occasional spree. The razor manipulator cut the parson's face quite considerably.

"You see, Jackson, that comes from taking too much drink," said the man of God.

"Yes, sah," replied Jackson, "it make de skin very tendah, sah. It do for a fact."—*Ex.*

A Doctor's Carol

Come, fill the bowl with sauterne
And let the phenol flow,
And pass the nitroglycerin
To make our brave hearts glow.
Pour the beaker high with atropin
And drink to eyes that shine,
Let's have a song with our ergotin,
And I'll not ask for wine.
Let us pledge our health in castor oil,
With a hearty "bottoms up"
Valerian, with its spicy smell.
Shall refill the dripping cup.
Let normal solution and morphia
Flow faster through each vein,
While brave and fair, with glass in air,
Take up the glad refrain.
So let us sing: "Long live the germ.
The microbe and bacillus,
The grippe, the gout and the gay tapeworm,
As long as they don't kill us."

—*Indiana Medical Journal.*

But Still They Cured.

"Well, my good woman," said the doctor, "how is your husband to-day?"
"Better," said the woman, "and gone to the field." "I thought so," said the doctor: "the leeches have cured him." "Oh, yes; they did him a great deal of good, but he could not take them all." "Take them all! Why how did you apply them?" "Oh, I managed it; I boiled one-half and fried the other. He got down the boiled ones nicely, and was better the next morning, and to-day he is quite well."

"Umph," said the doctor, shaking his head, "all right if they have cured him, but they would have been better applied externally." "Well," said the woman, "I'll do so the next time; I'll make a poultice of them."

Thoroughly Sterilized.

"This towel," said the attendant in the germproof barber shop, "has been subjected to an extreme heat and is thoroughly sterilized. We take every precaution against exposing our patrons to infection or contagion."

"Good thing," commended the patron.

"This soap," went on the attendant, picking up the cake thereof, "has been debacterialized, and the comb and brush are thoroughly antisepticized."

"Great scheme," said the patron.

"The chair in which you sit is given a daily bath in bichloride of mercury, while its cushions are baked in an oven heated to 987 degrees, which is guaranteed to shrivel up any bacillus that happens along."

"Hot stuff," said the patron.

"The razor and lather brush are boiled before being used, and the lather cup is dryheated until there is not the slightest possibility of any germs being concealed in it."

"Fine," said the patron.

"The hot water with which the lather is mixed is always double-heated and sprayed with a germicide, besides being filtered and distilled. It is as pure as it can be made."

"Excellent," said the patron.

"Even the floor and the ceiling and the walls and the furniture are given antiseptic treatment every day, and all change handed out to our customers is first wiped with antiseptic gauze."

"Well, look here," said the patron, who had been sitting wrapped in the towel during all this, "why don't you go ahead and shave me? Think I'm loaded with some kind of a germ that you have to talk to death?"

"No, sir," answered the attendant. "I am not the barber."

"You're not? Where is he?"

"They are boiling him, sir."—*Tit-Bits.*

Lactopeptine Tablets

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

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

EACH TABLET CONTAINS 5 GRAINS LACTOPEPTINE.

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

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

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This preparation is **NOT** made from Gaduol or extracts of Cod Livers, but direct from Cod Liver Oil, by an original process by Maritime chemists and capital, in the right place,

A COD LIVER OIL COUNTRY.

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THERAPEUTIC NOTES.

Sanmetto in Gonorrhœa.

SANMETTO is a good remedy in urinary troubles. It seems to have a soothing influence in such cases. I have used it internally in years past in gonorrhœa as follows:

Tinct. Conii 30 gtt.
Sanmetto 8 ozs.

with an injection of Kennedy's dark pinus canadensis and listerine with soft water, so as not to irritate the parts. It generally heals quickly. Sometimes I have used sanmetto with balsam copaiba and spirits of nitre and mucilage of gum arabic. For injection use soft water, and in a day or two inject a mild solution of acetate of zinc. In my hands sanmetto has acted well.

W. W. BUDLONG, M. D.

Frankfort, N. Y.



Physicians should not forget the Lindman Truss for their hernia cases. Its merits have been proclaimed by many of the leading surgeons of Montreal and other cities. Mr. Lindman has likewise numerous testimonials from leading patrons in this province.

Making Sufferers Comfortable.

—W. T. Marrs, M.D., College of Physicians and Surgeons, St. Louis, Mo., writes: As has been frequently stated, the special province of the physician is to relieve pain. To do so without producing a drug habit, or in some way jeopardizing the patient's life, has always been a problem. I looked askance upon any drug or preparation purporting to be free from objectionable qualities until I began prescribing antikamnia and codeine tablets a year or so ago. The Antikamnia Chemical Company in their preparation of these tablets, by a refining process known to themselves, remove all the toxic elements from these two drugs, so that no damaging effects result. They produce only the most benign results and there is no tendency whatever to produce a drug habit. I now regard antikamnia and codeine tablets, as the ideal pain-reliever. Headache and neuralgia are not their only field of usefulness. I find that in chronic and malignant diseases where pain is a marked factor, the antikamnia and codeine tablets relieve pain and make the sufferer more comfortable. Cancer is a

THE Fifteenth Annual Meeting of the MARITIME MEDICAL ASSOCIATION will be held at Charlottetown, P. E. I., July 11th and 12th, 1906.

Members who propose to read Papers, will please send the Titles to the Secretary at their earliest convenience.

The usual Railway and Steamboat arrangements will be made.

S. R. JENKINS, M.D., *Pres.*
CHARLOTTETOWN.

T. D. WALKER, M.B., *Sec.*
ST. JOHN.

condition attended by excruciating pain, but I was agreeably surprised and my patient gratified at the results obtained from these tablets.

I have also had pleasing results from these tablets in both acute and chronic rheumatism. All physicians know how intractable is sciatic rheumatism, but the last few cases I had, I prescribed these tablets and I am sure they lessened the duration of the disease. To relieve pain in its incipency will often abort an inflammatory disease. This preparation certainly has quite a large field of usefulness, and the doctor who once uses it will seldom resort to any other anodyne.

The medical profession have been woefully deceived in Aphro-


disiacs and the treatment of sexual weaknesses.

The celebrated Professor, J. U. Lloyd, after careful research, published some time ago the truth concerning Damiana.

Resume: "Damiana was introduced to American medicine under a misunderstanding of its nature. It is *not* a medicine, but yielding to hot water, a pleasant tea-like beverage, used by the poorer classes exclusively, *innocent* of the attributes under which it has been forced to masquerade."

In Pil Orientalis (Thompson) see advertisement of Immune Tablet Co., Washington, D. C., the profession have a reliable aphrodisiac of 15 years standing, indicated in most cases of Impotency and Sexual weaknesses.

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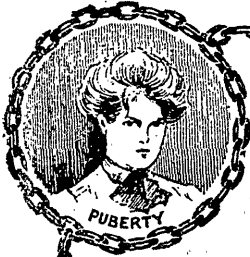
**THE TREATMENT OF
NASAL CATARRH**

BY

JOHN A. HALE, M.D.

Alto Pass, Ill.

FOR years I used various remedies and met with varying success, until tiring of one remedy after another I relied solely on Potassium Permanganate in weak solutions as a nasal douche, but a review of some points in this paper will show why I always sought for something else. Glyco-Thymoline has usurped the place of the permanganate solution in my armamentarium, and after sufficient trial, established faith, implicit faith, in its specific therapeutics for this condition. A knowledge of its essential constituents and their therapeutic action only tends to strengthen a belief in its specificity. Caution is necessary in the selection and use of remedies, but a fair trial has proven no untoward inconvenience emanating from the use of this remedy, even while the therapeutic results are gratifying and the good effect of Glyco-Thymoline can be easily verified by a trial, when conclusions will be the result of practical truths only.



3 AGES OF WOMEN

For young girls arriving at womanhood, many times laboring under abnormal mental strain from over-study, and from the additional nervous tension due to the physical changes incidental to the first menstruation

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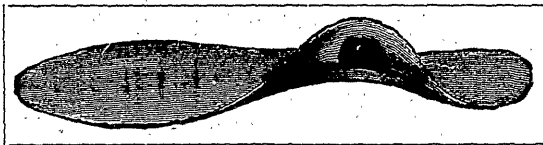
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Faculty of Medicine, Seventy-Fourth Session, 1905 - 1906

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The Collegiate Course of the Faculty of Medicine of McGill University begins in 1905, on September 20th, and will continue until the beginning of June, 1906.

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.—The **REGULAR COURSE** for the Degree of M. D. C. M. is four sessions of about nine months each.

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A POST-GRADUATE COURSE is given for Practitioners during June of each year. The course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry, Microscopy, etc.

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The Annual Meeting
of the Medical Society
of Nova Scotia will be
held in Lunenburg,
Wednesday, July 4,
Thursday, July 5,
1906

AN interesting programme of papers and addresses on important subjects has been arranged and details of reception and entertainment by Lunenburg-Queens Medical Society appears on the next page. The usual transportation arrangements for conventions will obtain. ❁ ❁ ❁ ❁ ❁

Reception and Entertainment
Annual Meeting Medical Society of
==== Nova Scotia ====



TUESDAY EVENING, JULY 3rd

Address of Welcome by His Worship
the Mayor of Lunenburg.

Address by President of Lunenburg-
Queens Medical Society.

Address by A. K. McLean, M. P.

BAND CONCERT



WEDNESDAY AFTERNOON, JULY 4th

Special train to Bridgewater at 4.30
p. m.

Excursion on the LaHave River, with
Refreshments.

Garden Party at Bridgewater. Return
to Lunenburg at 11 p. m.

(Ladies invited to the above.)



THURSDAY EVENING, JULY 5th

Smoker at Drill Hall at 8.30 p. m.

HALIFAX MEDICAL COLLEGE,

HALIFAX, Nova Scotia.

THIRTY-SEVENTH SESSION, 1905-1906

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 THOMAS TRENAMAN, M. D., Col. P. & S., N. Y., Lecturer on Practical Obstetrics.
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 T. J. F. MURPHY, M. D., Bellevue Hospital Medical School, Professor of Clinical Surgery and Lecturer on Applied Anatomy.
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 D. J. G. CAMPBELL, M. D., C. M., Dal.; Demonstrator of Histology.
 J. J. DOYLE, M. D., C. M., McGill; Junior Demonstrator of Anatomy.
 J. R. CORSTON, M. D., C. M., Dal.; Junior Demonstrator of Histology.

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 _____, Lecturer on Botany at Dalhousie College.
 _____, Lecturer on Zoology at Dalhousie College.
 JAMES ROSS, M. D., C. M., McGill, Lecturer on Skin and Genito-Urinary Diseases.
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The Thirty-Seventh Session will open on Thursday, August 31st, 1905, and continue for the eight months following.

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 3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics. (Pass in Medical Jurisprudence, Pathology, Therapeutics.)
 4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy. (Pass Final M. D., C. M. Exam.)

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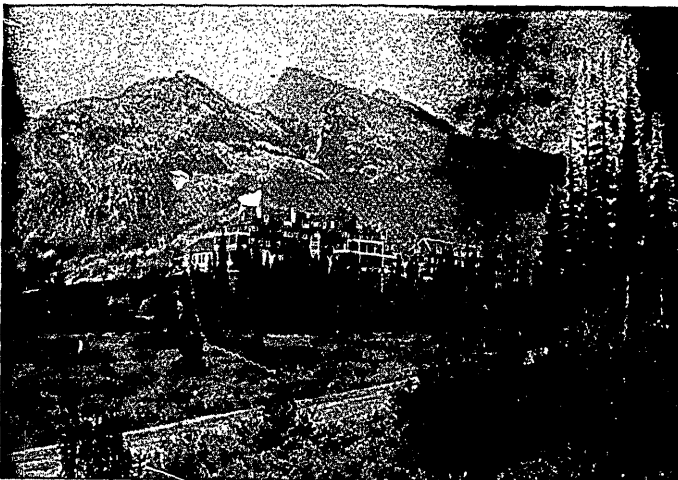
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