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HALIFAX, NOVA SCOTIA, AUGUST, 1902.

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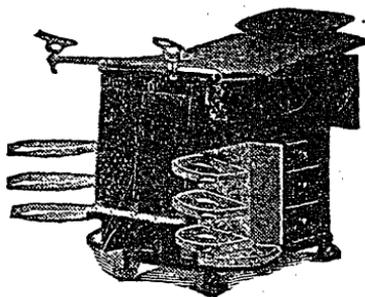
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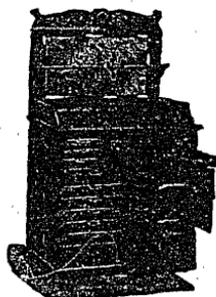
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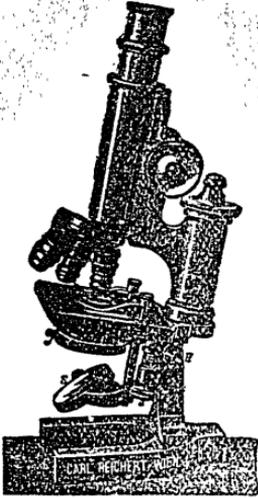
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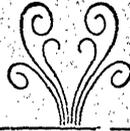
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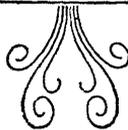
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VOL. XIV.

HALIFAX, N. S., AUGUST, 1902.

No. 8.

Original Communications.

PRESIDENTIAL ADDRESS.*

By S. C. MURRAY, M. D., Albert, N. B., President of the New Brunswick Medical Society.

Gentlemen: When this Society met in the city of Moncton about one year ago, it so happened that by the unexpected absence of our worthy President, Dr. Smith, whose cheerful countenance, hearty welcome and elegant address we all so much missed, it fell to my lot as Vice-President to take his place and fill the chair as best I could. I thought your patient forbearance was then quite sufficiently taxed, but when you again unanimously elected me to this important office I felt that it could no longer be considered a big joke, but you showed to the medical profession your magnanimous approval of the interest taken in these meetings by one even of the humblest of country physicians.

I thank you, gentlemen, for the high honor you have conferred upon me, and my only regret is, that I cannot sufficiently show my appreciation by filling the office as ably and efficiently as has been done by my predecessors, whose eloquent and instructive addresses have always given me much pleasure as well as intellectual food. And indeed I look forward to the meetings of the medical societies each year with as much pleasure as any other epoch in my life, and especially when they convene in St. John, where I must say the resident medical brethren seem to vie with each other how they can

* Delivered before New Brunswick Medical Society, St. John, July, 1902.

best entertain the visiting brethren, and make their holiday as pleasant as it is profitable. And this brings me to the consideration of the sad side of the picture, which we all regret. That is the fact that although medical science is continually making rapid strides in the discovery of new and more effectual means of combating disease in all its forms, still we have not been able to discover an elixir whereby we can indefinitely prolong life or stay the cruel hand of death. It is an enemy to which we must all succumb sooner or later, and it does appear that we are yearly losing from our ranks some of the brightest and most useful members of our profession.

I refer to Dr. McLearn, of Fredericton, and Dr. Morrison, of St. John, the latter of whom I knew very intimately, and I regarded him, and for good reasons, as one of my best friends in the profession in St. John, and whose warm and hearty shake of the hand and cordial and whole-souled reception and entertainment and instructive addresses I shall never forget. And now gentleman, I cannot close this part of my address without referring in feeling terms to the great and almost irreparable loss the medical profession of Canada has sustained in the untimely death of my old friend and school-fellow, Dr. Will Muir. Belonging to the same province and county, and practicing for a time in the same town, I had a better chance to know his true worth than many of you, and I must say I never knew him in any place or condition of life other than a whole-souled gentleman. I cannot offer any eulogy on his life more appropriate than that of Dr. Drummond in the *Montreal Medical Journal*. "He was a sentinel who seldom asked for a change of guard. A medical soldier who rarely deserted his post of duty, save to perfect himself still further in the art dear to him as the breathing of his life—that life, public and private, which all might read and reading approve. Therefore it is not surprising that to the public of Truro, his native town, Dr. Muir's death came as a veritable calamity bowing every head in grief. Not a man, woman or child but felt the loss of a personal friend; a man to whom all could look up for guidance or council in joy or sorrow; a human oak upon whose giant form weak ones might fling their twining tendrils in full confidence of support. But the oak has tottered and fallen, seemingly before its natural term of life, and Dr. Muir has passed away in the midst of a loyal and devoted people. Extraordinary it is in these days to witness such scenes of grief and lamentation as was exhibited in the town of Truro during the

passage of the funeral cortege to the burial ground. Every store, factory and place of business being closed, while the streets were filled with mourning citizens desirous of paying their last sad tribute of respect to the devoted physician whom all had worshipped, and wondering if they might look upon his like again."

Now gentlemen if when you elected me to this office you had only been so kind as to have chosen a subject for me on which to try to write an address it would have saved me quite an amount of worry, but herein lies the difficulty. I never did consider it the province of a president to write on any particular scientific subject, and I thought it better at this time to confine my few remarks to medical ethics, and leave the microbes, bacilli and all the other members of that much despised family, which are doing so much at the present time to increase our practice, to be slaughtered by the younger and more skillful members of the profession. Since choosing this subject which until very recently has been so much neglected, I am glad to see that it is attracting the attention of the medical profession all over the Dominion. Prof. Goodwin of the Halifax Medical College read a very interesting and instructive paper on this subject last March, before the Nova Scotia Branch of the British Medical Association. It was also pretty thoroughly ventilated and discussed at the meeting of the Maritime Medical Association held only last week at Charlottetown, which I am sorry indeed I was not able to attend. It is also true that we have a code of medical ethics together with a scale of fees printed for the New Brunswick Medical Society in a very nicely bound little book, but I am sorry to say, according to my observation, in many cases it is studied and practiced about as much as the Bible. As I have just stated, this subject has of late been so well ventilated and discussed that it has saved me the trouble of going over the ground that I intended, so that now I will not trespass on your valuable time by referring to all the ways by which we can be ethical as well as unethical. There are medical men and there are medical gentlemen, and if in the course of my remarks, which shall be of a general character, I may appear harsh, I wish to say to you as did a certain clergyman whom I heard preach a sermon against *sin*, and he didn't spare the sword but cut right and left, and denounced almost every form of sin in strong terms. I began to squirm a bit, and thought it was striking others in the congregation pretty rough.

But he wound up by saying: "Of course I don't mean any of my congregation."

I know full well that there is quite a difference between the difficulties to be encountered in regard to ethics in the city and in the country. While you of the city may have your brothers in the profession who lack in principle, your *quacks* in the form of osteopaths, hypnotists, etc.,—and shame on us, I say, that we allow such to exist in St. John as well as other parts of the province; also an occasional druggist who may practice substitution; yet with all these reprehensible things, and many others I might mention, you have no idea what more we have to contend with in the country, where everyone's business is everybody else's business; and where if any person should fortunately, or otherwise, take sick, it is known for miles around, and every old woman in the neighborhood flocks to the rescue, each one with a new or old remedy, and some to recommend a change of doctor. Of course they pretend to be very confidential and private in their talk, but always take special care that either the sick or some friend will hear every word. One will tell how she was taken the very same way, had the identical same pains, etc., and sent for Dr. So and So, the new man, perhaps, just fresh from college, and when he arrived he said that if he had been ten minutes later he could not have prevented *information*; another will expatiate on the wonderful skill of the new doctor: "Why, would you believe it, he cut such a man open and took out something—I just forget the name—but anyway, we are better off without it, he says, and sewed him up again just as good as ever." Surely the days of miracles are not passed, and where is the necessity for dying. These wonderful stories told in a loud whisper often have the desired effect, and a consultation is asked for; if they do not, as is often the case, so far overstep the bounds of decency and send for the other doctor without the knowledge of the attending physician. Soon the new doctor arrives overflowing with wisdom, and heavy laden with instruments; if in consultation, he makes as thorough an examination as possible, returns with the other physician, talks the matter over in perfect harmony, and agrees in almost every particular. But alas for human nature when medical ethics is a dead language and the almighty dollar is their god. He lingers behind after the other doctor has gone presumably to see a friend of his in private. And then the scene is changed, and he becomes very confidential to

this friend and tells him that the diagnosis and hence the treatment is all wrong, and recommends a different line of treatment, but of course cannot attend the case professionally but will call as a friend.

Again the new doctor, who thinks that wisdom will die with him, will explain to his friends and others the reason of his superior knowledge and skill is the fact that medical science has made such rapid advances and new discoveries, it could not be expected that the old doctors would know anything about these new discoveries and latest modes of treatment. Sad indeed the lot of many of us, that we were born so soon.

Another matter I wish to mention, and that is in regard to medical fees. It is a fact as I have before mentioned that we have a scale of fees adopted by the New Brunswick Medical Society, but it has about as much influence with some medical men as a feather would have in steering a ship across the Atlantic Ocean.

In order to work up a practice some doctors will charge less than half the prescribed travelling fees; they will attend the families of a country midwife for less than half, with the understanding that she will drum up cases of obstetrics for them, they will attend those cases for two or three dollars less than the fee of the old doctor, and tell the party that the regular charge is eight or ten dollars, as the case may be, but they will make them a present of the two or three dollars, and I could go on to almost any length reciting cases of such unprofessional conduct, which have come under my notice during thirty years of practice, in which time, no doubt, I have made many mistakes, for to err is human, yet I think there are some to-day who can testify to the fact that I have always tried in my humble way to uphold the dignity of the profession which I love, and to treat my fellow-practitioners as brothers. And now as these things are, so let us seek for the cause, and if possible, prescribe a line of treatment.

I have been quite a regular attendant at medical societies for many years, and am always struck with the small number in attendance compared with the number of M. Ds. registered in our province, viz.: about 250. Think of that, gentlemen, and compare these figures with those present here today; and what is the reason? Is the benefit to be derived from interchange of ideas and discussion of important subjects of less account than those of other trades and professions? I trow not. One reason given for so little interest being taken in our medical society meetings is that there is no pecuniary benefit derived,

but that holds good in the annual meetings of all religious denominations and many other societies, and how many vacant seats will you find at their synods, conferences and other assemblies? Scarcely one; but let me tell you gentlemen in many cases it is the fear on the one hand of losing a few cases and families, or on the other hand the hope to steal some of the cases of those who do attend, as does the midnight thief lurk about until you are away from your place of business that he may enter and despoil your goods. This should not be the case if medical ethics were properly taught and enforced, or if medical men were all gentlemen.

Again I would ask, what is the reason that so many suits for malpractice are brought in our courts against innocent men, and why is it that a medical protective association has been found a necessity? Why should we not be united as other societies I could name, and work together for our common good, not to study how we may succeed or rise to eminence by the trifling mistakes or perchance unfortunate accident of our brother in the profession, but always as much as possible shield and assist one another. But on the contrary, what do we too often find the practice? Some designing, irresponsible person having met with an accident, and been treated correctly but suffered somewhat by their own wilfulness and neglect, will enter the office of a medical man not too friendly perchance, or it may be not knowing the circumstances of the case, will unguardedly or designedly speak of the neglect or unskillful treatment used in the case sufficient to induce the often too anxious legal profession to enter a suit for damages. I speak from experience, and would suggest that in all such cases we should be as wise as serpents and as harmless as doves.

And now, gentlemen, what is the remedy, if any does exist, for all this? I see that the Maritime Medical Association last week appointed a committee to suggest a code of medical ethics which is very good as far as it goes, but I would say, following in the line of Dr. Roddick's bill for general registration, etc., let us be as persistent as he was, and give our government no peace until we procure legislation *in re* medical fees, at least, if nothing more; or else let us burn all these nice little books containing scale of fees, etc. Some writers on this subject have said that the Golden Rule bears in it the whole code of ethics and will apply in every case, which is true in a sense; but how many there are who have never been taught the Golden Rule either

at home or in the colleges, and know as little about it as they do about the Chinese language. Therefore I contend that medical ethics should be taught in our colleges, and I am pleased to know that there is a book in the hands of the publishers in Toronto at the present time on this subject, written by Dr. Sprague, of Stirling, Ont., a medical gentleman, who for more than thirty years has been actively engaged in practice, not only in Ontario, but in the wild and woolly west; not only in the city, but especially in village practice; well known as the Bengough or cartoonist in his medical college; also as a contributor for many years to our own and United States medical journals, and as well acted as Territorial Editor for the Dominion Medical Journal and was a voluminous writer to *Lancet* during the editorship of Dr. Fulton, its founder. The prospectus has been sent out, and medical colleges are subscribing liberally for copies, and testimonials from many well-known physicians, viz., Drs. Roddick, Buller, A. Laphorn Smith, and others have been sent in to the author endorsing the work and recommending that such a work should become a text-book in our medical colleges, as I believe it is a fact that with but two exceptions, medical ethics is not taught in any college in America.

And now, gentlemen, in conclusion, let me say that there is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical. We have a glorious heritage, a noble profession, a great responsibility, and a high and noble position to maintain in the hearts of the people, and although we may not be able nor do we desire to perpetuate our memories by the erection of costly edifices of wood and stone, as Carnegie, McDonald and others are doing, yet we can by strict observance of the rules of medical ethics and the practice of the Golden Rule, so conduct ourselves, that like the noble and true Dr. Will Muir, we shall live in the memories of every man, woman and child who ever knew us, and generations yet unborn shall rise up to call us blessed.

THE ROLE OF EDUCATION IN THE DEVELOPMENT OF SELF CONTROL*

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Education, of course, is not to be considered as limited to the formal teaching of the schools. It is unnecessary for me to say that very much the larger and much the more important share of the practical knowledge which a man gains is acquired wholly apart from the schools. Nevertheless the value of proper instruction and of suitably graded instruction in the schools is beyond estimate, and the purpose of my paper is largely to ask if the system of education at present very generally in vogue takes full cognizance of the possibilities of the public school in the development of a certain important trait of character.

It must be expected that the old proverb, "many men, many minds," will apply to the question of education just as to any other debatable subject. There are many, thought to be good thinkers, who cannot see that the educational system of to-day is an improvement upon that of, say, a half century ago. Many accord with Herbert Spencer in his contention, that from a practical standpoint, a scientific education is of much greater relative value than a literary training. And the kindergarten method, and various systems somewhat similar to it in conception, have each their enthusiastic advocates. With all this variety of opinion, however, the plan which finds most general acceptance still is that public school system which has been gradually evolved during many years, which has noted the need for changed methods in education in correspondence with the changed conditions of life brought about by recent advance, and which, being the "survival of the fittest," must be supposed to suit the requirements better than any other mode which has yet been suggested.

It is, nevertheless, occasionally argued, and argued by men whose opinion is well worthy of consideration, that our present day educa-

* Read at meeting of American Medico-Psychological Association, Montreal, June, 1902.

tional methods tend to unfit men for the practical pursuits of life. It is stated that too many subjects are attempted, that thoroughness is rendered impossible on account of this multiplicity, and that in consequence, a habit of carelessness is encouraged. Moreover, the claim is urged that a liberal literary training has not only the effect of rendering attention to business affairs distasteful to the average mortal, but that the mental preoccupation naturally resulting from wide learning prevents that entire devotion to business which is essential to success. Exceptions there are, of course, for everyone can point to men who combine singular ability with broad culture. Such men, however, are unusually endowed, and it is in but a small proportion of our successful men of business that literary talent is conspicuous.

It is not sufficient contravention to this argument to assert that a business life is not the ideal life; that true happiness does not follow the getting of sordid gain; and that mankind would be much the happier, as well as the wiser, if men attended more to the cultivation of the mind and less to the accumulation of wealth. However much one may sympathize with such a sentiment, the plain fact remains that the majority of people prefer wealth to culture, although there are undoubtedly many who earnestly strive to attain both. And inasmuch as we have to deal with the majority, this fact must be faced, and dealt with in a reasonable spirit.

Now to the alienist this matter is one of practical interest. The strenuous efforts which many conscientious people put forth to "broaden" their minds is, far too often, a direct offence to physiological law. The mental capacity of most men is sharply limited, and the capacity for an intelligent and well-thought-out interest in many diverse things is likewise definitely circumscribed. The attempt to keep well informed, sooner or later brings on a condition of fatigue. The individual's power of concentration lessens, the attention becomes enfeebled, and the control over self diminishes in proportion. And thus the broadening influence of a liberal education, so ardently desired by many an honest soul, is entirely missed, and definite harm is accomplished.

The deduction is sufficiently plain. Instead of urging to greater effort the pupil who is beginning to realize in its full meaning that "much study is a weariness of the flesh," his case should be given special consideration, and such restrictions should be put upon the

quantity and quality of work required of him as might seem necessary as a preventative of overstrain.

All who have to do with the insane know how striking a feature, in many cases, is a loss of the power of self-restraint. Some even go as far as to consider insanity as but a manifestation of the loss of self-control. Thus it is said of Pinel that the first question he addressed to a new patient was always "Have you suffered vexation, grief, or a loss of fortune?" It was his firm conviction that painful emotional states play a very important part in the causation of mental disorder. But such states are common to all men, and it is only in those who are not properly schooled to the control of them that disaster is occasioned.

Putting the matter in another way, Clouston declares that "sufficient power of self-control should be the essence and legal test of sanity, if we had any means of estimating it accurately." And, were it necessary, I could quote many other authorities to the same effect.

In his chapter on the Growth of Character, Oppenheim contends that in education one great factor has been forgotten, and that is the youth's knowledge of himself. He should not only be made familiar with the conditions and requirements of a business or profession, but should "have an equally thorough training for the vocation of living." And Donaldson declares that "the act of living is the most important natural educational process with which the human body has to do." These seem like reasonable statements, but their full meaning is not apt to appeal to one at first thought. Consider them in connection with a quotation from Maudsley:

"It may justly be questioned whether the whole system of education at the present day does not err on the side of dangerous indulgence. No doubt such harshness and neglect as might be likely to repress cruelly a child's feelings, and to drive it to take refuge in a morbid brooding, or in vague and visionary fancies, would be a great wrong, but a foolish indulgence, through which it never has infixes in its nature the important lessons of renunciation and self-control, is not less pernicious. Can it be wondered that persons whose minds, when they are young, have never been trained to bear any unwelcome burden, should break down easily into insanity under the strains of severe trials in later life? The aim of early education ought to be sound intellectual and moral discipline rather than much learning of any sort; to fill a child's mind with details of knowledge in order to

make it a prodigy of learning is likely enough to prepare for it an early death or an imbecile manhood: but nothing can be better than the careful fashioning of its intellect into a trained instrument by which knowledge may be acquired readily, and with habits of accuracy, and the formation of a stable character, which, through the constant practice of self-denial, obedience, self-control, shall embody those lessons of a good moral experience which the events of later life will not fail to enforce rudely."

Such being the opinion held by so high authority upon the value of proper self-control, does it not seem eminently right to make every possible provision for a full development of this trait, which is undoubtedly of much importance in the "vocation of living?" And inasmuch as perhaps the greatest amount can be accomplished in this direction during the earlier and more impressible years of life, it does seem to me that the school course, which is so important an element in the life of the child and the youth, should be modelled with a view to attaining this end. Is it possible that we may not reach to that "best education" which, according to Maudsley, "would be the strongest barrier against mental derangement which it would be possible to raise?"

Now while it is easy enough to dream of results, it is not so easy to suggest methods which will give us the results we seek. Nevertheless there are a few matters worthy of reference which may possibly be indicative of the direction our quest should take.

As to the effect of formal education upon the brain cells, we are without definite information. We know that the cells are already formed and are numerically complete at birth, and that any change effected thereafter is only in the direction of modification—not of multiplication. School training, however, strengthens formed structures and arouses dormant elements to further growth and organization, and the importance of this can scarcely be over-estimated. Thus Donaldson asserts:

"The intensity with which any form of exercise is carried on during the growing period leaves its trace, and the absence of it at the proper time is for the most part irremediable. Thus any lack of early experience may leave a spot permanently undeveloped in the central system—a condition of much significance, for each locality in the cerebrum is not only a place at which reactions, using the word in a narrow sense, may occur, but by way of it pass fibres having more

distant connections, and its lack of development probably reduces the associative value of these also."

Notwithstanding our lack of positive knowledge of the influence of educative processes upon the development of the central cells, and in spite of our ignorance as to the relative order of development of the cells engaged in the intellectual processes, sufficient data have been accumulated to enable very competent authorities to venture certain hazards. Thus Professor Patrick, of the University of Iowa, argues strongly against the methods of teaching now in vogue in the primary schools. Both upon anthropological and psychological grounds he condemns the use of the reading book, the spelling book and the copy book by children under, say, ten years of age. Man has only recently become a reading and a writing animal, and to quote Patrick's own words, "It will demand a considerable maturity in the child before he is ready for that which has developed so late in the history of the race. The language of the child, like that of the primitive man, is the language of the ear and tongue. The child is a talking and hearing animal. He is ear-minded. There has been in the history of civilization a steady development toward the preponderating use of the higher senses, culminating with the eye. The average adult civilized man is strongly eye-minded, but it is necessary to go back only to the time of the Ancient Greeks to find a decidedly relative ear-mindedness. Few laboratory researches have been made upon the relative rapidity of development of the special senses in children, but such as have been tend to confirm the indications of the "culture-epochs" theory, and to show that the auditory centres develop earlier than the visual."

Another criticism of prevalent teaching methods is that of Oppenheim. I quote him as follows:

"One must keep in mind that the faculty which governs mathematical computation is located among the higher centres in the cerebrum; that this part of the brain is among the latest to attain maturity; that therefore in childhood it is in no condition to put to a strain. Whenever a scholar at this age is forced into attempts to use this faculty, a process similar to any other sort of exhaustive work results. One can the more easily understand the inevitable outcome from the knowledge of the fact that the nerve cells of children, being more or less in a state of unstable equilibrium, are easily exhausted, so that a consequent nerve poverty must show itself. Thus such children

receive no permanent value from studies in mathematics, simple though they be; and what is more, if these studies were not begun until greater maturity—say at least ten years of age—not only would a vast amount of nervous wear and tear be saved, but also the children would learn as much in one year as they formerly, under the present adverse conditions and methods, learn in five. The time thus saved might be profitably employed in strengthening both mind and body.”

Now if there is anything of real merit in these opinions, is there not need for certain reorganization of present-day methods? Surely the imposition on the child of studies for which he is neither physically or mentally equipped cannot but be followed by disastrous consequences. Not only is there energy wasted and time lost, but it is also certain that the development of self-control is not encouraged by putting the immature brain cells to such unnatural strain as will almost inevitably exhaust them. On the contrary it is reasonable to suppose that injudicious forcing may have the effect of causing irretrievable injury in this respect.

Of even greater importance than the curriculum is the teacher. A rational system of education would require as high a standard for teachers of elementary classes as for those of the advanced classes. There is infinitely greater opportunity to influence, for good or evil, the pupils in the primary department than those in the advanced grades. Much greater damage may possibly result to the very young child, from the imposition of unsuitable tasks, than to one whose brain cells are more fully developed, and consequently more stable and less easily overtaxed. And at that period of life when imitiveness is *the* characteristic of the child, when, in fact, education practically depends upon this imitiveness, it is of the utmost importance from all points of view, that the teacher should combine every good quality. It is very necessary, also, that the teacher should have a very good idea of the psychology of childhood, and should have intimate knowledge of the physiology of this period, as without such knowledge it is impossible for the character of the teaching to be suited to the capacity of the pupil. And yet how very few of our primary school teachers have any such qualifications.

As further argument that the teaching in the primary year should be of the highest order, it is perhaps scarcely necessary to refer to the fact that much the larger number of pupils derive all their teaching

from the lower grades, and that comparatively few come under the influence of the teachers of the higher grades.

Another fact which is commonly overlooked is that the restraining or inhibitory function is the last to develop, which, as Oppenheim points out, "is chronologically correct, for a restraining force has no reason for its existence until the energy which it is meant to restrain is really present." And yet this is a matter of no small importance, inasmuch as, however well-intended, ill-timed attempts to restrict children cannot meet with the desired response. Rather do they tend to make the child unhappy and irritable, and at the last are very likely to defeat the very end for which they were intended.

It is too much to expect (save in individual instances) to be able to get right to the child's home-life, and direct the environment and the influences to which he is subjected there. Could we do so, a tremendous good might be accomplished, for undoubtedly the greatest power in the moulding of character is the atmosphere of the home. But our inability to reach so far into the circumstances which make character only serves to render it more imperatively our duty to see that such of the nurture of the child as we *can* influence is of the very best.

Self-control is not only a necessary quality to success in life; it is not only a very potent agent in the prevention of mental disturbance; but it is also a very important factor in determining recovery from an attack of mental disease. Therefore, to us as alienists, the question of the development of this trait is one of special and practical interest. For this reason we should not fail to exercise ourselves in behalf of any reform in present methods, which might possibly have an effect in bettering the development of the brain cells, and in thus rendering the individual less susceptible to disorder of the mental faculties. It is our plain duty to strive in every possible way to eliminate the causes of mental disorder. Here, it seems to me, is a legitimate field for the practical application of knowledge which our position as alienists presupposes us to possess. And at this present time, when the leaders in educational matters are, as I know them to be, striving very earnestly to make their methods meet the demands of rapidly changing circumstances, we have an unusual opportunity to use our influence in modifying requirements in accordance with our ideas of what those requirements should be.

MALIGNANT OEDEMA OF BOTH HANDS. RECOVERY WITHOUT AMPUTATION, DUE TO THE CONSTANT APPLICATION OF ACETOZONE.*

By MURDOCH CUSHLOW, M. D., L. R. C. P. London, Surgeon Victoria General Hospital, Professor of Surgery and Clinical Surgery, Halifax Medical College.

John Bambick, aged 46, gold miner, married, came to the Victoria General Hospital February the 15th, with both hands, right eye and face scorched and lacerated.

The day before patient was trying to force cartridge of frozen dynamite down into a hole in the rock with a stick of wood. An explosion followed, which scorched and lacerated the patient's hands and face. He was carried to a doctor's office, where his wounds were washed, trimmed by removal of hanging shreds, and dressed. In this condition he came to the hospital. I saw him three days after the accident. His general condition was good. Pulse and temperature slightly above normal. The patient's face, whiskers and eyebrows were scorched, the conjunctiva of the right eye was partly detached, the cornea opaque and vision absent. Both hands were scorched. The little finger of the right hand was blown off close to the first joint. The top of the ring finger was also blown off. The other fingers were severely bruised and peppered with small wounds. The soft parts of the left hand were badly lacerated in several places. The web of the thumb was severed by a wound which extended deeply into the muscles. The muscles of the little finger were similarly lacerated. There was a pungent smell like burnt hair or horn. The wounds on the hands presented a sloughing surface. They were being dressed by the house surgeon, Dr. Reynolds, with 1 to 6000 bichloride solution. I decided to continue this treatment and wait for a line of demarcation. On the 20th the smell became so offensive that the house surgeon resorted to baths of permanganate of potash, followed by lotions of bichloride frequently repeated.

For five days after this the temperature ranged between 98 and 100 degrees. The offensive odour continued in spite of permanganate lotions, but the general conditions remained good and the hands

* Read before the Medical Society of Nova Scotia, New Glasgow, July 3rd, 1902.

presented nothing more than a sloughing surface on the more injured parts. There was very little swelling and not much redness away from the injured areas. On the 24th the temperature went up over the 100 mark in the evening. On the morning of the 25th it was normal. In the evening it went up to 101 and continued to rise until next evening, when it registered 105 with delirium, and restlessness. The following morning on finding the patient's condition so serious I ordered him to the operating room without examining the hands. On being chloroformed and the wet dressing removed, I realized for the first time that I had to do with a case of malignant oedema. The odour was intense. The hands were swollen, red and cedematous. The oedema extended over the back of the hands up to the wrists. A red streak ascended up to the elbow. My first thought was to amputate, but I had not obtained the patient's consent. I therefore temporized by removing all sloughs, opening all wounds which had healed, scraping them out and freshly incising the hands where the swelling was greatest. On the back of the hand I made two incisions three inches long, exposing a thick layer of white gelatinous material. I also applied pure carbolic acid followed by alcohol, so much recommended by Powell of New York. In addition I soaked the hands well in 1 to 500 bichloride and 1 to 50 carbolic. Finally I wrapped them up in gauze soaked in a saturated solution of acetozone and covered all with oiled silk.

In the evening after the operation temperature fell to 102 degrees, pulse dropped from 135 to 120. Next day at 2 p. m. temperature rose to 103.8, pulse to 127. Patient very restless. Dressings done every three hours, sometimes every two hours. There was an effort made to soak the hands in the antiseptic for half hour at each dressing, but it was found hard to do more than liberally wash them with it. The patient was too weak to be propped up in bed without which he could not satisfactorily soak his hands. During the night of the 28th the patient slept several hours. His hands were dressed every three hours and his temperature fell to 102.5.

March the 1st, patient feels better, his delirium is less, his tongue is moist, temperature 102, pulse 124. The nurse on going off duty at night wrote: "Patient passed a fairly good day, complained of hands feeling sore after dressings were done. Talked quite a lot at times." The night nurse wrote: "Patient had a very good night, but is feeling weak."

March the 2nd, temperature 100.8, pulse 128 at 9 a. m. At 6 p. m. temperature 102.2, pulse 105. Redness extending up the arms. Ordered ichtayol 3 drs., resorcin $\frac{1}{2}$ dr., lanolin 1 oz., to be applied up the arms and forearms when being dressed. The œdema still confined to the wrists. It ends in a complete circle a little above the wrist joints. The redness is in the line of the lymphatics and has gone up past the elbows about two inches.

March the 4th, left index finger looks black behind and very much swollen. The tip is shrunken as in dry gangrene. Incised freely.

March the 6th, index finger much reduced in size and more natural in color. The swelling and redness of the hands reduced. Granulations springing up along the sides of the white sloughs which formed along the lines of the first incisions over the œdematous swellings. But redness and swelling have crept above the elbows and are within three inches of the axillæ. Temperature 110, pulse 98.

March the 9th, swelling and redness leaving the arm. Forearm still markedly œdematous. Fluctuation detected above left wrist behind, opened and a large quantity of gangrenous-smelling pus came away. Syringed with acetozone full strength, driving it under annular ligament out of both incisions on the back of the hands. Temperature 101 to 102.3, pulse 100 to 90. Ointment discontinued.

March the 12th, abscess opened over the second joint of left thumb, also above annular ligament in front. Pus emits a strong gangrenous odour. Left hand is still shiny, red and œdematous. The same condition extends over the extensors as far as three inches above the elbow. In front the whole arm and part of the forearm shows the skin shriveled and of a pale natural color. The right hand is very little swollen. Amputation wound nearly all healed. Some pus still oozing from over the metatarsal bone of little finger.

March the 15th, left hand and arm not so swollen. Skin not so red. Made an incision over the inner side of the ulna over a loose and puffy soft spot—no pus, but a greenish-white layer of somewhat firm consistence presented instead of the gelatinous white of egg material that formed the body of the œdematous swelling before mentioned. The right index finger is much swollen and discharging pus. It was slit freely in front, well syringed, and packed with gauze. Left forearm in front quite soft and flabby, evidently from absorption of œdema. Right hand and forearm looking well. Smell still very strong from left hand particularly.

March the 23rd, temperature 102. Has been rising since the 20th when it touched normal. Found several abscesses had formed within the last two days. Opened one extending from the middle of the left arm up to the anterior axillary fold. Opened another on ulnar side of forearm two inches below elbow, and another on the radial side three inches above the wrist. Also opened two abscesses on the right forearm, one on the ulnar side, the other in front of the forearm. All these abscesses were confined to the areolar tissues. The pus from them was not so very strong smelling as it had been. They were surrounded by intense erysipelatous looking borders. They were washed out with a saturated solution of acetozone, and what was very striking was the rapidity with which the undermined skin adhered to the parts below, union being quite firm forty-eight hours after they were lanced, leaving only the skin incisions to heal.

March the 28th, temperature normal since the day after the abscesses were lanced, pulse keeps at 90. Patient looks well. Left arm and forearm are of natural color. Subcutaneous abscesses all healed up to the line of incisions and these covered with healthy granulations. Size of hand very much reduced. Redness and œdema still persist, and some odour. Size of thumb and index finger not much reduced. Right arm natural. Right forearm fairly natural. Redness and swelling persist about stump of little finger, also up back of hand along ulnar border. Ring finger very much swollen.

April the first, temperature up to 101, pulse 116 for the last twenty-four hours. An abscess eight inches long and two inches wide was formed above the left elbow during the last twenty-four hours. The whole posterior aspect of the arm very red and swollen. Lanced and syringed with acetozone. Right ring finger still red and swollen.

April the 5th, since the 2nd, temperature between 98 and 99. Both arms of normal size, forearms nearly so, hands reduced in size. Incisions all closed but the last and that on right index finger, both of which are healing well.

April the 8th, temperature 101, gone up since yesterday. Right hand much swollen, red and œdematous. Swelling extends from stump of little finger to the middle of forearm. An abscess has formed over the stump—lanced—characteristic odour obtained. Well syringed with acetozone.

April the 9th, temperature normal and with slight variations so continued till the 21st, when all local applications were discontinued.

Some œdema still persisted, but the patient was encouraged to use his hands and expose them to the sun in the hospital ground as much as possible.

REMARKS.—As far as I know this is the first case of malignant œdema that has ever been saved without amputation. This case was saved by hard fighting, and every now and then when we thought every bacillus killed they would start again with frightful virulence, large abscesses forming in the course of twenty-four to thirty-six hours. It may be asked then why depart from the surgical rule of early amputation in this case?

In answer I have to state that after his temperature went up I did not see his hands till he was under chloroform, ready for what I expected a simple operation. As soon as the bandages were removed I recognized the trouble from the œdema and smell, together with the virulence of the local condition and severity of the general symptoms. But my patient being under chloroform I could not obtain his consent to amputation, so I decided to lessen, as far as possible, the focus of infection for that day, and possibly amputate the next. But next day the fall in temperature, the improved appearance of the hands, the dread of sending a poor laboring man out into the world with two stumps, as well as a desire to test the antiseptic properties of acetozone, which I found excellent in other cases, saved the patient from a double amputation.

While a student and also in my practice I had met with four cases of malignant œdema. Sir William McCormic amputated a thigh of one of these with what result I do not know, for I did not see the case afterwards. But at the operation he emphasized the gravity of the condition especially in the lower extremities. Another case in the practice of Dr. Fraser, Newfoundland, arose from a slight wound of the thumb. He amputated above the elbow and saved the patient's life. Another was a young child in the practice of a city physician, who would not consent to amputation, and death of course promptly occurred. The fourth case was my own. It arose from an abrasion on the leg treated by the application of sticking plaster, and neglected. The exclusion of air gave the bacilli full chance to put in their work and though the thigh was amputated the stump became infected and death quickly followed. It was not therefore without fear and trembling that I waited in this case. I greatly feared the patient would have to pay up for my waiting by a high amputation or loss of

his life. But seeing the beneficial effects of the antiseptic from day to day, I continued to wait and combat signs as they arose. The bacillus being anærobic and acetozone being a powerful hyperoxide I applied it unsparingly, hoping that enough oxygen would be absorbed through the incision and skin to destroy the bacilli. The dressings extended up the armpits. The average quantity of lotion daily used was six gallons. At one time the supply ran out and we resorted to bichloride, but the hands, forearms and arms became so inflamed and angry looking that I wired Parke, Davis & Co. at once for more acetozone. It was promptly sent, but fortunately for the patient, I found a sample bottle which had been left with Dr. Stewart, and used it with very perceptible benefit.

A word as to diagnosis.—The disease is rare and apt to be overlooked. It has two marked characteristics—the smell and cedema. The smell is very pungent and is compared with burnt horn. The cedema is striking. It results from a free exudation of white jelly-looking material in the areolar tissues. Several times I buried my thumb out of sight when looking in the long axis of the limb. The swelling is not therefore a brawny hardness in this disease, not at least before gangrene of the parts supervene. From the fact that the left index finger in this case had turned black, that its tip shrank irregularly as in dry gangrene, and that all this disappeared on freely incising the finger, I believe the rapid onset of gangrene is largely from pressure. Another characteristic of this disease is its frightful virulence and resistance to all previously known remedies. It is generally also accompanied by the formation of hydrogen which gives a crackling sensation when pressed upon. This was absent in my case.

My treatment was free incisions into the œdematous swellings and the constant application of acetozone which is a most powerful hyperoxide and germicide. I append hereto the pathologist's report.

BACTERIOLOGICAL REPORT.

March 1st. I accompanied Dr. Chisholm to the hospital and made four cultures directly from the discharge from the sinuses.

These cultures were on blood serum, gelatin slope, agar slope and glucose agar. At the same time I made three cover slip preparations and examined immediately. These were stained with weak carbol-fuchsin, alkaline methylene blue and gentian violet respectively.

In all of these I found a staphylococcus, streptococcus and a bacillus.

The bacillus was comparatively large, but I was not able to make out the characters very definitely on account of the other germs which were by far the more numerous.

The cultures were grown anaerobical in Buchner tubes. The blood serum and agar ones being incubated and the gelatin kept at room temperature. On the third day I examined the gelatin and one agar culture.

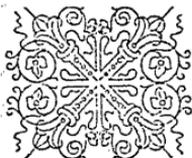
Cover slips made from them showed a bacillus of fairly large size, which was easily stained, had rounded ends and a spore in the middle. The culture gave a very disagreeable odour.

The other cultures continued to grow and formed rounded colonies with a formation of gas. These will be reported on later.

Taking the microscopical and culture characters together, I have no hesitation in saying that the bacillus was that of malignant oedema.

(Signed) A. HALLIDAY,

Provincial Bacteriologist,
Nova Scotia



THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIV. HALIFAX, N. S., AUGUST, 1902.

No. 8.

Editorial.

DO YOU PAY YOUR SUBSCRIPTION ?

Before this issue reaches its individual subscribers, gentle reminders in the shape of accounts unpaid to the NEWS will have reached different and diverse destinations.

Even among our noble profession there is a hesitation among a considerable proportion to *ante up* their lawful obligations. A certain few likewise, as a matter of *principle*, dispute their indebtedness, which is due almost invariably to neglect in remitting *promptly*. It is a settled fact that the medical profession suffers greatly from unpaid services rendered, but surely that is no excuse for many of its members to "do" others.

Money is as essential to run a journal as oil is to run a machine. Therefore we appeal to our delinquents, and trust that our short sermon will soon bear fruit.

THE RELATIONS OF MEDICAL MEN TO THEIR PATIENTS AND OF THE PROFESSION TO THE PUBLIC.

Under the above heading an article appears in a recent issue of the *British Medical Journal*, and as it is a subject in which all our readers will naturally be interested, it may be worth our while to consider it briefly.

The author of the article, Dr. Malet, begins by calling attention to

the fact that the relationship between the medical attendant and the patient is gradually undergoing a change. Formerly the doctor was not looked on merely as an individual who called in to prescribe for a given ailment and whose services were valued at so many dollars and cents. He was more than this; he was the trusted friend and personal adviser, and "by the public generally our profession was regarded as a peculiarly honorable one, and looked up to and spoken of as such."

As one of the great causes of this change in relationship, the writer particularly singles out the spirit of commercialism, which is perhaps the dominant feature of the age. The doctor is now-a-days little more to the patient than his grocer, baker or butcher.

Another factor in producing the change is the "general diffusion of partial knowledge." This partial knowledge has a most baneful influence; positive opinions are formed on imperfect information, and thus faith in the medical man is destroyed, and again "these semi-ignorant persons are more apt to criticise than to trust, and the criticism of ignorance is particularly galling."

But the writer claims that the causes of degeneracy are not altogether with the public. We are to a certain extent to blame. In the first place we have become discontented with a fair competence, and on the other hand the profession has become overcrowded with those who have the idea that it is a "respectable and not too laborious way of making a living." As a result some have been driven to quackery in one or other of its polymorphous phases, others have decided on the true trade spirit, "to make the most you can," and thus the personal relationship has been gradually lost sight of, and with this the dignity of the profession.

In speaking of the nobility and dignity of the profession, the author asks, "In what does the nobility consist?" and answers that it is *not* in the value of our services, it is not in the ability to relieve pain and save life, but that "our profession is rightly regarded as noble because the spirit of its work is that of kindly service," and that as we fall away from this spirit, so we approach more nearly to the trader, working only for gain and for selfish ends.

On the other hand, "pay is a necessary part of the relationship between doctor and patient, and must be considered. While it is primarily important that our work should be done without reference to reward, it is secondarily important that the reward should be just."

In estimating the value of our services, the writer thinks that we

should remember the cost at which we have been put to enable us to render these services, and that therefore our price ought to be a very high one.

The writer wisely remarks, however, that it is a very difficult matter to make practical application of these theories, but he at the same time claims that these are not necessarily useless, and he makes the following general suggestions :

“Whenever the poverty of a patient necessitates our serving him for under pay, the latter should be frankly understood to be such. There is less danger of misconception in doing some work for no pay and some work for fair pay, than in doing all work for under-pay. It is possible in our profession to-day to do some good work for nothing, and some good work for fair pay, and live in comparative penury; and, on the other hand, to do much poor work for under-pay and live in comparative affluence. This possibility is one of our worst temptations.”

After referring to the harm done by the valuation of services as arrived at by the public from their estimation of hospital subscriptions, club fees, &c., Dr. Malet takes up the subject of the self defensive attitude which is being adopted to some extent by the profession of to-day. He depreciates any such movement, since by so doing “our profession instead of appearing in the guise of mere trade-unionism would assume its true character as guardian of the public welfare.”

While there is, no doubt, some truth in the last statement, nevertheless, we are not able to accept it without some substantial qualification. We have to remember that survival is to the fittest, and “fitness” in one century may be a very different thing from that which constitutes “fitness” in another.

What would our profession be to-day but for the various legislative movements that have been carried out? And yet a great many of these are self-defensive.

The article referred to is one of considerable merit, and we can confidently recommend a perusal to our readers who will thereby be furnished with food for thought on a subject of vital interest to our profession and ourselves.

CANADIAN MEDICAL ASSOCIATION.

Intending delegates to the thirty-fifth annual meeting of the Canadian Medical Association, to be held in Montreal on the 16th, 17th and 18 of September, should take note of the following additional information issued from the Transportation Department. Owing to a clerical error relating to points east of Montreal, the announcement should have read: "If ten (10) or more delegates are in attendance from Quebec City, Megantic and east thereof, holding Standard Convention Certificates, delegates from such points will be issued tickets, free, for return."

A side trip, via the Richelieu and Ontario Navigation Co., has been arranged for to Quebec City from Montreal at \$4.00 for the round trip.

Delegates may go and return by the Richelieu and Ontario steamers in the usual way by asking for that route and obtaining a Standard Convention Certificate.

The Entertainment Committee, of which Dr. H. S. Birkett is chairman, as arranged the following programme: Tuesday—a garden party; Wednesday—the Grand Trunk Railway has invited the members of the Association to inspect the Victoria Bridge, and will take them to Lachine where a lunch will be served; in the evening there will be a smoking concert in the Victoria Rifles' Armoury.

A fine list of papers has been promised, which, in addition to clinics in the various hospitals and the Pathological Museum, will comprise a programme which will prove both interesting and instructive.

Any further information may be secured by applying to the Local Secretary, Dr. C. E. Martin, 33 Durocher St.; Dr. J. Alex. Hutchison, Chairman of the Transportation Committee, 70 McKay St., Montreal; or to Dr. George Elliott, 129 John St., Toronto, General Secretary.

As to the outcome of my observations with Pepto-Mangan (Gude), I would inform you that I have derived most satisfactory results from this excellent preparation in chlorosis and anemia, in nervous dyspepsia, and in all diseases caused by a poor condition of the blood. I therefore prescribe this preparation gladly and frequently, and have often said a good word for it among my colleagues.

DR. MARE ECKSTEIN.

VIENNA, August 28, 1901.

Society Meetings.

MARITIME MEDICAL ASSOCIATION.

(Concluded.)

July 10th—Morning Session. Votes of thanks were tendered to the Lieut.-Governor for entertaining the Association so acceptably, to the Legislature for the use of the hall, to the transportation companies for reduced rates, and to the President for the able manner in which he had presided over the deliberations of the Association, the mover (Dr. Walker) remarking that he had never seen the business got through so smartly before.

The President replied, thanking them for the vote which had given him greater pride than anything ever experienced.

The Treasurer's report was then read, showing a balance of \$240 62.

Dr. R. Macneill, of Charlottetown, then introduced the discussion on "Ethics," suggesting the forming of a code of professional ethics of the Maritime Association. Bacon had said, "True ethics is the hand-maid of divinity." If we followed the Golden Rule, then the code of ethics would be very small. Thought it well to appoint a committee to form a code and report at next meeting.

Dr. Mader followed and stated that efforts were being made in Halifax to do away with club practice. In ethical matters, specialists were the worst sinners.

Dr. Stoddard, of Pueblo, said every medical man should take the Hippocratic oath. He spoke of various faults of medical men particularly clandestine advertising in the public press. Consultation gave a very wide field of ethical wrong-doing. He contrasted the respective relations of lawyers and doctors in relation to corporation work.

Dr. Beers, of Cherry Valley, spoke of the necessity for a scale of fees.

The President remarked that some men were worth more than others, and no scale of fees was any good.

Dr. Murphy, of Tignish, said a code was not much good if men were not true gentlemen. He referred to the relations of practitioners in consultation and gave some examples of men who after exhausting

the resources of unethical practice in early life, getting prosperous, found salvation at the eleventh hour.

Dr. Atherton thought it unnecessary to have a code for the Association, as we already had a Canadian code as well as some provincial ones.

Drs. DeWitt, of Wolfville, and MacLaren, of St. John, also spoke briefly.

The motion to appoint a committee was put and carried, the following being appointed: Drs. McLaughlin, for Prince Edward Island, G. M. Campbell for Nova Scotia, and Dr. McIntosh for New Brunswick.

Dr. F. F. Kelly, of Charlottetown, then read a paper on "Treatment of Placenta Prævia." This was a subject of much importance which every medical man must be prepared to treat promptly, sometimes taxing the resources of the most skillful man. He cited a number of cases in his own experience with treatment and results.

Dr. J. Ross, of Halifax, followed with a paper on "Notes on Treatment of Prostatic Affections." Reference was made to pressure by suitable dilators in old cases of prostatitis, instillations, and hot water per rectum, several instruments for these purposes being shown.

Dr. Walker discussed the paper and referred to hot water in a case of prostatic hypertrophy which relieved where morphine had no effect.

Dr. Murphy, of Halifax, referred to operative work in prostatic cases.

Dr. DeWitt spoke of moist heat, which was very valuable in many different states.

Dr. J. J. Cameron referred to an article he had read that the prostate cannot be excised—only the superfluous tissue which was something like an adenoid growth.

Dr. Atherton also made a few remarks.

Dr. Weaver, of Halifax, then followed with a paper on the "Therapeutics of the X-rays." He referred to the results obtained in many of the large cities on both sides of the Atlantic and related some results obtained in his own practice, such as in cases of superficial malignant growths, hypertrichosis, etc.

Drs. Ross, Atherton and MacLaren discussed the paper.

AFTERNOON SESSION.

The Dental Association met with the Medical Association at this session by special invitation and took part in the proceedings.

The following resolutions read by Dr. Conroy, on behalf of the committee appointed were approved by the Association:

DR. W. S. MUIR.—Resolved that we, the members of the Maritime Medical Association, in session assembled at Charlottetown, the 10th day of July, 1902, do hereby record our deep regret at the loss we have sustained in the death of Dr. W. S. Muir, an ex-president, and a beloved and honored member of our Association.

Dr. Muir possessed intellectual talents and moral qualities that made him in many ways an ideal physician. He was a careful and thorough diagnostician. His sound judgment gave him the confidence of his patients and of his professional brethren, while his kindness of heart and a particular charm of manner won him hosts of friends. The sterling principles of his character, his uprightness and geniality, made his friends love him.

Farewell, for a time, dear friend—we mourn for you—but for a short time only. The old friendship will be renewed surely.

Resolved, that the sympathy of the Maritime Medical Association be extended to Dr. Muir's wife and family in their bereavement, and that the above testimonial be recorded in our minutes and published in the MARITIME MEDICAL NEWS and local papers.

DR. F. D. BEER.—Resolved, that we, the members of the Maritime Medical Association in session assembled at Charlottetown, on the 10th day of July, 1902, desire to place on record our deep sense of regret at the loss we have sustained in the death of our friend and confrere, Dr. F. D. Beer of Charlottetown. Dr. Beer's upright and gentlemanly bearing endeared him to all who had the pleasure of his acquaintance—his uniform courtesy, his high regard for professional propriety and his sound common sense in matters professional made him an honored and respected member of our profession.

Resolved that the sympathy of the Maritime Medical Association be extended to Dr. Beer's wife and family in their bereavement, and that the above testimonial be recorded in our minutes and published in the MARITIME MEDICAL NEWS and the local papers.

Dr. DeWitt spoke feelingly of the late Dr. Muir—a man who loved his profession and who scorned to do an unethical action. His death was a great loss to the Association and to the Medical Society of Nova Scotia. It would be well to emulate his good qualities.

J. J. Magee, D. D. S., of St. John, then read a paper on "The Mouth as an Index of Health," that proved instructive and profitable

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

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The President thanked Dr. Magee on behalf of the Association for his valuable paper.

Dr. H. D. Hamilton, of Montreal, referred to the importance of caring for the mouth and treating its deformities when young in life.

Dr. Wilmot, Dean of the Royal College of Dentistry, Toronto, said this was an important era in the dental art. There was a common ground in which the dental and medical brethren could be of benefit to each other. The condition of the mouth, especially in children, should be of concern to the general practitioner. Mastication in children from four to eight years of age was often very defective, causing them to be poorly nourished, and development retarded. To children of laborers and mechanics there was no attention to their teeth, and health thereby was materially affected.

Dr. M. MacLaren, of St. John, spoke of the teeth in anæmia and pernicious anæmia. Many of these cases are due to septic conditions produced by carious teeth. Staining of permanent teeth is often present at the stage of eruption—from seven to eleven years of age—and is generally due to environment; some may be due to exanthematous diseases.

Dr. Webster, of the Royal College of Dentistry, Toronto, had seen many cases of anæmia which were due to faulty hygienic condition of the mouth.

C. A. Murray, D. D. S., of Moncton, thanked the Medical Association for the privilege of meeting together. Dentistry was not the same as 50 years ago. To-day we must have some knowledge of medicine and surgery.

Dr. Baker, of Boston, also made a few remarks.

Dr. J. R. McIntosh, of St. John, then followed with an instructive paper on "Diseases of the Eye and Ear in Relation to the Teeth."

Dr. R. Macneill moved a resolution, seconded by Dr. Botsford, congratulating Dr. Roddick on his success in having his bill passed through the Dominion Parliament and pledging support to obtain the approbation of the different legislatures.

The meeting then adjourned.

NEW BRUNSWICK MEDICAL SOCIETY.*

The twenty-second annual meeting was held on July 15th and 16th, in the Common Council chambers, St. John. The names of those in attendance numbered forty-nine members, the largest gathering since 1895.

FIRST DAY.—The minutes of last annual meeting were read and approved.

Drs. Butler and Hayes, delegates from the State of Maine Medical Society were cordially welcomed.

The President, Dr. S. C. Murray, then delivered an interesting Address which was well received by the Society. (Published in this issue of the MARITIME MEDICAL NEWS.) The President received a hearty vote of thanks and the Address was referred for consideration to a special committee.

Later during the proceedings, this committee reported that they agreed with the views expressed by the President regarding the advisability of having the education of the profession embrace a more general knowledge of medical ethics, and also in the recognition of the difficulty experienced in the carrying out of the rules with regard to a uniform rate of fees. They recommended: 1st, that the matter of adopting a more suitable code of ethics and the revision of the scale of fees be referred to a committee which would report at the next annual meeting. 2nd, that the subject of the limitation of legal liability for action for damages be referred to the Council of Physicians and Surgeons with a view to obtaining at the next session of legislature the necessary legislation for limiting the liability to one year.

The second recommendation was made in consequence of such legal liability in New Brunswick now extending over six years, while in some provinces of the Dominion the period is but one year.

Dr. Melvin, the Treasurer of the Society, reported showing the finances in a flourishing state, a balance on hand of \$200.28. The expenditure was \$16.52, and the receipts \$216.80. This was reported correct.

* Papers read will be published in the NEWS.

Dr. Stewart Skinner, Registrar of the Council of Physicians and Surgeons, presented the annual report and among other matters referred to inter-provincial reciprocity as follows :

The Council feel that the medical profession of Canada have cause for congratulation that inter-provincial reciprocity over the whole Dominion is practically assured. During the last session of the Parliament at Ottawa, "An Act to provide for the establishment of a Medical Council in Canada," or what is generally known as "Rod-dick's Bill" was passed.

This Act is the consummation of work that has been carried on for a number of years and the result of conferences between deputations of the different Provincial Medical Councils. Representatives of this Council on three occasions attended meetings of the Canadian Medical Association when these matters were discussed.

Dr. Roddick deserves the thanks of the medical profession in succeeding against a great deal of opposition in having this bill carried. It now only requires the approbation of the Legislatures of the different provinces, and the Council feel that the medical men of New Brunswick should make every effort to impress upon the members of Provincial Parliament the advisability of putting through this bill.

The Act is called the Canada Medical Act, 1902.

The purpose of the Medical Council is to promote and effect the establishment of a qualification in medicine such that the holders thereof shall be acceptable and empowered to practice in all the provinces of Canada. A medical register is to be established and the qualifications and conditions necessary for registration to be determined and fixed. A board of examiners is to be established and maintained for examination and for the granting of certificates of qualification. A status of the medical profession is to be established in Canada as shall ensure recognition thereof in the United Kingdom and enable Canadian practitioners to acquire the right of registration under the Acts of the Imperial Parliament. The Council is to be composed of :—

1. One member from each province, who shall be appointed by the Governor-in-Council.
2. Elected members representing each province, one to be elected by the Provincial Medical Council and the others by the duly registered medical practitioners.
3. One member elected from each university or any incorporated

medical college or school. Nova Scotia as well as most of the other provinces gain a member over New Brunswick under this section.

Examinations are only to be held at those centres at which there is a university or college actively engaged in the teaching of medicine. Halifax again scores over St. John.

Any person who has received a license or certificate of registration previous to the date when this Act shall have become operative and who has been engaged in the active practice of medicine in any one or more provinces of Canada, shall after six years from the date of such certificate be entitled to be registered under this Act without examination.

The committee appointed to audit the accounts of the treasurer of the Council of Physicians and Surgeons reported, showing a good balance on hand. The report precipitated a discussion on the expenditure in connection with the suit of Dr Crawford over the licensing of Dr. Grimmer, in which the members of the Council explained their position. On Dr. Grimmer's removal from St. John, Dr. Crawford withdrew the suit, the Council paying the costs of his solicitor, Dr. Pugsley, \$50. The Council's solicitor was Hon. C. N. Skinner, who received \$65.

Dr. A. B. Atherton read the reports of a case of "Pylorotomy," and a case of "Enterotomy," with exhibition of the patients. The results in both cases were excellent and remarks were made by Dr. Walker and Dr. MacLaren.

A paper on "The Physician's Professional Rights and Duties," by Dr. C. R. Shaughnessy was next read.

The paper was favorably commented upon by Dr. J. W. Daniel who emphasized the necessity of constantly being on one's guard as regards professional secrecy; and by Dr. James Christie who referred to a practitioner once having taken up a case cannot retire therefrom at will.

A discussion on "Tumors of the Breast and their Treatment" was opened by Dr. Murray MacLaren. The differential diagnosis and appropriate treatment were more expressly dealt with.

Dr Atherton spoke of the diagnosis between cyst and cancer of the breast and the liability to error. It was advisable in all cases to cut into the tumour, in order to determine its nature before proceeding further. The removal of the ovaries in inoperable cancer was also referred to.

Dr. James Christie spoke of the benefit arising from operation in certain incurable cases of cancer of the breast, more especially when discomfort was caused by its large size and in painful cancer.

Dr. H. G. Addy referred to the X-ray treatment in mammary cancer.

Dr. J. W. Bridges, Dr. Lawson and Dr. Myers also took part in the discussion.

The evening session was devoted to the election of officers of the Society and Medical Council. (See last issue page 269).

Later, the visitors were entertained by the profession of St. John to a smoker at the Neptune Rowing Club rooms. Dr. P. R. Inches presided and many excellent selections were rendered by Harrison's Orchestra. Songs were sung by Dr. J. W. Daniel and Mr. S. Matthews, while speeches were made by Dr. Butler, Mr. C. N. Skinner and others. The evening passed very pleasantly.

SECOND DAY—July 16.—Dr. G. A. B. Addy read a paper entitled "Remarks on the Present Status of Typhoid Fever and Diphtheria."

In the discussion which followed Dr. Wetmore agreed that the greatest danger of contagion in diphtheria is from those suffering from the disease rather than from a room, etc., used by the patient. He had noticed various complications arising from the use of diphtheritic antitoxin such as temporary albuminuria, eruptions, rise of temperature, swelling of and tenderness of joints. In cases of mixed infection, the antitoxin may not be of service, and in such a case antistreptococcic serum may prove of much value as in one instance quoted.

Dr. Melvin spoke of antitoxin eruptions, and drug eruptions.

Dr. Atherton had observed that the contagion of diphtheria was long carried in nasal cases.

Drs. Gray, Daniel, Walker and MacLaren also spoke and Dr. Addy replied.

On motion, the President was authorized to commission any two members as delegates to the Maine State Medical Society.

It was decided that the next annual meeting be held at St. John and the same Committee of Arrangements as that of the Maritime Medical Association was appointed with the addition of the Secretary, Dr. J. H. Scammell.

After the usual votes of thanks, the meeting adjourned.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

Will hold their annual meeting at the Hotel Kaaterskill, Catskill Mountains, New York, on the 2nd, 3rd and 4th of September, 1902. Scientific papers, discussion, local excursions, concerts, balls, banquet, special parlor entertainments. Reduced rates to members, their families, and friends.

Members of the American Electro-Therapeutic Association can avail themselves of the special rate given by the hotel during this time.

For particulars write to Dr. Robert Newman, 101 West 80th Street, Chairman of Executive Council, or Dr. William Stevens, 70 West 52nd Street, New York, Secretary Committee of Arrangements.

LUNENBURG-QUEENS MEDICAL SOCIETY.

The medical practitioners of the counties of Lunenburg and Queens have for some time been discussing the advisability of organizing a County Medical Society; so on August 7th a meeting was held at Bridgewater, and the "Lunenburg-Queens Medical Society" began its existence. Although the day was very disagreeable, there was a good attendance, and the medical men, almost without exception, are taking a great interest in the movement. They expect to make this the banner county society of the province.

The officers elected were: Dr. H. A. March, Bridgewater, President. Dr. H. K. McDonald, Lunenburg, Vice-President; Dr. W. H. Macdonald, Rose Bay, Sec'y-Treas. Executive Committee in addition to above: Drs. Hebb, of Chester, and Cole, of Caledonia. Drs. D. Stewart, March and H. K. McDonald were appointed a committee to formulate rules and by-laws for the Society. The next meeting will be held at Mahone Bay on September the second.

SANMETTO IN URINARY TROUBLES IN OLD MEN AND CHILDREN.

So far as my experience has been with Sanmetto, in urinary troubles, it is one of the very best remedies we have at present. I recommend Sanmetto in urinary troubles in old men; also for children when subjects of that troublesome complaint, wetting the bed. I have practiced medicine over forty-five years.

Sedgwick, Kans.

A. D. H. KEMPER, M. D.

Matters Personal and Impersonal.

Dr. G. C. Jones, of this city, has just returned from South Africa, where he served as second in command of the Canadian Field Hospital. Major Jones unfortunately contracted malarial fever just before leaving and was unable to depart with the other members of his corps. Happily, however, he now looks the picture of health.

Messrs. Blakiston's Son & Co., Philadelphia have just published the first number of *The Medical Book News*, which will prove valuable to the profession in selecting books pertaining to medicine and the allied sciences. The publishers will be pleased to mail this paper regularly to any physicians applying for it.

A committee has been appointed by the Board of Managers of the Society of American Authors to solicit subscriptions for the erection of a suitable monument over the grave of Dr. Thomas Dunn English, editor, lawyer, soldier, physician, statesman, author and long-honored Vice-President of the Society of American Authors.

Gifts for this tribute to the illustrious author of "Ben Bolt" will be welcome in any amount, large or small. The receipts will determine the character and stateliness of the monument. Names of the donors will be imperishably preserved on brass sheets in the monument. If, after the completion of the work, there should be any surplus funds, they will be turned over to the family of Dr. English.

Checks or money order should be drawn in favor of Morris P. Ferris, Treasurer, and should be addressed: "Thomas Dunn English Memorial, Society of American Authors, 32 Broadway, New York."

An itemized report of the receipt and distribution of all funds received by the Committee will be mailed to all contributors.

Matters Medical.

THE PREVENTIVE AND CURATIVE TREATMENT OF HAY FEVER.

It is difficult to conceive of a more miserable creature in all the world than the hay-fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning sensation is experienced; the latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active, industrious, and useful member of society is completely incapacitated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, can afford to travel. But to many very worthy people a change of scene is out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug in the materia medica that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of Adrenalin, each had been as much of a disappointment as its predecessor and none had afforded more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of

comparative comfort takes the place of the former condition of distress and unrest. Adredalin blanches the mucous membrane by vigorously contracting the capillaries, and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the solution of adrenalin chloride should be used. This preparation is supplied in the strength of one part adrenalin chloride to one-thousand parts normal saline solution, and is preserved by the addition of 0.5 per cent. chloretone. The 1-1000 solution should be diluted by the addition of four parts normal salt solution, and sprayed into the nares with a "cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1-1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies and the septum are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows, in a few moments. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one thorough application daily to afford complete relief.

It is also recommended that solution adrenalin chloride be administered internally in 5 to 10 drop doses, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vaso-motor paralysis, affecting the blood supply of the eyes, nose, face, and pharynx, and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfils the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

Notes.

HYSTERECTOMY FOR CANCER OF UTERUS.

By T. J. Biggs, M. D., *Sound View Hospital, Stamford, Conn.*

Mrs. T., aged 47, American. Diagnosis, carcinoma of uterus. Entered hospital Oct. 10, 1901, in a greatly run down condition. She was put on an absolute bovine diet until October 14th, when at one o'clock she was given a high rectal injection of bovine and salt solution, three oz. of each, and at two o'clock, under ether anaesthesia, I performed an abdominal hysterectomy. Just before the uterus was detached from the vaginal wall, the patient showed considerable shock, and consequently the nurse was ordered to give her another high rectal injection of bovine and salt solution, two oz. each. She responded to this beautifully. The operation was completed by the closure of the abdominal wound, the pelvis being drained through the vagina. Patient was put to bed with the pulse weak and 112. She was given another high rectal injection of bovine and salt solution, three oz. of each. In twenty-five minutes she was conscious, pulse greatly improved, being 100, and full in character. *No nausea, thirst or vomiting.* The second day the vaginal drain was removed, the wound and the vagina treated by injections of bovine pure, employed t. i. d. Previous to every injection of bovine into the vagina, the cavity was washed out with borax solution. These injections were continued three times a day up to October 16th, when twice in twenty-four hours was deemed sufficient. She was now allowed a light general diet together with bovine. October 24th the stitches were removed and the abdominal wound found to be healed. From this time on her recovery was uninterrupted and she was discharged cured November 16th.

SUBSTITUTORS STEAL PHYSICIAN'S PATIENTS.

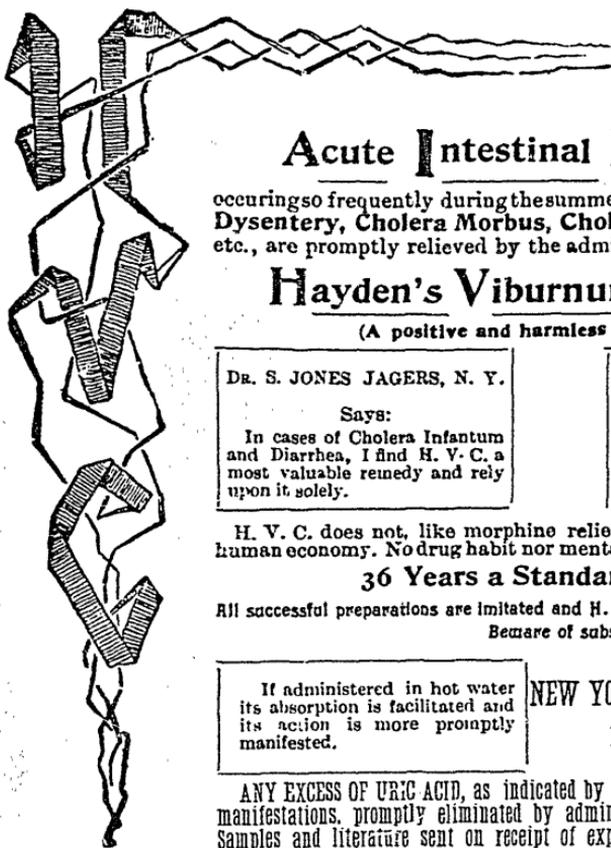
Incidentally, the Antikamnia Chemical Company is after "counterfeiters" and "substitutors" with a sharp stick. Their work in New York City is, no doubt, well known to our readers and they have now broken up a counterfeiting gang in New Orleans.

There can not be two views on the subject of substitution. It is swindling, pure and simple. Antikamnia and Antikamnia Tablets are made only by The Antikamnia Chemical Company, of St. Louis, Mo., and when a physician prescribes either Antikamnia Powdered or Tablets he means the products of that firm. If his patient does not get them, a fraud is perpetrated, not only upon The Antikamnia Chemical Company, but upon the physician and his sick patient for whom the medicine was intended.

In other words, the doctor's patient is taken out of the doctor's hands, transferred absolutely to the substitutor's care and then given whatever remedy the substitutor thinks best. All this, irrespective of the doctor's diagnosis. In short, the treatment is in accordance with the "diagnosis" made by the substitutor. And as all substitutors are thoroughly saturated with avarice, greed and utter disregard of the most sacred rights of others, the fate of their victims can well be imagined. It is the purpose of The Antikamnia Chemical Company to expose and punish this crime wherever they locate it, and they have notified the trade that the least punishment "Substitutors" of this kind can expect, is exposure of their guilt.

TREATMENT OF PRE-SENILITY.

Ferguson details a case of impotence following a prolonged attack of gonorrhoea. It was his third attack, and his virile power was almost lost and he suffered from frequent micturition. He had in addition orchitis on both sides. The case was peculiarly obstinate and many remedies had been used to no purpose. He had already exhausted the resources of several quacks. Sanmetto was prescribed in teaspoonful doses three times a day and improvement and recovery followed.—*New York and Philadelphia Medical News.*



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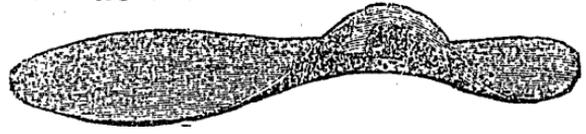
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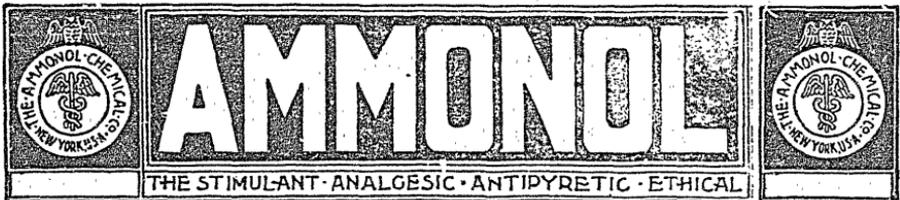
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An old problem which is perennially new is the *Hay Fever problem*. It presents itself every year. Sooner or later every physician has it to solve. The trouble is, *it doesn't STAY solved*. What was thought yesterday to be a useful remedy may prove to-day to be a doubtful expedient—a mere temporary relief. It is apt to be an experiment—and every fresh experiment is apt to be a fresh disappointment.

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We are of opinion that *Solution Adrenalin Chloride* more nearly approaches the long-sought Hay Fever specific than any other agent, and we believe that this will be the final verdict of the medical profession.

Solution Adrenalin Chloride is supplied in the strength of one part Adrenalin Chloride to 1000 parts normal saline solution, with 0.5 per cent. Chlorotone as a preservative. For use in Hay Fever it should be diluted by the addition of four times its volume of normal salt solution. It may be sprayed into the nose with a small hand atomizer or applied on a pledget of cotton. One or two applications daily usually afford complete relief.

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