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Vol. XXII.

HALIFAX,
AUGUST

NOVA SCOTIA.
1910.

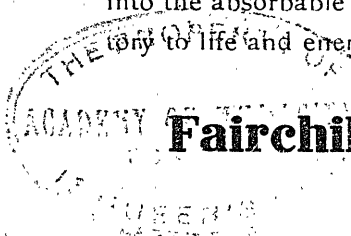
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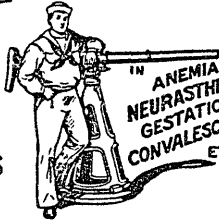
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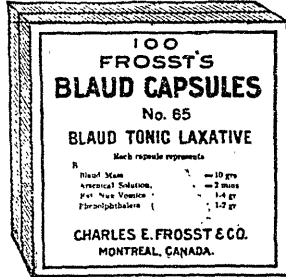
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THE MARITIME MEDICAL NEWS

VOL. XXII, AUGUST, 1910, No. 8.

WORLD OF MEDICINE.

Chronic Cystitis.

In the *Therapeutic Gazette* for May, H. M. Christian considers the treatment of chronic cystitis in the male, and believes that under the most favourable conditions its treatment, in the majority of cases, is accompanied by results far from satisfactory. The laboratory has shown very conclusively in recent years the roll played by micro-organisms in this affection, but the results unfortunately have not contributed in any great degree to the therapeutics of the disease. The first feature of importance is the removal of the cause, by surgical means if possible, as in calculus, tumour, or urethral stricture. He is rather pessimistic as to the value of drugs internally in chronic cystitis and the haphazard way in which drugs are prescribed, without any regard to the state of the urine, can be productive of no good results. It is very evident that the same drug will not answer in an acid as in an alkaline cystitis. The cystitis produced by the colon bacillus alone, without mixed infection, is an acid cystitis and requires internally the use of alkaline diuretics, as citrate and acetate of potash, with infusion of buchu, and the free use of alkaline mineral waters. When however, the urine is alkaline the internal use of one of the genito-urinary antiseptics is indicated. In their order of merit he mentions urotropin, sodium salicylate, or benzoate, oil gaultheria, oil eucalypt-

tus, salol, and boric acid. His favourite prescription in such conditions is a combination in capsule form of five grains each of urotropin and salol four times daily. It will be found to act most happily in cases in which there is ammonical urine with marked phosphatic deposit. It is well to bear in mind in employing urotropin that it occasionally causes strangury and hæmaturia. By far the most important feature in the treatment of chronic cystitis is the local treatment in the shape of vesical irrigation with medicated fluids. He employs a combination of drugs; the bladder having been emptied, a soft rubber catheter or a Mercier is introduced until its eye lies just within the bladder, the irrigator having been previously filled with one pint of warm distilled water to which is added one grain of potassium permanganate and one grain of nitrate of silver. There is no chemical change, each drug apparently acting on its own initiative. This solution is introduced through the catheter into the bladder until the viscus is comfortably distended, not painfully. The solution is allowed to pass out and the maneuver is repeated, after which half an ounce of some one of the silver salts is injected through the catheter and allowed to remain. He calls attention to the great value of the tied-in catheter in giving comfort and relief to many otherwise miserable

**Poliomye-
litis.**

Joseph Collins after noting the epidemics which have been reported of poliomyelitis, says, in the *Journal of the American Medical Association* for June 11, that the most remarkable secular mutation is that it is apparently a new disease, nothing existing in the literature to prove that it existed prior to 1843. The unheralded advent of a disease of which no trace has been met in history, is, however, not a new thing. In this country poliomyelitis has not prevailed epidemically twice in the same place, and we do not know much about its multiannual fluctuations. It might exist in a large city and remain unknown to any but those who come in direct contact with it. When it is put on the list of reportable diseases we shall understand it better. A fact worthy of attention is, that during the epidemic of 1907 the mortality in other epidemic diseases was less than usual, but this fact has been noticed also with other epidemic disorders. The most remarkable thing in epidemicity is its seasonable occurrence; it occurs as uniformly in the summer months as small-pox does in the winter, and the advent of cold weather seems always to terminate epidemics. This would lead us to infer that cold is inimical to the parasite, provided its parasitic nature is proved. Dry weather seems to have an influence in some epidemics. The next most interesting feature is its communicability. This was abundantly established in the records of epidemics, and particularly so in that reported by Dr. G. P. Shidler at York, Neb., in the *Journal of the American Medical Association*, January 22, 1910, liv. 277. Some of his cases are referred to by Collins as most illuminating. Direct contact with the sick is not necessary for contagion; in numerous cases it has been traced to indirect

contact. The incubation period may be as brief as four days and may last a fortnight. That its contagiousness varies needs not be argued; there have been wide differences in this respect between different epidemics. The territorial distribution in some of these is also interesting. The mortality rate also varies very decidedly, from as low as five per cent. in some epidemics, to 20 per cent. or more in others. The most careful investigations fail to show any influence of unhygienic surroundings and it has no noteworthy relationship to other infectious diseases. Some writers have traced a connection with digestive disorders, but Collins, in his study of the New York epidemic, found no evidence of this. It is probable that one attack gives immunity for a long time, though a recrudescence has been noticed by Stevens, and Dr. A. A. Eshner believes he has seen a second case in the same individual. From the clinical study of the disease no information has been obtained as to how the virus entered the system, but from experiments on monkeys, Flexner is convinced that the portal is the same as that in epidemic cerebral spinal meningitis, namely the naso-pharynx. The necessity of keeping this mucous membrane healthy and resistant to infection in the community where an epidemic exists is obvious. Boards of health should be urged at once to place poliomyelitis on the list of reportable diseases, and to make provisions for enforcing the strictest quarantine. The mortality may be low in some epidemics, but it is high in others, and our inability to control the disease when it occurs, and the fact that it maims those who survive it, should induce us to do everything in our power to prevent it. For quarantine to be of any real value, we must learn to detect the so-

called atypical cases and to dignosticate the disease early, which is more difficult than the interpretation of these atypical cases. Flexner has recently suggested that, in view of the frequency of a certain degree of leptoueningitis in perhaps the majority of cases, an examination of the spinal fluid might show an increase of proteids and changes in the lymphocytes that would suggest the disease before it has had time to attack the cord itself. Collins suggests that we may legitimately hope, from our knowledge of the diffusion of formaldehyde in the system, that we may soon be in possession of a substance which will check the disease. In view of what has been said in regard to the incubation period, a quarantine of a fortnight or more would seem proper.

* * *

Eliminate The Rat.

According to a writer in *McClure's*, experiment shows that it takes about sixty cents' worth of wheat to feed a single rat for a year. The eggs, cheese, young chickens, and squab, which it prefers to wheat, increase proportionately the cost of its board. Even if there were no more rats in the United States than there are human beings, and if each rat consumed and spoiled only 25 cents' worth of food in a year, the total cost in a decade would be staggering. As a matter of fact, the rat population of most communities is at least five times that of the human. To this, moreover, must be added as many more mice; for the mouse is really a rat.

There are, then, probably five hundred million rats in the United States, not including mice and the various wild rats that for the most part keep out of man's way. This means a yearly cost of food alone, of \$100,000,000. To this must be added the damage

they do in obtaining material for their nests.

The total loss is largely a matter of guess work. A reasonable and semi-official estimate however, gives for Denmark, \$3,000,000 annually; for France, \$40,000,000; for Germany, \$50,000,000; for Great Britain, \$73,000,000; and for the United States, at least \$100,000,000, of which \$15,000,000 is from fires. Fifteen dollars a month is a loss reported from a single farm. No wonder that the United States Department of Agriculture in America, in Europe L'Association Internationale pour la Destruction Rationnelle des Rats, and a similar society in England are trying to rouse the public to an appreciation of the gravity of this problem.

* * *

Modern Methods in Pancreatic Diagnosis. W. G. Lyle, in a paper contributed to the *New York Medical Journal* for May 28, gives his experience in the clinical laboratory of one of the New York hospitals. He mentions a set of cases in which undoubted pancreatic disease has been marked by no loss of fat. The foods may have contained abnormally small amounts of fat, this substance having become distasteful to the patient or the fat ingested may have been of a kind readily absorbed as milk, or possible there has been an increase in the activity of the stomach lipase, in all which cases this condition occurred early in the disease. Friedman has lately demonstrated the presence of a strongly active autohemolysin in the pancreatic juice, which is analagous to serum hæmolysin. When this enters the circulation through tissue destruction it brings about the same results as other hæmolytic substances. This body is activated by human blood serum. The author recommends

in all cases of suspected pancreatic disease that oil be given and trypsin tested for in the stomach contents with the casein method of Cross. Regarding the Cammidge reaction, the author says that at present a great difference of opinion exists among clinicians regarding the value of the test. Schum has investigated it from the clinical side and reports unfavourably. The reaction is found positive in other diseases, such as tuberculosis, etc., where the pancreas is not involved. It is possible that this may be due to a functional disturbance in the pancreatic secretion, affecting sugar metabolism, without any definite anatomical lesions in the gland itself. Brugsch states that a small carcinoma will produce a greater interference in the activities of this gland than a much larger non malignant growth. This was demonstrated in one of our recent cases, in which there was a very small carcinoma, but a large loss of fat in the stools. If it can be proved that the Cammidge reaction may be produced by a disturbance of the internal secretion of the pancreas, without corresponding anatomical changes, then its value as a diagnostic help in determining diseased conditions is very much lessened, especially from a surgical standpoint. Moreover, as long as it is uncertain what substance causes the reaction too much reliance cannot be put on a positive result, unless confirmed by other tests. However, it should be tried in all suspected cases.

Digitalls. H. A. Hare in the *Therapeutic Gazette* for April considers the relation of digitalis to the bundle of His. It is hardly necessary to remind the medical men of to-day that the impulse which results in cardiac con-

traction arises at the sinoauricular node, or at the mouth of the great veins, and from thence passes down over the auricular and ventricular walls. Nor is it necessary to recall the fact that disease or injury of His's bundle at the auriculo-ventricular margin results in partial or complete heart block. It is also important to remember that the bulk of evidence seems to indicate that the influence of the vagus is exerted directly on the auricular movements and only indirectly upon those of the ventricles. Turning now to the greatest of all cardiac drugs, digitalis, we may recall two important facts. The first is that it powerfully stimulates the vagi, and so primarily slows the auricles, and indirectly the ventricles. The second fact is that it stimulates the auricular walls themselves very little, if at all, but powerfully stimulates the ventricular walls so that they beat more forcibly, and further, if these ventricular walls are cut off from the vagus influence by injury to the bundle of His, they also contract more frequently under digitalis than before the drug is given: the use of digitalis in a case of partial heart block may precipitate a fatal attack of the Stokes-Adams syndrome. On the other hand, it is conceivable that in the presence of complete destruction of His's bundle or complete heart block, the use of digitalis may be advantageous. Bachman's experience with strophanthus showed excellent results in a case of complete heart block in a human being, and it would seem that both digitalis and strophanthus are capable of doing harm in partial heart block and of doing good in complete heart block. Hare presents these deductions as seeming to be correct and important. Given a patient suffering from circulatory failure due to mitral stenosis, it is our

duty not only to carefully weigh the import of the tumultuous cardiac sounds, but by the use of instruments of precision to determine, if possible, whether there is delay in the transmission of the contraction impulse over His's bundle. If such a delay exists, then digitalis in doses large enough to cause a distinct and sharp cardiac effect is probably capable of prolonging the delay, and so doing harm. If, in addition to this delay, there is a jugular pulse synchronous with the ventricular systole, digitalis is still more contraindicated, as it will impair the action of the left auricle and will still further distend it by stimulating the right ventricle. If given at all the dose of digitalis must be so small as to produce a very gradual effect, one which will not consist in decreasing auricular contraction through vagal stimulation, but gently reestablish general cardiac power. In other words, here is another instance in which the question of a proper dose is as important as the choice of the proper drug. The question naturally arises, if not digitalis, what else? The answer would seem to be that in such a case as that just described, we would give the patient absolute rest, unload the portal system by free purgation, use venesection it may be to relieve stasis and give rapidly acting diffusible stimulants for a few hours until co-ordination of cardiac movement is reestablished. When this is done then small doses of digitalis, arsenic and iron may be used to restore cardiac tone.

Treatment of Hæmorrhoids. Writing under the caption "Proctitis as a cause of Hæmorrhoids, with suggestions for medical treatment," in the *Medical Record* for June 25, Martin L. Bodkin, states that one of the

most important conditions resulting in hæmorrhoids is proctitis, which causes the mucous membrane of the rectum to prolapse enough to give congestion of the hæmorrhoidal vessels, thus causing hæmorrhoids. He has found a catarrhal inflammation always accompanying hæmorrhoids, and the treatment of this condition brings about a cure of the piles. The mucous membrane becomes hypertrophied, slides down, and is grasped by the sphincter muscles. The primary etiological factors are some form of indigestion in the stomach or intestines, irritation of fermenting excreta and inflammation of the mucosa. Treatment begins with the correction of the digestive disturbances, arrest of fermentation and hyperacidity, restriction of carbohydrates and washing of the rectum with plain warm water at 110° daily for a week. Some local sedatives may be necessary.

Pneumonia in Children. In *American Medicine* for April, Louis Fischer considers the treatment of pneumonia in children. In his experience children do not cough in the very beginning of pneumonia, this symptom coming on later in the disease. The early symptoms rather resemble those of gastro-indigestion. In dealing with persistent fever, after castor oil and rhubarb and soda have been given, the diet corrected, and if throat and ears have been properly inspected and nothing found, he usually suspects limited pneumonic process, a central pneumonia. These are the cases which baffle us early in the disease, and it will take two or three days until the diagnosis can be made positively. The wandering type of pneumonia is another thing which is very disagreeable; in one case there were three distinct lobar infections

which took one month to attain the final issue. As to the treatment of lobar pneumonia he believes in oxygenating the lungs, and as pneumonia is a communicable disease we should exclude all useless outsiders. He is not in accord with people who teach that cold winds or south winds are very valuable for very frail and pneumonic children with subnormal vitality. He says he cannot expose a child who is cyanotic in a room filled with cold air. He has seen so many fatal cases following such exposure that he decides to go on record against it. He would not do it with his own child, believing the effect of such exposure to be fatal. When children have been coddled with blankets, etc., one must individualize.

* * *

Vaccine Therapy.

The basal principles of vaccine therapy are laid down by J. G. Adami in the *Journal of the American Medical Association* for June 11, as follows: First, the main basal principle is that bacterial infection is primarily local, and that, even when the microbes spread from the primary focus or even when bacteræmia is set up, there still persist tissues of election in which alone those bacteria find conditions for active growth. He illustrates this by the course of a malignant streptococcus endocarditis, in which it is clear that the streptococci have been circulating in the blood and there is no question about the bacteræmia. Yet how rarely do we find a true abscess in the spleen, and the only conclusion we can reach from this and other cases, is that the spleen destroys the bacteria. What is true of the spleen is true also of some of the most widespread and important tissues of the body. The germs undergo little or no destruction in the blood. The

amount of phagocytosis is minimal, nor do the specific cells of the various tissues destroy the bacteria to any marked extent, with the exception of the hæmolymph system. The fact that bacterial infection is primarily local indicates that there is a natural indifference or non-specific immunity toward most bacteria existing in most of the tissues of the organism. This has its limits, but it is too little thought of, and it is this that renders vaccine therapy possible. The second great underlying principle is, that once bacteria have established themselves in a given tissue and have undergone proliferation, that is a sign that that particular tissue is not immune, and any subsequent check to their growth is not due to any increase of its bactericidal power, but is due to aid contributed by the organism from elsewhere. This is generally accepted. There are certain subsidiary principles, however, of vaccine therapy that must be heeded. First as to the dosage. Adami thinks that Wright's demonstration of the possibility of gauging the extent of the reaction following hetero-inoculation has been of service, not so much in affording an accurate index, as in showing that the best results are apt to follow doses so small that they need not induce general reaction during the next few hours, obvious to ordinary clinical observation. It is a general principle that minute rather than massive doses of vaccine are to be employed. As to the qualities of vaccine it would seem that the surer results follow the employment of minute non-lethal doses of the specific bacteria rather than the use of dead cultures, and by the latter rather than by injecting the products of bacterial growth. Since, however, we cannot consider the resistance of the organism as normal, it is, in general, un-

wise to employ inoculations of the living bacteria. More constant and safer results are to be gained by the use of the dead cultures of the particular strain of pathogenic bacteria causing the infection, obtained from the patient himself rather than from stock laboratory cultures. Considering the cases suitable for vaccine treatment, we must recognize the difference in the virulence of the strains employed and also those in the grade of resistance of the patient. If the bacteria are especially virulent and the patient extremely depressed, we have the most hopeless condition, and in neither case is vaccine therapy applicable. In the intermediate cases, however, those in which the reaction is slight, might be at first thought unsuitable, the resistance of the organism having isolated or encapsulated the toxic germs. They are latent, however, and not destroyed, and may yet create mischief, and vaccine therapy may excite a stimulation of the tissues to their destruction. When a reaction exists, Adams inclines to think that a fatal outcome in severe infections is due to action of the toxin on medullary nerve centers rather than exhaustion in general, and, to guard against such excessive action on the nerve centers, vaccination should always be subcutaneous and never into the blood stream. A sinking temperature with increasing weakness of pulse and respiration is clear evidence of the overcoming of the reacting powers of the patient and here vaccine therapy is contraindicated. On the other hand, if the fever is somewhat high and there are no signs of cardiac weakness, it may be safely undertaken. He does not consider Wright's method, valuable as it has been, as altogether perfect, and would have more hope of educated clinical experience in this particular

work. Vaccine therapy is for trained specialists, not for the general practitioner.

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Vaccine Treatment.

In a paper appearing in the *British Medical Journal* for June 25, entitled "The Value of Serums and Vaccines in the Treatment of Disease," N. Raw discusses the question with reference to acquired immunity and then takes up in turn the antistreptococcic sera as used in puerperal septicæmia, erysipelas, malignant endocarditis, acute tonsillitis, diphtheria, tetanus, tuberculosis, and then speaks of the use of vaccines (tuberculin) from human sources for tuberculosis, pneumonia, staphylococcal infections, Coley's fluid and typhoid fever. He considers the vaccine treatment of the latter disease in which Wright was a pioneer as more a prophylactic than a curative measure. The best results are obtained in staphylococcal infections. He is inclined to believe that vaccines do good in pneumonia, but the evidence is still small. In regard to tuberculin from human sources he has used the T. R. in 110 cases, including tuberculosis glands in the neck, tuberculous peritonitis, tuberculosis joints and sinuses, lupus, tuberculous meningitis, and genito-urinary tuberculosis. In the localized forms of the disease, most of which he believes to be of bovine origin and conveyed to children in infected milk, he is convinced that the T.R. has an excellent effect except in those patients in whom there is some pus encysted in the body, whether in the interior of the joint or in a bone under pressure, or as an abscess in a lymphatic gland. In these cases there is a danger of tuberculin causing dissemination of the bacilli, with a resultant bloodstream infection. It is a good rule never to give tuber-

culin if any pus is localized in the body. In many cases a course of tuberculin has had the effect of greatly reducing enlarged tuberculous glands of the neck, by dispersing the periadenoid tissue and causing a general freeing and loosening of the glands themselves, while in some the enlarged glands must be opened, and in all cases the pus should be liberated. He feels convinced, however, that the extensive dissection of glands in the neck is wrong in principle, and sometimes leads to a general tuberculosis which is fatal. In tuberculous peritonitis tuberculin has a splendid effect, and, combined with operation and drainage, many patients have been completely cured. In genito-urinary tuberculosis ten or twelve injections of tuberculin have often had an excellent healing effect when everything else has failed.

Stretching of the Pelvia During Labor. This forms the subject of a contribution by Kink, of Mabury, to the *Uentrablatt für Gynakologie*, for June 11. The author calls attention to the enlargement produced by the Walcher (hanging legs) and Willing (lordosis by means of cushion under the lumber spine) positions. These positions lengthen the conjugata vera.

In a case seen by Krug in consultation, the head was impacted for six hours in the pelvic inlet in spite of

strong pains. The os was nearly completely dilated, the sagittal diameter transverse. Forceps were applied without effect. He then tried Walcher posture, impressions from above, etc., but obtained no advance.

Finally the following maneuver led to immediate success. The three middle fingers of the right hand introduced into the vagina, were placed against the sciatic ligament, tuber ischio and ascending ramus of the pubis. The fingers of the left hand were similarly placed against these structures on the left side of the pelvis. The backs of the hands were crossed and partly superimposed, thus affording excellent leverage. During each pain pressure in the direction of the transverse pelvic diameter, was exerted, the pelvis being also tilted slightly upward. The patient declared that the contractions were less painful than before, and in six labour pains the head entered the pelvis and was then quickly born. The author ascribes his success partly to the release from pressure of the soft parts, with consequently more forcible uterine contraction, and partly in slight enlargement of the pelvic inlet. He recommends its trial in generally contracted pelvis of slight degree, or in minor grades of disproportion between the fetal head and the bony pelvis.



PRESIDENTIAL ADDRESS.

By DR. G. W. T. FARISH,

Yarmouth, N. S.

(Read at Fifty-Seventh Annual Meeting Medical Society of Nova Scotia, held at Yarmouth, N. S., August 7, 1910.)

REFLECTIONS.

MR. CHAIRMAN, LADIES AND GENTLEMEN:—

I ASSURE you that I have a sensation lurking within me this evening which the Presidency of the Nova Scotia Medical Society invested in me this year, engenders, and which is very difficult to describe.

Should I endeavour to give it a name, I might first attempt "nervousness," but that does not sound well from a physician, and still there is, I must confess, an element of this present.

Secondly, I might add "shyness," surely that would not be tolerated, as being invested in me, by any of you, and so thirdly and lastly, I will term it "modesty," and then I will feel absolutely satisfied that none of you can longer remain a doubting Thomas.

And why the last? Simply because I feel that there are others of my colleagues not from age, save one, not from height barring none, but from all those other factors which go to make a successful President of the chief Medical Society of our Province, are more fitted to grace the position with which you have seen fit to honour me.

I have great pleasure, in the name of my colleagues of Yarmouth County, in tendering to you all a very hearty welcome to our town on this fifty-seventh anniversary of the establishment of the Nova Scotia Medical Society, and I trust that the meeting may prove to be not only one of interest intellectually, but also one of

pleasure as much as it is possible to give you.

The Committee have arranged something which will keep Jack from being a dull boy, and we hope that with the right mixture of ingredients, the therapeutic effect will be all that is satisfactory, and that you will return to your work with the feeling that you have profited both in health and intellect, from the medicine which you have taken compounded from this prescription.

I have wondered many times since knowing that I was elected President, upon what topic I would base my remarks, as unfortunately for me and *you*, I according to tradition, am supposed to address you; and I have wandered to and fro, back and forth, over the medical world to find some fitting subject with which I might bore you, and at last came to the conclusion that I would entitle my remarks, "Reflections."

This title may well cover a multitude of subjects and one might be led on and on through the medical field until he becomes lost in the maze beyond and would likely tire out his audience and to his utter chagrin may perchance find some enjoying a quiet nap. I will, however, try to be brief, and not give you anything which, for its length and scientific aspect, you will be compelled to say that it acted as a dose of sominos or other soporific.

So here's to the Medical Fraternity and in the words of Rip "may they live long and prosper."

And who are the Medical Fraternity, and why are they called so ?

They are a band of many men and a few women who have selected for life's work amongst humanity, the most noble profession, barring none ; a body who are termed a Fraternity, who according to the true meaning of the term should be bonded together as brothers, who should have the same strong tie which binds one brother to another, almost as a relationship, of which we ought to be able to say that blood is thicker than water.

This is the true meaning of the term and one which I only wish I could think always existed, but alas, it does not always, and why not ?

There are several factors which might be introduced as causative of the non-existence of this true fraternal feeling amongst some medical brethren.

First, the ill feeling which exists in a community amongst physicians, brought about by jealousy, interference, hard and unkind words and insinuations by one toward another, over zealousness and the greed for the almighty dollar, taking precedence of everything else, all being responsible for the lack or entire absence of professional etiquette, or I might say, common courtesy, which is expected of one man toward another.

The man who is over-zealous and of the so called commercial type of practitioner, is the one who is so apt to defy the laws of etiquette and so often the offence is not committed in an ostentatious way, out by some very telling insinuation, which by the way serves the purpose just as fully and screens the perpetrator more for a while.

The constant occurrence of advantages taken by brother medicos against one who is trying to act honourably, is apt to turn the latter from

what he was trying to be, to simulate him with whom he has had to deal.

The Good Book says when one cheek is bruised, turn the other also, but that has always been a hard bit of the scripture for me to live up to.

To my mind it is not human nature to expect it, and the fact is there are very few who practise it.

Would it not be well for us all, however, and at those times especially, when tempted to go wrong, when our consciences call out to us and say, "am I doing to my fellow-practitioner as I would be done by," to examine ourselves and act upon the voice of our consciences after that examination.

I am not addressing you gentlemen of the medical profession as one who is entirely innocent of having broken through the barriers of professional etiquette and it has been difficult, sometimes, to know just what course to pursue in a given case ! but let us all try to do our best, during the time given us to practise the noblest of professions, that we will act up to the golden rule, and although perhaps we may not in many ways be so successful especially financially, still we shall have a much more elevated opinion of ourselves and in the end be much more respected by the profession and the community at large for our honourable actions.

The other factor which I consider one which tends to cause trouble and friction in the profession is from the interference which is brought about by our friends outside the medical profession. I am sorry to say that there is a great deal done and said by some of these on medical topics, which tends to antagonize one doctor toward another, the unnecessary interference of meddling neighbours and friends in the supplanting of one doctor for another in a given case, an

occurrence which very often happens and which is very apt to lead to a breach of professional etiquette.

This matter of professional courtesy does not seem to be understood by the laity, and I doubt if it ever will now.

We are getting farther and farther away from it and it is less and less likely that it will ever be any better.

The medical profession is fast getting in the eyes of the laity, to be a trade, so that they do not see why they should not have whom ever they wish, or whensoever they wish, irrespective of any idea of consideration of the medical man in attendance, and so they should if the change is made in a courteous manner. His successor should bear in mind that the consideration which he does not receive from the laity should come from him, and the only way that these things can be overcome is for the medical brethren to closer band themselves together for that which has always been expected of them.

As one of the means of making this bond of union stronger, I would strongly advise the formation of county medical societies, or if preferable, as is done in some sections of the province, the fusion of two or more counties. This is done and I believe very successfully in Annapolis-Kings and Lunenburg-Queens.

I do not know much of the doings of the eastern end of the province.

Here at these stated meetings the members of the profession could meet in good fellowship and talk over cases, have discussions, and thrash out any differences which might possibly need it.

I would suggest that such a condition of things take place with us, viz: the combination of Yarmouth-Sheburne counties for example. I am thankful to say that we in Yarmouth county are on the whole trying our

best for that unity and fraternal condition of which I have been speaking, but it cannot be as successfully done as through a County Medical Society.

While on the subject of the laity I will touch on another reflection, viz: the attitude taken by some of the laity against the medical profession.

It would seem an easy thing for us to be all things to all men at all times, never to show that we are worried, or wearied, or cross, or discouraged, or irritable, never to feel badly at having our orders disobeyed, nor our advice or counsel supplanted by an interested neighbor, who knows in her own mind more about the case in point than the doctor who has tried at least to make a study of it, never to feel badly at the insinuations or sneers cast upon us by the patients of other physicians simply because things are not going as they think they should in this or that household, never to have our feelings injured by having it said that we would not be tolerated to administer a dose of medicine to their sick cat or dog, not to say that we are anxious to supplant the veterinary in the family, never to have the feeling of a murderer when after having done all that medical skill offers in a case of eclampsia, the patient dies and we hear afterwards that we have killed Mrs. So and So—but to be the same kind, genial doctor, which all feel that it is imperative for him to be.

I would like to ask if this is called for from a community? I cannot think that those who say such things as I have enumerated above, and each one of you in the medical profession will bear me out that it is not over-drawing, do so from entirely malicious motives for I know if they considered for a moment that others but themselves are only human and that the person accused must at times feel badly, especially when try-

ing to do his best to save lives and ameliorate suffering, they would surely not go to the ends which they often do.

So I would humbly ask those of our friends of whom we have been speaking, who are ever tempted to say aught of him who is trying to do his best, that they think twice before they let drop anything which might tend to incriminate his fellow-man and make him feel badly. I am not trying to defend the physician from all his mistakes and misdemeanors for there are times when he does need censure, times when he does make mistakes, errors in judgment, in diagnosis of disease, in prognosis.

There are none of us who consider ourselves infallible, although the laity are apt to consider that we ought to be so.

But are there any extenuating circumstances occurring in our daily rounds which might act as an antidote to the above mentioned?

Thank God there are.

If it was not for those of our patients and their friends who were grateful for the good done them, for those who speak well of the bridge which carries them safely over, for those who desire to aid and help him in encouraging instead of discouraging his patients, I say he has a multitude in these to combat the influence made upon him by the medicosome trouble-maker.

Speaking of the encouragement or discouragement of patients, brings to my mind one of the things which has always puzzled me during my practice, viz: why it is not as easy for the sympathetic visiting friend to encourage as to discourage a patient, but it is not so.

The majority of the laity who visit the sick are imbued with the idea that they are bound to talk of their parti-

cular sickness and of that same trouble which afflicted everybody else in this world of whom they know, and they seem to know many, and that they must detail their sufferings tell the technicalities of all their maladies so that there is nothing left to the patient's imagination.

They must each have a remedy ranging anywhere from a cranberry poultice to a bunch of angle worms, set in the sun to mature and taken in doses ad libitum, and the physician finds it uphill work many a time to combat those influences which have been left behind during the possible or even probable hour and a half visit.

I am often sympathized with in that a doctor's life is a hard one and usually that sympathy extends to the broken rest, to his sleepless nights, but I say that those are, to my mind, nothing in comparison to the work entailed in trying to keep one's patient encouraged to offset that which has been done by the meddling and sympathetic visitors.

If these could be eliminated the work would be hard enough.

So let us all, patients and doctors alike, one toward the other, have charity, the virtue so well exemplified by St. Paul in 1st Corinthians—

“Though I speak with the tongues of men and of angels and have not charity, I am become as sounding brass and a tinkling cymbal, and though I have the gift of prophecy and understand all mysteries and all knowledge; and though I have all faith so that I could remove mountains and have not charity, I am nothing; and though I bestow all my goods to feed the poor, and though I give my body to be burned and have not charity it profiteth me nothing. Charity suffereth long and is kind, charity envieth not, charity vaunteth not itself

is not puffed up, doth behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil, rejoiceth in the truth, heareth all things, believeth all things, hopeth all things, endureth all things."

Even if we lived up to this the world would be a different one indeed.

Each community has in its midst some one, two, three or more charlatans, those who have argued within themselves, that the practice of medicine is a lucrative one, that there is nothing in it but what anyone can accomplish and why cannot they get in the ring and obtain some of the riches which are being thrown broadcast to the physician.

These people say that there is nothing in the science of medicine, that there is no need of diagnosis of disease, that there is nothing in the discovery of the tubercle bacillus as being the cause of that dread malady, consumption, that there is nothing in surgery, that the man who was asked by an insurance man if he ever had appendicitis, answered: "I was operated upon but I never felt sure whether it was a case of appendicitis or one of professional curiosity," that surgeons are killing more than they are saving, and so on, ad infinitum.

They acquire some preparation which is advertised to cure all his ranging from cancer to an ingrowing toe nail, they advertise themselves by calling out their wares, and making personal solicitations.

They call down the curse of God on those who are in the medical fraternity as not knowing what they are doing, and queer to say they are tolerated.

They may chance play the spiritualistic act or claim to have an X ray eye to be able to view at a glance all the internal organs and so blind the poor disease-ridden creatures that

they are on the road to recovery in a very short time. Their knowledge of anatomy would not allow them to differentiate between the situation of the brain from the bladder.

They have never spent a minute over the study of disease, nor the means of differentiation between diseases.

The patient flies to them and tells them of some prominent symptom or perchance of none at all; the case is diagnosed in the twinkling of an eye, be it right or wrong, the same jug of medicine does for all, it is the rejuvenator of life, and is guaranteed to do all which is claimed for it, and its claims are enormous.

Are these people of any good to a community from a medical standpoint? I think you will all agree with me in saying "no," and should not there be some more stringent form of legislation than there is at the present time to combat these imposters, and so prevent them from being the menace which they certainly prove themselves to be.

It strikes me that the laws provided at present for the protection of the medical profession are extremely lax. It will have to be more definitely settled legally as to the meaning of the term "practice of medicine," before we can get the protection which we deserve.

There are several movements which have undoubtedly gained ground under the guise of religion, viz., Christian Science, the Emmanuel Movement, etc.

The existence of these two cults brings up the question of whether or not there is anything in them which is worthy of consideration.

Christian Science, as its term implies, is a decided misnomer. There is not a vestige of science in its whole make up, and what there is of Christianity—well we will not discuss.

They have taken it upon themselves to say that there is no disease, sickness, nor even the ultimate outcome of a great deal of this, death, and still they have also taken upon themselves to heal and cure those who are afflicted with what they are good enough to call 'error.'—They do not hesitate to stop at anything which savors of error. Functional and organic disease are to them both alike, they treat cancer and tuberculosis the same as they would hysteria and there is no distinction.

They do not believe in diagnosis of disease, for in their mind there is none. They swerve into their path those poor creatures who are suffering from various forms of organic trouble, who ought to be under the physician's or surgeon's care, who might be helped or even cured if they were timely consulted, but who under the treatment of the Christian Scientist are allured from the right path of true Science to that of the pseudo variety, and he or she sinks into oblivion as another one of the murders committed of which the public are not notified.

And how many of these occur day by day, and of how few are we cognizant.

But when there is a cure, which happens by chance to be a functional case, is it hidden under a bushel? No! No!!! Not by any means.

The world knows it, it is flaunted far and wide, either by press or otherwise, as another of the great conquests of this wonderful cult.

The Emmanuel, another of these religious physio-therapeutic movements, started on its journey rather sensibly, as we view it.

They realized from watching the cures wrought by Christian Science that there was something in the cult as far as the successful treatment of

certain forms of nervous ailments were concerned.

They also took up cases of tuberculosis in those parts of a large city where perhaps the doctor, on account of the demand upon his time, was not able to reach, or if he did, was unable to give the time necessary to inculcate the correct mode of living under such circumstances.

They acquired the knowledge necessary to the right treatment of tuberculosis and put it into practical use—they talked to the people and pointed out its contagiousness, told them of the care which they should display in not conveying it to others, about the question of food stuffs, and the necessity of good living in this respect, and if necessary would provide the needful, about the value of fresh air and sunlight in their dwellings, and would even supply that want by the building of an annex to the house if necessary.

The predominant idea with the Emmanuel Movement was that organic disease could not be cured under this mode of treatment, and that faith without works is dumb, and so they very wisely, acquired the services of medical men to eliminate from those cases presenting themselves for treatment any vestige of organic trouble.

As far as they went it was very good; they relieved the physician of a great deal of anxiety over those cases of hypochondriasis, melancholia, hysteria, which no doubt could be as well treated by him, had he the time to devote to them.

They no doubt had a very beneficial effect upon such cases as above mentioned by the well-balanced administration of religion and mental suggestion, but I have heard rumors that they even are departing from their first love, and the successes which they have derived have led them into

the same category as their brothers, the Christian Scientists, viz., trying their luck on organic conditions.

The result is they have called down upon their heads the calumny of the medical profession, both on this and the other side of the Atlantic, and they, like the Christian Scientists, will not publish the failures which they will and must meet in the nonsensical treatment of such conditions.

May I quote from Dr. Stephen Paget, F. R. C. S. ?

CHRISTIAN SCIENCE SCORED.

English Doctor Delivers Spirited Attack on Methods and Claims.

London, Oct. 12.

At the Church Congress now in session at Swansea, Christian Science and the Emmanuel doctrine of mental healing were attacked in unmeasured terms by Dr. Stephen Paget, F.R.C.S. Dr. Paget granted that Christian Science followers were made more restful, more successful in business more active, less nervous, and less worried, but on the other hand, he said the doctrine of Christian Science gave no great encouragement to old-fashioned virtues, the mind became dull to nature, and this dullness was maintained by a careful abstention from knowledge.

"Christian Science," he said, "does not publish her failures, so I wrote to some doctors and other friends asking them to tell me cases of harm that she has done. I got back a long list of killed and wounded. I wish it could be nailed to the doors of all her churches. Everybody, doctor or not, can feel the cruelty in some of these Scientists and the downright madness threatening not a few of them. They bully dying women and let babies die in pain, let cases of paralysis tumble about and hurt themselves, rob the epileptics of their bromide, angina

cases of their digitalis, let appendicitis go on to septic peritonitis, watch day after day while a man or a woman slowly bleeds to death. To these works of the devil they bring their one gift, wilful and complete ignorance, and their nursing would be a farce of it were not a tragedy."

Regarding all the other cults and methods of treatment of disease by charlatans, their name is legion, and it is not worth my while wasting your time nor my breath in even mentioning them.

We have all to face it, that it is an element of human nature to be led and bled by these impostors.

What puzzles and astonishes me is that so many people can and do put up with it, people who are supposed to be intelligent and intellectual and thinking men and women, those who in other lines of thought are wonderful, but when it comes to a matter of disease and sickness and its treatment, seem to drop all argument and fall into the toils of one or other of these cults.

Quite in line with the subject of which I have been speaking is an editorial which came out in one of the late numbers of the British Medical Journal, entitled, "Medical Butchers." It shows the idea that certain ministers of the gospel seem to think that they must possess a special gift of spiritual healing, and I will quote the article as demonstrating what we, as "medical butchers," have to deal with. Speaking in this editorial, first of the ministers of the gospel preaching charity to all men, and expressing the appreciation of the work of doctors and the self-sacrificing spirit in which it is done, etc., it says:—

"Of course there are ministers of religion, ordained or self-constituted, who think they have a gift of spirit-

ual healing. A little time ago we heard much of their "cures," but already, even in America, the native soil of most of these superstitions, such influence as these earnest and well-meaning but mistaken enthusiasts ever had is on the wane. Neither faith nor prayer has availed to stay the fatal march of true cancer, nor as far as we know have they been more efficacious in other cases of organic disease. As to the various drugs for cancer from the use of which brilliant results have from time to time been reported in our columns by various practitioners, we have waited to hear something further of the cases, but in vain."

"The knife still remains the best hope of the unfortunate sufferer from cancer. None can regret more keenly than we do the general futility of the other methods of dealing with this terrible disease that have hitherto been tried. We can only say, 'Tis true, 'tis pity, and pity 'tis, 'tis true.'" But the cancer problem is not likely to be elucidated by abuse of the surgeon. We know nothing of the Rev. A. M. Mitchell, the Vicar of Burtonwood, and we have never had the privilege of seeing his parish magazine. But if he is correctly quoted in that sympathetic organ the *Star*, the reverend gentleman would seem to be somewhat wanting in the virtue of charity towards all men which he doubtless preaches from his pulpit. The following may be taken as a specimen of his style of eloquence: "The diagnosis which leads to a verdict of cancer generally places the unhappy sufferer in the hands of the operating surgeon or consigns him to the hospital shambles as valuable clinical material for medical butchers with their attendant hooligans. Doomed to a tragic death the cancerous patient of worldly substance is nevertheless

buoyed up with false hopes of recovery, misled by the plausible assurances of those whose pecuniary interests are represented by the knife; the cancerous ones yield themselves willing or unwilling victims, and are led as lambs to the slaughter—the shambles of the operating theatre. The same medical fairy tale is invariably rehearsed after each operation, until the persecuted victim, worn to skin and bone through sheer exhaustion, slips away into the unseen. High fees are paid, although the surgeons, in their heart of hearts, know the futility of numberless operations which they perform. "We do not know whether the philanthropic divine is here merely delivering a message which he feels inspired to give his parishioners, or whether any particular circumstance has moved him to this remarkable outburst. From the fact that he goes on to say that 'vaccination and cancer may probably stand to each other in the relation of cause and effect' it may be inferred that the Vicar of Burtonwood is one of that common class of men who talk of what they do not understand. We do not complain of his denunciations, for cursing comes natural to the ecclesiastic. Argument with such a person would be merely a profanation of our 'own gained knowledge.' The 'medical butchers' will only laugh at Mr. Mitchell's tub-thumping."

Now Mr. Chairman and Gentleman, I have been talking for some time, and probably wasting your valuable time on a subject upon which you all have your own ideas, and I have not up to the present said much which is complimentary to either cult; but as I began by saying "the existence of these two brings up the question whether or not there is any-

thing in them which is worthy of consideration."

To my mind all of Emmanuel Movement is not bad nor, even that of Christian Science, and there are conditions in their so called practising of healing which must appeal to us as medical practitioners.

What is it in either of them which does that for certain cases of neurasthenic individuals of which the world hears? It is not medicine, it is not prayer, it is nothing supernatural, but merely the old, old mental suggestion which suggests to us physico-therapy.

There is no doubt that at the present time the medical profession is confronted by an unusual combination of circumstances. From a quotation derived from an address given by Dr. D. W. Harrington, of Milwaukee, he says: "In the first place we are frankly and openly opposed by a large body of intelligent people who have no knowledge of disease and who are organized into one of the best managed and most carefully advertised trusts of modern times."

This body of people is cultured, fashionable and attractive, and passes as a religious sect. These facts guarantee to it a reasonable lease of life.

Judging from the advertisements of this body of people, we are warranted in assuming that its main purpose is the treatment of all kinds of disease by a form of mind cure," and in speaking in another place he says:—

"In the second place certain Christian denominations are claiming the power and the right to treat the sick in some cases by mind cure and in others by a supernatural power termed unction."

This movement is aided and encouraged by part of the medical profession.

Physico-therapy is in the air in the profession as well as out of it.

In fact the same author concludes a very creditable article by saying that the subject of mental healing is now forced upon the members of the medical profession whether they want it or not. Humiliating though this experience may be it is the doctor's duty to examine into the subject and see how much there may be in it that is worth his attention, that the medical profession must and do recognize the power of ideas in the treatment of some forms of disease, that they have always done so, but it has not always been given the attention which it deserves.

I think it is our duty emphatically and persistently, to condemn the treatment of the sick by others than members of the medical profession. There is nothing that others can do but that ought to be done by these specially trained to do it—but the real danger appears as is frequently the case with Christian Science, the symptoms of serious disease are ignorantly overlooked until it is too late to apply rational methods of treatment.

In the April number of *The World's Work* is an article on "Trading in the Holy Spirit." The great extent of the practice of mental and so-called divine healing is told. The writer does not reflect on those who sincerely believe that the healing of the body may be by the free act of God, but he exposes those who, for a money consideration, are offering divine power for healing. The article presents a number of advertisements which show that "selling the power of God" is a much more extensive trade than is generally supposed. The power is offered for a variety of prices. The cheapest offer is to "tell how to heal the sick by the

power of prayer, laying on of hands, etc.," for twelve cents. For ten dollars anyone can be taught "The Sacred Science of Regeneration," with privilege of private correspondence. Starving souls are offered "words which will give life to your souls and health to your flesh" for twenty-five cents. Prospective mothers can learn for three dollars how to bring forth offspring who will become musicians, inventors, or any other type of genius they may choose. A Course in the Art of Living which "saves one doctors' bills, failure and discontent" and which is described as "The Key to Healing and Self-Development in all Spiritual Gifts" will cost ten dollars, but special supplementary absent treatments may be secured at one dollar each. Every copy of a certain magazine has been treated with curative powers for each subscriber, while for a dollar a month additional he will receive one absent treatment each day and the editor will "call your name in the silence, and send

vibrations by transference of thought." A school of Metaphysics furnishes courses of study with a book under lock and key which imparts "a knowledge that cannot otherwise be obtained and a power unknown to the world at large." This costs \$500. It is stated that Mrs. Eddy's full course, which used to cost \$300, can now be had for \$50. This, "helps to show how many rivals have sprung up since she began business." It is also one of the signs that the cult called Christian Science has reached the climax of its popularity.

There are other reflections of which I would speak did I not feel that I was trespassing on your good nature. I promised you brevity and a guarantee against somnolence. I am afraid I have transgressed in the former, but have not looked about me for fear of detecting some of the latter, and so will say, *au revoir*, hoping that we will all be spared in health and strength to meet many more times in the future to pursue our deliberations *in arte medendi*.



OUR PORTRAIT GALLERY.

DR. E. L. TRUDEAU.

EXPERIENCE is an acquisition, but trends of thought and aptitude are often transmitted, and in few occupations has hereditary tendency been more frequently and happily found than in the practice of medicine. Dr. Trudeau came of a race of doctors, and as far back

taken to Europe and received his education at the Lycée Bonaparte, in Paris. He returned to New York when about twenty years of age, and got an appointment as midshipman to the Naval Academy. Just as he was about to enter, his brother was taken ill with tuberculosis, and he gave up



DR. TRUDEAU.

as he can trace them his ancestors were doctors.

Edward Livingstone Trudeau was born in New York City, on October 5th, 1848. His father was Dr. James Trudeau, of New Orleans. When three years old, young Trudeau was

his appointment in order to nurse his brother, who died after six months illness

"In those days there were no trained nurses, and he took entire charge of the invalid himself, sleeping always not only only in the same

"room, but often in the same bed with him, and he has often been heard to say that the attending physician made no objection to this, and that the principal recommendation which he often reiterated was not to allow the window to be open night or day, as the air would aggravate the patient's cough."

Young Trudeau gave up his idea of entering the navy, and began the study of medicine at the College of Physicians and Surgeons, New York. He graduated in 1871, and practised for a time in partnership with the late Dr. Fessenden Otis. But his health soon broke down. He was examined by Dr. E. G. Janeway, one of his former instructors, who found him suffering from pulmonary tuberculosis and advised him to give up work, and go South. In May, 1873, he returned from the South much worse in health, and rapidly going down hill.

Like his father before him Dr. Trudeau was a keen sportsman, and he had taken several hunting trips in the Adirondack Mountains. This wild region had a great fascination for him, and now, in his weakness the "call of the wild" came to him. He consulted no physician, but, with one friend and former fellow-sportsman, he set out for Paul Smith's in the heart of the Adirondacks. This was a famous rendezvous for sportsmen, and is still one of the attractions of northern New York. Trudeau was so weak, that when he arrived at Plattsburg he had to rest two days, and took the long drive of over forty miles, lying on a mattress in the stage wagon. The place was so wild and inaccessible that his wife and children could not accompany him, but some of his hunting friends took mouth about in

looking after him. One of these was the late E. H. Harriman, the famous railway financier, and in after years a great helper of the sanitarium. In this "nature's sanctuary," Dr. Trudeau made rapid improvement and returned to New York in the fall looking well and having gained ten pounds in weight. He was advised to spend the winter in St. Paul, Minnesota, but this did not turn out so well as the Adirondacks, and in March, 1874, he returned to Paul Smith's, this time accompanied by his wife and children, and nearly as ill as he was a year before. There, in this realm of lake and stream and forest-covered mountain, he has since lived, and lived to be a blessing and a tower of strength to many an invalid.

For some years he lived a quiet life in the woods; it was not expected that he could live more than a year or two, and at times he was reduced to an alarming condition of weakness. At other times, he regained a measure of health, and enjoyed fishing and shooting; his reputation as a crack shot is well-known to all sportsmen in this region. By slow degrees health returned and he began medical practice in a small way; traveling much by canoe, among the beautiful lakes, so numerous in the Adirondacks. With returning health, the active brain and keen observing powers came into play, and he naturally gave much thought to the disease which had, apparently, cut short his usefulness and his hopes. One of his earliest notes was on the evil effects of exercise during the stage of increased temperature. Another was the conviction of the absolute necessity for the out-of-doors life.

He became acquainted with the German open-air method of Dr. Brohm, through an article in the London

Practitioner and was much impressed by it, and the idea arose in his mind of establishing a sanitarium in the district which he had himself found so beneficial. We all know the result, and the singular success of the treatment as carried out at Saranac Lake.

The great discovery of Koch in 1882, was the beginning of a really hopeful campaign against tuberculosis, and having obtained a copy of Koch's original memoir, Dr. Trudeau began experimental work, at once equipping a primitive laboratory, in which he demonstrated some novel and striking facts in the etiology and course of tuberculosis. He succeeded in cultivating the bacillus, and in performing all Koch's inoculation experiments. His little thermostat exploded and fire destroyed not only the laboratory, but the entire house, but in 1894, through the kindness of a friend a new and very complete laboratory was set up, which is now renowned throughout the world as a centre of careful, brilliant, original work, carried out by Dr. Trudeau and his assistants. Like so many great discoverers in the world of science, Dr. Trudeau is a man of great modesty, but despite this, and his retired life, honours have been freely showered on him during the last few years. In 1904, McGill created him LL.D. He was Honorary President for America of the International Tuberculosis

Congress, in 1908, and he is President of the Congress of American Physicians and Surgeons, which met this year in Washington. "the crowning honour for a member of the medical profession in the United States."

Dr. Trudeau's personal character is such as to inspire an enthusiastic love and admiration in all who know him. Perhaps the most notable features are his simplicity, his modesty, his quiet independence of opinion, and his unconquerable courage and optimism.

"Any sketch of Dr. Trudeau would be incomplete without mention of his deep and instinctive religious feelings; that his strength of character, optimism and courage amid struggles and disappointments, are due to an intense faith, cannot escape any one who really knows him. This in itself has meant to many of his friends and patients a wonderful support in the trials in which instinctively he is always called upon to share. Both at Saranac Lake and at Paul Smith's, Dr. and Mrs. Trudeau have been the mainstay of the Protestant Episcopal Church, and indeed these churches could not have existed as they are without their active interest and support."

(For the main facts of this sketch we are indebted to the *Journal of the Outdoor Life*, June, 1910.)



PROVINCIAL MEDICAL BOARD.

REGISTRAR'S REPORT—1909-10.

DURING the past year—ending June 30, 1910—the Board has held its regular quarterly meetings in July, October, January, and April; and special meetings of the Education Committee have been held from time to time as occasion demanded. The attendance at all meetings has been satisfactory.

At the request of the Medical Society of Nova Scotia, the Registrar undertook to obtain the views of the profession with regard to the levying of an Annual Fee to supplement the funds of the Board. For this purpose 441 ballot papers were issued and every effort was made to secure as general a vote as possible. The success of the endeavor however, even in this particular could at best be said to be only partial.

275 ballots were returned marked in favour of the Fee; 35 indicating distinct opposition; 2 declining any opinion; 130 were never returned at all.

The result of the vote as taken was without comment, reported to the Society in March last, but apparently no action has been taken on the information thus supplied.

The matter of interprovincial registration or rather the question of a Dominion Medical Council and Registrar has been much discussed at recent meetings of the Canadian Medical Association. A special conference was held in this connection at Montreal in November last, to which this Board sent Dr. Sinclair, the Chairman of the Educational Committee, as its delegate. The object of this conference, which was called at the request of Dr. Roddick, was for the purpose of re-

vising and amending the Canada Medical Act of 1902, this Act as yet being imperative on account of its not being endorsed by all the provinces. It was expected that the amended Act would be submitted and probably passed by the legislature before the close of the recent session, but at the last moment Dr. Roddick, on account of representations made by the British Columbia Council, was compelled to withhold the bill; so that practically no advance in interprovincial registration has been made in that particular direction.

With regard to reciprocity between Great Britain and the Provinces of the Dominion:—The agreement made with Nova Scotia some three years ago continues to work perfectly satisfactorily, and during the past year advance has been made in the same direction in one or two other provinces.

The position taken up by the Quebec Council in declining to accept for registration in that province an applicant holding the License (after examination) of this Board and registered in Great Britain, and the fact that legislation had actually been secured by that Council at variance with the terms of the original agreement between Quebec and Great Britain, as referred to in my last Report, were brought to the notice of the General Medical Council. It was thought at first by that body that there had only been a misunderstanding between the officials of the Quebec Board and this office, but in view of the information furnished a resolution was finally passed by the General Council calling the attention of the

Lord President of the Privy Council to the alteration in the Provincial law of Quebec, which "limits in a manner not contemplated when the application of the Province for reciprocal privileges was under consideration, the local recognition accorded qualifications registered in the United Kingdom." In the meantime, of course, reciprocity between Great Britain and Quebec is suspended and will not be renewed unless and until Quebec shall agree with the British Privy Council to the same conditions that were supposed to have been originally accepted. That Quebec will be held to this is evident from the following communication published in the Council's Minutes and being an answer to a proposal made by the Quebec Board with regard to a modification of the reciprocity terms which would limit its sphere of influence and usefulness by shutting out of Quebec, residents of the other provinces of the Dominion even though registered in Great Britain. The letter reads as follows:—

"Dear Sir,—In reply to your letter of February 20, I am directed to say that the question to which you refer is now in the hands of the British Privy Council, and the Medical Council is not in a position to open independent negotiations with the Credential Committee.

"I am however, instructed to point out that the basis on which the recognition of Quebec Licenses and degrees was granted was that of exact equivalence of the conditions as between the Province and this country, the words 'out of the Province of Quebec' corresponding precisely to the words 'out of the United Kingdom.' The words suggested, namely, 'out of Canada,' would not be an equivalent which would form an equitable basis, having in view

"the wide privileges secured by reciprocity to graduates and diplomates of Quebec. The Council, in view of the guarantees it offers of the proficiency of practitioners registered in the United Kingdom, remains of opinion that the original words should in justice be restored.

Yours faithfully,

(Signed) H. E. ALLEN,
Registrar.

"The Registrar,
College of Physicians and
Surgeons, Montreal Quebec."

It is hoped that the authorities in Quebec, both in the Council and in the Legislature, will see the advisability and the need of making this concession, and that thus the graduates of McGill and of Laval Universities may have restored to them the privileges which a year ago were theirs, but which have been snatched from them by this mistaken action on the part of the Quebec Council. In the meantime, progress has been made in the case of some of the other provinces. It has been announced that at the recent May meeting of the General Medical Council in London, it was decided to accept the Licence or Diploma of the Medical Council of Prince Edward Island granted after examination in Surgery, Medicine and Midwifery, as entitling the holder to registration in the Colonial List of the Medical Register.

The Council of the College of Physicians and Surgeons of New Brunswick is also in correspondence with the General Medical Council with the view of securing the recognition of its License, and having now obtained legislation making a 5-year course a compulsory requirement, will no doubt soon be placed on the same footing with Nova Scotia and Prince Edward Island. If each of the other provinces would only follow up along

this line, it would seem as has already been noticed in previous reports that in this direction will be found the simplest solution of *interprovincial* reciprocity.

Attention having been drawn to the fact that the Preliminary Examination of this Board is not recognized at Edinburgh University to the same extent as formerly, and that this has been apparently due to some oversight on the part of the Joint Board of Examiners for the Scottish Universities, who for some years past have regulated the standard of the University Examinations, your Secretary has written the Chairman of the Joint Board drawing attention to the matter and asking for reasons why such ruling was adopted without notice of any kind being received here, especially in view of the fact that this examination has been recognized by the General Medical Council for over a quarter of a century. The receipt of this communication has been acknowledged with assurance that the matter will be considered at the first ensuing meeting of the Board in September.

A very important, in fact, a very serious matter, which demands attention is to be found in "Bulletin No. 4" of the Carnegie Foundation, being a Report recently issued on Medical Education in the United States and Canada, a copy of which has been received from the New York office. This Report calls for attention from this Board, not only on account of the wholesale condemnation meted out to the Medical College in Halifax, which is recognized by the Board, but because practically the examinations by which the very license of the Board is obtained are themselves impugned. After reflecting most severely throughout on all teaching facilities at the Halifax Medical College, the Report winds up with this pointed query and

comment:—"The question may fairly be asked:—What is the value of the Dalhousie Degree in Medicine, won by students whose opportunities have been provided by Halifax Medical College? The connection is from the standpoint of Dalhousie University highly objectionable." Now as the License of the Board is granted on the results of the very same examinations as the Dalhousie Degree, this is equivalent to calling in question the value of the Board's Diploma, and in view of the wide circulation of this Bulletin, and the damage to reputation which may result if this critic's statements are allowed to go unchallenged, it would seem that some pronouncement on the matter is called for from this Board.

The chief "case," in fact, practically the only one which has necessitated enforcement of the penal clauses of the Act during the year has been that of R. J. Gow, of Thorburn, Pictou County. The matter has in fact been standing over from last year, but was finally set for trial at the June sitting of the Court of Pictou. A few days however, before the appointed date, the defendant through his attorney, proposed an admission of a judgment of two hundred dollars and costs guaranteeing to cease from further attempts at practice until he should become legally qualified. For reasons which will appear in a communication from the Board's solicitor, your Secretary, on the advice of the Chairman of the Discipline Committee, agreed on behalf of the Board to this proposed settlement out of court. Further details as to the progress and present position of this case will be given in a special Report from Mr. Davison, your Solicitor.

As was the case in the previous year, so last year, the Preliminary Examinations were held only once—

in August, 1909. There were no candidates for May, 1910. As was noticed in last report, this is partly due to the fact that the total number of persons entering upon Medicine as a profession, has been reduced everywhere in recent years, and also because an increasing number satisfy the preliminary requirements by High School or College (Arts) Certificates. The Reports of the Examination of August 1909, indicate:

Number of candidates, 7. Passed 3; passed in all except one subject, 2; Failed 2.

Including those qualified as above and those exempt by other certificates, 29 names in all were entered in the Students' Register, being 5 more than during the previous year.

With reference to the Professional Examinations for License the Records indicate:—

September, 1909, 8 Candidates, of whom 2 passed, 6 failed; April 1910, 22 Candidates, of whom 13 passed, 9 failed; making in all 30 Candidates, of whom 15 passed, 15 failed.

The fifteen successful candidates were duly admitted as Licentiates, and received the Board's Diploma. These fifteen, together with one who passed the examinations last year, and one who was admitted to registration on a British Certificate, made a total addition to the Medical Register during the year of seventeen names. During the same period there were

only two names erased (being 7 fewer than the previous year) so that the Register has been increased by fifteen names.

The total number on the Register June 30, 1909, being 634. The total number on the Register June 30, 1910, being 649.

The two erasures were both on account of death, viz:— Thomas Milson, M. D., Harv. Univ., 1870, died at Dartmouth, July 24, 1909; James Forman Pineo, M.D., Bell. Hospital Med. College, 1877, died at Wolfville, December 21, 1909.

This is the smallest mortality in the ranks of the profession for many years.

The money receipts for the year have been as follows:—

I.—FEES.	
22	\$50.00 Prof. Exam. Fees. \$1100 00
	Supplementary Prof. Exam. Fees..... 100 00
1	\$30 00 Med. Registr Fees..... 30 00
4	2.00 Sp. Registr Cert Fees..... 8 00
4	10 00 Prelim. Exam. Fees..... 40 00
2	2.00 Prelim. Exam. Fees..... 4 00
1	5 00 Repeat Exam. "..... 5 00
1	2.00 Local "..... 2 00
25	10.00 Students' Registr. "..... 250 00
	<hr/>
	Total Fees\$1539 00
II.—OTHER SOURCES.	
	Sale Registers and Exam. Papers 5 25
	<hr/>
	Total\$1544 25

All of which, being \$510.50 more than the receipts of the year previous, has been transferred to the Treasurer's Account and will be accounted for in his Statement.

Respectfully submitted,
A. W. H. LINDSAY,
Registrar and Secretary.



ACUTE POLIOMYELITIS.

By DR. H. H. BANKS, M. D.,
Barrington, N. S.

THE number of hopelessly paralyzed children and adults coming under my notice during the past twenty years resulting from Acute Poliomyelitis in Children, and the occurrence of a small epidemic in my practice during the past summer, caused me to deem the subject of sufficient importance to bring before your notice to-day.

I will first make a short report of cases coming under my care last summer. All three cases were boys ranging in ages from four to six years. Two cases occurred in houses on the opposite sides of the street. The other was about two miles distant. I was first called to them all on the same day, September 2nd, although, one of the cases had developed about three days earlier than the others.

The onset in all cases was very sudden; the boys were very robust healthy children. No previous illness. Family history good with exception that the mother of one died of tubercular meningitis two years ago, and one had a brother die of tubercular meningitis about three years ago.

Nothing unusual in symptoms; temperature high, vomiting, pains in limbs with rigid spine and some slight retraction of head in all cases. Slight convulsions in one case on third day. Retention of urine in two cases. Acute symptoms kept up for about four days, with paralysis of arms and legs in all cases. At the end of one week patients gradually gained power in arms, but legs continued paralyzed for months. At the present time one case the youngest (4 years) with a little help is able to walk about. Another is able to stand on one leg, complete loss of function in the other. The third has no power whatever in either of his lower limbs.

As a definition of this disease I would say that it is an acute, probably specific febrile illness affecting children and young adults, characterized anatomically by inflammation of the gray matter of the spinal cord and brain stem, with resulting destruction of the nerve cells and consequent degeneration of their axis cylinder processes, and atrophy of muscles. And clinically by a rapid atrophic paralysis of various skeletal muscles, usually those of the limbs, but occasionally those of the head and trunk. A paralysis which reaches its maximum in a few hours and tends toward recovery in some parts and to permanent disabilities, and deformities in others.

Etiology and Location:—The disease is of widespread distribution, but occurs most frequently on the continent of North America. In the state of Massachusetts, year 1909, 1000 cases reported, 600 about Boston. It is now agreed that in the hot summer months cases are more common than at any other time of the year.

The period of dentition was formerly thought to be an exciting factor in the disease, but there seems to be no evidence to support the view beyond the fact that the period of the first teething is also the period when acute poliomyelitis is most common.

The conclusions to be drawn as to the etiology from the literature on the disease do not warrant the statement that any one cause produces the disease, but many because various degrees, and kinds of illness precede the attack. The physician perceives plainly that his patient is suffering from an acute infectious process of some kind, but he is surely to be pardoned if he fails to appreciate its true nature, for until paralysis sets in no

pathognomonic symptoms are seen. Most observers will also generally admit that the victims of acute poliomyelitis are often healthy and robust children on whom the paralysis falls with cruel and sudden unexpectedness.

N. F. Shaffner, in *New York Medical Journal*, June 18th, refers to a possible method of infection through a solution of continuity of the skin. He has found that several town bred patients going to the country for the summer, run about barefooted, paddle in water, especially in fresh water, run about on wet soils, and who had cuts and skin abrasions or who had acquired them in doing so. Given as has been demonstrated by Flexner, the nasopharynx as a well defined and favourite seat of infection, and given an infected secretion from this region, a further source of infection may exist in an abraded skin, through for example a neglected handkerchief on an infected finger. While Flexner has demonstrated the certainty of an infection through the naso pharynx, it does not follow that this is the only way. It is not impossible that a prolific source of infection may exist, especially in a sporadic case, in the earth or water, or in some form of insect life, peculiar to their every-day association which reaches the nerve centres through an abraded cuticle in a manner not unlike that which occurs in rabies or tetanus.

Pathology:—It is hardly the object of this article to go into the pathology of the disease. The following factors may be summarized. Marked congestion of all blood vessels, both in the white and gray matter, and packing of their sheaths, and lymph channels with cells. The inflammation appears to spread inward from the pia-mater through the blood vessels.

The extensive paralysis that occurs

in the early stages of the disease is the result of widespread oedema and transudation into the cord. The residual paralysis is the result of degeneration of cells in the anterior horns, and in the gray matter chiefly at the base of the brain from pressure necrosis. Special examination of spinal fluid during life and the tissues after death for special bacteria, have up to the present time had a negative result.

Symptoms:—In the majority of cases a child previously healthy is noticed to be out of sorts, there is often vomiting, pains, in limbs, back and head, restlessness, with fever temperature (100° - 104°). After a day or two the child cries out when handled or any attempt is made to move him at the same time it is noticed that there is a loss of power in one or both legs, and probably a short time after in the arms. The paralysis is abrupt in its onset and as a rule is not progressive, but reaches its maximum in a short time often within 24 hours. The distribution of the paralysis is very variable, its irregularity being characteristic of the disease. At the end of from ten to fifteen days there is much less pain on handling. The arms have regained their power although flabbier than formerly, possibly one leg has regained movements at the hip and knee, while the other hangs limp and lifeless. Examination at this stage shows some wasting in the paralyzed muscles, and the helpless leg is colder than the other. The patellar and achilles jerks are absent on one side, and can just be made out on the other. This is the common history of the first two weeks in a case of medium severity. There are variations; sometimes the constitutional symptoms are almost unnoticed, except for some gastric disturbance until a slight paralysis is noticed; in another and more

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THE STATUS OF MEDICAL MEN UNDER THE NEW INSURANCE BILL.

By JOHN FERGUSON, M. D.,

Toronto.

FOR upwards of three years this Act, in some form, was before the Parliament of Canada. Ample time was, therefore, taken to consider every section, and note carefully its bearing upon the interests affected. There was thus given also an opportunity for those who wished to offer any suggestions or raise any objection to place their views before the government.

When the Life Insurance Bill was laid on the table of the House of Commons it at once became apparent that there were three clauses that were very objectionable from the standpoint of the medical profession. These clauses were in the first draft and are still in the Act as passed by parliament.

Under "Interpretation," or the definitions at the beginning of the Act, we have:

(h) "Officer" includes the manager, secretary, treasurer, actuary and any other person designated as "officer" by the by-laws of the company.

In section 98, sub-section 4, dealing with Life Insurance Companies that were in operation when the Act came in force, we read:

"The manager of the company may be a director of the company, but no agent or paid officer other than the manager shall be eligible to be elected as a director. The words "paid officer" in this sub-section do not include the president and vice-president, or the president and first vice-president, if more than one, elected under the provisions of sub-section 9 of this section.

The next clause to which objection was raised by many medical men deals

with Life Insurance Companies that may be organized after the passing of the Act. It is as follows:

Section 146, sub-section (f)—"The manager of a company may be a director, but no agent or paid officer other than the manager, shall be eligible to be elected as director. The words "paid officer," in this paragraph, do not include the president and vice-president, or the president and the first vice-president, if there is more than one vice-president, elected under the provisions of paragraph (k) of this section."

It became quite apparent that the purport of these clauses was to prevent any medical practitioner from being a director of the company for which he acted as medical advisor, if, for such advisory work, he received any remuneration.

Medical officers of the various companies in Toronto held a meeting and appointed Dr. T. F. McMahon and myself to lay their views before Hon. W. S. Fielding, the Finance Minister, and the Committee on Banking and Commerce, which was then engaged in the consideration of the bill, clause by clause, and also in the hearing of the opinions of those interested in the bill. Dr. McMahon and I visited Ottawa and laid the views of the medical directors, given us personally or by letter, from all over Canada before the Finance Minister, Mr. Fielding, and the said committee. What we said on that occasion is to be found in the proceedings of the House of Commons, and will stand upon its own merits.

In addition to this, many letters

written to Mr. Fielding and the other members of the government, and to prominent members of the opposition, and also to many members of the Senate. All this had no effect and the Insurance Bill was put through both the Commons and the Senate in the form as quoted in the foregoing clause.

In the spring of 1909 it was expected that the bill would be put through both houses of parliament. In addition to every effort that had been made, I sent the following telegrams:

TORONTO, 13th May, 1909.

Sir Wilfrid Laurier, Ottawa,—

I challenge the right of Parliament to say that the Medical Profession of Canada cannot be trusted. The Insurance Bill states this. It allows other classes to receive salary and sit on the boards, but forbids medical men doing so. The Bill should be amended to remove this glaring injustice.

JOHN FERGUSON.

TORONTO, 13th May, 1909...

Hon. W. S. Fielding, Ottawa,—

The Insurance Bill is a great injustice to medical men of Canada. It declares them unworthy of trust and cannot sit on boards of companies if they receive any remuneration for services. Other classes may receive salary and sit on boards. This is taking away a privilege when no good can be accomplished thereby.

JOHN FERGUSON.

The bill was laid over, however, for that session, and came up again during the session of last winter. As the bill came back from the Senate it contained the objectionable clauses, so far as medical men are concerned. I then wrote Hon. W. S. Fielding, who had charge of the bill, as follows:

TORONTO, 5th March, 1910.

Hon. W. S. Fielding, Ottawa,—

Dear Sir,—The Insurance Bill is now about complete. On the whole it is a good bill, and will do much for the interests of those great financial companies.

There is one phase to which I wish again to call your attention. The bill provides that only the president, vice-president and the manager may be on the board and receive a salary.

The effect of this is to force the medical directors off the boards of their companies, because these gentlemen receive a remuneration for their services.

It does seem too bad that an entire class should be placed under the ban of the law in this way. The Act means that no doctor, because he is paid for his services, may sit on the board of his company.

Business men, lawyers, etc., may fill the offices of President, Vice-President and Manager, draw salaries and sit on the boards of their companies. Not so with the doctor.

This is not fair, and I ask you if you think it is? If it is not fair and just then change the bill to do the right thing by the medical men.

Yours truly,

J. FERGUSON.

The medical profession is now put in possession of the facts. So far as the Act is concerned the meaning is quite plain that there is not a doctor in Canada that does not come under the penal terms of this Act. No matter what his interest in a life insurance company, by way of stock or insurance may be, the law states that he cannot sit on the board of directors, if he receives any salary for his responsible duties as medical officer of his company. The manager may re-

ceive any salary the company pleases to pay. So may the president and the vice-president. These gentlemen, in the eyes of the law, can be trusted to do their duty, and that the remuneration they receive will not blind their eyes; but not so in the case of the doctor. As soon as he receives a salary he can no longer be trusted. He cannot hold a seat on the board.

There is, perhaps, one loop-hole through which the doctor may escape the penalties placed upon the whole medical profession by this Act. The first clause which I have quoted states that the word "officer" includes the manager, secretary, actuary and any other person designated as "officer" by the by-laws of the company.

If the medical advisor of any company can induce his board to pass a by-law to the effect that he is not an "officer," indeed, may be ranked with the office boy in status, then, perhaps, he may escape technically the meaning

of this Act. This is still doubtful, and may remain so until the courts decide a case. One thing is clear, namely, the medical advisor of a life insurance company, if he is dignified with the title of an "officer," cannot occupy a seat on the board. No other class is so treated. While the bill was before the House of Commons and Senate a number, including the writer, made every effort to have the objectionable clause deleted from the bill, but without avail. Therefore it is that the whole medical profession is placed in a class by itself, and, in the eyes of the Life-Insurance Bill, a disqualified class; or one of the rank of the office boy, that is, if the doctor is to hold a seat on the board of his company, and receive any salary, he cannot be called an "officer."

I am,

Yours truly,

JOHN FERGUSON.

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NOTES ON SPECIALTIES.

A VERY GRAVE ERROR.

The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of antikamnia tablets. Among those who have paid high tributes to their value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found these tablets of value in the neuralgias and nervous headaches resulting from over-work and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed, the practitioner who has such cases as the latter come under his observation, and who attempts their relief by opiates and stronger drugs, when such an efficient and harmless an agent can be used, commits a grave error.

Experience goes to prove that two antikamnia tablets in an ounce of sherry wine, taken every two or four hours, will carry the patient through these painful periods with great satisfaction. — *American Reprints*, London, Eng.

* * *

To facilitate easy childbirth some physicians prescribe sanmetto, beginning about six weeks before confinement, with good results in every case.

THE "PERSONALLY CONDUCTED" SCHOOL GIRL.

In a recent issue of one of our prominent medical journals appeared an article from the pen of a well known pediatricist, entitled "The Personally Conducted Baby." While the importance of a sedulous and careful attention to the needs of the growing infant cannot be overestimated, it is

equally important that the physical requirements of the adolescent school girl should be carefully looked after during the impressionable and formative period of life incident to the initiation of the men-trual epoch. "The Personally Conducted School Girl" is more likely to successfully weather the stress and strain of the modern educational system than one who is not so carefully guarded. Regularity and system are the essential requisites of success. Hurried and irregular meals, the eating of an undue amount of pickles and condiments, too frequent indulgence in candies and sweets, should not be allowed. Habitual Constipation should not be allowed to continue, and sufficient exercise in the open air should be insisted upon. The bedroom window should always be freely opened at night, and late hours and exciting entertainments should be avoided. In spite of all hygienic precautions, however, the school girl is likely to become more or less chlor-anemic. In such cases the irritant forms of iron are worse than useless, because of their disturbing effect upon digestion and their constipating action. Pepto-Mangan (Gule) is free from these disadvantages and can be given as long as necessary without producing intolerance or gastro-intestinal derangement. Periodical blood examinations will evidence the prompt and progressive increase of red cells and mæmoglobin, and the gradual return of color will show the general improvement of the patient.

CHROMIUM SULPHATE FOR ENLARGEMENT OF THE PROSTATE.

"Ross (*Med. Council*) reports uniformly good results in the use of

chromium sulphate in prostatic troubles. He gives details of one case of a patient seventy-three years old, with whom regular catheterization had been necessary for six months. Examination per rectum revealed a prostate as large as a walnut. The patient obtained considerable relief after taking for one week 4 grains four times a day. The dose was then increased to 8 grains three times a day, and strychnine sulphate, gr. 1-130, before each meal was added to the treatment. The improvement was rapid from that on. As a result, use of catheter was discontinued within a space of two weeks. This patient took the remedy for three months. The strychnine sulphate was stopped at the end of the first month. Examination then revealed a prostate of very nearly normal size with no tenderness. Tyler (Physicians' *Drug News*) also reports

a similar case in which the chromium sulphate gave an excellent result."

The Druggists' Circular, June, 1910—Chromium Sulphate Pure can be procured in both tablet and elixir form, from Charles E. Frosst & Co., Montreal, strength 4 grain C under the following numbers: C. J. 203 "Frosst," C. C. J. 220 "Frosst" and Elix 77 "Frosst."

HEADACHES AND THEIR TREATMENT.

The most frequent of all forms of headache, Dr. Guthrie Rankin states in the *Monthly Cyclopaedia and Medical Bulletin*, September, 1909, is that caused by a toxæmic condition of the blood.

A toxæmia may be induced either by poisons introduced from without or by poisons created within the body.

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Certain drugs, such as iron, quinine, salicin or opium; unwholesome food containing ptomaines; alcohol when in more than physical amount and tobacco excessively indulged in may be mentioned as familiar examples of substances which may when taken into the body, cause headache. The cure of this form of headache is obvious and consists in the withdrawal of the poisonous substance which is responsible for its production. When it happens in connection with the legitimate administration of drugs for curative purposes, the headache may often be obviated by their admixture with suitable correctives. Quinine can often be tolerated when combined with hydrobromic acid; opium when associated with belladonna or one of the aperient alkalies; and the salicylates when presented with bicarbonate of potash or arom-

atic spirits of ammonia. In the case of iron, it is often found that one of the milder preparations agrees perfectly when the more potent varieties of the drug are upsetting. Also it is noteworthy that the influence of the milder drug may be reinforced by the choice of a combined salt which provides with the iron another drug selected to meet the diathetic indications of the case. Such useful remedies as the citrate of manganese and iron, the valerianate of iron, the salicylate of iron, the syrup of quinine, strychnine and iron, the citrate of quinine and iron, and the peptonate of iron, may be enumerated as useful examples of this class of drugs.

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ineffective elimination of waste products are mainly responsible for headache and other evil consequences. This variety of headache is due primarily to interferences with hepatic activity and to fermentative or putrefactive processes in the gastro-intestinal tract. For its relief the food must be of the simplest and most bland description and should be carefully adapted to the patient's digestive capacity. In cases where the stomach is dilated and its walls are flabby, a few morning washouts through a syphon-tube followed by the application of the faradic current and twenty-minute massage to the abdominal walls will be found useful. In patients who have to blame an overnight revel or unwise evening meal for their headache, the speediest means of relief is afforded by an emetic.

ETHICS OF EXPERT TESTIMONY.

"The Ethical Aspects of Expert Testimony in Relation to the Plea of Insanity as a Disease to an Indictment for Crime," is the subject of a paper appearing in the *Medical Record* for July 23, from the pen of Carlos F. McDonald. He says that the existing methods of presenting expert testimony in criminal trials is imperfect and unsatisfactory. The two evils in this procedure at present are the selection of medical experts by counsel without reference to their qualifications and standing, and the absence of any standard of qualification. The remedy is to be found not in an official board of experts, but in an endeavour to select only men of acknowledged skill in the particular branch of medicine that is to be represented. Compensation should be so fixed by the court that they can afford to give

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their time to the work required. The profession itself should fix a standard of qualifications based on special study. The jury should pass not on opinions as to sanity, but as to the fact of having done the act for which the patient is tried. The legal definition, of insanity is antiquated and should be improved. Physicians should not be allowed to assist counsel and be also expert witnesses in the same case. The profession should raise its voice against the abuse heaped upon it because physicians do not always agree. Lawyers and judges do not agree in all cases, and yet they are not abused on that account. The hypothetical question should embrace all facts, not those on only one side of the question.

TREATMENT OF ERYSIPELAS.

In an article appearing in *Muenchener Medizinische Wochenschrift*

for May 24, C. Ritter deals with "The Treatment of Erysipelas with Hot Air." Ritter claims that the usual method of treating erysipelas by attempts to localize it are wrong. We should aim to promote rapid absorption. This can be done by active hyperemia. He treats his cases two to three times daily for one half hour with hot air. Extremities are placed in the usual Bier apparatus; the trunk is treated by means of larger sweat baths, and to the face the heat is applied by directing the hot air through the chimney of the apparatus placed as closely as can be born with comfort. If the eyes are unaffected they are protected from the heat; otherwise they are left uncovered.

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