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in this Number.

THE
Maritime Medical News

A MONTHLY JOURNAL OF
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Vol. XIII.

HALIFAX, NOVA SCOTIA, JULY, 1901.

No. 7

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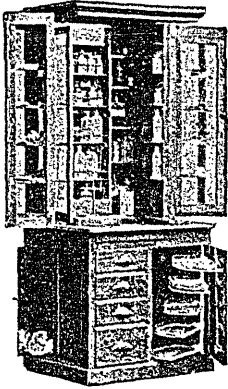
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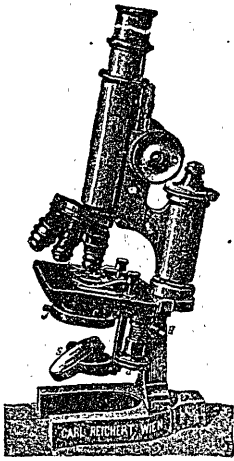
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PRESIDENTIAL ADDRESS.*

By W. S. MITR, M. D., Truro, President of the Maritime Medical Association.

GENTLEMEN,—This is a task, and a most difficult one. If you would only be satisfied with a paper upon a definite subject it would be much easier for me. Doubtless you do not desire the time of this association to be occupied by the chairman, as no doubt when I was selected to fill the chair you knew perfectly well that no other member of this Maritime Association could fill it to overflowing. When I look back over the list of distinguished men who have preceded me in this chair, I cannot even begin to thank you for the great compliment you have paid me by electing me president of this association. Gentlemen, it is a great honor, and one that I shall always be proud of. To try to even shadow the position so well and ably filled by such distinguished men as Wm. Bayard, Hon. Dr. Parker, Edward Farrell, James MacLeod, D. A. Campbell, P. Conroy, James Christie, W. B. Slayter, R. Macneill and J. W. Daniel, is to me a great undertaking.

What strikes one most in looking over that list of our former presidents is the uncertainty of life. The Great Physician of Souls has, since our last annual meeting, been pleased to call two of our most active members and former presidents to "that rest that remaineth for the worthy departed." I refer to Drs. Edward Farrell of Halifax, and James MacLeod of Charlottetown. On the first day of the new century after a prolonged, brave and gallant struggle for life, that good, honest, sympathetic, able and loving man, Edward Farrell was called to rest. Dr. Farrell's manly, straightforward bearing, his ever bright

* Delivered before the Maritime Medical Association, Halifax, July 3rd, 1901.

face, his ready wit, and above all his honesty of purpose, won for him the love and friendship of everyone with whom he came in contact. He was a fluent, clean, witty and most inspiring speaker. As a teacher of clinical surgery he had few equals and no superior in this Dominion of ours. When I say that with the death of Dr. Farrell the right arm of the medical profession of Nova Scotia was cut off, I mean it, as no matter what subject came up, and in what position the doctor was placed, he never sacrificed the profession for his own personal interests and many a time he was placed politically and socially in a position where a man of less backbone would have yielded, but he was always as true as steel.

They gave him wit—so keen and bright,
 Yet steeped that gift in honey ;
 A brave, strong will, well poised for fight,
 A nature warm and sunny ;
 A skilful hand, whose lightest touch
 Is filled with help and healing,
 A tender hand, that gives so much
 Of sympathy and feeling ;
 A gentle voice, whose charm alone
 Can still the heart's fierce crying
 By reassuring, cheering tone,
 When hope itself was dying,
 A heart, both warm and true as steel,
 Brave, resolute and plastic,
 So strong to bear, so quick to feel
 So buoyantly elastic.
 With gifts like these from fairyland,
 Rich nature's best apparel,
 They dowered his head, and heart, and hand,
 And called him Edward Farrell.

Just ten days before Prince Edward Island was called to bear the the loss of her best known surgeon, Dr. James MacLeod, a most distinguished looking personage, tall, straight and handsome, with a most striking likeness to Bismarck. Slow and deliberate in speech and action, most courteous and kindly in manner. To those of us who have had the privilege as well as the pleasure of Dr. MacLeod's company, one thing in particular must have left an everlasting impression upon us, that was his strict professional bearing and abhorrence of quackery in all its forms both in and out of the profession. Dr. MacLeod was in an eminent degree truthful in all his habits, a man of sterling integrity, a bold and earnest advocate of all matters connected with the profession. Gentlemen, we have met together to-day for mutual benefit, and could we not each and all of us benefit ourselves by emulating the witness of these noble men, our former co-workers and past presidents.

We have met to-day for mutual benefit I have just said, still how very small a gathering when you consider the fact that within the maritime provinces we have, according to Dr. Roddick's figures, 476 medical men in Nova Scotia, 90 in P. E. Island, and 243 in New Brunswick. Think of that gentlemen, and then look at the attendance here to-day. All professions and trades are to-day organized and armed to the teeth except the medical profession, and if these organizations are not needed, and have not accomplished what they were organized for, don't you suppose that they would long ago have ceased to exist! One reason, and one great reason, for so little interest being taken by the profession at large in the different medical organizations is that there is no pecuniary benefit derived directly from our annual meetings. Men tell us that they cannot leave their work, that the profession is so overcrowded that they fear to leave home. I grant you, gentlemen, that this may be the case in some small circumscribed places, but where is that overcrowding that we have had thrown in our faces every day for the past twenty years? Not at the top of the medical ladder, I can assure you, but at the bottom, and we shall always stick there if we do not get out of ourselves and give what assistance we can to one another. It is a duty that every medical man owes to himself, his family, and his patients, that once a year, at least, he must have a holiday, and what better way can it be spent than with his co-workers in his chosen profession. Don't think for one moment that the public do not sooner or later take stock of this, and comment upon it, and hence indirectly you will reap back some of your pecuniary loss. Why do the great American and Canadian life assurance companies always ask, "what medical societies and associations are you a member of?" They always want up-to-date examiners, and they do not pick up the drift-wood I can assure you. Some will try to convince you that the multiplication of medical societies must of necessity increase the difficulties of closer and greater organization, and hence the harder to concentrate our energies for common good. I do not think so. These local societies must do good as feeders; and they also give men more confidence in themselves, and bring what is in a man out. No better example of this can be seen than amongst the politicians of the lower provinces, for have not four-fifths of them been started in the little local temperance lodges. They learn to spout there, of course becoming politicians afterward. God forbid, gentlemen, that I will or

shall advocate such a course for the medical man. Stick to your physic and keep out of politics if you wish to live long and die happy.

You will be asked at this meeting to express an opinion as to the necessity of the formation of a Dominion Defence Association, or Union, in connection with the Canadian Medical Association for the protection of the characters and interests of its members, to advise and defend or assist in defending members of that association in cases where proceedings involving questions of professional principle or otherwise are brought against them.

Let me quote from the president's (Dr. Bierwirth's) address, delivered at the annual meeting of the New York State Medical Association, 1900:

"It is a well known fact that suits for malpractice are of almost daily occurrence, and without a doubt, more than 90 per cent. are for inadequate cause and for blackmail only. It is too well known among a certain class of individuals, as well as among a certain class of lawyers, that doctors are an easy prey. They are sensitive also of their reputation, which must always suffer from suits of this kind. They abhor publicity, and are only too glad to compromise to prevent this and sure trouble. But what a different state of affairs would exist if every unjust suit for malpractice were defended by our state medical association, and if the people knew they have to deal with a powerful society instead of with a weak individual."

At the present moment Dr. Conerty, of Smith's Falls, Ontario, is fighting for his rights and honor, and by doing so is upholding the honor and dignity of his profession. For the last four years he has been dragged through the courts to defend a suit of malpractice. Many of you know the circumstances of the case as well as I do. It has aroused our sympathy. I use the doctor's name for the reason that no medical man is safe if such a case can be brought against us, and because the doctor need not be ashamed to be the defendant in such a prosecution. The medical profession, however, is not one-sided. We owe the public many duties and obligations, and we should be ever diligent and vigilant for the welfare of the community where we reside. I am afraid, however, that the tendency of the age is towards commercialism. Every action means money, and everything is weighed by the dollar.

With apologies to the memory of the late Robert Ingersoll, let me suggest a title for the next president's address: "What shall we do to be saved?" Take almost any country newspaper and

read the professional advertisements or cards. What do you see? In many cases pure and simple untruths. Some are to a degree true, but the idea is to bring corn to the advertiser's mill, and not a simple announcement of removal or commencing practice. The most common magnet is "late of the London hospitals," next, "late of New York, or some other post-graduate college." Now some with American degrees actually say late house surgeon, or late assistant surgeon at such and such a hospital in England. How can that be? What is the need of Dr. Roddick's bill if that is the case? Now the traveller, the post-graduate man who has been on the other side on his wedding trip or some excursion, which generally lasts from one to twelve months, fails to bring back an English degree, but is a specialist, and in almost every instance that specialty is chosen to fit the place where he settles. "Diseases of women," after the legitimately recognized specialties of eye, ear, nose and throat, comes first. Why? Chiefly because nobody can contradict the diagnosis, its secret, and women are so anxious to be gulled. Why do not more men advertise themselves specialist upon skin diseases? They dare not! One man advertises himself, "tumors and cancers" a specialty; another, "diseases of women and children" specialties; another, "special attention given to midwifery and diseases of women." How kind! Do these men who advertise know that to advertise themselves even as a specialist in any branch of medicine or surgery will debar them from membership in the highest medical tribunal in the world, the British Medical Association? In the constitution of the Canadian Medical Association you will find the following:

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand bills inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others. For if such nostrum is of real efficacy, any concealment regarding it is inconsistent with professional liberty; and if mystery alone gives it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."

Gentlemen, I am sorry, yes, pained, to have to draw your attention to this matter, but if we ever wish to gain that respect for our profession that is necessary, we must take this matter into our own hands, as the provincial medical boards, whose duty it should be to look after such humbugging do not appear anxious to stir up this matter. Another matter of vital importance to every medical man who has any professional connection with the Intercolonial railway of Canada is the ignominious manner in which we are treated by the railway and the I. C. R. employees' R. and I. Association. Deaf, diseased and maimed men are taken on the railway without an examination, and we are supposed to treat these men afterwards for \$2.50 a year, find all medicines and surgical dressings, and pay our full fare on all trains when visiting a railway employee. Then if a poor section man is ill at an out-of-the-way station, he has to take the nearest doctor as the crow flies, notwithstanding the fact that a special train may be passing his door several hours before the nearest doctor by the air line could get there. In a few words let me say that the present arrangement for it is only an arrangement, and not a system of medical attendance upon the Intercolonial railway of Canada, is a disgrace to modern railroading, and could this society not pass a resolution at this meeting calling the new General Superintendent's attention to this fact? I do not think there is a doctor or man on the railway at this moment who is satisfied with the present state of affairs.

To the profession of Canada by far the most important measure since confederation is without doubt what is known to every medical practitioner in Canada as Dr. Roddick's bill. A bill which has recently been introduced into the Dominion parliament by Professor T. G. Roddick, M. P. for Montreal. It provides for a central medical council, upon which will be representatives from each of the eight provinces of the Dominion. The homeopaths will also be represented upon the central medical council. Their representatives will be appointed by their own body. This bill also provides for examinations, and for a course of study for five years. The bill was introduced by Dr Roddick during the last session of the House of Commons of this Dominion, but was withdrawn before the second reading for the reason chiefly that several of the universities and two of the provinces asked time to consider some of the details. I can state without fear of contradiction that the majority of the provinces has already practically endorsed the general principle of the bill.

Some changes shall also have to be made in deference to the wishes of the larger provinces. The scheme of representation on the council outlined in the bill may have to be changed, so as to give them a fairer share of representation. I have it from the best authority that Dr. Roddick will present his bill early next session, and that a committee composed of all the medical men of the House of Commons, with two or three lawyers, will be formed to receive and hear any grievances or amendments presented by delegates from the various provinces. We must all admire the wonderful amount of skill, tact and pluck that our most distinguished friend and benefactor, Dr. Roddick, has shown in the management of this prodigious undertaking. Like a well fed child his scheme gains weight and strength daily without exciting antagonism in any quarter.

In looking over the programme of work that is for our deliberation during this meeting, you will be pleased to note the number of papers upon matters vital to the whole country at large. I refer to the burning question of the hour—tuberculosis. I will not dwell upon this matter as there are others down on the programme to speak upon this mighty subject who are better qualified to do so. The recent Tuberculosis Conference held at Ottawa has brought this subject before the eyes of the whole Dominion, and if that meeting has done nothing more than to set the public thinking, it has done a vast amount of good. One point worthy of more than a passing thought is, that no matter what tuberculosis conference you attend, no matter what sanatorium you visit, by far the most enthusiastic, zealous and devoted person present is one who is or has been himself a "lunger," or who has had those ever near and dear to him under sanatorium discipline. What better evidence of the absolute necessity of sanatorium treatment and discipline do we require than that?

Take up the White Man's Burden,
The savage wars of peace;
Fill full the mouth of famine
And bid the sickness cease.

When the versatile Kipling penned the "White Man's Burden," I wonder if it ever entered his mind what has made this burden a task? What a pleasure the advance of science would have been had one common tongue or one universal language been continued? The "Tower of Babel" has had many things said about it, still I do not think that any one will object to my saying that the diversity

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was good in him might be copied, and that what was evil might be eschewed. Surely to us, no custom can be fraught with greater promise of good than that which leads us thus to analyse the lives and characters of those who leave our ranks to take their places in another world.

During the past thirty years many who took an active part in the proceedings of this society have gone to their long rest. We feel proud of the list which includes such names as Fraser, famous for his hospitality, Hamilton, the genial Shaw, beloved in the county of Kings, Rufus Black true to the ethics of a profession which he adorned, Muir and Almon both noted preceptors, Johnstone, Page, Farrish, Slayter, Jennings, Coleman, McLean, McPherson and many others which my allotted time does not permit me even to enumerate. It is with pride that we recall to memory this grand list in our past medical history. Many of them grew gray and venerable in the harness, others were removed when apparently but in the noon-day of their vigour and usefulness. All were men of high type, zealous, alert, kindly of heart and self-sacrificing. At the very dawn of this century one went out from among us to take his place in another world, one who occupied a conspicuous niche in the galaxy of our past heroes. Many about me knew him longer and more intimately than the writer, and yet it was my very good fortune to have enjoyed his warm friendship and to a great extent his delightful companionship during the past ten years of his life.

Edward Farrell was born at Dartmouth, N. S., on the 25th of September, 1842. He was the son of Dominick Farrell of Waterford, Ireland, and a grandson of Dominick Farrell an officer in the British army. The mother of Edward Farrell was a native of Dublin. Among his ancestors were many medical men.

After attending Miss Foster's private school for a time he entered St Mary's College, Halifax, receiving the degree of A. B., in 1860. At the age of eighteen he began the study of medicine in the office of the late Hon. W. J. Almon, having as fellow students, Croucher, Prior, T. R. Almon and Garvey. In 1864 Dr. Farrell graduated in medicine at the College of Physicians and Surgeons, New York, and for two subsequent years was assistant surgeon and house surgeon at the Bellevue Hospital. In the year 1866 Dr. Farrell returned to Halifax and began the practice of his profession. The energy and close application to work which was characteristic of him throughout his career

was evident in the beginning. He soon won a position among the foremost men of his time, a position he never lost. I think I speak truthfully when I state that as an all round practitioner—a family physician and general surgeon—Dr. Farrell at the time of his death stood without a peer, possibly without an equal in his native province.

In looking over the minutes of this society I find him taking an active part in its proceedings in 1869, being secretary at this early date and serving on the surgery committee. In 1880 when only thirty-eight years of age he was elected president and presided in the following year at the meeting held in Antigonish. He was a constant attendant before and after this date, contributed many valuable papers, took part in the discussions and in many ways assisted very materially in keeping up the interest in the association.

In the history of Halifax no medical man responded more generously to the duties of citizenship. All the charitable, educational and many commercial enterprises received the benefit of his skill, his support, his judgment and his influence. He felt it his duty to devote a portion of his energy and of his valuable time to the public welfare. From 1874 to 1878 he represented the county of Halifax in the local legislature and for a part of this time was a member of the Hill administration.

Within the walls of this historic structure Dr. Farrell fought many a battle for the cause of justice. His clear intellect, his knowledge of public affairs and the eloquence of his diction made him a strong member of his party. For thirty years he was an active surgeon to the Victoria General Hospital, was President and Professor of Surgery of the Halifax Medical College, an institution he assisted to establish, Governor of Dalhousie University; had served as President of the Charitable Irish Society, President of the Nova Scotia Branch of the British Medical Association, President of the Maritime Medical Association, President of the Provincial Medical Board, and Vice-President of the Halifax Board of Trade. He was the honored President of the Studley Quoit Club, the only organization in which he sought recreation.

In 1891 Dr. Farrell was appointed delegate by the Nova Scotia government to represent the province at the International Congress of Hygiene held in London, and in 1899 he was selected by the Canadian Government to represent Canada at the International Congress on Tuberculosis at Berlin. These were high honors, richly

deserved. You are all familiar with the excellent and exhaustive reports furnished the government on his return. It was my privilege to make the latter trip with him and during the many long talks when pacing the deck of an ocean steamer by day and by night, when making our way through crowded streets or visiting great hospitals, historical spots or beautiful parks in London, Berlin, Vienna and Brussels, when passing down the picturesque and romantic Rhine—under these various conditions I had great opportunities of knowing the man and ever after had a higher appreciation of his worth. I was especially impressed with the frequency with which he turned to matters affecting our own dear land, its commercial conditions and its boundless possibilities.

The last public duty in which he was engaged was the search for a suitable locality for a sanatorium for the treatment of tuberculosis.

Late in the autumn of 1900 Dr. Farrell became ill, and as the serious character of the disease became known the greatest anxiety prevailed among all classes of citizens. Throughout his illness three of the leading men of our profession were in almost constant attendance upon him. Occasionally during this anxious period a slight improvement reported by his physicians would cast a ray of hope for his ultimate recovery but the disease proved too great for his exhausted frame to bear and just at the birth of the new century he died, January 1st, 1901. The good citizen, the beloved physician and the skillful surgeon, after his weary labors had put on immortality. Two days later his body was laid in the Catholic cemetery, preceded by an impressive service in St. Mary's Cathedral. All classes and all creeds attended to pay the last tribute of respect and affection. Dr. Farrell's bereaved family circle consists of a widow, four daughters and four sons.

I do not propose to enter into a full analysis of this man's character. Time does not permit and I do not feel that I am capable to do the matter justice. We all knew him to be kind, benevolent and sincere. He was a devout Catholic, a true patriot and a public spirited citizen. His personal magnetism was great and his other charming social qualities will be remembered for many years to come. One of our papers commenting on his character remarked: "Whether at a reunion of medical men, on the quoit grounds at Studley or at an evening gathering of friends, dullness was impossible if the doctor was

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Each fluid ounce of this Elixir contains forty grains Viburnum Opulus (Cramp Bark), thirty grains Hydrastis Canadensis (Golden Seal), twenty grains 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 dessert-spoonful 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 dessert-spoonful, may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

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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.

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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.

present; and his talk overflowed with a combination of Irish wit and American humor which is rarely equalled."

His presence in the sick room carried a ray of sunshine. Nature had endowed him so generously with a sunny disposition that he won the affection as well as the confidence of his patients.

While thinking over the career of our departed brother, recalling civic, collegiate, political and medical I came to the conclusion that the Victoria General Hospital was the scene of his greatest labors, his greatest energies and his greatest triumphs. Representatives of every town and hamlet in Nova Scotia, from Cape North to Cape Sable, found relief, comfort and renewed health through the skill and devoted attention of Dr. Farrell. Long after the walls of that noble institution have crumbled to decay, when its interior shall have become the haunt of the night hawk and the bat, when the beautiful trees which adorn the spacious grounds shall have withered and fallen, his fair name and good works, his devotion to duty and to charity will still live in the generations to come.



Correspondence.

THE DR. RODDICK BILL.

Editor of the Maritime Medical News :

SIR,—Through the kindness of our Provincial Registrar, Dr. Skinner, I have been put in possession of a draft of the bill lately before the Dominion Parliament. The purpose of this bill is the establishment of a Medical Council for the whole Dominion.

The object in referring to this subject is largely to obtain the opinions of those better informed than myself, in reference to some of the main features of the proposed measure.

At the very outset the questions naturally arise: Is the bill *ultra vires* of the Dominion Parliament? Can the central legislative authority pass laws either directory or permissive having to do with educational matters? This bill is in fact a request to the various provincial legislatures to pass a law establishing and appointing a central council with power to grant registration which will carry with it the right to practice anywhere in the Dominion.

The questions of constitutionality may be regarded as settled, from the fact that the bill has had a first reading and must have been fully discussed in committee before it could possibly reach this stage.

Dr. Roddick has taken a great interest in the question of Dominion registration, and this bill is the outcome of much study and consideration of the subject. He has also had the concurrence and assistance of the Medical Councils of the different provinces, and it is to be sincerely hoped that ultimately he may be successful in his efforts.

A careful perusal of the bill will discover points which no doubt have already occurred to the doctor or have been brought to his notice by others as worthy of reconsideration or amendment.

1. (Sec. 6, sub.-sec. i.)—*Composition of Council.* The council is to be composed of *three* members from each province. Ontario 3, Quebec 3, Nova Scotia 3, Manitoba 3, New Brunswick 3, British Columbia 3, North-West Territories 3, P. E. Island 3. Homœopathic representatives 3. 27 in all.

The members from each province are selected as follows:—One to

be chosen by the Governor and Council; one to be selected from members of the Provincial Medical Council; the third shall be an *ex officio* member—as president of the Provincial Medical Council. The term of office shall be as follows:—Appointed members, four years. Elected members shall remain in office until the end of the term of office for which they were elected or appointed in their several local Medical Councils.

The “*ex officio*” member shall retain membership as long as he holds the office of president in his own provincial council.

In our own N. B. Medical Council there are 9 members, four of which are appointed by the Governor-in-Council and holds office for 4 years. Five members are elected by the Provincial Medical Society and hold office for 3 years.

The office of President of our Council is frequently changed yearly. It is an honor which is supposed to be passed round, and therefore rarely or never is the office held longer than two years. Now, supposing a case which very often happens, where the president of the local Medical Council is elected during his last year of service—and if the gentlemen resigns or is not re-elected to the Council his term of service in the General Council may be less than a year, perhaps it may terminate before the first meeting: This would involve many changes in the composition of the Council and could be remedied by having the third member of the General Council elected by the several Provincial Medical Societies. This will give a member at least 3 years term of service.

The admittance to the privilege of registration to all practitioners now on the provincial lists has much to be said in its favour and would deprive the law of any retroactive feature. This is a matter of detail which is left open in the bill and may be amended or changed in committee stage.

In section 10, sub-sec. i, it will be noticed that it is the intention of the enactment to lengthen the course of study in case of all students hereafter intending to qualify for Dominion registration. Most of the Provincial Boards now accept a *four years' course*.

The part of section referring to this will be found in the draft of bill beginning at 44 line, sub-sec. i:—“Provided, however, the requirements of its curriculum shall not at any time be lower than the requirements of the most comprehensive curriculum established at the same time, for the like purpose in any province, and that the

standard of examination, either preliminary or professional, shall not lower the highest standard for the like purpose established at the same time for the purpose of ascertaining the qualifications for registration within any province.

From the above it may be inferred that, as in some of the colleges of Ontario, a curriculum extending over 5 years has been adopted, and this of course might be considered the standard with regard to length of study before being eligible for examination or registration under provisions of this Act.

With regard to the financial part of the measure there is a section giving the council the power to fix the allowance or remuneration to be paid the president, vice-president, members, officers and employees.

How the money is to be raised will no doubt be embodied in the measure which will be brought before the different provincial legislatures.

There are 5362 registered practitioners in the Dominion. If an additional fee were imposed for provincial registration, say 25 cents extra—a fund of \$1340 annually would be raised by this means, and \$400 or \$500 from new registration certificates, etc., might bring the income up to \$1800.

The expenses might be roughly estimated as follows:—

Expenses members to Ottawa—annual meeting	\$1000 00
Registrar	500 00
Stationery and examiners	300 00

This would approximately cover the expenditure. One thing is certain, a law must be enacted to compel every practitioner to contribute annually to the support of the Dominion Medical Council.

This last part of the scheme is beset with many difficulties—difficulties, however, which may be easily overcome if the profession will loyally work together, and are willing to sacrifice something in order to bring up the Dominion Medical Education to the highest standard, and thus be enabled to demand and receive full recognition as medical practitioners in all portions of the British Empire.

Yours truly,

St. John.

G. R. J. CRAWFORD.

THE
MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIII.

HALIFAX, N. S., JULY, 1901.

No. 7.

Editorial.

AN ACTION FOR MALPRACTICE AGAINST DR. H. E.
MCEWEN, OF O'LEARY, P. E. ISLAND.

This was an action brought for an alleged shortening and deformity of the right clavicle. The plaintiff produced Dr. Conroy of Charlottetown and Dr. McLellan of Summerside who claimed that there was one and one-fourth inches shortening of the clavicle and that the rigidity and stiffness of the shoulder were due to the deformity and imperfect union of the clavicle. The defendant deposed that with the assistance of Dr. McLauchlin, now of Charlottetown, then a partner of his, he reduced the fracture and applied a Sayre's adhesive plaster to retain it in apposition and as further security applied over it Velpeau's bandage. During the treatment he found his appliances and dressings were interfered with and when he offered to treat the shoulder for the manifest stiffness his offer was not accepted. The plaintiff was after damages although it was well known that he had had rheumatism and had a stiff shoulder for years previous to the last accident.

The plaintiff's case was handled by Mr. McQuarrie, K.C., of Summerside, with marked ability. It is regrettable however that a lawyer of Mr. McQuarrie's ability should handle such cases. The defendant secured the services of W. S. Stewart, Esq., K.C., of Charlottetown, who displayed great tact and ability in the argument and treatment of the witnesses. He produced the evidences of Drs. Taylor, Macneill, Jenkins, Carruthers and McLauchlin, of Charlotte-

town, and Drs. McPhail and Macneill of Summerside, in support of the contention of defendant.

Dr. Taylor produced a sensation in court when he asked to have the plaintiff's shoulder and collar bone examined before the jury in court. He announced after actual measurements of the two clavicles the shortening to be three-fourths of an inch. The testimony of the witnesses for the defence claimed that union of this bone without deformity was a rare occurrence and referred to the works of Dr. Agnew of Philadelphia wherein it is stated "I can recall no instance of a perfect cure," and Hamilton of New York who "out of 27 oblique fractures found shortening in all save one." The authorities also maintain that neither shortening nor angular deviations materially affect the strength or the usefulness of the limb, and it is also contended where both clavicles have been broken and remained ununited the disability is not very great. Under those circumstances it would be hard indeed if a jury brought a verdict against the doctor. The jury in this case was a very intelligent jury and after the overwhelming and convincing evidence for the defence they brought in a unanimous verdict for the defendant. It is but just to notice that Drs. McEwen and McLaughlin treated the case according to the established principles of the profession in such cases and that no one could have had a better result, as the experience of practical men go to prove that the shortening ranges from an inch to one and on-half inches.

In this case we understand the plaintiff made over his little property to his wife before he commenced the suit and then sued for damages to the extent of \$1500.00

Medical men are doubtless put to great inconvenience and expense. They have to fight and defend themselves against a man who has nothing and then have to pay their own expenses. This is not as it ought to be. When a man undertakes an action for malpractice he should be required to make a deposit of the costs. In the matter of election petitions, which may be regarded as civil and crimina leases, petitioner has to make a deposit of \$1000.00 when he files his petition. Why is this done? Because the petitioner may be a worthless fellow who has no visible property and expenses cannot be collected from him.

The great bulk of cases brought against medical men for malpractice are conceived in iniquity and brought forth in sin. Malice, envy

and all uncharitableness are at their foundation. An envious professional brother or a heresy hunting lawyer who may privately undertake the case on shares urges the action and holds out heavy damages, built on the prejudices of juries against professional men in general, to the hungry maw of a claimant, and the doctor has no alternative but to defend with his utmost ability which involves great expense.

Dr. McEwen won his suit—no cause of action. He did his work well—as well as any man in the profession could do and the unbiassed opinion of the profession sustained him nobly. Now who is to pay him for his expenses? The plaintiff has nothing that can be arrested. Is not this a great hardship—it is a legalized attempt to levy *black mail* upon a doctor in the hope that the doctor would rather pay two or three hundred dollars than pay a thousand in expenses if he wins the suit. This state of affairs should not continue. The united voice of the profession in the three provinces must contend for a change in the law. They must make a determined stand in this matter and insist on having a law passed requiring a deposit when these malpractice cases are commenced. If the plaintiff wins his case he gets his money back; if he loses, his money is applied to pay the costs of the defendant as it should be.

The hope of gain makes unscrupulous patients careless whether their bones get well or not. It takes two parties to make a contract and if the patient does not fulfil his contract by implicitly following the directions given by the doctor who has no opportunity of watching him beyond his visits, it is a very great hardship indeed to be compelled to appear in court to defend one's self in these cases. It may perhaps, failing to receive protection in law, be as well to refuse these cases unless they pay in advance a sufficient sum of money to enable the doctor to board them in his vicinity and pay for his own services and a trained nurse. It may come to this and the innocent public suffer with the guilty. Public opinion will then wake up to the enormity of the wickedness of lawyers in encouraging these suits. These cases should arouse the sympathy of the public. Dr. McEwen did his work skilfully and intelligently and we congratulate him upon his victory wherein he was sustained by the best men in the profession.

CANADIAN MEDICAL ASSOCIATION.
WINNIPEG MEETING AUGUST 28TH to 31ST, 1901.

The question now seems to be, how is one to make arrangements to get away at the time of the meeting, for it seems to be universally conceded that to attend the Winnipeg meeting is the proper thing to do. The railways, having granted a single return rate to the meeting, have assisted in breaking down one of the barriers, and now one hears from all sides of physicians intending to make Winnipeg the central point of their holiday trip, and Winnipeg is making preparations for a great gathering! Many physicians, it seems, will also take advantage of the offer of the single fare rate from Winnipeg to points in Manitoba, the North West, British Columbia and North Dakota, after they have enjoyed the hospitality of the Winnipeg profession.

The question of Dominion Registration will come up for a full discussion—it is hoped for the last time before this thing to be desired becomes a realization,

The following is a list of some of the papers already promised:—

The Address in Medicine—J. R. Jones, Winnipeg.

The Address in Surgery—O. M. Jones, Victoria.

The Address in Gynæcology—Thomas S. Cullen, Johns Hopkins, Baltimore.

The Early Diagnosis and Treatment of Pulmonary Tuberculosis—D. Gilbert Gordon, Toronto.

The Nose and Throat in General Practice—John Hunter, Toronto.

Remarks on Some Interesting Diseases of the Age—G. H. Burnham, Toronto.

Orthopædic Treatment of Deformities and Disabilities Resulting from Paralysis—B. E. McKenzie, Toronto.

Title to be announced—D. J. Gibb Wishart, Toronto.

A Practical Way of Distinguishing Between the Human and Animal Blood—G. Silverthorne, Toronto,

Infectious Pneumonia—W. S. Muir, Truro, N. S.

Sclerotic Ovaries—A. L. Smith, Montreal.

Removal of Large Tumor from Os Uteri after Labor had set in—A. Armstrong, Arnprior.

Tuberculosis in Milk—Prof. Russell, University of Wisconsin.

The Present Outbreak of Smallpox in America—H. M. Bracken, Health Officer, Minnesota.

Hæmatology of the Blood—L. H. Warner, New York.

Skin Diseases, Lantern Demonstration—F. J. Shepherd, Montreal.

The Treatment of Consumption in Special Institutions—Dr. Richer, Montreal.

Title to be announced—G. Chambers, Toronto.

Chronic Ulceration of the Stomach Simulating Cancerous Disease—Relation of a Case of Gastro-enterostomy, with Murphy Button—Recovery—J. F. W. Ross, Toronto.

Report of Cases Treated with the Hot Air Bath—W. H. Peplar, Toronto.

Title to be announced—J. N. Hutchinson, Winnipeg.

Some Forms of Gastric Hyperacidity and Their Treatment—C. F. Martin, Montreal.

Syphilis as seen by the Ophthalmic Surgeon—F. Buller, Montreal.

On the Necessity of a Better Recognition and Isolation of Trachomatous Patients in Canada—W. Gordon M. Byers, Montreal.

Title to be announced—J. L. Bray, Chatham, Ont.

Epidemic Cerebro-Spinal Meningitis—A History of Some Cases—James McKenty, Gretna, Man.

Pulmonary Tuberculosis, its Treatment and Prevention—A. P. Proctor, Kamloops, B. C.

Mild Smallpox—G. A. Kennedy, Macleod, Alta.

Title to be announced—C. J. Fagan, Victoria, B. C.

THE MARITIME MEDICAL ASSOCIATION MEETING.

No difference of opinion can exist as to the success of the recent meeting of the Maritime Medical Association. Instructive in science, pleasant in social meetings and long to be remembered as a means of forming new friendships and renewing old ones.

The scientific part of the programme was characteristic of maritime medical men—short original papers, crisp discussions and personal experiences given in each matter.

The President's address, as all other work of Dr. Muir, was original, bold and full of material that might very well have taken up the entire time of the meeting.

The Address in Medicine given by Dr. Lafleur of Montreal was worth the time that any member spent at the whole meeting. It was a carefully worded and prepared production and we look forward to being able to read and digest it at our leisure. Seldom has an address been listened to with such rapt attention as was this one of Dr. Lafleur's.

Dr. Primrose, who gave the Address in Surgery, was welcomed for many reasons, one because he is a Nova Scotian, and another because of the prominent position he holds in medical Toronto. His address was more than instructive; it was to many of the members present a clearer exposition of the present state of advanced surgery than they had ever had brought before them.

It would be impossible to particularize the various papers read. Tuberculosis in its modern aspect occupied a large place. Careful papers were read on the subject and the discussion ensuing showed plainly that the modern and progressive view of this great dread to the human race is well held in these provinces.

One great fault about this meeting was the fact that the representatives from New Brunswick were so few in number. This is much to be regretted. Many well-known men were missing—that they were missed goes without saying, but the rule holds good in medical societies as elsewhere that their places must necessarily be filled up.

The social part of the programme was most pleasant. His Honor the Lieutenant-Governor and Mrs. Jones gave a very pleasant "At Home" at their house on the North West Arm. The harbor excursion and dinner at the Florence will be long remembered; the day was perfect and the night magnificent. The dinner was characterized by eloquent speeches by Consul-General Foster, the Attorney General, Wm. Roche, M. P., Geo. Mitchell, M. P. P., and others.

The most pleasing part of the programme that evening was the presentation to Dr. W. S. Muir, in recognition of his valuable services as Secretary of the Medical Society of Nova Scotia for the past fourteen years, of a very handsome oak and silver spirit stand,

and also to Mrs. Muir a set of handsome vases. Dr. Muir's reply on receiving these showed the way in which he regarded his fellow members, and the testimonial showed their appreciation of him.

Looking back on the meeting we see its great value and hope that the number will be exceeded next year, and that New Brunswick will awaken as it used once to do.

EDITORIAL NOTES.

THE PRESENTATION TO DR. AND MRS. W. S. MUIR.—We are requested by Dr. and Mrs. Muir to thank the Medical Society of Nova Scotia sincerely for the handsome way in which they were remembered by the members of the Society.

OUR VISITORS.—In connection with the recent meeting of the Maritime Medical Association, it is most pleasing to know that our distinguished visitors were more than charmed with their visit to this city. Drs. Lafleur, Primrose and Smith have written in a most flattering way to our retiring President regarding the programme, which they considered an excellent one, both scientific and social. We can, therefore, look forward to future visits of our esteemed confreres from Montreal and Toronto.





DR. W. S. MUIR, Retiring President of the Maritime Medical Association.

Society Meetings.

MARITIME MEDICAL ASSOCIATION.*

The eleventh annual meeting of the Maritime Medical Association opened in the Legislative Council Chamber, Halifax, at 10.30 A. M., July 3rd. The President, Dr. W. S. Muir, of Truro, in the chair.

* All papers read will be published in the MARITIME MEDICAL NEWS.

The minutes of last meeting were read and confirmed.

Drs. A. Primrose, of Toronto, H. A. Lafleur, of Montreal, A. L. Smith, of Montreal, R. Macneill, of Charlottetown, an ex-president, and E. A. Kirkpatrick, President of the Medical Society of Nova Scotia, were invited to seats on the platform.

Letters of regret at inability to be present were read from Drs. G. H. Fox, of New York, F. N. G. Starr, of Toronto, G. D. Stewart, of New York, O. H. Cameron, of Toronto, and G. E. Armstrong, of Montreal.

Dr. G. C. Jones, chairman of the local committee read report of committee and welcomed the visitors to Halifax. An "At Home," at Bloomingdale, given by His Honor the Lieut.-Governor was announced, and also an excursion on the harbor and a dinner at the Florence Hotel. An endeavor would be made to make the meeting pleasant and send the members home by express if necessary. An invitation from Hattie & Mylius, Ltd. to a luncheon was also read.

The Nominating Committee was appointed as follows: Drs. R. Macneill, Alex. MacNeill, J. G. Toombs, A. J. Murray, E. B. Chandler, T. D. Walker, E. A. Kirkpatrick, W. B. Moore, and J. W. MacKay.

The President, Dr. W. S. Muir, then read his address (published on page 225.)

Dr. R. Macneill moved that the President's excellent address be referred to a committee and published in the *Maritime Medical News*.

Dr. J. Stewart had much pleasure in seconding the motion, which was put and carried.

The President thanked the members for their kind expression and suggested that the committee draw up motions of condolence to the families of the late Drs. James McLeod of Charlottetown, and Edward Farrell of Halifax. The committee appointed was: Drs. J. Stewart, R. Macneill and W. H. Hattie.

Dr. T. D. Walker, of St. John, then read his paper on "Report of Surgical Cases," specimens from a case of extra-uterine pregnancy and one of gastro-jejunosomy, and an excellent diagram explaining the latter operation were exhibited.

Dr. G. W. F. Farish, of Yarmouth, followed with a paper on (a) "Some Peculiar Forms of Gastro-Intestinal Parasites;" (b) "Torsion of Mesentery Causing Gangrene of the Intestine."

Dr. H. A. Laffeur, of Montreal, being called upon to discuss the first case, said he was suspicious that somebody was the cause of the trouble and suggested it be called "Herod's" disease.

Dr. Chisholm referred to a case of a man of undoubted veracity who presented a living creature with three horns and numerous legs which he had passed. Two similar parasites had been passed by the same man. He (Dr. Chisholm) believed the baby mentioned by Dr. Farish had really passed the worms.

Dr. Birt suggested the possibility of impure water with which the food was mixed.

Dr. Moore asked as to the conditions surrounding the child.

Dr. Farish said the conditions were favorable, and great care was bestowed on the child. The water given at first was always sterilized, while recently but little water was given.

Dr. A. I. Mader, of Halifax, then read a valuable paper on "Observations in the Treatment of Fractures," which was illustrated by diagrams.

Dr. A. Primrose of Toronto, being called upon, said he agreed with most of the observations made by Dr. Mader. Reference was made to cutting down when the fragments were caught. There was no fixed rule as to method employed in fracture of lower end of humerus. A case was mentioned where it was impossible to get apposition. He cut down and found inner condyle completely turned over. It was replaced and wired with a good result. Treatment by congestion referred to by Caird of Edinburgh, was also mentioned, that is bandaging up to the fracture and a tourniquet applied above the fracture.

Dr. Murphy said that lately he had put up two cases by Bennet's method, one of which—fracture of lower third of tibia—did poorly. Believes harder to get union in fracture of tibia than any other long bone.

Dr. Chandler stated that the great essentials in treatment of fractures are good anatomical knowledge and common sense.

Dr. Walker referred to a case of wiring.

Dr. Hunt, of Sheffield, spoke of early passive motion of ends of bones and massage.

Dr. Ross mentioned a case of fractured humerus in a man aged 85 with a good deposit of callus evident in two weeks.

Dr. N. E. McKay said he treated all cases on their merits. He had not much faith in ambulatory or massage treatment, and did not

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2. As a Treatment for Diabetes.

3. As a "Nervetone" in cases characterized by Debility, Str. matorrhœa, etc.

4. As a Purgative in cases of Exanthematous Fevers.

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1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "griping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterised by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Biliousness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectively controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

DOSE.—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary, $\frac{1}{2}$ to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alternative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. As an excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

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believe in cutting down and wiring every case of compound fracture. Of course certain cases would commend themselves, such as fractures of the patella and olecranon. In fractures of long bones, unless extremely oblique, cannot see why wiring is necessary.

Dr. Mader closed with a few remarks.

AFTERNOON SESSION.

Dr. E. A. Kirkpatrick, President of the Medical Society of Nova Scotia read his Presidential Address (published on page 233.)

On motion of Dr. R. Macneill, seconded by Dr. W. H. Hattie, a cordial vote of thanks was tendered to Dr. Kirkpatrick for his excellent contribution.

Dr. John Stewart of Halifax, then read his paper on "Further Notes on Movable Kidney." A discussion followed in which the following members took part: Drs. A. L. Smith, W. B. Moore, Alex. Primrose, A. Birt and M. A. B. Smith.

Dr. A. Laphorn Smith, followed with his paper on "A Plea for the Earlier Removal of Uterine Tumours." Drs. J. J. Cameron, A. Birt, J. Stewart and N. E. McKay took part in the discussion.

Dr. E. D. Farrell of Halifax, then read two case reports, (a) "Fracture of the Spine," (b) "Lympho-Sarcoma of Lung."

The meeting then adjourned to attend an "At Home" at Bloomisdale, the Lieut. Governor's former residence on the North West Arm.

EVENING SESSION.

Dr. H. A. Lafleur, of Montreal, read the Address in Medicine which proved an excellent paper and was well received.

On motion of Dr. Chisholm seconded by Dr. Goodwin, a hearty vote of thanks was tendered Dr. Lafleur for his valuable address.

Dr. G. L. Sinclair, of Halifax, then read his paper on "The Rôle of the General Practitioner in the Prevention of Insanity."

Dr. W. H. Hattie in discussing the paper alluded to heredity and the marriage of unhealthy individuals.

Dr. J. MacMillan said he did not think that either Dr. Sinclair or Dr. Hattie capable of discussing certain phases of the subject as one was a bachelor and the other had no family.

Dr. A. P. Reid stated that the general practitioner had an advantage, on account of being first on the scene and being able to see the first symptoms of developing mental disease. He is, however, handicapped by the surroundings and friends.

Dr. Birt thought the general practitioner to some extent responsible for failure to detect earlier symptoms. He referred to his experience in asylum practice where a case of typhoid, at the end of the first week, was committed as a case of acute mania. Cases were quoted where initial symptoms were maniacal and where rest in bed resulted in rapid recovery.

Dr. J. J. Cameron said the profession had not yet given sufficient consideration to the question but it was so important that much attention should be given it.

Dr. Sinclair, in closing, referred to legislation of some states in our neighboring republic.

Dr. A. Birt, of Berwick, then read his paper on "Serous-Membrane Tuberculosis."

Dr. J. Stewart said that 25 or 30 years ago the analogous condition of tubercular synovial inflammation was treated by Lister by opening freely the synovial membrane and improvement followed in many cases, though he was strongly criticised at the time.

Dr. M. A. Curry, of Halifax, followed with a paper on "Eclampsia."

Dr. G. W. F. Farish asked if severe epigastric pain in eclampsia would warrant one emptying uterus. He mentioned such a case where he emptied the uterus, convulsions followed some time afterward and the patient died.

The President said eclampsia was one of the most dangerous conditions we had to deal with. Sometimes have albuminuria during the second month. Found pilocarpine good in getting rid of the toxæmia. In convulsions, bleeding was not done enough and likewise emptying the uterus.

Dr. M. Chisholm referred to the hypodermic injection of morphia with atropia as not being physiological. He mentioned two cases he knew of who died. When giving atropia you block up the great emunctory, the skin, while the morphia blocks up the intestines. There was no better drug than pilocarpine if given at the right time—when patient is in her right senses, and not when unconscious as she may choke in her own secretions.

Dr. H. A. Lafleur believed that the amount of solid matter excreted through the skin was very small. He preferred bleeding in uræmic conditions; could make several repeated small bleedings. When a large amount of blood is taken away follow up with with an injection of saline fluid preferably intravenous.

Dr. F. W. Goodwin referred to a case. Thinks it bad to interfere in eclampsia. Better for nature to take her course and control convulsions as best we can.

Dr. H. E. Kendall stated that the patient may have no albumin in the urine and yet have convulsions. The amount of urea should always be tested. Venesection is a good measure, while accouchment forcè is a bad measure. In the early stage endeavor to carry on the case without delivery. If patient is soon to be delivered, venesection is not called for but better allow uterus to bleed more than usual. Morphia in large doses has worked well, also sometimes croton oil.

Dr. J. J. Cameron also referred to albuminaria not being a test for this condition but that renal insufficiency is. He referred to a case of his of insular sclerosis with convulsions much like eclampsia. Thinks too much is placed on the state of the kidneys, while the state of the brain is important. Believed the cause of eclampsia was not yet understood. A case spoken of last year at Amherst was recalled, the patient being still alive, though majority of members thought she would be dead before a year passed. He congratulated Dr. Curry on his excellent paper.

Dr. A. I. Mader mentioned a case who had a seven months still-born baby, absence of urine following for three days, uræmic condition without convulsions. There are sometimes premonitory symptoms, such as local palsies. Would like to know the percentage of urea that should be excreted.

Dr. T. Treman referred to morphia in large doses and mentioned a case where he injected one grain with good effect. It should be given in large and repeated doses.

Dr. Curry, in closing, said in answer to Dr. Farish, that epigastric pain was often a prodromal symptom and a most striking and dangerous symptom, but did not think it justifiable to bring on labor. Agreed with Dr. Chisholm about pilocarpine though never used it. To test the urine, the whole amount in 24 hours should be used for albumin and amount of urea. Believed eclampsia due more to uræmic poisoning than anything else. Do not take patient's word as to the condition of bowels. Never had a case of eclampsia in his own practice which of course was good luck. He always attended carefully to the patient's condition during pregnancy.

Dr. D. Mackintosh, of Pugwash, followed with a paper on "The Abdominal Bandage in Obstetric Practice."

Dr. C. H. Morris said he had never seen any bad effect from the use of the bandage. Does not think it improves the figure, as he had observed in a woman who had nine pregnancies her figure was not so good as after the first time. Thinks it a fad that patients do not want the bandage.

Dr. W. B. Moore always applies the bandage. Arguments against its use are probably due to its improper use. Patients invariably say bandaging is more comfortable than without it.

Dr. M. Chisholm said there was one point that should be attended to whether bandage is used or not and that was to put it on when patient gets up to prevent enteroptosis.

Dr. T. W. Walsh wished to ask Dr. Mackintosh if he administered ergot and if so during what stage. The bandage prevents sudden relaxation of the uterus and therefore the danger to post-partum hæmorrhage. He felt grateful to Dr. Mackintosh for bringing the subject before the Association and congratulated him on his paper.

Dr. F. W. Goodwin said he always uses the bandage and generally the patient feels grateful to him for so doing.

Dr. Mackintosh in closing, said he read the paper to learn something from its discussion. He heard nothing, however, to alter his practice. Never uses ergot, except perhaps in threatened hæmorrhage after the third stage.

Dr. H. P. Clay, of Pugwash, gave notice of motion that next morning he would move that a committee be appointed to consider contract practice.

July 4th, MORNING SESSION.

Meeting called to order by the President at 10 a. m. The Secretary read report of the nominating committee, which was on motion of Dr. G. M. Campbell, seconded by Dr. Trenaman, received. A ballot being taken the following gentlemen were declared elected officers of the Association for the next year:

President—Dr. F. P. Taylor, Charlottetown.

Vice-President for Prince Edward Island—Dr. J. G. Toombs, Mount Stewart.

Vice-President for New Brunswick—Dr. J. R. McIntosh, St. John.

Vice-President for Nova Scotia—Dr. E. A. Kirkpatrick, Halifax.

Treasurer—Dr. T. D. Walker, St. John.

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

Asst. Secretary—Dr. H. D. Johnson, Charlottetown,

Local Committee—Drs. F. Kelly, S. R. Jenkins, G. Alley, G. Caruthers, H. D. Johnson, D. McLaughlin.

The Treasurer's report was read and referred to Drs. Putnam and Creelman as auditors. The report was found correct and adopted.

A telegram was read from Dr. H. H. Chown, President of the Canadian Medical Association, inviting a large delegation to attend the meeting at Winnipeg.

A letter was read from Dr. Alex. Ross, of Alberton P. E. I., regretting his absence and enclosing his paper.

Dr. H. P. Clay moved and Dr. E. D. Farrell seconded the following resolution:

Resolved, that a committee of this Association be appointed to whom shall be referred the question of Intercolonial Government, corporation and contract practices, such committee to report at its earliest convenience. Carried. Drs. H. P. Clay, F. W. Goodwin and J. C. Moody were appointed the committee.

The President then called on Dr. Alex. Primrose, of Toronto, who read a most valuable Address in Surgery.

Dr. John Stewart in moving a vote of thanks to Dr. Primrose, desired to thank the President for the energy he discharged in securing such treats for the Association. Dr. Stewart referred in eloquent terms to the work of Prof. Lister.

Dr. Birt seconded the motion which was unanimously carried. The vote was presented in felicitous terms by Vice-President Trenaman and replied to by Dr. Primrose.

Dr. John MacMillan, of Pictou, took the opportunity in the absence of the President, Dr. W. S. Muir, to make a few remarks to the Nova Scotia members in regard to the proposed presentation to Dr. Muir, who has now been the energetic Secretary of the Medical Society of Nova Scotia for fourteen years. On motion, Drs. Curry, Clay, MacMillan and Ross were appointed a committee to carry out the proposition.

Dr. W. G. Putnam, of Yarmouth, then read a paper on "Mastoid Cases."

Dr. M. Chisholm, of Halifax, asked the Association to take his paper as read, viz: "Report of Five Cases of Extrauterine Pregnancy," as the acoustic properties of the room were so bad he could not be heard without too much effort.

Dr. T. J. F. Murphy, of Halifax, followed with case reports of (a) "Double Uterus, (b) Intestinal Obstruction, (c) Cysts," showing specimens.

Dr. A. P. Reid, of Middleton, Secretary of the Provincial Board of Health, then read a paper on "Public Health."

Dr. H. P. Clay referred to the unfortunate fact that no sanitary laws existed with regard to the public schools and that no provision was made for the payment of expenses in relation to the enforcement of such health laws as now exist.

Drs. J. F. Macdonald, G. E. DeWitt, J. J. Cameron, J. MacMillan, J. C. Moody, J. G. Dougall and Isabel Hamilton took part in the discussion.

The following resolution was moved by Dr. J. MacMillan, seconded by Dr. R. Macneill and carried:

Whereas Dr. Roddick, of Montreal has labored hard to unify the profession in Canada and whereas he has now matured a law which he purposes to crystalize at the next meeting of Parliament,

Therefore resolved—That we the members of the Maritime Medical Association in session assembled at the city of Halifax desire to place on record our hearty approval of Dr. Roddick's law, and that we hereby pledge our united support of this law.

The following resolution was moved by Dr. J. Stewart, seconded by Dr. W. S. Muir and carried:

That this meeting of the Maritime Medical Association desires to express its unqualified approval of the proposed establishment of a Medical Defence Union, the object of the Union being to supply funds for the employment of counsel and the use of any other means necessary for the defence of those members of our profession who may be involved in suits brought against them for malpractice.

Further that a copy of this resolution be sent to the Secretary of the Canadian Medical Association in order that it may be presented at the meeting at Winnipeg in August where it is understood the matter is coming up for discussion.

AFTERNOON SESSION.

Dr. A. I. Mader presented a case of gastrostomy, Witzel's operation being done by him for carcinoma of the cardiac end of the stomach which resulted in stricture at that part. The disease followed an injury received a year previously.

Dr. N. E. McKay gave the history of a case of spina bifida of the meningocele variety—there being no nerves nor portion of the cord in the sac. The tumor was situated about the middle of the lumbar region and was present at birth. The tumor broke shortly after birth, the wound healed and a cicatrix formed. The child was eight months old when he came to the hospital.



THE LATE DR. JAMES MACLEOD.

Report of committee *re* letters of condolence to the families of the late Drs. James MacLeod and Edward Farrell, was presented by Dr. Stewart as follows:

“We, the members of the Maritime Medical Association, assembled at Halifax, take this opportunity of expressing to you and to your children our sense of the deep loss we have sustained in the death of Dr. MacLeod.

We had become so accustomed to his presence at our meetings, that even those who did not possess his intimate acquaintance have a feeling of personal loss. To these who were fortunate enough to enjoy his friendship, the loss is irreparable. We mourn the wise and skilful practitioner, the genial companion, the friend.

We feel that the best memorial is in the affectionate regard of his sorrowing friends and patients, and that he now enjoys the reward of duty well and nobly done."



THE LATE DR. EDWARD FARRELL.

"The members of the Maritime Medical Association assembled in Halifax to-day desire to convey to you their sincere sympathy and their profound regret at the loss of their beloved colleague and former President, Dr. Farrell.

While many mourn a personal friend, all feel the loss of an acknowledged leader, one whose natural abilities would have placed him in the front rank in any profession, and one in whom a liberal

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It was moved by Dr. G. C. Jones seconded by Dr. R. MacNeill and passed that the secretary be instructed to engrave the above on the minutes and transmit a copy to those interested.

Dr. A. Halliday, of Shubenacadie, being then called on, read his paper on "Vital Statistics, their Relation (a) to the Profession, (b) to the State." (Discussion deferred until reading of the papers following.)

Dr. G. E. DeWitt, of Wolfville, then read a paper on "Fresh Air in the Treatment of Consumption."

Dr. J. F. Macdonald, of Hopewell, followed, the title of his paper being "What Has Been Done by the Medical Profession in this Country for the Prevention of Tuberculosis."

Dr. R. Macneill moved a vote of thanks be extended to Dr. Macdonald for his able and interesting paper. This was seconded by Dr. A. P. Reid and passed.

Dr. H. P. Clay moved the following resolution:

Resolved, that a committee be appointed to take up the whole matter of Public Health and interview the Government in that respect with a view to amendments in the existing law and report at the next meeting of this Association and of the Medical Society of Nova Scotia. This was seconded by Dr. M. A. B. Smith and carried.

The committee appointed was Drs. S. L. Walker, M. A. B. Smith and James Ross.

Dr. Hunt, of Sheffield being called upon to Address the Association said the death-rate of consumption in Sheffield was 750 a year. This disease must be attacked by prevention. A small fee is now paid to the medical man in Sheffield for reporting a case of consumption and now the law is well carried out. There is now over one hundred sanatoria in England. The statistics roughly are one-third cured, one-third improved and one-third unimproved. He believed a great deal

depended on the situation of the sanatoria—a dry cold atmosphere was the best as moisture and heat hasten putrefaction.

Dr. H. P. Clay moved that the thanks of the Association be extended to the profession of Halifax for kindness shown. This was seconded by Dr. Sponagle and carried.

Dr. G. C. Jones moved a vote of thanks to Hon. Robert Boak and members of the Legislative Council for the use of the room. Dr. J. F. Macdonald seconded the motion which was carried.

Dr. R. Macneill moved a hearty vote of thanks to Dr. W. S. Muir for the able manner in which he, as President, presided over the affairs of the Association. Seconded and carried.

The President thanked the Association for their kindness.

A vote of thanks was also extended to the Secretary Dr. G. M. Campbell for his valuable services and also to His Honor the Lieutenant Governor for his splendid entertainment given at Bloomingdale.

The Association then adjourned.

MEDICAL SOCIETY OF NOVA SCOTIA.

The thirty-third annual meeting of the Medical Society of Nova Scotia was called to order at the Halifax Hotel, July 2nd, by the President, Dr. D. Mackintosh, of Pugwash, who introduced the the President elect Dr. E. A. Kirkpatrick, of Halifax, in the most kindly and eulogistic terms, calling him an honest man and an honest specialist.

Dr Kirkpatrick at once took the chair and thanked the Society for the honor conferred upon him by electing him President, and also thanked Dr. Mackintosh for his kind words and for the opinion he had formed of him.

The Secretary than read the minutes of the last annual meeting which, after some questions about Dr. Mackintosh's address of last year by Dr. John Stewart, were passed and confirmed.

Dr. G. C. Jones reported that he had received the interest of the Cogswell bequest from the Secretary (Dr. W. S. Muir) viz.—\$167, and at the present time he had a balance of \$60 in his hands. He also

stated that a fourth year medical student, Mr. J. Ross Miller, had been appointed his (Dr. Jones) assistant.

It was moved by Dr. John Stewart and seconded by Dr. H. P. Clay and passed: "That no more money be paid out for books for the Cogswell Library until a catalogue of the books now in the Library be published."

The President then named the following members to form the nomination committee and asked them to report at 9.30 next morning.

Chairman, John Stewart, Halifax.

D. Mackintosh, Pugwash.

James Ross, Halifax.

M. A. Curry, Halifax.

John W. McKay, New Glasgow.

D. N. Morrison, Oxford.

It was moved by Dr. M. A. Curry, seconded by Dr. W. S. Muir and passed: "That it is the opinion of this Society that the time has arrived when a Public Bacteriologist is absolutely necessary, and that a committee be named by the President to wait upon the Government of Nova Scotia during this session of the Medical Society to bring before them the necessity of such a Public Officer."

The President then named the following as the committee:—

Drs. John Stewart, John McMillan,

John W. McKay, D. N. Morrison.

D. Mackintosh.

The meeting then adjourned until the following morning when upon motion all that had been done the previous evening was ratified.

The report of the Nomination Committee was received and adopted. Meeting adjourned on motion.

OFFICERS OF THE MEDICAL SOCIETY OF NOVA SCOTIA.

1901—1902.

President.—John W. McKay, M. D. New Glasgow, N. S.

1st Vice-President.—J. J. Cameron, M. D. Antigonish, N. S.

2nd Vice-President.—W. Graham Putnam, M. D. Yarmouth, N. S.

Secretary and Treasurer.—W. S. Muir, M. D. Truro, N. S.

COMMITTEE ON SURGERY.

Chairman—W. H. McDonald, Jr., Antigonish, N. S.

T. J. F. Murphy, Halifax, N. S.

R. A. H. McKeen, Glace Bay, C. B.

C. A. Webster, Yarmouth, N. S.

COMMITTEE ON MEDICINE.

Chairman—H. H. McKay,	New Glasgow.
Geo. M. Campbell,	Halifax.
W. H. Hattie,	Dartmouth.
C. Dickie Murray,	Halifax.
M. S. Dickson,	Great Village.

COMMITTEE ON OBSTETRICS.

Chairman—J. G. McDougall	Amherst.
H. V. Kent,	Truro.
J. G. Munroe,	Lockeport.
J. W. McLean,	North Sydney

COMMITTEE ON SANITATION AND PUBLIC HEALTH.

Chairman—Andrew Halliday,	Shubenacadie.
C. J. Miller,	New Glasgow.
Willis B. Moore,	Kentville.
D. N. Morrison,	Oxford.
A. P. Reid,	Middleton.

COMMITTEE ON THERAPEUTICS.

Chairman—F. W. Goodwin,	Halifax.
F. S. Yorston,	Truro
G. I. McKenzie,	Pictou.
H. E. Kendall,	Sydney.

Next place of meeting New Glasgow, N. S.

LOCAL COMMITTEE OF MANAGEMENT.

The Pictou County Medical Society.

TWENTY-SIXTH ANNUAL MEETING OF THE AMERICAN ACADEMY OF MEDICINE.

ST. PAUL, MINN., JUNE 1ST AND 3RD, 1901.

A registration of fifty and an addition of forty-eight members represents the cold facts concerning the 26th annual meeting of the American Academy of Medicine.

It thus begins its first year and second quarter of a century under auspicious circumstances. The simple tabulation of statistics, however, does not give the true value of the meeting. The subjects under discussion consisted first of a symposium on Reciprocity in Medical Licensure, in which the trend of thought seemed to be away from pure

reciprocity towards a conditional examination of those men moving from one state to another who had already acquired a license to practise by an examination before a state board. It was thought on the one hand that it would be almost impossible to so synchronize the movements of the various state boards of medical examiners as to make the examinations practically equivalent; and, on the other, that certain fitness of practise shown by those who had already been in practice should be accepted in lieu of an examination upon the primary subjects, while certain other tests should be applied which could easily be met by any one engaged in active practice if he were at all fit to receive a license.

The other symposium was entitled "Institutionalism," but papers rather treated of the abuses. They were all suggestive, and will form an interesting contribution to the subject. Special mention should be made of a paper by Dr. Hill of Iowa, upon the present method of supervising institutions of that state, whereby a commission of three, giving their whole time and receiving a salary from the State, supervise the management of all the institutions for the defectives. It removes the oversight of these institutions from politics and is working very well.

Another paper by Dr. H. Bert Ellis of Los Angeles, describes a hospital in that city owned and controlled by medical men for profit, not philanthropy, which serves as a fair investment for the money, and is a great convenience to the profession in that city.

In addition to the papers connected with those symposia were several papers of general interest, Dr. Cattell of Philadelphia giving the details of the executive management of clinical laboratories in connection with hospitals; Dr. T. D. Davis of Pittsburg, a valuable paper on the necessity of culture studies for medical students; a paper by Dr. P. Maxwell Foshay of Cleveland, upon his new method of determining the value of professional services recently outlined in the *Cleveland Journal of Medicine*, and another by Dr. James A. Spalding of Portland, Me., giving the personal experience of an ophthalmologist suffering from a sudden loss of vision and consulting first the optician and then the oculist for aid, showing the inefficiency of the former and the great help which the latter gave him.

The meeting concluded with a very enjoyable social session after electing Professor V. C. Vaughan of the University of Michigan, President.

Notes.

SANMETTO IN UTERINE CONGESTION.—Dr. M. J. Halsey, of Fowler, Ind., writing, says:—"I have found Sanmetto perfectly satisfactory and I take pleasure in recommending it in cases of uterine congestion, having tried it and proved its efficacy in such a case. I have placed it in the foremost of my list of favorite remedies for congestion of any mucous membrane in the body."

THE EARLY DIAGNOSIS OF LOCOMOTOR ATAXIA.—The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb (*Med. Wochenschr.*) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhombberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. The author insists on the necessity of always investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic symptoms does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis, Antikamnia & Salol Tablets have been found most excellent when given in doses of two tablets every two or three hours. The Antikamnia acts particularly on the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of Salol in this and similar condition is well known.

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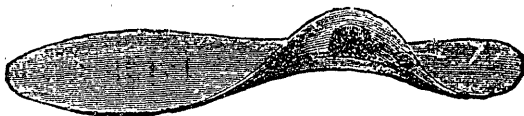
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