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THE MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO
MEDICINE & SURGERY

VOL. XX.

HALIFAX, NOVA SCOTIA, JANUARY, 1908.

No. 1

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CONTENTS FOR JANUARY, 1908

REGARDING THE MARITIME MEDICAL NEWS CO., LIMITED, AND THE RELATION OF THE NEWS TO THE PROFESSION - - - - -	1
THE WORLD OF MEDICINE - - - - -	4
PERFORATED GASTRIC AND DUODENAL ULCER.	CLINICAL OBSERVATIONS ON ACUTE INFECTIOUS DISEASES.
EPIDEMIC ACUTE POLIOMYELITIS.	THE PERSONAL FACTOR IN DIET.
ESSENTIAL INSUFFICIENCY OF THE HEART IN CHILDHOOD.	RECENT DEATHS OF EMINENT SURGEONS.
THE VALUE OF OCULAR SIGNS IN COMA.	
PRESIDENTIAL ADDRESS, BY A. McD. MORTON, M. D., C. M., BEDFORD, N.S.	9
THE LABORATORY AND THE GENERAL PRACTITIONER, BY WM. WARWICK, M. D., ST. JOHN, N. B. - - - - -	14
OBSERVATIONS CONCERNING SMALLPOX, BY THE LATE WM. BAYARD, M. D., ST. JOHN, N. B. - - - - -	18
CENTRIC AND ECCENTRIC FORCES IN MEDICINE, BY F. S. KISSMAN, M. D., TRURO, N. S. - - - - -	23
PERSONALS - - - - -	30
SOCIETY MEETINGS - - - - -	31
WESTERN ASSOCIATION OF PRINCE EDWARD ISLAND FOR THE PREVENTION OF TUBERCULOSIS.	
ANNAPOLIS KINGS MEDICAL SOCIETY.	
INFORMATION WANTED, RE CURES OF INOPERABLE OR RECURRENT CARCINOMA OF THE MAMMARY GLAND - - - - -	33
OBITUARY - - - - -	34
DR. WM. BAYARD	
DR. F. W. GOODWIN	
CAPT. C. D. MURRAY P. A. M. C.	
WHAT IS YOUR OPINION? - - - - -	40

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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THE MARITIME MEDICAL NEWS

VOL. XX., JANUARY, 1908, No. 1



WITH this issue the "MARITIME MEDICAL NEWS" enters its twentieth year and will soon be of age. It is fitting that the approach of so momentous an occasion should be marked by some progressive movement, and we are pleased to announce that there is something like that on the tapis. So we ask your attention to what follows, respectfully requesting a careful reading. We would further appreciate an expression of opinion from our readers, as we wish to know whether we have their sympathy and full co-operation in our undertaking.



Nineteen years ago a number of doctors put their hands in their pockets to found the MARITIME MEDICAL NEWS. Since that time they and some others have put much hard work into it. And what has been the result? To them, not a cent of reward. That, however, is not important. They did not establish it for gain. Their idea was that it should be an organ for the profession of the Maritime Provinces and Newfoundland, and that this service should be given for the small sum of one dollar a year for each one who would care to subscribe. Those who took the responsibility of providing this service were, we think, entitled to sufficient support from the profession to enable them to carry it along without any embarrassment to them. They have only been able by dint of much effort, however, to make the journal pay its way. It has been a struggle. But the struggle was worth while, for after the end of nineteen years the journal is still in existence.



Of course the NEWS has its deficiencies. But we think we can say that it is just as efficient as its readers have made it. Being a journal for the profession, it was up to the profession, we think, to make full use of it; and if full use had been made of it, it would have been most efficient. Now, we may be pardoned for saying that the profession at large has wasted its opportunity. True the Editors may have made them use their opportunities to the full. But busy practitioners have other things to do than keep continually stirring their fellow practitioners up, and it is not to be wondered at if, in many months out of all the 228 that they have been conducting this journal, they have paid more attention to their patients than to the general cause of the profession.

Perhaps as we enter our twentieth year we can look to the profession to take a greater part in making the NEWS live, complete and useful.



The editors (whose names the reader will find on page XI) are at the service of the profession, and if the profession will keep in touch with them, they will find them ready to do everything possible to advance the cause of the profession at large. Write letters to the editors, draw their attention to matters that need attention, send them papers and case reports, etc., subscribe and keep your subscription account in good shape. Do these things and you will be delighted and surprised at how excellent a journal the NEWS can be made.



We think that every doctor in the Maritime Provinces and Newfoundland should be a subscriber and pay one dollar a year. Seeing that the editors carry all the financial responsibility of the journal, give it the time necessary for its production, and in twenty years have drawn neither salary nor dividends from it, we think they are entitled to have the co-operation of every doctor to the extent of one dollar a year anyway. The majority of the doctors are already subscribers; and to the minority, during the last two years, we have been sending sample copies while soliciting subscriptions, and in this way have covered the profession thoroughly. To our subscription campaign we have had a fair response. But we think every doctor should now send us his dollar. We will give him at least a dollar's worth of reading matter in return, and in addition we think that what the NEWS stands for should be worth something more, though we charge nothing extra for that.



We want this universal support from the profession for two reasons: 1st, because we want the NEWS to cover the profession thoroughly on a basis fair to all, and 2nd, because we need the financial support that these extra dollars will give us.



If we had a dollar coming in regularly every year from every doctor in this field, we would have enough revenue to keep the journal on a sound basis. It is not too much to ask. The owners and editors give their services to the profession free. The profession should give them support to this extent.



There is another matter we wish to lay before the profession at large. During all the nineteen years of the journal's existence, there has been no regularly organized company. The owners and editors have stood together and have been ready to discharge all liabilities that might be incurred in this effort of theirs on behalf of the profession. There should be some definite organization; accordingly, they were duly incorporated in December 1907 as the Maritime Medical News Company Limited with an authorized capital of

\$2,000, of which \$1,000 is represented by the interest so far taken. This leaves a balance of \$1,000 to dispose of, and as the sale of that amount of stock, or even a portion of it, would place the concern on a very good footing, it is desired to have other doctors come in and take an interest. Shares are of the value of one dollar each.

❖ ❖ ❖

Now, we do not hold out any great inducements. We have already made a financial confession which will make it plain that big dividends are not to be expected. Nevertheless we hope that we can pay 5 per cent., and we do not think that the profession would begrudge this return on the capital outlay. We may say that the present owners will be satisfied with this return and they will promise future investors in the stock that they will not get more. Any surplus, over and above what may be necessary for business purposes to keep in the treasury, we will devote to the improvement of the journal.

❖ ❖ ❖

We are doing our best to frighten prospective investors, but we hope that a number of doctors will be ready to regard a subscription of ten or twenty dollars in the same way they would regard a contribution of the same amount to any philanthropic purpose, regarding dividends that might accrue as so much found money.

❖ ❖ ❖

We have confidence enough to believe that there will be a good response to our extraordinary investment offering, and we would ask all who think favorably of the proposition to write at once enclosing their cheque for the amount. We would point out the fact that those who contribute \$20 would, assuming a dividend of 5 per cent., receive the handsome return of \$1.00 a year, which would pay for their annual subscription to the NEWS; and we would apply such small dividends to subscription accounts, to save the trouble and expense of sending such small amounts. Of course, we could apply the dividends on smaller subscriptions in the same way. We solicit subscriptions of \$10 and \$20, because we do not want anyone to risk large sums. Nevertheless any larger subscriptions will be very gratefully received.

❖ ❖ ❖

We wish that the secretaries of all local medical societies would take note of our effort to serve the profession, for they can help us materially. We wish them to send us reports of meetings, papers that may be read at such meetings, paragraphs of professional interest and any suggestions that will be helpful. Such co-operation would be very much appreciated by the editorial board.

❖ ❖ ❖

Regarding the present organization of the Maritime Medical News Co. Limited, it may interest the profession to know that the Board of Directors consists of the following :

DR. D. A. CAMPBELL—*President.*

DR. MURRAY McLAREN—*Vice-Pres.*

R. M. HATTIE—*Secretary.*

DR. J. W. DANIEL,

DR. JOHN STEWART,

DR. G. M. CAMPBELL,

DR. W. H. HATTIE and DR. JAS. ROSS:

THE WORLD OF MEDICINE

Perforated Gastric and Duodenal Ulcer. In the *Medical Record* for Dec. 7, Charles H. Peck, of New York, presents the histories of eight cases of perforated gastric ulcers which illustrate practical clinical aspects of the condition. Seven presented extensive peritonitis, of whom five recovered and are still living. Gastroenterostomy was not performed, nor was the ulcerated space excised. The perforation was closed by a purse-string suture. The author concludes that perforated gastric or duodenal ulcer is curable in a good proportion of cases if promptly recognized. Perforation may occur suddenly without warning. Operation should be simple, quick, and accompanied by little intra-abdominal manipulation.



Epidemic Acute Poliomyelitis An epidemic of acute poliomyelitis occurred in New York during last summer, and various writers have given us the results of their observations. Habitz and Scheel in the *Journal of the American Medical Association*, discuss the pathology of the affection in a very thorough manner. They regard the disease as due to a specific virus, gaining access to the system through the gastro-intestinal tract, and the incidence of the disease during the summer months supports this conclusion. They consider that the nervous system is infected through the blood, possibly also, by way of the lymphatics. Henry W. Berg, in the *Medical Record* (Jan. 4, 1908) considers sporadic poliomyelitis as an entirely different disease from the epidemic form, the sporadic being non-infectious, the epidemic, non-contagious, but "in all probability infectious."

In sporadic cases fever is slight and may be absent; while in the epidemic form fever is a marked symptom and often prolonged, but the temperature curve is not of the septic type. Bulbar paralyses are not present in the sporadic form, but several cases occurred during this epidemic presenting bulbar symptoms and ending fatally. As a rule the sporadic type occurs in young children, the epidemic type attacks older children and even adults. In autopsies performed on cases of the sporadic type the lesions are found in the anterior horns only: in the epidemic, the inflammation extends to brain and cord in the pia mater, being "in reality a cerebro-spinal leptomenigitis."

The interesting question of treatment is discussed by V. P. Gibney and Charlton Wallace in the *Journal of the American Medical Association* (Dec. 21), their chief point being the prevention of the deformities which would arise from the false positions into which the child puts its limbs in the effort to prevent strain. Their course would be, as soon as the diagnosis is established, about as follows: Protect the limb or limbs from strain at the joints by means of a trough, either of wire, wood, light steel or plaster of paris, well padded with cotton batting; keep the feet at right angles with the legs, the knees in slight flexion or very nearly straight, and the thighs on a line with the long axis of the body. They would not use massage or other excitants of the muscles until certain that all inflammatory action has subsided, and then they would advocate as further remedial measures artificial hyperemia of the parts near the cord by supping, counter-irritation, etc.

Essential Insufficiency of the Heart in Childhood.

A. W. Fairbanks, Boston, (*Journal of the American Medical Association*, December 14), calls attention to a condition he has frequently observed in the routine examination of children, but which appears to be neglected in medical literature. He regards it as a muscular deficiency of the heart comparable to muscular deficiency elsewhere in the body and due to irregular development—moderate exertion, cyanosis under moderate exertion, cyanosis under similar conditions and sometimes persisting after the exertion for a short time, seen especially in the lips, face and fingers, and cold hands and feet. A more remote effect and less constant, but more striking, is the backward physical development of these children, most noticeable between the eleventh and thirteenth years. Some of these children show a discrepancy of several years between their actual and apparent ages. They are notably deficient in the usual activities of childhood. In its ultimate results muscular insufficiency of the cardiac muscle is much more serious than the same condition elsewhere in the body, tending to an actual organic deficiency in time. Fairbanks does not, however, consider such defect absolutely essential for the production of all the secondary symptoms of deficient heart, or of the remote results of such deficiency, when long persistent, on the growing body. These cases are generally overlooked by the family physician who finds no organic disease, and the symptoms observed are credited to some error of hygiene or diet or to something the child is expected to outgrow. He does not venture to say just what etiologic factor is directly to blame for this insuffi-

cient cardiac development, but believes that every infection or toxæmia affects the cardiac muscular and nervous structure to a certain degree, and advises giving more attention to the slight ailments and greater care during the convalescence from the ordinary infections in this stage of life. The treatment advocated is the same as that for cardiac incompetency from demonstrable organic disease—rest, absolute at first, combined with massage and warm carbonated saline baths and, in the case of older children, resisted movements, and, at a later period, graduated physical exercises under control of a physician or nurse.



The Value of Ocular Signs in Coma.

Burton Chance, of Philadelphia, in the *Medical Record* (Dec. 14) draws attention to the importance of examining and studying the fundus oculi in cases of coma. In the fundus we see exposed to our eye the veritable changes which go on in the brain, of which indeed, the retina is an expansion. As arterial changes in the eye, spasm, stasis, dilatation, lead to evident nutritional changes, may block the central artery, or rupture, and blot out an area of the retina, so, emboli, may starve a brain centre, or brain tissue be destroyed through rupture of a small aneurism. The author makes a complete study of ocular and retinal changes in various forms of coma with reference to diagnosis.



Clinical Observations on Acute Infectious Diseases. L. Fischer, New York, (*Journal of the American Medical Association*, December 28), remarks on the especially treacherous character of scarlet fever and its tendency to attack the heart. Too much attention is lia-

ble to be paid to the temperature and too little to the condition of the pulse and the action of the heart. A feeble, intermittent or irregular pulse with low tension is much more significant as regards prognosis than a sudden spurt of temperature. Heart complications can only be surely avoided by absolute rest in bed with careful diet and general attention to the emunctories; and for the stimulation of the emunctories, Fischer finds nothing better than a high saline colonic flushing at the temperature of from 110 to 115 F., given daily. It is better, he says, to keep the child in bed one or even two weeks longer than the customary four or six weeks, than to run the risk of a fatal complication. The condition of the blood with its usual marked leucocytosis indicates the destructive tendency of the acute infectious fevers and the weakened state of the system they produce. Hence the importance of avoiding reinfection of the susceptible patient. Prolonged chilling of the surface must be avoided on account of the lowered resistance and vitality. Illustrative cases showing the dangers mentioned and the good effects of proper treatment are reported. Fischer also notices some of the complications of diphtheria and gives illustrative cases: gastric fever, due to the inhibition of the gastric secretion by the toxin; middle-ear infection through the Eustachian tube; broncho-pneumonia and lobar pneumonia following diphtheritic infection, and antitoxin eruption. It is important to bear in mind that every diphtheria case needs watching for pulmonary complications. The importance of hygienic measures is also insisted on, fresh air, sponging of the skin to remove desquamation, cool water *ad libitum* for drinking, etc. Each case must be studied for its

idiosyncrasies and treated accordingly. As a prophylactic measure it is the custom at the Willard Parker hospital as well as at the Riverside hospital, to give an immunizing dose of diphtheria antitoxin at the beginning of the treatment of a case of scarlet fever, to prevent diphtheria as a complication.



**The Personal
Factor in
Diet.**

In the *Lancet* for Dec. 28, there is an interesting and suggestive article on "Idiosyncrasies in Diet," by Dr. Charles J. Macalister. It is very apposite at the present time when all our ideas of nutrition are threatened with revolution from the experiments of Chittenden, and when the writings of Haig and others lead to the belief that the average individual consumes too much meat.

The digest of Dr. Macalister's thesis is found in the old couplet:

"Jack Sprat could eat no fat
His wife could eat no lean."
and he says "whoever wrote this old nursery rhyme recognized the personal factor in diet."

Indeed this knowledge is so largely diffused and so firmly held that it would scarcely seem necessary to draw attention to it. It is an old saying that "one man's meat is another man's poison," and there is scarcely a more common observation than that such and such a thing does not agree with So-and-so. It is not always a matter of taste or relish. Many of us know to our cost that there are articles of diet which we like, but which do not like us, and show their displeasure by making us uncomfortable.

The same likes and dislikes are seen among the lower animals, but to a very much smaller extent; indeed

we may say that one of the distinguishing marks between man and lower animals is his greater range of variety, with more particular selection.

Macalister is disposed to think that the key to idiosyncrasy in diet is to be found in evolution, and that the mistake of most writers on diet, and of all who advocate certain definite lines of physiologically rational nutrition, is that they lose sight of the personal element in the patient. The atmosphere of the laboratory, the scientific precision of the balance and the test-tube, may lead the investigator to forget or ignore those everyday facts of experience which are very real, even if they cannot be explained. There was truth in the saying of the sage old lady who, listening to much argument about diet, boldly said that the question was not what you eat but the *skin you put it into*.

Haig says "uric acid disease is only uric acid toxæmia; the poison is swallowed and poisoning and its signs and symptoms result as a matter of course." Macalister has put Haig's hypothesis to the test, and is convinced that Haig errs in applying to all people a law which really depends on a special idiosyncrasy in some. "There are those who cannot take the purin-containing group of foods, such as meat, tea, coffee and cocoa, without suffering, but in reality this depends upon a metabolic idiosyncrasy, or an idiosyncrasy of elimination. Many people are quite capable of taking these foods, of abstracting what is good from them, and of metabolising and eliminating the purins without detriment to their constitutions, whereas others are poisoned by them, and accumulating the uric acid or other toxic bodies in their systems are periodi-

cally or permanently made ill by them."

The writer points out that the personal factor is manifest even in the infant, especially when hand-fed, and he says, "for your peace of mind let me advise you, having got an infant into thriving condition upon milk mixture which suits it, to hold fast to that which is good, and be careful how you depart from it."

He also refers to the changes occurring in advanced age and the necessity for changes in diet to suit these alterations, experience showing that at the two extremes of age nutrition is best maintained by the carbohydrates and simpler vegetable proteids with milk.

He thinks that in those individuals who do not relish, or do not assimilate flesh foods, we may see "a reversion to some ancestral type of vegetable feeder," and he refers to some interesting anatomical observations bearing on this point which our space forbids us to quote here. The conclusion is that we must study the question of diet and metabolism on new lines if we are to understand these idiosyncrasies. "My impression is that the whole question is one of evolution. Man, unlike the lower animals, is a mixed feeder—partly carnivorous, partly graminivorous and herbivorous, but it would appear that there is not a constant balance in every individual of the species between the amounts of animal and vegetable foods necessary to sustain him, and that while there is an average, in some cases the one type prevails, in some the other, and although the bio-chemist tells us that certain metabolic phenomena are constant in the species, clinical experience proves that there are distinctions and that unless these individual peculiarities are met, disease

and disorder will prevail. We have only to think of gout to see the truth of my contention. It is a disease of metabolism and I believe that if the proper lines of diet could be established early enough, this and its associations and numerous other kindred disorders might be avoided and that even more people would live to old age than is at present the case."

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**Recent
Deaths
of Eminent
Surgeons.**

Edinburgh has just lost two of her most distinguished surgeons. On the morning of Dec. 20, Mr. Annandale, Regius professor of clinical surgery, was found dead in his bed. He had operated in the Infirmary the previous afternoon, and then appeared to be in his usual robust health. He was in his seventieth year, but looked ten years younger. Mr. Annandale was well known as one of the most rapid and skilful operators of his time. He had been assistant to the famous Syme, and he succeeded Lister as Professor of Clinical Surgery in Edinburgh, when in 1877 Mr. Lister, as he then was, moved to London. He was a man of attractive manner and appearance, active and cheery and greatly beloved by his students and patients. On the following day Sir Patrick Heron Watson died. He was seventy-six years of age and had been in failing health for some time. He had been a candidate for the

chair of surgery in the university, but had not succeeded, the reason being probably, that he never became a "pure" surgeon, but retained a general practice. He served as an assistant surgeon during the Crimean war, and on his return was appointed one of the assistant surgeons to the Royal Infirmary. Watson could not properly be spoken of as a scientific surgeon, but in operative skill few have surpassed him. The late Professor Saxtorph, of Copenhagen used to say that Watson was the most brilliant operator in Europe, and this at the time when Nelaton was the "star" of the surgical world of Paris. He was an absolutely fearless operator, and many amusing stories are told of his coolness, readiness, and *sang-froid*. He was one of the first surgeons to devise a satisfactory operation for removal of the thyroid, the basis of his operation being the ligation of all four thyroid arteries, and he was the first surgeon to excise the larynx. He was knighted in 1903.

New York, and indeed all America, mourns the loss of Dr. George F. Shrady, who died on Nov. 30th. Dr. Shrady was an eminent surgeon, who gained much of his experience on the battle fields of the Civil war, but it is chiefly on his remarkable success as a journalist that his fame will rest. He was editor of the *Medical Record* from its foundation, for 39 years. He was seventy years of age.



PRESIDENTIAL ADDRESS.

Delivered before Halifax and Nova Scotia Branch British Medical Association, Nov. 20th, 1907.

By *A. McD. MORTON, M.D., C.M.*

Bedford, N. S.

GENTLEMEN:—Allow me at the onset to thank the members of this Branch for having so honoured me as to appoint me President for this year. It is an honour of which any one may well be proud, but the acceptance of the appointment includes the acceptance of many responsibilities, and I assure you I take the chair with considerable reluctance on this account. I will do my best, however, to justify the confidence you have shown in me, and I know that in return I may depend upon the Council and members for their best efforts to make the session of 1907 and 1908 a success. The meetings of the Branch have always been a source of pleasure and profit to me, and I look forward to the beginning of the session each year with pleasant anticipations. I must also ask for your kind indulgence for the many imperfections which you will notice in my brief paper as I proceed.

It is my pleasure to welcome you one and all to this suburban village of Bedford. I think I am right in assuming that this is the first time in the history of the Branch where a meeting has been held outside of the city of Halifax or the town of Dartmouth, and I am sorry that we are not holding our meeting here at a more congenial season of the year, when you would be able to better enjoy the natural scenery and beauty of this village. You are all familiar with the many natural advantages which we possess, and now that the transit problem is so nearly solved, I am sure that it would be to your in-

dividual advantage if you would very much oftener than you now do, leave the cares and worries of your professional labours and take a day's vacation in the country. I am authorized to say that the medical fraternity here will welcome you at any time you may be able to come. I hope that you have been able to come out here to-night without making too much of a break in your regular routine, and I trust that your visit here may give you such impressions that you may soon wish to come again.

When I look over the list of past presidents, two thoughts occur to me: first, that in occupying the high office of President of this Branch, I am following in the footsteps of some of the best and most noted men in our profession, and secondly, I am sorrowfully reminded that since our last session we have been called upon to mourn the loss of one of our most popular members and ex-presidents—I refer to the late Dr. Thos. W. Walsh. Dr. Walsh was a man well read in his profession and fully alive to all its changes and advances. In this Society he was always logical in discussion and convincing in his arguments. He will be very much missed in many ways, but what we shall miss more than anything else are his pleasant companionship, his genial conversation, his humorous anecdotes, and his interesting manner in relating them.

And now, coming to the subject matter of my paper, what shall I say? During the past four weeks the thought uppermost in my mind has been, what shall I say and in what

form shall I present what I have to say? It would probably be easier for me to give you something along the line of the experiences of a country practitioner than anything else, but this would probably not prove of much interest or profit to you individually, as you are all city practitioners. If I should try and give you a summary of the progress made in medicine and surgery during the past year, my inability, and the fact that circumstances prevent me from keeping up my reading would soon place me beyond my depth. I shall content myself therefore, with discussing very briefly, not so much the recent progress that has been made in medicine but rather what I shall term—"some of the mistakes we are apt to make."

It is a happy fact that the science of medicine is steadily and rapidly advancing. Discoveries are constantly being made, so that it has become quite the custom in opening an address in medicine and surgery to say that had Solomon the Wise lived in these latter days he would never have made use of his famous expression that "there is nothing new under the sun." It is the physician's duty above everything else to relieve suffering and pain, and we should be proud to belong to a profession that is able to do this far more readily than ever before. There have been great changes brought about in "our conception of disease and in the manner of its detection," and the study of medicine has become the study of a particularly fascinating science. I think that one of the most serious problems of today is how to keep pace with the times. A half century ago a noted physician said that "there is more actually known in medicine than the mind of any one man can grasp." If

this were true of fifty years ago how much more truly does it describe present day conditions? The field is so large that no one man can possibly keep up with all that is new in present day progress. A great deal of this progress in modern medicine is based upon new methods of investigation—"the discovery and invention of instruments and methods of precision, and the application of improved laboratory technic." These methods have given to us a precision in diagnosis which a few years ago could not have been obtained. Dr. H. Batty Shaw, of England, in opening a paper on the value of blood examination and speaking of the discovery of new methods of investigation says:—"this tendency does not remain satisfied with past achievements, and every year the medical profession is asked to consider some new diagnostic test, so that the older members of the profession may well suffer from a metaphorical breathlessness in their efforts to keep pace with the newer revelations of the laboratory. The younger members of the profession are not without their disquietudes, for the same inevitable deduction is brought home forcibly to them, that in order to equip themselves thoroughly for the duties before them they must plan their careers on lines very different to those of their medical forefathers."

During the past ten or fifteen years the general practitioner has gradually acquired the habit of depending more and more upon laboratory findings as an aid in diagnosis. Certainly brilliant results have been achieved in the laboratory. While I decidedly do not wish to minimize the importance of laboratory work, I think there has been some tendency on the part of the profession, where a pathologi-

cal laboratory is available, to depend too much on the result of a laboratory examination and to give too little attention to the bedside symptoms, the keen observance of which were the only means by which our medical forefathers arrived at a diagnosis. We should remember that very few diseases can be recognized by one sign or symptom, but rather by a series or complexus of signs and symptoms. Laboratory findings should be viewed in the same light as other important symptoms and due consideration should be given to all the facts in connection with any particular case before a diagnosis is made.

And now, having made our diagnosis, I think another mistake we make in modern medicine is that, as far as treatment is concerned, we stick too much to empiricism. Because someone has stated it to be a fact, or some one has written that a certain remedy will do good, our patients often get a prolonged course of treatment with some drug, or combinations of drugs, and we assume we are doing a great deal to influence some particular condition, forgetting the fact that the natural course of every disease is towards recovery. Indeed with many diseases the natural tendency to get well is so great that, as Dr. W. Hale White, of Guy's hospital, in the address in medicine at the annual meeting of the British Medical Association this year, says, "unless there is a strong consensus of opinion as to the efficacy of one particular mode of treatment, for example: iron for chlorosis, mercury for syphilis, thyroid for myxœdema, probably no special treatment by drugs does any good. It may be laid down that when more than two drugs are praised as benefiting any disease, probably no one that we know does

so." And yet we as physicians allow the mistaken belief as to the importance of the particular remedies we may be using go uncorrected. I think we should correct this mistake we are all making. Let us tell our patients they would recover under the same careful hygienic treatment even if drugs were not used at all. Let us teach our patients to rely less upon medicine and more upon an adherence to the rules of hygiene, "an ounce of prevention is worth a pound of cure." I think this fact is particularly true when we consider the question of the prevention of tuberculosis in this province. In Nova Scotia it is a shameful fact that we have no system of vital statistics. It is also a regrettable fact that the province is very generally affected with tuberculosis. Without vital statistics we cannot make comparisons with other places, but I believe we have more tuberculosis in Nova Scotia, or say the Maritime Provinces than almost any other country of the same population in the world. This is not only true of pulmonary tuberculosis, but of the other forms of tubercular disease, especially bone and joint tuberculosis. I have often wondered at the large number of cases of tuberculosis in the surgical wards of the Victoria General hospital. A New York physician told me recently that from his observation during a visit in this country, surgical tuberculosis seemed to be much more prevalent here than the section of the United States that he was familiar with. If these facts are true, are we doing our whole duty in regard to the prevention of this malady for which indeed prophylaxis is about the only cure? I am afraid not. What is the remedy? I think that whenever or wherever possible we should take this matter up with our patients and

those with whom we come in contact, and make the situation plain to them. During the present year thousands of dollars have been spent in the city of Halifax, and thousands and thousands of dollars throughout the province of Nova Scotia to put down an epidemic of small-pox, in which there was scarcely a death. The tax payers pay these bills for the most part willingly, but what would they say if called upon to pay a like amount, at present, towards the prevention of tuberculosis? I think there would be strong objections. With the idea of bringing the importance of the prevention of tuberculosis more and more before the public, at least one of the local medical societies in Nova Scotia is just about organising an Anti-Tuberculosis League. The object of the League is to keep up a steady campaign against the invasion and spread of the great white plague. While perhaps more can be done along this line in the prevention of consumption than with any other disease, I am sure there are many other morbid conditions in which public knowledge in regard to sanitary and hygienic conditions would prove of great benefit to the race. Therefore, we must educate the people. As Dr. Burrell says—"Keep hammering the tenets of preventive medicine into them on every possible occasion And finally we shall reach that golden age when disease shall be the exception, and our efforts be largely spent in regulating the living conditions of the healthy and vigorous." If these conditions are ever attained, medicine will then be looked on as an exact science. But I am afraid this will never happen. The practice of medicine is not an exact science and never can be exactly such. I often wonder if our present day theories will all be

proven erroneous or questionable within the near or distant future. This has been experienced in all ages and no doubt old methods will constantly continue to give way to new ideas. Mistakes have been made in the past by over-working some particular idea or method. As an instance take the almost universal habit a few years ago of bleeding for almost every pathological condition, because the teaching of the day said the people should be bled. It is probable that many patients were actually bled to death, yet those who did it were so blinded, that the cause of death was ascribed to the illness, and not to the bleeding. Nowadays, venesection is practically never employed. Yet, no doubt, if intelligently practised, there are selected cases where it would prove useful. The same be said of certain drugs. A few years ago everybody used tartar-emetic for nearly every condition. Now it is scarcely ever used. We go to extremes too much, and we often-times do harm to some new idea or new therapeutic agent, by devoting all our attention to it, and forgetting everything else. Just now we are looking forward to the estimation of the opsonic index as a means of forming a correct estimate of our patients' condition, and we are expecting great things from this. But time will tell of its value, whether it will be of use in the profession or thrown aside in a short time as impractical.

With all the aids to diagnosis that we have at our command, we are continually meeting pathological problems that we cannot solve. We get a case that we cannot diagnose. What shall we tell the patient who insists on being told what is the matter with him? Of course, if life seems to be in danger, we must ask for a

consultation, but if not and the condition does not seem serious, what shall we say? Some advise to always say "I do not know." But then we lose the confidence of our patient, and he is apt to fall into the hands of some one else who may not be as honest as ourselves, who will always have a name at hand. It has been said that we retard medical progress by using such general terms as "dyspepsia" and "liver complaint," but there seems to be some excuse for their employment as long as we meet with minor, obscure cases, which get well, with or without treatment.

Before closing, I would like to refer briefly to the financial aspect of our profession. I suppose very few men enter the field of medicine with the idea of making money. A small percentage of the most successful, particularly surgeons and specialists in this country, make fairly large incomes, but small in comparison with those who are considered successful in business, in politics or in other professions. But the general practitioner, the rank and file of the profession receives small remuneration for the work done. He must never refuse to call at any time of day or night whether he expects a fee or not. He must risk his life and the lives of his children whenever diphtheria, scarlet fever, or other serious contagious disease appears. The public expect this as a matter of course, and are indignant if he takes these matters into consideration. And yet, our patients do not always agree with us on the point of fees. I am glad to

say, however, that this is the exception. Most people are willing to pay promptly for services rendered. But there are some who still think the doctor gets his money too easily, and keep us waiting for months or do not pay at all. And here we have, to a large extent, ourselves to blame. The prompt rendering of bills and a good fair fee will go a long way towards making our financial path easier and prevent our new patients from acquiring the habit many of our old patients have had of making the doctor's bill the last to be paid.

And now I have finished. I have been speaking principally of the mistakes we are apt to make, but it is a fact that we often learn more by lessons learned through failure than by lessons learned through success. If we continue to minister to the sick and suffering, to teach the people that the cultivation of health is the first necessity of a useful life, that the best asset of the nation is the number of healthy individuals it contains, if we do not gain riches we may have the satisfaction of knowing we have done something for the good of our fellow-men. Reminding you of so many mistakes we make, may cause you to question the progress of the future, but you have only to look back a very few years to see that in spite of our many mistakes, the science of medicine is steadily advancing. I hope you will pardon me for detaining you so long with these fragmentary remarks, which certainly do not contain any new ideas or facts which all of you did not know before.



THE LABORATORY AND THE GENERAL PRACTITIONER.

(Read before the St. John Medical Society)

By W.M. WARWICK, M.D.

St. John, N. B.

THE title I have given to this paper may seem to you rather indefinite, but I wished to have it as short as possible in order to lighten the work of our Secretary in sending out the notices of the meeting. To be more explicit it should have been "Are Laboratory Methods an Aid to the General Practitioner in the Diagnosis, Prognosis, Prophylaxis and Treatment of Disease?"

It is not my wish to belittle, in the slightest degree, the work of the older members of the profession, who have accomplished so much in the face of so many obstacles and without the use of so many aids which we now deem almost indispensable. Neither do I wish to advocate the use of purely laboratory methods to the exclusion of those of a physical nature, but to try and show how the two can be used in conjunction, and to the mutual advantage of all concerned.

First, let us take up the subject of Diagnosis:

To the general practitioner as well as to the patient, a correct and an early diagnosis is of the utmost importance, not alone in the treatment of the case, but also in regard to prognosis and prophylaxis. To arrive at this diagnosis, we are in duty bound to avail ourselves of every possible aid, whether it be the microscope, the test tube, or electricity.

The old and the new methods of diagnosis must be used in combination in practically every case, else we will make many grievous mistakes.

How many cases of so-called "heart disease" are treated as such for a shorter or longer time, only to find out later—or have some one else find out—by a chemical and microscopical examination of the urine that the heart symptoms were only secondary to an organic lesion of the kidneys, or vice versa. In these cases the microscope must not be relied upon to the exclusion of the eye, ear, etc.

If an examination of the blood will show plainly, a possibly unsuspected leucæmia, pernicious anæmia, or malaria (of which we had two cases this year in the hospital); if the staining of the sputum will make plain the cause of a "cold which cannot be shaken off," a supposed "chronic bronchitis," or "anæmia" which will not respond to treatment; or if the examination of an *apparently* benign growth shows it to be malignant before it has formed metastases, no matter how careful our other methods of diagnosis have been; then how many lives may be saved or prolonged for a considerable time by these more accurate aids to diagnosis? Not only this, but we may be saved the humiliation of having the case correctly, and perhaps easily, diagnosed by a medical friend who has taken advantage of these opportunities.

Then there is the value of leucocyte counts in the differential diagnosis of many conditions, which may be of much importance to the physician, as well as the surgeon, by avoiding delay in having resort to surgical measures. These and many other

things which I might mention show very clearly how important these procedures are in arriving at a correct diagnosis.

Secondly, as to Prognosis:—

Here again the value of laboratory methods becomes apparent.

How very important to know the microscopical findings in a case with albuminuria before we commit ourselves as to the prognosis of the case! No doubt many cases are diagnosed as Bright's disease, because of the presence of albumin in the urine, with a few indefinite general symptoms. Now, if the sediment of that urine be examined, what a difference in the prognosis, if no casts, or only a few hyaline ones, be found!

Possibly, many of the wonderful cures of Bright's disease, described in testimonials in the newspapers and elsewhere, as "told by her doctor she had Bright's disease," are cases which, if examined microscopically, would have shown that a diagnosis of nephritis was wholly unwarranted.

What a difference too, both to the patient and his physician, if a case showing pus and blood in the urine, have the pus stained and the presence of tubercle bacilli demonstrated, perhaps after the bladder has been searched for stone, with all that means to the patient.

Frequent examinations of the urine in children during the course of contagious diseases and also in pregnant women may materially alter the prognosis and prevent much unpleasantness afterward.

In regard to Prophylaxis:—

A wide field is here opened for the employment of laboratory methods. If cultures were taken from all doubtful tonsillar conditions, how much more quickly a positive diagnosis could be arrived at, and how many

more cases of diphtheria prevented by the earlier isolation of the cases? Also, how many cases of staphylococcus tonsillitis would be diagnosed as such instead of diphtheria, without all the worry and anxiety to the patient's family consequent upon the latter diagnosis? If the throats of convalescents from diphtheria, nurses, contacts, etc., were examined regularly, and those showing the bacilli were kept isolated, we would have fewer cases than at present. The wisdom of taking these cultures has been well shown in the General Public hospital. Formerly there appeared quite frequently in the wards of the hospital, cases of diphtheria in patients who had been in the building for some weeks. In looking for the cause of these occasional outbreaks, Dr. Rowley decided to have cultures made from the throats of the nurses on duty in the epidemic hospital. Almost everyone showed diphtheria bacilli, though no sign of membrane was present. Then it was decided that before these nurses again went on duty in the main building, each one should be able to show four negative cultures taken on successive days. It is now some months since this was started and there has been but one case of diphtheria develop in the building, and that one a few days after admission. Some of these nurses showed pure cultures of the bacilli for a week or more, and this while nasal douches and gargles were being used. If these nurses could be the carriers of disease, why not the nurses or attendants in private houses? Also, why should convalescents be allowed out of quarantine before the cultures show them to be free from the possibility of spreading the disease?

TREATMENT.—Laboratory methods are becoming more important every

day in the treatment of many important diseases, as they give such positive indications as to the efficacy of our remedies. This is shown in anæmias and other blood diseases, where repeated blood counts and examinations show plainer than anything else the progress of the case.

The quantitative examinations of sugar or albumin in the urine, in diabetes and nephritis, are the most reliable indicators of treatment, especially dietetic.

Of the newer theories in regard to the opsonins and treatment by bacterial vaccines, enough has not yet been accomplished to make these procedures adaptable to the general practitioner, though much may be expected in certain diseases if the technique can be sufficiently simplified.

Now certain of the older members of the profession will say: "I never learned to use the microscope, make blood counts, stain sputum, etc.," "and besides that I have not the time to do such things." Then there are those who have learned how, but for one reason or another of late years have become rusty on such matters or have not the time.

Why should not these latter brush up these subjects and give their patients the benefit, and also feel that they are not falling behind the times? To the former and to the busy ones I might say there are plenty of the younger medical men and women in the city, who, learning how to do this work while in college or the hospitals will get rusty too if they have not the opportunity to carry on such work. In all the larger cities are many young physicians who make a good living during their first few

years in practice by doing just such work for those who are too busy to do it themselves, or do not feel capable of undertaking the work.

For the most of this work a well equipped laboratory is not an essential. A few reagents, stains, etc., can be kept in the office, or a small room. Of course, a microscope is expensive, but who has not the intention of possessing one sooner or later? And why not sooner if the need and justification for such work were realized by the profession at large?

There is one other matter which I would like to bring to your attention, and that is the benefit to be derived from more frequent post-mortem examinations. To realize the importance of this work one has only to visit the larger centres of medical activity and observe the important place given to this branch of medicine, in private as well as hospital practice.

Many surprising instances will be brought to our notice of conditions which, during life, gave altogether different physical signs than one would be led to expect, and many a condition found which was not even dreamed of after a physical examination. Also, if more frequent post-mortems were held in so many of these cases of sudden death, the medical attendant might not have to use that stereotyped phrase "heart-failure" quite so often, and the layman lose his opportunity for puns and jokes at our expense.

The public is fast learning of all the more modern aids to diagnosis and treatment from those who have been treated in other cities and hospitals, and also from the press, and so if these methods are not used more extensively in our own city, the public will consider us behind these other places. The more intelligent of our patients will come to expect these methods to be used, and no doubt be glad to pay for their use,

but the initiative must be taken by the profession itself, and we must impress our patients with the fact that these methods are essential and necessary. The result will be that the standard of medical and surgical knowledge will be raised to a higher level and so, many patients may be prevented from hurrying off to New-York, Boston or Montreal, when their cases seem to offer difficulties in diagnosis.



OBSERVATIONS CONCERNING SMALL-POX.

By the late WILLIAM BAYARD, M. D.,

St. John, N. B.

The following article from the pen of the late Dr. Bayard, written when he was Chairman of the Provincial Board of Health of New Brunswick and after he had celebrated his ninetieth birthday, will, we are sure, be read with interest by all acquainted with the career of that wonderful old man. The article was read before the Provincial Board of Health in August 1903, and its publication in pamphlet form was ordered, but we are informed that through some misunderstanding it was not distributed so generally as was intended.]

THE anomalous character of the present epidemic that has invaded this Province for the last two or three years is such that the question may be asked: Is the disease prevalent in this Province, throughout Canada, in 44 States of the neighboring Union, in Barbados, in Trinidad and in England, small-pox, chicken-pox, or a combination of the two diseases?

The unprecedented mildness of its type; the smallness of its mortality; its invasion; the great variety of its symptoms; and its eruptive appearance are such as have induced men of large experience to suggest that it be called by another name—*Varicoid Varicella*.

Much difference of opinion has existed in this Province and wherever the disease has exhibited its peculiar and mild form, such difference has been made manifest. Why? Because the public demand, and the physician in obedience to that demand, often gives a diagnosis upon an anomalous disease which has never been seen or described until very recently, and then, not in such a manner as to give it an acceptable name. Consequently, under existing circumstances, it is obviously unjust to throw the responsibility upon the medical man, and punish him for that which no reasoning mind should require from him.

Hitherto the mortality from small-pox has ranged from 10 to 50 and 75 per cent., with the usual disfigurement of those who recover. I have been connected with Boards of

Health since they were established in this Province, during which time we have had various epidemics of that disease in the City of St. John. And so far as I could learn the death rate ranged from 32 to 46 per cent., with its disgusting disfigurement. While the meagreness of our Board of Health reports prevent us from giving a reliable statement. For example, we are told that "a few cases of small-pox occurred which were promptly quarantined, and no further spread occurred." This does not afford the information required. Notwithstanding I feel confident that it has not exceeded many fractions above one per cent., except in St. John, where, I think, it was largely increased by overcrowding in the infectious hospital and the filthy environs of many of the victims. And I have not heard of any disfigurement.

When we learn the mortality in other places, we find in the State of Michigan, out of 694 cases, nine deaths; in Barbados, three deaths out of 889 cases. And I can find no record above eight per cent. Our reports do not justify me in giving the number of cases or deaths in this Province, but from newspaper reports I learn of hundreds of cases without a death.

The mild type of this disease is not of such very recent experience, for Dr. I. Anderson, as far back as 1886, described 115 cases having occurred in Kingston, Jamaica, with "symptoms of small-pox, chicken-pox, and others that were not ob-

served in either disease," and suggested that the disease be called *Varioloid Varicella*.

In 1898 Drs. Thomson and Brownlee, physicians to the Small-pox Hospital in Glasgow (see *London Lancet*, October 22nd, 1898), gave an elaborate report of sixteen Lascars who were sent to the hospital with history and symptoms exactly such as have been observed in this Province. Three of them showed distinct marks of having had small-pox; four of the others were vaccinated during the crusting stage of the disease, and the vaccination and the eruption went through their stages *pari passu*. They also inform us that at various times in the hospital they vaccinated fifty-two others during the eruptive stage of small-pox, not one of them successfully. I have repeatedly vaccinated patients under the same circumstances, but without effect.

In March, 1902 (see *London Lancet*, May 2nd, 1903), a case of this disease was taken from Canada to Barbados. In spite of the most rigid enforcement of the quarantine laws, including vaccination, house to house visitation, isolation hospitals, etc., etc., they had, during nine months, 1,500 cases with a death rate in one locality where a record was kept, of three out of 889 cases, and at a cost of nearly \$72,000.

In the autumn of the same year the disease reached Trinidad. The Medical Board, to whom the authorities referred the subject, declared the disease to be *Varioloid Varicella*, and recommended that no steps be taken to prevent its spread. It will be interesting and instructive to learn the result of this procedure. Apparently they have changed their minds, for I find the editor of the *London Lancet* of June the 20th last,

describes a leaflet recently issued by the authorities, headed "The Prevailing Epidemic : How to Prevent its Spreading." In which, while they do not name the disease, they evidently place more reliance upon vaccination than any other remedy.

Last month a young man went to Guy's Hospital in London, received some ointment for his eruption; after which it was found that he was laboring under this disease.

"Dr. J. Maccombie, of London, England (see *London Lancet*, December, 1901), states that in the years 1898, 1899 and 1900, 176 cases in London were certified to be those of small-pox. Of these 98 were correctly, and 78 incorrectly diagnosed."

I state the foregoing facts in extenuation of those who may possibly err in diagnosis, yet conscientiously believing themselves right. A mistake may prove serious. I can call to mind one sad instance where a patient was sent to a small-pox hospital with chicken-pox, remained long enough to recover from that disease, took small-pox and died of it. Medical men appreciating such risks can not be too careful, and should obtain the opinion of an expert when in doubt.

It may be asked what should be done under existing circumstances? A typical case of small-pox or chicken pox can be very easily diagnosed, but we have no mode of testing, as we have in typhoid fever, though it has been claimed that Dr. Councilman at Washington in May last declared that he had discovered the germ. I believe no published account of his mode of detection has yet appeared. Therefore each individual case must be studied and judged by its history, and the appearance of the eruption. The his-

tory is too often defective, and the appearance and course of the eruption is so varied—particularly in the present epidemic—as to puzzle the most astute minds.

We all know that vaccination has no influence upon chicken-pox, and very much upon small-pox. We very seldom see recurrent small-pox, and more seldom see small-pox and vaccination running *pari passu*. When small-pox does appear after vaccination it generally assumes a varioloid form. The invasion stage of small-pox is very generally more marked and severe than that of chicken-pox, high fever, frequent pulse, pain in head, back and muscles, lasting three full days before the appearance of the eruption, which may be felt under the skin, shotty-like, reaching their full growth in about five days, are round, flattened top and depressed centre, filled with clear serum, multilocular; in the pustular stage may become dome shaped, distributed on the face, head and extremities, less on the trunk, more on the back than on the chest and abdomen, many on palms of hands and soles of feet. Duration from four to six weeks.

While in chicken-pox the invasion stage is very often absent, the eruption being the first indication of trouble, appearing like macules, then papules, then vesicles, which attain their full size within twenty-four hours. Unilocular, when opened, fluid escapes, and vesicles collapse, leaving no elevation under the finger like small-pox. Within twenty-four hours the vesicle is as large as that of small-pox five days old. Distribution of eruption most abundant on trunk, less on face, scalp, thighs and arms, still less on forearms, hands, legs and feet, seldom on palms of hands or soles of feet. The vesicles

are oval or irregular in shape, not round as in small-pox, generally smaller on the distal extremities. The duration of the disease from a week to ten days.

When forming an opinion between small-pox and chicken-pox the practitioner should recollect that the initial symptoms of small-pox always exist, not so with chicken-pox. The distribution, shape and growth of the vesicles, their unilocular character in chicken-pox, and their multilocular nature in small-pox must be recognized. Too much weight must not be given to the fact that a case of small-pox exists in the house, for I have known both diseases to exist in one house at the same time, and so have many others.

At our last meeting, when I suggested that we pass an order that all doubtful cases of eruptive diseases be reported, the Premier asked me if I would require chicken-pox to be reported, I answered yes; I repeat it, as was done in New York in 1899, because the diagnosis was so frequently mistaken.

I may here observe that at the request of Dr. McNally I visited Fredericton and saw with him a patient laboring under the prevailing disease. The child was about three years old; had not been vaccinated; had no fever; tongue perfectly clean. The history the mother gave, she did not think the child sick until the eruption appeared on Sunday morning. She played about as usual on Friday, not so bright on Saturday; I saw her Monday morning, she was looking well, except for an eruption in clusters on the upper part of both cheeks, on the anterior part of each leg above the patella. None on the head, neck, or palms of hands, or soles of the feet, a few on the chest, one on the back. The vesicles were

irregular in shape, no red ring around them, not dome-shape like *Varioloid*, the fluid in the vesicles was not transparent, the vesicles were distinctly unilocular, when opened the fluid escaped, leaving a smooth surface under the finger when passed over it. Judging from the history and the appearance of the eruption, I concluded that the disease approached very much nearer to chicken-pox than *Varioloid*, and having no authority to class it as *Varioloid* *Varicella*, I advised him to report it as chicken-pox, for which I hear I have been denounced by those who differ from me; this does not trouble me in the least. Under similar circumstances I should give the same advice. It is true that Dr. McNally offered me a fee; it is also true that I declined to receive one. I also saw two persons who had been vaccinated after their recovery, in each case vaccinia was progressing in its proper form, but tardily.

It will not be disputed that the disease prevailing in this Province is a very mild form of small-pox, characterized by symptoms and results that have never been exhibited before. The same features have been observed of late wherever it has existed. It has often been preceded and accompanied by chicken-pox. It has in many instances resisted the most stringent quarantine regulations, and vaccination does not appear to exercise the same power over it that it has in former epidemics. The causes of these peculiarities we know not. They are probably due to some atmospheric influences beyond human knowledge or control.

The word small-pox carries terror with it among those who recollect its former habit, who call loudly for stringent measures, but when

such measures are applied to their own case they are ever ready to secrete them, thereby increasing its spread.

I have long felt the stringency of the quarantine system that has been enforced in this Province has a tendency to increase its spread rather than to lessen it. People in such matters are governed by their fears, and it is idle to expect persons to fear a disease exhibiting so little suffering and such a small mortality. Consequently they fear the quarantine more than they do the disease, and take every means to secrete it.

The present epidemic has lasted longer than any I can call to mind. And such an idea as placing a cordon on a road, a guard upon a house, or preventing a clergyman or a physician from visiting the patient, under proper restrictions, was never entertained.

I am supported in this contention by the Hon. Frank Wells, President of the State Board of Health of Michigan, who, in his address of 1901, says: "That modern facilities of communication render it practically impossible to prevent the spread of small-pox, or any other disease, by the ancient methods of quarantine, and such methods are, therefore, by nearly all intelligent communities, abandoned. Moreover, science and experience have so thoroughly demonstrated that this disease can not only be controlled, but be made to substantially disappear by vaccination, that no other measures are necessary where vaccination is employed. The exceedingly mild type which this disease has assumed since it began to take on epidemic proportions about three years ago is one of the principal reasons for its spread. It has been

very generally diagnosed at the beginning of outbreaks, as chicken-pox, or some other mild skin disease, with frequently no attempt at isolation of the sick or protection of the well by vaccination. Had its old time mortality prevailed of 50 or 75 per cent. of deaths, with the disgusting disfigurement of the persons of those who recover, the entire country would be panic stricken. It is quite possible that the present mild type may in time develop into a more malignant type unless the practice of vaccination and re-vaccination becomes general, and the disease thus stamped out."

With the above facts in my mind I urgently recommend the immediate adoption of general vaccination and re-vaccination, believing as I do, that the enforcement of that measure will prove the most effectual, the most speedy, and the most economical mode of arresting the spread of the epidemic that has existed in this

Province for the last two years or more. It is true the mortality is small, but the existence of such a disease in a community injures trade, and is expensive.

We have a precedent showing the value of vaccination in Germany with its population of 50,000,000, having in 1871 lost 143,000 lives by small-pox, enacted and enforced general vaccination, and in 1874 the loss from that disease averaged 114 lives.

Failing to obtain general vaccination, I would insist upon the notification of all *doubtful* eruptive diseases. This measure will require the appointment of an *expert* to decide between disputants.

When a case is reported as small-pox I would place a notice to that effect in *large* letters upon the door, and declaring a heavy penalty for breaking the quarantine. Few will enter facing such a sign, or make companions of the inmates.



CENTRIC AND ECCENTRIC FORCES IN MEDICINE.

By F. S. KINSMAN, M. D.

Truro, N. S.

Read before Hants-Colchester Medical Society, Nov. 19th, 1907.

AS students of medicine we are taught that our first duty is to the individual, that the fullest measure of our activities is the preservation of law and order within the human anatomy. The study of anatomy and physiology is essentially a process of analysis, proceeding step by step, from the larger organs to the primal cell element, from the functions of the greater organs to the phenomena of cell life. In the investigation of pathological conditions we observe the same hard and fast law of analysis. By a scientific dividing asunder, as it were, of the bone and marrow, we ultimately reach the camping ground of our enemy.

The medical profession, not many years ago, looked upon as the chosen field for the exploitation of theories and speculations, has now become the laboratory for the solution of the most exact problems of science. No longer units in the long thin straggling red line of experimentalism, we advance at every point by concentrating our forces.

In the prosecution of clinical work, the student must be fully impressed with the vital importance of definiteness. We are still painfully conscious of those cerebral hail storms that burst upon us out of a clear sky, as the result of our failure to localize some obscure brain lesion. Ten, fifteen, even twenty years of sweet balmy forgetfulness have failed to erase from our memory those classic periods in our hospital experience, when perchance we came to grief between a pericardiac and pleuritic friction sound, or perchance hopelessly lost ourselves in the angry

swell, between a diastolic and presystolic heart murmur. Above all things the student of medicine must be taught to analyze, to circumscribe his field of vision. The science of medicine is preeminently the recruiting ground of individuality. The student of medicine must choose between two alternatives—either to play the part of a recluse as a student, or the leading role in a huge farce—possibly a miserable tragedy as a practitioner. Infinite wisdom designed that the physician should be thoroughly equipped, for in his hands are the issues of life and death. The whole technique of the student's life is specially designed to develop the intrinsic at the expense of the extrinsic.

To the student of medicine the world is no larger than his environments. The new heaven and the new earth, that fill his waking hours and haunt his sleeping hours, are the revelations of the class room, laboratory, hospital ward and morgue. Four long years suspended between heaven and earth, breathing the air and digesting the food of the Immortals, with only an occasional glimpse of God's green earth—is it any wonder that the poor medico, when he alights upon earth again and mingles with his fellow kind, likens himself to the lone pelican upon the desert waste.

If it be true that the most trivial phase of life has its moral influence, it is most emphatically true that a science of such outstanding characteristics, as we have described, must have its ethical side to influence the student's future. A science that ever proceeds from the manifest to the

escape—a happy and contented man, microscopic, whose lines are ever converging towards the centre; a science that calls for the most direct contact with the individual, and the utmost concentration of all the faculties upon the individual, whose far point is the individual, and which seldom, if ever, projects itself beyond the individual; such a science must obviously contribute towards self-consciousness, self-sufficiency and self-reliance. Moreover, by narrowing the physician's outlook, and thus placing undue limits to his possibilities, it may even tend to produce an unhealthy condition of passive conservatism.

If we now turn our attention to the practice of medicine, we find the medical profession, in its relation to other professions, a hopeless misfit. The physician is essentially a separate and distinctive character. For him his profession is the inevitable, his only hope; to step down is to step out; to step up (if it were possible) is to step out. There can be neither retreat, nor advance, without the greatest sacrifice. The physician is more bound, by circumstances, conditions and conventionalism, than any other man, whatever his calling may be. Morally a free agent, perhaps more often a free lance; professionally he may be a free lance, but never a free agent. No other profession makes such demands upon its members. The physician is held to the strictest orders, by the exacting conditions of the service in which he is engaged. Even while doing active service, he carries in his pocket sealed orders for the next six or eight months; these orders none the less binding for emanating, as they often do, from the "Order of the Garter." But there are other than the *silken* cords that bind; there are the *golden* cords. The good will of friends

(although it may be but a small *coterie*) is not by any means to be despised. A good name is more desirable, we are told, than great riches; but when a happy combination of these two incompatibles is presented, as the reward of industry, very few of the more human class of erring mortals can find the moral strength to resist the bribe. Even those of us who are not of the elect, prefer to bear the ills we have, rather than fly in the face of Providence, to others we know not of.

There are yet other than the *golden* ties that bind—the highly tempered *steel*, that links us as a common brotherhood to our profession—the *pride of profession*. This is almost universal. The service rendered by the medical man possesses a certain moral quality, which being compensatory; militates against a professional oligarchy. In the eyes of this unwritten law of adjustment, all men are coequal, and each a peer of the realm. The acceptance of a recognized principle and motive of action as a common standard, broadens the professional creed and widens the vision beyond the viewpoint of the schoolmen. Thus in the absence of distinctions, hero-worship becomes an abomination—in fact, an impossible thing in a profession that knows no superior in its ranks. It is perhaps because of this that the physician turns instinctively from all conventional forms of idolatry and humbly worships at the shrine of his adoption—one Lord, one faith, one baptism. The physician is the Robinson Crusoe of professional life. Separated by a vast expanse of rolling waves from the busy marts and crowded thoroughfares of the outer world, he becomes acclimated to the new conditions, and learns to love his lone island retreat; no longer scanning the horizon for some means of

he fills his time exploring and exploiting the mysteries of an unbroken and untraversed soil.

The medical man, by education and environment, is morally, physically, and, possibly hopelessly, an incompatible unit. But what of the justification? Are we, as a profession, the stronger or weaker because of this splendid isolation? Are we making the most of our resources?

The exigencies peculiar to the present manner of living must engage the attention of every thoughtful citizen, and in view of our special qualifications, as a profession, we should be the first to volunteer service, and, if necessary, the first to go into the trenches.

The question that forces itself upon us is—what is the highest aim of our profession? Is it to cure disease? Is it not rather to intercept disease? This cannot be done by the *materia medica*, it can only be done by a thorough going system of rational therapeutics. We must apply the treatment before the inception of the disease. No greater fallacy, in these days, than may be read into the oft quoted words: "they that be whole need not a physician." It may seem a little "infra dig," to go out into the highways to compel the patient to come in, but infinitely better than to be compelled to say to the patient, "you have called me just in the nick of time," with the stress on the *me*. If as a profession, we are ever to attain to the mark of our high calling, or the high-mark of our calling, we must scale the wall, and get into closer quarters with our friends the enemy. We may continue to amuse ourselves by throwing sky-rockets through the medium of our professional journals; but these explosives, brilliant though they may be, float away into infinite space, high

above the heads of the public and are lost, eternally lost in the clouds. Yes, we must reach the public in some other way, even at the risk of setting up a condition of strained relations between the code and common sense.

Let your communications be yea, yea, and nay, nay. Thus saith the code, and thus saith precedent. But we submit we have the names of very eminent men who have happily fallen from grace, and who are yet in the bonds of iniquity. Our President's address to the Provincial Medical Association a few months ago, contains much of the very best food,—good, wholesome, digestible, and suited to any stomach. Then why should it have been withheld from the public? This is just the kind of teaching that should find a place within the columns of our periodicals and magazines. Perhaps it would hardly be fair to say that the doctor should be held on a charge of either *suicide* or *infanticide*. The child certainly deserved better treatment than even the fostering care of the MARITIME MEDICAL NEWS. If we examine the files of our medical journals for the last two years—British, American, and Canadian, and read the presidential addresses, we will find, that with very few exceptions, the subjects of these addresses have been popular ones. But alas! alas! What has been their fate? We read it upon the marble slab—was born—was dead. *Cause of death?* No circulation. *Cause of birth* (if you inquire)? Uncontrollable love for suffering humanity—but poor, suffering humanity, the chief mourner, is denied even the privilege of seeing the procession; much less 'the long, last, lingering look.' We apostrophize, we appeal through our official organs, to the children sitting

in the market places. We pipe to them, but they do not dance. The tolling of the bells rings out its warning note; we mourn to them, but they do not weep, and why should they? For what does it matter, whether it be we, who look so consolingly from the windows of our sanctum, upon the poor patient shivering in the cold on the outside, or it be the patient, who violently bangs his back door in our face to bar our entrance? The result is the same in either case. We do not reach our patient. We ask is it not time for a change of front towards the public?

Under the present dispensation, the law is the public school-master, and the only means of enlightenment to the man who is wilfully ignorant, or criminally indifferent to the laws of health.

Our legislators, federal, provincial and municipal, should assume more responsibility in matters of this kind, at least to the extent of giving to the public the fullest measure of protection against disease, and it is as clearly our duty to suggest the ways and means to be adopted in order to make such legislation effective.

It has been suggested that there should be a health department in our provincial and federal parliaments. If carried into effect, it would no doubt greatly improve the status of our profession; it would be a recognition of the important part we are to play in the building up of a nation of strong and healthy manhood. Invested with reasonable powers it would be the greatest possible safeguard against an effete or an undesirable class of immigrants. Besides, being a bureau of information, through an official journal, it would furnish the much needed medium for the diffusion of a practical know'edge

of many live questions, or better, life questions, that should be more alive. It would give official authority to the recommendations of our provincial and county associations. But, after all, legislation is only a means to an end, and not always the most direct. While waiting for advanced legislation, it might be well to oil up some of the old axles, and set in motion some of the machinery we already have in place. It would do much to relieve the tension of possessing our souls in patience.

Reform, or education, perhaps better be begun, like charity, at home. The health officer is one charged with very important duties under the law as the public school-master, and as such, should be held strictly to his oath of office; and his oath should give him the authority of a search warrant. As a member of the community the average citizen may be amenable to reason, but it often happens when we approach his private domain, he fairly bristles with indignation. He will tell you his cottage is his castle and his back yard his preserve—pure and simple—pure and undefiled. The health-officer may be too perfunctory in his rounds of duty, his *inspection* being little better than a *circumspection*. The plea often set up, that the family doctor has given a clean sheet, should count for no more than the 'keep off the grass' on a shingle, or 'Mrs. X—not receiving,' on the front door.

It is a strange phase of human nature that makes a man demand protection from fire, while he vigorously resists protection against the infinitely more deadly enemy of bacteria. By all means let the secret distillery of beer and whiskey be put out of business; but why in the name of consistency give full license to the more deadly evil, the festering dis-

tillery at the distal end of the sink pipe!

We must, as a profession, place ourselves in the forefront, and insist upon a more thorough going system of sanitation and sterilization. Education, where ignorance or indifference is a menace to the public health, should be made compulsory. If the public could be convinced that indifference to the laws of health was, as it certainly is, a positive drain upon their bank account, because of the extra number of fees paid to the family doctor, there would then be a reasonable hope of some reapproachment. Dollars and cents are unquestionably the strongest moral forces in the world to-day, carrying conviction straight home to the conscience of the scoffing sinner, and to the heart of the rejoicing saint—the miracle of the age. But where are the philanthropists in our profession who will undertake to finance so delicate a scheme as this? The introduction of the elements of anatomy and physiology into our schools, is a movement in the direction of rationalism. These little texts are not without some merit; they are very useful digests. Much depends, however, upon how they are served up, made palatable; they should form a good breakfast food, with no lack of the non-alcoholic ferment of grace. It has even been suggested by some one, that the first half-hour of the morning session be devoted to the study of one of these texts, as being a happy solution of the vexed question of religious teaching in our schools. Being a compromise, it should be acceptable to both saint and sinner. We would be very sorry to deprecate or underrate such knowledge, but the average child at ten, twelve or fifteen, lacks the initiative to apply such principles to his manner of living. The child's idea of such teaching is

that it is simply a lesson to learn; the mere shadow of truth, at most the substance of things hoped for. It is true the same may be said of other subjects in the school course, but with this difference: in the one case theory and practice may be separated by a measurable distance, while in the other case, if the child is ever to come to a strong and vigorous maturity, practice and theory must go hand in hand, they cannot be separated. To teach the child to observe certain laws of health and rules of living, to endeavour to endow the child with strong and invigorating habits for the future, is a high and noble aim, but impossible of attainment under existing conditions. We may cry reform, but there can be no reform at least to reach to the standard of our teaching, until our school rooms are remodelled upon the German, or some other plan, better suited to preserve and strengthen the child's natural activities of mind and body.

But while we wait for the incoming tidal wave of reform, let us be thankful for even the half loaf, and let us, by all means, continue to throw crumbs to the little fishes, for after many days we have the promise of the reward

The introduction of physical culture, along the lines of the military schools, is another movement towards rationalism, and interesting to us as members of the commonwealth; but just how such a system, which seems faultless in theory, can be worked out in detail in the typical country school room passes our knowledge of military tactics. The two foot aisles of a country school room, however well suited to a standing army, do not seem specially adapted to the march, counter-march, formation of squares, and other evolutions of active service.

This must not be taken as an attempt to criticize the merits of the scheme. During a part of the year the playground may be used in country sections, while in the larger centres the gymnasium may be used for drill service during the winter months, and the play ground during the summer months. The scheme has at least this to recommend it: if found impracticable it will show the need, and open the way for something better in the direction of consolidation, or larger and more suitable buildings in country districts.

If we may be allowed to digress, we would advise that a little rational treatment be applied to the country school rooms. Let the old stationary seats and desks be removed and replaced by chairs and movable desks or bookstands. A receptacle for books could be improvised in the chair. The chair could be made anatomical, the bookstands adjusted to the age or size of the child, and placed so as to insure the very best possible light,—an all important matter. Being readily moved, the chairs and book racks might, in a very short space of time, be transferred either to the sides of the room or to an ante-room. In this way there would be secured an open and ample space for physical exercise. This is an expedient that may well commend itself to any reasonable mind.

The ever increasing number of cases of conjunctivitis, astigmatism, blepharitis, and progressive myopia, that come to us from the school room, as the result of improper light, is our justification for going so far afield to describe our newly-patented hygienic and readily adjustable book-rack.

Perhaps the greatest advance we have yet made, along the lines of rationalism, is in the treatment of tuberculosis, and nothing in late

years has so brought us into hearing distance of the public as has the sanatorium. There is no disease in the category with a history more interesting than that of tuberculosis. It seems specially designed to teach the lesson of human limitations. No disease has so greatly discounted the pretensions of science. It has been virtually handed over, as a free gift, to the rationalist.

The sanatorium treatment is the systematic application of rational therapeutics. These tubercular institutions are doing a good work, but could not more be done by beginning the course a little earlier? Tuberculosis is a preventable disease that should be stamped out, and there are others. And how is this to be effected? By education along the lines of rationalism, and it is significant of the grey dawn, that men of the highest rank in the profession are using the columns of the public press as the only available means of education. But why make tuberculosis the solitary exception in the long list of so-called preventable diseases?

It is claimed that the treatment, prescribed for the tubercular patient, is so thorough going, as to be an efficient prophylaxis against all other preventable diseases; but unfortunately this fails to take into account, the specific character of other diseases such as pneumonia, typhoid, diphtheria, etc. The possibilities of the sanatorium have only been imperfectly recognized by the profession. Instead of being a mere asylum for systematic feeding and sleeping, it should be made an *educational centre* for the teaching of hygiene, sanitation, physiology, analysis of breadstuffs, etc. This would call for the installation of a teaching staff and up-to-date laboratories. The increase of the government subsidy

would be more than offset by the greater efficiency, and within a few years we would expect that such an institution might become self-sustaining. The sanatorium has been unfortunate in its associations, the popular notion being that it is simply a half-way house to the cemetery. In its true sense it should be regarded as a health resort, or better, a health school. Those who have given much study to the subject, strongly protest against sending to the sanatorium advanced cases of tuberculosis. The sanatorium should not be the *last* resort—it should be the *first*. It is barely possible the physician may sometimes overrate his skill, or err in judgment, as to the proper time to send his patient to the sanatorium, but after all the patient is the determining factor, and we find the patient very often rebels, because of the isolation and enforced retirement from business. Now the solution is as we have suggested, *interest the patient, give him something to do* and thereby keep him in the race. In a word, make a *student* of the patient, and begin the course early. An institution of this kind, equipped and managed upon the most approved lines of modern thought, would become popular, and the work being semi-technical, and more practical than that of the college, it would attract the student and practitioner, as well as the patient or lay student. This would be the longest, broadest and highest step yet taken by profession and public, toward united action upon common ground. This subject offers a fair field for the most *aggressive* work on the part of the medical profession.

If we are to advance, it must be by united action along the lines of rationalism, and let the forward movement be in the direction of the

sanatorium, as presenting the side of *least resistance*. It is true we have passed many milestones in the last decade—much ground has been gained, but not all along the line.

There is much of the bewildering indefiniteness of ten years ago in the therapeutics of to-day. The pharmacopœia of 1907 is as large a volume as that of 1897. It is from this wide spreading tree of knowledge that the physician's long-bow is shaped, and as such, is perhaps the best test of his ability to cure disease—a case of inverse ratio. The best we can say of this great banyan is, that it has sheltered us. So let us deal kindly with 'that old familiar tree,' and join in the general chorus:

"Woodman spare that tree.
 Touch not a sigle bow.
 In youth it sheltered me,
 And I'll protect it now.
 T'was my forefather's hand
 That placed it near his cot,
 There woodman let it stand,
 Thy axe shall harm it not."

"That old familiar tree!" Yes it has sheltered us, but unmercifully drenched many the poor patient.

We congratulate ourselves, that the sacreligious stroke has fallen. The one hundred and one misturæ and gargarismata for diphtheria have gone into disuse. The eruptive fevers and many other diseases are treated more rationally. The typhoid and pneumonic patient are spared the old-time pharmaceutical saturation, and the tubercular patient, in a measure at least, has ceased to be the happy hunting grounds of experimentalism, or the effervescing beer-garden for professional and non-professional quackery. But we have not reached the limit of our possibilities. As we have said, the weakness of our position is in our *iso-*

lution. We must get more in touch with the laity, the worldly wise, the man of affairs, and the man with the hoe. We must introduce a system of education along the lines of rationalism. The centre, with the big guns of science, cannot do it all—we must extend our wings.

It is not to our credit, that at least 75 per cent. of so-called preventable diseases are not prevented. If preventable diseases can be prevented,

we do well to ask ourselves the question: are we applying our energies in an effective manner towards this end? If, on the other hand, failure is to be the inevitable result of all intelligent and well-directed measures for the prevention of disease, then it is for us, either to revise our classification of diseases, or place the opprobrium of failure upon those responsible for the abortion of our efforts.

PERSONALS.

DR. A. P. Reid, provincial health officer, left last month for a trip to Mexico, on leave of absence until April. The doctor was accompanied by Mrs. Reid. In his absence, Dr. L. M. Murray, of the Halifax Medical College, is acting provincial health officer.

Major F. L. Vaux, P.A.M.C., is now in charge of the Station hospital here. He lately completed a course of training at Aldershot, England.

Dr. M. E. Devine, formerly house surgeon at the Victoria General hospital, was married on Christmas Day to Miss Ruby E. Card, recently a nurse in the same institution. Dr. Devine is now practising at Kingston, N. S.

Dr. J. F. Lessel lately returned from London, after receiving the qualifications of Member of the Royal College of Surgeons, and Licentiate of the Royal College of Physicians. Dr. Lessel has opened an office at 32 Morris Street.

Dr. John Stewart returned last month from his trip abroad, and we are pleased to report that his health has very much improved.

Dr. W. N. Wickwire had the misfortune to meet with an accident last month, falling on his head producing slight concussion of the brain, and also badly spraining his ankle.

Dr. F. U. Anderson has fully recovered from an attack of appendicitis.

Dr. A. W. H. Lindsay was recently confined to the house for a week suffering from an attack of la grippe.

Dr. J. Ross also suffered from a prolonged attack of la grippe last month.

Dr. A. R. Cunningham has left for a course of study in London and Vienna.

Dr. L. E. W. Penney, of New Germany, was married at Westmount, Quebec, December 31st, to Miss Daisy I. Lawrence, of Waterloo, Quebec.

Dr. G. A. B. Addy and Dr. W. W. White, of St. John, took post graduate courses at Edinburgh during the past summer. Dr. White also obtained the qualifications of M. R. C. S. Eng. and F. R. C. S. Edin.

Dr. J. L. Potter has just returned from a course of study in London.

SOCIETY MEETINGS.

THE WESTERN ASSOCIATION OF PRINCE EDWARD ISLAND FOR THE PREVENTION OF TUBERCULOSIS.

THE NEWS has often referred to the apathy of the profession in the crusade against consumption, and our apparent apathy in overlooking the above live organization may be partly explained by the fact that, since the death of Dr. Taylor, we have not been able to induce the P. E. I. Council to appoint a representative on our editorial staff—modesty evidently being a characteristic of the profession in that province.

At the first annual meeting held at Summerside one year ago of The Western Association of Prince Edward Island for the Prevention of Tuberculosis, Mr. J. E. Wyatt read the Presidential Address, from which we quote the following:

“Our work has been greatly forwarded by excellent lectures on tuberculosis, its cause, prevention and cure, delivered by some of our medical members in various parts of this county. These have all been attended by large and appreciative audiences and have resulted in an improved mode of living in these different localities and surrounding districts. We must also acknowledge the great service rendered by the press by publishing from time to time articles helpful for the prevention of the dread disease. Another channel by which we tried to awaken interest in this subject was by the distribution of the pamphlet “How to prevent Consumption,” to the school children to be taken home and read by

their parents. We also had a number of wall cards printed entitled “Consumption” in attractive letters, giving an epitome of the origin of consumption and its prevention. These we had stuck in a great number of school houses, public halls, hotels, post offices, lodge rooms and other public places throughout the country.

As to our internal organization, I may say we have a “Legislative” and “Press” committee, whose duties are to watch the progress of our efforts to effect the aims of our Association and to make such suggestions and effectuate such means as shall be best calculated for their attainment. “School” Committee to visit the public schools of Summerside with a view of ascertaining if conditions exist conducive to tuberculosis or its infection. A “Visiting” Committee to report to the secretary such tubercular cases as shall come to their knowledge and a statement of the circumstances and surroundings of each patient. All physicians and clergymen are ex-officio members of this committee. In order, practically, to assist those suffering from consumption from indiscriminate spitting, by which means we know this disease is principally spread, the Association lately purchased a small lot of sanitary cuspidors, and a number of them have already been supplied. The executive have been considering a scheme to provide shelter for cases of consumption to enable them to

live in the open air, but as it is not yet matured I will not go into particulars." * * * * *

We also note the following paragraphs from the report of the Secretary, Dr. J. Jardine:

"One of the first acts of our executive was to apply to the Canadian Association for affiliation. This has been granted, and thus to-day we are legally and fraternally united with the parent society at Ottawa, having one common object in view.

Our president was nominated a delegate to the regular meeting of the Dominion Association, in March last. You are all aware, that accompanied by Mrs. Wyatt, he attended that convention, and very ably and gratuitously represented our best interests at that meeting.

It is highly gratifying to us as a society, that our worthy president has received the distinction of being a member of the executive committee of the Canadian Association. * * *

As a society we have endeavoured to give instruction on the cause and prevention of tuberculosis in the following ways:

1st. By lectures given in many centres in Western Prince Edward Island, by our enthusiastic President and my honored confrere Dr. McLellan, assisted by local physicians. This work has not cost our society one cent as both gentlemen have undertaken this at their own expense. The value of such addresses cannot be over-estimated and the hearty thanks of this organization are due both for the deep interest they have taken in the working of our society.

2nd. These same worthy members embraced the opportunity of addressing the annual convention of Western Inspectorate Teacher's Convention in Kensington, on June 29th last, and advocated hygiene and other reforms which cannot but be productive of good for an important resolution was adopted by that body of educationalists. * * * * *

To serve as a criterion in measuring our success in lessening the ravages of the dread disease we are attacking, we have adopted a bye-law providing for the registration by your Secretary of all tubercular cases that come to the notice of our physicians and clergymen. Owing, no doubt, to the misunderstanding and newness of the proposal, only a limited number of cases have been reported, and some of these show a gratifying improvement. In this connection we must note with satisfaction that during the year a law has come into force requiring the registration of deaths in our province. This will greatly enable us to judge of the progress we may from time to time make in the great cause."

The NEWS most heartily congratulates this Association for the work already accomplished, and can readily foresee that such will provoke a stimulus to the similar organizations already and to be established throughout the Maritime Provinces. May this good work be increased throughout the Dominion so that the scourge, consumption, will soon be recognized as one of the rarest of diseases.

ANNAPOLIS-KINGS MEDICAL SOCIETY.

A regular meeting of the Annapolis-Kings Medical Society was held in the St. James Hotel, Bridgetown, N. S., at 2.30 p. m., Wednesday, January 22nd, at which the programme was as follows :

Address—Dr. P. N. Balcom, Aylesford, N. S., Vice-President.

Paper.—Subject ——— Dr. J. W. Miller, Canning, N. S.

Paper.—Puerperal Eclampsia — Dr. Arthur S. Burns, Bridgetown, N. S. Discussion—Drs. Withers, Moore, Young, Armstrong and others.

Paper.—Anæsthesia, by the H. M. C. Method—Dr. S. N. Miller, Middleton, N. S.

Paper—Subject ——— Dr. J. B. March, Berwick.

There was a dinner in the dining room of the hotel at 7.30 p. m., after which the report of the committee on Scale of Fees was received and discussed, and any other unfinished or new business taken up.

A large majority of the practitioners of Annapolis and Kings Counties have joined the Society and the committee hope that those not members will send in their application for membership, enclosing the annual fee, \$1.00, to the Secretary, W. F. Read, M. D.

INFORMATION WANTED.

December 27, 1907.

EDITOR MARITIME MEDICAL NEWS:

Will you kindly insert the following in your paper giving it as prominent a place as possible?

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery, such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of the person who can give knowledge first hand.

Address.

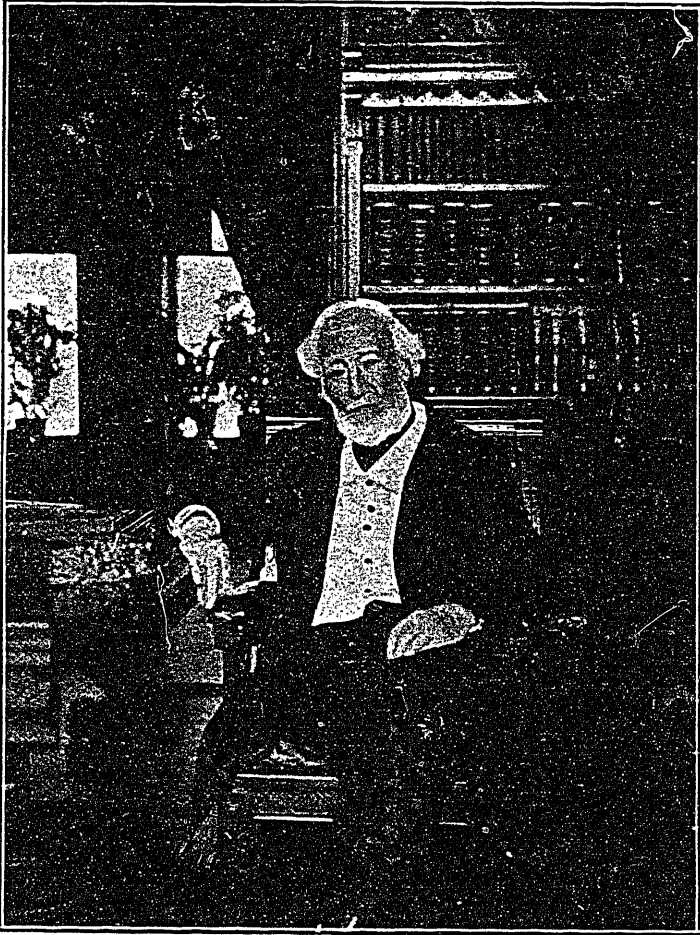
HORACE PACKARD,
470 Commonwealth Ave.,
Boston, Mass.

OBITUARY.

DR. William Bayard, of Saint John, New Brunswick, died on the 17th December last.

The passing away of one so greatly honored and esteemed alike by the

titioner of medicine, he had a long and distinguished career. He was a man of intense energy and great decision of character, so much indeed as to lead him often into warm con-



THE LATE DR. WILLIAM BAYARD.

medical fraternity and the citizens generally, was an event causing great sorrow throughout the community in which he had lived so long and by whom he was greatly respected and beloved.

Living nearly ninety-four years, seventy of these a graduate and prac-

titioner, but he was not so obstinate or impracticable, but that he would adopt the good ideas of an opponent readily on demonstration of their value.

He worked hard and spent time and means necessary to accomplish his object with no other ambition.

than the promotion of whatever seemed good to have for the objective view. Withal he was most honourable and spirited, and resented warmly any imputation on his motives and action.

He was a writer and contributor for various medical journals, and a warm supporter of all medical societies or organizations within his sphere.

To him is due the credit of founding the General Public hospital of Saint John, nearly fifty years ago, and till recently he remained a participant in the management and improvement of it.

In recognition of this, the present Board is about to place a brass tablet to his memory on the walls of the institution.

From the commencement of his practice, soon after his graduation at Edinburgh, he has been in the forefront of his profession in New Brunswick and the Lower Provinces, and he has occupied in turn all the prominent positions of the profession: as chairman of the Hospital Board for a long period, chairman for many years of the Board of Health, Coroner, President of the Medical Council of New Brunswick, President of the St. John Medical Society, of the New Brunswick Medical Society, Maritime Medical Association and of the Canadian Medical Association.

Dr. Bayard had strong political affiliations, but was never a candidate for popular representation, nor an applicant for political favour, although he enjoyed the most intimate relations with many of the most distinguished men of Canada.

He was presented by the members of the profession in St. John with congratulatory addresses on the anniversary of the fiftieth; sixtieth and seventieth years of his graduation,

and also on these occasions by other public bodies as well.

On August first, 1907, the seventieth anniversary, he received from the University of Edinburgh, his Alma Mater, through Prof. D. J. Cunningham, Dean of the Faculty of Medicine, an address. In this it was mentioned that Dr. Bayard was, as far as was known, the oldest living graduate of that seat of learning, and the combined Faculty conferred on him, the honorary degree of L.L.D. in absentia.

In the Great Fire of 1877, Dr. Bayard lost very heavily, saving nothing of his professional accumulations of forty years in instruments, books, specimens, and notes, and as far as anything but experience and reputation counted, he had to commence over again. But he soon erected the elegant residence in which he lived till his decease, and where he dispensed a lavish hospitality, especially when the members of the different medical societies met in the city. These were always received with warm welcome.

Dr. Bayard was born at Kentville, N. S. His grandfather was Col. Sam Vetch Bayard, an officer in the Royal Army in the Revolutionary war, and who at the close came to Wilmot, N. S., and settled there. His son, Dr. Robert Bayard, the father of Dr. William, studied at Edinburgh, graduated and became a Professor of Medicine at New York, but when the war of 1812 broke out he returned to Kentville, but soon settled in St. John, and attained a leading position in practice, which he enjoyed till his death at 82 years of age.

Dr. William Bayard married early in life Miss Susan Maria Wilson, of St. Andrews, N. B. She died in 1876 leaving no children. Her husband

was greatly assisted by her in all his projects for the public good.

The following warm and just tribute from a morning newspaper, is elegant and true:

"Bearing a great name and honoring it, Dr. William Bayard was for a great many years one of St. John's most conspicuous and distinguished figures. The announcement of his death will carry to a great circle a sense of personal loss. Great age in Dr. Bayard's case meant more than in the case of a great number who live long, for he had made his life full of increasing value and of meaning from the day of his majority. A wise physician, he guarded well his physical powers, and developed his mental faculties to the utmost. When at last the body failed, the brain was still unclouded. Many had hoped the distinguished citizen would live a full century. He fell but little short of it. Death did not surprise him. He knew all about it that one can know this side of lasting unconsciousness. So he went out, as one encountering the supreme adventure, but quietly and firmly.

In his time he saw much action and reaped much honour, and so was doubly fortunate in that he was both highly useful, and of recognized utility, to his kind. The last year of his life was a memorable one. On such occasions as his attendance at the reception to Earl Grey and at a political meeting, his appearance was the signal for a sort of ovation. Last summer, when he completed his seventieth year in medicine, his arrival at that remarkable milestone was signalized admirably by his associates in the profession. Edinburgh University, whose oldest living graduate he was, welcomed the unique opportunity to do him honor at that time.

Every skilled and honorable physician is of great service to his fellows even if his labors be confined to private practice. Dr. Bayard added to his fine private record no little public service. The General Public Hospital is one of his monuments, for his vigorous advocacy and skilful planning caused it to be built. As there is a very wide recognition of Dr. Bayard's value as a physician and a citizen, so there will be very general and genuine regret because of his death. To a smaller and more intimate circle the blow will be indeed heavy.

At the last meeting of the St. John Medical Society it was resolved to send the following letter of condolence to Miss Bayard, niece of the late Dr. Wm. Bayard:

Addressing you at the earliest convenience since the death of your dear uncle, it will be superfluous for this society to repeat all that was so recently embodied in the address presented to him on the 70th anniversary of his graduation in medicine; to reiterate the fact that he has been elevated to the highest position in the gift of the profession in this province, and of the whole Dominion; to remind you of the honor done by the great university of which he was so distinguished a graduate; to speak in detail of his arduous and self-sacrificing labors in the public interest, or to remind you of the profound esteem in which he was held; and how the labors of his long life were appreciated by the citizens of St. John and of the Dominion at large, as was set forth by the press immediately after his death.

But we, as members of the same profession, and who met him personally in the exercise of his professional duties, wish to speak to you of our

high appreciation of his skill and ability; of his constant kindly interest in the younger members of the profession; of his unflinching courtesy as a consultant to his younger conferees; and of that generous hospitality which we have so often enjoyed at his hands.

When a life so full of years of honors and of accomplished work comes so painlessly to a peaceful, and, what to all of us must be the inevitable end, though we miss the familiar figure, the cheerful smile, the cordial greeting, we feel we have no real cause to mourn; we rather wish that our end might be like his.

But, while this may be philosophically true, we realize that to you,

bound by closer and more sacred ties of kinship, his death has left no less a wide and sad blank in your life.

Therefore it is, that to you Miss Bayard, to whom we know his death comes with much sorrow and loneliness, we tender our sincerest sympathy, and beg to assure you that we fully appreciate how your tender and solicitous care has made his last days to pass with all possible comfort and happiness.

We beg to subscribe ourselves on behalf of the St. John Medical Society.

THOMAS H. LUNNEY, *President.*

J. S. BENTLEY, *Secretary.*

THE LATE DR. F. W. GOODWIN.

THE death of Dr. F. W. Goodwin, which took place at his residence on December 18th last, caused a widespread feeling of

ed had been suffering from chronic Bright's disease, but it was not until about four weeks before his death that he was compelled to abandon work. Since then he failed rapidly, and passed away peacefully.

Dr. Goodwin was born at Baie Verte, N. B., in 1857. After a good common school education, he studied for short periods at Acadia College, Wolfville, and Mount Allison College, Sackville. He prosecuted his medical studies at the Halifax Medical College, where he graduated M. D., C.M. in 1885. Subsequently he studied for the greater part of two years in London, where he secured the double qualification of M. R. C. S. Eng. and L.R.C.P. Lond. He first practiced at Hartland, Carleton Co., N. B., for a period of two years and with marked success. In 1887, he removed to Halifax, and gradually built up a good practice. Shortly after settling in Halifax, he was appointed Professor of Materia Med-



THE LATE DR. F. W. GOODWIN

regret among his numerous friends in Halifax and throughout the province. For some time past the deceas-

ica and Therapeutics in the Halifax Medical College, a position which he continued to hold up to the time of his death. He was an active member of the Halifax Branch of the British Medical Association, its Secretary for four years, and President, 1903-04. He was also a member of the Medical Society of Nova Scotia, and contributed a number of interesting papers, chiefly on Therapeutics. He was also a warm supporter of the MARITIME MEDICAL NEWS.

The funeral of Dr. Goodwin took place on December 21st, the Rev.

Thomas Fowler officiating, and was largely attended by members of the medical profession and representative citizens. In his death the profession have lost one of its most active members, and a man widely respected for his many good qualities of head and heart. The Medical School has lost one of its most useful teachers and supporters.

A widow and four children survive, to whom on behalf of the profession, we tender our deepest sympathy in the great loss which they have sustained.

THE LATE CAPT. C. D. MURRAY, P. A. M. C.

The death of Captain Charles Dickie Murray occurred on the 12th of December at the Station Hospital, at the early age of 43 years. Some two years ago Dr. Murray experienced a severe attack of pleurisy, since which time he never regained his previous good health. A trip to the West Indies proved of some benefit, but it was his indomitable spirit that prevented him realizing that his constitution was to any extent undermined. During the month of October last, he went to Montreal, where he engaged in study preparatory to an examination for promotion in the Army Medical Corps, which it was his intention to undergo. Two weeks before the date appointed, however, he became ill and was obliged to return to Halifax. His condition was then found very serious, and he was removed to the Station Hospital, where he passed away ten days after reaching home.

Dr. Murray was a son of the late Rev. Wm. Murray, and nephew of Rev. Robert Murray, editor of the *Presbyterian Witness*. He graduat-



THE LATE CAPT. C. D. MURRAY, P. A. M. C.

ed from the University of Edinburgh in 1889 and practised a short time in Newfoundland before coming to Halifax. For twelve years he had been one of the physicians to the Victoria General hospital, and his efficient instruction while Professor of Clinical Medicine in the Halifax Medical College will be recalled by his students. He had also acted as Secretary of the College for five years. As Secretary of the Halifax and Nova Scotia Branch of the British Medical Association for some years, and afterwards as President during the session of 1904-05, he performed the duties of these offices faithfully and creditably.

For some years he acted as medical examiner for the Mutual Life Insurance Company of New York, and likewise represented the United States Government as medical inspector of immigrants at this port. When the Dominion Government assumed charge of the permanent force in Canada, Dr. Murray was appointed one of the medical officers stationed in this city with the rank of Captain, and was universally liked by officers and men.

Dr. Murray was a member of several organizations of this city, including the City Club, Studley Quoit Club, the Royal Nova Scotia Yacht

Squadron, and the North British Society. He was also an active Freemason, being a member of Virgin Lodge, of this city.

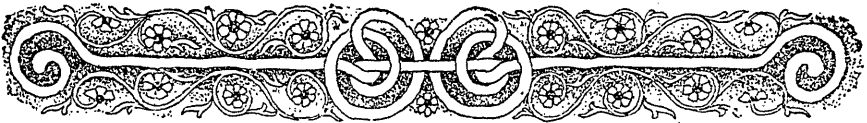
Having from early youth been fond of literature, and possessed of a splendid memory and a fine command of language, he proved one of the best of companions, and well qualified to discuss topics of a diverse character. His views on medical questions were always attentively listened to at different Society meetings, and his quickness of perception ever tended to smooth over controversies which might otherwise have resulted in feelings not altogether amicable.

We will all miss "Dickie," and his cheery manner and bright companionship will for many a day be fixed in our memory.

His funeral was one of the largest and most imposing seen in Halifax for some years, having been buried with full military honours. The medical profession attended in great numbers and likewise a great number of well-known citizens.

Dr. Murray leaves a widow, and one daughter aged four years. Mrs. Murray was a daughter of the late A. B. Boak, of this city.

To the sadly bereaved the News extends its deep sympathy.



WHAT IS YOUR OPINION?

AT a meeting of the shareholders of the MARITIME MEDICAL NEWS Co., Limited, held recently, one of the shareholders there present brought up the question of the advertising patronage of the NEWS. He said that there were one or two articles of a proprietary nature advertised in its pages that he himself thought should not be there, and about which a number of the profession with whom he had conversed, held a similar opinion. We may say that two subscribers have criticised certain advertisements by letter. Now, as the NEWS is the profession's own journal, we wish it to be all that they would like to have it, and if they disapprove of any of our advertising with anything like unanimity, we would like, if at all practicable, to eliminate such advertising, notwithstanding that it may mean considerable sacrifice on our part. Of course our readers can see difficulties in the way, for contracts cannot be cancelled without mutual consent. But meantime, looking towards a better state of things, we would like to know the mind of the profession on this subject. If we are

not imposing too much upon its members in asking them to write us about various matters, we would invite a free discussion of this matter. If you object to any of the advertising we carry, let us know what it is and give your reasons. The Directors and Editors will be pleased to receive your opinions and act upon them to the best of their power.

BELCHER'S ALMANAC.

We are pleased to welcome Belcher's Farmers' Almanac to our desk again. This publication should interest the medical profession inasmuch as the medical registers of the three provinces are published there, as well as lists of board of health officers, etc. Apart from this, however, there is much of general interest that makes the Almanac useful to every resident of the Maritime Provinces. We note that Belcher's has been published steadily since 1824. It has during that time established a place for itself among the wants of Maritime people, so that it is now practically a necessity; indeed, it is a book of reference without which it is almost impossible to get along.

FOR IDLE MOMENTS.

ACOUNTRY doctor, whose most troublesome patient was an elderly woman of parsimonious disposition, was vigorously scolded by her one day for not coming when summoned the night before. "You can go to see your other patients at night," she said. "Why can't you come when I send for you? Ain't my money as good as other people's?" "I don't know, madam," was the reply, "I never saw any of it!"

A jolly good fellow had an office next to a doctor's. One day an elderly gentleman of the foggy school blundered into the wrong shop. "Dr. X—— in?" "Don't live here," said P——, who was in full scribble over some important papers without looking up. "Oh, I thought this was his office." "Next door." "Pray, sir, can you tell me, has the doctor many patients?" "Not living!" The old gentleman was never more heard of in the vicinity.

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

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There is a growing tendency on the part of medical men to recognize the pathological importance of certain, at present, little understood conditions of the blood. Some of these indeterminate deviations from the normal present none of the aspects of the anæmias, but nevertheless bear a direct relation to increased susceptibility to bacterial infection. The studies of Wright on the opsonins, so called, are of special interest in this direction, inasmuch as they have in a measure converted many of our abstract theories into concrete facts. That certain constituents of the blood may be diminished without apparent decrease of the corpuscular elements or of the hæmoglobin, is at least fairly well established, and while the specific properties of these constituents are not as yet definitely known, there is abundant reason for attributing certain phases of malnutrition, as well as a general lowering of organic resistance to bacteria, to their absence or decrease. The clinical expression of this blood weakness, or chemicophysiological deficiency, is subject to great variation, but the symptom-complex usually consists of a general physical decline, loss of

weight, increased tendency to fatigue, and a fickle and decreased appetite,—all of which go to make up a picture of what is usually loosely termed general debility. In addition, when the blood dyscrasia is marked, two objective symptoms are frequently noted. These are slight transitory enlargement of the cervical lymphatics, and a marked susceptibility of the skin to abrasions and infection. Simple injuries produce wounds that heal poorly and the processes of repair seem to be very feeble and inadequate.

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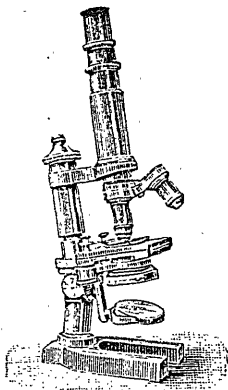
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the blood is always urgent, particularly because of the favorable opportunities presented for increasing the resistance to those diseases to which it predisposes.

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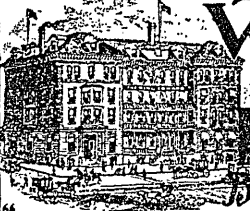
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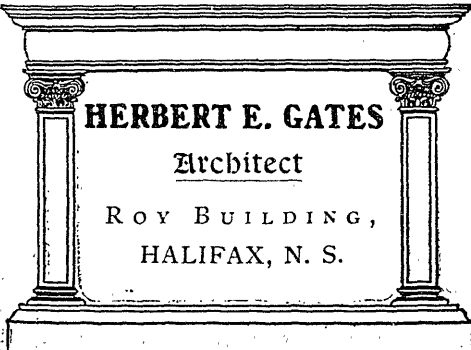
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