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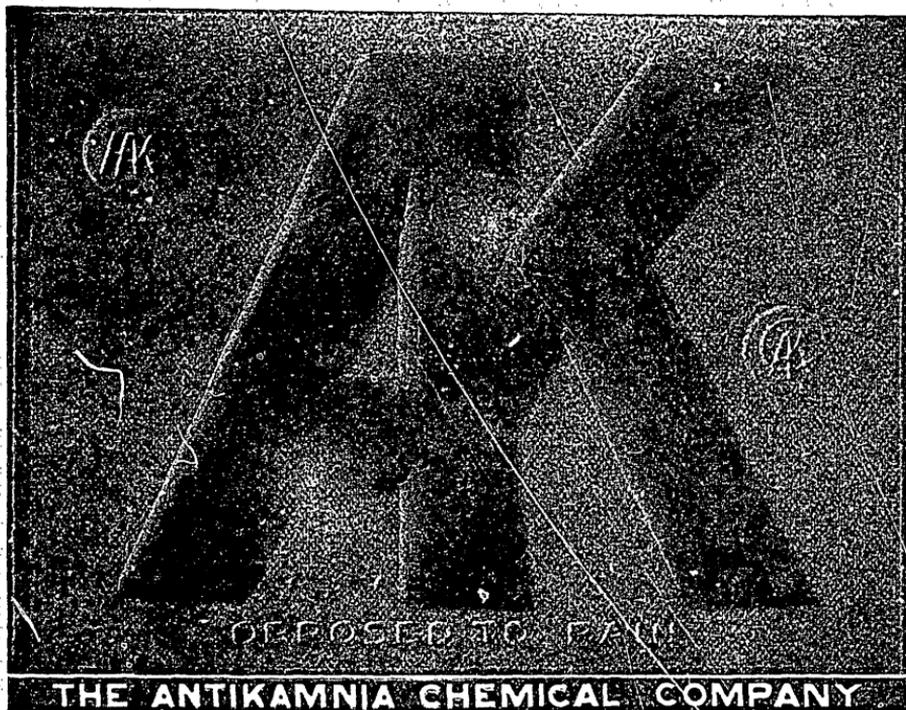
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VOL. XVII. HALIFAX, N. S., FEBRUARY, 1905. No. 2

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**Presidential Address.**

**THE DOCTOR AND THE CRIMINAL.\***

By O. J. McCULLY, M. D., M. R. C. S. (London,) St. John, N. B.

An entirely new character has been given to modern education, and to the whole trend of modern thought by the wonderful progress which has been made in our knowledge of natural science, for the most part, during the last half of the 19th century.

The cellular theory has revolutionized all our ideas of the physical, chemical and physiological processes of life and has established the unity of the structure of man, and all animal and vegetable life.

This period has brought indisputable proof of what Haeckel calls the Law of Substance, viz., that all matter is indestructible and that all force is constant, and throughout all nature, over all our bodily functions, our intellectual conceptions, the growth and development of our moral nature, there reigns the eternal validity of iron law more constant than that of the Medes and Persians which we are told altered not. This period has seen the establishment of the truth of the great law of evolution which has introduced an orderly sequence into all the changes which take place in organic and inorganic life throughout the whole universe, and has given us the key to that great problem, man's place in nature.

In our own profession when we call to mind that in a short life time Virchow has given us his cellular pathology, that Lister has

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\*Read as the President's address before the St. John Medical Society.

introduced antiseptic surgery, which has gradually evolved into aseptic surgery, and when we remember the great progress made in the diagnosis, treatment and prevention of disease by our knowledge and application of the germ theory of disease, we feel proud that we have kept our place in the race.

Now all this gratifying progress has been made by the employment of rational scientific methods, but when we come to fields of study where such methods have not been used and where truth has only been sought after and adopted in so far as it does not conflict with preconceived opinion or with the hoary dictates of authority, we do not see such pleasing results. Haeckel who states his views by quoting Alfred Russel says—"Compared with our astounding progress in the physical science and its practical application, our system of government; of Administrative Justice; of National Education; our entire social and moral organization remain in a state of barbarism." This appears to be a very sweeping statement indeed, but as far as the application of scientific methods, of which we have just spoken, to the treatment of the criminal by the administrative justice of England and Canada is concerned it appears to be painfully true.

Robert Louis Stevenson in his dedication of *Underwoods* says of the physician: "He is the flower, such as it is, of our civilization and when this stage of man is done with and only remembered to be marvelled at in history he will be thought to have showed as little as any in the defects of the period, and most notably exhibited the virtues of the race." Now when we remember that our profession is at once scientific and philanthropic, and when we look back into history and see what has been done and what is doing to mitigate human suffering by the introduction of the scientific and inductive methods into the treatment and the prevention of disease, no doubt the eulogy of Stevenson is truer of our profession than of any other.

It was medical science which taught a cruel and benighted age that epilepsy and insanity and kindred nervous affections were diseases and not due to diabolic possession. Thanks to the medical profession the world is not to day burning witches, and the mentally infirm are treated in a reasonable and humane manner. Now when we come to the criminal, the morally infirm, the profession has the same duty to perform as it has done in time past to the intellectually infirm. He must bring the same scientific methods to bear. The criminal must be studied both biologically and sociologically.

The first is peculiarly the province of the skilled physician or alienist, and as to the second our interest and duty is as great as any other body of citizens.

Therefore it is that we need offer no excuse for giving to a medical society such as this, a short synopsis of the facts acquired and the conclusions drawn by that comparatively new science Criminal Anthropology. We will first say a few words about the early history of this science.

Aristotle, that father of all science, was the first to notice the relation which existed between certain conformations of the head and physiognomic expressions and vicious and criminal instincts. Galen noticed these same relations, and pointed out how alcohol was productive of crime. He had a clear conception of the instinctive criminal and held that society should be protected from him, but this should be done in no spirit of revenge or vindictiveness.

Gall, who lived at the beginning of the 19th century, has been called the father of the modern science of Anthropology. He made a careful study of a great number of living heads and of the brains of the dead and he travelled extensively throughout Europe visiting prisons and lunatic asylums, and many of his deductions anticipate the conclusions of the modern school of Criminology. Despine in his *Psychologie Naturelle* made a great advance when he directed his attention to the study of the criminal's mental nature. He proved clearly that the instinctive criminal is a psychological monster, that he is morally mad and therefore irresponsible.

It is to Italy that we turn to find the present home of Criminal Anthropology, and its kindred sciences, and the practical application of them. Here it is that Lombroso, one of the most versatile geniuses of the century, first saw the light, who in the publication of his *L'Uomo Delinquente* marked a period in the century possibly only exceeded in its influence on the thought of the world by the publication of Darwin's *Origin of Species*. This work was so exhaustive and thoroughly scientific that it marks a new epoch in the study of the criminal, and excited a lively interest in the new science all over the civilized world. He studied the criminal anatomically, physiologically and psychologically in the most exact and painstaking manner. He is said in this work to have overestimated the atavistic element in the production of the criminal, and this he admitted in his later works. In this work he clearly brings out the central truth of the

new science that not the nature of the crime but the dangerousness of the criminal should be the one rational basis on which the criminal should be dealt with. He has since been assisted by the most able lieutenants in Ferri, Gorafolo, Rossi, and Ottolenghi who edit the best journal in the science in the world.

Germany has produced a great criminologist in Benedict, who has made the most exhaustive comparative study of the brain of any man who ever lived, and has been called in consequence the architect of the brain.

It is strange that in England no scientific interest has been taken in the new science. The first one to write a book on modern scientific lines was a clergyman, the Rev. W. D. Morrison. Maudsley, however, in his "Responsibility in Mental Diseases," shows the close relations which existed between crime and insanity and treats the criminal in the broadest scientific manner. It is also strange that in the International Association of Criminal Law in which the whole civilized world is largely represented, the number of English members is comparatively small, and at the first meeting of the International Congress of Criminal Anthropology in Paris, England was not represented at all.

When we come to the scientific investigation of the criminal we must treat him both biologically and sociologically. Under biology we include his anatomical, physiological and psychological abnormalities.

We can only in the briefest manner in so short a paper as this is refer to them. In summing up the abnormal anatomical manifestations we may say that they are not always constant but occur in a greater proportion than in the normal civilized man, and in this way approach the present uncivilized races and primitive man.

The squamasso-frontal articulation is found in less than 2 per cent in European skulls, while it is found in 20 per cent of Negroes and 17 per cent of Australians. The sphen-opterygoid foramen is found in 4 per cent of Europeans, but in Australians it is found in 50 per cent; so also the wormian bones are found more often among the lower races.

Among criminals the proportion of these abnormalities coincides very closely with the savages, and in external configuration of the skull there is a marked lack of symmetry. The weight of the brain of the criminal is on an average below that of the normal, but little

importance can be placed on the weight of an individual brain, as some of the greatest geniuses have had small brains. Gambetta's brain was no larger than that of a microcephalic idiot.

More importance can be placed on the shape of the brain and the relations of the convolutions one to the other. Benedict found the frontal lobe often presented four convolutions which he considered a reversion to the carnivorous type. He also found marked confluence of the fissures, so that, as he put it, if we were to imagine the fissures of the brain to be channels of water, a swimmer might with ease swim through them all. The pathological conditions generally found are pigmentation, degenerating capillaries, thickened and adherent membranes, and remnants of old congestions and hemorrhages. Lombroso found traces of meningitis in 50 per cent of all criminals examined. When we come to the face, we find the lower jaw is heavier, squarer and projects forward, or what is called prognathous, in this resembling the savage and primitive man. A receding chin is a marked characteristic in the criminal who is such from weakness, prominent zygoma and high cheek bones are most marked in sexual offenders. Ears of criminals are large and outstanding. Lombroso describes them as handle-shaped. A prominent tubercle on the outer margin of the helix called the Darwinian tubercle and a conical tragus are common features. The nose is generally rectilinear and larger than usual and deflected to the side. Wrinkles are more marked. Ottolenghi found young criminals of fourteen with wrinkles more marked than in most men over thirty. It is these wrinkles which give to the young criminals their appearance of premature virility. While the beards of criminals are scanty and wanting, the hair on their heads is plentiful. Criminal women have a great abundance of hair, and have hairy bodies in which the hair is distributed the same as in men.

Lombroso has gone into the physiognomy of the criminal with the greatest of detail and exactness, and some of his deductions will no doubt have to be taken with some qualifications. We have not space to give them in any detail, but will give what he has to say of professional thieves. "They are remarkable for the mobility of their features and of their hands; the eyes are small and very restless; eyebrows thick and close; nose often crooked and incurved; the forehead nearly always narrow and reclining; the complexion pale and yellowish and incapable of blushing." There may not be much

significance to be attached to the conformation of the head and face taken separately, but when they are considered collectively by experts it is wonderful how accurate in their diagnosis they can become. Prof. Ferri walking in front of several hundred soldiers pointed to one man and said: "that is the face of a murderer;" and subsequent investigation proved this to be true. Even those who are not experts can come very near the truth from general appearances. Lombroso submitted twenty portraits of thieves and twenty of great men to a school of young girls. Eighty per cent of the answers were correct.

Physical insensibility to pain is a constant feature in the instinctive criminal, and in this he resembles the idiot and the lower races. It has been said of the Maori that they would not hesitate to chop off a toe in order to wear a European boot. The criminal has also a wonderful power to recover from wounds, and in this way resembles the lower animals and the savages. A well authenticated case is given of a woman who performed Cæsarian section of herself with a kitchen knife and then killed the baby. She had a hasty and uninterrupted recovery.

When we come to investigate the criminal from a psychical standpoint we find the most pronounced moral insensibility combined with imprudence and lack of forethought. Gall says: "If criminals have remorse it is that they have not committed more crime or that they have let themselves be caught." Despine, who has studied this feature most exhaustively, says "that those who premeditate and commit crime in cold blood never experience moral remorse. I found also that those who manifested acute sorrow and real remorse after a criminal act have committed that act, either under the influence of a violent passion which has momentarily stifled the moral sense or by accident without intention."

Mr. Davitt writing of his long experience in Dartmoor says he scarcely ever met a prisoner, no odds how long his sentence might be, who was truly miserable. He speaks of one man, however, who was condemned to eight years penal servitude, whose life was a perpetual sorrow. This man had gone home slightly intoxicated to find his wife in tears and that she had been insulted by a man living across the street. He rushed out with a chisel in his hand to the man's house and inflicted wounds from which the man died. But this forms no exception to the rule, as this man was not a criminal in the

true sense of the word, for while his act was antisocial his instincts were not, and he would be classified as a criminal by passion.

We know from the accounts given in the daily papers of the execution of criminals that they nearly always sleep soundly and eat heartily immediately before the execution, and march to the scaffold with the greatest of coolness and indifference.

The intelligence of the criminal, often bright, lacks in forethought, and is very imprudent. Dr. Krauss says: "The criminal is more astute than intelligent. It is essentially a faculty limited to the consideration of concrete cases, and which is chiefly concerned with the deception of others. A criminal in planning a crime does not calculate all the possible eventualities, and after the success of his action he loses all caution, as if the energy of his mind diverted to the project and its execution was exhausted at one stroke." Criminals against the person show a lower level of intelligence than those against property. Thus murderers and sexual offenders are naturally inferior to the pickpockets and burglars.

The criminal is always vain, often excessively so. The great criminal murderer or embezzler is looked upon as a hero by his associates in crime, and he so regards himself and expects honor from all those who committed less offences. Abbe Moreau thus describes the reception of a great criminal at the Grande Roquette: "He is king in the midst of his subjects, envious looks are cast at those privileged individuals who have succeeded in placing themselves near him; they do not speak for fear of interrupting him; and he knows that he dominates and fascinates them." It is the gratification of the vanity which is a factor in the production of a series of crimes after the overdrawn and dramatic description of a great crime, the trial and the execution of the perpetrator as given by the daily press. The criminal is constitutionally lazy, says Ellis. "The whole art of crime lies in the endeavor to avoid necessity of labor. Make idleness impossible, and you have done much to make the criminal impossible." The great army of tramps who in winter congregate in the slums of the large cities and travel over the country in the summer are responsible for a large part of the crime of America.

This constitutional inertia calls for something to lift him out of himself and give him pleasure which is otherwise beyond him. Hence it is he is often so inordinately fond of alcohol and gambling. There is an emotional instability among criminals confined in large prisons

which shows itself in periodical, hysterical and maniacal outbursts. These explosions seem to be governed by the same laws as epileptic seizures, and the governors of large prisons look and expect these as regular occurrences.

Any rational study of the criminal would be incomplete without something said about heredity. Here two factors must be considered, the inherited disposition and the environment in which the criminal is brought up and lives. Morro, who has studied the heredity of criminals probably more exhaustively than any one else found as much as 60 per cent of criminals have either criminal, insane, epileptic or drunken parents, or there was something abnormal in their characters. When disease is not found in the parents, we find debilitating influences and overwork at the time of conception play an important part. Great disparity of age in the parents is productive of criminals as well as idiots. Morro found among murderers examined by him that 53 per cent of them had fathers over 50 when they were born. Drunkenness in either parent or in both is most fruitful in producing criminal children. Chronic alcoholism and temporary intoxication at the time of conception have been productive of some of the most marked cases of instinctive criminals.

Morro found an average of 40 per cent of criminals had drunken parents, while the average of the normal is only 16 per cent. The most celebrated case of heredity is that of the Jukes family of New York. The ancestor of the family was born in a log house in a rocky remote spot in the state of New York. He left a family of five daughters who have been traced for five generations. The number of descendants traced amount to 709. Only 10 out of these were known to have learned a trade or made an honest living. 180 received relief as paupers, making an average of 2300 years. 76 were criminals committing 117 offences. 55 per cent of the women were prostitutes. The actual cost of this ghastly brood to the state has been estimated at a million and a quarter dollars.

Time will not permit us to consider the criminal from a sociological standpoint, otherwise we might consider the relations of climate and seasons to crime, for it is established beyond all doubt that murder and crime against the person are more frequent in tropical countries than in temperate ones; more frequent in all countries in summer than in winter. It is found that actual destitution is productive of

crime, and also that any material increase in wages on account of the attendant dissipation produces the same effect.

The great central truth of the new science of criminology is that the criminal should be studied most minutely in his ancestry, his previous life, and his environment at the time of committing the crime.

The old criminal law only recognises two things—the crime and an arbitrary punishment, which is meted out in the most haphazard manner. The new science deals with three things—the crime, the criminal and the method of protecting society.

We will give an outline of the different kinds of criminals as classified by Prof. Ferri, and then we will see how irrational to treat them all alike. The *political* criminal of one age is the hero of the next. Benedict says he is the *Homo Nobilis* of which Christ was the highest type.

The criminal by *passion* is one who in a fit of uncontrollable anger at some outrage being done to himself or his family kills the villain. This man may not have a single criminal instinct. He is social rather than antisocial. The *occasional* criminal may not be at all antisocial, he is simply weak and the temptation is too strong. A boy may be hungry and he steals to avoid starvation. He is sent to prison to herd in idleness with confirmed criminals and is sent out into the world a habitual criminal. Here the boy is not the criminal, society is. Then we have the *instructive* criminal who has no restraining social instincts, has no moral sense, is a moral monster whom no education, no restraining or elevating influence can improve any more than any treatment could restrain the frenzy of the patient with general paresis. The *professional* criminal is the aristocracy of the profession who deliberately chooses this as a means of living, as it fascinates him by the great risks and great prizes. Lastly there is the *criminal insane*; the only class we treat on scientific principles after we have made out that he is insane, although the method by which this is determined is most crude.

Our present legal system does not study the criminal in these aspects at all, but maintains that it can only concern itself with absolute certainties, but until men and women become geometrical figures will they ever fit into any legal abstract system. When the criminal comes into court there is at once the assumption that all men are born equal, and that all men have an equal moral sense.

This ignorance in so vital a point is due to the fact that the metaphysicians and theologians have held that conscience is a domain peculiarly their own, that it is a mysterious entity independent altogether of the physical body, and that the scientific method is not to be applied to its study, while everything else in the universe is governed by iron law. Crime is without the pale of order, and is done at the instigation of a mysterious individual called the devil whom the unfortunate criminal has taken into his closest confidence. Those who have studied the moral sense by the inductive method know that it is the product of a long revolutionary process the same as the physical body, and that there is no absolute right and wrong as is assumed by our antiquated legal system. The duties which are imposed upon us by the social structure and which our conscience tells us are right or wrong are higher evolutionary stages of social instincts which we find in all the higher animals. But apart altogether from the anthropological view the physician knows how the moral sense is changed by injuries to and diseases of the brain. He knows how, in commencing insanity, before there are any gross manifestations, the man's moral nature is changed; how the man who is the highest exemplar of honor and truth becomes a thief and a liar, and the most chaste becomes obscene and lewd. The alienist tells us that the recovered insane often regain all their intellectual faculties but never get to have again the fine moral sense which they once had. From these facts he knows that the moral sense is a function of the brain and varies as the physical condition of the brain and the whole body varies.

Crime then is no accident or monstrosity, but is the inevitable never varying resultant of forces which have been acting during the ages and those of the present. It is the exact product of heredity and environment.

Says Maudsley in "Responsibility in Mental Diseases:" "Lunatics and criminals are as much manufactured as steam engines and calico printing machines, only the process of the organic manufacture are so complex that we are not able to follow them." This being the rational way of looking at crime—how shall we treat it? The criminal is morally infirm and we should treat him in the same spirit as we treat the physically infirm. It follows of course that this must be done in no spirit of vindictiveness, with no mawkish sentimentality, but with scientific methods.

Skilled and trained men must inquire into the criminal's family and personal history, and must make an exhaustive examination of his body as well as of his mental and moral nature.

Maudsley says in his "Physiology of the Mind": "The time will come and ought to come now when prisons shall be used for the systematic investigation of the antecedents and for the clinical study of the varieties of the criminal nature, just as asylums are used for the clinical study of diseased minds and hospitals for diseased bodies. There should be a complete change in the way in which expert testimony is given in our courts.

It should not be as at present that medical experts can testify on opposite sides and thus distort the truth to the advantage of the side on which they are retained, and so confuse both judge and jury.

There should be appointed a medico-legal commission, not simply to express opinions but to give decisions, and then we would not have the anomaly of a jury setting aside a correct and just medico-legal opinion, and a judge ignorant of the technicalities constituting himself an expert of experts.

Having determined that the individual is a criminal there are two things we must do with him—protect society from him, and change him if possible from an antisocial to a social member of society. Our present mode of doing this embraces two kinds of punishment—execution and the prison.

Now as capital punishment is often more humane than imprisonment for life,—protects society, and prevents the propagation of the criminal's kind, there can be no valid scientific objection to it.

The great objection to it is the brutalizing effect it has on those by whom the sentence is carried out and on those whom morbid curiosity has drawn to the scene. The effect on the public of the sensational descriptions of the way the criminal died are most demoralizing. The trial of a murderer and his execution should be carried out secretly and not a word said about it in the public press, and so avoid the contagium of crime which is sure to bring about several similar crimes.

The prison is often a failure because it brings the young in contact with old and confirmed criminals and turns them out real criminals; it is a place of exquisite torture to sensitive natures which should never have been in prison, and it is a haven of repose to the recidivist or the instinctive criminal. The prison with all its defects is with us to

stay as society is at present constituted, and the best we can do with it is to reform it. The key to the failure of our present system of imprisonment lies in the habit of giving definite and predetermined sentences by judges who are ignorant of the nature of the prisoner and the effect of the sentence.

The first and great reform should be the abolition of these definite sentences. This is not new, as it has been adopted by several countries, and its beneficial effects have been seen by its working at the Elmira Reformatory for the State of New York. An Act was passed by the New York Legislature which took away from the judges the power of fixing a definite period of confinement. The prisoner is confined until in the opinion of the managers of the reformatory they can let him out on parole for six months. Before he is paroled a suitable situation is provided for him. The treatment consists of a regulated diet, massage, bathing, gymnastics, school work and the learning of a trade, not neglecting the moral and æsthetic. It has been proved that here there are fewer recidivists than in any other prison in the United States. Says Dr. Wey, of Elmira: "The time of the convict should be so employed in his shop work and school duties as to leave him no leisure moments to revive the past and live over again in memory his criminal days or plan for the future, but each hour should bring to him its employments and engross his attention till the time for sleep."

If this is the kind of treatment the prisoner is to get he needs as skilled and trained attendants as do the sick in the hospital, and unless he has these and is treated properly, there is little hope of socializing him. As the highest aim of the medical profession is to prevent disease rather than to cure it, so the aim of society should be to prevent crime rather than to punish it.

We must endeavor to correct the faults in his social environment which produces crime. Lassagne says: "The social environment is the cultivation medium of criminality; the criminal is the microbe, an element which only becomes active when it finds the medium which causes it to ferment. Every society has the criminals which it deserves."

First, there should be provision made for the detection and special treatment of all abnormal children. All criminals in their childhood are strong in their resistance to educative influences. The medical inspection of children has been carried systematically in Sweden

for a number of years, and the amount of crime has been materially lessened.

Again we must have compulsory education. This at one time was thought to be the great panacea. True it helps, but it must be more than a mere intellectual education, for this often puts more power into the hands of the antisocial man and makes him a greater danger to society.

The education which is to prevent crime must train the hand as well as the intellect. The number of criminals who have an intellectual education is quite large, the number who can work at a trade is very small. Either during school life, or after it, everyone should be taught a trade or educated to some useful function, and then he must be able to live in some degree of comfort by that trade or function.

How we are to bring about an environment by which this is possible is beyond the scope of this paper, but will say that if we could only develop a public sentiment which looks upon a big thief with the same contempt that it does upon a small one, and expect in business the same honesty and honorable dealing that it does in professional life, the poor hard-working man would find this a far more comfortable world to live in.

This education which is to prevent crime must not only train the intellect and the hand, but must teach a man the laws of his own being and the laws of nature by which he is surrounded, and that all disease and crime is a lack for the most part of his own making. Thus intemperance is perhaps of all causes the most fruitful of crime, and all influences which lead men to practice self-control in this respect make for the betterment of mankind in the most eminent degree.



## EDUCATION AGAINST PULMONARY TUBERCULOSIS.\*

By J. H. SCAMMELL, M. D., St. John, N. B.

Before making a few remarks on education against pulmonary tuberculosis, I desire to call your attention to a resolution which was read before the St. John Medical Society and unanimously passed by a large meeting :

*Whereas*, Tuberculosis, in one form or another, destroys approximately one-sixth of the human race, and is very prevalent in this community ;

*And whereas*, Being an infective disease, due to a specific germ, without which it cannot exist, it is largely preventable ;

*And whereas*, A Royal Commission in England, appointed in 1890, to enquire and report what is the effect, if any, of food derived from tuberculosis in animals upon human health, reported on November 22nd, 1894, to parliament that, in their opinion, an appreciable part of the tuberculosis that affects man is obtained through his food ;

*And whereas*, Tuberculosis is a common disease in New Brunswick among dairy herds and other domestic animals not readily recognized as such by farmers and slaughterers, but capable of detection in nearly all cases by an expert ;

*Therefore resolved*, That the St. John Medical Society petition the commonalty of St. John, the municipal council, the local board of health, and slaughter house commission to appoint committees to act with a committee from this society in considering the best means of protecting the public from the dangers of tuberculosis.

The St. John Medical Society appointed Drs. White, Bayard, Inches, Gray, J. Christie, MacLaren, Morrison, and Scammell. Later, the common council, the municipal council, the local board of health, and slaughter house commissioners appointed committees. Just at this point one of the prime movers was publically criticized in the press, unjustly, no doubt ; but evidently the adverse criticism had a dampening effect on the whole enterprise, and since then we have not heard anything about it.

No better opportunity ever offered to start a crusade against the great white plague here than at that time, and I feel that such a subject

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\*Read at meeting of St. John Medical Society, St. John.

having been brought to the attention of the public should never have been left to drift on.

I do not intend now, especially with the short time at my disposal, to treat of the relation of human and bovine tuberculosis, etc., but only the results of educating the public against pulmonary tuberculosis.

The four following conclusions have been arrived at by experts :

1. Tuberculosis is a communicable disease, due to Koch's tubercle bacilli acting on an organism prepared to receive it, or unable to resist the bacilli when present in large numbers.

2. Tuberculosis is not to any great extent hereditary.

3. Tuberculosis may be prevented by reducing the sources of infection, by improving the environment, by strengthening the individual.

4. Tuberculosis, in many even of its severest varieties, can be cured.

These propositions may now be accepted as scientific truths, and will form the working plan of all future efforts directed against tuberculosis. When Koch read his paper before the British Congress of Tuberculosis in July, 1901, he said "strictly speaking, the fact that tuberculosis is a preventable disease ought to have become clear as soon as the tubercle bacillus was discovered and the properties of this parasite and the manner of its transmission became known.

But the strength of a small number of medical men was inadequate to the conflict with a disease so deeply rooted in our habits and customs. Such a conflict required the cooperation of many, if possible of all, medical men, shoulder to shoulder with the state and the whole population, and now the moment when such cooperation is possible seems to have come."

There is no doubt but that the medical profession in other countries, and I am glad to say in *some* parts of our own country, are thoroughly aroused to their opportunities and responsibilities in preventing this death-dealing disease, and this is evidenced by the many articles that have recently appeared from all parts of the world and by the great work which has been done in securing legislation for providing proper sanatoria for the treatment of those afflicted with consumption; for the education of the people as to the means of transmission; for maintaining surveillance of patients in crowded sections; for the destruction of sputum and such measures as limit the means of spreading the great white plague.

In the United States the general government has enforced a measure to diminish the foci of infection by excluding tuberculous aliens from their shores. In New York City they have a system of reporting and tabulating all cases that come under the auspices of the city board of health, and I believe cases of tuberculosis have to be reported to the board of health the same as scarlet fever, diphtheria, etc.

The great importance which was formerly attached to the hereditary transmission of the disease tended to prevent active work in prophylaxis and all the energy of medical minds was devoted to therapeutic measures.

Now that we know that practically none actually inherit tuberculosis and that the usual way of contracting the disease is by the direct introduction of germs from the sputum of patients, we have a definite working basis, and the question of eradicating tuberculosis from our country resolves itself into the destruction of bacilli by the proper treatment of the expectoration of those already infected with the disease.

It is the incipient cases, where the patient is able to follow his usual avocation, or at least to walk about the streets, hotels and other public buildings, that disseminate most widely by promiscuous expectoration the germs capable of infecting others with consumption.

Dr. Baker, State Health Officer, Michigan: "Of all communicable diseases consumption (pulmonary tuberculosis) is now the most dangerous. More people contract that disease than any other. Therefore anything, any statement, or any influence which belittles the importance of restricting the spread of consumption, does damage in the most vital point to the interests of the public health and safety."

The essentials for the restriction of consumption are: First, the general recognition of the truth that consumption is the most dangerous communicable disease. Knowledge of that fact is the power without which consumption cannot be restricted. In order to be most useful to the public it is essential that this important knowledge shall be gained by, and shall govern the action of, every coughing consumptive, who, otherwise, is a constant source of danger. Therefore, the consumptive should be promptly put in possession of that knowledge. This essential cannot be fulfilled by the public unless every case shall be reported to the board of health, and every case so reported should be promptly informed how to avoid reinfection of the patient and spreading the disease. The Canadian Association for

the Prevention of Consumption and other forms of tuberculosis is already doing a good work, and this should be followed up by united effort of all physicians and the various boards of health.

The question might very well be taken up again by the St. John Medical Society, especially as affecting local interests; the reorganization of our Local Board of Health, which, to my mind, is at present only a board of health in name, the appointing of a proper health officer, etc., could very well form a topic—a live topic, for another meeting.



REPORT OF COMMITTEE ON LEGISLATION OF THE  
MEDICAL SOCIETY OF THE STATE OF NEW  
YORK RE OPTICIANS.

*To the Medical Profession of New York:* During the legislative session of 1904, a society of opticians known as The Optical Society of the State of New York, petitioned the legislature to enact a law creating a state board of examiners in optometry. Before this board would appear all persons who desired to practice optometry, which practice was defined in the act to be enacted as the "employment of any means other than the use of drugs for the measurement of the powers of vision and the adaptation of lenses for the aid thereof." The Medical Society of the State of New York opposed this bill, and with the aid of other organizations, especially the County Medical Societies and the Optical League (an organization of opticians doing a legitimate business), secured its defeat.

Since the last election, this optical society has been forwarding to physicians in all parts of the state, as well as to the members elect of the next legislature, a document giving reasons why a law of this kind should be enacted and asking their endorsement.

At the time of the hearing on the Optometry Bill before the legislative committees of last year, the opticians presented a long list of names of physicians who had endorsed their efforts. The undersigned communicated with every name on that list, and learned that where reputable physicians had endorsed the measure it was through a misapprehension of the real purpose of the bill, and when its true character was pointed out to them, they not only withdrew their endorsements but in many cases wrote vigorous letters of opposition to it. Many of the names were fictitious, the communications addressed to the addresses being returned as not found. A large number were the names of irregular practitioners, as osteopaths, spiritualists and so on. There is no doubt that the object of the opticians in presenting the present arguments is to obtain the endorsement of physicians so that at the next legislative session these signatures can be used to offset the opposition which will be presented by the regularly organized bodies of the state. I therefore address the profession of the state, urging its members not only to refuse to endorse this and similar measures but to make an effort to present to their representatives,

both in the Assembly and the Senate, the true merits of the case, and urge their opposition to it.

The arguments presented by the opticians are very misleading. Their claim, of course, is that they desire to protect the community from incompetent people, but the fact is (as every well-informed physician must know) that they are all incompetent. They seek to create a separate profession. This they deny, but in their remarks before the legislative committees they continually used the expression "our profession." They seek the legal right not only to apply lenses for the correction of defective vision which may or may not be due to errors of refraction, but they also seek to treat headaches, dizziness and the various reflex phenomena which may be due to affections of the eye itself or to affections of organs remote from the eye. They pose as being competent to make a differential diagnosis. To prepare physicians to do this work the law requires that a four years, course in a medical college shall be taken, after which a medical examination conducted by the state must be passed. Physicians themselves find that after this preparation it is often difficult to be sure of one's ground; and, if this is so, there seems to be no good reason why opticians should be allowed to undertake the same work with less preparation.

It seems unnecessary at this time to go into an extended argument in opposition to this bill. The effort to secure its enactment is not an honest one. Opticians know that they are violating the law in following the occupation which they are now engaged in, and they say that if their bill is enacted it will not give them any more powers than they now possess, while the fact is that the enactment of the bill will give them the legal right to do what they are now doing in violation of the law. They really desire to use the legislature as a tool to put them beyond the grasp of the law; and if this is once clearly brought to the attention of our senators and assemblymen, there is no doubt what the outcome will be. We have met this and similar efforts more than once in the past and there is no doubt that we will meet many more in years to come; but from our experience we feel justified in making the assertion that if the medical profession will present a united opposition to measures of this kind, they will never be enacted into law in the state of New York.—Frank Van Fleet, M. D. Chairman of the Committee on Legislation of the Medical Society of the State of New York.

## UNUSUAL CONDITIONS IN A NEW-BORN INFANT.\*

By. D T. C. WATSON, M. D., Gillisport, Labrador.

I was called at 6 a. m. to see Mrs. Y., a Finnish woman, and learned that she had been in labor since 11 o'clock the night before. Patient a primipara, a health-looking woman, and in good condition in every way. Pains had been increasing rapidly, and were very strong and frequent. Examination revealed a normal presentation, with the membranes bulging through the almost fully dilated os. Three quarters of an hour later the membranes ruptured, and in 20 minutes more the head was born. The cord was wrapped tightly round the neck and considerable difficulty was experienced in freeing it. There was some delay in rotation and delivery of the body caused by a protrusion from the abdomen of the child.

The child, a female, when born, was very small, and feeble. It made but slight attempt at respiration, and in spite of all attempts made to restore it, expired in about 25 minutes after birth. From the mid-line of the abdomen, the lower border being on a level with the umbilicus, there projected a sac-like tumor of the size of a large orange. The sac merged gradually into and blended with the skin surrounding the mass; its upper and left side was very thick and tough, and through the right side which was thin and transparent, the intestines shewed plainly. The sac-wall on being opened proved to be a continuation of the peritoneum, and enclosed, forming the protrusion, a part of the stomach, most of the small intestines, and the whole of the liver, the right side of which was firmly adherent to the sac at the part where latter was thickened.

Hanging below and to the right side of the tumor, attached to the skin by a strong thread-like pedicle, was a sausage-shaped growth  $1\frac{1}{2}$  inches long, composed of liver-like substance, and very firm to the touch.

The child, though a small one, possessed a very large head, to which in turn, there was but one ear, the left. In place of the right there was but a slight depression, from the centre of which hung a small teat of tough skin.

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\* Read by the Secretary at N. S. Branch, B. M. Association, Dec. 21st, 1904.

## Retrospect Department.

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### MEDICINE.

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#### MUSIC AS A THERAPEUTIC AGENT.

F. S. Kennedy says that much assistance is in many instances to be derived from the intelligent use of music, either vocal or instrumental, as a therapeutic adjunct. Melancholia, insomnia, hysteria, family affliction, business reverses, delirium, pain, fatigue, mental or physical, will all be helped by the beneficial influence of music, rightly used. As a post-operative measure it would have an undoubted influence for good in taking the patient's mind from his bodily distress. So, also, could "painless" dentistry be relieved of some of its pain and distress by the quieting influence of music, which would, as has been amply demonstrated, produce a pleasanter mental influence during the administration of nitrous oxide or other anæsthetic. A German writer has recently stated (February, 1904), that in a number of test cases in which music was provided during the administration of the anæsthetic, there was an absence of distress and resistance on the part of the patient: also an absence or reduction of the post-operative nausea under the same circumstances.

To be advantageous the nature of the composition must be carefully selected with a view to the needs of the individual case, and the execution must be as nearly faultless as possible.—*Medical Record*, October 29, 1904.

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#### MY EXPERIENCE WITH LIGHT THERAPY.

Julis Rosenberg supplements a former contribution by giving an additional series of twenty-seven cases treated by means of the ultra-violet rays. He considers these rays as remedial agents of the greatest value, especially for the relief of pain. The cases reported cover a very wide range of material, and the results were encouraging in nearly all instances. The author employs a thirty-five ampere arc

with mirror reflectors, and attaches importance to the use of iron-carbon electrodes. He concludes that the ultra-violet rays obtained in this way are a specific remedy in acute muscular pain, such as lumbago, torticollis, and pleurodynia. In cases of acute and chronic neuritis these rays will always relieve pain, and in most cases, especially acute forms, effect recovery. The bactericidal powers of the chemical light rays are easily demonstrated in inflammatory conditions of the skin of parasitic organ. In acne and furunculosis the curative effect is both prompt and certain. The results in rheumatic arthritis have not been encouraging, thus differing from those reported by German authors. This may in part be due to the limited number of treatments permitted. In acute and chronic pleurisy and bronchitis the application of the ultra-violet rays is undoubtedly beneficial, and it is also possible that these rays could be of assistance in the treatment of pulmonary tuberculosis. The results in gonorrhœal peritonitis and catarrhal inflammation of the deep urethra and adjacent structures are encouraging, and justify further trials. The author believes that the ultra-violet rays will be of benefit in gonorrhœal and tuberculous infections of the joints; also that the pains accompanying locomotor ataxia may be relieved and controlled.—*Medical Record*.

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#### ANTITUBERCULOSIS WORK IN THE UNITED STATES.

S. A. Knopf, New York City (*Journal A. M. A.*, February 11), reports progress in the organization of the medical profession and the public against tuberculosis in the last few years, including a list of the special sanatoria for patients suffering from this disease in the United States and Canada. These appear under various names—hospital, sanatorium, sanitarium home, etc. The proper designation, he holds is sanatorium, derived from the Latin word *sanare*, "to heal," while sanitarium evidently comes from the Latin *sanitas*, "health" and is usually employed to designate some specially healthful locality suitable for convalescent patients or an institution for the care of nervous and mental diseases. That this is coming to be the general understanding of the term is shown by the adoption of the word sanatorium by all the more recent establishments and some of the old ones. The term "Home" suggests an asylum, a place which the patient will enter and never leave, and from his observation he does not think that these

institutions, as a rule, are as well equipped for curative purposes as are the regular sanatoria. One institution on his list is a seaside sanatorium for tuberculous children, an institution of special value for this class of cases. Multiple institutions for scrofulous children will be required in the fight against consumption. He speaks highly of special tuberculosis dispensaries, a number of which have been established in the large cities, and he thinks that special wards in general hospitals for this class of cases are next best, though not equal to special institutions. Isolation of consumptives in asylums and prisons is desirable, and Dr. Knopf commends the Agricultural Colony connected with the Texas prison as a worthy example. He holds also that such establishments would be of great advantage to indigent convalescents discharged from sanatoria, especially those who had formerly followed unhealthy occupations. He pleads for the co-operation of the various boards throughout the country in combating the ravages of tuberculosis.

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## SURGERY.

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### STERILE WATER ANÆSTHESIA IN OPERATIONS UPON THE RECTUM AND ANUS.

S. G. Gant describes the excellent results he has had in substituting plain sterile water for cocaine and other solutions that are in vogue for the production of local anæsthesia. The method has been found of such value that the author has been able by its means to operate upon most rectal cases without a general anæsthetic or sending them to a hospital, circumstances much appreciated especially by the better class of patients. Anæsthesia apparently is produced merely by the pressure of the fluid on the nerve terminals in the tissues, and sufficient water should be introduced thoroughly to distend the tissues, causing them to become anæmic and assume a glassy, whitish appearance, when anæsthesia immediately follows. This distention does not require a large amount of water, from ten minims to half a drachm only being necessary for small hemorrhoidal tumors, and from one-half to four drachms in more extensive operations. In introducing the water it is not always necessary to use more force than is usually employed in making the ordinary hypodermic injection. In conclusion, the writer states that, while anæsthesia by the injection of sterile water is not effective and cannot be applied in all

major operations, he has employed it, to the exclusion of general and local medicinal anæsthetics, in nearly all of his operations upon the rectum (for hemorrhoids, fistula, fissures, etc.), and with such gratifying results that he would heartily recommend its thorough trial by other surgeons for operations in the anorectal and other regions of the body.—*Medical Record*, October 29, 1904.

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#### CONDITIONS SIMULATING AND MISTAKEN FOR ACUTE APPENDICITIS.

H. Roth gives in detail the histories of nine cases in which inflammation of the appendicular region was simulated by various other conditions, and discusses the points of differential diagnosis involved in each instance. The list includes, cholecystitis, intermittent hydronephrosis, intussusception, two cases of inflammatory disease of the uterine adnexa, ovarian cyst with twisted pedicle causing general peritonitis, a prevesical and a properitoneal abscess, and pneumonia.—*Medical Record*, October 29, 1904.

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#### THE ROLE OF THE PROSTATE IN AFFECTIONS OF THE URINARY TRACT.

Abr. L. Wolbarst discusses the anatomical and functional peculiarities of the prostate which give it a double role, for, although a sexual organ in health, in disease it is essentially a urinary organ. The author's conclusions are summed up as follows :

Urinary symptoms are most often directly due to prostatic disease. Any pathological lesion of the prostate which increases its size favors interference with the urinary stream to a greater or lesser degree. Inflammation of the prostate is always accompanied by urinary symptoms. The genital symptoms are least marked. In reference to gonorrhœa, the prostatic urethra is the most important portion of the urinary tract; it is the favorite seat of chronic urethritis: it is the way by which the inflammation travels from the urinary to the genital tract. The prostate is solely responsible for the important urinary conditions which result as a consequence of its senile hypertrophy. Prostatic concretions may lodge in the bladder and act as the nucleus of larger vesical calculi. Chronic contracture of the bladder neck, neuralgia of the prostatic urethra, prostatic tuberculosis, malignant prostatic disease, prostatic cysts and trauma of the organ, are all made evident by their effect on the urinary function. Lastly,

these numerous urinary affections justify the consideration of the prostate as a urinary organ, second only to the kidneys in importance. —*Medical Record*, October 29, 1904.

THYROIDECTOMY FOR EXOPHTHALMIC GOITRE. BASED UPON FORTY OPERATIVE CASES.

Charles H. Mayo says that many patients with exophthalmic goitre belong properly to the internist, and recover under various plans of medical treatment, but some resist all efforts at relief. To the surgical procedures that have been employed the author adds the use of the x-ray, which he has tried in ten cases. While it is too early to say that any of these patients are cured, they have certainly been markedly benefited; first, in the general nervousness; second, in tremor of the muscles; third, in tachycardia; and last, in the exophthalmus. The benefit is sufficient soon to give this method a place in the treatment of Graves' disease, or at least to make it a preparatory treatment to a prospective surgical method at a later period. In the author's series of forty operative cases of exophthalmic goitre six deaths occurred, only two of these coming within the last twenty-five cases. The operations on the cervical sympathetic are not objected to, as it is certain that good results are thus obtained, but the author prefers extirpation as the routine operation. The Kocher collar incision is used, and a complete exposure of the gland made, cutting through everything which impedes access to it. One-half the gland and possibly the isthmus is taken. Thyroidism of some degree is common, and its prophylaxis requires free drainage of the wound and infusion of salt solution. The cases have shown marked improvement of all who survived the operation. Of these, 50 per cent. made a very early recovery especially of the severe symptoms—tachycardia, nervousness and tremor; 25 per cent. did so after several months, and 25 per cent. were improved, yet suffered from irregular recurrence of some of the major symptoms.

The author's rules concerning the cases of Graves' disease which come for operation, are to operate, if their condition is fair, but if the pulse is from 130 to 160, or if it suddenly fluctuates in tension and rapidity. if there is anæmia, with swelling of the feet, the patients are placed upon belladonna for some days. The more severe types are also given x-ray exposures in addition, which is continued from two to six weeks.—*Medical Record*, November 5, 1904.

## UTERINE RETRODEVIATIONS.

Lucy Waite, Chicago, (*Journal, A. M. A.*, February 11), discusses whether operations for these conditions are necessary: whether they are safe surgical procedures, and whether they have been sufficiently successful to warrant their advocacy in the future. She answers each question in the negative. In 1,000 cases taken from the records of her clinic, 39 per cent. were found with retrodeviation. In 15 per cent. of these there were no gynecologic symptoms. The remainder were recorded as complicated with definite pathologic conditions, tumors, pyosalpinx, chronic disease of ovaries, myometritis, etc. She notes the effects of fixation on an organ, the interference with circulation, etc., and from all the data in her observation and from what she has found in the literature, she concludes that a normal uterus may lie in any position in the pelvis without causing symptoms, and that when these occur they are due to other pathologic complications. This answers her first question. As regards the safety of the operation of ventrofixation, she quotes from numerous authorities showing its effects on the progress of pregnancy and delivery, and the dangers of strangulation, leius, etc. Vaginal fixation is almost as bad in its results as ventrosuspension, and the best that can be said of the methods of shortening the round ligaments is that they are not dangerous excepting by weakening the abdominal wall and increasing the risk of hernia. On the other hand, they are unsuccessful in a large percentage of cases and, in view of the answer to the first question, are unnecessary.

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PROSTATECTOMY.

In the weakest and most run-down cases M. B. Tinker, Ithaca, N. Y., (*Journal A. M. A.*, February 11), has employed permanent suprapubic drainage. This is rapidly performed under eucaïn, and he thinks it is the safest of all procedures. Except in absolutely desperate cases, he believes prostatectomy under local anesthesia is safe as compared with the operation under general anesthesia. The use of adrenalin with the ordinary local anesthesia greatly prolongs and adds to its efficiency, prevents the pain and congestion following, and renders the operation almost bloodless. The knowledge of the nervous anatomy of the parts is, of course, absolutely essential, and the course

of the pudic nerve and the long pudendal nerve close to the base of the tuberosity of the ischium are important. He favors the use of Young's tractor, and recommends allowing sufficient time for the anesthetic to act before making the incision. With sensitive or nervous patients he finds it often better to use a little nitrous oxid gas or primary ether anesthesia, as the infiltrating solution can not reach the parts involved in the deeper enucleation. These parts, however, are supplied by the hypogastric plexus of the sympathetic and the discomfort is not necessarily great. He reports a case in which he thinks this method of operation was directly life saving.

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#### BLANK CARTRIDGE TETANUS.

D. H. Dooley, Cleveland Ohio, (*Journal of the A. M. A.*, February 11), has investigated blank cartridges from several makers with special reference to their bacteriologic contents, employing cultural and incubation, as well as microscopic methods. The findings were rather negative as regards the tetanus bacillus, but the *Bacillus aerogenes capsulatus* (Welch) was present in a large proportion of the cartridges examined. Notwithstanding this fact tetanic symptoms developed in a number of the animals inoculated, and in still other animals inoculated from cultures from these. His conclusions are: 1. *B. aerogenes capsulatus* (Welch) is present in a large proportion of the wads of the three makes of the cartridges examined. 2. The wads of the Peters Company, inoculated in rats, guinea-pigs and rabbits, produced characteristic symptoms of tetanus. 3. The powder of the three varieties of cartridges examined were negative for *B. tetani* and *B. aerogenes capsulatus*. 4. My efforts at isolation of *B. tetani* from the wads have so far been unsuccessful. 5. There is abundant evidence, from clinical observations and animal experiments, that the wads of certain blank cartridges contain *B. tetani*. He says that Dr. Welch told him that he considered it diagnostic to see an animal in convulsions.

## Selected Articles.

### A SIMPLE METHOD FOR THE REDUCTION OF LUXATIONS OF THE HUMERUS.

By ELEANORE BOULTON, A. B., M. D., Philadelphia, Pa., U. S. A.

Though the range of motion through movement of the humerus is great, the scapula normally admits of but little motion when the humerus is held in a fixed position. In luxations of the joint, however, the range of passive scapular motion is considerable, and it has been through studies of the possibilities due to this fact that the following methods have been evolved. They are, of course, susceptible to various modifications, according to the dexterity of the surgeon. The studies have extended over a period of four years' time, and include fifteen cases of the author's and nine cases which were referred to her; this number comprising only such cases as were uncomplicated by fracture of the scapula or clavicle, or of the necks of the humerus.

I. This method is applicable to subspinous dislocations, as well as to downward and forward luxations.

The surgeon stands behind the patient, who may sit or stand, as is convenient. In performing the manipulations the writer uses the hand corresponding to the side upon which the lesion exists.

The hand of the operator is partially closed, the thumb extended, and the wrist pronated. The ball of the thumb is placed below, against, and parallel to the lower margin of the scapula on the axillary border, just external to the inferior angle.

Firm pressure is exerted, and the wrist is slowly and steadily supinated, pressure upward and inward being exerted at the same time. This manipulation, if properly performed, pushes the lower angle of the scapula upward and toward the median line, depressing the lower lip of the glenoid cavity and usually results in the prompt reduction of any variety of humeral dislocation.

In the subspinous variety, should reduction not occur, and a repetition of the manipulations bring no better result, pressure with

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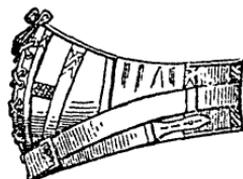
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the other thumb upon the head of the dislocated humerus, in the direction of the long axis of the bone, should be added, inserting the digit as deeply upon the head as is possible.

II. In subcoracoid or subglenoid dislocations, the operator stands behind the patient, as before, and places his hands on the patient's shoulders, with the palm of the hand at the base of the ring finger resting upon the acromion process of the scapula, the ball of the finger being placed below the clavicle. The ball of the middle finger is placed just above the clavicle, and that of the thumb beneath the spine of the scapula as far toward the inner end of the spine as is compatible with stability of position. The fingers should be slightly flexed, but not enough so as to interfere with firm pressure on the acromion process, nor so much so as to substitute the tips for the balls of the digits. The elbows should be extended. Quick but steady pressure should then be exerted in a downward, inward, and backward direction, considerable force being used.

This method has proven prompt and efficacious, even in cases in which the parts were greatly swollen from contusions sustained at the time of injury.

The following advantages are claimed for both methods:

1. There is little risk of further damage, since a short lever is used instead of a long one.
2. In cases in which fractures of the humerus or of the bones of the forearm are present, the surgeon is enabled to effect reduction in a manner which does not necessitate the handling of the limb.
3. The patient does not suffer any great amount of pain during the procedure.
4. The patient is apt to be docile, since he does not expect reduction to be effected from the rear, and without manipulation of the arm.

Under the second method, if the patient offers resistance, he ordinarily starts forward, or, if sitting, he attempts to rise, thus assisting the surgeon. *Extract from The American Journal of Medical Sciences.*

# THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. XVII. HALIFAX, N. S., FEBRUARY, 1905 No. 2

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## Editorial.

### RECENT RESEARCHES IN CEREBRAL LOCALIZATION.

The paper read by Dr. W. H. Hattie before the Nova Scotia Branch of the British Medical Association on "The Brain" was a digest of a few articles which have recently appeared dealing with the localization of brain function. He referred especially to an article by Dr. Alfred W. Campbell, whose views were those of an histologist, and who had found histological grounds which seemed quite sufficient to justify some modification of the commonly accepted ideas on cerebral localization. Campbell concurs with Sherrington and Grunbaum in considering that the fissure of Rolando marks the posterior border of the motor region; but he goes further in limiting representation of the primary movements to the precentral gyre, while more complicated movements (those which require finer adjustments) are represented in a strip of cortex just anterior to this convolution. The post-central gyrus has to do with the recognition of the simplest elements of common sensation, while just posterior to this gyre is an area which deals with "more complex components, such as the recognition and orientation of cutaneous pressure and the appreciation of the position and condition of our minds—components all of which involve a psychic process." In the same way, the special sensations—sight and hearing at least—are represented by rather limited areas for the reception of the impulses while larger "investing" areas deal with the differentiation and complete recognition of the impressions. The interesting suggestion is made that inasmuch as a large portion

of the brain to which function has not yet been definitely assigned is bounded in front by the zone of common sensation, behind by the visual area, below by the auditory area, and internally by the olfactory area, it might be that this part of the cerebrum has to do with the association of the various impressions brought in by the different sense-organs, and consequently may play an important part in the higher mental processes.

Reference was also made to Adamkiewicz's work on the cerebellum. The studies of this investigator have led him to believe that motion as *motion* is represented in the cerebellum, and that the motor function of the cerebrum is purely physical. The centres in the cerebellum are on the same side as the muscular groups to which they transmit impulses. Another investigator whose work was referred to is Pagano, who also considers that motion is represented in the cerebellum.

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### LICENSING OPTICIANS.

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In this issue we publish Dr. Van Fleet's letter to the medical profession of New York State which refers to the defeat of a bill in the New York Legislature—a bill introduced by a certain class of opticians of that state.

We call the attention of our readers to this letter and its timely remarks just at this time, because a similar bill has been prepared by the opticians of this city and will be introduced into our legislature this session. Efforts have been made in various countries by opticians to gain recognition from parliament, but with the exception of four Western states they have failed. In no British country has any legislation been effected in the interest of opticians.

These philanthropic opticians wish to save the country from the ravages of the wandering optical fakirs who roam freely and unmolested all over this country. In this respect their case is a meritorious one, but on the other hand these roaming opticians are just as competent and just as incompetent as their stationary brethren.

This matter does not only concern the oculist but the general practitioner as well. The advertisements of these people in the daily press reveal the fact that they endeavour to get into their clutches every person who has the slightest symptom of a headache, dizzi-

ness, etc., which in many cases are due to affections other than those of the eye.

This question is of special interest to our oculists who have to devote five or six years in recognized medical schools in preparation for their work, of which refraction forms one of the most difficult and important parts. The average optician attends a so-called "Optical College," for two or three weeks, and receives a worthless diploma which he proudly displays in his front window.

It is the duty of every member of the profession to use his influence to defeat this Optical Bill, which, if it becomes law, will establish a new and very undesirable profession.

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### THE COLCHESTER ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

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The trend of the time in the matter of consumption has again been indicated by the formation, a few weeks since, of the Colchester Association for the Prevention of Tuberculosis. The association will aim at supplying all sufferers from tuberculosis with literature of a suitable nature, showing them among other things how to avoid the infection of others, and it will, where possible, send missionaries into the homes of the afflicted to give such special instructions as may appear indicated. It is also expected that every district in the county will be visited by some one qualified to address public meetings on the subject. The well known energy of its secretary, Dr. Smith L. Walker, is sufficient assurance of its success and usefulness.

The medical profession will certainly give warm support to this project, and will not only wish it well but will give, as it always has done, yeoman service on its behalf. None recognize more thoroughly than physicians the momentous nature of the questions, medical, philanthropic and economical, involved in the problem of tuberculosis.

We will hope, however, that in its zeal—which in other respects seems very commendable—the Colchester Association will not permit its "missionaries" to usurp the place of the physician to the extent of dictating instructions which properly and rightfully fall within his province.

In the appeal made by the new association to the public, it is stated that the records of one undertaken in Colchester County show that two out of every nine deaths coming within his purview have been

due to tuberculosis. This is certainly a much greater percentage than for the Dominion at large, and it would be interesting to know how it compares with the ratio in other sections of the province.

In this connection it is gratifying to be able to state that the rate of maintenance at the Provincial Sanatorium at Kentville has been reduced from \$8.00 to \$5.00 per week, and that an arrangement has been effected whereby persons unable to pay anything may be supported at the expense of the municipality to which they belong, in somewhat the same manner as obtains in the case of indigent patients who seek treatment at the Nova Scotia Hospital. We understand, also, that the government has now under consideration a plan which considers the appointment of a number of examiners in easily accessible centres. We are sure that this movement on the part of the government will be hailed with satisfaction by the profession throughout the province.

An important element in the reduction of the prevalence of tuberculosis is the prevention of its admission. This has been realized too late by many a "health resort," which has gained its popularity at the expense of general infection of its own population. Attention was wisely directed to this phase of the problem by Mr. Mayo Robson, when addressing a meeting held on behalf of the establishment of a sanatorium in British Columbia in August last. It is a matter which should have the very careful consideration of our immigration authorities, surpassing as it does in seriousness several of the disorders over which they now exercise such strict control.

This is a matter which might perhaps be worthy the consideration of the members of the Canadian Association for the Prevention of Consumption at its annual meeting to be held in March, the announcement of which appears elsewhere in our present issue.

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### CANADIAN MEDICAL ASSOCIATION.

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There are still six months between us and the meeting of the Canadian Medical Association in Halifax, next August. But time flies, and if we are to try and make this meeting a useful and happy one, we must bestir ourselves.

Arrangements are now being made with the leading railway and

steamship lines, and a series of entertainments and excursions is being planned by the executive, but as the exact nature of these is not yet definitely decided on, any announcement would be premature. We may, however, say that our favourable attention has been given to the idea of an excursion to the famous "Look off", near Cape Blomidon, including the charming towns, of Wolfville, Kentville and Canning, the romantic Valley of the Gaspereaux, and the historic ground of Grand Pré.

It is hoped that the customary reduction in railway fares may be extended, so that members who come from the Far West, and from middle Canada, may, if they choose, continue their journey to Cape Breton, see the beauty and grandeur of the Bras d'Or, and visit the memorable ruins of Louisburg.

We have already announced the readers of the Addresses in Surgery, Gynecology and Ophthalmology, these being respectively by Mr. Francis M. Caird of Edinburgh, Dr. Howard A. Kelly of Baltimore, and Dr. J. W. Stirling of Montreal. We now have much pleasure in stating that the Address in Medicine will be delivered by Dr. D. A. Campbell of Halifax.

Dr. Primrose, of Toronto, will introduce a discussion on "The Surgery of the Kidney and Ureter." We hope soon to be able to give the names of other leading men who will be with us.

The question of meeting in sections has been discussed: the most favoured plan being to institute two sections—Surgery and Medicine. The Addresses would be delivered before the whole Association, while other communications would be read, according to their tenour, in one of the two sections. It is only in this way that the large number of papers expected, can be read and discussed.

Last, but by no means least, we must bear in mind the financial outlay requisite for entertaining, in a suitable manner, colleagues from the other provinces. The Nova Scotia Medical Society has undertaken the position of host, and we trust each member of the profession will consider it a privilege to assist. From the various county medical societies, come encouraging promises: in those counties where there are no societies we must look to individuals.

## Society Meetings.

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### THE AMERICAN ANTI-TUBERCULOSIS LEAGUE.

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The next meeting of the American Anti-Tuberculosis League, will be held in Atlanta, Ga., April 17th to 19th, 1905.

Governor J. M. Terrell has tendered the Hall of the House of Representatives to the Georgia State Capitol for the use of the League during the meeting; he will deliver an address to the League on the first morning, as will other distinguished men.

The opening session is intended to be a broad one, in an educational sense, and the heads of the largest educational institutions of the United States will be invited to be present.

Reduced rates will be had on all roads. Hotel rates will also be made special for visitors. Over 1000 delegates representing the leading national and state medical societies have been enrolled.

Papers have been promised for this meeting of unusual interest by Doctors J. Riviere and Guillian Livet, of Paris, the latter giving a new treatment for consumption, which has been tested in his clinic for the past two years and has never before been published.

Papers by the most distinguished men in the United States have been promised.

The Atlanta Chamber of Commerce will tender a reception to the visiting members.

A ladies reception committee will tender a reception to visitors and see that their wives and families are cared for.

We earnestly request every member of the medical profession of the United States and Canada, who is interested in the prevention of tuberculosis, and who has the good of humanity at heart, to be with us and help us with this great work which we have started so auspiciously and for which there is such a great field for suffering humanity.—GEO. BROWN, M. D., President and Executive Officer.

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### N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

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February 8th.—Meeting held at Council Chamber, City Hall, the President, Dr. C. D. Murray, in the chair.

Dr. Doyle referred to the offer of the Canadian Life Insurance Association to the Medical Society of Nova Scotia for life insurance examinations. It was decided to defer the matter till a future meeting.

Dr. Goodwin gave notice of motion re changing of examiners by life insurance companies.

Dr. Doyle then read a paper entitled, "Degenerations in the Spinal Cord." He first took up the gross and minute anatomy of the spinal cord in some detail, using colored illustrations, and afterwards considered some of the pathological conditions found.

Dr. Hattie, referring to the structure of the indirect motor tract, cited authorities for the view that it is composed of at least four sets of neurons, and that these were probably connected by protoplasmic bridges. He also discussed the pathology of tabes dorsalis, giving the views of Church, Bruce, and others.

The President spoke of two cases of amyotrophic lateral sclerosis at present under his care at the Victoria General Hospital. He hoped to exhibit these cases at a future meeting.

Dr. Chisholm referred to a case which he had recently seen. It was a child with spastic paralysis of one arm, which disappeared on distracting the child's attention, and during sleep. There was also paralysis of the face on the opposite side.

Dr. Doyle closed the discussion, answering several questions asked by the members present.

Dr. Hattie invited the branch to hold the the next meeting at the Nova Scotia Hospital.

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### Personals.

Dr. C. P. Bissett, M. P. P., is to be warmly commended for his able speech at the opening of the House of Assembly. The profession of this province may be congratulated on having such an enthusiastic representative, who can be relied on to champion their rights in legislative matters.

Our deep sympathy is extended to Dr. J. Ross Millar, of Amherst, in the death of his mother.

Dr. E. V. Hogan is now convalescent from a severe attack of tonsillitis.

D. L. J. O'Shaughnessy has recovered from an attack of pneumonia which kept him in the house for three weeks.

Dr. F. S. Yorston, of Truro, has been seriously ill with pneumonia following la grippe. Latest reports give the cheering news of recovery.

Dr. C. D. Murray is confined to the house with an attack of gastro-enteritis.

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### Obituary.

Dr. James Bowser.—We regret to record the death of Dr. James Bowser, of Rexton, Kent Co., New Brunswick, which took place on the 13th of January after an illness of three years. He was in his forty-fifth year, and was a son of the late William Bowser, a well-known merchant of Kent County. Before settling in Rexton, Dr. Bowser practised his profession in Sackville and Kingston, N. Y., where for some time he was an eye and ear specialist. He was a man of high standing and much looked up to in the community to which he belonged.

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### Book Reviews.

Practical Medicine.—Edited by RAM NARAIN, DELHI, INDIA. This is a monthly journal published in far-away India, and is one of the most practical exchanges that come to our office. Its articles are concise, and many hints in therapeutics are contained in the pages of every issue.

The Delineator.—Young housekeepers will discover a fund of information in the papers contributed to *The Delineator* by Isabel Gordon Curtis under the title "The Making of a Housewife," giving in the March number a lesson in the meat market. The hints are practical and helpful. Other topics of domestic interest, especially during the Lenten season, are "Attractive Fish for Lenten Days," illustrating and describing a number of delicate ways of preparing fish, and a variety of recipes under the headings "Fruit and Vegetable Salads," "Codfish Variations," and "Eggs—from a Hygienic Standpoint."

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### Therapeutic Notes.

A CASE OF PNEUMONIA FOLLOWING SEVERE TYPHOID :—RECOVERY. (FROM A CORRESPONDENT IN FLORIDA.)—J. B. W., White male, age 30 yrs., was recovering from a severe case of typhoid. On the 36th day his temperature was normal. On the 39th day it again began to rise and in a few days had reached 104.5, the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and

severe drain upon its resources incident to the typhoid, his condition presented a very alarming, not to say desperate situation.

Counsel was called and it was decided that his only hope lay in the generous use of Antiphlogistine. A "large" package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80°. A cotton lined cheese-cloth jacket, open upon the shoulders and in front was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine, as hot as could be borne, was spread upon the skin about  $\frac{1}{3}$  inch thick, over as much of the thoracic walls as could be reached (back, front, side and over the shoulders). This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down in front with stout thread. It is proper to say the entire contents of the 34 $\frac{1}{2}$  oz. package (large) was used for the one dressing.

The effect was surprisingly prompt. In a few hours, the temperature had declined to a point of safety, and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked, and in six days the patient was again convalescent, thanks to Antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like every thing else worth while it must be properly used if the best results are to be obtained.

LA GRIPPE AND ITS SEQUELÆ AGAIN PREVALENT.—The following suggestions for the treatment of La Grippe will not be amiss at this time, when there seems to be a prevalence of it, and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give an antikamnia tablet, with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If, after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are antikamnia and quinine tablets. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*" has found much benefit to result from antikamnia and salol tablets in the stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two antikamnia and codeine tablets, slowly dissolved upon the tongue, swallowing the saliva.

VIOLATES THE RULE OF A LIFETIME.—I violate the rule of a lifetime, in saying a word for Sanmetto, but being fully convinced, as I am, of its worth and purity, and knowing, as we all do, its essential components, I feel I am justified in saying that I have never found it to fail me in time of need.

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It will not disappoint you.

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These Supporters are highly recommended by physicians for children who often suffer from *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

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# LACTO-GLOBULIN

## BULLETIN No. 4

Report by Dr. S——, Montreal, on the dietetic treatment of

# PNEUMONIA

## Case of Lobar Pneumonia

Mr. R. D., aged 33 years. First of July was seen by physician on the third day of illness, complained of headache, pain in side, persistent cough and vomiting, and retained no form of food. The stomach rejected even water and soda water. Temperature 102.5, respiration 39, pulse 116. Physical examination showed consolidation of the base of right lung, sputum rusty in color.

Was given a teaspoonful of Lacto-Globulin dissolved in a cup of water, then heated, which he retained. This was the first form of nourishment which the stomach supported since the beginning of his illness. The quantity of Lacto-Globulin was gradually increased to a tablespoonful in solution in water six times a day. In the course of two days he was allowed milk, broths, and any other form of nourishment he desired. The crisis occurred on the seventh day of the illness, and the patient made an uneventful recovery.

## Case of Senile Pneumonia

D. M. McS., aged 82, taken sick, with grippal-pneumonia, complicated with valvular heart disease. Temperature 101, respiration 40. Some days afterwards refused all form of nourishment; was placed on Lacto-Globulin, which he took in the quantity of five to six tablespoonfuls a day. His strength was supported almost entirely on Lacto-Globulin with cream for a period of time covering two months. At the end of this time his condition had become so much improved that he was able to move freely around his room.

---

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Assures a minimum inclination to excite coughing in swallowing and will be retained by the most delicate stomach. It does not cause stomach distention or its consequent increased dyspnœa

Maintains the patient's strength with little loss of weight, thus materially aiding to pass the crisis and gain a quick convalescence.

The high percentage of phosphates acts as a reliable tonic to the system, and maintains the alkalinity of the blood.

The Enzymes contained increase the disease resisting power of the blood.

The best results are obtained by giving two teaspoonfuls dissolved in a glass of water, every two or three hours. This should be given warm and in small quantities at frequent intervals.

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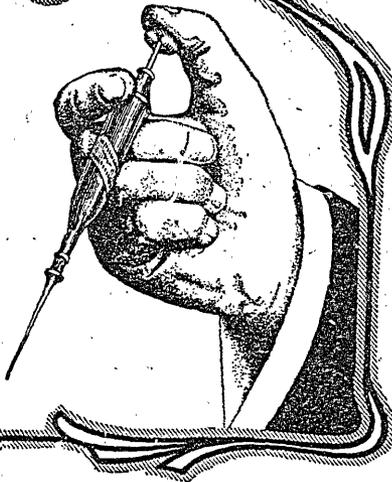
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