

Technical and Bibliographic Notes / Notes techniques et bibliographiques

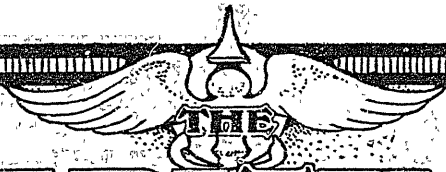
The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.



MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO
MEDICINE & SURGERY

VOL. XIX. HALIFAX, NOVA SCOTIA, DECEMBER, 1907. No. 12.

Panopepton

Of Special Availability

In the exigencies of medical practice where it is urgently important to revive and recruit the vital forces of the patient, Panopepton best represents the type of food to meet the indication; all its properties and qualities are such as to make its use under these conditions appropriate and successful.

First, it makes the strong point of being well retained, then perfect assimilation follows, and the stimulating and nourishing effects of the food are at once evident in the patient's quickened vitality.

This peptonised food, made from prime lean beef and whole wheat, contains all the elements (except fat) which are comprised in the normal mixed diet and in the soluble form which they assume in the process of natural digestion.

By virtue of its actual nutritive content—see analysis on the label—Panopepton is an adequate food, and by reason of its remarkable acceptability, a food of special availability under any circumstances where comprehensive nourishment in a readily assimilable form is required.

THE PROGRESSIVE
ACADEMY OF
TO
QUEEN
FAIRCHILD BROS. & FOSTER
New York

When a simple, harmless, but effective cough reliever is wanted——

Prescribe

**SIMSON'S
FLAXSEED
EMULSION**

Children like it, and will take it readily where Cod Liver Oil Emulsions are refused.

Samples furnished FREE to all medical men on application.

The National Drug & Chemical Company,
Limited

Wholesale Druggists, Halifax, N. S.

LISTERINE

The original antiseptic compound

(Awarded Gold Medal (Highest Award) Lewis & Clark Centennial Exposition, Portland, 1905; Awarded Gold Medal (Highest Award) Louisiana Purchase Exposition, St. Louis, 1904; Awarded Bronze Medal (Highest Award) Exposition Universelle de 1900, Paris.)

Listerine represents the maximum of antiseptic strength in the relation that it is the least harmful to the human organism in the quantity required to produce the desired result; as such, it is generally accepted as the standard antiseptic preparation for general use, especially for those purposes where a poisonous or corrosive disinfectant can not be used with safety. It has won the confidence of medical men by reason of the standard of excellence (both as regards antiseptic strength and pharmaceutical elegance), which has been so strictly observed in its manufacture during the many years it has been at their command.

The success of Listerine is based upon merit
The best advertisement of Listerine is—Listerine

Lambert Pharmacal Company
St. Louis, U. S. A.

Philadelphia Polyclinic and College for Graduates in Medicine.

Laboratory Courses—General Pathology, Special Surgical and Gynecological Pathology, Pathology of the Eye and Pathology of the Skin.

Clinical Pathology—Urine Analysis, examination of the blood and blood counting, analysis of gastric contents, examination of the sputum and other excretions.

General Operative Surgery—Operative Gynecology, Special Operative Surgery of the Ear, Nose and Throat.

A new twelve week's course in **Diseases of the Eye** will be given January 1st, 1908.

For announcements address,

R. Max Goepf, M. D., Dean, Lombard St., above Eighteenth St., PHILADELPHIA, Pa.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto with Soothing Demulcents
in a Pleasant Aromatic Vehicle

A Vitalizing Tonic to the Reproductive System.

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

DOSE:—One Teaspoonful Four Times a Day. **W. D. CHEM. CO., NEW YORK.**

FORMULA.—Bone calcium phosphate Ca_2PO_4 ; sodium phosphate, Na_2HPO_4 ; ferrous phosphate, Fe_2PO_4 ; trihydrogen phosphate, H_3PO_4 ; ethyl alcohol, $\text{C}_2\text{H}_5\text{OH}$; principles of Peruvian Bark and Wild Cherry; and aromatics.

AN UNPARALLELED RECORD
 FOR FORTY YEARS THE STANDARD IRON TONIC AND RECONSTRUCTIVE.
Wheeler's Tissue Phosphates

has secured its remarkable prestige in Tuberculosis and all Wasting Diseases, Convalescence, Gestation, Lactation, etc., by maintaining the perfect digestion and assimilation of food as well as of the Iron and other Phosphates it contains.

AS RELIABLE IN DYSPEPSIA AS QUININE IN AGUE

Send for interesting Literature on the Phosphates.

T. B. WHEELER, M. D., (Rd.) **Montreal, Canada.**

To prevent substitution, in Pound Bottles only at One Dollar. Samples no longer furnished.

Canadian Medical Exchange

: Intimate by Number which you desire details of. :

- No. 460—\$6,000 practice and fine road and office outfit. Town 4,000, Nova Scotia.
 - No. 473—A third or one-half interest in a Sanitarium, Toronto.
 - No. 471—\$5,000 practice and residence, village 500, Manitoba. Price \$2,000.
 - No. 470—\$4,000 practice and fine home, Manitoba, village 500. Price \$3,000.
 - No. 467—\$3,000 practice and fine home, village 800, Alberta. Price \$3,800. Easy terms.
 - No. 466—Magnificent home and practice, Winnipeg
 - No. 443—\$3,000 growing practice, and home, village 400, Saskatchewan. Price \$1,500.
 - No. 428—\$3,000 practice with office and road outfit, village 600, Alberta. Price \$800.
 - No. 400—\$3,000 practice, unopposed, and fine home, Western Ontario, village of....., a sure fortune for a French Roman Catholic. Easy terms.
- Medical practices in Ontario—I always have a list of from 15 to 20 to select from.
- Medical Buyers can have name and address free of any of my offers, once they have registered with me.
- Medical practices from the Maritime Provinces are particularly solicited for this journal.
- I advertise in 6 Medical Journals and the daily press covering all Canada.
- Make this advertisement in your own provinces a success by patronizing us.

W. E. HAMILL, M. D.,

Medical Broker

JANES BUILDING (up-stairs) TORONTO

YOU might think we were boasting if we were to say about our Repair Work all that we would be justified in saying. But it is a fact, nevertheless, that we do the most satisfactory kind of Repair Work on Watches, Clocks, Jewellery, Surgical Instruments, and all other things that require delicate handling. We don't believe you can get your Repair Work done as satisfactorily anywhere else. It will pay you to come to us.

C. G. SCHULZE,

Practical Watch and Chronometer Maker

165 Barrington St., Halifax, N. S.



THE Lindman Truss is A COMFORTABLE TRUSS. It does not chafe the wearer at any point, because it rests solely upon the pads and requires no annoying belt or understraps. It cannot injure the spine, as it comes in contact only with the lumbar muscles and the Hernia; the Truss thus FORMING A COMFORTABLE SUPPORT INSTEAD OF BEING A TORTURE.

B. LINDMAN,

Cor. McGill College Avenue and Saint Catherine Street.

MONTREAL
Canada

'BARLEX'

(MALT EXTRACT)



BARLEX'
This Malt
Extract is
prepared
from select-
ed barley by
an improved
process.

'BARLEX' ..
with
**COD LIVER
OIL**, a combina-
tion of Malt
Extract with the
best Norwegian
Cod Liver Oil.

'BARLEX' with COD LIVER OIL.

These Preparations are issued in two Sizes.

HOLDEN & COMPANY,
Manufacturing Chemists,
MONTREAL.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco-Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of **GLYCO-HEROIN (SMITH)** explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia,
Laryngitis, Pulmonary Phthisis,
Asthma, Whooping Cough**
and the various disorders of the breathing passages.

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

Dose.— *The adult dose is one teaspoonful, repeated every two or three hours. For Children of more than three years of age, the dose is from five to ten drops.*

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request

**MARTIN H. SMITH COMPANY,
NEW YORK, U.S.A.**

STREPTOLYTIC SERUM

Continues to give most satisfactory results in all conditions where the streptococcus forms an important factor in the progress of the disease.

Erysipelas Reduces temperature and swelling and promptly terminates the disease. 20 to 60 C. C. usually sufficient.

Puerperal Fever The majority of cases are admitted due to the Streptococcus, and careful practise suggests the employment of Streptolytic Serum as a routine measure in all cases of Puerperal Sepsis. Its use has been remarkably successful, 20 to 80 C.C. usually being sufficient.

Scarlet Fever Complications The Serum has no bearing upon the specific cause of Scarlet Fever, but in those cases, complicated by the streptococcus, as indicated by Cervical Adenitis Otitis Media Albuminuria, Etc., Streptolytic Serum combats these unfavorable symptoms.

In packages containing 2 Simple, bulbs of 20 C.C. each, \$2.25 per package.

FREDERICK STEARNS & CO.
 WINDSOR, ONT. 11-07 DETROIT, MICHIGAN

THE BLOOD IN DISEASE.

THE diagnosis of disease is rarely complete without a microscopic examination of the blood. Disturbance of the normal quality and quantity of the blood invariably affects the general health of the patient. The histological and chemical changes of the blood are an interesting study, as important in certain infectious diseases as bacteriological research.

The value of chalybeate medication may be accurately tested.

PEPTO-MANGAN (GUDE) when administered in indicated cases, and the results tested by the microscope, gives positive proof of its power to repair disturbed metabolism in all forms of blood poverty resulting from malnutrition, infectious diseases, surgical operations, etc., in fact, in all conditions where the blood has deteriorated.

PEPTO-MANGAN (GUDE) is ready for quick absorption and rapid infusion into the blood.

Prescribe an original bottle
and avoid substitution.

Samples and literature sent upon application.

M. J. BREITENBACH COMPANY,

New York, U. S. A.

42

BACTERIOLOGICAL WALL CHART FOR PHYSICIAN'S OFFICE.

One of our scientific, and artistically produced, bacteriological charts in colors, exhibiting 60 different pathogenic micro-organisms, will be mailed free to any regular medical practitioner, upon request, mentioning this journal.

This chart has received the highest praise from leading bacteriologists and pathologists, in this and other countries, not only for its scientific accuracy, but for the artistic and skillful manner in which it has been executed. It exhibits more illustrations of the different micro-organisms than can be found in any one text-book published.

M. J. BREITENBACH CO., NEW YORK.

LEEMING MILES & CO., Montreal, Selling Agents for Canada.

Maritime Medical News

EDITORS :

D. A. Campbell, M.D.	Halifax, N. S.	John Stewart, M. B.	Halifax, N. S.
J. W. Daniel, M.D., M.R.C.S.	St. John, N. B.	W. H. Hattie, M.D.	Halifax, N. S.
Murray Maclaren, M.D., M.R.C.S.	St. John, N. B.	N. S. Fraser, M.B., M.R.C.S.	St. John's, Nfld.
James Ross, M.D.	Halifax, N. S.		
G. G. Melvin, M.D.	St. John, N. B.		

CONTENTS FOR DECEMBER, 1907

THE WORLD OF MEDICINE	447
HAEMORRHAGE DURING BRIGHT'S DISEASE.	
TREATMENT OF DIABETES MELLITUS.	
RADIANT LIGHT IN TREATMENT.	
NERVE DISASSOCIATION.	
BORDERLAND CASES.	
DRUG ABSORPTION AND ELIMINATION.	
PLEURAL EFFUSION.	
OUTDOOR TREATMENT OF INSANITY.	
ACTION OF GASTRIC JUICE ON STARCH.	
HEMOPHILIA.	
CANADIAN HOSPITAL ASSOCIATION.	
CANCER EXHIBITION.	
EDITORIAL	447
SOME HOSPITAL PROBLEMS.	
CEREBRAL COMPRESSION, ITS PHYSIOLOGICAL BASIS AND THERAPEUTIC INDICATION, BY EDWARD ARCHIBALD, MONTREAL	449
EXTRA-UTERINE PREGNANCY, BY JOHN F. THOMPSON, M.D., PORTLAND, ME.	458
HENOCH'S PURPURA, BY M. D. MORRISON, M.D., DOMINION, C. B.	463
LIBERTY, BY GEO. G. CORBETT, M.D., ST. JOHN, N. B.	465
ANOTHER POINT OF VIEW, BY DR. W. E. ROWLEY, M.D., ST. JOHN, N. B.	471
SOCIETY MEETINGS	476
HALIFAX AND NOVA SCOTIA BRANCH B. M. A.	
CURRENT MEDICAL LITERATURE	479
REPRINTS RECEIVED.	
MAJOR SYMPTOMS OF HYSTERIA.	
NEW BOOKS IN COGSWELL LIBRARY.	
DYSPNEA AND CYANOSIS.	

THE MARITIME MEDICAL NEWS is a monthly magazine devoted to the interests of the medical profession. Communications of general and local professional interest will be gladly received from friends everywhere. Manuscript for publication should be legibly written in ink (or typewritten, if possible) on *one side only* of white paper. All manuscripts and correspondence relative to letter press should be addressed to The Editors, MARITIME MEDICAL NEWS P. O. Box 341 Halifax, N. S.

PRICE.—The Subscription price is One Dollar a year, payable in advance. Ten cents a copy Postage prepaid.

DISCONTINUANCES.—If a subscriber wishes his copy of THE MARITIME MEDICAL NEWS discontinued at the expiration of his subscription, notice to that effect should be sent. Otherwise it is assumed that a continuance of the subscription is desired.

ADVERTISING RATES.—may be had on application.

HOW TO REMIT.—Remittance should be sent by Cheque, Express-Order, or Money-Order, payable in Halifax to order of THE MARITIME MEDICAL NEWS, R. M. Hattie, Secy. Cash should be sent in registered letter.

BUSINESS CORRESPONDENCE—should all be addressed to THE MARITIME MEDICAL NEWS P. O. Box 341, Halifax, N. S.

Elixir Digitalin Co., "FROSST"

The original product that has created the demand for this energetic stimulant. :: ::

Each Fluid Drachm contains :

Digitalin $\frac{1}{100}$ gr., Nitroglycerine $\frac{1}{100}$ gr., Strychnine $\frac{1}{50}$ gr.

DOSE :—ONE FLUID DRACHM.

Charles E. Frosst & Co.,
MONTREAL.

NO SUBSTITUTE
HAS YET BEEN FOUND FOR
ACCURACY
FAITHFULNESS
HONESTY PURITY
NOR FOR
ANTI-KAMNIA TABLETS

"Antikamnia & "Cocaine Tablets" in Crippal Conditions

THE MARITIME MEDICAL NEWS

VOL. XIX., DECEMBER, 1907, No. 12

Haemorrhage During Bright's Disease. In a paper entitled "Hæmorrhage in the Course of Bright's Disease, with Especial Reference to the Occurrence of a Hæmorrhagic Diathesis of Nephritic Origin," which appeared in the *American Journal of the Medical Sciences* for November, the author, D. Reisman, states that the hæmorrhagic tendency may be related to renal disease in four ways. viz.: (1) The hæmorrhagic diathesis may be an accident not related to the nephritis, as when caused by septic infection or ulcerative endocarditis. (2) It may be the cause of the nephritis. (3) The two may be due to the same cause. (4) The renal disease may be the cause of the hæmorrhagic diathesis, by hypertension, arterial disease, or toxæmia.—Riesman's studies have led him to the following conclusions: (1) Bright's disease may cause hæmorrhage from the nose, uterus, lungs and stomach, or into the brain, eye and ear, and also a hæmorrhagic diathesis. (2) This diathesis is characterized by bleeding into the skin and from the mucous membranes. (3) Its true cause is unknown; it is probably a toxin analogous to the hæmorrhagin of snake venom. (4) In the other types of bleeding, arterial disease and hypertension are the chief factors. (5) The prognosis in all cases of hæmorrhage is unfavorable, and is generally hopeless when the hæmorrhagic diathesis exists.

Treatment of J. Tyson, in the Journal of the American Medical Association, of November 9th, says that the problem in diabetes is either to restore the carbohydrate metabolism or to substitute some other source of energy and heat. Direct efforts to accomplish the former have failed, but it is possible for proteid metabolism to take the place of carbohydrates to a degree. Fortunately also, in many diabetics there is still a certain capacity to assimilate carbohydrate, and by this, together with proteid metabolism, the health can be more or less maintained. The dietetic treatment is of the first importance, and the first step is to ascertain how much carbohydrate is assimilable and to give this much or a little more. Each patient is more or less a law to himself, and the food trials must be checked by frequent quantitative analyses and weighings of the patient. The best method is to place him at first on a purely proteid diet, and if sugar disappears in the urine to add gradually small amounts of starch-containing foods until sugar reappears, such reappearance beyond 2 per cent. being the signal for stopping the addition of carbohydrates. The patient should be put again on a purely proteid diet for about five days once a month to see how far the sugar output is controllable. Tyson notes the difficulty of obtaining palatable bread containing only a minimum

of starch in this country, and gives the results of analysis of some of the advertised preparations. Dietetic treatment is rendered more efficient by hygienic and medical measures, and of the former he specially mentions keeping up the action of the skin by daily bathing in tepid or hot water, assisted by friction and massage and exercise short of fatigue. Sleeping in a large and well-ventilated room or even out of doors favours the combustion of carbohydrates. Constipation is to be specially avoided, and he has found large high injections once or twice a week, in addition to the ordinary purgatives, very useful. Calomel is a purgative especially indicated, but large doses may be needed. The medicinal treatment, though not very satisfactory, should not be neglected. If it be possible to get at the cause, its removal is, of course, indicated. Tumour in the fourth ventricle, specific or otherwise, may possibly call for operation or specific treatment. There are some cases that seem to be connected with gout or rheumatism, and if the pancreas is certainly at fault, pancreatic preparations may be tried. The only remedies that seem to have a direct influence on diabetes without regard to its cause are opium and arsenic. We do not know how these produce their good effects, but Tyson thinks it more than likely that opium acts by quieting the nervous influences that aggravate the symptoms of diabetes. It must not be used, however, in constipated patients, as its added constipating effect makes the condition worse and increases the danger of diabetic coma. He prefers to use codein instead of the crude drug, beginning with a quarter of a grain three times daily, and adding a quarter of a grain daily un-

til the desired effect is produced or the daily dose reaches 4 or 5 grains. Arsenic is much less effective than opium, and chiefly in mild cases. Tyson has sometimes thought that it acts by aiding oxidation. His favorite preparation is Fowler's solution, which he prefers to give in rather small doses extending over long periods without interruption rather than to produce the physiological effect of the drug. The coal-tar derivatives are now seldom used and are likely to be beneficial only in mild cases. Hedonal and aspirin have been recommended; their effect may be like that of opium. The bromides may be sometimes useful. Tyson sees some prospect of good in organotherapy, more especially in the injection into the blood of the amyloid secretion of the pancreas. Some claims have been made for "secretin," the active principle of the succus duodenalis but to make its trial complete it will need to be used hypodermically. The treatment of complications is mentioned in conclusion, the use of alkalis in diabetic coma, threatened or actual, the use of local applications for pruritus, etc. The prophylactic restriction of sugar and starch in the diet of those hereditarily disposed to diabetes and obesity is also mentioned. Too little attention, Tyson says, has been paid to this matter in the past, chiefly because the attention of physicians has not been called to the existence of such a hereditary tendency until after the disease has established itself.

**Radiant Light
in Treatment.**

T. D. Crothers, writing under the caption "The Action of the Radiant Light Bath in Nervous Diseases," in the *Medical Record* of Nov. 23, gives the results of ten

years' use of the radiant light bath in the treatment of nervous diseases of the sclerotic type, fibrosis, local irritations, and inflammatory states of subacute nature. The radiant light bath is a powerful sudorific, acting much more rapidly than hot air. It also has some specific effect on the cells and tissues, is an eliminant, influences metabolism and nutrition, and its physical effects on the nervous system affect the mind and emotions. Sweating begins in a few minutes. Insomnia and exhilaration are followed by a deep and refreshing sleep. It overcomes nervousness and irritation in drug takers. It diminishes the desire to take spirits and drugs. Appetite is stimulated and digestion improved. Thirst, relaxation of the bowels, and renal activity are results that may occur. The action of bromides is increased by the bath. Mental relief and buoyancy of mind are remarkable. Despondency passes away and restfulness follows. Arterial tension is diminished.

Nerve Disassociation.

A new method for the surgical relief of certain painful or paralytic affection of nerve trunks is styled "Nerve Disassociation," and is discussed by W. W. Babcock, in the *Annals of Surgery*, for November. The author draws the following conclusions: (1) The surgical disassociation of nerve fibres may be carried out without producing gross evidence of reduction in the conducting power of the nerve. (2) Disassociation is probably not so likely to produce paralysis as thorough nerve-stretching. (3) In certain cases of neuritis, nerve disassociation is less dangerous and more potent in relieving symptoms than nerve-stretching. (4) In certain cases of motor-

paralysis following inflammation or injury of nerve trunks, disassociation may be followed by remarkable and almost immediate return of function. (5) In the treatment of certain forms of peripheral paralysis due to interruption of nerve paths by masses of fibrous or other tissue, the operation of nerve disassociation is worthy of trial. Especially is it warranted in cases of brachial birth palsy, where no great lesion is found in the nerve trunks or where extensive resections, anastomosis, or forms of nerve bridging, by catgut or other foreign materials, would otherwise be employed.

Borderland Cases.

In a paper entitled "Disease of the Gastrointestinal Tract on the Borderland between Surgery and Internal Medicine," appearing in the *Medical Record* of November 16, John C. Hemmeter considers the early diagnosis of cancer of the intestine. It is hardly possible in the latent stage and one of the difficulties of the surgeon is the late stage of the disease at which the patient consults him. A serum diagnosis of such pathological conditions is most desirable. The author gives his experience in differentiating the different forms of tuberculous peritonitis. There are three valuable aids in diagnosis. The first is intraperitoneal injection of some of the exudate in guinea pigs. The second is the injection of tuberculin. The last is the diazo reaction. This reaction occurring repeatedly indicates a tuberculous condition. The author believes that a cure of tuberculous peritonitis is possible aside from operative interferences. His experience leads him to believe that at least as many patients recover under conservative medical treatment as under

operation. Peptic ulcer of the duodenum and jejunum following gastroenterostomy for benign stomach diseases is a result of faulty conditions preceding and following operation. The acid chyme of the stomach should pass the orifices of the bile and pancreatic ducts, and the degree of stomach acidity should not exceed two parts to one thousand. Care must be taken to establish a proper course for the food such as nature intended it should take. Otherwise a duodenal ulcer may develop. A purely medical and dietetic treatment should be tried for a long time before operation takes place.

*

Drug Absorption and Elimination. E. R. Zemp, writing in the *Journal of the American Medical Association* of October 19th, thinks that physicians do not study their works in *materia medica* enough, and that they frequently forget or ignore the important actions of drugs that are frequently prescribed. The systemic action of a drug is due to its absorption and the duration of its action is dependent on the rapidity of its elimination: hence the knowledge of the rapidity of absorption and elimination carries with it the knowledge how often to repeat the dose. Physicians should also know the conditions that affect absorption and elimination, the conditions of the circulation, such for example, as the retarding action of dropsical states which make hypodermic medication dangerous, those of the stomach and intestines, the selective absorbing action of the skin, etc. He reviews several of the commonly used drugs as regards these points and gives his practical therapeutic deductions. In the case of opium with its rapid absorption, slow elimination and consequent cumulative action, he con-

demns the use of large doses, preferring small doses frequently repeated, and insists on the importance in case of poisoning of keeping the stomach free from the drug, as it is largely eliminated into this viscera where it may be reabsorbed. The need of being prepared for possible dangerous effects of cocaine administration is also emphasized, as well as the need of care in draining off dropsical effusions in patients who have been taking large doses of digitalis; the danger of even small doses of nitroglycerin, even tasting it being sometimes perilous, and other points of practical importance in relation to cocaine, belladonna, chloral and iodoform are also mentioned.

●

Pleural Effusion.

The subject selected by Sir James Barr, for the Bradshaw Lecture, delivered before the Royal College of Physicians, of London, on the 5th of November, was "The Pleuræ: Pleural Effusion and its Treatment." The lecture appeared in the *British Medical Journal* for Nov. 9. The author considered very fully the physics of the pleuræ, devoting nearly half his time to the discussion of this highly important phase of the subject. He dwelt upon the desirability of determining the aetiology of every case, because of its importance in treatment and prognosis. He supposed every case to be due to some micro-organisms or their toxins; even those cases following injury or cold have only thus been rendered vulnerable. The vast majority of cases are tuberculous, but a considerable number are rheumatic, or due to such organisms as the pneumococcus, streptococcus, staphylococcus, colon bacillus, typhoid bacillus, influenza bacillus. Detection of the tubercle bacillus in the sputum may be regarded as con-

clusive that the case is tuberculous. If this fails, some of the fluid should be withdrawn, and, after the addition of a small quantity of citrate of sodium to prevent coagulation, centrifuged. The sediment is to be examined for leucocytes, tubercle bacilli and other microorganisms. In tuberculous cases the cells are mostly lymphocytes; otherwise the polymorphonuclear cells usually predominate. A blood count often assists as in tuberculous pleurisy there is no leucocytosis, whereas in that associated with other processes there usually is. A hæmorrhagic effusion is usually associated with tuberculosis or malignant disease. Too much importance must not be attached to the specific gravity in determining whether the effusion be inflammatory or not. Dry pleurisy, while commonly tuberculous, is not necessarily so. In pneumococcal cases the fibrin percentage is high.

In the treatment of dry pleurisy, little is required beyond counter irritation, a diaphoretic and a purgative, with perhaps a sedative to relieve pain, or perhaps strapping of the chest to limit movements. When there is effusion, Sir James Barr practices complete removal of the fluid by syphon, replacing the fluid withdrawn by filtered air, and introducing 4 c.c. of 1 in 1000 adrenalin solution diluted with 8 or 10 c.c. of sterile normal saline solution. The adrenalin solution contracts the blood vessels and limits the amount of secretion, but its action is evanescent, especially if any great negative pressure exists, so that, if necessary, more sterile air is injected. In this way the negative pressure is lessened or abolished, and the lung gradually expands as the air is absorbed. The syphon is preferred to the aspirator for removing the fluid, as the force

of the suction can be easily regulated and by its use a negative pressure of one pound to the square inch need never be exceeded, thus lessening the risk of secondary hyperæmia or œdema. By introducing a manometer in the air tube, the production of a positive pressure in the pleura can be avoided. The lecturer also referred to the surgical measures advisable in cases of empyema.



Outdoor Treatment of Insanity. A very suggestive paper from the pen of C. C. Easterbrook, of the Ayr District Asylum, appears in the *Journal of Mental Science* for October, in which is discussed "The Sanatorium Treatment of Active Insanity by Rest in Bed in the Open Air." The author states that from 1894 to 1902 he followed out what he terms the asylum or outdoor exercise treatment of active insanity. This he thinks benefits primarily the physical condition, but may retard mental improvement. From 1902 until a year ago, he employed the hospital or indoor rest treatment, believing "that the diseased brain calls for ease or rest, and on psychologic, physiologic, etiologic and pathologic grounds, brain-rest is more or less effectually secured by absolute rest for the time of the body in bed amid surroundings which are congenial and suggestive of cure." He has concluded, however, that indoor rest primarily benefits the mental condition, but may retard physical improvement. For the past year, Easterbrook has adopted the sanatorium or out-door rest treatment, which he thinks benefits from the outset both the mental and the physical condition, retarding neither, avoiding the risk of undue exhaustion which attaches to the exercise method, and

obviating the evils of bodily inactivity and sluggish metabolism which associate with prolonged indoor rest. The new hospital at Ayr was constructed with a view to carrying out this treatment, and offers excellent facilities for a thorough test. Thus far, Easterbrook's results from the new treatment have convinced him of its superiority over other methods.

*

Action of Gastric Juice on Starch. H. Roger and L. G. Simon report the results of their investigations in this matter, in *La Presse médicale* of October 26. They conclude that starch is being constantly modified in its passage from the mouth through the intestine, by the various fluids with which it meets. While the saliva and pancreatic juice are especially active, the gastric juice takes its turn in the production of chemical and physical transformations of the starch. It continues the action commenced by cooking, giving rise to soluble starch and dextrine. While it may not be able to directly change starch into sugar, it yet plays an important part in the preparation of the starch for its ultimate transformation.

*

Hæmophilia. The subject of Hæmophilia at the Ninth French Congress of Medicine, introduced by M. Carriere, of Lille, and M. Marcel Labbé, of Paris, is epitomized in the *British Medical Journal* of November 23, as follows:

"The great rarity of the affection was first remarked upon, Carriere having found that 104 out of 164 colleagues had never had a case under observation, whilst he himself could collect only six cases during a practise of sixteen years. The disease appears to prevail most frequently in cold or damp climates, and patients have been cured temporarily or per-

manently by removing to warmer climates. The two theories of the causation, abnormalities in the coats of the vessels, and retardation in the coagulation of the blood, were referred to; the latter being upheld by all the speakers. It was pointed out that coagulation might be delayed from the normal eight or ten minutes to twenty or thirty minutes, or even longer. The delay is caused, not by any alteration in the number or appearance of the blood corpuscles or in the amount of fibrin or salts, but by a chemical change in the blood, the absence of some ferment which causes coagulation, the exact identity of which is not known. Hæmophilia must not be confounded with purpura or other hæmorrhagic and scorbutic affections, which depend upon abnormalities in the coats of the vessels and are not, as a rule, associated with tardy coagulation. The discussion concerned itself chiefly with the question of treatment. Carrière divides his cases into those with no hæmorrhagic tendencies, those in which bleeding has occurred, and those which are being prepared for operation. To the first he advocates residence in a warm climate, and against the tendency to hæmorrhage, he prescribes calcium salts, gelatine and serum treatment; but all have to be continued for some time, and administered frequently, to prevent relapse. Before operation or accouchement he gives all three remedies at once, using thyroid, thymus, hepatic or adrenal serum, or in cases of emergency, even antidiphtheritic and antitetanic. Other speakers depreciated the value of calcium salts, and even preferred the injection of serums, thyroid, hepatic, or even ordinary fresh blood serum, human or animal. A special caution was given as to guarding affected children from injury and accident during the early years of life."

Canadian Hospital Association. At a meeting of the Executive of the Canadian Hospital Association at the Hospital for Sick Children, it was decided to hold the next meeting of the Association in Toronto, in the Parliament Building (if the rooms can be obtained) on Easter Monday and the following Tuesday, 1908. The meeting will open at 2 o'clock on Monday; the Tuesday session will be held at 9.30 a.m. and 2 p.m. A reception will be given by the President, Miss Louisa Brent, in the new Nurses' Home of the Children's Hospital, on Easter Monday evening at 8 p.m. Dr. S. S. Goldwater, Superintendent of the Mount Sinai Hospital, New York, and President of the American Hospital Association; Dr. C. K. Clarke, Superintendent of the Toronto Hospital for Insane; Del T. Sutton, Esq., editor of the *National Hospital Record*, Detroit; Dr. W. J. Dobbie, Superintendent of the Toronto Free Hospital for Consumptives, and Dr. Henry M. Hurd, Superintendent of the Johns Hopkins Hospital, Baltimore, have promised to give papers. A number of the Canadian superintendents have also been invited to contribute to the programme.

Cancer Exhibition. A cancer exhibition is being arranged in connection with the debate on cancer to be held during the second International Surgical Congress, at Brussels, in September of next year. Contributions to the exhibition are invited. They should be forwarded so as to reach Brussels between the 20th and 30th of August next, addressed to the general secretary, Prof. Dr. DePage, 75 Avenue Louise, Brussels.

Some Hospital Problems.

The two papers recently read by Doctors Corbett and Rowley before the St. John Medical Society, and published elsewhere in this issue, make prominent the facts that there are still some unsolved problems in hospital management, and that it is by no means easy to conduct such an institution so as to be satisfactory alike to the staff within, to the profession without, and to the general public for whose benefit such an institution exists. Indeed, sometimes, so great is the dissatisfaction either in some of the profession without, or among the general public, that the lay press is occasionally flooded with letters, discussing various vexed questions from different points of view, and not always in a manner to enhance the reputation of either the profession or the institution immediately concerned.

One of the problems which incidentally emerges in these papers is connected with the personnel of the bodies controlling or managing hospitals. The management of an institution of this kind belonging to a province or a city, naturally or easily falls to the Government of the province or of the city, as the representative of the owners. But though such management may very naturally or easily arise, it does not follow that it is the best attainable, or likely to be even fairly good. All governments are partisan, and partisanship is not consistent with the best management of a hospital.

The St. John General Hospital is not managed by a Government, but by a Commission, and yet it would appear from the papers already referred to that that institution is not conducted in such a manner as to secure the unanimous support and full confidence of the profession in that city. To what extent Dr. Corbett voices the

sentiment of the profession unconnected with the Hospital, we cannot say, but certainly some of his statements appear extraordinary to those of us in Halifax who have been led to regard the St. John Hospital as a particularly well-managed institution.

A hospital managed by a Commission of independent men, in every respect untrammelled by political, sectarian and undue personal influence, seems ideal.

One might therefore well hesitate to accept in their entirety the intimations of these papers as to the unprogressive and unjust management of the St. John Hospital by the Commission.

A Commission is more likely than any other body to make appointments to the Hospital staff according to professional merit, and not according to partisan or personal prejudice. Many of us in Halifax have been envying the hospital management obtaining in St. John, because of our belief that political considerations have had far too much weight in determining appointments to the Victoria General Hospital in this city—an institution managed directly by the Provincial Government. A system that excludes from the hospital staff men of such high reputation as Doctors John Stewart, A. W. H. Lindsay, F. U. Anderson, and others that could be named, surely affords much ground for complaint, and it is not to be wondered at if the hospital is not in the enjoyment of full public confidence. With a board of independent men, political considerations would have no weight in comparison with professional merit. The hope may well be expressed that the day is far distant when the St. John Hospital will be managed directly either by the Provincial Government or by the City authorities.

Another problem, and a fruitful source of dissatisfaction, is the relation

of members of the profession, not on the hospital staff, to patients in the private wards of the institutions. In the St. John Hospital, as in similar institutions in most other places, the right of attending patients in the private wards is limited to members of the hospital staff, and such members are remunerated directly by the patients. Such a regulation seems entirely unjust. A patient able and willing to pay any reasonable expense demanded, should surely have the right to choose his medical attendants, if such a course would neither impair the efficiency of the institution, nor injure it financially. The reason given by Dr. Rowley for opposing such liberty, namely, that it would introduce confusion into the working of the hospital and call for an increase in the staff of internes and nurses, or, in other words, would entail increased expenditure, may seem plausible, but will not stand the test of experience. In the Victoria General Hospital, private patients have, for many years past, been allowed to select their medical attendants, and this has not been found to interfere with the routine of hospital work, nor has it added anything to the expenditure. Indeed this course has rather proved profitable to the institution, for since its adoption the private rooms have always been occupied, though often vacant before; and the former public and professional grievance on this score has ceased to exist.

Whether paying patients should be admitted at all to hospitals supported by public funds is another unsettled question. Many think that provision for paying patients should be largely left to private enterprise, and for this view much can be said, but it is nevertheless essential that the public institutions should make provision for emergent cases and to supply a reasonable public demand where there are no private institutions to do so.

CEREBRAL COMPRESSION, ITS PHYSIOLOGICAL BASIS AND THERAPEUTIC INDICATIONS.

Address delivered at the Annual Meeting of the Medical Society of Nova Scotia, Windsor, July, 1907

By EDWARD ARCHIBALD,

Assistant Surgeon Royal Victoria Hospital, Associate Surgeon Children's Memorial Hospital, Montreal.

O the practitioner who has made no special study of neurology, harrassed as he is by the never-ceasing duties of the daily round, the brain, as well in its physiological and anatomical as in its pathological manifestations, is apt to remain in some degree a *terra incognita*. And yet this ought not to be the case, at least as regards the interpretation of the ordinary cerebral lesions, because the essentials are, after all, relatively few. As a matter of fact from the standpoint of interpretation, no system of the whole economy gives so uniform, so certain, a response to a given pathological lesion as does the nervous system. The trouble is that we seldom properly learn nervous physiology, which is the chief basis of nervous pathology. Symptoms have been taught us in too much of a catalogue fashion: we have taxed our memory too much and our reason too little. Most of us, for instance, when we graduated knew that a slow bounding pulse was a sign of cerebral compression; how many of us knew that this was due to a stimulation of the vagus and vaso-motor centres by lack of sufficient circulation, and that it was of the deepest prognostic import? Therefore, my object to-day is to resume briefly the results of the more recent work on this subject of compression, work which gives us a very solid basis of knowledge upon which to rest our judgement when we are confronted with a serious clinical condition.

From the anatomical standpoint the cranium is a rigid, closed box, as little capable (to use von Bergmann's expression) of expansion as of contraction, except in the infant. This box is completely filled by the brain with its membranes, the blood and the cerebro-spinal fluid. The cerebral substance, moreover, is incompressible—as incompressible, practically speaking, as water itself. Therefore, if any foreign body, such as a tumour or a blood clot, make room for itself inside the skull, the only elements that can give way are the blood and the cerebro-spinal fluid; and, as a matter of fact, the first result of compression of the brain is the escape of these two elements outside the cranial box, by way of the veins and the ventricular spaces.

The cerebral functions from the clinical point of view, may be divided into local and general. It has been customary to call "general" or "major" those which reside in the centres of the medulla, because of their being associated with the vital processes of the body, as opposed to the "local" signs which are called forth upon stimulation of localised areas of the brain. It is not my intention to discuss to-day the symptoms resulting from a lesion of any local cerebral territory. I may merely remind you that the Rolandic area limited to the precentral convolution, is concerned with motor responses, that the zone situated just behind the fissure of Rolando, together with the

rest of the parietal lobe has to do mainly with the sensory system in general; the occipital lobe with higher vision; Broca's convolution and the temporo-sphenoidal with the various forms of aphasia, and the pre-frontal lobe with the functions of the higher intellectual and psychic life.

These signs may or may not be present as part of cerebral compression according to whether the latter bear upon a limited area or be more or less generally transmitted. Their finer interpretation belongs rather to the neurologist than to the general practitioner. On the other hand it is much more important for the general practitioner to be conversant with the symptoms of general or major cerebral compression, that is the bulbar symptoms, inasmuch as in this case life itself may be in immediate danger.

I may here perhaps be allowed to recall briefly to your minds the three chief medullary centres situated in the floor of the fourth ventricle. Here we have the respiratory, the vagus or cardio-inhibitory, and the vaso-motor centres. Stimulation of the vagus-centre slows the heart; stimulation of the respiratory centre deranges, or may temporarily paralyze respiratory movements; finally, stimulation of the vaso-motor centre raises general blood pressure by constricting the peripheral arteries. These are the few and simple facts which are of fundamental importance.

Now, let us turn for a moment to consider in a general way the clinical conditions which correspond to this division of compression into "local" and "general or bulbar." As examples of local compression we have tumour, cyst, abscess, hæmorrhage from the middle meningeal ar-

tery. Remember, however, that any one of these local compressions may, if it become great enough, transmit its pressure throughout the skull to such a degree as to become general; that is, as to affect finally the vital centres in the medulla and call forth the "major" symptoms of compression. It is likewise evident that if the local compression be situated primarily in or near the bulb, it will produce these major symptoms first of all.

As examples of general compression, usually without local signs, we have basal hæmorrhage in fracture of the skull, acute hydrocephalus; acute cerebral œdema following concussion, and meningitis. The compression which these exert is general, because as you see it is usually fluid in character and therefore is more uniformly distributed over the cranial cavity and does not press upon any area in particular; or, if so, only over a "silent" area.

To-day we leave aside the question of local pressure, which would take us too far afield, and confine ourselves to the consideration of the manner in which general compression affects the vital centres in the medulla. You are all familiar, to take an example, with the fact that a man with a fracture of the skull is apt to lie comatose without localising symptoms, but with a slow, high-tension pulse, and stertorous irregular breathing. These are the effects of pressure exerted generally it is true, but acting in particular on the bulbar centres already mentioned. In what way, now, are these centres stimulated by the compression of the effused blood, a compression which is acting from a distance? It is not, we may say at the outset, by direct pressure, mechanically speaking; it is rather by expressing the blood and by preventing good blood

from reaching the bulbar centres; in other words, it is by anæmia. Only within the last few years have we gained the experimental proof of this fact. The labours of many investigators, and not the least those of England—I need only mention the names of Spencer and Horsley, Roy and Sherrington, Elder and Leonard Hill—have been tending in this direction for many years past; but the credit of proving it to a certainty is due to Dr. Harvey Cushing, of Baltimore, working in the laboratory of Professor Kocher in Berne. His work was briefly as follows:

He produced general cerebral compression in dogs, by inserting a cannula into the occipito-atlantal ligament and pouring in salt solution under a pressure which he could control and register in millimetres of mercury by means of a manometer. Simultaneously he registered the arterial pressure in the femoral, and finally, he placed a glass window in the skull through which he could observe the changes in the cerebral vessels.

It is impossible here to go into the minuter details, but briefly the sequence of events was as follows: and I here paraphrase from an article by Cushing, published in the American Journal of Medical Sciences for October, 1902.

“What are now the circulatory changes observed? As the pressure rises the first change is that of a slight dilatation of the veins; the appearance of the smaller radicles, previously invisible, and the development of a distinct difference in color between veins and arteries. At the same time the longitudinal sinus (window in mid line) shows signs of narrowing, beginning usually at the posterior end. These changes are observed long be-

fore pressure is great enough to give signs of disturbance of the medullary circulation. Occasionally slight irritative phenomena on the part of the respiration and pulse-rate occur during this early stage, but there is no effect on blood pressure and if the compression is exerted slowly and carefully these may be avoided.

When the pressure has been brought up to near the blood pressure we find the longitudinal sinus collapsed, the brain clearly in a condition of stagnation, or the veins filled and of a deep blue colour.* According to the views of some, such a degree of circulatory stagnation should be sufficient to cause marked symptoms; yet, as the curves show, there need be no change in pulse, respiration, or blood pressure, a complete anæmia of the medulla results, calling out the major symptoms of compression and causing death. This is erroneous. What occurs is this: as soon as the blood pressure is exceeded by the compression pressure, and indeed exactly at that moment, the observer sees through the window that the brain grows pale; i. e. the capillaries are emptied, and even the visible arterioles also, while the veins remain full of stagnant blood.” This anæmia, however, lasts but a short while. Why? Because now the blood pressure rises and rises so as to get again above the compression level. Thus the blood is driven through again, the arteries become visible, and the reddish color returns to the brain. Now if we again increase the compression the same movement on the part of the blood pressure is repeated. In this way Cushing was able to drive blood pressure up to comparatively enormous heights; in one case he pushed intracranial pressure up to 276 mm. Hg. and the blood pressure to 290 mm.

*This condition, by the way, I have seen clinically during operations in cases in which cerebral compression was marked.

before this regulatory mechanism failed.

Moreover, it was found that a high compression pressure, if kept below blood pressure, could be borne by the brain for a long time, an hour or more. And clinically we doubt not but that a similar condition of moderate interference with medullary circulation can be borne for days (as in hemiplegia.)

Now we have here evidence of a sort of regulatory or protective mechanism, designed to overcome the effects of cerebral anæmia. It is plain that the vaso-motor centre is the essential factor in raising blood pressure. Therefore the struggle lies between the compressing force and the vaso-motor centre, and, as you see, it is a struggle for life or death. The compression causes anæmia of the bulb, anæmia is a stimulus to the vaso-motor centre; it responds by driving blood pressure higher than the compression pressure. The latter responds, and so it goes on till one or the other becomes exhausted and gives up.

In this way Cushing felt justified in formulating a law to this effect: "An increase of intra-cranial pressure above blood pressure causes a rise of the latter to a point somewhat above that of the former; moreover, this regulatory mechanism is due to the action of the vaso-motor centre and is brought about only by the condition of anæmia."

During this struggle for life or death the respiratory centre is also affected. It however is not stimulated by lack of blood, it is rather paralyzed. And so we find that breathing is apt to become shallow and slow; in the experiment it frequently ceases entirely until the vaso-motor centre has succeeded in supplying it again with blood. Its stimu-

lus is poor blood containing CO₂, and in certain stages of compression where there is considerable venous stagnation we get a deepened respiration, as we see in some cases of cerebral hæmorrhage. The alteration in rhythm called Cheyne-Stokes respiration, is easily explained by these experiments. At those stages in the curves where the blood pressure is below compression pressure, and when, consequently, the bulb is anæmic, the respiration may cease almost entirely, but as blood pressure rises and the respiratory centre receives blood again, breathing commences, and we get a series of respirations, until the rise of the pressure again deprives the bulb of blood, and respiration again ceases. This may go on for a long-time even when the compressing force does not increase, because when compression is at a certain height and is kept there, we find that the vaso-motor centre develops a rhythmic activity which calls forth waves, the so-called Traube-Hering waves. At the bottom of the wave respiration ceases; at the top it is resumed; it is all dependent on the amount of blood the bulb receives.

Of course in cerebral compression we frequently get only modifications of the Cheyne-Stokes type; often the respiration is only slowed, or made less deep or irregular, without any rhythmic alterations. These lesser degrees are nevertheless very important to observe because they confirm the diagnosis of severe compression. The slow pulse, that sign of cerebral compression which is the most relied on clinically, is perhaps the least reliable of the three; its cause is the same, a bulbar anæmia which stimulates the vagus centre and thereby slows the pulse. There is, however, less regularity in the ap-

pearance of this sign than in that of the rise of the blood pressure.

Suppose now that the compressing force be gradually increased, what happens? Ultimately the vaso-motor centre becomes exhausted and has to surrender. With its surrender blood pressure begins to fall; and usually the fall is rapid. The bulb is no longer supplied with sufficient blood; the respiration becomes slower and slower, and finally ceases. The vagus centre is paralyzed, and the slow pulse changes to a rapid one. The end comes, first by arrest of respiration, this being followed for a little while by a rapid, weak pulse, which in its turn finally ceases. But I would remind you that the vaso-motor centre is the key to the situation. It has to fail before the other two fail. It is the rear-guard in a retreating action; and if it is overcome the army is routed and devoted to slaughter.

Now let us briefly apply this knowledge to the clinical conditions. Upon this basis Kocher has divided the ordinary course of an advancing cerebral compression, as for instance a fatal case of apoplexy or of fracture of the skull, into four stages. It is understood that these are by no means arbitrary:

FIRST:—The stage of compensation. The compression is mild and is compensated for by expression of blood and cerebro-spinal fluid. There are practically no symptoms.

SECOND:—The stage of beginning manifest compression. Here there is present a venous stasis with difficulty in the passage of the blood through the skull. It is characterized by headache, vertigo, restlessness, noises in the ears, disturbed sensorium, with excitement or delirium. Above all it may be seen in the fundus

oculi, where the ophthalmoscope shows dilatation and tortuosity of the veins of the papilla; there may be some slowing of the pulse and some rise in the blood pressure.

THIRD:—The stage of the acme of manifest compression. This is characterized by alternations between total lack of circulation in the brain and a good circulation. It is the stage of active struggle between the vaso-motor centre and the increasing compressing force; the blood pressure is rising constantly. It may last an indefinite time until relief comes or the vaso-motor centre gives up. There are marked respiratory disturbances, especially if the blood pressure is rhythmic, also rhythmic alterations in the size of the pupils, and varieties in the depth of stupor. The slow, high-tension pulse is marked, but usually not rhythmic. If the vaso-motor centre finally gives up we get:—

FOURTH:—The paralytic stage. Here are alternations between total lack of circulation and an insufficient circulation in the bulb. We get falling blood pressure, irregular cardiac and respiratory efforts, a pulse getting more and more rapid and weaker, deep coma, complete flaccidity of the muscles, wide pupils, broken snoring respiration which grows slower and slower until death ensues. It is a condition of irrecoverable cerebral anæmia.

Gentlemen, I shall have succeeded in my object if I have impressed on you one thing in particular—the predominating influence of the vaso-motor centre and the importance of estimating the blood pressure, which is the outward evidence of the work which that centre is accomplishing. To base a prognosis is to estimate accurately how near the vaso-motor

centre is to exhaustion or how far from it; and for that we must rely chiefly on the degree of blood pressure in the peripheral arteries.

It is naturally impossible to open, in the human, a blood vessel and take the blood pressure as in physiological experiments. To fill this lacuna various instruments have been devised for the recording of blood pressure clinically. The most generally useful of these I show you here. It is the Riva Rocci, modified by Cook, of Baltimore. As you see it is composed of an upright tube graduated in millimeters for the recording of pressure. Attached to this is a rubber tube connected by a T-piece with this hollow band of rubber which is bound round the patient's arm. The other end is attached to a rubber bulb which blows air into the armlet and so gradually obliterates the patient's artery, at the same time driving the Hg. up in the glass tube. The pulse being once obliterated, one lets the air gradually escape. The pressure on the artery and on the Hg. decreases equally. At the moment when one first feels the return of the pulse, the degree of pressure on the glass tube in mm. of Hg. is read off. Normally, it is from 110 to 130 mm. In cases of severe cerebral compression I have found it as high as 280; it may go above 300. This indicates the enormous power of the vaso-motor centre.

It must be remembered that the arteries of the brain have no vaso-constrictor nerves; the vaso-constrictor action and the rise in arterial tension are confined to the arteries of the rest of the body, and it has been proved that the chief gain is got by the constriction of the splanchnic arterioles; less blood going there provides more for the brain.

The use then of this instrument

is simply this; it tells us approximately to how great a degree the vaso-motor centre is being compressed; the height of blood pressure corresponds directly with the degree of compression. The interpretation of course is a matter of clinical experience. In a general way if the instrument records over 200 Hg. mm. the compression is decidedly dangerous; I have seen a case go on to death with the pressure no higher than 180. Naturally this is rather a matter of surgical judgment than of rule of thumb, and must be based upon a consideration of the case as a whole. Absolute figures are always a delusion and a snare if one trust to them blindly. Of course surgeons in the past have not been quite without recourse upon this point. They have roughly estimated the pulse tension with the finger. But this has been proved to be very unreliable as compared with this instrument. I am decidedly of the opinion that this instrument should be regularly used in all head cases in hospitals at intervals of half an hour, or less in critical cases. Not only so, but it should be used by the general practitioner, just as he uses the laryngoscope or otoscope, or any other special instrument. Its cost is small, about \$8.00, and its use is simple. Lives may be saved by it. If, for instance, the pressure at a first visit is 140 mm. Hg., at a second 160, at a third 180 or 200, action is urgently indicated.

Such is in brief the physiological basis upon which we must judge our cases; the bulbar signs are those which indicate danger to life, because in the bulb are situated the vital centres. Therefore, it is that they are of commanding importance in prognosis. Although it is plainly the cases of acute traumatic compression with basal hæmorrhage that most

closely resemble the experimental conditions, yet one frequently gets the same bulbar signs in the terminal stages of brain tumour, and they give then a very dark prognosis and warn to immediate operation if at all possible.

At this point, Dr. Archibald demonstrated a number of charts illustrative of the blood-pressure reaction in cases of cerebral compression. The first, reproduced from Kocher's volume in Nothnagel's System, showed a tracing of one of Harvey Cushing's experiments, and illustrated the effectual response of the vaso-motor centre in driving up blood-pressure to overcome the rise of compression pressure, which latter was not pushed to a fatal height; also the Traube-Herning blood-pressure waves with their graphic explanation of rhythmic or Cheyne-Stokes breathing; and the gradual descent of blood pressure upon release of the compressing force.

The second illustrated the mode of death in acute cerebral compression by failure of the vaso-motor centre. A jockey thrown from his horse at 5 p. m., was brought to the Royal Victoria hospital quite unconscious. No definite localizing signs. At 8.30 p. m., pulse 40; at 8.40 blood-pressure 190 mm Hg; at 9, pulse 57; at 9.05 pulse 64; at 9.15, blood-pressure 190; at 9.30, pulse about 74. At this point 15 cc of blood-tinged fluid were withdrawn by lumbar puncture. This seemed to change the whole aspect of affairs: he quickly grew cyanosed, respiration became Cheyne-Stokes, the pulse grew rapid and small, and the blood-pressure quickly sank; this all within 5 or 10 minutes. Artificial respiration kept the heart beating for a half-hour longer, but to no avail. At post-mortem a large intracerebral clot was

found. Here evidently, from 8.30 o'clock on, the vagus was becoming paralysed as shown by the increasing rate of the pulse; blood-pressure had probably been higher than 190 and was on the brink of giving out. The lumbar-puncture by removing some of the support from the spinal canal, presumably let the bulb be squeezed down into the foramen magnum and against its rim, and thus by acute pressure on the bulbar centres, gave the finishing touch to the beginning vaso-motor paralysis with consequent rapid fall of blood-pressure, which in its turn induced complete vagus and respiratory paralysis. Note the implied warning against withdrawing any material amount of spinal fluid.

A third chart showed the drop of blood-pressure from 130 mm Hg to 88 during the evacuation of a large cyst at the base of the brain extending into the cerebellar fossa in a child of 6 years of age. (personal case, Royal Victoria Hospital). The relief of the cerebral compression exercised by the cyst was very clearly shown in the blood-pressure readings.

A fourth chart showed this fact much more strikingly. It was taken from one of Harvey Cushing's cases (*American Journal Medical Sciences*, June, 1903), a patient suffering from apoplexy with threatening paralysis of the vital centres as seen in Cheyne-Stokes breathing, a slow pulse, and a blood-pressure of over 300 mm Hg. Trephining with evacuation of the intra-cerebral clot caused within 20 minutes a fall of blood-pressure of over 200 mm Hg, from 380 down to normal. This evidenced complete relief of the cerebral compression, a relief maintained for two days, when unfortunately, the patient died of pneumonia.

Finally a fifth chart served to show the diagnostic value of blood-pressure examinations in distinguishing between concussion and compression. A man suffering from concussion (presumably) was admitted to the Royal Victoria Hospital about 1 p. m. His blood-pressure was 95; at 8 p. m., it was 92; at midnight, 98; 3 a. m., 102; 8 a. m., 122; and at this normal figure it remained. It is characteristic of most cases of concussion to show a subnormal blood-pressure; but if compression from intracranial bleeding be superadded, it will show itself in a rise of blood-pressure above normal. In this case, the slow recovery of blood-pressure and its remaining at the normal level were strong evidence that the brain was not suffering material compression and that the case was one of pure concussion.

To discuss at all fully the operative indications that may rationally be deduced from these physiological premises, would carry us too far. I fear I have already overstepped my time—I shall therefore add but a few words.

The treatment of compression in the light of these considerations must be to relieve the compression—not to lower a high blood pressure, which as we have seen is Nature's attempt to overcome the obstruction; therefore bleeding and depressing drugs are in general contraindicated; while operation, either to remove the compressing body or to give more room is indicated. On the one hand we have the radical operation, on the other the palliative or "decompressive."

In intracranial hæmorrhage from injury, there is of course no doubt as to operation if the bleeding come from the middle meningeal artery. But with regard to those cases in

which the bleeding is inside the dura mater from pial vessels, I believe we must enlarge the limits of the indications for operation and interfere to relieve dangerous pressure even where gross localising signs are absent. I think it is important that in hospital the neurologist should be called in consultation early for traumatic cases, as well as for tumour cases. He may perceive the finer localising signs which the surgeon may miss. Or else the surgeon must acquire a good neurological knowledge himself, which of course is the desideratum.

I believe we shall soon be operating to evacuate the clot from the cerebral substance in dangerous cases of apoplexy; I believe the obstetrician should call the surgeon in consultation for the intracranial hæmorrhages of the new born, where convulsions and a bulging tense fontanelle indicate high intracranial tension. As to tumour, the general practitioner and the internist must learn to recognise them early, and not to wait until the optic neuritis has gone on to blindness, and the vomiting and headache have reduced the patient to a sadly weak condition before they call in the surgeon. In these cases we are now getting brilliant results, both from radical operation and in the relief of symptoms from the palliative decompressive operation, consisting in the removal of bone sufficient to relieve tension without invading the brain itself. This last for cases where diagnosis of the seat of the disease is impossible. It must be remembered that we can now localise the seat of a tumour in 50 per cent. more cases than we could ten years ago, and that results have improved 50 per cent.

There are many conditions which are still considered inoperable, which

in my opinion will soon belong, partly at least, to surgical territory. Such are, suppurative meningitis, in which a number of cures are reported from trephining with drainage. I can hardly believe, it is true, that these cures were accomplished by any drainage of the subdural space which to me seems scarcely possible, but rather to the removal of bone and the consequent relief of pressure, which latter in some cases of meningitis is the true cause of death. Even tuberculous meningitis I have some hope for from decompression, though this is a more unlikely event. The treatment of hydrocephalus by drainage of the ventricular fluid into the subdural space, will, I believe, ultimately be rewarded by some success, although results are as yet discouraging.

The field is constantly widening for surgical intervention; and this is especially justified in the otherwise hopeless cases. If only the internist, especially the neurologist, and also the general practitioner, will learn to give up their traditional pessimism with regard to cerebral cases, and will work hand in hand with the surgeon, I am convinced that great results are possible of attainment. Witness the work of the surgeons, especially Sir Victor Horsley, in the great London Hospital for Nervous Diseases, at Queen's Square, where I have seen extraordinary results obtained.

Hope, therefore, is the note upon which I wish to close. Let me thank you in conclusion most heartily for the honour and privilege of speaking before you.



EXTRA-UTERINE PREGNANCY.

By JOHN F. THOMPSON, M. D.,

Portland, Me. Professor of Diseases of Women, Maine Medical School, (Bowdoin Coll.)

Read at meeting of Maritime Medical Association, St. John, N. B., July, 1907.

I DO not expect to be able to instruct this body of medical men in any department of medicine, for even across the border, in Yankee land, we know the professional ability and technical skill of our brethren of the Maritime Provinces. It has seemed to me, however, that the introduction of a live topic might serve to draw out something in the way of discussion in the line of personal experiences which would be of advantage to us all. I am of the belief too, that there is something of appropriateness in this topic in this section, because no one has written more illuminatingly or has carried more conviction in his reports and writings than has Clarence Webster, now of Chicago, but a native born New Brunswick man.

It does not seem possible that a condition so full of danger to the woman and so dreadful in its every aspect, could so long have escaped the remedial and life saving opportunities of surgery as this condition did. It will be recalled, however, that while previous to Tait, autopsy had disclosed the existence of tubal pregnancy as an entity and had demonstrated its dangers, not until 1883 was the first operation for rupture of the pregnant tube done by Lawson Tait. It seems not so reasonable, however, when we recall that it was two years later that the operation for removal of the inflamed appendix came into vogue.

The frequency of the condition is not easy of estimation nor is it possible to discover readily the proportion of ectopic gestations to normal

pregnancies. It is very evident however, that tubal pregnancies far out-number other ectopic pregnancies.

As far as my research into the literature of the subject goes, I have been able to find not more than ten undoubted cases of ovarian pregnancies.

The first authentic case reported on this side of the water was the one which I operated on in 1901, closely following that reported by Van Tussenbroek, of Amsterdam, from Koewer's clinic. Basing his objection on his well-known theory of the impossibility of the occurrence of pregnancy in structures not capable of decidual reaction, Webster denied that primary ovarian pregnancy could occur. Strangely enough, Webster at the last two meetings of the American Gynecological Society has presented two beautiful specimens demonstrating ovarian gestation, and he is now convinced that such a condition does occur, though rarely.

The probability of the occurrence of a primary abdominal pregnancy is hardly to be considered. If as must often happen, fecundation of the ovum should occur outside of the normal structures and the fecundated ovule fail of entrance to the tube, the absorptive power of the peritoneum would lead to its destruction.

J. G. Clark and others have demonstrated the ability and inclination of the peritoneal lining to destroy and absorb foreign bodies which have been placed in the abdominal cavity. The question then of ectop-

is gestation practically resolves itself into the question of tubal pregnancy.

This is logically the conclusion to be drawn from observation of the anatomical similarities which exist between Fallopian tube and uterus. The lining and whole structure of the tube is not radically different from the uterus. Under certain conditions it is possible, or rather, probable, that the fecundated ovum will find lodgment in that tube and proceed in the way of development to a point at which it can no longer be tolerated.

ETIOLOGY.—Beginning with Schroeder and Tait, the first of the rational attempts at explanation of the causes for tubal pregnancy was made in 1888, and subsequently. Lawson Tait's belief was that all cases of tubal pregnancy presupposed a previous attack of salpingitis which had destroyed the cilia lining the tube.

Until demonstrated otherwise by Mandl it was held that the fecundation of an ovum took place in the uterus. That this is not invariable, or perhaps usual, was shown by Hofmeier and others. The motion of the cilia towards the uterine opening of the tube is not sufficient to bar ingress to the spermatozoa. Investigations as to fecundation in the lower animals and notably in the sow, have demonstrated the primary contact of spermatozoon and ovum even on the surface of the ovary.

Furthermore, there are many who believe they have supported by actual observation, their statements that the normal place of contact between spermatozoon and ovum is in the tube.

Certain cases have seemed to substantiate the claim that various ob-

stacles, mechanical in nature, may interfere with the free passage of the ovum.

My own belief is that, frequently, the pregnancy in the tube is due to the fact that through reason of delay in reaching the ostium abdominale, the fertilized ovum is too far advanced in development to pass along and is far enough advanced to grasp the mucous membrane. It soon imbeds itself in the wall and, being nourished, grows in the tube.

The frequency with which tubal gestation follows a long period of sterility, and also the frequency with which it occurs among the newly-wedded, is often remarked. In my personal experience it has never occurred within a few years of a normal labor. It has occurred frequently in young women as their first pregnancy. I have had two patients in whom at intervals of one and two years, pregnancy has occurred in first one, then the other tube.

There are also on record instances in which both tubes were involved at the same time, and also cases in which a normal uterine pregnancy was coincident with tubal pregnancy. The probability would seem to be that there is no one active or predisposing cause for any or all of these conditions, but that various causes are participating.

Williams demonstrated, from thirty of his cases, that in five the tube on one side was blocked by old inflammatory conditions, while a new corpus luteum existed in the ovary of that side. Evidently in these cases the ovum had passed from one side of the pelvis to the pervious tube on the other side.

Williams also at first believed that the fecundated ovum became lodged in a diverticulum in the tube and pregnancy resulted, but is now in-

clined to doubt that and thinks that the discovered diverticulum is due to the fact that the growing ovum has imbedded itself in the wall of the tube.

Dührssen believes an occasional cause to be impaired peristalsis due to puerperal atrophy of the tube.

Mandl and Schmidt and Küstner found that a gonorrhœal salpingitis had preceded tubal pregnancy in two-thirds of their cases.

The study of the symptomatology with reference to the diagnosis of the condition is of marked interest. The immediate gravity of ectopic gestations leaves no room for hesitation. Life or death may be a question of minutes and dependent on the recognition of an emergency which demands prompt action.

I think those of you who have seen a number of these cases have been struck by the prominence which the history of the patients assumed in the decision as to the course to be followed.

The history of the case is often the only basis for making a diagnosis and always of equal or greater importance than the physical findings.

In the development of the gestation, two factors bring about the final rupture of the pregnant tube. First, the agency which weakens the wall of the tube, namely, the ingrowth of the trophoblastic cells which push their way through tubal structure in their effort to obtain nourishment for the fetus. This process is most remarkable, and, while destructive ultimately to life, microscopically shows most interesting and beautiful sections. The whole picture modified by variation in anatomical structure such as exists between uterus and tube resembles the growth and development of the fetus in utero.

There is, however, one important exception which has been suggested. The wall of the tube does not offer the limiting resistance to the extension of syncytium, and the muscular walls are incapable of the power of expansion which exists in the superimposed layers of muscular fibers which are found in the uterine body.

The result is that early in the progress of the tubal gestation, pain of a colicky nature is prone to occur, probably due to the fact that the tube is excited to peristalsis by the presence of a foreign body. These pains vary in intensity, and later on, at the time of the rupture of the tube or of expulsion of the embryo from the opened ampullary end, exceed in violence of pain the characteristic labour pains of parturition.

These phenomena are of course due to the second of the two factors, namely the increase in size of the growing fetus, with multiple or perhaps minute lacerations of tubal tissue.

The menstrual history of the woman is always of great suggestive importance and often of absolutely conclusive value in making a diagnosis. Some abnormality in the menstrual periods immediately preceding the symptom of pain is the rule.

A review of my own cases shows that, with but few exceptions, the menstrual period following conception has been delayed for from a few days to a few weeks; after which delay, a more or less abortive attempt at menstruation took place. This attempt is characterized by irregularity of flow, which may continue in amount below normal for several days, or may be in spurts. Suggestive symptoms of a normal pregnancy may be present. The uterus will probably be somewhat enlarged and there may be discharges

of shreds representing decidual debris cast off from the uterus.

Physical examination may show a tumour in the pelvis which is apparently tubal. It is always to be borne in mind that a vigorous physical examination may precipitate rupture. Of all the aids to diagnosis nothing is of so much importance as the history of marked disturbance of menstruation and pain of a tearing character.

I have had the unpleasant experience of rupturing a tube, or at least starting up hæmorrhage and losing a patient on the table, in a case where the diagnosis was very obscure; one in which a closer investigation of the history and less regard for physical signs might have resulted better for the patient.

Notwithstanding the fact that there may be things suggestive of ectopic gestation, it yet remains that few cases, comparatively, are discovered until the period of intense pain which precedes or accompanies rupture or expulsion of the fœtus.

There was formerly the belief that rupture of the tube and escape of the fœtus in the midst of a fatal hæmorrhage was by far the most common termination of tubal gestation.

My own experience bears out the testimony of others, that rupture is not the most common termination. Tubal abortion, *i. e.*, the escape of the fœtus from the open abdominal end of tube, is particularly common and especially in the early weeks of the gestation. This may be accompanied by alarming hæmorrhage. Following the natural course of an abortion in the uterus, the hæmorrhage will continue if the decida is still retained in the tube. If, however, the tubal contents escape into the abdominal cavity, the bleeding may cease and the foreign

body be absorbed by the peritoneum. This was and is the common origin of the so-called pelvic hæmatocele, which was believed to have its source in hæmorrhage from other causes than we now believe. Ampullary tubal gestation is more apt to have this termination. Isthmic pregnancy will probably more frequently give rise to rupture of the isthmic portion of the tube. The amount of shock following the hæmorrhage whether from rupture or tubal abortion varies in different individuals in proportion to the amount of pain and quantity of blood lost. The pain is of a sharp lancinating character, tearing, and when it occurs following the history which I have recited and accompanied by profound shock, there is hardly any thing to be considered but rupture of a pregnant tube.

Few cases are immediately fatal. In some instances, the rupture occurs at so favourable a situation that the blood is circumscribed by the folds of the broad ligament. In other instances, the hæmorrhage is checked through the plugging of the rent by the escaping sac; and in still others, as I have said, there is an escape of the sac and contained fœtus through the abdominal opening of the tube and the hæmorrhage is quickly arrested. In any event, nature is able almost always to limit the amount of blood lost and the patient is not likely to die from the first hæmorrhage even though it be considerable in amount.

The early days of recognition of the condition of tubal pregnancy coincided with the early days of modern surgery. The result was that various means were suggested to kill the fœtus in cases where the diagnosis of tubal gestation was made. Injection of morphine into the tubal sac was practiced, and Dr. T. G. Thomas ad-

vocated and practiced the use of electricity for the same purpose. The uncertainty of diagnosis, however, the occurrence of accident and the improvement in surgical methods, have rendered both mentioned methods entirely obsolete and now one never hears of them.

Modern surgery attacks the conditions radically and rationally. An incision clears up the diagnosis and with the lowest possible risk prevents the occurrence of the dangers of sepsis and rupture when the pregnancy is found to exist.

There has always been some discussion as to the advisability of operating during the condition of shock which follows rupture. I have had occasion several times to operate very soon after rupture and have never regretted it. Hunter Robb, however, in a discussion at the last meeting of the American Gynæological Society, stated that in their last twenty cases at the Lakeside hospital they had waited for reaction and had had no mortality. This I believe is contrary to the teachings of authorities, and seems contrary to good surgical principles.

It must however be admitted that in the vast majority of cases, operation is not done until a period of hours after the rupture has occurred, when there is probably some reaction.

In almost every instance in which I have operated in these cases, I have been obliged to travel a considerable distance to the patient, or she has been brought to the hospital after some time had elapsed from the rupture.

It is needless to go into details in describing the operation. The tube is clamped so that the blood supply is cut off from the bleeding point. The stump is ligated and the tube removed. If the patient's condition is bad, no time should be lost in cleaning out the clots or in flushing out the peritoneal cavity. I have never seen any harm result from trusting to nature to bring about absorption. If the patient's condition is good, we may devote more time to the toilet of the peritoneum. Salt solution under the skin and into the colon are always advisable both before and after the operation, and judicious stimulation of the heart.



HENOCH'S PURPURA.

By M. D. MORRISON, M.D.,

Dominion, C. B.

Read before Cape Breton County Medical Society, July, 1907.

THE presentation of the following case may not prove uninteresting at this the first meeting of the re-organized Cape Breton Medical Society, in view of the extreme rarity of the disease, and of the speculation as to its etiology and pathology.

R. McNeil was born at Bridgeport, C. B., on May 25, 1902. His mother died of cancer two years ago: his father is living and in good health. From an uneventful infancy he developed into a strong and healthy child full of playful pranks; and until his recent illness had never been treated for anything excepting worms, of which, about a year ago, a vermifuge expelled fifty.

On April 5, 1907, after a few days of general malaise, he complained of pain in left leg immediately below the knee, which part on examination was found to be swollen and painful on pressure. Within twenty-four hours the face, lips and eyelids became œdematous, the wrist and ankle joints swollen and painful, the hands and legs indurated and ecchymosed in large patches. At the same time agonizing pain in the region of the stomach became an alarming symptom. For two days and two nights he could not bear to be moved, during which period he either refused, or was unable, to retain nourishment of any kind. The temperature ranged from $99\frac{1}{2}^{\circ}$ to 101° , and the pulse from 90 to 115. The urine was reduced in quantity to two ounces in the twenty-four hours, was acid in reaction and somewhat smoky in appearance. At the end of two days vom-

iting of a bilious character set in, and an intestinal discharge of a blackish material which undoubtedly contained blood. He now became very anæmic and showed signs of great exhaustion. All these unfavourable symptoms, however, gradually disappeared, and he was apparently on the way to complete recovery when the attack recurred, precisely the same as before, but more severe. The colicky pains in the stomach would last for ten minutes and be followed by a period of repose for thirty minutes, during which time he appeared to be stupid or sleepy. The vomited matter, at first green and yellow, soon became streaked with clear blood and with blood clots. The urine was reduced to one ounce in the twenty-four hours, smoky in colour, specific gravity 1015, and on microscopic examination contained blood and tube casts. The stools were dark from the presence of digested blood. The feet and hands were swollen in the neighbourhood of the joints. A moderately copious purpuric rash consisting of discrete petechial hæmorrhages of small size appeared on inside of legs and thighs, on lower part of abdomen, on scrotum, and between the toes. The odour of the breath was offensive, the anæmia again became marked, and great nervous irritability made him almost unmanageable. The liver and spleen seemed to be of normal size, there was no sponginess of the gums, and there were no signs of any eruption or affection on the interior of the mouth.

At the end of three days these symptoms began to subside: the

swellings grew smaller, the purpuric eruption began to fade, the urine increased in quantity, the tongue cleared up, the appetite and the spirits returned, and once more he was rapidly convalescent.

Since then he has had three other attacks with similar symptoms to those given above, and in addition marked constipation and insatiable thirst at the height of each attack. Each of the last three has, however, been milder in character than the one immediately preceding, probably due to greater care in nursing, dieting and medical treatment. The latter consisted of chlorodyne and aromatic spirits of ammonia to relieve stomach crises, citrate of potassium internally and hot applications externally to relieve kidneys, tincture of the chloride of iron to overcome the anæmia. Most of the time since the second attack he has been kept in bed and fed on milk diluted with lime water, and on butter-milk. The effect of such treatment on the severity of the symptoms was very apparent.

DIAGNOSIS OF HENOCH'S PURPURA.

—The literature at my disposal does not treat extensively of this rare disease. Osler in the 6th edition of his "Practice of Medicine," devotes one paragraph to it, under the general head of purpura. He says: "The cases with colic and purpura are often spoken of as Henoch's purpura, but the skin lesion is very variable. The whole group of symptoms is really a manifestation of an, as yet, unknown mischief, which at one time attacking the skin causes any of the manifestations of the erythema group from simple purpura to angio-neurotic œdema: attacking the intestines or stomach causes vomiting, colic or bleeding; or attacking the kidneys an acute and sometimes fatal nephritis."

Byrom Bramwell—in whose clinic at the Royal Infirmary, Edinburgh, I saw two cases in 1903—in Volume III of his "Clinical Studies," remarks that "Henoch's purpura is chiefly met with in young subjects. The attacks may last for several weeks or months. Some of the clinical features such as the severity of the gastro-intestinal symptoms, the rapidity with which symptoms usually disappear under rest in bed and careful feeding, and the particular erythematous rashes which are so frequently associated with the skin hæmorrhages seem to suggest that the condition is perhaps due to the absorption of some toxin from the gastro-intestinal tract."

"The American Text-book of Diseases of Children" under the head of "Henoch's disease," observes: "This rare form occurs with greater frequency in children. Besides the purpura severe abdominal symptoms characterize the disease. There is marked pain and tenderness over the abdomen, the pain being of a colicky character with exacerbations of great intensity. The vomited matter is like that of acute gastritis or contains blood. These symptoms continue for one or two days and then gradually subside. Joint symptoms may appear. Hæmaturia is seen in one-fifth of the cases. The spleen is usually enlarged and there is slight rise of temperature during the attack. The nature of the disease is unknown. The reported cases are few."

NOTE.—Since the above was written, the little patient has improved greatly in health, strength and appearance; and excepting the passage of a tarry stool once or twice a week, he shows no signs of the severe illness of six months ago.

LIBERTY.

By GEO. G. CORBETT, M. D.,
St. John, N. B.

Read before meeting of St. John Medical Society, October, 1907.

In 1797, Chas. James Fox uttered the following vigorous words in advocacy of liberty: "Liberty is order; liberty is strength. Look around the world, and admire, as you must, the instructive spectacle! You will see that liberty is not only power and order, but that it is power and order predominant and invincible, that it divides all other sources of strength; and shall the preposterous imagination be fostered that men, born in liberty, the first of human kind who asserted the glorious distinction of forming for themselves their social compact, can be condemned to silence upon their rights? Is it to be conceived that men who have enjoyed for such length of days the light and happiness of freedom, can be restrained, and shut up again in the gloom of ignorance and degradation? As well, Sir, might you try by a miserable dam to shut up the flowing of a rapid river, the rolling and impetuous tide would burst through every impediment that man may throw in its way, and the only consequence of the impediment would be that, having collected new force by its temporary suspension, in forcing itself through new channels it would spread devastation and ruin on every side. The progress of liberty is like the progress of the stream. Kept within its bounds, it is sure to fertilise the country through which it runs, but no power can arrest it in its passage, and shortsighted as well as wicked must be the heart of the projector, that would strive to divert its course."

Athenians, and dating from this period we have tangible evidence of liberty. This battle secured for mankind the intellectual treasures of Athens, the growth of free institutions and the liberal enlightenment of the Western world. For many centuries men here and there struggled for civil liberty, and when the Great or Magna Charta was signed, it marked the transition from the age of traditional rights to the age of written legislation of parliaments and statutes.

As we know, people have shed their blood and given up their property for the sake of civil and religious liberty, so in the history of medicine we have records of what hard times and great trials the great masters of medicine had to endure to get their fellow practitioners to even give them a hearing, or discuss their theories which have revolutionised the whole practice of medicine.

In the latter half of the sixteenth and the beginning of the seventeenth centuries, the future of the physical sciences was safe in the hands of Harvey, Gallileo, Descartes, and the noble army of investigators who flocked to their standard. If Harvey's little exercise on circulation of blood had been lost, physiology would have stood still until another Harvey had been born into this world; if death had claimed John Hunter in early manhood anatomy would have stood still, and our knowledge of anatomy would still be rudimentary; but, Harvey and Hunter lived to do their life's work, and, coming to our own times, we have the discoveries of chloroform, ether and antiseptics, and the perfecting of physio-

therapy and preventive medicine. Now, I will ask you were the conferees of these men liberal to them when they spoke of their theories, or did they laugh at them?

I agree with Patrick Henry in his great plea for liberty, as follows:

"It is natural for man to indulge in the illusions of hope. We are apt to shut our eyes against a painful truth and listen to the song of the Siren till she transforms us into beasts. Is this the part of wise men engaged in the great and arduous struggle for liberty? Are we disposed to be of the number of those who, having eyes, see not, and having ears, hear not the things that so nearly concern their temporal salvation? For my part, whatever anguish of spirit it may cost, I am willing to know the truth, to know the worst and to provide for it. I have but one lamp by which my feet are guided, and that is the lamp of experience. I know of no way of judging of the future but by the past, and I wish to know what there has been in the conduct of our affairs to justify hopes of a change in the future."

Now I wish to speak more specifically: First, I will speak of Imperial Registration. I have been waiting for some of the older members to do so, but I will most likely wait in vain.

General Laurie's bill to amend the Medical Act of 1886 passed the House of Commons of Great Britain two years ago. This amendment states that where any part of a British possession is under a central and also a local legislature, His Majesty may, by order in council, declare that the part which is under the local legislature shall be deemed a separate British Possession. Under the present arrangements a graduate of a Canadian University, wishing to practice in Great Britain or enter Imperial

Service, must first pass the examinations of the General Council of Medical Education in primary and secondary subjects. If now the provinces decide to avail themselves of the provisions of General Laurie's Bill, a reciprocal arrangement might be entered into by which the passing of the provincial examination would be sufficient to allow a Canadian graduate to enter the Army or Navy or to practice in Great Britain.

Now why have we not taken advantage of this grand offer? Nova Scotia has done so. Are we so conceited that we think we are sufficient unto ourselves? Are we doing justice to ourselves, or to those who during the coming years will graduate in medicine?

I would like to see an Imperial Registration as well as a Maritime and a Dominion one. Shall we not work for this end?

Next, I would like to know why the private wards of our public hospital are not open to all registered practitioners. By what right should a few physicians have the use of these wards, and not the whole profession? Is this a liberal policy? We who are not connected with the hospital, if we have a patient who can, and will pay, and we are unable to get a room at the private hospital, have to pass our patients over to one of the staff of the General Public hospital even when the said patient would prefer his own physician.

In many hospitals of Ontario, they have thrown their private wards open to the profession. The staff at our hospital are paid for their services, then why should our hospital be a closed corporation? Is it like the famous family compact? I am informed by one of the commissioners that he advocated the open door, before he became a commissioner, then

why does he not do so now? The need is as great now as ever it was.

I have even heard rumours which I hope cannot be true, that some of the staff of the General Public hospital retain a room or rooms for the use of their own patients.

Why should not our hospital have more clinics? They have only one specialty, "eye, ear, nose and throat." Dermatology has been offered to them free for one year as a trial, which was turned down. Perhaps the present staff are experts in this branch of medicine. We also have plenty of material for this clinic.

Are the public getting the benefit they should from another branch of medicine—nervous diseases—and incipient insanity? Why not have a clinic, or a ward in our hospital the same as they have in Bellevue?

What about gynecology, especially the minor troubles which can be attended to in the outdoor department as a separate or special branch?

You will say, where are the patients to come from?—My answer is, "get these clinics started and you will have plenty of patients." Venereal diseases should have special attention. May God help these poor sufferers, for the Commissioners of the General Public hospital have forbidden them to enter, and the staff to treat them. Is this honest or just? Are they not rate-payers, and entitled to treatment?

There should be some opportunity for physicians to do special work, but how can they when they cannot get the opportunity? Would it not be more advisable for each of the present staff to have an assistant without pay, than for the staff to assist each other? The same for any other clinic that may be started.

The X-ray and the electro-therapeutic branch: In this branch I can

speaking with authority. Our hospital has a play-toy called an X-ray coil; it is outdated. Why should this be? This department in any hospital is a very important one. How can a surgeon diagnose, and be sure of his diagnosis of fractures, dislocations or calculi, without the aid of the X-ray? Yet our surgeons are doing without this important help. Either they are more clever than the surgeons of the rest of the world, or they are handicapped, which is it? And whose fault is it? Our hospital X-ray department has been, and is, in the hands of one who never studied this subject, let alone medicine.

Why are we so far behind the times in all branches of physio-therapy? It is our own fault that we have among us Christian scientists, osteopaths, magnetic healers; they do and can make cures, and they do cure many cases, which have passed through the hands of our leading practitioners. Why is this? My answer is: We as a medical profession are at fault. We do not know our work, nor will we encourage anyone amongst us to study such physical branches. If anyone does so, he is laughed at. I will ask you, what do we know of electro-therapy, massage, hydro-therapy, suggestion? I can safely answer that we know nothing. Then why should we not expect those quacks, as Christian scientists and osteopaths, to exist? They are only using the means to cure which we ourselves should employ.

Thomas Sydenham chose as his guide the following Baconian motto: "We are not to imagine, or to think out, but to find out what nature does or produces." This famous principle, that nature cures disease, derived from Hippocrates, was adopted by Sydenham.

A sumptuous and absolutely modern operating room is not infrequently the criterion by which the character of a hospital is judged. This is neither a just nor a complete criterion. A hospital may have a veritable gem of an operating room, and be woefully behind the times in other respects. A better criterion by far is the character of the men who are doing the medical and surgical work of an institution. If they are men who think that medical progress is bound up in the knowledge of the latest drug preparation, the institution is necessarily behind the times. The criterion of a modern hospital is the relative prominence which is given to the practice of modern, strictly scientific branches of medicine, especially the therapeutic use of air, light, water, food, and in fact preventive medicine. You may say in the way of protest we all know the importance of these branches, and do use them. My emphatic answer to these stereotyped answers must be "You do not know the importance of these branches, and you do not use them."

Civil service in medical appointments I endorse with all my heart. Our General Public hospital for instance is a public institution in name only, in reality it is not. One of our first steps in improving St. John, as a medical centre, is to improve our hospitals. Our commissioners should be directors in fact as well as in name. They should pick the members of their staff and their assistants from the ranks of the profession here, irrespective of any consideration except the fitness of the applicant to fill a special position. The fact of a man being a member of a hospital staff, or even a college, is of itself no evidence of special qualification. Appointments on hospital

staffs should depend upon actual ability and merit. The controlling power on the board of commissioners should be independent men who represent the medical profession of the city, and not sectional interests. After all, persons are of secondary importance, we are more interested in the welfare of medical St. John. There has been, and is, an overabundance of cold-blooded selfishness, an absence of public and professional spirit. Let men rise on merit and ability, but not because they have money or because they can successfully toady to the mighty ones, or because they happen to be somebody's son or son-in-law.

Civil service in medicine should be our platform and let the best man win. With this principle to inspire ambition and energy, St. John can become a medical centre of renown. I am championing the cause of the whole profession against sectionalism and brutal selfishness of persons and cliques. I may be charged with being personal. I will not deny the allegation, and I will continue to get personal as long as it is necessary to attack persons to get at the things embodied in these persons. It is not because I love my fellow man less, but I love the whole profession more. Knowing that I have the assent of my own conscience and the moral support of every man in our profession, I will continue to call a spade a spade.

St. John wants really great public institutions run in the interests of the public, and not for the benefit of medical schemers and grafters and the aggrandizement of the few. Our public institutions should not be hot beds of jealousy, an ever open grave of ethics, a training school for medical wire pullers and politicians. God forbid. Let us hope that our great leaders will always be spoken of with

respect and reverence on account of their moral and ethical inner selves.

The person of our medical leaders is undoubtedly the first and vital element from which greatness springs. The word graft should be unknown. These men should be carriers of ideas; the end or purpose of their work should be the final triumph of the idea. Men of this type are necessarily honest because they are altruistic, and unselfish. For this reason they inspire confidence. The rank and file believe in, and respect them. Their motives are never questioned, they are clean cut in all essentials, even if they differ in incidentals, and are frail and human in minor details. They possess all the elements of ideal leadership. They do not dabble in backyard medical politics. Perhaps they are called erratic, but no one thinks them dishonest.

We have the best of talent and character in the profession here in St. John, yet we have no future, or for that matter no present, because the professional interests are controlled by men who are working for their own interests, and ambition and self-respect are stifled in the younger men, who, for their own self-interest, become the tools and puppets of those in authority. Now, if you will examine and compare the appointments of our public institutions (the council of the physicians and surgeons of New Brunswick, the hospital staff, board of health, Evangeline Home, Home for Incurables, Police and Alms Houses), you will see how they are duplicated, which in itself bears out my statement.

I am surprised at the indiscriminate use of emetic powders, and the size of the dose which the druggists dispense without a physician's prescription, the said powders being a poisonous dose. It seems that tartar

emetic is sold in this city, without even a poison label being affixed, and in doses that exceed that allowed by the British Pharmacopœia. These powders are supplied to anyone asking for them, without the druggists even taking the precaution to find out that the person using them understands the nature of the drug they are supplying. It seems to me that this is a matter calling for the attention of this body.

I have heard of a number of cases in which a druggist has failed to correctly decipher a doctor's prescription, and am convinced that in the majority of cases the fault lies with the prescriber. A word of warning, "write legibly," will not be out of place here, otherwise mistakes and even death may follow.

We should demand the copying of our prescriptions by druggists, and the original returned to us at the end of each month.

Whilst on the subject of prescriptions, it may be as well to speak a few words on the subject of those who have the dispensing of our prescriptions. While we know that most of the St. John druggists leave nothing to be desired in the care and ability which they bring to bear on this, to us, extremely important thing, still there are many stores in this city and province which are under the care of unqualified men. The examination which the law requires these men to pass is by no means stringent. I am sorry to say that New Brunswick, in this respect, is behind all the other provinces of the Dominion, and it seems to me that we, here in St. John, need our prescriptions filled by men as skillful and competent as those of Ontario, Quebec or Manitoba. A pharmacy law exists, but is not enforced. This law is supposed to be for the protection of the

public, and to ensure that our prescriptions are filled by men competent to do so.

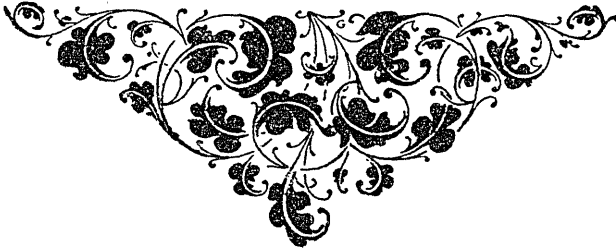
I have heard on good authority that at a meeting of the younger qualified druggists of the city, a resolution was passed, and forwarded to the council of the Pharmaceutical Society, calling on them to enforce the Pharmacy Act, and that they were not even favoured with an acknowledgement. If that is so, it is time that we should act ourselves.

Personally, I have found that the Pharmaceutical Society is not the only body which treats communications with the utmost contempt, not

even deigning the common courtesy of a reply.

Cicero says that "man was born to think and act." Acting is important. The man of action wins. Sir Walter Scott says "Selfish ambition breaks the ties of blood and forgets the obligation of gratitude and humanity."

In closing, I know that I have opened up large subjects and very important ones to the younger members of the profession, but I hope that these views will be listened to in the same spirit as they are given—with malice toward none, and charity toward all.



ANOTHER POINT OF VIEW.

By Dr. W. E. ROWLEY,

Superintendent General Public Hospital.

Read before the St. John Medical Society.

THE title of this rather disconnected series of remarks which appears upon the notice is rather misleading, because, although I have called it "Another Point of View," I do not wish to direct it particularly in reply to Dr. Corbett's paper, "Liberty." Rather, I wish to discuss the relation of the physician at large to the hospital, and, vice versa, view the matter largely from the hospital standpoint, and with particular reference to local conditions. This subject is neither new nor local in application, because it has been discussed again and again, not only in St. John, but wherever public hospitals exist.

If I refer to Dr. Corbett's paper it is only because he is the only one, so far as I know, who has definitely committed his views to paper. Furthermore, it must be understood that I speak only as a private member of this society, and that I have no authority to appear as the official mouth-piece either of the General Public hospital or its governing board. In fact I am by no means sure that the aforesaid board would approve the ideas which I may express here to-night.

It will be granted, I think, that different phases of this question assume varying degrees of importance and prominence in different places, and depending on the various methods of constitution, administration and support of the public institutions. Therefore, it will be well for us to consider definitely what the General Public hospital is. Under authorization of

the Provincial Act of 1860, the hospital was to be built and supported by the city and county of St. John. So it remains to-day, being one of the most purely municipal hospitals in the Dominion of Canada. All expenditure on capital account and practically all on current account, must be met sooner or later by the municipality. Actually, at present two-thirds of the income is derived directly from the local tax, one-tenth from the provincial grant, one-eighth from the Department of Marine & Fisheries, for the keep of sick sailors; and one-eighth from pay-patients. Its Board of Commissioners are chosen directly by the representatives of the tax payers, and are therefore directly responsible to the public as a whole for its administration.

Its manifest object is the relief of the afflicted poor, but that it is not, and never was intended as an absolutely free hospital, is proven by a part of section 4 of the original Act of 1860. This section defines the duties of commissioners, and in part reads:—"To fix and determine the rates to be paid by such patients as, being able to make such payment, may be desirous of admission and may be admitted into said hospital." This, I think, nearly enough defines the relation of the General Public hospital and its governing board to the public.

The fact that the governing board of the hospital is directly responsible to the public is of great importance in this discussion, because, apart from the question of economy, the

chief consideration which should actuate them is efficiency of the institution. Whatever phase of our subject may be taken up it must be viewed in this light, and whatever proposals may be made, the question must always be asked "how will these effect the efficiency of the institution?"

When considering the question of organization and administration, the size of the hospital is one of the most important factors, because these differ widely in large and small hospitals—that is those of over one hundred or under fifty beds. Some will, perhaps, be surprised to learn that the General Public hospital falls within the class of large hospitals, having a capacity, including the epidemic building, of nearly one hundred and fifty beds. By far the greater number of hospitals on the continent are in the smaller class, having fifty beds or under.

The larger the institution the more specialized become the duties of the various employees, and with an increase in the number of departments comes greater complexity in organization. In the hospitals of a few beds internal organization is most elementary, the attending staff do all the work that the medical man must do, the duties of a particular nurse may cover the whole field of nursing, one person directs the training of the nurses, and the order of the house-keeping, and classification of patients, if attempted at all, is but poorly carried out.

Double or triple the number of beds, and altogether different conditions present themselves. For economy in work we have the formation of departments with classification of duties. A resident staff becomes a necessity, and the whole time of one or several persons is devoted to the housekeeping; likewise, to the

training of the nursing staff. The internal economy of the large department store is not more complex than that of the large hospital, and a radical change of policy on the part of the hospital may have effects on this economy more far-reaching than the most initiated contemplate.

Let us consider for a moment the general relationship of the profession at large to the hospital, and that of the hospital to the physician. The idea is apt to prevail among physicians that in some way or other the hospital exists for the benefit or convenience of the medical profession. Not so. They both exist for exactly the same reason—the benefit of the community at large. And that the attitude of one to the other should be harmonious and well understood, seems to me very important to both.

The goodwill and co-operation of the physician is of great assistance to the profession in many ways—particularly in preventing pauperization of patients and imposition generally, and also to the most successful work of the hospital, because to best fulfil its manifest purpose, the hospital must have the confidence of the public, and whether or not it has this may depend largely on the profession outside. A hint here or a word there will make or mar the reputation of an institution as easily as that of an individual.

To practicing physicians the hospital should be as an anchor to leeward. There is no question of the value to the hard-worked physician of the knowledge that there is an institution to which may be taken certain types of cases. Gentlemen, at times the foremost and most bitter fact of our existence is the necessity of earning a living, and the absolute monetary value in time saved by the transfer to hospital of certain cases

is beyond question. This may not seem either a pleasing or elevated view, but it is the truth. Also, the hospital affords an opportunity of following many cases of great scientific interest which would otherwise be lost simply because the physician has neither time nor opportunity to do the requisite work. But to come to some of the practical issues which have been raised—let us consider the question of attending staff.

Now, while it is true in the large hospital that the attending staff perform but a small part of the labour in the routine of hospital treatment—they taking the place rather of directors and supervisors—yet their daily attendance is a most important matter, and the time and attention consumed thereby must be carefully dovetailed into the daily routine in such a way that they will not disorganize the whole. There are only so many hours in the day and there is so much work to be done and but so many present to do it, and lack of consideration and irregular hours on the part of the attending staff may easily make chaos of the whole.

I think few who have not had considerable hospital experience realize the increasing demands which the advance of modern scientific medicine and modern habits of life make upon the hospital. Go back a generation and what do you find the world over? Scanty knowledge and less practise of asepsis, antiseptics, hospital hygiene and hospital sanitation, and the art of nursing unknown. What time the domestic help could spare from washing and scrubbing they devoted to nursing the sick.

The advent of modern knowledge and the practise of its teachings demand that the daily duties of the staff be ordered with military precision. That is why a comparatively

small, well organized attending staff with definite hours of attendance best meets the requirements of the hospital.

The question of who shall or who shall not constitute the attending staff is always a vexed one. It is a natural and laudable ambition for anyone to desire appointment on the attending staff of an hospital, and such appointment is, apart from the opportunity and stimulus to scientific work, of definite monetary value to the holder in added prestige among the laity, and gives the advantage of immediate access to the public and private wards.

Without doubt, where an institution is supported as ours by direct taxation, it is a hardship, and may be judged an injustice, that all tax-paying medical men cannot enjoy equal rights and privileges within the institution. Here we must judge the matter by the invariable rule—the efficiency of the institution.

The size of the community and the capacity of the hospital are important factors in the decision, because manifestly an arrangement which may be feasible in a town of 3,000 to 4,000 people, with a half dozen physicians and a hospital of 25 beds may not, and probably will not be feasible where we have 40,000 people, 50 physicians and 125 beds.

I had an excellent opportunity recently to inquire into the different methods of appointment, and I found them as numerous and different as the hospitals themselves. I shall make no comparison of the various methods because I see no standard of judgment. The record of examinations, the extent of a man's practice, his worldly prosperity—none of these things appear satisfactory to me. And I feel that whatever method is chosen, as long as

human nature' is what we know it, and where many are called but few are chosen, the majority will be disappointed.

The outdoor question has become in the large cities a problem, from the standpoint both of the hospital and the medical man. In the good old days the young men in the cities started amongst the poorer classes and worked their way up to the brown stone fronts. Nowadays, the poorer classes migrate in a body to the public hospitals and dispensaries for treatment, and these institutions do not know how to handle the numbers.

If we eliminate the eye and ear cases, and minor surgical cases, injuries and so forth, that naturally gravitate to hospital, the outdoor clinic at the General Public hospital becomes very small.

It has been suggested that we divide up and increase the number of the clinics, and thus give an opportunity for more men and more specialized work. I venture to say that were this done the cases in each would be so few that no man would maintain his interest long. The argument that we could build up the clinics is to my mind inadmissible as applied to St. John. Many persons who cannot pay for attendance through a long illness and thus become fitting indoor patients, can pay for occasional consultations. To attempt to build up the outdoor would simply pauperize a certain class of people, and I would consider that the profession at large would have just cause for complaint against the hospital if such an attempt were made. Poverty or inability to pay are after all in a way relative things, and the reason why our eye and ear clinics are comparatively large is, I presume, because the fees of the specialist are

correspondingly large as compared to those of the general practitioner.

The by-laws of the General Public hospital enact that only those who are unable to pay for consultation or medicine shall receive attention in the outdoor department.

The open private wards. Here we come upon the most vexed question of all, because of the truth contained in the oft-heard remark—"If I have a patient who must go to the hospital I lose him altogether." The existence of private wards is the result of a demand from the public. The paying public wishing certain accommodation, look to the profession to supply it. This the profession does not do. I know of no place of equal size so scantily supplied with private ward accommodation as St. John. But the commissioners of the hospital, hearing this demand from the people whom they represent, undertake to supply it in part. They are under no obligation to look after interests of the medical profession which that profession apparently make no effort to look after themselves.

Can you blame them if they refuse to open their private wards, when to do so would without doubt, greatly impair the efficiency of the institution? By this I do not mean any reflection on the profession at all. In fact, I have no reference to medical practice or treatment at all. Has anyone here seriously considered from a practical point of view what it would mean to the hospital to throw open its public wards? Let us do so.

We have at present in the General Public hospital, ten private wards. We will shortly have twelve at least. The average length of stay in these wards is something over 25 days--therefore, they would accommodate, allowing something for lost time,

from 150 to 160 patients a year, or less than three per year for each medical man in the city.

With say twelve private wards in operation, it would easily happen that six or seven medical men having cases in might arrive at the hospital at the same time, perhaps when the regular staff was in the wards. Each man would consider, and properly so, that he was entitled to as much attention as another—that is a house surgeon and at least one nurse. To supply these we should have to double our interne staff and largely increase our supply of nurses. We have accommodation for neither. Furthermore, it would not mean merely an increase in the number of nurses, but that increase would have to be in nurses at least well advanced in training. Now, the possible proportions of nurses of various degrees of training in an hospital should be within certain well defined limits. Hence, it would actually mean the employment of graduate nurses, and such cost money. The actual cost of such a proposition would mean an increase of expenses of \$4,000 per year for twelve private wards.

It may be thought that many would have private nurses or that the cost could be met by an additional charge. Our actual experience is that not one

out of 25 will employ a private nurse inside the hospital. And if you realized as well as I, how many persons consider \$2.00 per day extortion, you would not have the temerity to suggest doubling it.

Furthermore, few of us think alike along medical lines. Our views of practice and treatment differ, and the greater an attending staff the greater the scope of treatment which always means greater cost of maintenance.

I certainly feel that to open the private wards of a hospital constituted as ours, would be to take a leap, the end or consequences of which we cannot even guess.

What is more to the point, I do not think it necessary, because I believe that if the medical men were to unite harmoniously, they could at small cost to themselves provide private ward accommodation sufficient for all.

I had intended to speak of the subject of assistants to attending men, and so forth. This is a subject that is receiving widespread attention, because of the wholesale appointment of assistants of various kinds at the large teaching hospitals, but I have imposed myself on you sufficiently, and that subject is so deep that I could not but scratch the surface in a paper of length equal to this.



SOCIETY MEETINGS.

HALIFAX AND NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

OCT. 23rd, 1907.—Annual meeting held at the Halifax Hotel, the President, Dr. Ross, in the chair.

The President reported for the standing committee re Children's Hospital, stating that one or two meetings had been held.

The report of Council was read by the Secretary and adopted.

The election of officers was then proceeded with and resulted as follows:

President, Dr. A. McD. Morton, Bedford; Vice-President, Dr. J. J. Doyle; Treasurer, Dr. G. M. Campbell (re-elected); Secretary, Dr. D. T. C. Watson; Council, Drs. Ross, Doyle, G. M. Campbell, Corston, Eagar, Mathers and Hattie, with the President and Secretary.

The retiring president, Dr. Ross, in vacating the chair, expressed his appreciation of the honour conferred on him, and his thanks for the interest shown and work done by the members during his term of office. He then introduced the President-elect, Dr. Morton, who briefly responded.

Dr. Doyle moved and Dr. Farrell seconded "that the thanks of the branch be tendered to Dr. Ross for the efficiency and geniality displayed by him during his Presidency, and that especial mention be made of his pleasant entertainment of the branch council at its many meetings in his office." Carried.

Dr. Eagar moved and Dr. Woodbury seconded "that the thanks of the branch be tendered the retiring Secretary, Dr. Corston." Carried.

Short speeches then followed from the newly elected officers.

The Treasurer stated that the finances of the branch were in a most gratifying condition and he would read his report at another meeting.

Dr. Eagar moved and Dr. Doyle seconded "that the Secretary and Treasurer for the past session be reimbursed from the funds of the branch for the amount of the drafts paid by them to the general Secretary." Carried.

Nov. 6th, 1907.—Clinical meeting held at Victoria General Hospital, the President, Dr. A. McD. Morton, in the chair.

Dr. D. A. Campbell presented two cases. One was an old standing fracture of the clavicle with marked dislocation, resulting in pressure on the subclavian, obliteration of the pulse all through the arm, atrophy, etc. The other was a case of well-defined exophthalmic goitre in a young adult male. Remarks upon the modern operative treatment were set forth. The chief interest in this case was its rarity in the male sex. Reference was also made to the modern operative treatment. Dr. Campbell likewise alluded to a case simulating in all respects pleurisy with effusion signs, but only some bloody frothy fluid obtained. A rare condition, superficial emphysema, following signs of tuberculosis. Some time later pus was obtained by the needle, but no other fluid. The necessity of being careful in carrying out even the most apparently trivial operations was illustrated by Dr. Camp-

bell, mentioning accidents which had followed tapping the pleuræ.

Dr. Chisholm referred to like failures encountered by himself. The absence of fluid is not proven by one or even two failures to obtain it.

Dr. Goodwin spoke of the good effect obtained from sodium salicylate in removing fluid.

Dr. Doyle referred to the death of the Hon. D. McN Parker, a past President of the branch, and on motion it was decided that the members attend the funeral in a body.

Dr. Goodwin suggested that a letter of condolence be drafted, to be tendered to the bereaved family on behalf of the branch. Drs. Goodwin, Trenaman and the Secretary were appointed a committee to perform this duty.

Dr. Kirkpatrick presented a case of glaucoma, and referred to the importance of the general practitioner recognizing the early symptoms of this condition which he mentioned in detail.

Dr. Mathers referred to a case which, not having been recognized in time, resulted in blindness of both eyes.

Dr. Hogan showed a case of non-union in an old-standing fracture of the tibia. Union had failed under ordinary treatment and after wiring the fragments. He then explained a new method of fixing the fragments in apposition which he had used on this patient, consisting in the use of a lateral fixation metal plate in lieu of the wire generally used, and was commended as a decided advance upon the older method.

Dr. Chisholm next opened a case of injury to the knee-joint followed by suppuration, necessitating subsequent arthectomy. The joint had to be freely opened and the wound was not healing well. The case illustrat-

ed the free cutting necessary and the probability of a fixed joint resulting from the injury.

Dr. Hogan showed an enormous fibroid tumour of the uterus removed after a diagnosis of ovarian cyst. The case illustrated our proneness to error even under circumstances which appear in every way favourable.

After adjournment the members were pleasantly entertained at supper, Dr. C. E. Puttner presiding.

Nov. 20th, 1907.—Meeting held at Bellevue Hotel, Bedford; twenty-four members and visitors were present.

A letter was read by the Secretary from the President-elect of the B. M. A., inviting members of the branch to attend the annual meeting in 1908 at Sheffield.

The committee appointed to draft a letter of condolence to the family of the late Hon. Dr. Parker reported, and a motion was carried that it be forwarded to Mrs. Parker.

The letter was as follows:

Dear Madam,—

It is with a deep sense of our own personal loss that, in fulfilment of a duty assigned to us, we desire to extend to you and your family, on behalf of the Halifax and N. S. Branch British Medical Association, the heart-felt sympathy of all its members in the great loss which you have recently been called upon to sustain by the death of your husband, Dr. D. McNeil Parker.

A leader in all that tended to the welfare of the profession to which he was devoted, Dr. Parker was much loved and widely revered, not only for his exceptional skill in his life-work, but also as a man of upright and sterling character, and for his many noble qualities of heart and mind. A past-president of our branch, and honored alike by the

greatest medical societies of our country, he gave to all the dignity, the culture and the charm of the learned and good physician and the polished gentleman.

His country made grateful recognition of his worth in elevating him to one of the highest positions in her power to grant, and thus while honouring him, honoured alike the profession of which he was so brilliant and distinguished a representative.

As the wise counsellor, trusty friend and faithful co-worker, his timely words of advice and sympathy will be much missed, and his place will be hard to fill, not only in the ranks of those who labour for the welfare of others, but in the esteem also of all who knew him and can set real worth at its true value.

Upon you the burden at this time lies most heavily, and so, while feeling our own loss, we can do little more than offer you our sympathy and commend you to the kind care of Him who tempers the wind to the shorn lamb, and doeth all things well.

Drs. F. W. Goodwin and G. E. DeWitt, members of the branch, having been reported ill, Dr. Chisholm moved and Dr. Ross seconded that the Secretary write these gentlemen expressing the regret of the members at their illness and the hope of a speedy recovery. Carried.

The Treasurer's report was then read, and on motion was handed to a committee, Drs. Fagar and Corston, to audit.

The President then presented a case of hæmophilia, a boy eleven years old. Of a family of five boys, two who were light-complexioned were severe bleeders, and the rest, who were dark, were not bleeders. The case shown had presented peculiar joint symptoms in the form of recurrent attacks of arthritis. Exhaustive treatment, both local and constitutional, had produced but little effect.

The President then read his address which was a most interesting effort and led to considerable discussion.

Dr. Hawkins said the paper was worth preserving, and moved that a copy be written upon the minutes.

Dr. Trenaman in seconding the motion, referred to the thought and care necessary in the preparation of such a paper. The motion carried.

The members were afterwards delightfully entertained by the President at supper, where toasts were proposed and responded to by many of the members. A vote of thanks to the President for his kind hospitality was received with hearty cheers.



CURRENT MEDICAL LITERATURE.

Reprints Received.

GONORRHOEAL PROSTATITIS, by J. Bayard Clark, M. D. Reprinted from the *Journal of the American Medical Association*.

GONOCOCCIC INFECTIONS, by J. Bayard Clark, M. D. Reprinted from the *New York Medical Journal*.

HARMFUL INVOLUTION OF THE APPENDIX, by Robert T. Morris, M. D. Reprinted from the *Medical Record*.

THE HAND OF IRON IN THE GLOVE OF RUBBER, by Robert T. Morris, M. D. Reprinted from the *Medical Record*.

*

An exceedingly interesting little booklet, entitled "Anæsthetics, Ancient and Modern," being an historical sketch of anæsthesia, has recently been issued by Messrs. Burroughs, Wellcome & Co. We feel sure that the Montreal branch of this enterprising firm will be glad to supply copies to our readers upon application.

*

New Books in Cogswell Library.

The Cogswell Library Committee have obtained the following books which may be consulted at the Cogswell Library, Halifax Medical College Building.

- ADAMI—Inflammation.
- ASHTON—Practice of Gynæcology.
- BOAS—Diseases of the Intestines.
- BERNHEIM—Suggestive Therapeutics.
- BARDELEBEN—Applied Anatomy.
- BOCKENHEIMAR & FRAUHSE—Typical Operations in Surgery.
- BISHOP—Diseases of the Nose, Throat, and Ear.
- BOSANQUET—Serums, Vaccines, and Toxines, in Treatment and Diagnosis.
- BRAMWELL—Anæmia and Diseases of the Blood.
- BABCOCK—Diseases of the Heart and Arterial System.
- CLOUSTON—Mental Diseases.
- COLES—The Diseases of the Blood.

CHITTENDEN—Physiological Economy in Nutrition.

DUNGLISONS—Medical Dictionary.

EDERHOLS—Surgical Treatment of Brights Disease.

FOWLER & GODLEE—Diseases of the Lungs.

FOURANIER—Treatment and Prophylaxis of Syphilis.

GILLIAM—Text Book of Practical Gynæcology.

GOWERS—Clinical Lectures.

GANT—Diseases of Rectum and Anus.

GRANDIN & JARMAN—Practical Obstetrics.

HEWLETT—Manual of Bacteriology.

HALL—Adolescence.

JARDINE—Clinical Obstetrics.

KELLY & HURDAN—The Vermiform Appendix.

KELLY—Operative Gynæcology, Vol. I and II.

KEHR—Gall Stone Disease.

MURLIN—Tigerstedts Text Book of Physiology.

MUSSER—Clinical Diagnosis.

MORTON—Genito Urinary Disease and Syphilis.

MAYNIHAN—Gall Stones and their Surgical Treatment.

NUTTALL—Blood Immunity and Relationship.

OSLER—Modern Medicine, Vol. I and II.

OSLER—Practice of Medicine.

PAWLOW & THOMPSON—The Work of the Digestive Glands.

PURDY—Practical Urinalysis and Urinary Diagnosis.

ROLLESTON—Diseases of Liver Gall Bladder and Bile Ducts.

ROTCH—Pediatrics.

SIMON—Clinical Diagnosis.

SUTTON—Tumours, Innocent and Malignant.

SUTTON & GILES—Diseases of Women.

SOLINGER—Leubes Special Medical Diagnosis.

SENN—Principles of Surgery.

TAYLOR—Treatise on Applied Anatomy.

TUTTLE—Diseases of Anus, Rectum, and Pelvic Colon.

WASSEMAN—Immune Sera.

*

THE MAJOR SYMPTOMS OF HYSTERIA :
Fifteen Lectures given in the Medical School of Harvard University, by Pierre Janet, M.D., Professor of Psychology in the College de France; Director of the Psychological Laboratory in the Clinic of the Salpêtrière. 350 pages. Published by The MACMILLAN COMPANY OF CANADA, LIMITED, TORONTO. Price \$1.75.

Professor Janet has long been known as authority on Hysteria, and

his former contributions to the literature of the subject have caused much interest because of his luminous exposition of what had for long been regarded as a complicated and incomprehensible malady. In accepting to an invitation to deliver a series of lectures at the recent opening of the New Medical Buildings of Harvard, he chose as his topic "The Major Symptoms of Hysteria." These lectures proved so delightful to his hearers, and occasioned such general interest, that their publication in book form was demanded, and rarely have we had the pleasure of reading a book more beautifully written or more absorbingly interesting. Janet insists upon the frequency and wide distribution of hysteria, but it is often overlooked even in its more marked manifestations. He declares that the disease is not so difficult of comprehension as is usually supposed. Much of the difficulty passes away when the disease is studied from the viewpoint of pathological psychology—a study which nowadays is indispensable to the understanding of philosophical and moral problems. He regards the most characteristic symptom of hysteria to be somnambulism, and takes as his starting point a simple somnambulant state. This phenomenon is explained by the theory that an idea, a partial system of thoughts, emancipates itself from the total consciousness, and develops on its own account, free from the control of consciousness. Step by step, in a charmingly clear and suggestive argument, he explains the development of all the major hysterical manifestations out of this simple state. Free use is made of illustrative cases, the relation of which not only add to the interest of the text but shows the skill of the author in analysing the mental condition of his patients even when

the difficulties are very great. Acknowledgment is made of the usefulness of hypnotism in reproducing artificially various hysteric manifestations for more thorough study, it being the author's opinion that the hypnotic state has never any character which cannot be found in natural hysteria somnambulisms.

The volume is of value as an index of the work which is characterized French neurology during the past two decades, and which has done so much to develop the present status of pathological psychology. No physician can afford to disregard the mental manifestations in any case of illness, and we feel that every member of the profession should allow himself the pleasure and the profit to be derived from a reading of this delightful series of lectures.

*

DYSPNEA AND CYANOSIS: Part 1 of Clinical Treatises on the Symptomatology and Diagnosis of Disorders of Respiration and Circulation. By Edmund von Neusser, M.D., Professor of the Second Medical Clinic, Vienna. Authorized English Translation by Andrew MacFarlane, M.D., Professor of Medical Jurisprudence and Physical Diagnosis, Albany Medical College. Pp. 253. Cloth. Price, \$1 50. New York: E. B. Treat & Co., 1907.

This volume is a clinical study of dyspnea and cyanosis. It is an exhaustive treatise dealing with every phase of the subject.

The introductory chapter discusses briefly the conditions which induce dyspnea and cyanosis.

The book is divided into two parts. The first is devoted to dyspnoea and cyanosis in disorders of the respiratory organs, and the second to them in disorders of the circulatory system. The facts contained in this little volume will interest every practitioner, and no one can read it without surprise at the extent and variety of the writer's information.

Lactopeptine Tablets

A cleanly, convenient and very palatable method of administering Lactopeptine, especially for ambulant patients.

The tart, pineapple flavor, renders these tablets as acceptable as confections. They are particularly valuable as "After Dinner Tablets," to prevent or relieve pain or distension occurring after a heavy meal.

EACH TABLET CONTAINS 5 GRAINS LACTOPEPTINE.

SAMPLES FREE TO MEDICAL MEN.

NEW YORK PHARMACAL ASSOCIATION
88 Wellington Street West, ✨ ✨ TORONTO, Ont.

Liquid Peptonoids WITH CREOSOTE

Combines in a palatable form the antiseptic and anti-tubercular properties of Creosote with the nutrient and reconstructive virtues of Liquid Peptonoids. Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol

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

The **ARLINGTON CHEMICAL COMPANY,**
TORONTO, Ont.

Borolyptol

A highly efficient (non-acid) antiseptic solution, of pleasant balsamic taste and odor. Absolutely free from toxic or irritant properties, and does not stain hands or clothing.

Formaldehyde, 0.2 per cent.
Aceto-Boro-Glyceride, 5 per cent.
Pinus Pumilio,
Eucalyptus,
Myrrh,
Storax,
Benzoin,

} Active balsamic constituents.

SAMPLE AND LITERATURE ON APPLICATION.

The **PALISADE MANUFACTURING COMPANY**
88 Wellington Street West, ✨ ✨ TORONTO, Ont.

A MARTYR TO SCIENCE.

ALEXANDER MACTIER PIRRIE.

A CAREER of great promise has been cut short by the untimely death of Mr. A. Mactier Pirrie.

The son of the late Mr. Alexander Pirrie, C. E., he was born on Oct. 2nd, 1882. He obtained his B. Sc. with honours in antropology at Edinburgh University in 1904, and qualified as M.B., CH.B., in 1906. He obtained the Carnegie Research Fellowship in anthropology and was appointed anthropologist to the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. He went out to the Sudan in the autumn of 1906.

Under the direction of Andrew Balfour, the Director of the Laboratories, Dr. Pirrie made his first expedition up the Nile to the Southern limits of the Sudan and penetrated to remote parts of the Bahr-el-Chazal. His second expedition took him to the borders of Abyssinia. On both occasions he passed through some of the most pestilential regions of Africa in connection with certain anthropological and physiological researches, appertaining to tropical diseases, upon which the Laboratories are engaged.

Unfortunately he contracted fever (kala-azar) and was so prostrated as to be compelled to return to England, leaving Khartoum on June 17th last.

He rallied from the effects of the fever from time to time, but was compelled to enter Chalmers Hospital, Edinburgh, in October. His death took place on November 12th.

He was interred at the Dean Cemetery, Edinburgh, on Nov. 15th. The Gordon Memorial College, Khartoum, Sir William Turner, Principal and Vice-Chancellor of the University, Mr. Wellcome and others were represented, and sent wreaths. A resolution of sympathy has been conveyed to the relatives from the trustees of the Gordon Memorial College, and other expressions of sympathy have been received from the Liverpool School of Tropical Medicine, etc. etc.

It is of interest to note that the first case of kala-azar found in Africa, except a case in Tunis referred to by Laveran, was reported by Dr. Sheffield Neave, pathologist to the Wellcome Research Laboratories, Khartoum. Dr. Neave found the Leishman-Donovan body, the parasite of

HALIFAX MEDICAL COLLEGE,

HALIFAX, Nova Scotia.

THIRTY-NINTH SESSION, 1907 - 1908

The Thirty-Ninth Session opened on Tuesday, September 3rd, 1907, and continues for the eight months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital have increased the clinical facilities, which are now unsurpassed. Every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

For further information and annual announcement, apply to—

L. M. SILVER, M. B.,

Registrar Halifax Medical College,

63 Hollis St., Halifax.



Three Ages of Women--Third Stage

The menopause or climacteric is an epoch in the sexual life of woman defined by some authorities as *the* critical period. The secession of the menstrual flow should be normal but unfortunately most women suffer from circulatory, nervous, digestive and pelvic derangements.

Headache, Vertigo, Hysteria, Neuralgia, Melancholia, Hot Flashes with sensations of fullness or weight in the pelvis are the usual manifestations. In these cases a remedy which will tend to normalize the circulatory and nervous disturbance without creating a dangerous drug habit is the desideratum. Such a product is

HAYDEN'S VIBURNUM COMPOUND

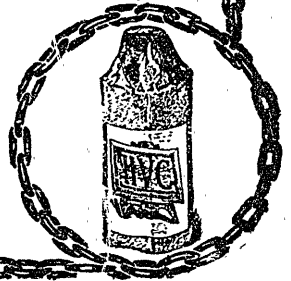
which contains no narcotic nor habit forming drug.

For twenty-six years this remedy has stood the test of time in the treatment of diseases of women such as Amenorrhœa, Dysmenorrhœa, Menorrhagia, Metrorrhagia and the irregularities incident to the menopause.

It is the standard by which all other viburnum products would measure, therefore as an assurance of definite and satisfactory therapeutic results, it is necessary that you specify HAYDEN'S and that no substitute be given.

Literature upon request and Samples if express charges are paid.

NEW YORK PHARMACEUTICAL CO., Bedford Springs, Bedford, Mass.



Surgical Instruments

◀ CHEMICAL and ASSAY APPARATUS ▶

Leitz's
Microscopes.

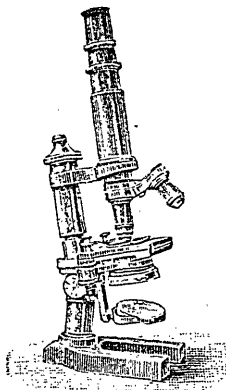
Stethophones.

Hypodermic
Syringes.

Sterilizers.

Instrument Cases.

Medical
Batteries.



Down's
Stethoscopes.

Phonendoscopes.

Clinical
Thermometers.

Soft Rubber
Ear Tips
for any Stethoscopes

TRY A PAIR.

LYMAN SONS & CO.,

380-386 St. Paul Street, & & & MONTREAL

✉ WRITE FOR OUR LATEST QUOTATIONS.

Halifax Stock Exchange

ESTABLISHED 1873

IMPORTANT Investment Facts

IN these days of high interest rates, it is absolutely unnecessary to take any chances with your money in order to secure a liberal income. Excellent investment bonds and stocks of demonstrated value can be bought at prices to yield from about 4% to 7%. Under existing conditions, your money is entitled to this rate of interest with every degree of conservatism.

Keep in mind also that the responsibility of Investment Bankers to clients cannot be overestimated. The quality of the service rendered should never be measured by the amount of money to be invested. A \$100 investment should receive the same careful thought and attention as a \$10,000 investment.

This is our business policy and is based on many years' experience.

We have prepared a list of securities which have been carefully selected to meet the requirements of investors in the Maritime Provinces. This we will be pleased to mail to all inquirers.

All the information we can command is at your disposal.

WRITE US.

J. C. MACKINTOSH & CO.

184 Hollis St.

76 Prince William St.

HALIFAX, N. S.

ST. JOHN, N. B.

kala-azar, in the splenic blood of a patient in the Omduran Civil Hospital. The discovery is noted by the Director in the Second Report of the Laboratories.

Dr. Pirrie presented a paper on his African expeditions at the last meeting of the British Association for the Advancement of Science, but was prevented from being present on account of illness. He brought back a most valuable collection of objects of scientific interest.

At intervals during his illness he was engaged on his report to the Carnegie Institute and the Wellcome Research Laboratories, Khartoum, for which institutions he acted jointly in the important work he carried out in the Sudan.

*

THE PAGES OF THE "MARITIME MEDICAL NEWS."

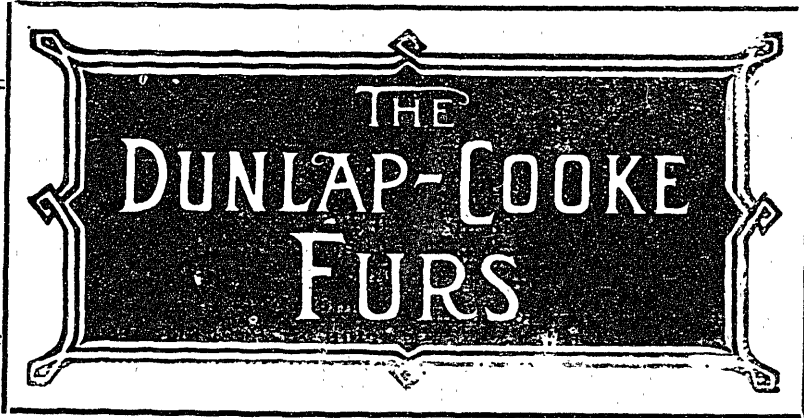
Within the 40 pages of text every issue (nearly 500 pages a year) not a single line of advertising is ever printed. There are no advertising inserts; no commercial notes of any description whatsoever. We regard each subscription as a contract with the physician to furnish him monthly with 40 pages of reliable information upon the different subjects relating to medicine and surgery.

Guarding your rights along these lines as carefully as we do, we beg of you to read the announcements of our advertisers, and favor them with inquiries and requests for samples; and when so doing, please be so kind as to mention having seen the advertisement in the MARITIME MEDICAL NEWS.

To the Notes on Specialties in this and in future issues, we respectfully direct your attention.

Yours very truly,
MARITIME MEDICAL NEWS.

THE FURS of QUALITY



STYLES: From the most reliable European and American fashion centres, including our own Boston designers.

SKINS: Received direct from the trappers, and in the largest European markets.

VALUES: Are the best obtainable for the reason that our purchases for our stores in St. John, Halifax, Amherst, Winnipeg and Boston, are five times as great as they would be if we only had one store.

Furs Duty Free: Orders placed by American tourists with our Canadian houses will be executed at the same price as in Canada and delivered to any part of the United States duty free. We ship raw Canadian Furs, duty free, and save 35% charged on manufactured Canadian Furs in the United States.

If you cannot call at one of our stores, write us to instruct our Traveller to see you the first time he is in your town and write for Catalogue.

The Dunlap-Cooke Co., of Canada, Limited
MANUFACTURING FURRIERS

BOSTON :—Tremont St.

WINNIPEG :—Main St.

HALIFAX :—Barrington St.

ST JOHN :—King St.

AMHERST :—Havelock St.

NOTES ON SPECIALTIES.

Relief in Rheumatoid Conditions.

Dr. Pettinghill, of New York city, under the head of "Intestinal Antisepsis," reports some excellent experiences, from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various other remedies, has a peculiarly happy effect. Particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions

so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia and Salol Tablets' containing $2\frac{1}{2}$ grains each of antikamnia and of salol, and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of

Glyco- Thymoline

IS INDICATED FOR

CATARRHAL CONDITIONS

Nasal, Throat, Intestinal,
Stomach, Rectal, and
Utero-Vaginal.

SAMPLES ON APPLICATION.


KRESS & OWEN COMPANY
210 Fulton St., NEW YORK



IT'S a safe thing to say that **MOIR'S FINE CHOCOLATES** are as good as anything you can get anywhere for any money. The makers don't give a rival line a chance to be better.



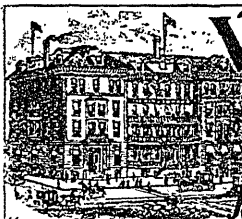
Stanford's
LADIES & GENTLEMEN **TAILORS.**
154-156-158 HOLLIS ST.
HALIFAX, N.S.



H.W. CAMERON
Optician
COR. BARRINGTON & DUKE STS.
HALIFAX, N. S.

Oculists' Prescriptions promptly and accurately filled.

The only complete Lense Grinding Plant in the Maritime Provinces.



WHEN IN HALIFAX
Be sure to stay at
"THE KING EDWARD."
SERVICE PERFECT IN EVERY PARTICULAR.
W^m WILSON, PROPRIETOR.

HOW MUCH IS YOUR MONEY EARNING?

If you could be absolutely assured of 5 or 6 per cent.—and safety—wouldn't you like to have your savings invested at such rates?

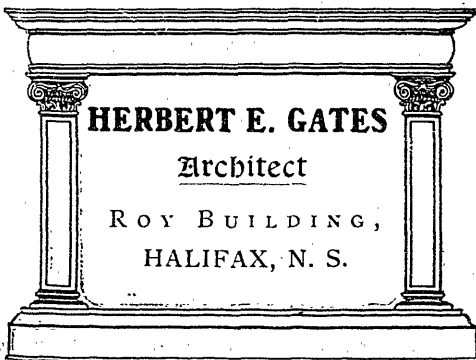
Then, buy bonds.

I can sell you the very best class of street, railway and industrial bonds AT PAR. Why not write me about it?

G. G. DUSTAN,
Chartered Accountant and Auditor,
Bedford Chambers, - **HALIFAX, N. S.**

The W. H. JOHNSON CO., Limited
HALIFAX. ST. JOHN. SYDNEY. NEW GLASGOW

has three times the **LARGEST STOCK** of **PIANOS and ORGANS** of any house in the Maritime Provinces
AND SELLS TALKING MACHINES that speak for themselves.



HERBERT E. GATES
Architect
ROY BUILDING,
HALIFAX, N. S.

SAL HEPATICA

The original effervescent Saline Laxative and Uric Acid Solvent. A combination of the Tonic, Alterative and Laxative Salts similar to the celebrated Bitter Waters of Europe, fortified by addition of Lithia and Sodium Phosphate. It stimulates liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in rheumatism, gout, bilious attacks, constipation. Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

Write for free samples.
Bristol-Myers Co.
Brooklyn - New York.



McGILL UNIVERSITY, = Montreal

Faculty of Medicine, Seventy-Sixth Session, 1907 - 1908

OFFICERS AND MEMBERS OF THE FACULTY.

WILLIAM PETERSON, M. A., LL. D., Principal.
CHAS. E. MOYSE, B. A., LL. D., Vice-Principal.
T. G. RODDICK, M. D., LL. D., F. R. C. S., Dean.

J. G. ADAMI, M. A., M. D., Director of Museum.
F. G. FINLAY, M. B., Lond., Librarian.
JNO. W. SCANE, M. D., Registrar.

EMERITUS PROFESSORS.

WILLIAM WRIGHT, M. D., L. R. C. S.

G. P. GIRDWOOD, M. D., M. R. C. S., Eng.

PROFESSORS.

THOS. G. RODDICK, M. D., Professor of Surgery.
WILLIAM GARDNER, M. D., Professor of Gynecology.
FRANCIS J. SHEPHERD, M. D., M.R.C. S., Eng., Professor of Anatomy.
GEORGE WILKINS, M. D., M. R. C. S., Professor of Medical Jurisprudence and Lecturer on Histology.
D. P. PENHALLOW, B.Sc., M. A. Sc., Professor of Botany.
WESLEY MILLS, M. A., M. D., L. R. C. P., Professor of Physiology.
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy.
ALEXANDER D. BLACKADER, B. A., M. D., Professor of Pharmacology and Therapeutics, and Lecturer on Diseases of Children.
R. F. RUTTAN, B. A., M. D., Prof. of Chemistry.
JAS. BELL, M. D., Prof. of Clinical Surgery.
J. G. ADAM, M. A., M. D., Cantab., Prof. of Pathology
F. G. FINLAY, M. B. (London), M. D. (McGill), Professor of Medicine and Clinical Medicine.

HENRY A. LAFLEUR, B. A., M. D., Professor of Medicine and Clinical Medicine.
GEORGE E. ARMSTRONG, M. D., Associate Prof. of Clinical Surgery.
H. S. BIRKETT, M. D., Prof. of Rhinology, Laryngology and Otolaryngology.
J. W. STIRLING, M. B., (Edin.) Professor of Ophthalmology.
T. J. W. BURGESS, M. D., Prof. of Mental Diseases.
C. F. MARTIN, B. A., M. D., Professor of Medicine and Clinical Medicine.
E. W. MACBRIDE, M. D., D. Sc., Prof. of Zoology.
T. A. STARKEY, M. B. (Lond.), D. P. H., Prof. of Hygiene.
JOHN M. ELDER, M. D., Assistant Prof. of Surgery.
J. G. MCCARTHY, M. D., Assistant Prof. in Anatomy.
A. G. NICHOLS, M. A., M. D., Assistant Professor of Pathology.
W. S. MORROW, M. D., Assistant Prof. of Physiology.

LECTURERS.

J. A. SPRINGLE, M. D., Lecturer in Applied Anatomy.
F. A. L. LOCKHART, M. B. (Edin.), Lecturer in Gynecology.
A. E. GARRW, M. D., Lecturer in Surgery and Clinical Surgery.
G. GORDON CAMPBELL, B. Sc., M. D., Lecturer in Clinical Medicine.
W. F. HAMILTON, M. D., Lecturer in Clinical Medicine.
D. J. EVANS, M. D., Lecturer in Obstetrics.
J. ALEX. HUTCHINSON, M. D., Lecturer in Clinical Surgery
W. W. CHIPMAN, B. A., M. D., F. R. C. S. (Edin.), Lecturer in Gynecology.
R. A. KERRY, M. D., Lecturer in Pharmacology.
S. RIDLEY MACKENZIE, M. D., Lecturer in Clinical Medicine.
JOHN McCRAE, B. A., M. D., Lecturer in Pathology.
D. A. SHIRRES, M. D. (Aberd.), Lecturer in Neuro-Pathology.

D. D. MACTAGGART, B. Sc., M. D., Lecturer in Medico-Legal Pathology and Demonstrator of Pathology.
W. G. M. BYERS, M. D., Lecturer in Ophthalmology and Otolaryngology.
A. A. ROBERTSON, M. D., Lecturer in Physiology.
J. R. ROBUCK, B. A., Lecturer in Chemistry.
J. W. SCANE, M. D., Lecturer in Pharmacology and Therapeutics.
J. A. HENDERSON, M. D., Lecturer in Anatomy.
A. A. BRUERE, M. D., Lecturer in Clinical Medicine.
W. M. FISK, M. D., Lecturer in Histology.
H. B. YATES, M. D., Lecturer in Bacteriology.
KENNETH CAMERON, M. D., Lecturer in Clinical Surgery
CHAS. W. DUVAL, M. D., Lecturer in Pathology.
A. H. GORDON, M. D., Lecturer in Physiology.
OSCAR KLOTZ, M. D., Lecturer in Pathology.

FELLOWS.

MAUDE E. ABBOTT, B. A., M. D., Fellow in Pathology.

THERE ARE, IN ADDITION TO THE ABOVE, A STAFF OF FORTY-THREE DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

The Collegiate Course of the Faculty of Medicine of McGill University begins on September 18th, 1907. Notwithstanding the fire of April 16th, 1906, which destroyed a part of the Medical Building, arrangements have been made for the carrying on of the work of the College without interruption and as efficiently as formerly.

MATRICULATION.—The matriculation examinations for Entrance to Arts and Medicine are held in June and September of each year. The entrance examinations of the various Canadian Medical Boards are accepted.

COURSES.—Beginning with the session 1907-08 the Regular Course for the Degree of M. D. C. M. will consist of five sessions of about eight months each.

SPECIAL COURSES leading to the Degrees of B. A., M. D., and B. Sc. (Arts); M. D., of seven years have been arranged.

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

A POST-GRADUATE COURSE is given for Practitioners during June of each year. The course consists of daily clinics, ward classes, and demonstrations in general medicine and surgery, and also in the various special branches. Laboratory course in Bacteriology, Clinical Chemistry and Microscopy are also offered.

DIPLOMAS OF PUBLIC HEALTH.—A course open to graduates in Medicine and Public Health Officers of from six to twelve months' duration. The course is entirely practical, and includes in addition to Bacteriology and Sanitary Chemistry, a course on Practical Sanitation.

HOSPITALS.—The Royal Victoria, the Montreal General, the Alexandra Hospital for Contagious Diseases, and the Montreal Maternity Hospitals are utilized for the purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University. The Montreal General and Royal Victoria Hospitals have a capacity of 250 beds each.

For information and the Annual Announcement, Apply to

T. G. RODDICK, M. D., LL. D., Dean, JNO. W. SCANE, M. D., Registrar,
McGill Medical Faculty.

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS

THERE IS NO REMEDY LIKE

SYR. HYPOPHOS. CO., FELLOWS.

MANY **Medical Journals** SPECIFICALLY MENTION THIS

PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk.

It can be obtained of chemists and pharmacists everywhere.

LEITH HOUSE

Established 1818

KELLEY & GLASSEY,

(Successors to A. McLeod & Sons)

Wine and Spirit Merchants,

Importers of ALES, WINES AND LIQUORS

Among which is a very superior assortment of Port and Sherry Wines, Champagnes, Bass's Ales, Guinness's Stout, Brandies, Whiskies, Jamaica Rum, Holland Gin, suitable for medicinal purposes; also Sacramental Wine and pure Spirit 65 p. c., for Druggists.)

WHOLESALE AND RETAIL.

Please mention the "MARITIME MEDICAL NEWS."

CLOTHES

IF you would be possessed of that feeling of certainty that your suit is correct in every respect, have it made at . . .

MAXWELL'S

132 Granville St., ☞ Halifax

NEW YORK UNIVERSITY,

Medical Department.

The University and Bellevue Hospital Medical College,

SESSION 1908-1909.

The Session begins on Wednesday, September 30, 1908, and continues for eight months.

For the annual circular, giving requirements for matriculation, admission to advanced standing, graduation and full details of the course, address:

Dr. EGBERT LE FEVRE, Dean,

26th Street and First Avenue, NEW YORK

THE MARK OF QUALITY



IN PRINTING

cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes the uric acid and clears up the urine. This remedy is a reliable one in the treatment of diarrhoea, enterocolitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying."

"Overflow Incontinence."

Remember that the dripping of the urine in adult life usually denotes the overflow of a distended bladder, possibly occasioned by muscular relaxation of bladder or the commencement of hypertrophy of the prostate. Sanmetto is the indicated remedy.

Brotherly Love.

Tom gazed at his four-day-old sister with an expression of the keenest disappointment. The joys of brotherhood were not so full as he had anticipated. "Mother, may I go play with the boys?" he asked at length.

"I thought that you were going to stay with Sister always, and never leave her to play with the boys," she teased him.

"But, mother," he blurted out impatiently, "you know that if I

stayed in all afternoon you wouldn't as much as let me touch her, and you can see for yourself she's not much to look at."—*December Lippincott's*

*

Got His Answer.

The victim of the dentist held up his hand.

"Doctor," said he, "before you put the lid on my conversation, will you answer a question?"

"Yes," said the dentist, selecting a square piece of rubber and snipping it with his scissors.

"Do people chew more on one side of the mouth than the other?"

"Sure," said the dentist, picking up the clamps.

"How interesting! Which side?"

"The inside," replied the dentist, slipping the rubber dam over the verbal one that issued from his patient's lips—*December Lippincott's*.

**DOCTOR'S
BRASS SIGNS
& RUBY GLASS SIGNS
G. BOOTH & SON
21 Adelaide St. W., Toronto**

A. MONAGHAN & CO.,

Direct Importers
AND
Dealers In
Foreign and Native

Wines & Liquors

Our Leading Brands are Justly Popular for their Purity and Medicinal Properties.

120 to 124 Barrington Street
TELEPHONE 1051

SEND ADDRESS FOR PRICE LISTS
AND MENTION THIS JOURNAL.

ELIXIR

SALICYLIC COMP.

(WARNER & CO.)

SALICYLIC
ACID,
5 GRS.

WARNER'S PROCESS

WITH

CIMICIFUGA,
1 3-4 GRS.

WARNER'S PROCESS

WITH

TINCTURE
GELSEMIUM
1 MIN.

WARNER'S PROCESS

WITH

POTASSIUM
IODIDE,
1 1-2 GRS.

WARNER'S PROCESS

WITH

SODIUM
BICARBONATE
Q. S.

IN EACH
FLUIDOUNCE

Indicated in Rheumatism,
Gout, Lumbago, Etc.

If Clinical Results are a Criterion as to
the True Value of a Preparation—Elixir
Salicylic Comp. (Warner & Co.) Has Justly
Earned Its Important Position in Modern
Therapeutics.

Each Drug Acts with full Physiologic
Force without producing the usual untoward
effects.

Supplied in 12 Ounce, 5 Pint and 1 Gallon Bottles.
Literature and Samples on Request.

INTRODUCED BY

WM. R. WARNER & CO.,
PHILADELPHIA, PA.

Branches: New York, Chicago, New Orleans.

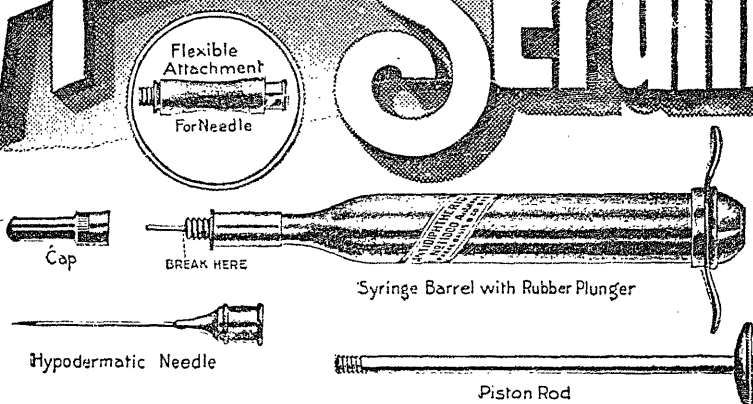
SUPERIOR TO PEPSIN OF THE HOG
INGLUVIN

A Powder—Prescribed in the
same manner, and
combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION, IN DOSES OF 10 to 20 Grains.

PARKE, DAVIS & CO'S.

Antidiphtheric Serum



AN ANTITOXIN OF PROVED RELIABILITY.

Parke, Davis & Co.'s Antidiphtheric Serum is rigidly tested, bacteriologically and physiologically. It is supplied in a container that is hermetically glass-sealed at both ends, effectually preventing contamination. You can specify it with full assurance of its purity, potency and uniformity.

Bulbs of 500, 1000, 2000, 3000 and 4000 units.
Piston-syringe container, with flexible needle connection.

WE PROTECT BOTH DOCTOR AND DRUGGIST

against loss by accepting unused antitoxin in exchange for fresh product. Each package bears a return date (one year after date of manufacture).

PARKE, DAVIS & COMPANY

LABORATORIES: DETROIT, MICH., U.S.A.; WALKERVILLE, ONT.; HOUNSLOW, ENG.

BRANCHES: NEW YORK, CHICAGO, ST. LOUIS, BOSTON, BALTIMORE, NEW ORLEANS, KANSAS CITY,
INDIANAPOLIS, MINNEAPOLIS, MEMPHIS; LONDON, ENG.; MONTREAL, QUE.; SYDNEY, N.S.W.;
ST. PETERSBURG, RUSSIA; BOMBAY, INDIA; TOKIO, JAPAN; BUENOS AIRES, ARGENTINA.