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Vol. XXII.

HALIFAX,
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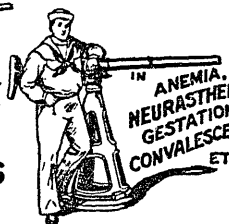
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CONTENTS FOR JUNE, 1910

THE WORLD OF MEDICINE	161
SKIN REACTION IN CARCINOMA.	
TREATMENT OF INFANTILE FEVER.	
CARDIOVASCULAR DISEASES.	
ESSENTIAL HAEMATURIA.	
THE ECONOMICS OF STATE CARE OF THE INSANE.	
DELIVERY IN CONTRACTED PELVIS.	
PRINCIPLES OF TREATMENT IN GASTROPTOSIS.	
CLINICAL HISTORY OF EARLY SYPHILLIS.	
EDITORIAL	166
FORTY-THIRD ANNUAL MEETING C. M. A. P. E. ISLAND MEDICAL SOCIETY.	
REPORT OF THE COMMITTEE OF THE AMERICAN GYNECOLOGICAL SOCIETY ON OBSTETRICAL EDUCATION IN EUROPE AND AMERICA	170
SOME NOVA SCOTIA PHYSICIANS AND THEIR CONTRIBUTIONS TO THE NATURAL SCIENCES, BY D. A. CAMPBELL, M. D., HALIFAX	178
INTERNATIONAL COMMISSION ON CONTROL OF TUBERCULOSIS AMONG DOMESTIC ANIMALS, BY W. H. REYNOLDS, SECRETARY	187
OBITUARY	188
PERSONALS	190
OUR PORTRAIT GALLERY	191
BOOK REVIEWS	192

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

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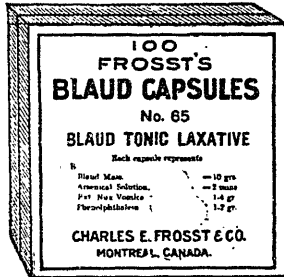
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THE MARITIME MEDICAL NEWS

VOL. XXII., JUNE, 1910, No. 6.

WORLD OF MEDICINE.

Skin Reaction in Carcinoma. An article entitled "A Skin Reaction in Carcinoma from the Subcutaneous Injection of Human Red Blood Cells," by Chas. A. Elsberg, Harold Neubof and S. H. Geist, appears in the *American Journal of Medical Sciences* for February, 1910. Based upon the well known observations that the serum of cancer patients possesses hæmolytic properties *in vitro* in a large percentage of the cases. Elsberg conceived the possibility that this hæmolytic test might show a higher specificity if conducted under more normal conditions in the suspected patient. For this purpose he injects a 20 per cent. solution of washed normal human red blood corpuscles beneath the skin of the arm of the suspect. A positive hæmolytic reaction is evidenced by a peculiar colour of the overlying skin, varying from a brownish red to a maroon, with rarely a bluish tinge. With this change in colour there is a slight elevation of the skin. The reaction usually appears within five hours, but may vary between two and eight hours, and disappears, on the average, six to twelve hours after the injection. The authors report their observations upon 684 injections in 432 patients. Of 69 undoubted carcinoma cases, the reaction was positive in 89.9%. Of 325 non-carcinoma cases, the reaction was positive in 4.6%. In nine cases of possible carcinoma, the reaction was positive in 77.8%. In eleven cases of

very advanced or miliary carcinoma, the injection was negative.

In this connection, we are interested in a Comparative Study of Hæmolysis in Vitro and in Vivo as a Means of Diagnosis of Carcinoma, reported by Arthur Krida, in the *Albany Medical Annals* for May, 1910. Using the Elsberg subcutaneous injection of blood as an hæmolysis test for carcinoma, the author found it positive in nine out of twelve cases. In four cases of carcinoma without clinical recurrence the reaction was negative. The reaction was positive once in twenty-three cases of miscellaneous disease and was negative in twenty-five clinically well patients. The author concludes that this method is of corroborative value in suspected cases of carcinoma.

* * *

Treatment of Infantile Fevers. Every acute disease in young children is ushered in with fever, because the undeveloped cortex fails to inhibit, the fever being therefore an exhibition of vasomotor unrest, according to W. C. Hollopeter and H. Booker Mills, who write for *American Medicine* for December, 1909. Continuing, they teach, in substance, as follows:

The clinical importance of the above lies in the fact that symptoms which, in adults, are often restricted chiefly to the organ or region primarily involved, tend in children to be

general. Hence we find constitutional symptoms more frequently and from less provocation in children than in adults. The symptom complex showing more or less of the complete phenomenon of convulsion, though not rare at any age, is most frequent and of least significance in childhood.

Pneumonia in a child may produce convulsions before any localizing signs appear. In adults the same symptoms appear late, if at all, and are prognostic of a fatal issue. Fever in the child indicates a shifting equilibrium, which equilibrium is easily overthrown, but as easily set up again.

An important evidence of the progress of medicine made in the past decade is the present effort to employ the minimum of drugs in treatment, especially of children's diseases. There are so many drugs they cannot tolerate in therapeutic doses, and so few vehicles that are not objectionable that the employment of drug medication sparingly in children is really one of necessity.

For young children our most satisfactory antipyretic is cold, which, however, is not without its dangers. Cold is employed in the form of an ice bag or sponge used cautiously. By means of the ice cap or sponging we are able to calm down a nervous irritability, and this is done by literally bleeding the children into their own vessels. The routine method that we follow in private, as well as hospital work, is the manipulation of the ice cap and hot-water bag. The ice bag is placed at the head and the hot-water bag to the feet.

If this fails to equalize the circulation and thus reduce the fever within two hours, the treatment is supplemented by cold sponging. This is accomplished by removing all of the clothing, except the diaper, and plac-

ing the child on a blanket and sponging for ten or twenty minutes. This will allay the nervous tension and reduce the temperature, and is more satisfactory than an anodyne, especially if done in a gentle manner with a soft voice. In a fretful or nervous child it is well to commence with water at the temperature of 90 or 95 degrees. Commence at the face and gradually go down until the whole body has been covered, and then allow a little evaporation, or have the child exposed, except its extremities.

The second step is to take a basin containing water at 80 degrees and proceed in the same way as at first, finally using a basin containing water at 70 degrees. This method of procedure has been less trying to the child and favourable results are earlier reached. If the child is irritable or excitable, the whole body should not be exposed at one time during the bath, but is bathed in instalments. This method may be depended upon to reduce a temperature two degrees, and children generally submit gracefully if not forced.

Another antipyretic procedure of great importance in pediatrics is irrigation of the colon, or enteroclysis. The quantity and temperature of the water employed are to be regulated according to the severity of the fever. If the child has a temperature of 103 degrees start with water at the temperature of 95 degrees. This can be continued for ten or fifteen minutes gradually reducing the temperature down to 75 degrees or 70 degrees. In this way we not only remove the products of intestinal decomposition, but carry in fluid for the body, and reduce the temperature at the same time. This may be repeated every three hours, if the indications warrant it.

Some authorities claim this method is contraindicated in typhoid fever, but Dr. Hollopeter never saw any other than favourable results following. Besides the reduction of fever there is the diminution of tympanites, fermentation and putrefaction.

The apparatus employed for this purpose consists of a soft rubber rectal tube which is inserted from twelve to fourteen inches, and a two-quart fountain syringe held about three feet above the bed, with normal salt solution as the irrigating fluid, the little patient lying either on its left side on the bed, or, if very young and weak, on its back on the nurse's lap.

Another valuable adjunct in the management of feverish children, and one now being strongly advocated throughout the medical world, is that of permitting the entrance of plenty of fresh air into the sick room, regardless of the temperature of the patient, the only precaution necessary being the avoidance of draughts, which may readily be accomplished by the intelligent use of screens.



Cardiovascular Disease. Louis Fangeres Bishop, in the *Medical Review of Reviews* for March, divides the treatment of cardiovascular disease into two essential parts. In the first instance we are called upon to treat various functional derangements that have caused inconvenience, and we are called to modify structural changes or prevent their advance. The first great element in treating cardiovascular disease is rest, because that gives an opportunity for the heart muscle to recover itself. It also removes the cause of hypertonicity of the blood vessels. Mental and physical rest is, therefore, the first thing to be thought of in every case of heart disease when it first comes

under observation. A little later we have to begin exercise, and properly apply it to get good effects. The third great element in treating cardiovascular disease is diet. When the system in an acute case is overloaded with waste products, then a diet of milk is good for a time. But a milk diet is a starvation diet and does not provide the heat units that the body uses up, but for a temporary diet it is a very good thing indeed. The method of feeding is important. There is a very close relationship between the heart and the stomach, especially in elderly people with cardiac disease. Occasionally a patient dies of heart disease after a heavy dinner. Heart patients may eat often but must never eat too much. The drug treatment of heart disease is dependent upon individual judgment at the time being. His own reliance is upon good digitalis. He believes thoroughly in the value of sodium iodide in not only modifying structural changes in a degenerated heart and blood vessels, but also as having a beneficial functional effect. So many patients express a feeling of betterment very soon after taking it, that he believes it has some effect, perhaps analogous to stimulation. Atropin has always been a disappointment to him, although many have faith in it. Medicine is an art and one has to elaborate his treatment for the individual case.



Essential Hæmaturia. A paper entitled "On the So-Called Essential Hæmaturias" is contributed by Robinson and Jacoulet to the *Revue de Chirurgie*, April 1910. From a study of a large series of cases the authors conclude that the existence of hæmaturia not associated with lesions in the kidney is unquestionable. The finding of sclerosis of the

organ in such cases is to be considered the result and not the cause of renal congestion. The causes of these essential hæmaturias are to be sought in vasomotor changes, in endogenous intoxications, in changes in the liver, etc.

Medical treatment is, in general, sufficient to control the hæmaturia of this class of cases. In severe cases, the exception, nephrotomy, should be performed, to be followed by suture of the organ. Nephrotomy seems to have a double action—to diminish congestion, and to partly cut off the arterial influx by obliteration of the bloodvessels. The function of the kidneys seems in no wise to be interfered with by the operation of nephrotomy and suture.

* * *

The Economics of State Care of the Insane. Albert Warren Ferris, President of the New York State Commission in Lunacy, in a paper contributed to the *Medical Record* for May 28, says that the care of the insane involves a sociological problem resulting from heredity, food, occupation, education, and mental hygiene. It should be in the hands of a body of men who work together with prudence, thrift judgment and enthusiasm. Custodial care of the insane is wasteful and extravagant; wasteful of the lives of the patients, extravagant because it assumes the burden of caring for those who might be self-supporting; extravagant because it makes no arrangement for prevention of disease. All means should be used to limit mental disease and restore the victim of health. Care should be by the state, not the county, as being better able to afford proper facilities. Commitments should be made simple and voluntary admissions encouraged. The volume

of the stream of sick must be limited by preventive measures and education of the public, in a knowledge of the results of syphilis and the abuse of alcohol. Alien insane should be deported. Philanthropic aftercare is of the utmost importance.

* * *

Delivery in Contracted Pelves.

Writing under this caption in the *Lancet* for May 14, E. H. Tweedy says: (1) Induction of premature delivery is never advisable. (2) Perforation is not permissible unless the child is dead. (3) Turning should never be employed as a treatment for contracted pelves, but may still be performed for complications of labour, such as prolapse of the cord when associated with contractions of the first and second degree. (4) In the greater degrees of contraction time should not be wasted in an attempt to obtain natural delivery. (5) On the other hand, in lesser degrees ample time should be given the woman to enable her to deliver herself if possible. Eight or ten hours may be necessary for the moulding of the head and intervention should not be considered until there are evidences of maternal or foetal distress. Once foetal signs of distress are evident, there should be no delay in delivery. (6) High forceps should never be applied until all arrangements are perfected for an operation to enlarge the pelvis. It is, in the author's opinion, a pity to proceed to the latter expedient until forceps have been tried tentatively. It must be confessed that they occasionally accomplish their purpose under the most unfavorable circumstances. Finally in these, as in all other obstetrical operations, the best results cannot possibly be obtained if rubber gloves are not worn.

Principles of Treatment in

Gastroptosis.

In reviewing the various plans of treatment of this condition, in the *British Medical Journal* for May 14, R. Hutchison calls attention to the use of local moist heat for hyperæsthesia of the stomach, in the form of poultices or fomentations and whenever there is general epigastric tenderness. Such means may be employed during the first week of the rest cure. Gastric sedatives are also of service here. The matter of artificial support is of secondary importance. Gastric supporters probably do not push up displaced organs, but such support gives relief from these feelings of sinking, emptiness, and exhaustion, which are among the most bitter complaints of patients, but these complaints are probably due to lessened intra-abdominal tension and a tendency to a pooling of the blood in the splanchnic area when the erect position is assumed. The best belt is a firm abdominal wall and our efforts should be directed toward restoring its tone and to thickening it by the deposition of a substantial layer of subcutaneous and extraperitoneal fat. As regards the development of the abdominal muscles reliance must be placed upon massage and the practice of abdominal exercises. In regard to abdominal belts, the ideal one is yet to be invented. It must cause pressure from the lower part of the abdomen upwards and somewhat backwards. In the pendulous belly of stout subjects this is quite easy, but most patients with gastroptosis are thin with prominent iliac bones, which tend to carry off the pressure from the hypogastric region, where we most wish to apply it. The problem is a purely mechanical one, and the use of a suitable pad helps to overcome it, but the results leave much to be desired. Three things should not be done, patients with gastroptos-

is should not be over dieted, their stomachs should not be washed out, and they should not be operated on.

* * *

Clinical History of Early Syphilis.

W. Coates relates in the *British Medical Journal* for May 7, 1910, an interesting series of cases, the particulars of which must be studied by those interested. He speaks especially of the curability of the disease, the relapsing chancre, late relapses, early diagnosis, the imprudence of starting treatment before a positive diagnosis of syphilis is made, etc. The author says that the inability to find the spirochaete in a primary lesion is not conclusive evidence of the absence of the disease, and that the serum test—Wassermann's—is not at the present time to be relied upon, as negative, to determine the nature of a sore, or to guide the practitioner in its treatment. The author has seen several cases of syphilis occur without a sore. He advocates the use in suitable cases of mercury atoxylate, of which he was, he admits, at first afraid, but finds that it has a wonderfully immediate influence on intractable symptoms, and so far as he has noted no ill effects. In his experience the intramuscular injections of the soluble mercurial salts appear to cause more pain and depression than do other remedies. Inunctions and the iodides have served him well, especially in "melting away" those large abdominal masses called tuberculous, which he regards as oftener due to hereditary syphilis so frequently seen in children. Injections of gray oil have also been used by him with remarkable benefit. All cases may not do well on the mercurial atoxylate, and it remains for the future to show in just what class of cases its employment is especially indicated.

EDITORIAL.

FORTY-THIRD ANNUAL MEETING CANADIAN MEDICAL ASSOCIATION.

THE Forty-third Annual Meeting of the Canadian Medical Association, held in Toronto, in the first week of June, was noticeable for two things; it was the largest meeting the Association has ever held, and the weather was the most execrable on record. Dark, cold and wet, it was enough to damp the enthusiasm of the most buoyant. Overcoats and umbrellas, indeed overshoes and fur coats were not out of place.

The meetings were held in the Convocation Hall of the University, a splendid building, which Toronto owes largely to the hopeful spirit and untiring energy of Dr. Reeve, lately Dean of the Faculty.

The central hall is admirably suited for the general meetings, and there is excellent accommodation for the meetings of the sections in smaller rooms adjoining, although, unfortunately, the room selected for the meeting of the surgical section, probably because it was much too large, came short in acoustic properties.

It was expected that the meeting would be a large one, not only because Toronto is so central and so attractive a place of meeting, but on account of the important matters coming before the Association, such as the question of Dominion Registration and that of an Association Journal. And expectations were justified, for the attendance was considerably more than at any previous meeting, 432 members having registered.

Although the regular work of the Association began on Wednesday, June 21st, it had been arranged that the Executive should meet on the pre-

vious evening. The Milk Commission also, with their enthusiastic chairman, Dr. Hastings, dined together on Tuesday, and in the evening the Toronto members entertained their visiting brethren at a smoking concert.

Registration began early on Wednesday morning, and the arrangements for registration and for securing tickets to the various entertainments, as also the tickets for the return journey, were excellent. The meetings in the various sections began at nine o'clock. There were sections in Medicine, Surgery, Obstetrics and Gynæcology, Pathology, and in Diseases of the Eye, Ear, Nose and Throat, and these kept the members busy during the forenoons of Wednesday, Thursday and Friday.

The first general session was held at 2.15 p.m. The retiring president Dr. R. J. Blanchard, of Winnipeg, took the chair. Among those on the platform were the President of the University, Dr. Falconer, and representatives of the Lieut-Governor of Ontario, and the Mayor of Toronto, both of whom were unavoidably absent. After prayer by a professor of one of the theological colleges affiliated with the University, the retiring President rose, and in a few appreciative remarks introduced the new President, Dr. Adam H. Wright, who was received with marked enthusiasm. Dr. Wright's address, which we hope shortly to publish dealt mainly with the position of the general practitioner and his relation to the public, the specialists and the examining bodies, and as was expected by all who know Dr. Wright, it was charged with wit and wisdom.

Then followed the customary addresses of welcome from the represen-

tatives of the Province and City, and a short, spirited and sympathetic address from President Falconer. The rest of the afternoon was taken up by the Report of the Milk Commission by the Chairman, Dr. Charles J. C. O. Hastings, of Toronto, who has devoted himself with great zeal to this matter. There was also an address on "A pure milk supply" by a New York Specialist on Dairy matters, Charles E. North. Certain resolutions were adopted, and we have no doubt much good will result; but the impression remains with us in that we are attacking a very difficult and serious problem in the praiseworthy and indeed necessary attempt to regulate and ensure the healthy condition and supply of milk.

The feature of the evening was the Address in Medicine by Dr. W. P. Herringham, of St. Bartholomew's Hospital, London. Dr. Herringham struck a happy note at once. He began by saying, "the youngest, the very youngest Canadian whom I know, and who, I have been shocked to find here in his own country, sometimes irreverently spoken of as Bill Osler, who now occupies the Chair of Regius Professor of Medicine in my old University, has told us that when a man comes to be forty years of age he should put away childish things and cease trying to be original. So I have chosen the most humdrum of subjects, and purpose to speak to you on "Chronic Nephritis." The address was a model of what such an address should be, simple, clear, practical, and altogether charming in the exquisite choice of language and manner of delivery. Some remarkably clear lantern slides demonstrated on the screen the morbid histology of the disease.

On Thursday afternoon the members of the Association and their

friends went, as guests of the Toronto members to Niagara Falls. The party was a very large one, and the members of the Dental Association were present also. Fortunately, the weather was not as bad as some feared, and the trip across the lake and the wonderful scenery of the Falls were much enjoyed, as well as the dinner at the Clifton House. It was however, long after midnight when the "Turbinia" landed her passengers in Toronto.

The great feature of the meeting on Friday was the Address in Surgery by Dr. John B. Murphy, of Chicago, who took for his subject the "Surgery of the Joints." The lecture was illustrated by a wealth of diagrams, lantern views and specimens. Dr. Murphy spoke with great rapidity and energy, and described some striking novelties in the treatment of joint lesions. This address we hope to publish in an early number of the NEWS.

The rest of the afternoon was taken up with the discussion of Exophthalmic Goitre. The pathological aspect was dealt with in a clear and masterly way by Dr. S. P. Beebe, of New York, who has made a very thorough study of this subject. Dr. McPhedran of Toronto discussed the medical side of the question, and Dr. Shepherd, of Montreal, spoke of its surgical treatment. On Friday evening there was a large gathering in Convocation Hall to hear Dr. Henry C. Coe, of New York, give his address on "The Old and New Gynæcology," and following this Dr. J. C. Connell, of Kingston, Ont., read a paper on Medical Education.

All the work of the Association was finished on Friday and on Saturday a large number of the members went to Guelph as guests of the profession there, and had a most enjoy-

able day, going over the famous School of Agriculture there, and visiting the Homewood Sanitarium.

Among the more notable papers read in the section of Medicine, was the group of papers on the Psycho-neuroses, in which Dr. W. H. Hattie, of the Nova Scotia Hospital, discussed the conditions in Asylum practice, the paper on Sensory phenomena in Progressive Pernicious Anæmia, by Dr. McCallum, of London, Ont., and that on Tuberculin in Pulmonary Tuberculosis by Dr. Elliott, late Superintendent of the Sanitarium of Gravenhurst. Dr. Miller, of the Kentville Sanitarium read a paper on "the Blood in Pulmonary Tuberculosis, and Dr. W. F. Hamilton, of Montreal, on Lævulosuria and its significance in the diagnosis of hepatic conditions.

In the surgical section on Wednesday, Dr. Bingham, of Toronto, showed a patient from whom he had removed a tumour of the cerebrum, and his paper was discussed by Dr. James Bell, of Montreal. Dr. Edward Archibald, of Montreal, read an interesting paper on the operative treatment of Congenital Hydrocephalus. Dr. Armstrong, of the Montreal General Hospital, contributed a paper on Perforation of the Intestines in Typhoid Fever, and Dr. Primrose of Toronto, described a most interesting case of Tuberculous invasion of voluntary muscle. On Thursday morning the surgical section opened with a short paper by Dr. Murray MacLaren, of St. John, on Omental Cysts, with history of a successful case. Dr. Wood, of Kingston, gave a paper on Appendicitis in Children, which elicited a lively discussion. Dr. Halpenny, of Winnipeg, discussed Duodeno - Choledochotomy and reported a case, and one of the most suggestive papers of the meeting was

that by Dr. Hugh McKenna, of Chicago, on Some Experimental Work bearing on Acute Intestinal Obstruction. Dr. Ingersoll Olmsted, of Hamilton, reported a case of Obstruction, due to torsion of the cœcum and ascending colon. On Friday, Dr. Gallie, of Toronto, read an excellent paper on Fractures about the Elbow-joint, Dr. Hutchinson, of Montreal, on Regeneration of the shaft of the Tibia following extensive osteomyelitis, and Dr. J. M. Elder, of Montreal, on Complication of Recurrent Carcinoma of the Breast.

The various committees were kept very busy, and some of those who served on committees were able to hear very little of the papers and discussions. We think it would be an advantage if the reading of papers did not begin until ten o'clock. It was indeed, frequently near that hour before the sections began work, as members were not punctual. This would give time for the meetings of committees before the scientific programme began.

A great deal of time was given to the discussion of Dominion Registration. This is an exceedingly difficult subject, and we do not appear to be much nearer a solution of the question. The chief difficulty now seems to be with British Columbia and the western provinces.

The Finance Committee, under the able chairmanship of Dr. Fotheringham has now definitely decided on the publication of a journal of the Association. This will be edited by Dr. Andrew MacPhail, of Montreal, and the first number will probably appear in January, 1911.

The Special Committee appointed last year to report on Medical Inspection of Schools, brought in a report which was adopted, and, recommend-

ed for publication. One of its recommendations was that there should be a section of Public Health at the annual meetings of the Association.

It was decided to hold the next annual meeting in Montreal, and Dr. Geo. E. Armstrong was unanimously elected President, and Dr. Edward Archibald, Secretary. Many of our readers who have attended the meetings of the C. M. A. in late years, and who have made the acquaintance of Dr. George Elliott, of Toronto, the able and energetic secretary of the Association for several years, will regret to hear of his resignation of the Secretaryship. A motion recording the regret of the Association, and its sense of gratitude, and recommending the granting of a substantial honorarium to Dr. Elliott was unanimously passed.

If we consider the growth of the Canadian Medical Association since the first meeting was held in Quebec in 1867, when two Nova Scotians took so prominent a part in the founding of it, Dr., now Sir Charles Tupper, and the late Dr. D. McN. Parker, and, at the same time, regard the remarkable growth and development of Canada, we must realize that a great future lies before us. As the country grows our profession grows with it, not in numbers only, but in importance. The great question of National Health is perhaps nowhere or in any

country more appreciated than in Canada, but we are only on the threshold of what is to be the organization of a public health service. If we as doctors wish to influence our fellow citizens, we must act together: our voice must be the voice of a united profession; it is our duty to stand together, on the essential questions of public health we are one.

We trust that next year's meeting in Montreal may have a large attendance from the Maritime Provinces; we may rest assured that the energy and enthusiasm of the new President, Dr. Armstrong and the many friends who will rally round him will leave nothing undone in the attempt to make the meeting of 1911 the finest in the history of the Association.

* * *

PRINCE EDWARD ISLAND MEDICAL SOCIETY.

The annual meeting of the Prince Edward Island Medical Society will be held at Charlottetown, on Wednesday, July thirteenth. It is expected that several matters of general interest to the members will come up for discussion and a large meeting is hoped for.

The professional examinations of the Medical Council of Prince Edward Island will be held at Charlottetown on the twenty-seventh and twenty-eighth of July.



REPORT OF THE COMMITTEE OF THE AMERICAN GYNECOLOGICAL SOCIETY ON THE PRESENT STATUS OF OBSTETRICAL EDUCATION IN EUROPE AND AMERICA AND ON RECOMMENDATIONS FOR THE IMPROVEMENT OF OBSTETRICAL TEACHING IN AMERICA.

E. B. CRAIGIN, J. C. EDGAR, C. M. GREEN, E. P. DAVIS,
J. W. WILLIAMS, J. C. WEBSTER, B. C. HIRST, Chairman.

*President of the American
Gynecological Society
and Fellows:—*

Your Committee has received reports from Great Britain, Germany, Austria, Switzerland, France and Italy. In contrast with the present system in those countries, a report is submitted from seven representative medical schools in the United States, which may be fairly classed among the best medical schools in this country.

GREAT BRITAIN.

A course of lectures, thirty to forty or more each year, is given in Obstetrics in all London schools. It usually extends over two years and lectures on Gynecology are given at many schools in addition to those in Obstetrics. You will find details as to hours in the *British Medical Journal* for September 4, 1909.

The work in Obstetrics consists of the above lectures, clinical teaching in the Obstetrical wards (most of the general hospitals now have beds for this numbering from eight to twelve.) A class of practical obstetrics, demonstrations in the museum, personal attendance on about fifty cases each student, the number varying with the different hospitals. Each student must attend twenty cases and in addi-

tion each university student (Oxford and Cambridge must have previously attended cases in the Lying-in wards for at least one month.

The teachers of Obstetrics also teach diseases of women and their surgical treatment; they are the only teachers who do teach this subject in the medical schools for men students.

(Signed) HERBERT SPENCER.

GERMANY.

I have arranged the instruction in Obstetrics and Gynecology in the University of Königsberg as follows:

Sixth Semester: Theoretic Obstetrics:

Seventh Semester: Obstetrical-Gynecological clinic (as spectator); a course in gynecological diagnosis. A course in examinations of pregnant women.

Eighth Semester: Obstetrical-Gynecological Clinic (as practitioner). A course on Obstetrical operations on the mannikin.

Ninth Semester: Obstetrical-Gynecological Clinic (as practitioner). A course in microscopical diagnosis. A course in the physiology and pathology of the new-born infant.

Tenth Semester: Obstetrical—Gynecological Clinic. Course in obste-

trical operations. Course in Cystoscopy. Physiology and pathology of the puerperium. A demonstration, weekly, for nine weeks of pathological anatomy (with the epidiascope, microscope, etc.)

Each student in the tenth semester must live a month in the clinic where he observes and conducts about forty labors and performs the minor operations.

(Signed) PROFESSOR WINTER.

AUSTRIA.

Of the five years course, the student must occupy himself during one year with Obstetrics and Gynecology. During this time, he is obliged to attend the lectures ten hours a week. During this time also he must have his practical training in which he has the opportunity to see a large number of labors and to perform minor operations such as perineal lacerations, episeotomy, manual extractions, etc.

There is mannikin practice in the obstetrical operations.

In addition, he receives practical training in the examination of pregnant women, and gynecological patients. The examination consists of diagnosis in parturient and pregnant women and in gynecological patients, and operations performed upon the mannikin.

HEINRICH PEILAM,

University Professor of Obstetrics and Gynecology, Vienna.

SWITZERLAND.

1. During the customary ten semester medical course, three to four semesters are devoted to Obstetrics and Gynecology. Three semesters are obligatory.

2. During this time, the students visit the Obstetrical Clinic and Polyclinic, where opportunity is afforded

them to observe gynecological cases, to examine pregnant women and thus to acquire the necessary technical skill.

In addition, a certain proportion of the students attend the theoretical lectures on Obstetrics and Gynecology, which are not obligatory.

The obstetrical operations are practiced upon the mannikin and in addition the students occasionally have the opportunity to perform these operations upon the living patient under the supervision of an instructor.

In the final examination, there is required:

1. Practical demonstration of sufficient knowledge in the examination of pregnant and parturient women and of gynecological patients.

2. The performance of several obstetrical operations on the mannikin.

3. A theoretical oral examination on Obstetrics and Gynecology.

TH. WYDER,

Director of the University Frauenklinik Zurich.

FRANCE.

In answer to your letter of November 26th, I went to see Professor Larnelonge, one of the leading surgeons here, also a member of the "Institute" of France and senator. The following is a translation of the answers he dictated to me after reading the questions of your letter:—

"Two terms of six months each are devoted to the study of midwifery and obstetrics. The students of the two clinical departments are inscribed turn about about night and day to make a stage in the hospital wards and follow the labour hour by hour till period of delivery. During a term they can follow about fifteen cases or more if they wish to do so.

The scope of the course in obstetrics includes not only delivery proper, but also all the medical or surgical treatment of women's diseases such as for example, fibromas, disease of the ovaries, of the large ligaments, etc.

In France the courses are no more given in a theoretical way, but are principally practical demonstrations either in the lecture rooms or in the hospitals (Woman's wards). All apparatus or instruments for demonstration are used, mannikin work, ward work, polyclinic service, touch courses, etc.

In one ward the teaching is very complete and great stress is laid on the assiduity of candidates. One can say that after their two terms of practically a year's duration, the students are quite qualified to undertake any kind of delivery and have a sufficient knowledge of women's diseases from a practical view as from a scientific one. The study being far from neglected."

ITALY.

In Italy there are schools for obstetrics and gynecology for physicians annexed to all the universities. Equally in all the universities are annexed schools for mid-wives. In Florence there is the Superior Institute for obstetricians and physicians.

The course of obstetrics is of one year for the physicians (the full university course for physicians is six years) and the course of obstetrics is by rule assigned at the sixth year. For mid-wives the course is of two years.

The character of teaching is theoretic and experimental (clinic) and comprises also the assistance of women in labour made by the teachers or by their assistants.

The course includes also diseases of

women and their operative treatment, as well as the physiology and pathology of the child-bearing process.

The theoretical instruction is given three times a week for the students in medicine, while it is daily for the midwives. The clinic practice is daily for everybody.

The students in medicine and the midwives cannot perform any operation before the end of their course of studies.

The examination is only theoretic.

COLUMBIA UNIVERSITY

COLLEGE OF PHYSICIANS & SURGEONS
MEDICAL DEPARTMENT.

COURSE IN OBSTETRICS.

	HOURS
2nd Year—Recitations and Demonstrations (once a week for 30 weeks)	30
3rd Year—(First Half) Didactic Lectures (twice a week for half year)	30
Clinical Lectures (once a week for half year	15
4th Year — Practical Instruction in Hospital and Tenements.	

(a) Three weeks service in hospital; two weeks being spent on day duty and one week on night duty. During this term of service each student receives daily bed-side instruction and makes antepartum examinations both abdominal and vaginal on from fifty to sixty pregnant women. Moreover the students on duty receive a daily clinical lecture and mannikin instruction from an Instructor in Obstetrics who is the Resident Obstetrician.

(b) Two weeks service in the tenements; one week being spent on day duty and one week on night duty.

Each student during his five

weeks of practical service delivers personally on an average, seven or eight cases, and sees from forty to fifty deliveries.

COLUMBIA UNIVERSITY.

COURSE IN GYNECOLOGY.

	HOURS
3rd Year— First Half. Recitations once a week for 15 weeks..	15
Second Half. Didactic lectures twice a week for 15 weeks..	30
Clinical lectures once a week for 15 weeks	15
4th Year.— Practical Instruction in small sections in dispensary and hospital, 26 hours for each student.	26

(Signed) E. B. CRAIGIN.

CORNELL UNIVERSITY MEDICAL COLLEGE.
NEW YORK CITY.

PLAN OF INSTRUCTION IN OBSTETRICS.
January, 1910.

Second Year:—	HOURS
Recitation 32 hours	32
Third Year:—	HOURS
Section and Manikin Work	16
Clinics	16
Illustrative Lectures	32
Recitations	32
	96
Fourth Year:—	96
Clinics	16
	—
TOTAL	114

In addition students are required to reside for at least two weeks in the Manhattan Maternity or other hospital and personally confine at least six women. J. CLIFTON EDGAR.

HARVARD MEDICAL COLLEGE

MEDICAL DEPARTMENT OF HARVARD UNIVERSITY.

Department of Obstetrics and Gynecology.

A COURSE IN OBSTETRICS.

	HOURS
Third Year:— Lectures on the theory and practice of obstetrics	64
Recitations, once a week	32
Conferences, once a week	32
Clinical Instruction:—	

Each student spends two weeks in hospital residence, devoting his whole time, day and night, to his obstetric opportunities. He sees operations and normal deliveries and under supervision and instruction he personally attends from six to ten out-patient cases. After his two weeks of residence he is required to devote a part of his time for a week or more to completing the visits on his patients and writing reports of his cases.

Fourth Year:—(In the Harvard Medical School the work of the 4th year is elective; but all students intending to practice medicine elect obstetrics.)

The class room is in sections of from six to ten, and each student in obstetrics devotes his entire time for a month. For two weeks he is in hospital residence, and attends from six to ten out-patients, under supervision and instruction. After his period of residence, he completes the visits of convalescence and reports on his cases. There is a clinical lecture and ward visit every forenoon (except Sunday), at which the student has opportunity for antepartum examina-

tions (inspection, palpation, auscultation, pelvimetry, and estimates of size of fœtus, for witnessing normal and operative deliveries, for studying puerperal convalescence and the care of young infants. Each student has also a course of instruction, with manikin and foetal cadaver in which the various obstetric operations are demonstrated and repeated by the student. Each student also writes a thesis on an approved subject of his choice.

(Many of the Harvard students make use of the opportunities afforded by the Summer Courses of the Harvard Medical School, and thus increase their clinical training. In addition to the many cases witnessed, the graduates of 1909 attended personally an average of 23 cases.

B COURSE IN GYNAECOLOGY.

Third Year, Second Half, HOURS

Lectures or recitations, twice a week, 32

Each student attends six clinics, lasting from one and a half to two hours. In these clinics the student is instructed in physical examination, diagnosis, and the treatment of ambulatory cases.

Fourth Year, (elective taken by a large part of the class).

Instruction is given in sections of from six to ten students, and each student devotes his entire time during the forenoons, of two months. The work is clinical, and is given in the wards and out-patient department of the Boston City Hospital. Opportunity is afforded for practice in history taking, examination, diagnosis, and minor treatment in the out-patient department. In the House Service the student hears clinical lectures daily, has opportunity for physical

examinations, and witnesses operations with demonstration; he follows the convalescence of cases, and each in turn assists in the work of the resident staff. Each student also has abundant opportunity for the study, under supervision, of pathological specimens removed in his presence by operation, and each student writes a thesis on an approved subject of his choice.

(Signed) C. M. GREEN.

JEFFERSON MEDICAL COLLEGE.

PHILADELPHIA.

COURSE IN OBSTETRICS

The *Anatomy and Physiology of Reproduction* fully taught by the Departments of Anatomy and Physiology in the first two years. *Embryology* and *Histology* are included in this teaching.

	HOURS
Third Year:—Three didactic lectures and recitations.. . . .	90
Demonstrations with the Mannikin and Diagnosis, Obstetric Manipulations and Vaginal Deliveries.	18
At least one case of Spontaneous Parturition in Hospital, fully demonstrated by an Instructor.	

Fourth Year:—Lectures to the entire class, one weekly	30
Hospital Ward Classes with the Examination of Pregnant Patients, the Study of Complications of Pregnancy, the Puerperal Period, Normal infancy and Complications	16
Clinical Conferences in Hospital with Study of Cases..	24
Demonstrations of Hospital cases by Instructors to Small	

Groups of Students 16
 From two to six cases Delivered in
 Tenements and under Supervision
 and Instruction.

Written Reports of these Cases with
 Quizzes upon the Reports by a
 Demonstrator.

Record of all Work done during
 the Senior Year, which Record with
 Final Examination constitutes Final
 Grade for securing a Degree.

E. P. DAVIS.

JOHNS HOPKINS UNIVERSITY,
 BALTIMORE.

COURSES IN OBSTETRICS.

Third Year:—Obligatory course.

	HOURS
Recitations and demonstra- tions twice weekly for 33 weeks,	66
Mannikin work, once a week for 33 weeks,	33
Ward rounds and clinics in groups, once a week for 16 weeks, 16 hours, total	132
Obligatory attendance of at least 5 cases of labour under supervision in the ward.	
Optional work and courses in obstetrical histology and pa- thology, two hours a week for 11 weeks, 22 hours.	

Fourth Year:—Elective work.

Repeated every 11 weeks to not
 more than ten students each time.

Each course occupies 99 hours, not
 including obligatory attendance on at
 least ten cases of labour in the out-
 patient department and attendance at
 as many operations in the ward as
 feasible. The course consists of:—

- Ward rounds, 11 hours.
- Conferences, 11 hours.
- Discharge examination of puerper-
 a. women, 11 hours.

A practical course in pelvimetry,
 11 hours.

A laboratory course in infant feed-
 ing, 11 hours.

Nursery rounds, 11 hours.

A practical and laboratory course
 on the toxæmias of pregnancy,
 22 hours.

A course in comparative placenta-
 tion, 11 hours.

I might add that many of the stu-
 dents in these groups see from twenty-
 five to forty out-door deliveries.
 In each case they are accompanied by
 an assistant and a trained nurse, and
 I find that such training is even more
 valuable than the ward deliveries.
 They also make visits for the first
 five, the 7th and 10th days of the
 puerperium in normal cases, and as
 many visits as may be necessary in
 abnormal cases.

These visits are checked in two
 ways first, by having the student
 leave a daily written report in the
 letter box of the resident obstetrician,
 and secondly, by having the nurse,
 who makes daily visits for ten days
 render a similar report.

J. W. WILLIAMS

UNIVERSITY OF CHICAGO.

The subjects of Obstetrics and
 Gynecology are taught in the Junior
 and Senior years in laboratory, reci-
 tation, and conference courses, in
 Dispensary and Hospital clinics, and
 in the conduct of labour in the homes
 of patients. Students are obliged to
 commence their studies by taking the
 laboratory and recitation courses.
 Final examinations in both courses
 are compulsory.

OBSTETRICS.

1. Conference Course on Normal
 Pregnancy, Labour, and the Puer-
 perium. A lecture and recitation

course. Each section limited to forty students.

2. Clinical Conference on Normal Pregnancy, Labour and the Puerperium. Prerequisite: course 1. Limited to forty students.

3. Clinical Conference on the Pathology of Pregnancy, Labour and the Puerperium. Prerequisite: courses 1 and 2. Limited to twenty-five students.

Senior Year:

4. Practical Obstetrics. Prerequisite: courses 1, 2 and 3. Limited to fifteen students.

Clinical Obstetrics. In the maternity department of the Presbyterian Hospital, Charity Hospital, Chicago Lying-in Dispensary, Chicago Maternity, and Central Free Dispensary. Prerequisite: Courses 1 and 2. Throughout the year. Attendance upon cases of confinement in various hospitals, and at the homes of patients is required of each student before graduation. Each student will be summoned to cases at the time of delivery, and will attend the patients during and after delivery, under supervision. Clinical records must be kept by students and certificates obtained for attendance on five cases.

GYNECOLOGY.

Junior Year:

6. Laboratory and Recitation Courses:—Limited to twenty-five students.

Junior and Senior Year:

7. Clinical Conference: — Prerequisite: Course 6. Limited to forty students.

8. Dispensary Clinics: — Conferences in practical Gynecology, limited to four in each section. Prerequisite: course 6. 24 hours. 4M. Each term throughout the year.

Senior Year:

9. College Clinics:— In Gynecol-

ogy and Obstetrics. Prerequisite: Course 6. 48 hours. 4Mj. Each quarter throughout the year.

10. Special Laboratory Work: For a limited number of students selected by the department staff.

Our teaching methods have been gradually changing in the last ten years. Systematic lectures have been entirely or almost entirely abolished and we have endeavoured to instruct our students in small classes. Twenty-two majors of work are required in the Junior and Senior years, three being necessary in Obstetrics and Gynecology, (at least two majors in Obstetrics are required.) Most students voluntarily take more than the requisite three majors.

The faculty feels strongly that there should be an extra fifth year in which more clinical instruction could be given. However, as all our graduates are able to obtain internships, we feel that we are better off than most medical schools.

The enclosed statement of Departmental work gives a detailed account of our method of instruction.

We feel that the number of obstetric cases which should be attended by students is too small. It should be at least twelve. We intend to increase this requirement as our clinical facilities improve.

J. C. WEBSTER.

UNIVERSITY OF PENNSYLVANIA,
MEDICAL DEPARTMENT.

COURSE IN OBSTETRICS.

HOURS

Third Year: — Clinical Lecture twice a week. 60
Demonstrations of Abdominal palpation, pelvimetry, etc. to individual students, each 1
Attendance on a patient in the hospital under supervis-

ion and visits daily for two weeks afterward, average... 24

Recitations: voluntary (quiz)

Fourth Year:—One Clinical Lecture a week for half the year 18

Two weeks of ward class instruction for two hours a day 24

Six demonstrations on a mannikin to sections, 6

One week's residence in the South - Eastern Dispensary for out-patient work.

Number of labours attended by each student:

Average 7.

Recitations, voluntary (quiz)

Scope of instruction:

The physiology and pathology of the Childbearing process including all the complications and pathological consequences at all periods and their treatment, medical and surgical.

B. C. HIRST.

RECOMMENDATIONS.

We recommend that the teaching of Obstetrics should occupy at least two years of the Medical Course and that those expecting to practice Obstetrics, should be urged to avail themselves of elective opportunities.

That the number of labor cases personally attended by each under-graduate student should be at least six; under supervision and instruction.

CHARACTER OF INSTRUCTION:

We recommend all the known methods of teaching this branch of medicine, namely:—

- Didactic Lectures,
- Clinical Lectures,
- Clinical Conferences,
- Ward Classes and Tough Courses,
- Hospital and Out-patient instruction,
- Mannikin practice in operative obstetrics,

And Recitations.

Of the first three methods, we recommend specially, Clinical Lectures and Conferences.

We recommend that ample facilities should be afforded students to make antepartum examinations, including inspection, abdominal palpation, pelvimetry, foetometry, vaginal examinations, etc.

We recommend that a two weeks' hospital residence should be required before the out-patient practice.

SCOPE OF INSTRUCTION.

It is recommended, that as Obstetrics at present includes pregnancy and parturition, their complications and consequences and the complete recovery of the women after labor; that obstetric instruction should include the medical and surgical treatment of these conditions.

The tendency of Obstetrics to become more surgical in practice and to require a surgical training, is evidenced by the fact that in the Medical Schools of Europe, and in more than one-third of the first fifteen medical colleges of this country,*the chairs of Obstetrics and Gynecology are combined under one head.

*Namely:—Columbia, Cornell, Jefferson, Medico-Chirurgical, Tulane, Yale, Long Island, Harvard, Johns Hopkins, Rush, Bellevue, Western Reserve, Michigan, University of Pennsylvania, California.

Of these fifteen medical schools, six have combined chairs.

(Signed)

- J. C. EDGAR
- E. B. CRAIGIN
- C. M. GREEN
- E. P. DAVIS
- J. C. WEBSTER
- J. W. WILLIAMS
- B. C. HIRST

Chairman.

SOME NOVA SCOTIA PHYSICIANS AND THEIR CONTRIBUTIONS TO NATURAL SCIENCE.

By D. A. CAMPBELL, M. D.,
Halifax, N. S.

THE members of the medical profession in modern times have throughout the centuries exhibited such wide culture and breadth of sympathy as have often won for them high distinction in literature and in general scientific investigations. In competition with such famous authors as Swift, Pope and Addison, there was a physician John Arbutnot, to whom the great critic, Dr. Samuel Johnson, refers as "the first man among the eminent writers of Queen Anne's time," and Thackeray calls him "one of the wisest, wittiest, most accomplished gentlest of mankind." John Locke, of a slightly earlier date is so famed as the author of an "Essay Concerning the Human Understanding," characterized by competent authority as "on the whole the most influential in modern philosophical literature" that the world has almost forgotten that Locke was also one of the leading physicians of his day. One of the earliest and cleverest of English novelists was Tobias George Smollett, M.D. Nobody can overlook Dr. Oliver Goldsmith, who as Johnson says "left scarcely any kind of kind of writing untouched and touched nothing that he did not adorn." And it would be unpardonable on this continent and at this date to omit the name of Dr. Oliver Wendell Holmes, whose "Autocrat," "Poet," and "Professor," and whose poems are still the pure delight of so many minds and hearts.

We cannot point to any Nova Scotian physicians who have won distinction in literature. When our practi-

tioners have gone outside their special field it has mostly been to make investigations into various departments of Natural Science—Geology, Mineralogy, Botany, Zoology—and to give to the public the results of their investigations in hastily written books and short papers. There is no name in the roll of distinguished Nova Scotians to be placed in comparison with that of Judge Haliburton, now generally referred to as "Sam Slick."

The writings of Haliburton, however, afford incidental evidence that the physician branching out into an investigator in Natural Science was one of the features of Nova Scotian life, for in one of his books, "Nature and Human Nature" a Haliburton presents a very carefully drawn characterization of such an investigator.

* * *

DR. OVEY DESCRIBED BY HALIBURTON.

"WHO in the world is Dr. Ovey?" inquires Sam Slick. He is the most singular man I ever met. He is very eccentric, ain't he?"

Dr. Ovey and Sam Slick met for the first time at Ship Harbour, Halifax County, at the house of one Peter McDonald, a typical Scotch Highlander. They liked each other so well that the Doctor accompanied Sam on his visitation to the various harbours between Halifax and Canso.

Dr. Ovey is described as "a tall thin man, dressed in a suit of coarse home-

spun. He was about forty years of age. His head, which was singularly well formed, was covered with a luxuriant mass of bushy black curls. His eyes, were large, deep set and intelligent, his forehead expansive and projecting, and his eyebrows heavy and shaggy. When addressing anyone he raised them up in a peculiar manner, nearly to the centre of his forehead, and when he ceased they suddenly dropped and partially concealed his eyes. It was impossible not to be attracted by a face that had such remarkable expressions, "one of animation, amiability and intelligence; and the other of total abstraction."

"At times he appears daft. He knows the name of every plant and flower in the country, and their uses, and the nature of every root or bark or leaf, that ever was; and then he knows all the ores and coal mines, and everything of that kind. He is a great hand for stuffing birds and animals, and has some of every kind there is in the province. As for butterflies, beetles and those sort of things, he will chase them like a child all day. He has a house away back in the forest, near a beautiful lake, where he lives occasionally; but the greater part of the year he wanders about the woods and camps out like an Indian. As for practice, he doesn't want it, as he is very well off. He says he's one of the richest men in the country for he don't spend half his income, and that any man who does that, is wealthy. He says he aint a doctor, but he makes wonderful cures and won't take any pay.

"Beaver dam Lodge, the residence of Dr. Ovey, is a regular museum. In one room the walls were fancifully ornamented with moose and deer horns fowling pieces, fishing rods, landing nets and baskets, bows and arrows of every description, and Indian relics such as stone hatchets,

bowls, rude mortar images, war clubs, wampums and implements not unlike broadswords made of black birch, the edges of which were inlaid with the teeth of animals or the shells of fish ground sharp. Besides there were skulls of great size and in good preservation, stone pipes, pouches, and so on. Also some enormous teeth and bones of an antediluvian animal found in the Bras D'Or Lakes in Cape Breton."

"The visit of Sam Slick and his friends to Dr. Ovey, and the "day on the lake" with its quaint personages, its varied incidents and changing scenery is perhaps the most alluring sketch of sylvan summer life in Nova Scotia that has yet appeared in prose," says a judicious critic.

Who was this Dr. Ovey thus described by Sam Slick?

We have tried to solve the problem but without success. Haliburton had evidently in his mind's eye some eccentric medical man devoted to the study of natural history, who preferred the solitude of the forest to the busy haunts of men. Finding no authentic record of a single individual endowed with all the characteristics of Dr. Ovey, we have accepted the conclusion that we have in this character the combined characteristics of perhaps three or four medical men more or less known to that author.

But whatever may be thought of the real or fictional character of Dr. Ovey, medical practitioner and naturalist, there is no doubt that for about a century past, Nova Scotia has had many medical practitioners who have devoted much time to natural science and whose investigations and writings have greatly extended the general knowledge of the natural history and resources of the country. Of them we now proceed to present brief sketches of a few.

ABRAHAM GESNER, (1797-1864)

ABRAHAM Gesner, a descendant of that "very famous naturalist and author," Konrod Gesner, of Zurich, Switzerland, (1516-1565), was born at Cornwallis, Nova Scotia, May 3rd, 1797, and died in Halifax, N. S., April 29, 1864. His father, Colonel Henry Gesner, was a native of New York, who served during the Revolutionary War on the Royalist side, and subsequently settled in Cornwallis.

Dr. Gesner practiced his profession at Cornwallis, afterwards at Parrsboro, and finally at Halifax.

Young Gesner had but little opportunity of securing a good general education, but he had that vigor and activity of mind which find a way to intellectual achievement in spite of difficulties. A "self-made man" in general learning, he early took to reading the book of nature at first hand in the rocks and minerals, fauna and flora, of his native land, and throughout life geology, mineralogy, and the chemistry connected therewith, were his favorite studies. By the time he was twenty he had made considerable advance in these subjects, and eagerly grasped at an opportunity afforded him of visiting the West Indies and part of South America, that he might extend his scientific knowledge by an examination of the earth and its products in other countries than Nova Scotia. For some years he continued these studies abroad and at home, and about 1825 became a student of medicine in London. There he studied at St. Bartholomew's Hospital, under John Abernethy, and at Guy's Hospital, under Astley Cooper, and graduated in due course. Whether his medical degree was M.D. or not,

it is to be noted that in connection with numerous papers published in the *Geological Journal*, (London) he is regularly accorded that title, the author's name appearing thus: "Abraham Gesner, M.D., F.G.S." He was a Fellow or Member of many other learned societies in both America and Europe.

Having practiced for a time in Cornwallis, he removed to Parrsboro in what is now another county to continue his practice there. That he was residing at Parrsboro about seven years later, we learn from the preface to his first published work, "Remarks on the Geology and Mineralogy of Nova Scotia," which is dated, "Parrsboro, July, 1836." We may also learn from this preface that he had considerable practice, for he says in it: "Amidst the arduous duties of a laborious profession, and under the annoyance of perpetual interruption, "most of the following pages have "been written; or during the silent "hours of midnight, when the labour but not fatigue of the day had departed."

This book proved of great public service, both by bringing many of the reading people of Nova Scotia into touch with geologic science, and by becoming the guide-book to the greatest geologist of the age, Sir Charles Lyell, who, in 1842, visited the Province and made a "careful examination of some of the most difficult features of its geologic structure." Dawson, in his "Acadian Geology," 2nd Edit. (1868), page 7, said:

"In 1836, a volume entitled "Remarks on the Geology and Mineralogy of Nova Scotia," by A. Gesner, F.G.S., was published in Halifax, and was the first work on the local

geology extensively circulated in the Province. This work was in great part a popular *resume* of the previously published discoveries of Jackson and Alger, but with many additional facts collected by its author in the course of careful examinations of the coast of the Bay of Fundy, and more hurried journeys in other parts of the Province. "Gesner's work was of great service in directing popular attention within the Province to the subject of geology, and it is still an excellent guide to the localities of interesting mineral specimens."

This passage is retained in the latest, the 4th, edition of 1891.

The "Men of the Times," published in New York in 1852, referred to this work in these terms:

"The 'Geology and Mineralogy of Nova Scotia' was the guide-book of Sir Charles Lyell in his geological survey of Nova Scotia, and after the most careful examination, was pronounced by him to be exceedingly correct."

It may be added that Sir Charles had not only Dr. Gesner's book, but also Dr. Gesner himself, as a guide on part of that survey, and that both proved of great assistance to him.

Among Dr. Gesner's other and separately published works were the following: Reports on the Geology of New Brunswick, Nos. 1, 2, 3 and 4—St. John, 1839-42; Report on the Geology of Prince Edward Island—1846. New Brunswick, Early History, Natural History, etc.—London, 1847; Industrial Resources of Nova Scotia—Halifax, 1849; A Practical Treatise on Coal, Petroleum, and other Distilled Oils—New York and London, 1861. Second revised edition, 1865.

Among his contributions to scien-

tific periodicals may be mentioned:

A geological Map of Nova Scotia (4to), with which was printed a memoir of the author—Proceedings Geol. Soc. (London), 1846, p. 129. On the Gypsum of Nova Scotia—Geol. Jour., London, Vol. V. p. 129. On Elevations and Depressions of the Earth in North America—Geol. Jour., London, Vol. XVII., p. 381 Gold and its Separation from Other Metals—Trans. Nova Scotian Institute, Vol. I. p. 30.

Dr. Gesner has been frequently referred to as the discoverer of kerosene and the author of the name, which is said to have been derived from the Greek word, *kenpos*, wax. As early as 1846, Dr. Gesner had extracted oil from the "Albertite" of New Brunswick, and other bituminous minerals. From 1848 to 1851, he was engaged in making analyses, for Lord Dundonald, of the bitumen of Trinidad and other products of the West Indies. Next he sought to turn his scientific discoveries to commercial use, and, proceeding to New York, set up two large factories for the manufacture of the illuminating oil he called kerosene. The most authentic statement with which the present writer is acquainted as to Dr. Gesner's priority in this now world-wide manufacture and in the use of the name, is that given by the New Oxford Dictionary of the English Language, under the definition of the word, kerosene, as follows:

"First manufactured by Abraham Gesner shortly after 1846 (1865 Gesner Coal Petroleum, etc.) and frequently called *kerosene* oil. Also commonly known as *petroleum*, which properly denotes the crude mineral oil from which kerosene is obtained.

"But the usual name is *paraffin oil* or *paraffin*; sometimes *American paraffin* (oil) is used to distinguish kerosene from oil obtained from British shales.

1854. A. Gesner in U. S. Patent Report 462. The new product or composition of hydrocarbon for illuminating and other purposes called kerosene.

1858. Simonds *Dict. Trade. Kerosene*, a liquid hydro-carbon obtained from a species of bituminous shale in New Brunswick."

Dr. Gesner was of medium height, stoutish build, and vigorous frame, always busy, but of kindly social disposition, and was held in great respect by his intimate acquaintances and the scientific men of his day. His work in Geology and allied departments was singularly able and accurate for his time, and contributed immensely to enable the genius of Sir Charles Lyell, in the course of a few weeks, to settle the Geology of the Province in its due relation to that of the rest of the earth.

Shortly after his graduation in medicine, Dr. Gesner married Miss Webster, of Kentville, N. S., a sister of Dr. Webster, and he had a large family. One of his sons, George W. Gesner, was the editor of the second edition of his father's work on "Coal, Petroleum, and Other Distilled Oils," published in 1865.

A portrait of Dr. Gesner was published in the special mining number of "*The Nova Scotian*" (Halifax), October, 1903.

EBENEZER FITCH HARDING.

(1799-1861)

EBENEZER Fitch Harding, eldest son of Theodore Seth Harding, a distinguished Baptist

Minister, was born in Horton, N. S., August 17, 1799.

In December 1830, he married Sarah Bayard, a daughter of Colonel Samuel Vetch Bayard, of Wilmot, a sister of Dr. Robert Bayard, and an aunt of Dr. William Bayard, late of St. John, N. B.

Dr. Harding died at Windsor on April 29, 1861.

He received his general education at Picton Academy, under Dr. McCulloch, and began his medical studies in the old way as a student with a medical practitioner. He first spent a year with Dr. Anderson in Halifax, and then two years with Dr. Robert Bayard at Kentville. After this he proceeded to New York where, upon his completion of two years additional study, he graduated as M.D. from the University of New York in 1821.

He succeeded Dr. Robert Bayard in professional practice at Kentville; but in 1831, urged by Judge Haliburton (Sam Slick) and others, he removed to Windsor where he practiced his profession until his death in 1861.

Dr. Pyke, a retired Army Surgeon, and Wiley, were his professional colleagues in Windsor; later Dr. B. D. Fraser joined them; and they all seem to have worked together very harmoniously.

One son of Dr. Harding adopted the medical profession. After a course at Kings College, he graduated in Medicine at McGill, first practised in Vermont, and later in Middleton, where he died in 1860.

Dr. E. F. Harding was so devoted to the study of Geology and Mineralogy as to deserve a place in this series of sketches. All the time he could spare from his professional practice was devoted to this work. He was one of the local geologists who accom-

panied Sir Charles Lyell in his tour of Nova Scotia, and Harding's discoveries are several times referred to in Dawson's work, "Acadian Geology."

Sir Charles Tupper, J. R. DeWolfe, Lewis Johnston, and many others, began their medical studies with Dr. Harding.

He was a very successful practitioner and was greatly beloved by his patients and friends.

* * *

**WILLIAM BENNET WEBSTER, M.D.,
F.G.S.L., (1798-1861)**

WILLIAM Bennett Webster, was born at Kentville, Nova Scotia, January 18, 1798.

His father, Dr. Isaac Webster, a lineal descendant in the fifth generation of John Webster, one of the royal governors of Connecticut, came to Cronwallis in 1791, where he married Prudence Bentley in 1794. Although not a regularly educated physician, he practiced medicine at Kentville, and there acquired the reputation of being "a stern man and a skilful doctor." He died in 1851, at the age of 53.

William Bennet Webster received his general education, partly at the Cornwallis Grammar School conducted by Rev. William Forsyth, partly under the direction of Rev. William Castle, of Windsor, and partly at Pictou Academy. It seems that one or more of his early instructors encouraged him to study natural history, and to such investigations his energies were largely devoted throughout his life.

His studies in medicine were taken in New York, where he graduated as M.D. from the College of Physicians and Surgeons.

After so graduating he spent a year in London and Paris, devoting his whole time to medical studies.

Then settling in Kentville, he soon

acquired an extensive practice which was maintained down to the date of his death in 1861.

He was an able practitioner, skilful as a surgeon, and was especially noted for his success in performing delicate operations on the eye.

Dr. W. B. Webster was well versed in natural history. His favourite studies were Geology and Mineralogy, and he devoted all his spare time to research work, mainly in his native country.

He accompanied Sir Charles Lyell in that great geologist's tour through the western part of the Province. Sir Charles afterwards corresponded with him, and sent him copies of his works as tokens of remembrance and esteem, and these Dr. Webster no doubt prized very highly.

Dr. Webster made a very extensive collection of Nova Scotian minerals and fossils. This collection was generously donated by his widow to the provincial museum; but only a few of the specimens now remain, for most of them were seriously damaged and ultimately destroyed in transportation to various international exhibitions.

Dr. Dawson was very favourably impressed with Dr. Webster's attainments in Geology, and in his work on Acadian Geology makes frequent reference to Dr. Webster's discoveries.

To a fossil plant which Dr. Webster found in the slates of Beech Hill, near Kentville, Dawson gave the name "Dictyonema Websteri," in honour of the discoverer; and no doubt Dawson's influence had weight in securing the election of Webster as a Fellow of the Geological Society of London.

Dr. Webster represented the County of Kings in the House of Assembly from 1855 to 1861. In politics he did not distinguish himself, and per-

haps made some enemies. But he did some good work in the House, was ever a strenuous supporter of all measures introduced for to improve the status of the medical profession, and, most notably, was the introducer of the Medical Act of 1856, which he supported by a carefully prepared and effective speech.

Personally, Dr. Webster was known as a gentleman of great uprightness and integrity of character.

With natural talents of a high order, a thoroughly trained mind, and cultivated taste, Dr. Webster was a man well worthy not only of admiration, but of imitation, and his death at the comparatively early age of 63, caused deep and widespread regret.

* * *

JOHN BERNARD GILPIN, (1810-1892)

JOHN Bernard Gilpin was born September 4, 1810, at Newport, Rhode Island, where his father, J. Bernard Gilpin, of Vidar's Hill, Hants, England, was for many years British Consul. His father, who was an uncle of Rev. Edwin Gilpin, D.D., for a long period, the Church of England Dean of Nova Scotia, retired from the Consulship on pension and took up his residence at Annapolis, N. S., which led to his son spending his long and useful life in this Province.

He received his general education at Trinity College, Providence, R. I., taking the degree of M.A., and studied Medicine at the University of Pennsylvania, from which he graduated as M.D. in 1834. Immediately afterwards he studied in London, and won the degree of M.R.C.S. (Lond.).

The practice of his profession he began at Annapolis, removing to Halifax in 1846 and there continuing practice till 1836, when he returned to Annapolis where he spent the re-

mainder of his days, dying there March 12, 1892.

He was a member of the Medical Society of Nova Scotia, and one of the original founders of the Nova Scotian Institute of Natural Science in 1863, of which he became a Vice-President in 1864, and was President from 1873 to 1878. He was also a member of many scientific and learned societies in the United States and Great Britain.

While highly esteemed both as a medical man and as a citizen, he never acquired a very extensive practice but devoted much of his time and energy to the study of Natural History, in which he did much original and useful work. His paper on the Common Herring was the first one read before the Nova Scotian Institute, of Natural Science after its formation, the first of a series on the Food Fishes of Nova Scotia, and the first of some thirty-four papers of his read before the Institute, which, if collected, would form a very interesting and valuable work on the Natural History of the Province. Besides being a clear graceful writer, he was skilful with pencil and brush to illustrate those subjects of his study, which can be so well served by those arts. He was constantly doing his utmost to assist and encourage the study of Natural History in the Province, and was frequently consulted by Professor Baird, of the Smithsonian Institute, as to the determination of new or doubtful species of fish and as to their migrations in these northern waters.

The titles of Dr. Gilpin's papers read before the Nova Scotian Institute of Natural Science, and published in its Transactions, with the volume, parts, and pages indicated, are as follows:

	Vol.	Part	Page
On the Common Herring	I,	(1),	4.
Soricinae of Nova Scotia	I,	(2),	1.
On Introduced Species of Nova Scotia	I,	(2),	60.
On the Mammalia of Nova Scotia	I,	(3),	8.
On the Mammalia of Nova Scotia	II,	(1),	8.
On the Mammalia of Nova Scotia	II,	(2),	58.
On the Mammalia of Nova Scotia	11,	(3),	2.
On the Mammalia of Nova Scotia	II,	(4),	8, 83.
On the Mammalia of Nova Scotia	III,	1,	46, 100
On the Gaspereaux	I,	3),	107.
On the Food Fishes of Nova Scotia	I,	(4),	11, 76.
On the Food Fishes of Nova Scotia	II,	(1),	101.
On the Food Fishes of Nova Scotia	II,	(2),	17.
On the Walrus	II,	(3),	123.
On the Construction of a Beaver Dam in N. S., Sept. 1871	III,		152.
On the Eagles of Nova Scotia	III,		202.
On the Stone Age in Nova Scotia	III,		220.
"Orthogoriscus Mola." Couch Taken Halifax Harbour, October, 1873.	III,		343.
On the Seals of Nova Scotia	III,		377.
Observations on some Fossil Bones found in N. B., Canada	III,		400.
On the smaller Cetaceans in the Bay of Fundy	IV,		21.
On the Serpents in Nova Scotia	IV,		30.
Indians of Nova Scotia	IV,		260.
On the Golden Eyes, or Gargots, in N. S.	IV,		390.
On the Salmon of Nova Scotia	V,		38.
Pottery in and around Grand Lake	V,		114.
In the Semi-Annual Migration of Sea Fowl in N. S.	V,		138.
On a Cub found in a Bear's Den, Jan. 12, 1880	V,		151.
On the Birds of Prey of Nova Scotia	V,		255.
On the Dwellings of the Muskrat and the Beaver in Nova Scotia	V,		275.
Shore Birds of Nova Scotia	V,		376.

In 1858 Dr. Gilpin published at Halifax a pamphlet of considerable scientific interest on Sable Island, its History and Natural History.

A portrait of Dr. Gilpin was published as a frontispiece to Part II. of Volume X. of the Transactions of the Nova Scotian Institute of Natural Science.

CHARLES COGSWELL, (1813-1892)

CHARLES Cogswell was born in Halifax, N. S., May 12, 1813. His ancestors had come from Massachusetts and settled in

Cornwallis, N. S., about the year 1761.

Educated at King's College, Windsor, he graduated in Arts in 1831, and took his professional course at the University of Edinburgh, where he graduated as M.D. in 1836. Subsequently he studied in London and Paris.

Dr. Cogswell then settled in his native city, where he was a valued member of the profession for many years. Subsequently he removed to London, England, where he became a consulting physician and resided till his death in 1892.

He was elected a Extraordinary Member of the Royal Society of Edinburgh in 1839, and was President of the Medical Society of Nova Scotia in 1864.

Possessing ample means, Dr. Cogswell did not engage in general practice in Halifax, but devoted his time and talents to improving the status of the profession, to promoting the construction of hospitals, and to works of charity. It was said of the family that they were noted for piety, talent and benevolence. He was chiefly instrumental in the organization of the first Medical Society in Nova Scotia. He contributed many standard works and provided a liberal endowment to what is now known as the Cogswell Medical Library, now in the Halifax Medical College. Dr. Cogswell was also a strong advocate of athletics, especially favoring aquatic sports. He presented the City of Halifax with the land for a small park, and devoted considerable of his wealth to the endowment of King's College, Windsor, and to various public purposes and improvements in his native City, including the solid granite fence around the City Hall Square.

In the early part of his career he devoted much time to original research. In 1839 he was awarded the prize of the Harveian Society of London for the best dissertation on the physiological action and medicinal properties of Iodine and its compounds. This essay was published, and was for many years regarded as the best authority on the subject.

In 1851, he contributed a valuable paper to the Medical Society of London on the "Endosmotic Action of Medicines."

In later life he devoted all his spare time to the study of art, literature and philosophy. In 1879 he published a philosophic poem, entitled "Ambition's Dream," which was republished in 1890, and concerning which the critic of the London *Morning Post* said:

"The poem is a noble soliloquy in the solemn guise of a nineteenth century Ecclesiastes, but bristling with manly lessons and pathetic passages. Some of the sketches of natural scenery are very beautiful. The work is evidently the outcome of a life's experience, and not merely a tissue of passing fancies. And although it be tinged with sadness, it is also full of that best form of manhood which is free from sham and full of self-denial. Its perusal will provoke frequent recurrence to its pages, and it comes emphatically under the head of healthy reading."

He married Frances Mary Goodrich in 1848. There was no issue.

* * *

JOHN SOMERS, (1840-1898)

JOHN Somers was born in St. John's Newfoundland, in 1840, and died in Halifax, N. S., in 1898.

He practiced in Halifax for most of the years of his professional career.

His general education was obtained at St. Mary's College, Halifax, and

his professional training at Bellevue Medical College, New York, from which he graduated as M.D. in 1866.

Dr. Somers was a member of the British Medical Association of the Nova Scotia Institute of Natural Science, and of the Medical Society of Nova Scotia, of which last he was the President in 1883.

He was for a time an Assistant Surgeon in the United States Army, and for years, a visiting physician of the Victoria General Hospital, Halifax, and of the Halifax Dispensary, and Professor of Physiology in the Halifax Medical College. He was also on the Commission of Provincial Charities, and a member of the Halifax Board of School Commissioners.

Dr. Somers led a life of great activity, was engaged in many matters of social and public interest, and was a warm supporter of the Halifax Medical College. He was an ardent student of botanical science, and presented a large number of papers on this subject to the Nova Scotia Institute of Natural Science, which may be found in that Society's printed Transactions.

Dr. Somers married a Miss Brown, of Halifax, and left several sons and daughters.

- (1) On a correspondence between the Flora of N. S. and that of Colorado and the adjacent territories: IV, 122.
- (2) Introduction to a Synopsis of the Flora of Nova Scotia: IV, 134.
- (3) Notes on Nova Scotia Compositæ (Asters): 10, 239.
- (4) A contribution towards the Study of the Nova Scotia Mosses: IV, 362, 5, 9, 42, 69.
- (5) Experimental Microscopy: V, 81.
- (6) Notes of the Anatomy of a Seal from the Magdalen Islands: V, 81.
- (7) Nova Scotia Fungi: V, 188, 247, 332.; VII, 464.
- (8) On the bone in the heart of a moose: VI, 75.
- (9) On the winter food of the partridge and on partridge poisoning: VI, 78.
- (10) New and rare plants: VI, 231.
- (11) Note on a sponge from Herring Cove, N. S., (Title only).
- (12) Notes on Native forms of *Imuperes* and *Laenedesboreatos* (Title only).
- (13) Parasited fungi affecting the apple and other Pomaceæ. (Title only).
- (14) Arborecent variety of *Imuperes commune* not previously noted in the ora: Vol. 9, 175.
- (15) A variation in the plumage of the Canadian ruffed grouse.

INTERNATIONAL COMMISSION ON CONTROL OF TUBERCULOSIS AMONG DOMESTIC ANIMALS.

By M. H. REYNOLDS, Secretary.

IT seems desirable that the public should be given opportunity to know what this Commission is doing in as much as the Commission represents indirectly the Canadian and United States governments, and involves live stock sanitary control work of all of the individual states.

The last session held at Detroit was devoted largely to reports. There were present representatives of Canadian and American breeders, Canadian and United States Departments of Agriculture, American and Canadian veterinarians. The following reported: Committee on Education and Legislation; Committee on Location of Tuberculosis in cattle; Committee on Dissemination of Tuberculosis; and the Committee on Disposition of Tuberculous cattle. The Committee on Education and Legislation made a partial report presenting a critical study of experience of certain states in their efforts to deal with this problem. The purpose of this was to present full information for the Commission concerning mistakes, and failures, and comparative successes of communities that have undertaken serious work with tuberculosis.

The committee on Location of Tuberculosis in Cattle, presented their report under such headings as "Provision for Notification"; "Location By Tuberculin Test"; "Location of Infected Herds Through Meat Inspection Service"; "Most Important Sources of Animal Tuberculosis."

The committee on Dissemination of Bovine Tuberculosis presented its study under such headings as "Introduction of Disease Into the Herd"; "Dissemination By Feeding To Calves"; "Dissemination By Contact At Shows"; "Dissemination By Placing Healthy Animals in Contaminated Stables"; "Dissemination by Transportation of Healthy Animals in In-

fecting Cars"; "Dissemination by Pasture Exposure." The discussion on this report gave considerable attention to the problem of tracing back from the killing floor to the infected farm with a view to detecting the diseased herds and concentrating control work as much as possible on diseased herds.

The Committee on Disposition of Tubercular Cattle reported concerning the necessity of accepting tuberculin for diagnosis as a fundamental; the necessity of voluntary co-operation; and the superiority of voluntary co-operation to measures of compulsion. This committee considered the feasibility of the Bang and Oster-tag methods of dealing with tubercular herds under American conditions. It also made recommendations concerning the relation of indemnity to final disposition of all clinical cases; and a study of the conditions which should determine the disposition of reacting cattle.

A very considerable amount of discussion on this report was given to the question of remuneration for owners, and particularly as to whether this should be regarded as a temporary or as a permanent provision in tuberculosis control work. A number of members held that it must necessarily be considered as a useful preliminary and temporary measure.

Careful consideration was given to the possibility of making either the Oster-tag or Bang method of dealing with tuberculosis in the herd, or a combination of the two, feasible in America and Canada for grade herds. This is along the line of finding some method more economical than slaughter for as many herds as possible.

The next meeting of this International Commission will be held in Ottawa.

OBITUARY.

DR. FREDERICK F. KELLY.

(From the Charlottetown Patriot.)

THE passing of Dr. Frederick F. Kelly, of this city, will be learned with profound sorrow throughout the whole province. His death occurred in the Charlottetown Hospital yesterday, Sunday evening.

Early in the Spring the Doctor had a critical operation performed on his head in Boston, by Dr. Blake of the Carney Hospital. On his return home there was a recurrence of the trouble with other complications to which the Doctor finally succumbed. The late Dr. Kelly, who was in the



THE LATE F. F. KELLY, M. D.

prime of manhood, being in the forty-fifth year of his age, was a son of Mr. M. Kelly of this city. He received his early education here and later graduated from the University of New York in 1888. Since then he has practiced with more than ordinary success in Charlottetown and the Island at large. Notwithstanding the arduous and trying duties of his profession, Dr. Kelly always took a deep interest in public matters, particularly in regard to the civic government. In 1900 he was a member of the City Council and later was returned for the mayoralty chair at Charlottetown. It is not too much to say that during his occupancy of this position he discharged its duties with ability and in such a manner as won the regard and admiration of his fellow citizens. In September, 1893, he married Helen Hickey, a daughter of the late Michael Hickey, of the firm of Hickey & Stewart, tobacconists, here. She and one son, Frederick G., are left to mourn. Perhaps it is not too much to say that in his profession, one of the noblest, and ranking with that of the Clerical, Dr. Kelly was one of the most popular of all the medical men of this Province. His was a kindly nature and genial disposition, and many a generous deed and thoughtful act has rightfully been attributed to him. Always cheerful, his very presence in the sick room was comforting and sustaining and his loss not only to the profession which he adorned, but also to his large clientele and the city and Island generally will be widely and deeply deplored. He wrought for the advancement of our city, the welfare of our people, and to relieve the suffering as much as lay in his power. He was a member of the Ancient Order of Hibernians, the Benevolent Irish Society, the Knights of Columbus, and the C.M.

B.A., having been president of the first named for a number of years. His father and mother, three sisters at home, one brother, Dr. Louis, and another sister, Miss Minnie in Western Canada, survive. To the bereaved we extend our most respectful sympathy in the sad trial they are passing through.

* * *

DR. GAUDET.

DR. Edward T. Gaudet died at his home at St. Joseph's, near Dorchester, Westmorland, Co., N. B., on the morning of May 29th last. He was only fifty-two years of age, and was in the full meridian of his powers as one of the leading practitioners of the province. Bright's disease, we understand, was the occasion of his taking off. Some years ago the malady had disclosed itself, but timely attention and a vigorous constitution had sufficed to keep it in abeyance.

Though comparatively brief, Dr. Gaudet's career reflected credit upon himself, his profession and the romantic, gentle and God-fearing race to which he belonged. He was the first of the Acadians to reach the Presidency of the Council of Physicians and Surgeons of the Province, and, so far as we are aware, to fill the chair of the New Brunswick Medical Society.

Since 1908 he held the important and responsible position of Surgeon to the Dorchester Penitentiary. Unlike many of the leaders of the profession who spend a life-time in the all too narrow and somewhat repressive groove of medical practice, Dr. Gaudet interested himself in the general affairs of the world about him. For a very considerable period he was one of the councillors of his parish and rose to the position of Warden of

Westmorland County. He took an active interest in the welfare of his church and race, being prominent in the C.M.B.A., the Knights of Columbus and in the Society of L' Assumption.

Dr. Gaudet graduated in medicine in 1879, from Victoria College, Montreal, and after spending a year in hospital practice in that city, located in Moncton. In a few years, however, upon request of the community of St. Joseph, he removed thither, and there his life-work was destined to accomplishment.

He leaves a widow (nee Miss Marchand, of Buctouche, and six children, two of whom are following the father's profession, one, Dr. Alfred, in practice at St. Joseph's; the other, an undergraduate at McGill. Two other sons are in Arts at the home college at Memramcook, and the two daughters are at conventual schools.

To the family thus early bereaved of a beloved and kindly protector, the News, together with the whole profession of N. B., extends its sincerest and most cordial sympathy.

* * *

DR. COLIN O. MACARTHUR.

W e regret to have to chronicle the death of Dr. Colin O. MacArthur, who died in May last, at North Wiltshire, P.E.I. Dr. MacArthur graduated at McGill University in 1908, and in February of the following year met with an accident in which he sustained fracture of three dorsal vertebrae. This rendered him quite helpless, but he lingered until May of this year, when relief came to his sufferings. In his short medical career he gave evidence of much ability, and his early death is much deplored by those who knew him and who recognized his many excellent traits.

PERSONALS.

We regret to learn that Dr. Peter McIntyre, who only recently retired from the position of governor of Prince Edward Island, is seriously ill at his home in Souris. The News joins with his many admirers in trusting that he may soon recover his wonted health.

Dr. H. A. Chisholm, of this city, was married to Miss Mary E. Smyth, of Port Hood on the 1st inst.

Dr. F. F. Eaton, of Truro, and Miss Elsie M. Fraser, a well known trained nurse, were united in marriage at Stellarton on the 8th inst.

The News extends its congratulations to the recently elected benedicts.

Dr. A. R. Cunningham, of this city, and Miss Ethel K. Weston were married at St. Paul's Church on the 7th inst. Dr. Cunningham has moved his office and residence to 160 Pleasant Street.

Dr. W. D. Murray, of Dartmouth, was married on the 8th inst. to Miss Ernie Evangeline Rainforth, of Berwick, N. S.

Dr. J. T. Lewis, of Hillsboro, N. B., died recently at the age of 80 years.

Dr. E. C. Randall, also of Hillsboro, N. B., died this month at the age of 56 years. Dr. Randall was a native of Aylesford, N. S.

OUR PORTRAIT GALLERY.

WE take pleasure in presenting our readers with portraits of two distinguished presidents of the Canadian Medical Association.

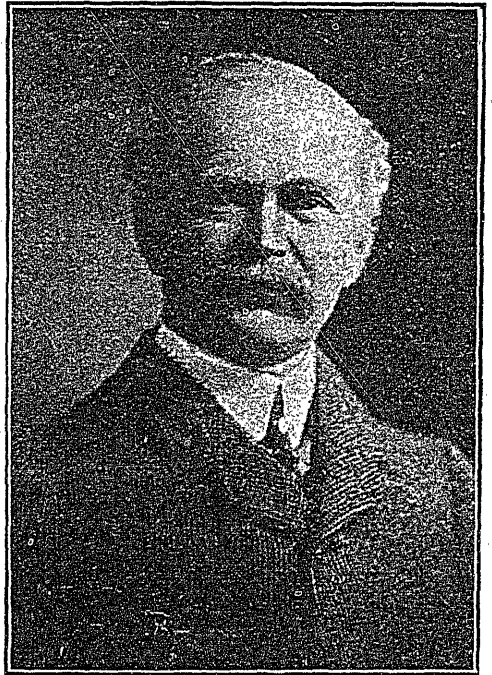
The retiring President, Dr. R. J. Blanchard, of Winnipeg, is one of our own Maritime Province men, who has won honour for himself and reflected honour on his native province in our great West. The second son of the late J. Flemming Blanchard, of Tru-

al Infirmary, Stirling, Scotland. In 1879 he went west, and after some time spent as surgeon in the construction camps of the Canadian Pacific Railway west of Fort William, he settled in Winnipeg, and has been intimately connected with the life and wonderful growth of the city. Dr. Blanchard is Professor of Surgery in the University, Surgeon to the Winnipeg Hospital, Chief Surgeon to the



DR. R. J. BLANCHARD

ro, N. S., he received his early education in his native town. He began his medical studies in Dalhousie College, Halifax, but spent only one session there, going to Edinburgh and taking the full course in medicine in the University where he graduated M. B. and C. M. in 1877. After his graduation he held the position of Resident Medical Officer in the Roy-



DR. A. H. WRIGHT

C. P. Railway (western division) and is one of the Directors of the Great West Life Insurance Company. His address as President of the C. M. A. in Winnipeg last year was notable for the able manner in which he discussed medical education, the relations of the public and the medical profession, questions of education in general, and of sanitation in schools, and for his

powerful advocacy of a journal to represent the Association.

Dr. Adam H. Wright, who has just had the honour of presiding over the most numerously attended meeting of the Canadian Medical Association, has been a prominent and popular figure in the medical life of Toronto for close on forty years. After graduating B.A. in 1866, he pursued his studies in the University of Toronto, taking his M.D. degree in 1873, and also becoming M.R.C.P. and S. of Ontario. He continued his medical studies in London and became M.R.C.S. in 1877. He returned to Toronto and very soon secured a high position

there in the practice of his profession, taking a leading position as an obstetrician, and he has been for many years Professor of Obstetrics in the University of Toronto. For some years he was Secretary of the Medical Faculty. He has long been one of the editors of the *Canadian Practitioner and Review*.

Dr. Wright's *bonhomie*, his cheery personality, his ready wit and humour and his kindness of heart impress all who meet him, and these qualities were conspicuous in the excellent address which was one of the features of the Toronto meeting of 1910.

BOOK REVIEWS.

DISEASES OF THE DIGESTIVE CANAL

BY DR. PAUL COHNHEIM, Specialist in Diseases of the Stomach and Intestines in Berlin. From the second German Edition. Edited and translated by DUDLEY FULTON, M. D. Lecturer on Medicine, University of Southern California, Los Angeles. Published by J. B. LIPPINCOTT COMPANY, Philadelphia and London.

No one can dispute the fact that a book on this subject by Dr. Cohnheim is bound to be of the first class. This book, however, takes precedence of all others as a work for the general practitioner.

While not neglecting the necessary articles on Laboratory equipment and examination, Dr. Cohnheim lays special stress on the necessity of procuring a thorough and comprehensive history of the disease, and clearly demonstrates how, in the large majority of cases, a diagnosis may be made from the anamnesis alone without recourse to the objectionable, and, to the busy practitioner, impracticable, use of the test meal and stomach tube.

In the article on Physical Diagnos-

is a new and unique method of determining the size and position of the stomach is given.

The special diseases are clearly and concisely treated in a masterly and scientific manner. Special attention is given to treatment and, in contradistinction to other authors, numerous prescriptions are given showing the author's methods of combining and administering the different medicines.

The appendix, in addition to articles on Balneotherapy, Dietetic, Hydrotherapeutic, Mechanical and Electrical Treatment, contains a clinical A.B.C. of the most important diseases. This is a practical and concise resume of the book, and enables us to arrive at a tentative diagnosis without loss of time in unprofitable reading.

The book fills a long felt want and we take pleasure in congratulating Dr. Cohnheim, and the translator, Dr. Fulton, in giving this work to the profession.

Lactopeptine Tablets

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

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

EACH TABLET CONTAINS 5 GRAINS LACTOPEPTINE.

SAMPLES FREE TO MEDICAL MEN.

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88 Wellington Street West ❧ ❧ TORONTO, Ont.

Liquid Peptonoids WITH CREOSOTE

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

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

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

Borolyptol

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

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

SAMPLE AND LITERATURE ON APPLICATION.

The **PALISADE MANUFACTURING COMPANY**
88 Wellington Street West, ❧ ❧ TORONTO, Ont.

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

(No. 342) Format Comp.

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

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

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

SAMPLE ON REQUEST.

The Ideal Cod Liver Oil Preparation

MALTINE —WITH— Cod Liver Oil

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

—*British Medical Journal.*

The Maltine Company, TORONTO, Ont.

FOR SALE BY ALL DRUGGISTS.

SAMPLE ON APPLICATION.

NOTES ON SPECIALTIES.

TOXÆMIC ANÆMIA.

It is now generally recognized by both pathologists and clinicians that an auto-toxæmia, resulting from the systemic absorption of the products of intestinal putrefaction, will, if sufficiently long continued, induce a general devitalization of the circulating fluid. Such a condition is by no means uncommon, although often unrecognized. Under such circumstances it is, of course, quite idle to attack the anæmic blood condition primarily, or until the toxic cause of same has been measurably corrected by proper attention to the gastro-intestinal tract. The causative factor being once removed or materially modified, restorative and hematitic measures are distinctly indicated. It is especially desirable in such cases to avoid the administration of drugs that tend to derange the digestion, and the ordinary inorganic, metallic salts of iron should not be given, as they frequently prove irritant, astringent and constipating. Pepto-Mangan (Gude) is the ideal hematitic in any condition in which the integrity of the digestive functions must be conserved and maintained, as the necessary iron and manganese are promptly absorbed without irritating the gastric mucousa or inducing a constipated habit. Because of its distinct palatability children always take it readily.

* * *

A CONSERVATIVE HOUSE.

Some of the members of the medical profession would open their eyes

could they look over the files of the Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, and see the many, many requests for window hangers, store advertising, etc., which they are constantly refusing. This company could get an almost unlimited amount of advertising, good advertising too, at no expense, except for the printing of the cards or booklets, if they did not have too great a pride in the honourable position which they occupy as purveyors to the medical profession. Perhaps they feel the ethical requirements of their position more keenly on account of the personnel of the company. Half the members of the board of directors are physicians, who have spent each of them many years in active practice, the president of the company being an ex-president of his State Society, and the head of the advertising department is himself a physician, and was for many years secretary of his County Society.

With such a personnel, it is not surprising that the advertising is not only strictly ethical, but even ultra-conservative in spirit.

* * *

DISEASES OF WOMEN AND THE GENERAL PRACTITIONER.

The general practitioner or family physician is the one usually first consulted in reference to menstrual irregularities and diseases of women. The tendency to refer these cases to specialists takes from the general practitioner much practice which he

WILL SELL BRITISH MEDICAL JOURNAL.

A reader of the NEWS wishes to sell the "BRITISH MEDICAL JOURNAL" which comes to his address, and will forward same unopened direct from the publishers for one year from date at half price. Write to M. D., c/o The News, if interested.

could successfully handle if consideration were only given to their treatment.

For over 25 years Hayden's Viburnum Compound has proven its efficacy in dysmenorrhœa, amenorrhœa, menorrhagia, metrorrhagia and irregularities incident to the menopause.

This standard remedy has grown in popularity with the profession simply through its merits of accomplishing that which was expected of it. It is not a narcotic or secret remedy. Its formula is a matter of common knowledge and it produces positive results where the many substitutes and imitations foisted upon the medical profession and trading upon the well-known reputation of H. V. C. are disappointing, sometimes dangerous.

Imitation might be considered a flattery, but when treating diseases of women and expecting results from a

remedy prescribed, it is always safest to use the original and not a substitute.

Argument: The therapeutic value of Hayden's Viburnum Compound has built up an enviable reputation for its efficiency, hence its many substitutes. Why let a druggist put up something inferior upon your prescription for the original H. V. C.?

If Sanmetto is used in conjunction with instrumental treatment of urethral stricture it will be found to soothe, check or prevent the smarting and inflammation that is so common after passage of bougie.

THE HENRY PHIPPS INSTITUTE FOR THE STUDY, PREVENTION AND TREATMENT OF TUBERCULOSIS.

Mr. Henry Phipps, of New York, has selected the University of Penn-



THE FIRST THOUGHT

Haydens-Viburnum-Compound



<p>DYSMENORRHEA It relieves pain and is not a narcotic.</p>	
<p>MENORRHAGIA H. V. C. imparts tone to the uterus and its appendages and stimulates normal contraction. It is superior to Ergot without its attending dangers.</p>	<p>OBSTETRICS H. V. C. relieves spasmodic contraction (Rigid Os), prevents miscarriage and dangerous flooding and by its calmative properties it overcomes restlessness and alarm.</p>
<p>AMENORRHEA Whether from climatic changes or nervous condition, H. V. C. invariably affords relief.</p>	
<p>MENOPAUSE H. V. C. normalizes pelvic circulation and combined with its sedative action it assists in carrying woman over a most critical period.</p>	<p>NOTE H. V. C. should always be administered in hot water. It is never marketed in tablet or pill form. ALL SUCH ARE SUBSTITUTES.</p>

Formula, Literature and Samples upon Request.

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

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

sylvania to carry on the work of the Phipps Institute. Mr. Phipps has already acquired ground in Philadelphia, on which will be erected a hospital for this purpose. The extent of the benefaction exceeds \$5,000,000.

The report of the committee appointed to consider the future policy of the Institute has been approved by Mr. Phipps and the Trustees of the University.

The work will be divided into three general departments, each of which will be presided over by a director. For the Directorship of the Laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For Directorship of the Sociological Department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment as Director of the Clinical Department.

In addition to a board of eight directors who will be directly responsible to the Trustees of the University, an Advisory Council has been created and will meet annually at the Institute. The following have accepted the invitation to serve as members of this body: Dr. Samuel G. Dixon, Harrisburg, Pa.; Dr. S. McC Lindsay, New York city; Dr. William H. Baldwin, Washington, D. C.; Dr. Herman M. Biggs, New York City; Dr. William H. Welch, Baltimore, Md.; Dr. Theobald Smith, Boston, Mass.; Dr. Gideon Wells, Chicago, Ill.; Dr. Simon Flexner, New York City; Dr. James A. Miller, New York City; Dr. James A. Miller, New York City; Dr. Lawrence Brown, Saranac, N. Y.; Dr. Henry Baird Favell, Chicago, Ill., and Dr. James Pratt, Boston, Mass.

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PROGRAMME

The Medical Society of Nova Scotia, Fifty-Seventh Annual Meeting, Yarmouth, Nova Scotia, July 6th and 7th, 1910.

Tuesday Evening, July 5th:—Reception at the Home of the President, G. W. T. Farish, M. D.

Wednesday, July 6th—Morning Session—9.30 a. m.:

Registration—General Business.

Paper—"Acute Anterior Poliomyelitis with Case Reports," H. H. Banks, M.D., Barrington Passage.

Paper—"Some Reflex Neuroses."—E. Kennedy, M.D., New Glasgow.

Paper—"Excessive Blood Pressure—A Promising Sphere for Preventive Medicine."—A Birt, M.D., Halifax.

Wednesday, July 6th—Afternoon Session—2.30 p.m.:

Paper—"The Diagnosis of Early Pulmonary Tuberculosis."—A. Fred. Miller, M.D., Supt. Provincial Sanatorium, Kentville.

Address in Medicine—"The Causation and Recognition of Functional Heart Murmurs."—R. D. Rudolf, F. R. C. P., Toronto.

± p.m.:—Automobile Ride.

Wednesday Evening, July 6th—Evening Session.

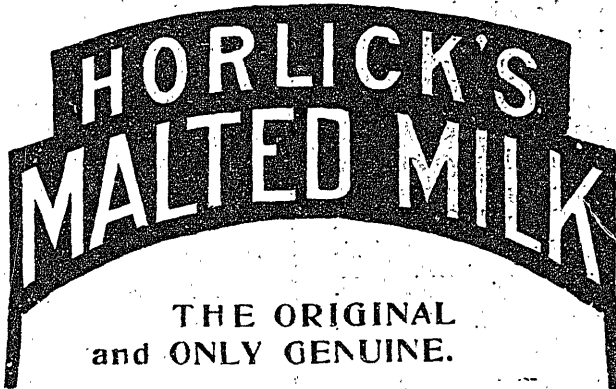
Public Meeting.

8. p. m.:

Presidential Address—"Reflections." G. W. T. Farish, M.D., Yarmouth.

Paper—"Reminiscences of 60 years practice in Queens County."—H. G. Farish, M.D., Liverpool.

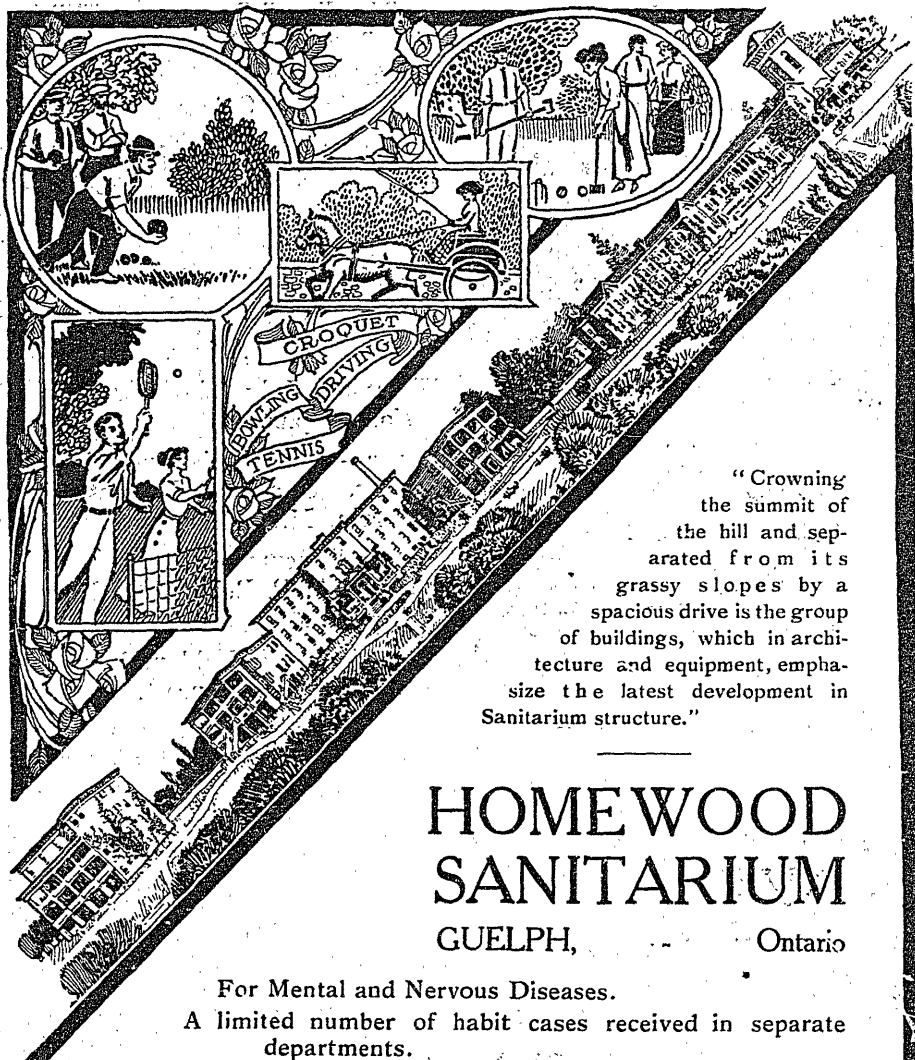
Paper—"Medical Education in Nova Scotia"—D. A. Campbell, M.D., Halifax.



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Thursday, July 7th.—Morning Session—9.30 a.m.

Report of Nominating Committee and Election of Officers—Business.

Paper and Demonstration—"Roentgenology."—W. H. Eagar, M.D., Halifax.

Paper—"Regeneration of the Tibia."—M. Chisholm, M. D., Halifax.

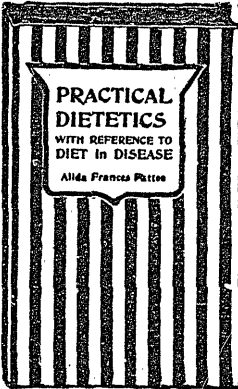
Address in Surgery:—S. J. Mixer, M.D., Boston, Mass.

Thursday, July 7th—Afternoon Session—3 p.m.:

Paper—"Diphtheria and its Treatment, Past and Present."—A. M. Perrin, M.D., Yarmouth.

Paper—"Pneumonia Past and Present."—A. P. Reid, M.D., Yarmouth. 5. p.m.:

Excursion to "Markland" for Dinner and Smoking Concert.



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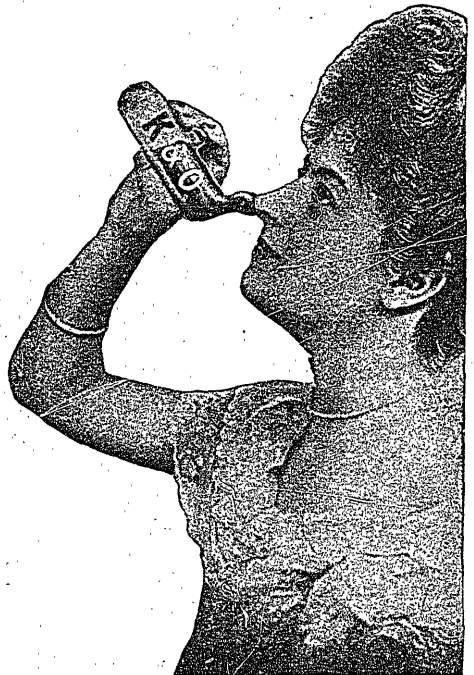
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