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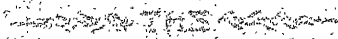
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Above \$100,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 20,000 volumes, the largest Medical Library in connection with any University in America.

**MATRICULATION.**—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

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**FEES.**—The total fees including Laboratory fees and dissecting material, \$125 per session.

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**ADVANCED COURSES** are given to graduates and others desiring to pursue special or research work in the Laboratories of the University, and in the Clinical and Pathological Laboratories of the Royal Victoria and Montreal General Hospitals.

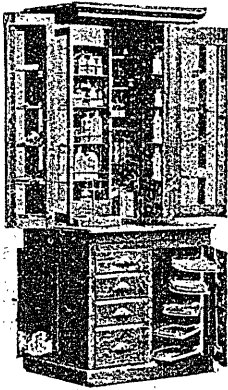
A **POST GRADUATE COURSE** is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

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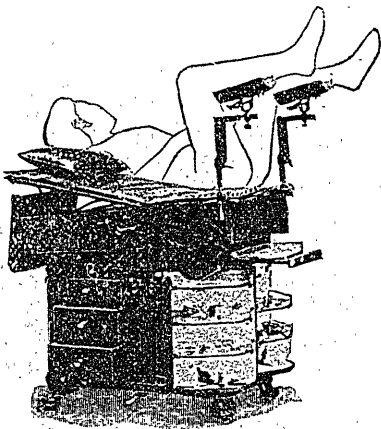


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(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica.  
(Pass Primary M. D., C. M. examination.)

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, Gynecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.  
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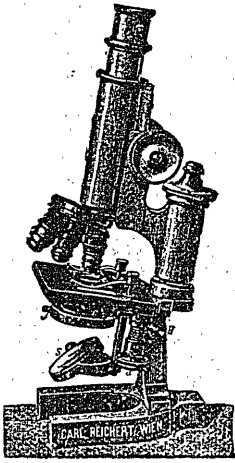
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VOL. XII.

HALIFAX, N. S., AUGUST, 1900.

No. 8.

**Presidential Address.**

**PREVENTIVE MEDICINE.\***

By WM. BAYARD, M. D., St. John, N. B., President of the New Brunswick Medical Society.

*Mr. President, Ladies and Gentlemen :*

It has been deemed expedient to amalgamate the New Brunswick and the Maritime Associations for the present session—meeting as they do on the same day, and to require an address from one Chairman, instead of one from each.

My friend, Dr. Christie—with his usual liberality—has conceded that privilege to me, for which, let me thank him and you all for accepting me. Doubtless my age has exercised an influence in the selection; if so, it justifies me in the belief that you do not look upon me as a fossil to be placed on the shelf as an antediluvian relic. For this I also thank you.

Dr. Daniel—our Mayor—has already given you some words of welcome to our city. Let me echo all that he has said, and add, believing—as I do—that medical associations produce an intellectual contagion, creating in the mind of each member a certain degree of emulation, when he listens to the reading and discussion of a good paper. Indeed, I will go further, and say without association and discussion few can, or will keep pace with the immense progress in medicine of the present day.

\* Delivered before Maritime Medical Association, St. John, July 18th, 1900.

Our social gatherings have created a brotherly love among us, which compares very favourably with that which existed in my early day, when special medical associations did not exist. I was at that time (1837) one of eight, while I am now, one of nearly seven times that number. Competition has vastly increased, yet, I am proud to say, the noble precept, live and let live, has been obeyed. But if that competition continues to increase in the same ratio, without a corresponding increase of population, we will be driven to embrace some other calling.

Before proceeding with my subject, let me perform a melancholy duty in paying a passing tribute to the memory of three of our members, Dr. Bruce, Dr. McFarlane and Dr. Coulthard, taken from us in the prime of life, to that bourn, from whence none return, and forcibly reminding us of the uncertainty of human life—all men of standing in our profession. It was my privilege to be associated for many years with Dr. Coulthard, as a member of the Provincial Board of Health, and I can say in all sincerity, that the urbanity, the ability and the integrity with which he conducted his work, commanded the respect and the esteem of his confreres.

It has been my privilege to address you so often, that I find it difficult to select a subject that will command your interest. Revolving the matter in my mind, my experience tells me that, while the members of our profession live by ministering to the sick, to their credit be it said, they are ever found initiating, urging, and enforcing the recognized measures for the prevention of the calamities—sickness and death.

With this belief in my mind, I propose offering you a few remarks upon "Preventive Medicine," particularly including that dreadful white plague of the civilized human race "Tuberculosis."

The conception that disease can be prevented is of modern times, (say the last 60 years.) The increased knowledge of the causes of disease has largely aided the power of prevention. It is true that the Mosaic Laws enjoined cleanliness, isolation of the sick, and wholesome food and drink. But England may be classed as the mother of hygiene, and her precepts and example have been largely followed by all civilized nations.

Microscopy, bacteriology, and close observation, have established a new era in preventive medicine, revealing to us the causes of disease, and thereby immensely aiding our diagnosis. Medical evolution has kept pace with intellectual development. And it would require the pen of a medical genius to portray the good that has been accomplished by

preventive medicine during my time. And those who follow me may live to see Pasteur's prediction, "That by a process of vaccination or immunization it may soon be possible for man to eradicate every contagious disease from off the face of the earth," verified.

To prevent disease, its cause should be known. I need not tell you that disease is a departure from a certain assumed standard of health, affecting a part or the whole of the body. A committee of the Royal College of Physicians has defined all diseases into General and Local. General diseases, such as affect the whole frame. Local diseases, such as occupy various parts of the body. There are 58 forms placed under the head of General diseases, and 843 varieties under that of Local diseases. To these it adds 91 of other conditions of disease, and 155 forms of injuries. Of the whole, 33 are classed as infectious or contagious diseases. The result gives 1147 varieties from health to which the human family may be subjected.

So we may start with the great fact in our minds, that there are in detail before the scholar of the preventive art, 1147 diseases and conditions of mankind, the nature, the causes, and the prevention of which, he must make himself more or less familiar. To accomplish this, he should have access to a correct registration of births, deaths, and marriages, and I may add, of diseases and their symptoms, without which, he cannot arrive at sound conclusions.

Disease is costly to the individual and the state, hence its prevention must be proportionately remunerative to both. This prevention is one of the absorbing problems of the day, appealing—as it does—to the philanthropist and the statesman, but both too often leave it to the physician to solve. It cannot be enforced without money. Yet when the holders of the public purse are approached for means to prevent sickness and save life, they plead poverty, and dole out grudgingly the minutest pittance, often accompanied by humiliating restrictions, to men who are gratuitously performing a public charity. This could not exist without the approval of the people, and it will continue to exist until they are educated as to the value of preventive measures, when it is hoped, a wave of popular protest will be set in motion, proclaiming in unmistakable terms the maxim *Salus Populi Suprema est Lex*.

It has been estimated that sanitary measures save the lives of nearly 71,000 yearly in England. But much remains to be done, for Sir Joseph Fayrer informs us that about 125,000 persons die yearly in England from preventable diseases. And we may assume a like proportion for

this country. The consequent sickness causing that number of deaths, would mean 78,125,000 days work lost, with a money value of 7,750,000 pounds sterling.

Disease appearing in an epidemic form in a community is the best educator, inasmuch as it impresses upon the mind of all, the fact that those living in filthy and impure districts suffer most severely. I can call to mind when Asiatic cholera appeared in this city in 1854; this was exemplified in Sheriff street, Patrick street, what was then called York Point, and the environment of the Mill Pond; places too filthy for description. As an illustration of their state, I may mention to you, that the next year—when a Board of Health was established—554 tenements were found without privy accommodation of any kind. Almost every other house in those districts had a pig in its attic. I recollect one had out-grown his surroundings to such an extent that he could not be removed alive. And very many cows, supplying milk to the inhabitants, were found in dark and filthy sheds, with less than 200 cubic feet of air-space to each animal, instead of 2000.

At that time we had no means of forming an opinion of the mortality of a district; but, in the districts named, it was frightful; while in other parts of the town there were very few cases. Happily, the sanitarian has banished that state of things.

The results of the general application of sanitary measures are that the general mortality has, during the last fifty years, been reduced one half. The individual longevity of man has increased more than three years, and that of women three and one-half years. The mortality of the British troops is only two-fifths of what it was at the time of the Crimean war; among those in the East Indies, one-third; and among those in the West Indies, one-tenth. Dr. Parker, of London, has estimated that smallpox has diminished 95 per cent., deaths from fevers generally have declined 82 per cent., deaths from typhus fever 95 per cent., deaths from enteric fever 60 per cent., deaths from scarlet fever 81 per cent., deaths from diphtheria 59 per cent., and deaths from phthisis 46 per cent. The mortality from surgical operations has, through the teaching of Lord Lister, been reduced 20 per cent., the surgeon no longer dreading septicæmia, gangrene, &c., when almost every other amputation resulted in death. And it is estimated that the operation for ovariectomy has added 40,000 years of useful life to women in Great Britain, with a like proportion for other countries.

But, ladies and gentlemen, there is another side to this picture. The mortality from cancer is double as large as it was forty years ago, and it is progressing steadily. At first the increase was greater in females, now it is greater in males. Better diagnosis and more careful observation may account for a proportion of the increase, but not for the whole of it. Various theories have been offered for the increase, as heredity, decline of zymotic disease, increased longevity, the decline of tuberculosis, increased prosperity, increased use of meat, alcoholism, &c., &c. I shall not stop to discuss them, as none are by any means satisfactory. They may be classed with the problems, why do many contagious diseases assume an epidemic and malignant form at one visitation, and a mild one at another? We know the fact, but that is all we know about it.

Bacteriology has taught us that many contagious diseases are due to micro-organisms; some at first believed that the organisms were the result, rather than the cause of disease, until Koch in 1881 and subsequently, studied their history and isolated and cultivated them. The "cell theory" of the present day was formulated by Virchow in 1858. He showed that every organism was composed of cells, and that every cell has an individual existence, a unity and purpose of its own. He contends that life is in a cell, and that life has no other origin than life.

When Jenner discovered the principles of vaccination, little did he think that his virus would become the forerunner of the antitoxins, and be suggestive of serotherapy, immunity, or preventive medicine; and leading to organotherapy, serumtherapy, antiseptis, &c.

Serumtherapy promises brilliant results. Richet claims that in 1889 he gave the first serotherapeutic injection. Behring, in 1890, showed the effects of antitoxic serum on the fixed tissue-cells, and in 1892 he showed the results of serumtherapy in diphtheria, proving that its antitoxin has not only immunizing qualities, but is also a veritable remedy, having reduced the mortality from 47 to 8 per cent. Serum treatment has been adopted in many diseases with various results. The nature of immunity is an unsolved riddle; no satisfactory law has yet been formulated for it. Why is natural immunity peculiar to some species, races, or individuals? We know that artificial immunity is secured by attacks of disease, by vaccination, by treatment with sterilized cultures and by treating susceptible animals with the blood-serum of immune animals, but we do not know how the immunizing effect is produced.



Heredity is a prolific cause of disease and degeneracy, hence the sanitarian should give a warning note against injudicious marriage. It is true that marriage is often based on sentiment rather than upon reason. If intermarriage with those laboring under hereditary taint were restricted, we would not hear of the degeneracy portrayed by Billings, who informs us that in 1892 there were 7,000 murders in the United States, 100,000 orphans, 106,252 insane, 95,571 imbeciles and idiots, 50,411 blind, 41,283 deaf-mutes, and 86,000 prisoners. It has been claimed that from 65 to 75 per cent. of crime, imbecility and insanity is due to heredity.

Now, ladies and gentlemen, I must claim the privilege of bringing under your notice that wide-spread disease "Tuberculosis," the history, the symptoms, and the treatment of which, I well know you are perfectly familiar. My object in doing so, is to enlist your aid in educating the "masses" as to the best mode of preventing its ravages. To do this, we must obtain the confidence, and the co-operation of the victim; disabuse his mind of the—too prevalent—belief that his disease is incurable. Impress upon him that it is contagious, and that by the non-observance of certain rules, he may—not only—increase his own disease, but transmit it to his family or his neighbour.

The disease is always with us, stealing upon its victim like a thief in the night, leaving death and desolation in its path, and causing more deaths than any other three diseases combined. It has occupied the master minds of the medical profession, from the time of Hippocrates to the present century, yielding various views and theories, some supporting its contagious character, others that it is transmitted from parent to child; all admitting its deadly character, but none arriving at any positive conclusion as to its cause. This knowledge was reserved for Robert Koch, a German bacteriologist, who in March 1882, announced to the world his discovery of the bacillus tuberculosis, a rod-like germ, as the cause, and declaring the disease to be contagious. Other investigators have established the correctness of his statements. Armed with this information, it is now the universal belief that the disease is transmitted from man to man by the germs contained in the expectoration of a consumptive, by drinking the milk from a tuberculous cow, by eating the meat of a diseased animal when not properly cooked, and possibly by several other modes of conveyance.

There are many problems in this disease. It may be asked, why are the Jews far less susceptible to it than any other race? Why is the

death-rate of the negro and the Indian double that of his white brother? Why do goats, rats and white mice possess immunity, while cats, rabbits, field mice, pigs, and fowls are susceptible? Why is the disease common in cattle, and rare in sheep and horses? And why do apes and monkeys contract tuberculosis so readily in confinement and never in their native wilds? And why do measles, whooping-cough and diabetes predispose to the disease? These are questions we are unable to answer.

It is needless for me to say to you that the bacillus tuberculosis is one of the smallest living beings known to science, made up of a single cell, each growing and multiplying entirely by itself; each cell multiplies by its division into two, reaching its adult age in less than half an hour. This subdivision continuing, it is a simple arithmetical calculation to shew that starting with a single cell, there will be in 24 hours no less than 17 million descendants of that original cell, and so light and small are they, that it would take 500 million of them to weigh one grain. And it has been estimated that the expectoration from a consumptive would yield in 24 hours 7 billion. These bacilli are possessed of great vitality; light and air have not the same affect upon them that they have upon other bacilli.

The germs are not transmitted by the breath, the expectoration must become dry and pulverized when it is disseminated through the atmosphere and inhaled. Having obtained access to the lungs, if the soil is suitable, and if they are not destroyed by existing organisms, they block up the air passages, and ultimately form pin-head solid bodies, which again change their characters and become cavities, when consumption is established.

Infection may be established by *ingestion*, as by the use of tuberculous milk and meat, by the saliva of a consumptive as by kissing, the common use of the communion cup, caressing domestic pet animals having the disease, as dogs, cats, birds, etc. It may also be conveyed by *inoculation*, as by inserting the hand with an abrasion on it into water poisoned with tuberculous expectoration, by ritual circumcision, tattooing, etc.

As early as 1838, Carswell wrote, "Pathological anatomy has perhaps never given more decisive proofs of the curability of a disease, than it has given for pulmonary consumption." Goodhart, Charcot, Broudel and very many others corroborate this statement. And the postmortem table has afforded ample proof of spontaneous recovery, by the existence of cicatrized lung lesions in persons killed by accident, and in whom tuberculosis was not suspected.

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At 7 o'clock there are thick soup, meat, rice, bread and butter, salad, cooked fruit, and again one or two glasses of wine. At 9 o'clock they take a glass of milk with two or three teaspoonfuls of cognac."

Time will not permit my going into detail regarding the therapeutic treatment of the various symptoms that often accompany this disease. But I may say that Dr. Coghill, physician to Ventnor Hospital, in his address at the Berlin Congress in 1899, claimed that in his hands guaiacol given hypodermically has produced better results than any other remedy. He gave 5 minims of solution of strychnia combined with from 5 to 15 minims of pure guaiacol once or twice a day. He also recommends the inhalation of one part of mixture of chloroform with 3 parts guaiacol. I have used it in two cases with marked benefit.

The diet for laryngeal tuberculosis need not differ from that of the pulmonary form. It should be treated locally and generally, the vocal organs receiving all the rest that can be given them. Local applications by means of sprays, inhalations and curettage afford the most relief, as by codeine, cocaine, lactic acid, &c.

Tuberculosis has been properly called the "scourge of man and beast." It is estimated that 5 per cent of all milch cows are tuberculous, and among high-bred cattle it often ranges at 50 per cent. Dr. Martin of the Royal Commission of England says: "The milk from cows with tuberculous udders possesses a virulence which can only be described as extraordinary." Hence as milk is used by man from his cradle to his grave, the first step towards prophylaxis in man is to stamp out the disease in cattle. How is this to be accomplished? By a universal inspection, and the application of the tuberculine test to *all* milch cows, by a veterinary surgeon—not by the owner; the destruction of all tuberculous meat, and the isolation or death of diseased cattle.

To have wholesome milk, the animal yielding it must be in perfect health. To secure this, she should be carefully fed, groomed, and the stable in which she is kept, clean, light and affording not less than 1000 cubic feet of air space. Milk taken from the udder of a healthy animal contains no germs, and if hermetically sealed will keep indefinitely. But its power of absorption is such that in the process of milking—when in an impure atmosphere—it will absorb thousands. If exposed over night in the atmosphere of a room containing patients with scarlet fever, or any other contagious disease, a person drinking it will probably take the disease. As an illustration, I may state that in the year 1892, 294 cases of scarlet fever existed in one of the most healthy districts in London.

# Wyeth's

## Elixir Uterine Sedative Specific.

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**Viburnum Opulus (Cramp Bark), Piscidia Erythrina (Jamaica Dogwood)**  
**Hydrastis Canadensis (Golden Seal), Pulsatilla (Anemone Pulsatilla).**

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The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

In the new preparation of Viburnum now submitted to the profession, the unquestionable utility of this agent is greatly enhanced by the addition of remedies possessed of analogous powers. Not only is the value of Viburnum thus promoted in the special field of its therapeutical activities, but a more extended range of powers is thereby secured. In other words, our new preparation possesses all the virtues of Viburnum, and in addition, all of the therapeutic properties of Hydrastis, Pulsatilla, and Piscidia.

Each fluid ounce, of this Elixir contains forty grains Viburnum Opulus (Cramp Bark), thirty grains Hydrastis Canadensis (Golden Seal), twenty grain, Piscidia Erythrina (Jamaica Dogwood), ten grains Anemone Pulsatilla (Pulsatilla).

**DIRECTIONS.** — The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessertspoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgic or congestive, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in menorrhagia, etc., it should be given frequently conjoined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe or symptoms acute the above dose, a dessertspoonful, may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

**Samples for experimental purposes sent free**  
**to any practicing Physician on application.**

**DAVIS & LAWRENCE Co., Limited,**

**MONTREAL.**

**SOLE AGENTS FOR CANADA**

# SYR. HYPOPHOS. Co., FELLOWS,

## — IT CONTAINS —

The Essential Elements of the Animal Organization—Potash and Lime ;  
The Oxidizing Elements—Iron and Manganese ;

The Tonics—Quinine and Strychnine ;

And the Vitalizing Constituent—Phosphorus ; the whole combined in the form of a Syrup, with a Slight Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations ; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt ; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

## NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles ; the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL  
WHOLESALE AGENTS.

Each family was supplied with milk from the same dairy, upon investigation it was found that the disease had existed at the time in the house of the dairyman. The house was purified, and no more cases appeared in the district.

A practical illustration of the difference between good and bad milk upon infantile life, was afforded in New York during the warm months of July, August, and September 1894. The mortality of infants under two years of age was 64 per cent, mostly from cholera infantum, and diarrhoea. The children were fed almost exclusively upon milk. A noble philanthropist by the name of Straus, believing the milk to be the cause, undertook at his own expense to furnish daily a supply of 6 ounce bottles of wholesome sterilized milk to each of 700 children, with the result that in less than one month the mortality was reduced 10 per cent, and from recent reports it stands at 30 instead of 64. Indeed, bearing in mind the uncertainty regarding the health of the animal yielding the milk, it is most prudent to sterilize it in every household.

General sanitary improvements have reduced the mortality from consumption nearly two-thirds since 1838. England was the first country to establish special hospitals for the treatment of the disease, but the percentage of improvement in them, being only 20 to 30, as compared with 50 to 90 in sanatoria, where the ærotherapeutic treatment is pursued. Hence sanatoria are being established in *all* civilized countries. It is hard to arrive at correct conclusions regarding the mortality in them, so much depends upon the stage of the disease existing in the patient at the time he enters the institution.

Dr. Walters asserts that, "generally speaking, one may say that from one-fourth to one-third of the patients treated in sanatoria are practically cured, or a still greater proportion if they are treated in the early stage." Probably systematic and prolonged treatment from an early stage would restore to health from one-half to two-thirds of our consumptive patients. The sick, as a rule, will not submit to more than a few months treatment in a sanatorium, so that we must trust to the educational influence of the sanatorium to complete the recovery of those treated in it. One argument in favor of sanatoria is that they are the best educators regarding prevention and treatment. General hospitals necessarily claim few recoveries from consumption. Patients seldom seek admission to them during the early stage of the disease, their sojourn averaging about fifteen months, costing the State about one dollar per day; while the sojourn in a sanatorium rarely exceeds



six months, and oftener much less, costing very little more per day, with the probable restoration to health of from one-half to two-thirds. Again, it is cruel to place consumptives among those laboring under various other diseases; the ærotherapeutic treatment and surroundings cannot suit both.

A sanatorium should be located within easy reach from the centre of population, say not more than four or five hours by rail, in a region free from malarial influences, fog, smoke, dust, and cold winds; on elevated porous ground, with a southern exposure, and having a good water supply; also acreage sufficient to afford ample walks, shade trees, &c.; not less than ten acres.

Sanatoria cost money for their construction and support. Who should furnish the money? *All* are to reap benefit, therefore all should contribute. The State represents all, and has a money interest in the life of every individual in it. It does not hesitate to spend money for the introduction of immigrants; surely it should do the same to save life.

The Registrar General of England values the life of every individual, old and young of both sexes, at £149 sterling. A death from consumption represents 630 days of sickness. Now, 77 died in this city from that disease during the last 8 months. Out of the 77, let us suppose 30 to have been saved. Placing their value at much less than the English value—say \$500 each, here we have a money value of \$15,000. Apply this calculation to the province, and the members of our government will have a goodly sum to spare for this noble work. That they will spare it, I have no doubt. Our province must not be behind its neighbors in this great necessity. Nova Scotia has shown us a good example by an appropriation of \$15,000.

My idea is that Fredericton would be a good location for one, provided good water can be found, not from the river. Built in cottage form, the government furnishing the land, the cottage for the poor, and supporting it; while kind philanthropists take stock in those intended to receive the paying patients. I am informed that this has been done in England and other countries, the stock paying from two to five per cent. I throw this out as a suggestion. If a better one is offered, I will gladly receive it.

In conclusion, gentlemen let me say that one of the problems agitating the public mind at the present day, is the possibility of combating

that great scourge of humanity CONSUMPTION. The laity look to the medical world for aid in the matter, and it is our duty to afford it. I well know that when I appeal to my confreres, I am appealing to a body of gentlemen who are ever foremost in philanthropic work, and who perform more charitable labour than all other professions combined. We all know that the disease is largely preventable, and largely curable; let us impress this fact upon the mind of all. Man is prone to neglect health, until he begins to lose it. Let us teach him the nature, the cause, and the prevention of the disease, in fact teach him all we know about it, when he will realize the advantage of applying for aid in the early stage of the disease. Let us seek the co-operation of the statesman, the philanthropist, and the sanitarian, when, I have no doubt we will succeed in curing the curable, and in making harmless the incurable.



## Original Communications.

### WHY MEDICAL MEN SHOULD BE A COURT OF JUSTICE IN CRIMINAL CASES.\*

By J. J. CAMERON, M. D., Antigonish, N. S.

In this short paper "Why Medical Men Should be a Court of Justice in Criminal Cases," I cannot hope to touch all the evidence in support of making medical men the sole judges of criminal responsibility. In attempting to discuss the subject I am aware there is much new and unexplored ground, and consequently some of my opinions will be oppugned. This is the first time, so far as I am aware, this subject has been brought to the notice of a medical society; and, if I shall be able to demonstrate the proposition that medical men *should* be a court of justice in criminal cases, then will it become the duty of legislators to enact laws in conformity with scientific advancement, and to give medical men the status to which they are entitled as the authors of scientific knowledge touching crime and criminal responsibility. The above title suggested itself to me on account of being called to give evidence in criminal cases where one or the other party to the suit sustained bodily harm or injury. What impressed me, together with the fact that I generally lost a day for sixty cents, was that the crime and not the criminal was under examination. I say this without prejudice to the exponents of the law—the judges of the courts and members of the bar. While the legal profession alone has faculties for examining a criminal act, I hold that the medical profession alone can properly examine the criminal.

The test of criminal responsibility which our courts are bound to apply is that formulated by the judges in McNaghten's case, 10 Cl. & F., 200, which may be stated thus: "The ability of the accused to distinguish right from wrong at the time of the offence." The judges practically say that it being once established that the prisoner's mental disease did not prevent him from knowing that what he was doing was wrong, then all evidence of insanity tending to destroy his freedom of

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\*Read at meeting of Medical Society of Nova Scotia, Amherst, July 4th, 1900.

will does not displace his criminal responsibility. Now, alienists to-day repudiate such a criterion, and say the proper inquiry is, "Whether in consequence of congenital defect or acquired disease, the power of self-control is absent altogether, or is so far wanting as to render the individual irresponsible." As has again and again been shown, the unconsciousness of right and wrong is one thing, and the powerlessness through cerebral defect or disease to do right, another. To confound them in an asylum would have the effect of transferring a considerable number of the inmates thence to the treadmill or the gallows. A writer in *12 Criminal Law*, page 4, says: "The rule in the *McNaghten* case is attacked because it holds a partially insane person as responsible as if he were entirely sane, and it ignores the possibility of crime being committed under the duress of an insane delusion operating on a human mind, the integrity of which is destroyed or impaired by disease, except, perhaps; where the imaginary state of facts, if real, would excuse or justify the act done under their influence."

Although the region of criminal responsibility is largely unexplored, such men as Hodge and Tuke have thrown the light of science over the dark field and made it possible to cultivate it. The study of responsibility presupposes a study of human nature—of man himself. It is in the nature of man to dominate the world, to plan, to calculate, and to work out his existence. It is natural for him to hope, to pay homage, to love, to envy. These are common attributes implanted in him by God and nature. Each species of the lower animals has a nature implanted in it peculiar to itself. By that nature, as well as by form, size and general appearance, are we enabled to distinguish one species from the other. There are certain habits, traits or instinct in each that distinguish it from all others. Each begets its own kind, and never is a species propagated that cannot be distinguished by its antecedents. Human nature distinguishes man from all other animals. While the distinguishing element is constant and immutable, there are certain inherited physical, mental and moral differences. Some have an inherited predisposition to disease, some to degeneracy, to immorality, to crime. Thus syphilitic and insane parents are apt to beget syphilitic and insane children. "The sins of the father shall be visited upon the offspring to the third and fourth generation." Like begets like; thus large men beget large children; fair parents beget fair children. Thistles do not grow on thorn bushes. The poet is born, not made. So may we say, with truth, the artist, the musician, the painter, the witty and the wise,

are born, not made. We are all born with different capabilities, different degrees of intelligence, differently endowed, and each with a different horizon. The poet is not born; but he, too, in common with us all, is subject to external influences and organized systems of education prepared to cultivate the mind.

“A good tree cannot bring forth bad fruit, nor can a bad tree bring forth good fruit.” Hence we are all the product of our antecedents. So the doctrine that all men are born equal is absurd. Surely the idiot born is not the equal of him born *mens sana in corpore sano*. Between the idiot and the normal born there is every gradation of inequality, mentally, morally and physically. Responsibility varies in each according to his intelligence, his capital, his power of resistance. In the church, the state and social order, the rights and duties of members are founded on the principle of absolute equality among themselves. Absolute equality does not exist, therefore the laws governing the rights and duties of members cannot be uniform and constant for all. In the case of idiotic and insane persons, the law at present recognizes their condition and under the law they are regarded as irresponsible. But what of the class of alleged offenders hovering between mental health and idiocy or insanity—those on the threshold of insanity though not insane? Is it possible to refer their so called offences to morbid conditions? The object of legitimate law is to secure to every individual his alienable rights, not to grant him these rights nor to take them away. The habitual criminal mentally and physically abnormal, in physiognomy, in various stigmata of degeneration, in deficient reason, lack of forethought, vanity, egotism and emotional instability, has the right to escape punishment for his so-called criminal acts (provided they be the result of his abnormal condition) whether insanity exists and can be proven or not. “No physical or moral misery, no suffering, however corrupt it may be, should frighten him who has devoted himself to a knowledge of man and the sacred ministry of medicine; in that he is obliged to see all things, let him be permitted to say all things.” Thus, medicine undertakes to save the honor of mankind before the Court of Morality and individuals from the judgment of their fellowmen.

In the course of almost every case of idiopathic insanity, *i.e.* insanity due to over-exertion of the brain, we have a fairly well-marked prodromal period indicating the diseased balance between nutrition and function in the kinæsthetic area. This prodromal stage—this transition stage between mental health and insanity, has not been fully investigated, and cases are described by the alienist only when fully developed. The essential feature of insanity is an abnormal

response to stimuli from within or without, while neurasthenia appears to be the expression of a morbid unhealthy reaction on the nervous centres which preside over the functions of organic life. The changed condition of the cells of the cortex probably combined with the toxin introduced in the blood through deranged metabolism of these cells must naturally lead to a disturbance of the higher centres of the brain, which unless corrected must necessarily lead to definite mental disease. It is claimed, and very correctly I think, that cases of neurasthenia frequently terminate in insanity. But the law does not recognize neurasthenia as an excuse or palliation, because forsooth neurasthenia is not insanity. In neurasthenia one or more of the faculties may be affected, the remainder remaining normal. The neurasthenic may know the difference between right and wrong and yet not have sufficient self-control to prevent him from doing wrong. He is as powerless to prevent the acts resulting from his diseased condition, as he is to prevent the onset of a thunder and lightening storm. He is the creature of the forces that have made him what he is. The leopard cannot change his spots. Section II page 37 of the Criminal Code says: "No person shall be convicted of an offence by reason of an act done or omitted by him when laboring under natural imbecility or disease of the mind, to such an extent as to render him incapable of appreciating the nature and quality of the act or omission and of knowing that such act or omission was wrong." Now splitting hairs is a reproach only in so far as one is splitting the wrong hairs. Every lawyer knows how often a fine point in procedure or in law will turn the scales for his client and against the other party. In like manner, how often a fine point scientifically examined, would weigh to reconstruct a legal definition that would excuse or justify an alleged criminal or condemn an imposter.

It is remarkable how, without pay or due credit, the public appropriate the discoveries of medical men, especially when the discovery makes directly for the public good. Instead of receiving recognition from the public for the work done in pathology and psychology, members of the profession are simply subpoenaed to give evidence before a court of justice, often without pay or profit. "We teach them to swim and then they drown us." It is time therefore, we asserted our rights to prevent the unseemly conduct witnessed every day in our law courts of pitting one medical witness against the other—witnesses who have never made a special study of diseases of the nervous system and many of whom are "experts" only in name. As an alternative let there be a medical court for criminal cases, one composed of educated medical "experts" whose broad culture and special knowledge will make them the highest authority in the land on such questions as criminal responsibility: whose professional skill will enable them to adjudge and differentiate the motives, the capital, the power of resistance of the unfortunate criminal, and who will prescribe treatment or punishment according to the necessities of each case.

THE  
MARITIME MEDICAL NEWS.

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VOL. XII.

AUGUST, 1900.

No. 8.

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Editorial.

MEDICAL EDUCATION.

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The approach of the time for re-opening the colleges awakens great interest in the subject of education—interest which is not limited to instructor and pupil, but which is general to all who devote a normal attention to the welfare of the youth of the land. So much has been said and written against the present day methods of education, and against the elaborate curricula which are provided by most schools, that we could not expect to say anything which has not already been said many times over. We have had the opportunity of presenting to our readers several very excellent papers dealing with this subject, and have commented upon them at the time of their publication. It therefore does not seem necessary for us to say more at this time upon the question of general education, more than that we fully concur in the oft reiterated assertion that the school work required of our boys and girls is excessive, much of it of doubtful utility, and it is frequently apportioned in a way which is not rational.

We feel, however, that we might be permitted to say something just now upon the subject of medical education. At this time those engaged in teaching in the medical schools are doubtless remodeling their lectures so that they may accord with the advance of the day. With the rapid progress which is being made in our knowledge of disease processes, of drugs, and of treatment, it is difficult for even the most studious to keep abreast. But in order that a man may leave college properly trained for the practice of medicine, it is needful that he have an intelligent grasp of all that has been learned during the whole history of our art. The position of an instructor in a medical school is not only one of honour, but one of great responsibility, and the

conscientious teacher will find that the task of preparing lectures becomes more arduous from year to year instead of becoming lighter.

Advice from a source not wholly disinterested may perhaps not be altogether welcomed by those to whom it is offered—those who should even now be engaged in remodeling their lecture courses. And we may appear to be paradoxical to a degree when we state that our advice to teachers in medicine is to *pile on the work*. We object to indiscriminate cramming of the children in the public schools, for there only a foundation at best can be laid for future scholarship. The majority of those taught in the public schools cannot, even if they desired, make practical application of many of the subjects now taught there. The medical student, on the other hand, is preparing for membership in a profession which ought to be the most learned of the professions. No amount of study can make a man more than fit for the practice of medicine. The standard of medical education cannot be made too high. Human life is altogether too valuable a thing to be entrusted to men who have not qualified themselves by long and careful study of the mysteries of health and disease, to practice the healing art. The argument is so evident that there is no necessity for pressing it. Let, then, the course of instruction be as full, as complete, as wide-reaching as it is possible to make it. The more difficult it becomes to obtain the diploma in medicine, the more valuable will that diploma become and the worthier will be the men that seek for it. No more rational solution of the problems of elevating our profession and preventing its overcrowding could be suggested than to make the medical diploma so difficult to obtain that only men of lofty ideals and broad intellect would venture to apply for it.

Therefore we gladly welcome any indication of an increase in the task of the medical student, and we feel that the student who has a proper realization of all that the study of medicine means will fully agree with us. Nothing which tends to elevate the profession in which he hopes to obtain membership should be regarded as a hardship by the man who enters upon the study of medicine in the proper spirit. Let it be understood that we do not advocate the addition to the curriculum of any subject not directly bearing upon medical practice. There is ample room for expansion of the average medical curriculum without in any way undertaking work which is not strictly medical.

The NEWS records itself as strongly in favor of so expanding the medical curriculum as to make the possession of the diploma in medicine the most coveted of all diplomas, and to attract to the profession only men of sterling worth and high intelligence.



## PRIZE FOR SCHOOL SANITATION.

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We would like to repeat an item we mentioned in the proceedings of the Medical Society of Nova Scotia in last issue. It was moved by Dr. W. S. Muir that a sum of \$10 be given by the Society for the best essay on "School Sanitation" from a pupil under sixteen years of age attending our public schools. This motion was unanimously adopted by the Society and the following committee appointed to carry out details and examine papers: Drs. A. P. Reid, John Stewart and John MacMillan. It is to be hoped that this will commend itself to the numerous public school teachers who may not only instil into the minds of their scholars the principles of school hygiene, but also see that the same are properly carried out. May the competition be keen and interesting, and no doubt much good will be accomplished in the future by having this important subject brought to the scholars' attention in a practical way.

## CORRECTIONS.

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We regret that one or two errors occurred in Dr. Mackintosh's paper in our last issue. About the middle of page 222, the clause ending "by a natural process without medicine" should be followed by "and in spite of medicine." On page 227, fifth line from the bottom, "valient" should read "valiant," and on page 228, fifth line from the bottom, "resource" should be "resumé."

On page 246 it is mentioned in Dr. De Witt's remarks: "There were three *needs*," which should read: "There were three D's to be avoided—damp, darkness and dirt."

## LIST OF PAPERS OF CANADIAN MEDICAL ASSOCIATION.

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OTTAWA, SEPTEMBER 12TH, 13TH AND 14TH, 1900.

1. Address in Surgery—Edmund Owen, London, Eng., Wednesday at 8.30 P. M.
2. Address in Medicine—F. Shattuck, Harvard Univ., Thursday at 2 P. M.
3. Address in Gynecology—Wm. Gardner, Montreal, Thursday at 9.30 A. M.
4. Gall Stone Cases—Orford Gerster, New York.

5. Title to be announced—N. Senn, Chicago.
6. Recognition and Management of Tabes Dorsalis—Allan McLane Hamilton, New York.
7. Cases of Endothelioma of the Omentum, Operation, etc.; Meningocele, Operation, etc.—W. H. Klock, Ottawa.
8. The Proposed Ontario Bill for the Treatment of Inebriates—A. M. Rosebrugh, Toronto.
9. The Modern Treatment of Retroversion and Prolapse of the Uterus—A. Laphorn Smith, Montréal.
10. Treatment in Typhoid Fever—W. B. Thistle, Toronto.
11. Gastric Hemorrhage—G. E. Armstrong, Montreal.
12. Some Cases in Stomach Surgery: Gastrotomies, two cases; Gastro-enterostomies, two cases; Pylorectomy—A. E. Garrow, Montreal.
13. Gangrene of the Leg, following Typhoid Fever—H. H. Chown, Winnipeg.
14. Title to be announced—N. A. Powell, Toronto.
15. Notes on the Therapeutic Value of Hot Air—C. F. Martin and B. D. Gillies, Montreal.
16. Title to be announced—J. Clarence Webster, Chicago.
17. Title to be announced—H. H. Beemer, Mimico.
18. Notes on Atropine—R. D. Rudolf, Toronto.
19. Gasoline as a Surgical Detergent—Bruce L. Riordan, Toronto.
20. The Successful Treatment of Two Important Cases of Disease of the Eyes by the Combined Methods of Mercury and Iodide of Potash Internally, and Pilocarpine Hypodermically—Geo. H. Burnham, Toronto.
21. Our Race and Consumption—Sir James Grant, Ottawa.
22. The Physicians' "Vaster Empire"—John Hunter, Toronto.
23. Some Experiences in the Treatment of Hernias—F. J. Shepherd, Montreal.
24. Notes of a Case of Tubercular Disease of the Tubes, with Acute Peritoneal Infection—H. A. Bruce, Toronto.
25. The Summer Health Resorts of the River and Gulf of St. Lawrence—E. H. Adams, Toronto.
26. Empyema, with a Study of Thirty Cases from the Clinical and Bacteriological Standpoints—W. F. Hamilton, Montreal.
27. Physical Training: Its Range and Usefulness in Therapeutics—B. E. McKenzie, Toronto.
28. A Case of Traumatic Neurasthenia—D. Campbell Meyers, Toronto.

29. A Case of Sarcoma of the Right Nasal Fossa with Acute Sinusitis and Orbital Cellulitis.—P. G. Goldsmith, Belleville.

30. Recent Pathological Studies of the Blood, with Lantern Demonstration—L. H. Warner, Brooklyn.

31. A Case of Syphilitic Gummata of the Spinal Cord, successfully treated by enormous doses of Iodide of Potassium—Francis W. Campbell, Montreal.

32. Dilatation and Prolapse of the Stomach—A. McPhedran, Toronto.

33. Tendon-Transplanting in Paralytic Deformities—Clarence L. Starr, Toronto.

34. A Case of Congenital Ptosis, with Associated Movement of Affected Eyelid during the Action of Certain Muscles—J. M. MacCallum, Toronto.

35. Some Marked Symptoms Attending Hypertrophy of the Lingual Tonsil.—Hubert D. Hamilton, Montreal.

36. Excision of the Knee Joint in Tuberculous Disease.—A. Primrose, Toronto.

37. Mental Sanitation.—R. W. B. Smith, Brockville.

38. Elephantiasis.—H. B. Small, Ottawa.

39. Some of My Experiences in the South African War.—G. S. Ryerson, Toronto.

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N. B.—The Premier of the Dominion, Sir Wilfrid Laurier, has kindly consented to address the Association at some time during the meeting, if his engagements will permit.

Programmes will be sent to each member. The General Secretary, F. N. G. Starr, Biological Department, Toronto, will be glad to hear from non-members intending to be at meeting, so that he can send programmes, etc.

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3. As a "Nerve-  
tone" in cases char-  
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Spermatorrhœa, etc.

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5. As a cure for  
Biliousness, Consti-  
pation, Jaundice,  
Diarrhœa, Dysentery  
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stomach or excite nausea; unlike many other purgatives, it has  
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## Society Meetings.

### MARITIME MEDICAL ASSOCIATION.

The tenth annual meeting of the Maritime Medical Association was held in the Mechanics' Institute, St. John, on the 18th and 19th of July.

The largest number in the history of the Association, 90, registered at this meeting.

The meeting was called to order at 11 A. M. by the President, Dr. James Christie.

The Secretary, Dr. G. M. Campbell, then read the minutes of last meeting, which were confirmed.

Letters of regret at not being able to be present were read from Drs. R. McNeill and H. D. Johnston, of Charlottetown, and T. G. Roddick, who thanked the Association for the resolution passed at the meeting last year.

Letters of acceptance to invitation to be present were read from Drs. E. W. Cushing, of Boston, Gordon, of Portland, and G. E. Armstrong, of Montreal.

The Nominating Committee was then appointed, as follows:

Drs. E. Farrell, M. A. Curry, W. B. Moore (Nova Scotia), J. W. Daniel, M. MacLaren, F. H. Wetmore (New Brunswick), P. Conroy, S. R. Jenkins, A. A. McLellan (P. E. Island).

The President then made a short address in which he stated he esteemed it a great honor to have been elected to the position of President, particularly as he had not been present at that meeting. He extended to all a hearty greeting and welcome to the meeting, and hoped to see even many more at the next meeting. There were two objects for these gatherings—to benefit ourselves and to benefit others. He had always been impressed with the great advantages of these societies, as they are doing a great work.

The President then called on His Worship the Mayor, Dr. J. W. Daniel, a former President of the Association, to enlarge on his remarks.

Dr. Daniel, on rising, was received with hearty applause. He said that three years ago he had the honor of being President of the Maritime Medical Association, and this year of welcoming the delegates as Mayor

of St. John. The profession of medicine has never received the support it should from the public. It should receive official recognition on all occasions, if only for the amount of work done for the poor—receiving nothing and expecting none.

On behalf of the Union Club, Dr. Daniel announced an invitation to the members of the Association to the privileges of the Club.

The war in South Africa was referred to and the sad death of Lieut. Borden. Dr. Daniel thought it would be of good grace to pass a vote of sympathy to Hon. Dr. Borden on the death of his soldier son. He therefore moved a committee be appointed to draw up a resolution in this connection. In closing, he hoped all would have a profitable time.

Dr. Farrell seconded the motion proposed by Dr. Daniel, with much sorrow and sympathy. It was much more sad to occur at this late date in the history of the war. It was one of the most glorious of wars, not only English, Scotch and Irish taking part, but also men from far-off Australia and Canada. He knew he was voicing the sentiments of the meeting in having such a resolution passed.

The resolution was submitted by the President and a standing vote asked for, every member present concurring in the motion by rising to his feet. The committee were Dr. J. W. Daniel, for New Brunswick; E. Farrell, for Nova Scotia, and A. A. McLellan for Prince Edward Island.

An invitation from the Golf Club to the members was read, and also to a tea there on Thursday afternoon.

The President stated he departed from the usual rule of preparing a paper, and instead would confine himself to a few remarks, and particularly since it was suggested that it would be a good plan to have Dr. Bayard give an address. Dr. Bayard has always been an active member of the profession, and many of the projects in public health have been initiated by him. The University of New Brunswick made no mistake in granting him the degree recently conferred. Nova Scotia had got ahead of New Brunswick in the way of a sanatorium, but hoped the latter would soon follow suit.

Dr. Bayard was greeted heartily on rising to read his address on "Preventive Medicine" (published on page 261), and thanked the President for his remarks and the audience for their kind reception.

Dr. T. Trenaman said he had listened with great appreciation to Dr. Bayard's excellent address. The mortality in London and New York had greatly reduced in past years. He was glad that New Brunswick

had taken steps to build a sanatorium. Already the Nova Scotia Government had taken steps, and most willingly, to build a sanatorium, and soon the site would be chosen.

Dr. Trenaman moved a vote of thanks to Dr. Bayard and hoped he would long be spared to grace the Association with his presence.

Dr. Farrell had much pleasure in seconding the motion. The public are being gradually educated to the subject of tuberculosis, and trusted Dr. Bayard's vigor will last for a long time, and that he will live to see his aims carried out.

Dr. A. Laphorn Smith, of Montreal, being called upon, stated that no work is greater than the prevention of this terrible scourge. All should be pleased at Dr. Bayard's work in the matter. He had more dread of tuberculosis than small-pox. Even from a financial standpoint, it would pay the Government to build a sanatorium for this class of patients.

The President thought it well for members to discuss this question, so that all should be unanimous on the subject.

Dr. Boyle Travers referred to the use of alcohol in consumption, judiciously given, together with out-door exercise.

Dr. F. H. Wetmore said the great thing was to educate the public not only in the matter of sanatoria, but also in other matters.

Dr. R. L. Botsford referred to the great number who die annually from consumption in Canada. There was urgent need for a sanatorium in New Brunswick. It was necessary to educate the legislators as well as the people.

The vote of thanks to Dr. Bayard for his instructive address was then put and carried unanimously.

Dr. Bayard thanked the meeting and asked every one to do all he could to help on the cause.

AFTERNOON SESSION, July 18th.—Dr. J. H. Morrison read his paper on "The Radical Treatment of Chronic Otorrhœa and Aural Polypus," and presented two interesting cases who had improved after many years of deafness. One patient had been deaf forty years with one ear and twenty-two with the other, both ears having discharged much pus.

Dr. A. Birt said that the general practitioner often fails in nose and throat cases from lack of good illumination. If this were improved perhaps fewer cases would go to the specialist. The general practitioner should perfect himself in these lines and so prevent so many cases going to the specialist. He should think a general practitioner should



diagnose and treat cases like chronic laryngitis, paralysis of throat muscles, etc.

Dr. E. A. Kirkpatrick then read his paper on "Injurious Effects of Tobacco, with Special Reference to Tobacco Amblyopia."

EVENING SESSION, July 18th.—Dr. Farrell opened the discussion on "Spinal Deformities." Examination of patient was first referred to. The patient should be completely nude, if possible; the contour of the whole body must be viewed. Predisposing causes are heredity, rachitis, insufficient nourishment, and in girls, modern school life, with its cramped-up positions. The symptoms are insidious; only when lateral curvature is apparent is diagnosis evident. Patient should be kept from school, in the open air all the time. Brace splint or jacket is of little use. Tone up the whole muscular system. Some plan of gymnastic exercise is of importance; also diet and constructive medicines, as iron, cod liver oil. A case of extreme lateral curvature was benefitted greatly by the use of crutches an inch too long. All cases, or at least nine-tenths of Pott's disease or spondylitis, are tubercular in origin. The disease to treat is tuberculosis—not any special sets of symptoms. The treatment was two-fold—general and special. Rest is important but is not the whole treatment. Living at the seaside, diet and exercise are all factors. It is of great importance to recognize the disease early; malaise may be the only symptom. There are two stages, first where the tubercular element is the only one; second, where other germs gain entrance to the system.

Dr. William Christie spoke of the impossibility of obtaining perfect rest in cases of spinal disease, and stated the importance of good hygiene and diet, and keeping children in bed in these cases. He did not consider plaster jackets the most suitable treatment.

Dr. N. E. McKay said that lateral curvature might be congenital, but might arise from rickets, different length of legs, muscular relaxation and also from empyema. If there is no deformity of the bones—can cure the patient. If there is ever so slight a deformity—cannot cure, but may prevent getting worse. Must diagnose first if there is any bony deformity. He did not agree with Dr. Christie to keep the patient on his back without exercise, but believes in gymnastic exercise, though must not carry it to excess; also massage and sending patient to the seashore. Any apparatus for these cases is not much good—apt to do more harm than good. In lateral curvature from tubercular caries of the spine there is an inflammatory process going on. Put such a case

in bed in the recumbent posture and build him up. Does not think you can get absolute rest of spine. In angular curvature of the spine—forcible extension is risky treatment. In spondylitis deformans very little can be done; can give patient anti-rheumatic treatment.

Dr. G. E. Armstrong, being called on, said he agreed with Dr. Farrell on the importance of early and correct diagnosis. The family physician first sees the child, but often does not take time to strip and thoroughly examine. In tubercular disease he believes in the early stage putting patient to bed until there is evidence of the disease being arrested. Then is the time to put on an apparatus and let the child move about. This may be a year or more afterwards. He does not believe any plaster jacket carries the weight above the diseased point. To take pressure off diseased area is correct if it can be done.

Dr. Armstrong showed an excellent skiagraph of disease of three vertebræ.

Dr. N. E. McKay then read report of a case of "Cæsarian Section."

Dr. G. E. Armstrong followed with his paper on "Gall Bladder Surgery," which proved very instructive, and was illustrated by a number of valuable specimens and diagrams.

MORNING SESSION, July 19th.—Discussion on Dr. Armstrong's paper was asked for.

Dr. A. B. Atherton showed specimens of gall stones from two cases he had recently treated, and briefly reported the cases. In one case, that of a stout lady, he had operated and removed eight gall stones, leaving a biliary fistula which he hoped to fix at a subsequent operation. In the other case patient had original symptoms on left side, but during course of attack developed some tenderness over gall bladder, with induration of the parts. On cutting down, parts were much matted, and two gall stones with pus were found in the gall bladder. The pylorus showed signs of obstruction, and patient died within a couple of weeks. On post-mortem an abscess in relation to the liver was found.

Dr. W. S. Muir related a case which he saw in King's College Hospital, London; last year. The gall bladder and duct were healthy, but retention jaundice was caused from cancerous growth of the pancreas.

Dr. M. MacLaren spoke of the obstruction of the cystic duct caused by gall stones with hydrops of gall bladder. He mentioned a case in which the ball valve action of a stone caused accumulation of bile in the gall bladder, from which it was unable to find an exit.

Dr. T. D. Walker referred to the diagnosis of gall stone, and asked Dr. Armstrong to mention in his reply what were the indications for operation in acute cases.

Dr. S. Skinner related a case in which the stone had disappeared before operation.

Dr. Armstrong, in reply, stated that often, after a second operation, another stone may be found which had escaped notice before, and mentioned the importance of looking for and separating adhesions. Pain is referred to the gastric region and tenderness is limited. Some cases are difficult to diagnose; must do so by exclusion. Nobody is infallible in diagnosis.

The Nominating Committee brought in their report, which was adopted, as follows:

President.—Dr. W. S. Muir, Truro.

Vice-President for Nova Scotia.—Dr. T. Trenaman, Halifax.

“ “ New Brunswick.—Dr. P. R. Inches, St. John.

“ “ Prince Edward Island.—Dr. A. Ross, Alberton.

Treasurer.—Dr. T. D. Walker, St. John.

Secretary.—Dr. G. M. Campbell, Halifax.

Local Committee of Management.—Drs. E. A. Kirkpatrick, W. N. Wickwire, M. A. Curry, W. Tobin, E. Farrell, C. D. Murray (Local Secretary).

The Treasurer's Report was then adopted, showing a balance of \$191.85.

A communication from Dr. R. McNeill of Charlottetown, was read, which suggested that a resolution be passed confirming Dr. Roddick in his endeavor to have his bill on Inter-provincial Registration passed.

Dr. Farrell thought Dr. McNeill was doing good service in bringing this matter before the Association. The medical councils of each province have never met in congress on this question, to agree to help Dr. Roddick.

Dr. Armstrong stated that Dr. Roddick had told him there were some obstacles in the way, and he was advised to lay the bill over for another year so as to endeavor to meet no opposition.

Dr. Farrell moved the following motion:

That this meeting desires to express its sense of obligation to Dr. Roddick for his increasing efforts to obtain Dominion Registration, and assures him of the continued support of the Maritime Medical Association. This was seconded by Dr. S. R. Jenkins, and carried unanimously.

Dr. G. M. Campbell moved that Drs. Conroy and Muir be a committee to draft a telegram to Dr. James McLeod of Charlottetown, regretting his illness. This was seconded and carried.

Dr. Conroy said Dr. McLeod wished to convey his regrets to the Association at not being able to be present on account of illness.

Telegram sent to Dr. McLeod was as follows: The Maritime Medical Association in session sends brotherly sympathy and love, and best wishes for your speedy recovery.

The discussion on "Arterio-Sclerosis" then followed which proved interesting and profitable, Drs. C. D. Murray, S. Skinner, T. W. Walsh and F. H. Wetmore reading papers on the subject. (The papers in full will appear in our next issue.)

The telegram sent to Hon. Dr. Borden was as follows:

That your fellow members of the medical profession at the meeting of the Maritime Medical Association now being held in St. John, desire to express to you their sincere sympathy in the loss of your soldier son, Lieut. Borden. We honor our patriot dead.

Dr. G. G. Melvin then presented four interesting skin cases. (1.) Pityriasis Rubra. The patient had been afflicted with the disease as long as she could remember.

(2.) Psoriasis. This case was presented chiefly to show the distinction between it and the former disease.

(3.) Lupus erythematosus. A well marked case showing the typical outline and scarring.

(4.) Alopecia areata.

The histories of each case were related and the treatment adopted.

Dr. J. Ross commented on the cases. Had seen three cases of pityriasis rubra in Halifax during the past four years, two of which recovered, the third being complicated by other troubles. The neurotic and parasitic theories in regard to alopecia areata were also referred to, with the belief that each factor was the cause in different cases. The prevalence of psoriasis among the coal miners of Cape Breton was also mentioned.

AFTERNOON SESSION, July 19th.—Dr. J. Ross presented some new urethral instruments which have been introduced in recent years, and described the conditions in which they were found of benefit.

Dr. P. Conroy opened the discussion on "Retro-Displacements of the Uterus." He said his remarks would be brief, for the reason that it is a subject with which every practitioner is familiar. The uterus may

assume all degrees of deviation from its normal axis. In retroversion, the fundus points towards the hollow of the sacrum and the cervix towards the symphysis pubis. In retroflexion the cervix occupies about its normal position, while the fundus alone is in a position of retroversion. The most frequent cause of retro-displacements of the uterus is subinvolution after parturition. The possible causes, both local and constitutional, are legion. The symptoms, the discomforts or ailments to which they give rise, he would not allude to. They are so multitudinous and as varied as the individuals who suffer from them. He would only touch on the most frequent cause, that of subinvolution of the uterus. It was necessary to enquire into the cause of the existing subinvolution. Ascertain if there exists any chronic catarrhal inflammation of the endometrium, or if there is a lacerated cervix, cicatrized or still denuded. Is the uterus bound down by inflammatory adhesions? Is there a ruptured perinæum? All of these conditions must be enquired into, and if any found, they must be removed before any direct treatment of the displacement can be thought of. One of two methods may be chosen to overcome the retroversion. The uterus may be maintained by a properly fitting pessary. This is the method that should commend itself in all cases where the condition is favorable. The trend of opinion amongst gynæcologists has of late years been against the use of the pessary, but he thought wrongly so. Kelly, who has performed many hundred operations for ventro-suspension, says that "the operation should be resorted to only in cases of persistent retroversion which refuse to yield to simpler plans of treatment through the vagina." When properly applied in suitable cases, the pessary answers all the purposes desired, while if unskillfully used it is productive of much harm. The pessary will give the most benefit in cases where the uterus is freely movable and the cervix sound and of normal configuration. The perinæum must afford a good point of support to the instrument. If these conditions do not exist, they must be made to exist before a pessary can be properly applied. The pessary must be of the right kind and size, and for that reason a large variety must be at the doctor's disposal. If the cervix is lacerated, a pessary is of no use, because the backward pressure of the instrument only causes the os to gape and has no effect upon the body of the organ. The pessary is not intended to support the fundus, but rather, by its backward and upward pressure, to keep the cervix from tilting forward, and thus prevent the fundus from falling back into the cavity of the sacrum. The pessary cannot possibly

press upon the fundus when that portion of the uterus is in its normal position. The necessity for there being a sound cervix of normal form, before a pessary can be used, is an absolute condition of the usefulness of this artificial means of support. A pessary should never be allowed to cause pain or give rise to unnatural discharge. When a uterus cannot be replaced easily by bimanual manipulation, a pessary is not a substitute nor an effective support. The surgical operations to relieve displacements are ventro-fixation, ventro-suspension, and shortening of the round ligaments. These different plans have their application according to the condition of mobility or fixity of the uterus. Kelly's favorite plan is ventro-suspension, or the stitching of the inferior surface of the uterus, while that organ is in a position of forced ante flexion, to the anterior abdominal peritoneum, and thus bring about the formation of artificial ligaments which allow the uterus a certain amount of freedom of motion, while the position of ante flexion keeps the uterus from being forced back into its old position. Kelly says that the methods of suspending the uterus generally in vogue (ventro-fixation—not suspension) produce dense attachments of the fundus to the abdominal wall and are productive of a multiplicity of difficulties in pregnancy and in labor, which are not produced by the operation of ventro-suspension. With regard to the operation for shortening the round ligaments, it has not yet been accepted as an efficient means of overcoming the difficulty. When diseased ovaries complicate a stubbornly retroverted uterus, the only and truly effectual means of affording relief is the removal of the uterus with the diseased adnexa.

Dr. A. B. Atherton referred to causes other than mentioned by Dr. Conroy. The habit of retaining urine in pregnancy when child is large, endometritis, incarceration of uterus in hollow of the sacrum. A case was quoted which was relieved by using Peterson's bag inflated and getting uterus out of hollow. Kelly claims very little difficulty in pregnancy after ventro-suspension, and he has had no difficulty in the cases he operated upon.

Dr. T. J. F. Murphy referred first to the conflicting views of pessaries. The fairest article he had read on pessaries, was one by F. W. Ballantyne in *The Scottish Medical and Surgical Journal* for April 1899, and he would take the liberty of shortly quoting from this.

Ballantyne says that in reading twenty authors, he finds eight in favor of pessaries. These were Herman, Kurtner, Lewers, McNaughton Jones, Mundé, Philips, Simpson and Winkel. Five were

against; Baldy, Balls Headly, Bushong, Lawson Tait and Pozzi; seven held intermediate views, Duhrrsen, Garrigues, Harrison, Hart and Barbour, Labadie-Lagrave, Skene and Webster. The objections of those opposed to pessaries were in the main:—

I. *Inconvenience* amounting almost to unpleasantness, periodic visits to the physician's office, interference with marital relations—on this point Balls Headly sees great danger.

II. *Inefficiency*.—Some doubt whether they ever cause relief, and believe they never really cure. Lawson Tait while admitting that at times he is compelled to use them says, "I hate pessaries and I never use them if I can help it." Even strong supporters admit that they rarely cure, and even that evidence given by patients is apt to be misleading.

III. *Injuriousness*.—They further allege that pessaries are injurious and dangerous. Some of these gynæcologists are moderate and accept some kinds, but decrie the stem Zwanck and Ball pessaries. Others condemn all and enumerate as bad results; pruritus, vaginitis, ulceration, fistulous formation, septic endometritis, ovaritis, salpingitis and cancer.

The supporters of the pessary mention the general advantages.

I. Strong supporters emphasize the *convenience* of pessaries. Every patient does not want operation or would not be able to stand it. Age or constitutional troubles may interfere.

II. The opinion of a great many who use pessaries is that they relieve symptoms temporarily. Mundé states that in twelve out of one thousand cases the pessary may in a year or two or longer be needed, and farther that "no astringents, no massage, no electricity, no posture, no vaginal douche, will take the place of the pessary." Herman says that only one case in fifty of chronic retroflexion calls for any other treatment than that by pessaries. Lewers goes farthest of any and says that no operation is complete without the subsequent use of pessary.

III. *Safety*.—This is the strong point of the advocate of the pessary. Lawson Tait says he would rather remove an ovary than use a stem pessary.

A perusal of Ballantyne's article will repay the gynæcologist.

Contra-indications to the use of pessaries in retro-displacements are: large uterus, prolapsed ovary, ovaritis, metritis, cellulitis, pelvic peritonitis, salpingitis or pyosalpinx.

The only pessaries for retro-positions should be the Thomas, the Hodge or the Smith. Before using a pessary, cure the existing conditions such as endometritis, lacerated cervix or perinæum, etc. Tampon and douche for several weeks before introducing a pessary. Use non-absorbent tampons. Pessary must not be large or stretch the parts. Patient must visit the gynæcologist frequently for a few weeks after introduction. Use douches to keep parts clean.

If pessary cannot be used, then we have many operations to choose from.

The technique of different operations was described.

In 2,500 cases of ventro-fixation reported, pregnancy followed in 148 cases. In 30 per cent. of these 148 cases there was pain, miscarriage or difficult labor.

In cases operated on by ventro-suspension there were only a few relapses. Patients were free from pain during pregnancy, and they did not require resort to obstetrical operations.

As regards his own cases, he would be prejudiced in favor of ventro-suspension as regards results. He has had two miscarriages in ventro-fixation, and has had one case go on to full term. This was as follows:

Mrs. C., married, unipara. 22 years. Called to see her on January 7th, '99. Patient suffering from pelvic peritonitis. Pulse 120. Temp. 103 F. On examination found lacerated perinæum, lacerated cervix, purulent endometritis, salpingitis and retroflexion. Gave salines. Applied ice bag to abdomen and ordered douches.

Operated February 14th, '99. Curettement, perineorrhaphy, trachelorrhaphy and ventro-suspension. Everything went well. Removed stitches on eleventh day. Patient out of bed on twentieth day.

December 19th, 1899. Patient delivered of a well-developed male child, 7 lbs. Pregnancy normal, puerperium normal. Dr. D. A. Campbell, of Halifax, attended her in confinement. Patient now in perfect health.

Dr. A. Laphorn Smith, being called upon, said that keeping women on their backs after confinement is often a cause of retro-displacements of the uterus. Patients should be kept on the side. Using the abdominal binder tight is sometimes also a cause. Servant girls often have displacements from jumping off chairs, lifting beds, sofas, etc. He hates the sight of pessaries—they do not cure. They do no good, but a great deal of harm. The practice of breaking up adhesions is very bad,



and should not be done. A case mentioned where general practitioner did so, and patient died three days afterwards from general peritonitis. Pessaries should not be used where there are adhesions, diseased tubes or ovaries. A fixed, bound-down uterus has always diseased tubes—nature's way of treating the disease. Do not use the sound if you can help it; has great dread of it. Ventro-fixation is by far the best and most satisfactory operation. He generally leaves abdominal stitches in a month. It was successful in 126 out of 127 cases: therefore has a high opinion of it. He only does this operation where there are adhesions, not where the fundus is freely movable. In Alexander's operation there is certain to be a failure where there are adhesions. Where there are adhesions he removes diseased ovaries or partly. Has done Alexander's operation 86 times with two failures. Some object to Alexander's on account of liability to hernia. He draws out the round ligament about four inches. Kellogg's operation was also explained, which he (Kellogg) does under cocaine. He makes small incisions and draws out ligament four inches with a strabismus hook, and stitches it to itself, that is, two inches to two inches.

Many cases of sterility due to displacement have become pregnant after Alexander's operations. There is no risk of interfering with pregnancy and practically no death-rate. He now uses chromicized catgut, which absorbs in six weeks. Old age is no barrier to operation. Had operated on women between 60 and 80 years of age, who were afterwards greatly relieved.

Dr. T. D. Walker showed (a) a baby removed by Cæsarian section; (b) a case of tubercular laryngitis in whom tracheotomy had been done a year ago. For some time previously she could not talk, and dyspnoea was very severe at times.

Dr. Walker then read his paper on "Report of Two Cases of Cæsarian Section."

This was illustrated by diagrams of rachitic pelves, and sutures introduced at the operations; also, a specimen of a uterus recently removed was shown.

EVENING SESSION, July 19th.—Dr. J. E. March read a paper on the "Bubonic Plague," which was very complete and well presented.

Dr. Murray MacLaren followed with a paper on "Treatment of Pelvic Abscess."

Dr. G. E. Armstrong, being called upon, said he did not see many cases of this kind. Has not had any experience with the vaginal

opening. In nearly all these cases pus is sterile—so not much danger from opening the abdomen.

Dr. A. Laphorn Smith remarked on Dr. MacLaren's instructive paper. Nearly all cases are from infective tubes. If there is one man he is grateful to, it is Trendelenburg. Pus is nearly always sterile, which is different from pus in ovarian abscess, which is generally serious. The mortality now is only three or four per cent, including bad cases. It is inadvisable to take away abscess by the vagina. One case mentioned where the appendix was involved in the abscess: in such a case you never could take it away by the vagina. The time to operate is as soon as you find the mass; even if you do not know what it is, operate, and by the abdominal route.

Dr. J. G. Nugent said that in the country you have to resort to other means sometimes, when you cannot take the patient away to Montreal or St. John. Several cases mentioned where no operation was done and patients got well. One case of pus tubes lasting for a year, no operation done and patient got well.

Dr. T. Trenaman had much pleasure in moving a vote of thanks to the President for the able and affable manner in which he conducted the sessions of the meeting.

Dr. F. H. Wetmore seconded the motion, which was put to the meeting and carried unanimously.

The President thanked the meeting for the kind vote of thanks. He was pleased to know that this had been the largest and one of the best meetings of the Association.

Dr. M. MacLaren moved that Dr. John Stewart's paper on "Movable Kidney" be taken as read, he (Dr. MacL.) having overlooked it. This was seconded by Dr. Trenaman and passed.

Dr. T. J. F. Murphy moved that fifteen minutes be the time limit for papers in future.

Dr. W. S. Muir seconded the motion, which was carried.

The President then introduced the President-elect, Dr. W. S. Muir, who thanked the Association for the honor, and trusted next meeting would be a successful one.

The meeting then adjourned.

## NEW BRUNSWICK MEDICAL SOCIETY.

The twentieth annual meeting of the New Brunswick Medical Society was held in the Assembly Rooms, Mechanics' Institute, St. John, N. B. on Tuesday July 17th, 1900. The meeting was called to order at 8 o'clock p. m. by the Vice-president, Dr. R. L. Botsford of Moncton, N. B., who explained that the Society had been called together to transact business, after which the meetings would merge into those of the Maritime Medical Association, the meetings of which would be held on the two succeeding days. In a few well chosen remarks Dr. Botsford referred to the loss sustained by the Society during the past year, by the death of Drs. Coulthard, Bruce, McFarlane and McCleary. The minutes of the previous meeting were read and adopted.

Dr. J. R. McIntosh then moved the following, notice of which was given at the last annual meeting. That the bye-law which provides for the appointment of a committee to nominate the officers and representatives of the Society be repealed: the motion was seconded by Dr. Scammell, and on being put to the meeting carried.

The following resolution, read at the last annual meeting by Dr. MacFarlane, was moved by Dr. T. D. Walker:

"Resolved, that the system of voting be changed, and every registered medical practitioner in the province of New Brunswick whose assessment dues are paid shall, without being in attendance, at the meeting of the New Brunswick Medical Society, have the privilege of voting for said elective members of the council."

The motion was seconded by Dr. Crawford, and after considerable discussion the motion was put and lost.

The reports from the Registrar and Treasurer were then presented, and on motion ordered to be placed on the minutes.

The election of officers resulted as follows:

President—Dr. G. T. Smith, Moncton.

Vice do.—Dr. S. C. Murray, Albert.

Treasurer—Dr. C. G. Melvin, St. John.

Cor. Secretary—Dr. J. H. Scammell, St. John.

Recording Secretary—Dr. W. Leonard Ellis, St. John.

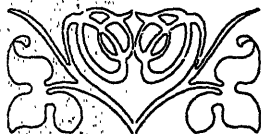
Trustees—Drs. J. C. Mott, Murray and Bridges.

The Vice-President, on behalf of the Westmoreland Medical Society, extended an invitation to the New Brunswick Medical Society to hold the next annual meeting in Moncton. On motion of Dr. Scammell, seconded by Dr. Emery, it was unanimously decided to accept the invitation, and the following local committee of arrangements was named from the chair: Drs. Bourque, Purdy, White, Ferguson, Myers, McCully.

Dr. F. J. Walker read the following:

"At the next annual meeting of this Society I will move that the system of voting by proxy, or by ballots previously distributed, to all who have paid the fee for that year to the New Brunswick Medical Society for its representatives to the Medical Council, be approved by this Society, and the matter be left to the Medical Council to be carried out if it legally can be."

Meeting then adjourned.



## Matters Personal and Impersonal.

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Dr. H. V. Hogan has lately returned from London, where he was successful in obtaining the double qualification, M.R.C.S. and L.R.C.P.

Dr. H. A. Payzant has been appointed surgeon to the cable steamer "Mackay-Bennett."

The will of Dr. Evans, the American dentist who practised in Paris for nearly half a century, has now been settled, and the city of Philadelphia can now proceed with founding the Thomas W. Evans Dental Institute and Museum. About \$3,000,000 will be devoted for the building, equipment and endowment.

Dr. R. Evatt Mathers has begun practice on Pleasant Street, and will confine himself to diseases of the eye, ear, nose and throat.

The *Journal of Surgical Technology* is the title of a new periodical, published monthly, beginning July 1, 1900. It will be devoted to the consideration of the technic of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Co., 404 East 14th St., New York City, N. Y., for sample copy.

We have just received Messrs. Parke, Davis & Co.'s Price List for 1900-01. In this handy little book will be found a complete list of products put up by this well-known house. The contents are arranged under different headings, which the reader will find very convenient. The Notes of Reference will also be found very useful, as well as the synonyms and Dose List, where valuable information is given to the searcher after therapeutic truth.

We are requested to state that the New York School of Clinical Medicine has not been discontinued, although an erroneous announcement to the contrary has appeared in some of the medical journals.

# LACOTOPEPINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

“Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine.”  
—*The Medical Times and Hospital Gazette.*

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Beef, Milk and Wine Peptonises with Creosote.

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

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

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AS A CLEANSING LOTION      AS A VAGINAL DOUCHE  
AS A NASAL DOUCHE      AS A MOUTH WASH  
AS A FRAGRANT DENTIFRICE.

Samples sent  
on application.

The Palsade Manufacturing Co.,

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## ABBEY'S EFFERVESCENT SALT

is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables that patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

## Book Review.

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SAJOURS'S ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE.  
By Chas. E. de M. Sajous, M. D., and one hundred Associate Editors,  
assisted by corresponding editors, collaborators and correspondents.  
Volume V., Methyl-blue to Rabies. Published by the F. A. Davis  
Co., Philadelphia.

The new volume of Sajous' very excellent Cyclopædia deserves quite as much praise as any of the previous volumes, and we have had nothing but good to say of all of them. In point of excellence it corresponds with the volumes we have already reviewed. All the articles we have read are well prepared, pointed and up to date. A striking feature of Volume V. is the number of specialties which receive attention—otology, laryngology, ophthalmology, neurology, pædiatrics and obstetrics all receiving their due share of space. The editor states that this volume has proved more difficult of preparation than any other of the series. He has, however, as before, succeeded admirably in his task, and we have again pleasure in recommending to our readers this extremely valuable Cyclopædia.

## Correspondence.

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PAN-AMERICAN EXPOSITION, 1901.

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BUFFALO, July 3rd, 1900.

*Editor Maritime Medical News, Halifax, N. S.:*

Dear Sir,—The Pan-American Exposition has seen fit to entrust the care of the department of Ethnology and Archaeology to a practising physician. I should be very glad if you would allow me to reach your readers with the following request for assistance.

Many members of the medical profession are interested in the study of American Ethnology and Archaeology, and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the Exposition. Exhibits which represent study in some special line of American Ethnology and Archaeology will be particularly suitable.

Very truly yours,

A. L. BENEDICT, M. D.,  
Supt. of Ethnology and Archaeology.



CHOLERA INFANTUM.—Physicians coincide in their views regarding the treatment of the Summer Diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antiseptics. For the antiseptic treatment, Listerine alone, or Listerine, aquæ cinnamon and glycerine, or, Listerine, bismuth and misturæ cretæ, will meet many requirements of the practitioner during the summer months.

The following well tested formulæ are submitted:

R Listerine ..... ʒj—ij  
Simple Syrup ..... ʒviij—vi M.

*Sig.* Teaspoonful every two or three hours.

R Listerine  
Glycerine (c. p.)  
Syr. Simpl.  
Aquæ cinnamon, aa ʒi. M.

*Sig.* Teaspoonful every one, two or three hours.

R Bismuth, Sub. Nit ..... ʒss  
Tr. Opii ..... gtt. xx  
Syr. Ipecac }  
Syr. Rhei Arom. } aa ..... ʒij  
Listerine ..... ʒss  
Mist. Cretæ ..... ʒj M.

*Sig.* Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Thirty-two pages devoted to the management of Summer Complaints of Infants and Children, may be had upon application to the manufacturers of Listerine.—Lambert Pharmacal Company, St. Louis.

SANMETTO IN HEMATURIA.—E. B. Gilbert, M. D., Ph. D., of Carbon, Texas, writing, says: "I used sanmetto on a patient who had hematuria of long standing, and it gave the very best of results. The gentleman came back to my office about ten days after I had prescribed sanmetto for him, and said he had tried four doctors (naming them), and had gotten no good results, but that I had cured him. He being a very influential man, and I being a young physician, it has been worth quite a lot to me in the way of practice. I have on hand at present three genito-urinary cases, who came to me for treatment as a result of the success I had on that special patient, who would otherwise have gone to their family physicians."

FOOD THEORY OF MEDICINE.—Walter Emery Merrill, M. D., U. S. Marine Hospital Service, says: "Among the advanced members of our profession, I believe the drug tissue-feeding theory no longer obtains. And rightly so, for it has not yet proved that medicine is ever, *in itself*, a food. The large number of malarial cases emanating from the tropics are cured in the Marine Hospital service, not by tissue-feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative anti-kamnia and quinine tablets."

THE STANDARD MEDICINE OF THE WORLD

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# Instep Arch Supporter.

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A Positive Relief and Cure for **FLAT-FOOT**.

**80%** of Cases treated for Rheumatism, Rheumatic Gout and Rheumatic Arthritis of the Ankle Joint are Flat-Foot.

The introduction of the improved *Instep Arch Supporter* has caused a revolution in the treatment of *Flat-foot*, obviating as it does the necessity of taking a plaster cast of the deformed foot.

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.

Sole Agents for Canada: **LYMAN, SONS & CO.**, Surgical Specialists,  
380-386 St. Paul St., - - MONTREAL.

# SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN  
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—  
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

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