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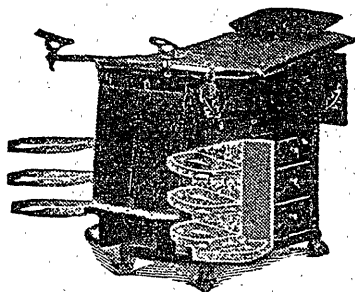
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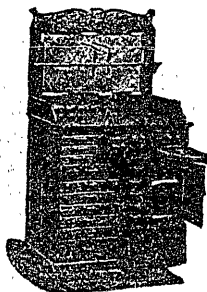
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3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics. (Pass in Medical Jurisprudence, Pathology, Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy. (Pass Final M. D., C. M. Exam.)

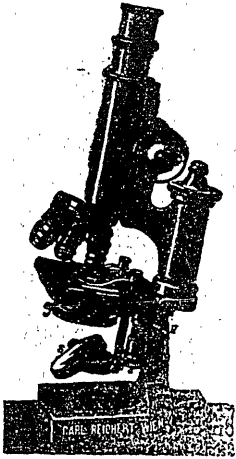
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VOL. XIV.

HALIFAX, N. S., OCTOBER, 1902.

No. 10

Original Communications.

PRESIDENTIAL ADDRESS.*

By FRANCIS J. SHEPHERD, M. D., M. R. C. S., Professor of Anatomy, McGill University, Montreal; President of the Canadian Medical Association.

It has been said by a well-known scientific authority that bores must be classed among the enemies of the human race, and perhaps one of the most objectionable species of this large genus is the Presidential Address Bore. One of the "privileges" of the President of this Association is to deliver the Annual Address; he is the victim of circumstances. I trust, however, that what I say will not prove altogether uninteresting—at any rate if you are bored it will not be for long, for my address will have one thing to recommend it—that is, brevity.

First, let me welcome you all heartily to our city; I hope your visit will be of value to you, not only from a professional standpoint, but also from a social one. The great advantage of these meetings is not so much what one learns from the papers and discussions of the sections, but from that personal intercourse to which such occasions give opportunity—the interchange of thoughts and ideas, and the estimating of our fellow-members, not only as surgeons and physicians, but as men, who, like ourselves, are doing their best in this life in trying to solve the difficult problems which are continually confronting us all. At these meetings many friendships are made which last a lifetime. As Horace says, "There is no pleasure equal to that given by a pleasant friend," and the members of the profession from the

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extreme limits of this great Dominion, meet and are brought together under the most favourable circumstances. Teachers meet their old pupils, and students their old companions, and perhaps, rivals. The mystery and clouds which enveloped the old professor, who was looked upon with awe and from a distance, are now dispelled and reveal a human being even as themselves. The man who is only known by his books, or by what he has written in the leading journals, and whose opinion, perhaps, has been regarded as almost infallible, often appears as a very ordinary individual; others again, of whom we have never heard, impress us much by their force of character and the intimate knowledge of their profession which they possess. The man from the east who is slow to adopt new ideas and new methods, is rendered almost breathless by the procedures, apparently most successful, of his professional brother from the west. One reacts on the other; the pace of one is hastened and that of the other retarded, to the benefit of both.

This certainly is a great opportunity for all of us to interchange ideas, and such meetings tend to weld the profession together and to obliterate sectional jealousies. It is well sometimes to remember that we are all Canadians, as well as medical men, and that our interests are those of the Empire as well of Canada. This community of interest will be much strengthened and accentuated if the Dominion Registration Bill, which has, during the last session, been passed by the Dominion Parliament, be, with the consent of the various provinces, put into force.

DR. RODDICK'S BILL.

Ever since I commenced the study of medicine in 1869, I have heard about a Dominion Registration Bill. For years, at every meeting of this association it was discussed. Several bills were drawn up and such men as the Hon. Dr. Parker, of Halifax, Sir Charles Tupper, Dr. R. P. Howard and others, were engaged in trying to frame a bill which would be acceptable to all parties, but all in vain; failure after failure resulted, and for a time it was given up in despair. At last a champion arose who solved the problem. You all know him—Dr. T. G. Roddick. I congratulate him on the courage, persistency, skill and ability with which he has pushed through his Medical Bill in the face of many obstacles. It remains now for the different provinces to pass a short Act by which the Dominion Bill can be worked. The

Dominion is ready for the carrying out of the provisions of the Bill as soon as the provinces agree to it, and I trust that no one province will decline to act and so selfishly render the Dominion Bill inoperative. The first step has been taken and the first barrier overcome; let us hope now that the other obstacles will soon be removed, and then—a man who has fulfilled all the provincial requirements and passed before the Dominion Board will have the whole Empire ready for him to practice in and all the public services at his disposal. Why, I know of several cases where men, serving as surgeons during the late war in South Africa, could not attend Imperial troops because, forsooth, they had not a license to practice in Great Britain, nor could they ever hope to join the Army and Navy Medical Services.

Such a condition of things is a reflection on our citizenship and a slur on our Imperialism. It only remains for the provinces to remove the disability by accepting the Roddick Bill and so enlarging our opportunities by throwing open practically the whole British Empire to our medical men.

MEDICAL PROGRESS.

It would be useless for me to attempt to describe to you the great advances that have of late been made in medical science, for you are already very familiar with them. For some time it was thought that surgery was outstripping medicine in the race for knowledge, and many regions which were in the exclusive possession of the physician were rudely annexed by the surgeon, and even yet the surgeon is not satisfied, but like the horseleech's daughter, calls for more. Only this year that disease so intimately associated with the physician and named after one—Bright's Disease—has been treated surgically and with some success. The surgeon is still struggling for the possession of this, up till now, distinctly medical disease which the physician is not so willing to part with, waiting with his usual caution for more light.

However, medicine has not been standing still, but has made more advances and has done most magnificent work in various departments. It has fought for this knowledge with great courage and has left on the battlefield not a few heroes, who have fallen bravely fighting with their faces to the foe. I refer especially to the magnificent work done in Cuba in regard to the discovery of causes of infection of Yellow Fever. And what is the result? Why, a region which has

been for centuries a pest-house at certain periods of the year, has become a veritable sanitarium. Yellow Fever has been abolished from Cuba, because it has been proved beyond doubt by experiment that the mosquito conveyed the disease, and that if the breeding places of the mosquito were abolished and the fever patient was isolated so that mosquitoes could not bite him, they could not convey the disease to others. The chief honor and praise in these investigations must be awarded to Walter Reed, Carroll and Agramonte. Good work is still going on in the investigations of malarial fevers and it is the hope of all of us that this troublesome and widespread disease may in time be abolished. It is hopeless by ordinary means to hope to destroy or rather exterminate the mosquito, but, by removing stagnant water and covering their breeding places with coal oil, and sleeping at night under nettings, the disease may be in many cases avoided; but, until we can discover some such means as inoculating the mosquito with a fatal disease and so exterminate him, malaria will be more or less always with us, especially in the tropics.

We have all heard much of the white plague (tuberculosis) in the lay and medical press, how it is propagated, how it may be prevented, how it may be cured; the world has become rather hysterical on the subject, and, no doubt, good will come of it all. But there is another plague, stalking boldly in our midst, and flaunting its banners with the greatest insolence, carrying off its victims by the thousands, and disabling and disfiguring thousands of others, the innocent and the guilty with a remarkable impartiality, and yet no notice is taken of it; it is silently ignored. We must not discuss it or speak of it, or suggest remedies for its extermination; like many things in the Pacific Islands, it is tabooed. We take the utmost care to prevent people catching measles, scarlet fever, chicken-pox, etc., and allow syphilis to come and go amongst us unnoticed and apparently uncared for. It is a most remarkable state of affairs. A poor leper, from whom the chance of taking the disease is small, is shunned, banished and isolated, whilst a syphilitic is allowed to spread the disease at will, without restraint. It is appalling to think of the risk we all run; the innocent suffer often more than the guilty. Because the disease is now a sexual one, although it was not so originally, we must not control it or arrest its spread, or endeavour in any way to ameliorate the condition of those unfortunates who suffer from it. Our neighbors across the line will not allow emigrants with favus to

land, but welcome the syphilitic if he have a few dollars in his pocket. Is it not most illogical to build hospitals in order to protect people from measles and scarlet fever, and to allow syphilis to spread itself unchallenged? It is time that the profession took this subject up and educated the public to a better knowledge of sanitary laws.

MODERN LABORATORY TEACHING.

In the wonderful developments of all branches of science, medicine has not lagged behind and the world generally is becoming much interested in the many discoveries in medical science which have lately taken place. Money is being left and donated in large quantities to stimulate still further exertions in the line of research; special sums are being set aside for the experimental study of the origin and cure of certain diseases, such as carcinoma, tuberculosis, etc., and immense amounts have quite recently been given by the multi-millionaires for the erection and maintenance of splendid laboratories which are intended not so much for the teaching of students as the encouragement of research work.

The medical school is developing into a huge system of laboratories to the exclusion of the lecture, and even the hospital; for the day has not got any longer and laboratory work takes time. We must not forget, however, that laboratories, triumphs of architecture though they be and equipped as they are with all the most modern scientific apparatus, will not themselves produce men of science, they will only give them the opportunity of developing. Such giants as Pasteur, Lister, Koch, the recently lamented Virchow and others, were not produced by magnificent laboratories or splendid inducements of fellowships, etc.; they made their opportunities and forced nature, by the power of their intellects, to give up to them her secrets; difficulties only stimulated them to put forth still further efforts. Such men are not found at will, but they are born like poets, only occasionally. To paraphrase Sir Thomas Browne—"They do most by laboratories who could do much without them, and he that chiefly owes himself unto himself is the substantial man."

One danger of this great multiplication of laboratories is that it induces men to pursue original investigation who have not the true scientific spirit, and who are utterly unfit for such work. They frequently collect and publish a mass of useless and undigested material and therefrom draw inaccurate conclusions. All this will not redound

to the credit of medical science. However, we must hope for the best, knowing a large amount of good work will be done and many valuable discoveries made. I do not wish it to be inferred that I am opposed to the addition of modern laboratories to our medical schools, they are all necessary, but they must not supplant other work quite as important to a man who wishes to become a practicing physician or surgeon. Again, we must remember that the Millenium will not be brought about by laboratories, nor will all scientific problems be solved by them.

There is one laboratory which is not so much frequented now as when I was a student, I refer to the hospital wards. Students, while perhaps more scientific—I say scientific because nowadays every one who spends much of his time in a laboratory learning the use of all kinds of modern apparatus, including our old friend the microscope is regarded as having a scientific training—I may say that students while perhaps being more scientific (microscopical and mechanical), have not that intimate personal knowledge of disease which continued observation at the bedside gives them, so that when started in some out-of-the-way place without their scientific machinery, they are like fish out of water. It may soon be that they will not be able to diagnose a fracture without the X-rays, a suppuration without an elaborate system of cultures of the various cocci, typhoid fever without the Widal test, diphtheria without finding the Klebs-Loeffler bacillus tuberculosis without getting bacilli in the sputum, and so on without end. Students are not taught to observe so accurately the evident symptoms of disease, and as I say, are becoming mere mechanics who need an armamentarium (which only a great hospital or university can possess) to make an accurate diagnosis of an ordinary disease, the higher and more intellectual means of drawing conclusions by inductive reasoning are almost neglected.

This mode of education may do for the few, but for the many who have to practice away from centres, it is not the best method. The reason of it all is that most colleges are now managed by laboratory men who are specialists from the start and who have never practiced medicine, and so never have appreciated the needs of students who, when they graduate, will have to earn their living by attending sick people. The practitioners who are connected with the colleges are too busy, and not living on the premises, so to speak, give up the management gladly to those having more time and having new ideas which

they wish to have carried out, especially on laboratory lines. They are eager for original investigations and encourage their men to do such and such a piece of work, forgetting that these men have first to learn the rudiments of a profession by which they have in future to make their living, and that the laboratory work is only a part of their training.

In a recent Address delivered at the last meeting of the British Medical Association, Dr. Willian Japp Sinclair says:—"It was the devotion of the gifts of genius, of the highest intellectual endowment, to clinical investigations, which lent dignity to the labours of former generations of physicians and surgeons, and made their counsels fruitful in conferring permanent benefit on humanity. Enlightened and patient industry, and success in observation and treatment of disease, were long and tedious, but the only sure way to professional distinction and honour. But now, since the advent of the modern development of pathology, and especially of bacteriology, the unknown is accepted as magnificent by the whole medical profession, and a certain distinction can be achieved without much talent or industry; the microtome and the cultivation tube (though work connected with them often resembles a sad mechanic exercise), have provided a royal road for men into fields of clinical work they have not known how to cultivate. They have shirked the apprenticeship to clinical medicine, yet claim the consideration and emoluments due to the skilled and experienced journeymen."

Now hospital training is most essential to a true knowledge of disease and continual observation at the bedside with good tutorial instruction is a more important factor in the education of a medical man than the best and most complete knowledge of all the bacterial forms. How to properly examine a patient, how to question him so as to get all the salient points of his illness how to observe his deviation from the normal in posture, color, expression and conduct—how to examine all his excretions and to tell how they differ from those in health; observe the character of the tongue and pulse, the breathing, etc., are essentials. After this the blood may be examined and other methods used to confirm or disprove our previously conceived idea of what the patient is suffering from. All this is much more important than a repetition of a series of experiments in laboratories and the culture of innumerable bacilli, common and rare. Mind you, I do not wish to disparage laboratory teaching, it is essential, but we can have

too much of a good thing, and laboratories nowadays take up too much of the student's time in the latter years of his curriculum. The ordinary student should have a good working knowledge of laboratory methods, and this should be obtained chiefly during his first two years, but the refinements if insisted on will be acquired at the expense of some more useful and practical information, for the average student can only hold so much knowledge—it is hopeless to attempt to put a quart measure into a pint pot.

I would suggest that among students only a selected few be made use of for research work and that the average man be not freighted with too much laboratory ballast, but that room be left for other kinds of cargo, the use of which may prove of great value in the voyage through life. Post-graduate medical research work should also be encouraged by every university and opportunities given to every suitable person to continue lines of work for which he is most fitted.

In this connection I would like to read you an extract from an Address delivered before the Medical Society at Oxford in 1895 by the late Professor Sir George Humphrey, of Cambridge—"There is too great a mass of facts heaped on the memory and too little reflection on them, too great a straining after the practical and too little aspirations for the principles upon which good practice must be based. * * * * The sciences of physiology and histology have become, and those of pathology and anatomy are becoming, more separated from medicine, delegated to special teachers and special examiners—doubtless to the advantage and width of scope of those sciences and to the greater knowledge of them, but I fear there is hereby engendered a tendency to take the student too far afield. * * * It is apt to lead too much to meandering in altitudes, too little to straight going upon *terra firma*, too much pride and obstrusiveness of supposed higher knowledge, too little to reasoning and too little to power of reasoning upon simple data, and too little to that sort of reasoning which constitutes the basis of "Common Sense." The scientific and the practical, in short, become too much separated; what is needed is a greater regard to that connection between the two which should be maintained through the whole period of study."

SPECIALISM.

Another tendency in medical education is specialism. In some universities they are advocating allowing men to graduate in special

lines, such as ophthalmology, dermatology, medicine, surgery, gynæcology, etc. This seems to me to be most pernicious, tending to develop much narrowness and also to exaggerate the importance of certain specialties and the public will suffer accordingly. Nowadays, even the most advanced, are agreed on the importance of acquiring the rudiments and learning the principles of medicine and surgery and to practice them before commencing the study of any specialty. I do not say that the study of specialties such as otology, ophthalmology, gynæcology, and even dermatology should be neglected—on the contrary we should study them all—but in their relation to and bearing on general medicine and surgery, we should have a good working knowledge of each, but an excess of time should not be devoted to any one. A year or two of hospital work followed by some experience in general practice should be managed by any one who wishes to become a broad minded specialst. In this way he gets a wider grasp of medicine and is less liable afterwards, when he gravitates to a specialty, to run in such narrow grooves.

It is the fashion now for men to go into medicine purposely to become specialists, not that they have any particular aptitude or leaning towards their special choice, but because the opportunities for making money are greater and their time will be their own—they only learn enough medicine and surgery to qualify for a degree. Such a training, although it may be a financial success, will tend to bring the practice of medicine down to a mere trade and the higher and nobler instincts which ought to stimulate a professional man will be no more seen amongst us.

QUACKERY.

I had intended touching at length on the various quackeries which are now so rampant among the most civilized nations and amongst their most cultivated classes, but time warns me I must be brief. I refer to such things as Christian Science, Mental Science, Spiritualism, Vitapathy, Osteopathy and such like—but perhaps they have their uses in this rapid and restless age—they probably are a vent for people who would otherwise have to be confined in asylums at a great expense to the public. Could any individual write such a lot of stuff as the following without their being a suspicion of insanity in the case? “If I believe in the power of disease, my thought atmosphere could not heal a patient. Disease has no power of its own but only as much power as our ignorance concedes to it. Disease is

ignorance, intelligence is cure. Disease is but a negation of the ubiquitous life principle. This life principle has taken entire possession of me and my thoughts, I live in it. I am it." Such stuff as this, *ad infinitum*, is read and believed in by thousands—believed in but not understood. Education will not abolish belief in quacks and quackery. I wrote an article on quackery many years ago, which was published in the *Popular Science Monthly*, and I closed with the following quotation, which seems appropriate on the present occasion: "The final though distant extinction of quackery is to be hoped for. It forms a fragment of that final triumph of reason and virtue which is the secret consolation of every philanthropist."

It is partly due to the profession itself that quackery flourishes. So many men who are unfit for the profession enter it and look on it as a business to make money, honestly perhaps, if possible, but to make it even if the credulity of the public is drawn on. Many of the doctors who write to papers like the *Alkaline Clinic*, the *Medical Short Cut* and others of such a character, have a most misty idea of their profession and apparently are ignorant enough to deceive themselves as well as the public. I fancy they practice all the pathys,—one man from Texas asks the editor if he has anything that is a "dead shot" for eczema, another asks what is the most "up-to-date scientific caper" for goitre, and so on; one specimen of sputum from an old lady, which was sent to the editor for examination, contained tubercle bacilli, diplococci, pneumo-bacilli, saprophytes and pus cells. Another patient, from the writer's description of her case, is diagnosed as having an extra vulnerability and an extra colony of microbes in her mouth. Such is the literature many feed upon, always looking for tips and sure cures, never accurately diagnosing the disease and always changing treatment. Is it any wonder that quacks flourish? It is a curious thing, however, that our medical laws seem unable to cope with quacks, but, if a man who has had a regular training has not obtained his license he is immediately hauled up and fined.

THE KING'S ILLNESS.

I fear I have trespassed on your time long enough, and I must bring this rather disconnected address to a close. I cannot, however, close without referring to the comparatively recent serious illness of our beloved Sovereign. The result in his case is most satisfactory and is a credit to modern surgery; let all praise be given to the

able and wise physicians and surgeons who directed his case. The rewards of the medical profession are not many, nor are they of the highest grade, but in the late award of honours medical men were not forgotten, and those in closest attendance on the King received their share. The responsibilities attaching to the medical attendants were more than usual, and very much depended on their advice as to the most proper and safest procedure. The proper path was chosen and for the time they are praised beyond measure, but unfortunately medical favours are soon forgotten.

“Three faces the Phisition hath ;
 “First as an Angel he,
 “When he is sought ; next when he helps
 “A God he seems to be ;
 “And best of all, when he had made
 “The Sicke, diseased well
 “And asks his guerdon, then he seems
 “An oughly Fiend of Hell.”

The future of the medical man, however, is bright, and his position in the State is advancing as the necessity for employing him for the solution of all hygienic and sanitary problems becomes evident. In the wars of the future the winning of battles will be of no avail or impossible without an efficient medical service and no government will be complete without a department of public health presided over by medical men.

To enable our profession to obtain the respect and consideration of the public, we must stand shoulder to shoulder, and be true to ourselves. We must act so that no one can point the finger of scorn at us. We must not coquette with anything that has even the appearance of quackery. We must work for the love of our profession, and not for the mere object of getting money. We must neglect no opportunities of meeting together and so increasing our knowledge and stimulating our desire for knowledge. Above all, we must see that in the future none but men of the highest character, and who have had a proper preliminary training be allowed to enter into the profession of medicine.

OBITUARY.

Since we last met we have lost several valuable members; two especially will be missed, namely, Wyatt G. Johnston, of Montreal, and Wm.

S. Muir, of Truro. Dr. Johnston, one might say, died on the battlefield, for he succumbed to sepsis contracted in his ordinary work. He had just been appointed the Professor of Hygiene and State Medicine in McGill University, and a long and successful occupation of the chair was hoped for. He had done much original work already as assistant professor, and in pathology he had made a world-wide reputation. Wyatt Johnston was in most respects a genius—he had the modesty, great originality and capacity for work, which distinguishes such men. He was, if anything, too fertile in ideas, and had so many ventures on the sea of experiment, that some of them necessarily came to grief; not because they were Utopian or impracticable, but because there was not time to work them out. At the Montreal General Hospital he had the confidence and love of his colleagues and his opinion was final on a pathological question. As an expert in the coroner's court he was looked upon as a safe authority and his evidence was never prejudicial and partisan, but was, as scientific evidence ought to be, impartial. He much impressed judges and lawyers with his honesty, sincerity and accurateness. We only occasionally find such men, but in their short lives they often accomplish more than many others who have exceeded the prescribed threescore years and ten.

William Scott Muir has also gone from amongst us. His cheerful countenance and portly form we miss here to-day; he was one who had for many years past regularly attended these meetings, and by his genial disposition and practical common sense endeared himself to all with whom he came in contact. He was a man of affairs and took the greatest interest in everything pertaining to the advancement of the profession; he was always wise in counsel and in scientific discussion had the faculty of going to the root of the matter and stripping the subject of unnecessary accessories. He was an able practitioner and much beloved by his patients. He gained their confidence by his transparent honesty and was always welcomed by his colleagues wherever he went and always found friends. He was a distinct personality and one the medical profession can ill afford to lose—his works will follow him.

Dr. Brunelle, surgeon of the Hotel Dieu Hospital, has also been suddenly removed from among us. He was an able surgeon and teacher, and will be much missed by his colleagues by whom he was held in the highest regard.

MENTAL DISTURBANCES DURING THE PUERPERIUM.*

By W. H. HATTIE, M. D., Medical Superintendent, Nova Scotia Hospital, Halifax.

The occurrence of an attack of mental disorder at the time when, under ordinary circumstances, more than the usual amount of happiness reigns in the home, is an event which is most dramatic in its nature. The insanity which develops during the puerperal period manifests itself with startling suddenness, and usually comes like a bolt out of a clear sky. After the tension which all concerned can scarcely help experiencing during the months of pregnancy, it is but natural that the days succeeding the birth of the child should be glad and joyous, and to the new mother especially the feeling of relief and content is almost inexpressible. When this pleasant mental state suddenly and without warning becomes transformed into one of the acutest psychoses with which we have at any time to deal, we are brought to face with perhaps the most deplorable accident which can possibly happen to any woman; while the shock to family and friends, and the enforced separation of child and mother, combine to make the disaster the most to be dreaded of all conditions which may possibly complicate the puerperal state.

The condition is one, the frequency of which it is impossible to correctly estimate. During the three years ending September 30th, 1901, we admitted to the Nova Scotia Hospital 183 women, of whom 19, or a fraction over 10 per cent., were suffering from insanity which had developed during the six or eight weeks succeeding parturition. But, inasmuch as the curability of this type of cases is so generally recognized, an effort is usually made to keep the patient at home, and, doubtless, many cases occur which are never recorded, and, consequently, our statistics of this form of alienation cannot be even approximately correct. The fact, however, that 10 per cent. of the women who came to us within these three years gave a history of the association of mental disturbances with the puerperal period is sufficient indication that this association is very frequent and deserves the careful attention of the physician.

The term "puerperal insanity" should perhaps be abolished, inas-

*Read at meeting of Medical Society of Nova Scotia, New Glasgow, July 1902.

much as there is nothing especially characteristic of the form of disturbance manifested, save that it develops within a period arbitrarily determined as from six to eight weeks immediately succeeding delivery. About two-thirds of the cases present symptoms of mental exaltation, while the remaining third are of the depressive type. The majority of the cases showing exaltation present the psychic symptoms which, according to the older nomenclatures, would class them as mania. In this day, when classifications of mental disease appear with such rapidity as to suggest a Gatling gun origin, we have our choice of a large variety of titles which are applicable to the symptom-complex, but in the meantime the general practitioner will probably be satisfied with the older methods and continue to style such cases mania. Of the depressive type, the greater number of cases present the picture of melancholia. Comparatively few cases of insanity occurring during the puerperium are to be classed under such heads as paranoia, parietic dementia, or epileptic, periodic or hysterical insanity. Thus the specific designation "puerperal insanity" is perhaps scarcely warranted, and several recent writers omit reference to such a form of mental disorder. And yet, as Clouston says, "to know that a case is one that has begun after recent child-birth, is to know far more about it for treatment and for prognosis, than to know it as mania or melancholia."

The causes of the mental disturbances of the puerperium may be classed under several heads, and, according as causes of one or other of the varieties have predominated in the production of the disorder, so do the symptoms vary. Among the causes, we have first to consider that inherent defect in stability of the nervous tissues which apparently descends from parent to offspring, and which we speak of as hereditary predisposition. This is a very potent factor in the causation, although determinant only when reinforced by the mental strain preceding the event of the shock caused by the act of delivery. But heredity is not a necessary feature, and the larger proportion of the cases result from causes over which the physician has control; the accumulation within the system of certain waste products of metabolism; and infection from without, through abrasions of the parturient canal, or, possibly, in some instances, through excoriations of the nipple. In other words, cases of puerperal insanity, so called, are usually the result of either an intoxication, or an infection, or of both combined. The infective element in three cases recorded by Berkley

was the streptococcus pyogenes. The infectious cases in particular show the clinical picture which may be regarded as typical of the insanity of this period.

Cases of the manic type usually manifest more or less marked insomnia as the first symptom. Perhaps there may be a tendency to depression—a dull, anergic condition, in which the patient is disinclined to make any effort, and may even complain of a sense of discouragement or foreboding. This gives place within a very few hours to a degree of vivacity which is unusual to the patient. The woman surprises her friends by her bright conversation, her ready command of language, the remarkable activity and accuracy of her memory, her aptness at repartee and the incisiveness of her comments on matters under discussion. All the mental faculties show unusual acuteness. The exhilaration thus shown, however, is unlikely to arouse any suspicion of the real cause. Perhaps attention may be attracted to the motor restlessness or fidgettiness which is likely to be evidenced early in the attack, and this symptom may be the one which determines the friends to summon medical assistance.

Very quickly more characteristic symptoms develop. The eyes sometimes become preternaturally bright, and the patient casts furtive glances about her. She becomes suspicious of her friends, and quickly shows marked aversion to them, and especially to husband and child. The conduct becomes wayward, there is incessant motor activity, hysteric outbreaks are common, the voice becomes harsh and raucous, speech is incoherent, language is often profane and sometimes obscene, sleeplessness is absolute, food is refused, clothing and furniture are destroyed, and impulsive acts are common. Many of these symptoms result from the delusions under which the patient labours—many more are the expression of reaction to hallucinations, of which those involving hearing and sight are most common and sometimes very persistent. With these signs of disturbed mental action, we also find many somatic symptoms. The pulse is rapid, and, at first, full and bounding, the temperature is usually elevated several degrees, there is rapid loss of flesh, the lips and tongue quickly dry, crack, and become covered with sordes, there is usually suppression of the lochial discharge, and often, when the patient's intelligence is not too much affected, tenderness over the uterus can be determined.

Sometimes the temperature runs very high, and the condition must really be regarded as septicæmia with delirium. In fact, many of the

cases are not readily separated from this category, and time alone will clear up the diagnosis in such instances. Recovery from the febrile condition with persistence of the mental excitement will stamp the case as one of insanity rather than the delirium of fever.

Two features of this manic type of puerperal insanity merit especial attention. One of them is the tendency to impulsive acts. Generally the impulsions are reasonless and aimless, and yet the result may be quite as disastrous as if they had been carefully planned. Thus the patient may suddenly and without warning violently attack her child or any person near at hand, or may destroy herself in blind obedience to a momentary fancy. The other matter of special import is the aversion to food. This is a very constant symptom, and is usually the result of the delusion that the food is poisoned or tampered with in some way. It is a symptom that should be combatted from the very outset, as it is of the highest importance that nutrition should be maintained, and this can be done only by forced feeding.

The depressive type of cases are not more than half as numerous as the manic type. Regis puts the proportion at 1 in 4. There is nothing of special moment in the symptomatology of these cases. The usual features of melancholia are presented—the dejected look, the lax musculature, the retardation and painfulness of the thought processes, the shrinking, crouching attitude, the desire for solitude, the constant vague fears, the ever dominant distress of mind, remorse, expectation of eternal damnation, utter despair, the fearful hallucinations, the fear of death and yet insistent desire to end life, the accompanying somatic symptoms; hard, brittle hair, harsh, dry skin, paralysis of appetite, obstipation, etc., all these differ in no essential particular in the melancholy following childbirth from the melancholy found under any circumstances.

Of much greater importance, from a practical standpoint, than a discussion of the symptomatology is a consideration of the causation of the mental disturbances associated with the puerperal period, for, as I have already said, many cases depend upon causes which are quite within the control of the physician. In patients with a defective nervous organization any unusual stress is likely to precipitate an attack of insanity, and such patients should be guarded with especial care. Much may undoubtedly be accomplished towards the prevention of mental breakdown even in those most predisposed, and every precaution should be taken to minimize, as much as possible, the stress to which the patient is subjected at this critical period. And

unless the nervous organization is unusually labile, there should be no morbid mental condition develop at this time.

I make this statement with due deliberation. It is my firm conviction that many of the cases of insanity which occur during the puerperium are preventable, and that the same means which are indicated in the prevention of other undesirable complications would also prove effective as prophylactic of this disaster.

In the normal individual the stress of the reproductive act is not sufficient to cause insanity. Nevertheless, the stress is very great, and when acting in conjunction with an inherent lability of nervous organization, or even with a toxic or infectious state independent of nervous instability, very grave consequences may follow.

As Mercier points out, the main contribution of the female to the constitution of the offspring is the *matter* of which the body is composed; the contribution of the male is the *energy* which animates the matter. From the mother the offspring derives its bulk, its mass, the material ingredients of its composition. The female, in giving life to her offspring, parts with a portion of her own. This loss is evidenced by the weakness, prostration, and increased vulnerability to toxic and infective influences which characterize the parturient woman. And when to this unusual demand upon the energy, which cannot but influence the highest nerve regions, we add the emotional state which the arrival of the child inevitably establishes, the sudden transfer of circulatory, nervous and glandular activity from uterus to breast, and the immediate imposition of the duties of motherhood, it is readily seen that the strain to which the nervous system is at this time subjected is very great indeed.

For some years past, however, the feeling has been growing and strengthening that as long as the nutrition of the nervous tissues is not vitiated, there is little danger attendant upon a mere increase of the dissipation of nervous energy. In fact, we are coming to regard the insanities, apart from those due to structural or other inherent defect, as being essentially the manifestation of mal-nutrition of nerve tissues.

Now, what are the possibilities of interference with the normal processes of nutrition during the pregnancy and the puerperal condition? Consider first the conditions which we frequently find towards the end of pregnancy.

Even in cases which are perfectly normal, as far as our knowledge

permits us to judge, pregnancy entails disturbances in the general nutrition which may have a wide reaching effect. The unusual determination of blood to the uterus, the increased intra-abdominal pressure, and the demand upon all parts of the system for the nutriment needed by the foetus, all influence more or less profoundly the nutrition of the woman. The mechanical interference with the action of the bowel tends, in many instances, to cause constipation, and this leads to the retention within the system of effete matters which, when reabsorbed into the circulation, have a definitely prejudicial action upon the brain cells. The extraordinarily rapid metabolism going on in the walls of the uterus, and the increased activity of the metabolic processes generally, throw a very unusual strain upon the kidneys, and these organs, as is well known, very often fail to meet the demands made upon them. As outward expression of disordered secretory activity we get the albuminurias, the glycosurias, the lactosurias, the phosphaturias, and various other alterations in the chemical composition of the urine so commonly found during pregnancy. These all mark more or less grave changes in the nutritive processes, and are often an index of an autotoxis resulting from deficient excretion of poisonous waste products.

But while the discovery of these morbid states of urine is of the greatest significance, it is a well recognized fact that we should not depend upon so candid a disclosure of impending mischief. The frequent occurrence of a non-albuminuric eclampsia will instance my meaning—for eclampsia and insanity are both results of poisoning of nerve tissue. The physician should therefore be watchful for certain general symptoms which are indicative of a surplusage of toxic matters in the blood. Such symptoms as headache, gastric disturbances, high vascular tension, and physical and mental lassitude, particularly if associated with any discoverable evidence of failure in function of skin, lungs or liver, as well as of bowels or kidneys, should put the physician upon his guard, and it is by no means necessary that there should be signs of renal inadequacy in order that there should be retention of toxins within the system.

Even in the absence of any retained toxins, according to some excellent authority, the hydræmic condition of the blood may cause such denutrition of the nerve cells as to lead to mental disturbance in a not-too-well balanced brain. This is seen in anæmia from any cause. It must be borne in mind, however, that in anæmic states

insufficient excretion of urates and of ammonium carbamate is commonly noted. Recent studies go to show that the carbamate of ammonia is intensely irritating to nerve tissue, producing epileptiform convulsions in experimental animals. It is, therefore, quite conceivable that the hydræmic condition so usual in pregnancy may have a definite effect in determining a mental collapse.

A psychosis is a fairly common sequel to an eclamptic attack. A careful analysis of this association was made by Olshausen, who found that in 200 cases of eclampsia mental disturbance followed in 11. The literature afforded him a record of 515 additional eclamptic cases, of which 31 subsequently developed insanity. Thus, in a total of 42 out of 715, or in nearly 6 per cent. of cases of eclampsia, mental symptoms also developed. Is it unreasonable to assume that this connection is more than mere coincident, and that the neurosis and the psychosis have a common cause?

Septic infection, through any of the channels previously mentioned, plays a part in the etiology of puerperal insanity which does not require any special argument. Mental symptoms, in the shape of delirium, are so frequent an accompaniment of febrile states that everyone has noted the connection. I feel, therefore, that it is unnecessary to deal further with this phase of the problem.

The treatment of the mental disturbance of the puerperium is, of course, preventative and curative. And the measures by which prevention can be accomplished are largely suggested by what I have said with reference to causation. Just those measures which the careful obstetrician adopts to prevent the much dreaded eclampsia are to be regarded as of the greatest service in the prevention of mental breakdown also. So there is additional reason for the exercise of every means which may lessen the production of toxic matters and prevent their accumulation within the system. Careful regulation of diet and exercise is very important, and it must be the aim of all treatment to lessen the strain upon the emunctories as much as possible. It is also very essential to maintain all the emunctories in a state of the highest functional efficiency.

The avoidance of sepsis is of the greatest importance, and every possible precaution should be taken against such a complication. Should any evidence of septic infection become manifest, it should receive immediate treatment according to now well recognized principles.

Systematic effort should also be made to prevent the development of the hydræmic condition which is so usual to the pregnant state. In this we have but to follow the line of treatment which we would adopt in treating this symptom under any circumstances, always being careful to first eliminate any causative factor which it is possible for us to control.

Should our best efforts in the way of prophylaxis prove, unfortunately, to be unavailing, and, in spite of such precautionary measures as I have indicated, should mental symptoms assert themselves, we are then obliged to treat one of the most acute forms of mental disturbances with which the physician has to deal. Inasmuch, however, as the aim of my paper is especially to point out the possibility of prevention, I will merely outline the special features to be followed out in treatment.

The intensity of the motor excitement usually demands sedation, but drug treatment must always be employed after due consideration of the physical state in general, and the kidney condition in particular. Very often the hot pack or the full warm bath will prove rapidly effective in quieting the patient and securing sleep. If this is not successful, the use of drugs may become almost imperative. The most active drug, under ordinary circumstances, is hyoscin hydrobromate, in a dose of gr. 1-120 to gr. 1-96 hypodermically, but I would not recommend the use of this drug unless the physician can maintain a close supervision of the patient for at least three hours after its administration. Duboisin sulphate in similar dosage, also, has its advocates, but requires the same caution in its administration. The bromides find a useful place in this class of cases, but they act somewhat slowly and must be given in full doses. No matter what form of sedative is selected, it is important to stop it immediately the need for it ceases to be apparent. Then tonic and reconstructive measures should be adopted.

A most essential part of treatment, perhaps of even greater importance than the securing of sleep, is feeding. The patient usually refuses food, and this must be forced upon her, and administered in very large quantities. When forced feeding is necessary, I much prefer the œsophageal or stomach tube to the nasal tube. The passage of the œsophageal tube is somewhat more difficult than the passage of the nasal tube, but it renders the feeding process more satisfactory and much reduces the danger of the inspiration of food into the

lungs. Moreover, the mucous membrane of the cesophagus is not so liable to injury as the nasal mucous membrane.

Of food, milk must form the basis, and should be given liberally. Eggs are also given most advantageously, and, if the kidneys are functioning properly, should be given in quantities which will certainly seem huge to the patient's friends. A dozen a day will be none too many if there be no contraindication. Custards, sago, tapioca, beef juice, etc., should enter largely into the dietary. Always remember the need of adding salt to the foods administered by tube. And remember to begin feeding at the very outset—just as soon as food is refused.

Sometimes flushing the colon with normal saline solution has caused the patient to take food voluntarily, and has obviated the necessity for tube feeding.

The question of home versus hospital treatment is one not easily answered off-hand. It is usually better to separate patient from friends. It is rarely possible to discipline a patient at her own home as the character of her case requires. Moreover, the effect upon other members of the family, especially children, of having a noisy, profane, destructive and altogether incorrigible lunatic in the house is often very bad. However, the usually favourable course of these cases should weigh in favor of home treatment if such objections are not insuperable.

The prognosis is generally good. Probably from 70 to 75 per cent. of cases recover. Sometimes the convalescence is protracted over many months. Most recoveries are established within from three to six months. Reestablishment of menstruation is of the greatest importance in determining the permanence of recovery. Relapses are not very common, but recurrences, if other pregnancies occur, are frequent, and this fact should always be impressed upon patient and husband.

REMOVAL OF BLADDER FOR CANCER, WITH REPORT OF CASE.*

(AUTHOR'S ABSTRACT).

By A. LAPHORN SMITH, M. D., Surgeon-in-Chief of the Samaritan Hospital for Women,
Montreal; and Professor of Gynæcology in the University of Vermont,
Burlington; &c.

After reviewing the great advances which have been made in the surgery of the bladder in recent years, especially in the management of fistulæ and injuries to the ureters, the author took up the subject of removal of the bladder. He gave a brief historical outline of one hundred published cases from which it appeared that when the operation of removal of the bladder was done for malignant disease the death rate was over 50 per cent., while in cases of exstrophy and other non-malignant conditions the death rate was only 19 per cent. He was strongly of the opinion that with greater experience in technique the mortality of the non-malignant cases would fall much below nineteen, while in the malignant ones when the disease was recognised and removed much earlier the high death rate of over fifty per cent. would be reduced to less than twenty-five, just as it had been in hysterectomy for cancer which was 75 per cent twenty-five years ago but was now less than five. He therefore urged all practitioners to look out for this disease, the cystitis and hemorrhages being among the early symptoms, and not to lose precious time in unavailing local and medicinal treatment. His own case was misleading because she had a fibroid tumor the size of an orange pressing on the bladder, for which the patient was taken to hospital and the tumor was easily removed by myomectomy. Her bladder symptoms not being relieved, a button hole was made and the bladder explored by the finger, when the cancer was found occupying the trigone. Two weeks later abdomen was opened, peritoneum pushed back, ureters cut off and attached to vagina and bladder removed together with enlarged pelvic glands. Patient rallied well and was making good recovery until sixth day when she rapidly collapsed and died. She was sixty-five years of age and in poor condition and the disease was too far advanced.

* Read before the Canadian Medical Association, Montreal, Sept, 18th, 1902.

CANADIAN MEDICAL ASSOCIATION.

The thirty-fifth annual meeting of the Canadian Medical Association was held in the City of Montreal on the 16th, 17th and 18th of September, under the Presidency of Dr. Francis J. Shepherd.

As an evidence of the great success which attended this meeting, the fact that more physicians registered on the first day than for the three days of any previous meeting, speaks volumes.

At the morning general session of the first day a resolution of regret at the recent death of Professor Virchow, which was at the same time one of appreciation for the great work of this eminent Pathologist, was proposed by Professor Adami, seconded by Dr. Gardner, Montreal, and carried unanimously.

The meeting divided into sections, Dr. McPhedran, Toronto, taking the chair at the Medical Section; while Dr. O. M. Jones, Victoria B. C., looked after the Surgical Section.

MEDICAL SECTION.

THE FORENOON OF FIRST DAY. Living case, "Splenic Anæmia."

Dr. H. A. Lafleur, Montreal, presented patient—a man in middle life. There was a tumor—a movable mass about midway between the lower ribs on the left side and the crest of the ilium, with pulsation, but not expansile, over the tumor. The first blood count, made in March, showed 75% hæmoglobin, the red corpuscles 5,000,000; the white 6,400. A blood count was made again on the 15th Sept., 1902; showed 4,000,000, and 5,800, respectively.

The tumor changed according to degree and distension of the stomach. There was absence of mobility.

Dr. Osler referred to the difficulty and the lack of complete mobility in diagnosing this case and of enlarged spleen being often clinically mistaken for something else. This was just one of those cases in which the diagnosis was more surgical than clinical.

"Some Further Results in the Treatment of Tuberculosis." Dr. J. H. Elliott, of the Gravenhurst Sanatorium, contributed this paper.

At a meeting of this Association in Toronto in 1899, a report was made upon 155 cases of Pulmonary Tuberculosis under Sanatorium treatment. This paper is a further contribution covering some 400 additional cases treated during the past three years. The nomenclature used in the classification of discharged patients is that adopted by Trudeau: "Apparently Cured;" "Disease Arrested;" "Much Improved;" "Stationary;" "Failed."

Five years' experience has shown that almost all of the patients discharged "apparently cured" remained perfectly well—of those with "disease arrested" many have progressed to good health at home by following the rules of life learned at the Sanatorium, renewed activity of the disease, when occurring, having been as a rule due to unfavorable surroundings, or the necessity of again taking up unsuitable work.

Not the least important part of the work of a sanatorium is its educative influence. Each patient who returns home is a teacher of the value and importance of a hygienic life, to those who wish to retain their health, as well as those who are not strong.

Experience is demonstrating the immense amount of influence for good which results from a properly equipped and conducted sanatorium. It is unfortunate that there are not more of them. It is hoped that the attention of our philanthropists will be drawn to the crying need of such institutions, and that ere long we shall have a number of them in the various provinces of Canada.

Dr. Osler congratulated Dr. Elliott on the promising results which he has obtained. Two important points should be kept well in mind: First, early diagnosis, and second, getting patient as soon as possible under proper professional control.

Dr. T. Walker, St. John, N. B., referred to the control the physician in the sanatorium had over the patient.

Dr. John Ferguson, Toronto, spoke of the positive advances that have been made along the line of the curability of pulmonary tuberculosis.

Dr. McPhedran, Toronto, emphasized training patients how to care for themselves at home. He believes, too, that it is true, that the neighborhoods of sanatoria are always areas where tuberculosis is always diminishing.

"Pleurisy as Associated with Tuberculosis." Dr. John Hunter Toronto, read this paper. He first referred to the manner in which

bacilli reached the visceral and parietal pleuræ through the sub-pleural, bronchial or tracheal lymphatic glands, and from the cervical mediastinal and peritoneal lymphatics; also from the tonsils. In arriving at a diagnosis of pleurisy, a vigilant search should be made for a possible tuberculous origin. One should not always consider the outlook gloomy, as with properly carried out treatment, the progress is much more favorable than in pulmonary tuberculosis. In at least two-thirds of tubercular pleurisy it is a curable affection. The rapidity of the filling of the pleural cavity is especially characteristic of tubercular cases.

Dwelling upon treatment, during convalescence, deep breathing should be practised very assiduously, and inflation with rubber bags is a valuable exercise. Then change to a suitable climate should be insisted on if the progress towards recovery be retarded.

"Clinical Notes on Blood Pressure in Diseased Conditions"—Dr. A. E. Orr, Montréal.

A. Gaertner's tonometer was shown and the manner of its use demonstrated. Four hundred patients at the Royal Victoria Hospital, Montreal, were experimented on. The normal pressure was found to be 110 to 120. Seventy cases of typhoid fever were recorded in different stages, showing an average blood pressure of 104.5 m.m. It was highest, but still sub-normal, in the first week. There was only one death which took place in a man of 35 years, when pressure was 105 on tenth day, 110 on twenty-first day: then three hemorrhages, and on the twenty-fourth day a fatal hemorrhage.

A large proportion of these had cold baths or cold sponging. Nineteen cases of chronic nephritis were recorded. Of this group the highest was 260; average 208.5. Of acute nephritis there were seven cases; only three of these showed high pressure. Of arterio-sclerosis thirty-seven cases were recorded; highest 110, sixteen being 150 and over; four from 130 to 145; three from 110 to 125; four sub-normal. The highest was in a man of 72; glycosuria, no albumen.

Valvular diseases of heart, forty-eight cases, including eleven cases of mitral regurgitation. In mitral stenosis eight cases were recorded; six being normal. Mitral stenosis with mitral regurgitation, fourteen cases. Eleven had practically normal tension. Aortic insufficiency, three cases. Myocarditis, four cases; one man aged 60 having pressure of 80. Hypertrophy and dilatation of heart of unknown causation, two cases, 120 and 110 respectively. There were eighteen

cases with acute lobar pneumonia, with an average for the series of 92.7; only one death. Pleurisy sixteen cases. Neurasthenia eighteen cases, thirteen having normal pressure; three from 135 to 140; one of 160. In malignant disease, cancer of viscera, there were no high readings. Anæmia six cases, all being normal. Addison's disease, both in early stage; both normal. Purpura hæmorrhagica, one case; normal. Puerperal septicæmia, one prolonged case, ending in recovery, had extremely low blood count; 930,000; above normal. One gall bladder case with suppuration—a blood pressure of only 50, ten days before death.

One lead poisoning; three of jaundice; one of tubercular meningitis; two of diabetes; two of exophthalmic goitre; eight of acute articular rheumatism, heart not affected; chronic articular rheumatism, four cases, all normal; gonorrhæal rheumatism, eight cases, six normal; rheumatoid arthritis, sixteen cases, six normal; gout, four cases.

There was one case of hemiplegia, and fourteen of tabes dorsalis, eleven normal pressure; cerebral tumor, eight cases; general paralysis of insane, one case; Friedreich's ataxia, one with albuminuria, 140; one acute ascending paralysis, 140; two cases tic douloureux, one 130 during the attack. There was one case of epidemic influenza and thirty-six miscellaneous cases.

In discussing this paper, Dr. Osler considered it to be the best contributed article on the subject.

"On the Technique of Recording the Venous Pulse." Dr. W. S. Morrow, Montreal, gave a practical demonstration on the blackboard and presented a living subject on this topic.

SURGICAL SECTION.

FIRST DAY, MORNING SESSION. "Amputation of the Upper Extremity for Sarcoma of the Shoulder Joint; Living Case," by Dr. J. Alex. Hutchison, Montreal. The patient—a young woman—presented by Dr. Hutchison, gave a history of previous injury to the shoulder, followed by the development of a growth in the head of the humerus, accompanied by intense pain. An X-ray of the parts revealed the presence of a large growth which invaded the joint, and involved the scapula. The patient was in an extremely unsatisfactory condition for operation, and presented evidences of marked cardiac disease. The incision extended from the middle of the clavicle in front down over the pectoral regions to the lower part of the axilla,

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and behind, passed over the scapula down to meet the anterior incision.

After severing the middle of the clavicle, the great vessels were ligated, the brachial nerves divided high up, the muscles divided, and the scapula freed from its attachments. There was little hemorrhage, and the wound healed rapidly. Microscopic examination of the growth showed it to be a mixed spindle, and round-celled, myeloid sarcoma.

"A Fatal Case of Secondary Hemorrhage Four Days following the Removal of Adenoids," by Dr. Perry G. Goldsmith, Belleville. Ont. This paper dealt with the case of a child operated on by Dr. Goldsmith for obstructive deafness due to enlarged faucial tonsils. The operation was not unusual, and the condition of the patient, on the second and third day after the operation, was apparently satisfactory; on the fourth day, however, repeated and alarming attacks of hemorrhage set in, resulting fatally in a few hours. There was no history of hemophilia. The patient was under the care of the family physician at the time of death, and as no post-mortem could be obtained, the cause of the hemorrhage remained unknown.

"Occlusion of Posterior Naris," by Dr. H. D. Hamilton, Montreal. The patient was a young man aged 17, who complained of constant discharge from right naris, with complete obstruction of the same side. Duration of the condition, about 12 months. On examination, the patient presented a complete bony partition occluding the right choana. Family and personal history was negative.

Treatment:—The bony wall was perforated, and the opening further enlarged by graduated bougies.

"On the Use of the Subcutaneous Injections of Paraffin for Correcting Deformities of the Nose," by Dr. G. Grimmer, Montreal. Dr. Grimmer spoke briefly of various other deformities which had been corrected in this manner. In the preparation of the paraffin, it is first sterilized by subjecting it to high temperature. It is then injected by means of a sterilized syringe. In the case of the nose, the inner canthi of the eyes should be protected from the spreading of the paraffin, by firm pressure applied to the sides of the nose by an assistant's fingers. After injection, the parts are molded by the operator as required.

After treatment: Collodion is to be applied to the needle puncture, and cold compresses, to control cedema of the nose and eyelids.

Some possible dangers from the treatment are, paraffin embolism, and necrosis of the skin over the parts.

Dr. Grimmer exhibited two patients successfully treated in this manner; also two rabbits which had been subjected to similar injections.

"The Telephonic Properties of the Inflamed Abdomen; A Sign not hitherto Described, Due to Paralysis of the Bowel in Peritonitis," by Dr. Geo. A. Peters, Toronto. In auscultating the abdomen with a view to ascertaining whether there was paralysis of the bowel in cases of appendicitis, typhoid perforations, traumatism, and other conditions which stand in a causative relation to peritonitis, Dr. Peters has observed that where the gurgling sounds due to the passage of gas and liquid in the bowel are absent from paralysis, the heart sounds are invariably very plainly present over the whole abdomen. In intense cases, particularly in children, both inspiratory and expiratory breath sounds may be heard. Dr. Peters' explanation of the phenomena is: unlike the healthy bowel—where the gas is retained in certain well defined and circumscribed compartments, each constituting a complete retainer in itself, with vital walls possessing a muscular tonicity under nervous control,—the paralysed bowel, by reason of its flaccid and atonic condition, permits an entire change in the disposition of the contained gas; the entire distended abdomen becomes practically and acoustically considered, a continuous column of air or gas, of the precise principle of the stethoscope. The effect of this is further heightened by the rigid abdominal wall, which acts as a sounding board. The prognostic significance would seem to indicate an unfavorable termination in those cases where the sign is very well marked in cases of septic origin.

"A Case of Filariasis in Man Cured by Operation," by Dr. A. Primrose, Toronto. A man from the West Indies suffering from lymph scrotum, presented himself for treatment and gave a history of attacks of fever which suggested the presence of filaria. On examination of the blood one found the embryos present in large numbers. The embryo filariæ were found in large numbers at night, but disappeared from the blood during the day. An operation was performed and a large portion of the scrotum removed. The excised tissue was carefully examined by teasing it in salt solution, and a parent worm was discovered and removed alive. This proved to be a female, and it was subsequently fixed and mounted in a suitable manner for

microscopic examination. Subsequent to the operation the filaria embryos entirely disappeared from the blood, and the inference was that the parent producing the embryos had been removed by operation. The parent worm was afterwards carefully studied by Dr. J. H. Elliott, M. D., Toronto, (late of the Malaria Expedition to Nigeria from Liverpool School of Tropical Medicine), and a report of his investigations with drawings of the worm formed part of the paper as communicated by Dr. Primrose.

GENERAL SESSION.

FIRST DAY, AFTERNOON. Address in Surgery—"The Contribution of Pathology to Surgery," by Dr. John Stewart, Halifax, N. S. Owing to the unavoidable absence of Dr. Stewart, this paper was read by Dr. J. W. Stirling, Montreal. (This paper will be published in our next issue.)

"President's Address." On the evening of the first day, in the Arts Museum, Dr. Francis J. Shepherd of Montreal, delivered the Annual Presidential Address. (Published on page 349.)

SECOND DAY, FORENOON. A general meeting of the Association opened with a discussion on "Diseases of the Gall Bladder and Bile Ducts;" Dr. Alex. McPhedran, Toronto, introduced the medical diagnosis in this discussion. He mentioned the fact that the gall ducts are narrower at their entrance to the bowel than in other parts of their lumen, and as they lie nearly horizontally the outflow of bile is easily retarded or obstructed. The ducts are much exposed to infection from the intestinal tract. Of the cardinal symptoms in these cases Dr. McPhedran considered jaundice the most common, while pain varies but is generally intense. The attendant fever is generally due to toxic absorption. The main diseases to be considered in differential diagnosis, are, catarrhal and suppurative cholangitis and acute yellow atrophy. Most catarrhal conditions are infective, but the chills and fever may occur without pus formation. The most common germ present is the common colon bacillus. In the gangrenous cases the symptoms are often ill defined. A most characteristic sign of gall stones is the recurrence of the attack.

Dr. A. D. Blackadar of Montreal, in discussing the treatment of gall bladder affections said he would confine himself principally to the catarrhal forms of the disease. He considers the condition more commonly due to altered secretion of the bile ducts, the altered

mucus causing inspissation of the bile. Infection of bile, he thought, takes place in two ways, through the bile ducts and through the portal circulation. In the matter of treatment he considers that no drugs stimulate the flow of bile to the same extent as the bile salts. The flow is increased by exercise and deep breathing. Diet should be carefully considered, should be simple, and as far as possible should contain a large amount of fat. Such patients should drink plenty of pure or mineral water. The patient should also have due regard to a proper method of dress, no corsets or constricting clothing should be worn.

Surgical diagnosis was introduced by Dr. James Bell of Montreal. He said it was common to find early vague signs of gastro-intestinal indigestion, which were often found to be present for a long time before an acute attack was precipitated. He spoke of the colon and typhoid bacilli as common causes of infective conditions.

The subject of surgical treatment was introduced by Dr. J. F. W. Ross of Toronto. In commencing his paper Dr. Ross expressed a certain lack of faith in the so-called medical treatment of gall stones. Speaking of some details of gall stone operations, Dr. Ross advocated drainage through Morrison's pouch. He laid great stress on the free use of gauze packing to prevent leakage into the peritoneal cavity. In gangrene and empyema of the gall bladder he does not advise removal of the gall bladder but prefers opening, flushing and draining. In many cases of cystic enlargement of the gall bladder, however, he advised entire removal of the viscus. It is well to remember, after removal of the gall bladder, that gall stones may form in the liver and may pass out into the intestines. He considers mucous fistulæ which occasionally follow operation, as the most troublesome, and said the evil should as far as possible be prevented by the use of a small drainage tube. He also drew attention to the importance of being sure that the drainage tubes did not become blocked.

The discussion of the surgical treatment was led by Dr. G. E. Armstrong, Montreal, who recognizes and recommends the employment of medicinal treatment first in gall stones, etc. He does not advise removal of the gall bladder, for stone in the cystic duct. He recommends lavage of the stomach before operating on all gall bladder cases, and as it is difficult to know what the surgeon may encounter on opening the abdomen, he advises the administration of calcium chloride before and after operation to prevent possible hæmorrhage.

Dr. Dudley Allen of Cleveland, Ohio, next spoke "On the Importance of Early Operation on the Gall Bladder." He considers in view of the fact that an accurate diagnosis is often impossible, an exploratory incision at least should generally be made early, when, he claims, it is often found that many obscure cases are quite amenable to surgical treatment, and, in fact would fail to recover if we were to temporize. He recited a number of cases where the diagnosis was uncertain, where he had made an exploratory incision and had often been gratified with the results. The subject was further discussed by Sir William Hingston of Montreal, and Dr. Alex. H. Ferguson of Chicago.

"On Foreign Bodies in the Vermiform Appendix," by Dr. James Bell of Montreal.—In this paper the writer expresses his opinion that appendicitis never depends on the presence of foreign bodies in the lumen of the appendix. There is little doubt, however, that when foreign bodies gain entrance accidentally into the appendix, they aggravate an otherwise septic infection. Among the foreign bodies which he has found in the appendix are,—in two cases pins, in two cases seeds, in one case wood fibre, in one case gall stones and in another case a fish bone. Dr. Bell's paper was further discussed by Mr. Irving Cameron of Toronto.

Medical Session. SECOND DAY, AFTERNOON. "Kernig's Sign. The Frequency of Occurrence, Causation and Clinical Significance," by Dr. R. D. Rudolf, Toronto. This paper contained the results of an investigation carried out in the different hospitals of Toronto. A large number of patients of all ages were examined, suffering from divers troubles, and the angles at the hip and knee accurately measured in over 200 of them. In 162, Kernig's sign was present in 97, that is, in over 60%. It was always absent in perfectly healthy children. Dr. Rudolf considers that a more convenient plan is to extend the knee and then flex the hip as far as possible. Sometimes there is more than the usual degree of stretching of the ham-strings possible, and this extra flexion can, by the writer's method, be exactly measured when Kernig's sign could not show it. Out of the 97 cases in which Kernig's sign was present, in 59 an angle of less than 165° at the knee could only be obtained, and of these in 10 cases the angle was 135° or less, showing a very marked degree of the sign. These 59 cases were of all kinds and only one of them was meningitis. Dr. Rudolf then went on to state that none of the theories of explanation

of Kernig's sign were satisfactory as to its occurrence in meningitis.

"Multiple Sarcoma, Report of a Case." This case was reported by Drs. F. N. G. Starr, and J. J. Mackenzie, of Toronto. Dr. Mackenzie read the notes on the case. No autopsy could be made. The patient was a female 38 years of age, a seamstress. The personal or family history had no bearing on the case. For a number of years before 1901, the patient had a goitre, which, under treatment, almost disappeared in the winter of 1901. In April of this year a lump about the size of a pea was noticed slightly to the left of the middle line of the abdomen near the symphysis pubis, hard but painless and subcutaneous. In May two or three appeared in the middle line, an inch above the umbilicus then two or three were discovered in the back. In June two others appeared to the right of the middle line of the abdomen. In July several additional lumps were discovered in the right breast, in size from a pea to a bean. Loss of weight occurred. In August the liver was noticed to be enlarging. Commenced taking arsenic in September. In October a large tumor appeared in the left breast, and a small one was also noticed in the left thigh. Patient began to suffer from rheumatic pains. In November and December the tumors appeared in enormous numbers over the chest and back, abdomen, thighs, and arms above the elbows, neck and over back, sides and top of head. In January, 1902, chains of tumors, bean-sized, were noticed in the cervical region, submaxillary and suboccipital regions. By March the 8th, she had thousands of tumors, most quite hard. Excisions were made and microscopic examination revealed a type of spindle-celled sarcoma, in which the prevailing cell was very long. As regards treatment, the patient took arsenic with no influence on the condition. Thyroid extract produced slight diminution in the size of the tumors. The patient died. Without autopsy one cannot say where the primary seat of the disease was, although from the great involvement of the liver, that might be the source of the disease.

"On Some Points in Cerebral Localization. Illustrated by a Series of Morbid Specimens and Some living Cases." At an early morning session held at the Royal Victoria Hospital; Dr. James Stewart conducted this clinic.

"On the Asylum—the Hospital for the Insane—and the Study of Psychiatry." Dr. Stuart Paton, Baltimore, Md., advocated hospitals or wards in insane asylums, for proper treatment of acute cases. He

also pointed out the benefits to be derived from having medical men to form a consulting staff to an asylum.

"Anæsthetic Leprosy." Two very interesting patients, father and son, were presented by Dr. C. N. Valin, Montreal, according to whom they proved to a certainty the contagiousness of this disease. From the way they had progressed under treatment Dr. Valin considered the cases hopeful.

Surgical Section: SECOND DAY, AFTERNOON. "Report of Three Cases of Congenital Dislocation of the Hip," by Dr. A. E. Garrow, Montreal. The etiology of this condition is not well established, but heredity seems to play a part. Dr. Garrow speaks of two methods of reduction, (a) bloodless method, (b) through an incision. The chief obstacle to reduction is generally due to fibrous stricture of the lower part of the capsule. Dr. Garrow's experience has been mainly by the open method. This paper was further discussed by Dr. Shepherd of Montreal.

"The Operative Treatment of Goitre with a Report of Cases," by Dr. Ingersoll Olmstead, Hamilton, Ont. As the medical treatment of goitre is very unsatisfactory, an operation is recommended in the following conditions:—1st, as soon as a goitre becomes dangerous, that is, when attacks of dyspnoea occur, or inflammatory changes occur, or there is the slightest suspicion of a malignant degeneration. 2nd, all enlarged thyroids having a tendency to grow towards the aperture of the thorax, even if they are movable. 3rd, goitres that have reached considerable development from the formation of single large colloid nodes. 4th, when with a moderate goitre, symptoms like those of Basedow's disease appear, accompanied with an increased development of the goitre. The operation advised is the one usually performed by Kocher and is done under cocaine anæsthesia. It consists of a transverse symmetrically bowed incision, with its convexity downwards, from the outer surface of one sternomastoid muscle to the other, higher or lower according to the position of the goitre. The skin, underlying platysma and fascia of the sternohyoid and sterno-thyroid muscles are reflected upwards. The fascia joining the muscles in the median line of the neck is then divided, as well as the outer fibrous capsule of the gland. The half of the gland which is most involved is then shelled out of its capsule, the superior and inferior thyroid arteries tied and the isthmus cut with goitre clamp and ligated. The remaining attachments are then ligated and

portion removed. The wound is closed with a subcuticular wire suture without drainage. Twelve cases operated on during the past year were reported. The average stay in the hospital was seven days. The resulting scar was very slight and little or no pain was complained of during the operation.

"The Pathologic Prostate and its Removal Through the Perineum," by Dr. Alex. H. Ferguson, Chicago, Ill. In the opening of this paper Dr. Ferguson said that he proposed to discuss more particularly hypertrophy of the prostate. Some of the microscopic changes in the hypertrophied prostate are, 1st, increased weight—may be up to eight or nine ounces,—2nd, greater size; 3rd, any part of the whole or gland may be involved. Shape varies very much. Microscopically Dr. Ferguson found all hypertrophied prostates were benign in character. He also found frequent evidences of inflammatory changes. The effect produced may be stated as, 1st, the prostatic urethra is contracted and elongated; 2nd, the vesical meatus is often rendered patulous and sometimes obliterated; 3rd, the ejaculatory ducts are also often patulous, allowing regurgitation of the semen into the bladder, and they are also often obstructed. The effects of obstruction on the kidneys and bladder are too well known to require discussion. Treatment: Dr. Ferguson's method of removal is by the perineal route. He uses a prostatic depressor introduced into the urethra, then elevated in such a manner as to press the prostate down in the perineum. The fingers of the left hand are passed into the rectum as a guide, and then he makes one bold incision through the perineum down to the prostatic capsule. Dr. Ferguson exhibited some special instruments devised and used by himself in this operation.

"The Surgical Treatment of Enlarged Prostate," by Dr. G. E. Armstrong, Montreal. Dr. Armstrong exhibited a specially constructed suprapubic vesical speculum, devised by himself, with a lateral opening which allows the prostate alone to come well in view in the speculum. The speculum can be packed around with gauze to protect the parts from possible burning, the offensive lobe or lobes are then cauterised with the thermo-cautery. Dr. Armstrong reported seven cases successfully operated upon. One point of advantage in this operation lies in the fact that the cauterized surface does not admit of septic absorption. He urges this method in the early stages of prostatic hypertrophy.

The paper by Dr Ferguson and also that of Dr. Armstrong was discussed by Dr. James Bell, Montreal, Sir William Hingston, Montreal, Mr. Irving Cameron, Toronto, and Dr. Elder, Montreal.

At the evening session of the Second Day the "Address in Medicine," was delivered by Dr. William Osler, Baltimore, Md.

In opening his splendid Address Dr. Osler spoke of the noble ancestry of our profession. The broad foundations of our professional dignity were laid on the Hippocratic oath. The solidarity of the medical fraternity is preeminent. Our profession is distinguished from all others by its beneficence—witness, anæsthesia, sanitation, *et al.* There is no limit to the science of medicine. The outlook for the profession was never brighter than to-day. Many of the diseases of our grandfathers are vanishing. Dr. Osler then put forward a strong plea for the unity of the profession. A sense of self-satisfaction is all too common in the medical ranks as in other walks of life. Chauvinism is an enemy to progress. Dr. Osler mentioned four forms of Chauvinism, namely: National, Provincial, Parochial and Individual. Nationalism is apt to become a widespread vice; in so far as this concerns the medical profession, however, international medical congresses have done much to dispel this spirit. Dr. Osler strongly advised young men to go abroad for post-graduate study, especially those who aspired to teach. If this were not possible, he strongly recommended the study of foreign medical literature. "It helps a man" said Dr. Osler, "to be a bit of a hero-worshipper." Continuing, he said, "There is a remarkable homogeneity of the profession on this continent, still, there is no little provincialism among the profession; witness, the various provincial medical councils in Canada and the various state boards in the United States." He considers it an outrage that a graduate of Ontario cannot practice in Quebec, or a graduate of Quebec in Manitoba. It is democracy run riot, it is provincialism. The solution of the problem rests with the general practitioner. Dr. Osler here paid a high tribute to Dr. Roddick for his indefatigable energy in pushing through the Dominion Medical Bill. Passing on to speak of parochial Chauvinism, Dr. Osler considered we are all tainted with it to some extent. A good method of counteracting this is to encourage professional interchanges. "Chauvinism in the unit, however, is of much more interest and importance. The consultants do the writing and the talking—and take the fees" said Dr. Osler, "the backbone, however of the medical

profession is the general practitioner. But he should preserve his mental independence and keep up with the times in literature and appliances. Diagnosis, not drugging is our chief weapon of offence" said Dr. Osler. "Lack of systematic personal training in the methods of the recognition of disease leads to the misapplication of remedies, to long courses of treatment, when treatment is useless, and so directly to that lack of confidence in our methods which is apt to place us in the eyes of the public on a level with empirics and quacks. One should not degenerate into a mere dispenser of quack nostrums like the drug clerk who has a specific for everything from the pip to the pox. Beware of the huge manufacturing chemical concerns and of the "drummer" of the drug-house." Passing on Dr. Osler said that learning alone is not sufficient, culture is the bichloride to keep him from intellectual deterioration, and lastly, charity among the profession; make the Golden Rule our code of ethics. Adopt the motto of St. Ambrose—"If you cannot speak well of your brother, keep silence." The word of action is stronger than the word of speech.

"The X-Ray as a Therapeutic Agent," by Dr. C. R. Dickson of Toronto. Dr. Dickson said, the explanation of the rationale of the X-Ray is at best as yet but a hypothesis. Fortunately we have a practical proof of its utility as a therapeutic agent in many conditions. Dr. Dickson has used it successfully in the following cases:—Nævus, Lupus Vulgaris, Tubercular Joints, Scleroderma, Subacute Articular Rheumatism (it relieved pain in many cases), Neurasthenia, Carcinoma of the Stomach (this patient gained weight), and in Carcinoma of the Rectum, which case is also improving.

Dr. G. P. Girdwood of Montreal, read a paper on the "X-Rays, Diagnostic and Therapeutic," and exhibited a number of photographs

"The X-Ray in Cancer," was the title of a paper by Dr. A. R. Robinson, of New York. A strong plea is that the X-Ray largely does away with the knife, and leaves little scar. It is probable that all superficial cancers can be removed by the X-Ray if seen early. In a delicate locality, such as the eyelid, the X-Ray should always be used, as paste or the knife will do more harm. When malignant growths have spread deeply, the X-Ray may be considered our best treatment.

Surgical Section: THIRD DAY, FORENOON. The first paper was "Remarks on Sympathetic Ophthalmia," by Dr. G. Herbert Burn-

ham, Toronto, followed by a paper on the "Ocular Manifestations of Systemic Gonorrhœa," by Dr. W. Gordon M. Byers, Montreal.

A paper on "Excision of the Cæcum," was read by Dr. O. M. Jones, Victoria, B. C. Dr. Jones cited four cases operated on. The first lived about two years after. A post-mortem proved that the cancerous growth had not recurred at the point of the original operation. Symptoms in all cases were, gripping pains in the abdomen, loss of weight and irregular action of the bowels, together with the presence of a mass in the region of the cæcum.

"On Three Cases of Perforating Typhoid Ulcer. Successfully Operated on." Dr. F. J. Shepherd, Montreal, reported these cases. First, as to technique: Dr. Shepherd has always made use of the lateral incision and has usually found the perforation near the ileo-cæcal valve. By this incision the site of the perforation is more easily found than by the median. He has always closed the incision by turning in the bowel and making use of a continuous Lembert suture, employing fine silk. Other ulcerations in the neighbourhood are treated in the same way. Rubber drainage is employed. There is always suppuration in these cases and usually a hernia as a result. General anæsthesia is always used in these cases. Early and rapid operation, seeing that there are no others likely to perforate, are important points. The first case was a woman of 30, with ambulatory form; the second was a woman of 28, admitted on the 8th day. It is of interest in this case, that, although perforation had taken place there was no leucocytosis. The third was a male of 30, in the third week, seized with severe pain and one hour after there was obliteration of liver dulness and marked leucocytosis. All are quite well with the exception of hernias.

Dr. Laphorn Smith of Montreal, presented a paper on "A Case of Total Extirpation of the Urinary Bladder for Cancer." (See page 370.)

THIRD DAY. *General*: MORNING SESSION: Election of Officers: Dr. T. G. Roddick, M. P., Chairman of Nominating Committee, presented the Report of this Committee. London, Ont. was selected as the next place of meeting.

President:—

Dr. W. H. Moorhouse, London, Ont.

Vice-Presidents:—

Prince Edward Island,—James Warburton, Charlottetown.

Nova Scotia,—John Stewart, Halifax.

New Brunswick,—W. C. Crockett, Fredericton.

Quebec,—Dr. Mercier, Montreal.

Ontario,—W. P. Caven, Toronto.

Manitoba,—Dr. McConnell, Morden.

Northwest Territories,—J. D. Lafferty, Calgary.

British Columbia,—C. J. Fagan, Victoria.

Local Secretaries :—

Prince Edward Island—C. A. McPhail, Summerside.

Nova Scotia—Dr. Morse, Digby.

New Brunswick—J. R. McIntosh, St. John.

Quebec—R. Tait McKenzie, Montreal.

Ontario—Hadley D. Williams, London.

Manitoba—J. T. Lamont, Treherne.

Northwest Territories—D. Low, Regina.

British Columbia—L. H. McKechnie, Vancouver.

General Secretary :—George Elliott, 129 John Street, Toronto, Ont.

Treasurer :—H. B. Small, Ottawa, Ont.

Executive Council :—Drs. Moore, Eccles and Wishart, London, Ont.

DOMINION HEALTH BUREAU.

Dr. E. P. Lachapelle, Secretary of the Board of Health of the Province of Quebec, moved the following resolution, seconded by Dr. J. R. Jones, Winnipeg, which was carried unanimously :—

Whereas Public Health, with all that is comprised in the term Sanitary Science, has acquired great prominence in all civilized countries, and

Whereas enormously practical results have been secured to the community at large, by the creation of health departments under governmental supervision and control, and

Whereas greater authority and usefulness are given to health regulations and suggestions when they emanate from an acknowledged Government Department;

Therefore, be it resolved, that in the opinion of the Canadian Medical Association, now in session, the time is opportune for the Dominion Government to earnestly consider the expediency of creating a separate department of public health, under one of the

existing ministers, so that regulations, suggestions and correspondence on such health matters as fall within the jurisdiction of the Federal Government, may be issued with the authority of a Department of Public Health.

That copies of this Resolution be sent by the General Secretary to the Governor-General in Council and to the Honourable the Minister of Agriculture."

Treasurer's Report:—Dr. H. B. Small, presented his report. 317 members had been in attendance, nearly 100 larger than any other previous meeting. All outstanding indebtedness had been paid and there was in the Treasury \$325.00 to the good of the Association.

Votes of thanks, were passed to Mr. and Mrs. James Ross of Montreal, in whose handsome grounds had been tendered a garden party on the afternoon of the first day; to the Local Committee and Transportation Committee, special reference being made to Drs. C. F. Martin and J. Alex. Hutchison, for their indefatigable efforts for the success of the meeting; to the Treasurer; to the President, and the profession generally for their hospitality. Thus was closed the greatest meeting of the 35 years of the Association, and it is to be hoped that the profession throughout Canada will still further take an active interest in this their national association.

TWO OLD FRIENDS.

We have received some Five-Grain Antikamnia Tablets, and also tablets of this drug combined with Codeine. Antikamnia, as its name implies, is an analgesic and anodyne and it has gained much favour in the United States both for this and its antipyretic action. It has been proven not to depress the heart, after the manner of many other coal-tar preparations. Each Antikamnia Tablet contains 5 grs. of the drug (the usual dose), which can be repeated every fifteen or twenty minutes, until three or four doses have been taken. Antikamnia & Codeine Tablets consist of $4\frac{1}{4}$ grs. of Antikamnia and $\frac{1}{4}$ gr. of Codeine and have been especially brought forward for the treatment of pain where spasm or physical causes of irritation exist. Neuroses due to suppressed or irregular menses, particularly during the menopause, seem more amenable to this combination than to Antikamnia alone. Antikamnia & Codeine Tablets are especially indicated in membranous affections of the lungs, throat and bronchii. Both tablets merit a trial in neuralgia and spasmodic ailments and as their freedom from injurious action upon the heart and circulation is invariable, they will certainly continue to be received by the profession with favour.—*Edinburg Medical Journal.*

THE MARITIME MEDICAL NEWS.

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Editorial.

UNDESIRABLE ALIEN IMMIGRATION.

The Canadian immigration authorities have begun in a somewhat tardy and half-hearted way to take cognizance of the large number of immigrants suffering from loathsome, contagious and incapacitating diseases, whom we are welcoming to our country—not satisfied with the normal percentage of disease known to exist among those destined to points in Canada, we have till a few weeks ago retained the refuse rejected by the U. S. Immigration Commission stationed at our Canadian ports.

The experience of the large cities in the United States should long ago have taught us that sufferers from favus, trachoma, tuberculosis and hernia make undesirable citizens until cured of their maladies. An average of two per cent. of such cases are found by the United States officials among their immigrants, and Canadian immigration from continental Europe is usually of the same class, sometimes even worse. Of the 23,000 such who settled in Canada last year, it is reasonable to suppose that at least 400 were undesirable, who will ultimately fill our hospitals and poor asylums. To these may be added about 100 who, rejected in transit to the United States, elect to remain in Canada.

We understand steps are being taken to deport those who are examined and rejected by the U. S. Immigration Commissioners, but we

have heard nothing of Canadian immigrants being examined and the undesirable ones deported.

Trachoma has up to this time been a rare disease among Canadians, but we must not forget it is a scourge of the very parts of Europe from which we are drawing immigrants, and it has made terrible havock in the crowded tenements and public schools of New York. A contagious and practically incurable disease—resulting in a large proportion of permanent blindness, it should be strenuously sought out and excluded. Favus—contagious and difficult to cure, makes an immigrant a source of danger and a charge upon the public. Tuberculosis cases if discovered should be certainly sent back, and those suffering from hernia, until cured by operation, cannot be considered full wage earners. This is a matter of more than medical interest, though it is for the profession to press it upon the notice of our public men, and to insist that our great heritage should not be squandered upon those who can only become a danger to the individual and a burden to the public.

MEDICAL MEETINGS.

With the meeting of the Dominion Medical Association at Montreal last month society meetings for the season are pretty well over. The attendance at the Montreal meeting from the Maritime Provinces was not as large as it might have been.

In this connection we might ask what are the advantages of attending such meetings? To many the asking of such a question may seem ridiculous, and yet there *are* medical men in these provinces who fail year after year to put in an appearance at either provincial or inter-provincial meetings. This surely is a great mistake. The advantages of attending such meetings are numerous and important. In the first place, it furnishes a holiday to the busy practitioner (usually at a reduced rate as the railway companies are very good in this respect), and it takes him away from his usual surroundings and places him for a few days in totally different environments, and this alone has a beneficial effect both physically and mentally.

Again, at these meetings a fraternal spirit is developed between members of the profession. New friendships are formed and congen-

ial spirits have an opportunity of finding their affinities. But of course above all these are the advantages to be derived from an educative point of view. Next to a post-graduate course there is nothing so instrumental in stimulating a man to be "up-to-date" as attendance at these meetings. New ideas are not only presented but old ideas are ploughed up, and in the discussion of the various papers and cases much new knowledge is gained, new methods of treatment are suggested, and thus with very little mental effort the practitioner has had his knowledge of a given subject revised and brought up to date. Here too, we find out the difficulties which other men have to encounter, we hear of their successes, and, what is often of just as much advantage, of their failures too, and from these many lessons are to be learned and men are fortified for meeting the same difficulties at some future date.

No doubt by attending these meetings cases are sometimes lost, but the public is an observing body and it very soon comes to recognise men who are athirst after knowledge, who sacrifice themselves to attain greater proficiency in their profession and thus to be more valuable to the public, and where one case is lost the appreciative public makes it up by supplying others. So that while these are by no means *all* the advantages which might be urged, we must conclude that physically, mentally and financially it pays to attend medical gatherings.

THE BRITISH MEDICAL ASSOCIATION.

The Nova Scotia Branch of this Association is about to begin its 15th session. For a number of years past it has had a record of increasing popularity and usefulness. Its fortnightly meetings during the winter months are looked forward to as events of both profit and pleasure. Much of the friendliness and good-fellowship which exists between members of the profession in Halifax is born and fostered at its meetings. We do not know of an instance when ill-will has taken origin in its precincts. Were these the only benefits arising we would have something to our advantage—but far beyond this is the educative influence of such an organization. At its meet-

ings men are able to measure strength with their colleagues and competitors and are stimulated by what they see and hear, each one to keep himself *au fait* with current medical progress.

A good local medical society serves an educative purpose, only less than a medical school or a general hospital, and is capable of wider and more general application; and when an association adds to its attractions the advantage of such an excellent publication as the *British Medical Journal*, its power for good is illimitable. We predict for the British Medical Association Branch both at home and abroad a long and successful career.

PRESENTATION TO DR. HALLIDAY.

It will be learned with deepest regret that Dr. Andrew Halliday, Provincial Pathologist and Bacteriologist has been obliged to relinquish work for some time owing to ill health. Dr. Halliday has proved a courteous and energetic worker in the department he has so capably filled and all will wish him a speedy return to Halifax, after a sojourn to a more beneficial climate.

On the 13th inst., at a meeting of the Faculty of the Halifax Medical College, Dr. Halliday was presented with a well filled purse of gold accompanied with the following address;

“ Dr. Andrew Halliday.

DEAR SIR,—The members of the Faculty of the Halifax Medical College desire to express to you the regret which they feel at the temporary severance of your connection with the College, and venture to hope that the time may be brief until you return to your duties restored in health.

They desire you to accept the accompanying gift as a token of their personal appreciation of your services and as a small expression of their good will.

On behalf of the members of the
Faculty of the Halifax Medical College.

M. A. CURRY, *President.*”

During the absence of Dr. Halliday, the work at the Pathological laboratory will be carried on by Dr. L. M. Murray.

Personals.

Dr. Jane L. Hartz has lately returned from a pleasant trip of five weeks to the Pacific Coast.

Dr. H. H. MacKay was rather severely injured in a railway accident at New Glasgow last month, having had five ribs broken. The latest report says he is progressing favorably but still confined to the house.

The following marriages have recently taken place, to whom the NEWS extends its sincere congratulations:

Dr. M. G. Archibald, of Upper Musquodoboit, to Miss Jane Mitchell, formerly lady superintendent of the Victoria General Hospital.

Dr. W. H. Robbins, of Bridgeville, to Miss M. Clark, graduate nurse of the Victoria General Hospital.

Dr. H. A. Jones of Sydney, to Miss L. Forbes, sister of Dr. Forbes of West River, formerly of Sydney.

Dr. C. R. Gates of North Brookfield, to Miss M. C. Leadbetter.

Dr. R. E. Mathers, to Miss Leyden, both of this city. His colleagues of the Halifax Dispensary presented Dr. Mathers with a handsome oak ice pitcher mounted with silver, on a silver tray, suitably engraved.

Notes.

PUTREFACTIVE PROCESSES.

As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children, Listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non irritant and non-escharotic: furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the *Materia Medica*, renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, the endo-development of fetid gases, and the presence or attack of low form of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine, Lambert Pharmacal Co., St. Louis.

SANMETTO IN CYSTITIS, GONORRHEA AND IRRITABLE PROSTATE.

I have been an extensive user of Sanmetto for a number of years, and can truthfully say that when the therapy of the pure santal and saw palmetto is indicated, I find Sanmetto a remedy par excellent. I have used it extensively in cystitis, chronic gonorrhoea and irritable prostate, and it has universally relieved, if not cured, my patients. As long as it maintains its present standard of purity I shall use it, for I deem it pure and ethical.

Chicago, Ill.

W. R. HILLEGAS, M. D.



THE RIGID OS

The condition, when due to spasmodic contraction of the Cervix, prolongs labor and greatly exhausts the vitality of the patient. In view of its common occurrence in obstetrical practice, its treatment is of great importance.

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Beware of substitution. Literature on request.

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The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these *Supporters* as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the *heavy, rigid, metallic plates* formerly used.

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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CYSTITIS—URETHRITIS—PRE-SENILITY.

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