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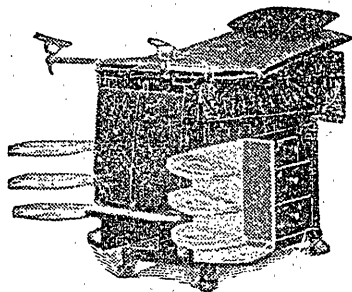
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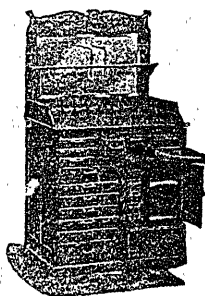
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4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy. (Pass Final M. D., C. M. Exam.)

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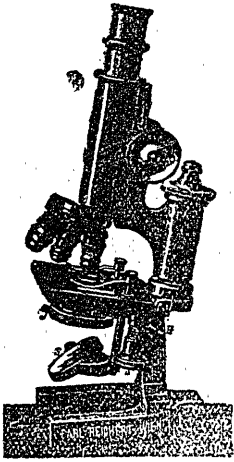
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VOL. XV. HALIFAX, N. S., FEBRUARY, 1903. No. 2.

Original Communications.

EXAMINATION OF WATER, CHEMICAL AND
BACTERIOLOGICAL.*

By ANDREW HALLIDAY, M. B., C. M., Provincial Bacteriologist and Pathologist, Halifax, N. S.

The fact that water is one of the necessaries of life would almost lead one to the conclusion that every one would be interested in securing a proper and adequate supply of it.

And yet strange enough this is not the case and it is difficult to say what to attribute this to. It may be that it is due to ignorance as to what constitutes "pure water," partly to carelessness and partly to false ideas of economy or all of these combined.

Certain it is that legislation even is required to ensure such a supply, for in the Public Health Acts of Great Britain we find the following:—"It shall not be lawful in any rural district for the owner of any dwelling house which may be erected * * * to occupy the same or cause or permit the same to be occupied unless and until he has obtained from the sanitary authority of the district a certificate that there is provided, within a reasonable distance of the house, such an available supply of wholesome water as may appear to such authority, on the report of their inspector or of their medical officer of health, to be sufficient for the consumption and use for domestic purposes of the inmates of the houses."

* Read before meeting Medical Society of Nova Scotia, New Glasgow, July, 1902.

It may be well for us to consider for a few moments the sources from which our people draw their water supply. And here I refer more especially to rural districts, as it is to be supposed that every progressive town has a water supply which is free from risk of contamination.

1. Rivers. Water may be derived from this source for domestic purposes, and indeed has to be so derived in very densely populated centres.

The supply of water from such a source has no very great objections if the river has not passed through a cultivated and settled country and thus become liable to contamination.

Such water has usually a muddy, turbid appearance and may contain an excess of vegetable matter; but where it has not flowed through such a country as described it is not liable to contain very many pathogenic or disease producing organisms.

But unfortunately it often is contaminated, and therefore is to be regarded with great distrust as a water supply. It was owing to Hamburg deriving its supply from the river Elbe that led to such a wide distribution of a fatal epidemic of plague, a few years ago.

2. Artesian wells. These are usually of great depth, passing through impervious strata, and are the very best and purest of water supply.

3. Springs. Are of course good supplies.

4. Deep wells. These are wells not necessarily deep in number of feet, but deep in that they pass through an impervious stratum and tap the water underneath. The water in this case has usually travelled a long distance, and during its percolation has become filtered and purified. It is therefore an admirable supply of water for domestic services, provided proper precautions are taken to ensure that the subsoil water cannot filter through its walls and thus contaminate an originally pure water.

5. Shallow or surface wells. These wells are shallow in the sense that they do not penetrate through any impervious stratum, but merely drain the subsoil. They may actually be deeper in number of feet than a "deep" well and yet be called shallow.

These are the most dangerous of all sources of water supply, and unfortunately they are a very common source in rural districts.

How often do we find such a well at the farms in county districts! And it would not be so objectionable if they were some distance away from any cesspool, manure heap or other source of contamina-

tion. But as it is they are often situated in the yard in close proximity to the barn and manure heap.

How can we expect such a water to be free from contamination? It is not infrequently situated at a lower level than the manure heap, and thus the filth gradually soaks away through the more or less porous soils, and as the contents of the well are pumped out they are replenished from the surrounding soils. The wells thus in many instances is simply a drain for the surrounding soils.

The distance within which a well draws water when its level has been depressed by pumping depends on the amount of depression and the nature of the soils. The distance is usually expressed in terms of the depression. In fine sands and gravel the distance varies from 15 to 39 times the depression. In chalk, where fissures facilitate the passage of water, the distance may be 57 times the depression. In dry, coarse gravel which allows free passage of water it is from 68 to 160 times. We thus see the conditions which determine the freedom of a shallow well from sewage and other pollution are:—

1. Its position with regard to the flow of the underground water.
2. The depression of water levels produced by pumping.
3. The nature of the soil.

As to the other precautions to ensure purity of water in shallow wells it is beyond the reach of this paper to discuss. But very frequently the consumers of water from such wells are indignant at any suggestion of impurity. Their water is all right because the water is always clear, sparkling, and of a pleasant taste. Unfortunately, liquids containing excremental matter, especially after soaking through a few feet of porous soils, do not impair the palatability of the water, and thus polluted water may be consumed from year to year without the slightest suspicion of its character, while water far less likely to act as an agency in carrying disease may on account of its unpleasant taste and unsightly appearance be absolutely condemned. This is especially so where there is much vegetable matter in the water. I had a good instance of this during the past year. A number of samples were forwarded to me from a district, and one sample, out of nearly a dozen other, was turbid, muddy and contained a good deal of vegetable matter, while other samples looked much more innocent on naked eye appearances. And yet on examination, both chemically and bacteriologically, the water of so objectionable appearance was the second best as regards sanitary purity.

In order to clearly understand this matter we will consider the composition of waters of different qualities, and if I may be permitted to express the opinion it would be well if a good deal of attention were given to this, because without such a knowledge a mere report of the result of a water-analysis will convey very little information.

1. Physical characters. It is a difficult matter as I have already said to judge the value of a sample of water from these alone, and they should never be trusted to. A clear, bright, sparkling water leads us to jump at the conclusion that it is wholesome. It is notoriously the case that often the most polluted and dangerous waters have just these characters. We must therefore take up the position that while we are safe in rejecting a water which does not possess these qualities, yet we are not safe in accepting it without corroborative evidence.

Reaction. If alkaline, we are put on our guard, as this is usually the concomitant of ammonia and its compounds which is strongly suggestive of animal contamination. However, it may be alkaline and yet harmless even when it contains Ca and Mg salts.

The ammonias and nitrites and nitrates. These may be taken together. When the organic (albuminoid) ammonia amounts to 0.5 per 100,000 then the proportion of free ammonia becomes an element in the calculation. A water is generally considered just within the border line of safety if the free and albuminoid ammonia are .005 and .008 parts per 100,000 respectively. Much "albuminoid" along with a small amount of free ammonia indicates vegetable contamination and this indication gains further support if there is only a faint trace of chlorides and no excess of nitrites and nitrates. Much "free ammonia" and excess of chlorides nitrates and nitrites will denote animal pollution. Nitrites and nitrates are in themselves harmless, but if found in a water exposed to risk of pollution may be sufficient to condemn it.

Nitrates 0.2 per 100,000, over this suspicious.

Nitrites 0.3 per 100,000, over this suspicious.

Oxidised nitrogen .5 per 100,000.

Nitrites and nitrates are as a rule due to the oxidation of nitrogenous organic matter of animal origin and if found in water from a source open to suspicion must be regarded as oxidised filth. Nitrites as a rule indicate more recent pollution and therefore more dangerous than nitrates, which indicate remote pollution.

Chlorine. In water collected from chalk or sandstone we need not be suspicious of chlorine till it reaches 3 parts per 100,000. But in excess of this it can only be attributed to organic pollution after all other likely sources have been excluded, e. g. wells near sea coast, tidal waters, alkali effluents, etc.

These are the more important constituents, but of course there are others more or less corroborative. What does the presence of these constituents indicate, and where do they come from?

The upper layers of the soil contain great numbers of bacteria (putrefactive) chiefly in the upper 4 or 5 feet.

Suppose sewage from a cesspool or other sources filters into the soil. The organic animal matter it contains is seized upon by these organisms in successive crops and the complex albuminoid and nitrogenous substance are gradually broken down into more simple bodies till ultimately there is little left but NH_3 , free or in combination, CO_2 and H_2O . But when this stage is reached another set of bacteria get to work. These are the nitrifying organisms. They have the power of building up from the simple NH_3 a more complex body, viz: oxidized NH_3 in other words HNO_2 , which, combining with various metals e. g. K., Na., etc., forms nitrites. A still further stage of oxidation would be the conversion of the nitrous into nitric acid. This is accomplished by another group of bacteria, hence we in the same way as before get the nitrates.

Thus we see that much albuminoid NH_3 indicates very recent pollution, nitrites, not quite so recent, and nitrates still more remote. But when thus remote we are in constant danger, as it shows that the source of contamination is in the neighborhood and may at any time as it were overflow.

So much then for the chemical examination. What about the bacteriological?

As a matter of fact these are nearly corroborative of each other. Suppose we find a water containing a great many putrefactive organisms (not disease producing), and therefore harmless in themselves, we are practically sure to find organic matter undergoing putrefaction, and this of course points to contamination.

I have on several occasions got samples of water to be examined for typhoid bacilli. Now looking for typhoid bacilli in a water sample is like looking for a needle in a hay stack, and is rarely accomplished even by the most experienced bacteriologists. But it is

not necessary to find typhoid bacilli to condemn a water. If we find an excess of bacteria of any sort we are justified in condemning it on the ground that it indicates an excess of organic matter. Still more is this the case if we find, as we often do, *bac. coli communis*, a non-pathogenic organism found abundantly in the alimentary canal. It in itself does not indicate disease but it certainly means that the water is being contaminated from an animal source and if disease is present that this water is liable to be the medium by which it may be carried.

Not long ago I had a sample sent me to be examined for typhoid. Well I found no typhoid, in fact would have been surprised if I had. But what I did find was that there was a great excess of NH_3 , nitrites and also nitrates. Bacteriologically it contained per c.c. so many putrefactive organisms that it was impossible to count them. They completely liquified the gelatine plate in twenty-four hours. There was no need to find typhoid bacteria. The water was as bad as it well could be and yet to the naked eye this was a clear, bright, pure looking water.



MEDICAL ETHICS.*

By W. R. DUNBAR, M. D., Shubenacadie, N. S.

This subject has been taken up to such an extent by members of the profession, and their papers published in the medical journals of the past few months, that little can be added to what has already been written; and no doubt some of the contents of this paper will be as familiar to you as your prayer books—should be. Yet I think we may derive some benefit from a discussion of the ethics of our profession. The subject embraces a great deal more than I shall be able to treat or even to touch upon, but I would ask your indulgence for a few minutes with an imperfect sketch of this important part of our education, which in our college training was neglected as a distinct subject: our teaching on medical ethics being confined to a single lecture, at the most two.

Our worthy teachers sought to inculcate us with the true spirit of manliness, and trusted to that to be our rule and guide in all our professional dealings. I believe that recently a movement has been set on foot in the upper provinces to have this important subject taught in our colleges as a part of the curriculum.

As I mentioned the subject has recently attracted attention. Our MARITIME MEDICAL NEWS of June last contains a paper read by Dr. Goodwin, before the N. S. branch of the British Medical Association. Also in the August edition of the same journal, I notice that "Medical Ethics" formed the principal part of the President's address before the New Brunswick Medical Society in July. There is also, in the same copy, an extract from the "British Medical Journal" of a recent issue.

The papers are all well worth reading, and I am sure we will all agree with Dr. Murray when he states that "there is no profession from the members of which greater purity of character, and a higher standard of moral excellence is required than the medical."

To attain such eminence is a duty which every practitioner owes alike to his profession and to his patients. Yet, I regret to state, the present condition of the medical profession, regarding it from an ethi-

*Read before Colchester Medical Society, Sept., 1902.

cal point of view, is not up to that high standard. The root of all evil seems to predominate, and our noble calling is used only as a means to an end. We jostle along with the crowd in the race for gold, and our professional attainments are often measured by our success in the scramble for worldly goods.

Brilliant success in treatment, and rapid money getting, too often constitute the chief aim of the ambitious practitioner of to-day, and every one must keep pace or be left behind. The times have changed and with them the practice of medicine. It is no longer the thing to practise medicine for the sake of humanity and an honourable living as it was once. Now, our chief aims are fame and luxury. In many instances our profession has become a trade.

The expression, "The age of chivalry is gone," may be applied to the medical profession of to-day. In an article recently published in a medical journal, Dr. T. J. Hillis, of N. Y. State, writes: "Once the spirit of tolerance and the cultivation of a kindly professional relation were hardly second to being skilled in the profession itself."

In our time the science of medicine has moved with rapid stride in the direction of higher development, but the etiquette of olden times has not kept pace with it. This laurel wreath which old time physicians wore with pride is now withered in an atmosphere of twentieth century commercialism, unseen, but felt on every hand. Our calling is a noble one, and to establish it in its proper standing, that is before all others, we must as a body, and more especially as individuals, discharge our duties conscientiously and faithfully, so that when the time comes when we shall have to render our account, we shall be able to look back on the pages of our life without regret and without shame.

May we follow the example of our late lamented President, and fellow citizen, who was a type of the true medical gentleman—more alive to our virtues than to our faults—who if he erred was on the side of virtue, who cheerfully responded to duty's every call, and who when the "last great call" came, calmly set his affairs in order and went on his journey. May we thus serenely meet the inevitable. 'Tis true that our duties are often trying, sometimes disagreeable, and occasionally our present reward the basest ingratitude; but it is by overcoming these that we prove the high standing of our profession, and it is certain that we shall reap our reward if we remain steadfast to our duty.

Our work has its bright side also. There is a fascination about it to one who truly seeks after truth, and who wishes to advance the art of medicine. His remuneration will be greater than can be computed in dollars and cents. Sometimes we feel amply rewarded by the successful issue of what seemed an intractable case; or if we were unable to prevent the inevitable we may have the satisfaction of having done our best, and mitigated the sufferings of our patient.

Our calling is preeminent. In no other will so large a proportion of its members be found so self-sacrificing or more devoted to the welfare of humanity, with hope of reward other than the approval of their own conscience. Yet, our noble calling is marred by our one besetting sin, the bane of professional, as well as of social life—*jealousy*, a spirit most vitiating to our manhood; and so long as this spirit exists, just so long will people withhold the respect to which our profession is otherwise entitled.

If we would have the public mind regard the dignity and worth of our profession, we must show to them by our daily walk and conversation that our chief delight is to uphold its honor. We must cultivate a fraternal spirit among ourselves, and carry out the great moral precept, "Whatsoever you would that men should do to you, do you even so to them." And let us while mindful of our own, uphold the reputation of our friends and competitors in our profession. As it is only natural for one to make mistakes, I do not claim that there is any of us who never err in our conduct towards our professional brethren, for all must have at some time come short of the glorious precepts of the Golden Rule. But I do insist that each and all should strive to attain a state of perfection in our professional conduct toward each other. Too often we allow the laity to cause us to break every rule of etiquette. They will come to us seeking our opinion of a case that a fellow practitioner has been treating, or they will ask us to visit and treat a patient that another physician has been attending without informing us of the fact, and if we do not question them on the matter we may cause ourselves no little mortification by visiting another physician's patients.

The idea is prevalent in the popular mind that they may call a second or even a third physician to the same case without the consent or knowledge of the first, or without their having formally discharged their former attendant. If the latter is done, or the first physician for reasons of his own declines continuing the case, I think it is the

duty of the second to attend when called upon; but if people request us in the absence of their regular attendant to treat them, we should walk warily lest we encroach on another's rights. We have no more cause to interfere with another practitioner's patients without his knowledge or consent than we have to meddle with their private property; and it is our duty to endeavour to educate the laity to the fact that physicians have rights which must be respected, both in their relations to each other, and to their patients.

Another source of misunderstanding among ourselves, and between the profession and the laity, is our scale of fees. I know of instances in which the minimum fee is not asked; especially is this so in obstetric cases, and where another charges according to our scale of fees he is looked upon as an extortioner.

When approached by the laity in regard to our fee for an operation for a case of confinement, it would be well to state both minimum and maximum fees—explaining that it depended upon the time occupied and the amount of work involved.

Take an example: we are approached and asked, it may be, what do we charge for attending a case of confinement. Probably we may answer, "eight dollars" or "ten dollars"; whatever our usual fee in uncomplicated cases is. Perhaps another physician had attended a case for that individual, which involved a wait of eighteen to twenty-four hours, instrumental delivery, and stitching a torn perineum or cervix, and charged for these services twenty-five dollars. Our answer would give the questioner the impression that he had been overcharged. Whereas, if we said our charge was from eight to thirty dollars he would have no reason to be disappointed with his attending physician's rates. I do not know of anything that cheapens our profession like reducing our rates in the spirit of opposition like so many second-hand dealers. Societies and insurance companies seem to have us at their mercy. Just think of making a physical examination, and testing for albumin and sugar in the urine, for three dollars. It is pretty much in medicine as in everything else; we must keep our rates up to a certain standard if we are to do ourselves and our patients justice.

Another drawback to our profession is the lack of social principles, and our inclination to consider our individual interests, regardless of detriment to the profession at large. Such tendencies are best overcome by habits of association and mutual intercourse, which scientific

and social meetings are calculated to engender. It would be a proper movement, at least in my opinion, for every society, such as ours, to adopt a code of ethics, and there are none of us but who would be the better for an occasional brush up on the etiquette of our profession, more in the way of a prophylactic, than as a necessary course.

We owe it to our profession to promote its best interests, not only by scientific research, but by a feeling of brotherhood and of mutual support; so that the popular mind may entertain the idea which is well expressed in the words "Behold how good and how seemly it is for brethren to dwell together in unity." We should as far as it is in our power live at peace with all men, but more especially with professional brethren.

There are certain rights and privileges to which a physician's professional standing entitles him. He would do well to assert them; in fact it is his duty to do so. His talents and skill are qualities of which he is a steward, and should be used for the best general good, and are not to be wasted either by his own carelessness nor by the selfishness of others.

When called to attend a case he should be allowed the free use of his faculties, and not be deterred from doing what in his opinion is necessary, either by the solicitations of the patient or of anxious friends. In our relations with the sick we should exercise kindness and forbearance, making due allowance for their irritability and peculiarities, and at the same time endeavor to elicit such information as is essential for a proper diagnosis of their condition.

It should be beneath the dignity of a physician to misrepresent the gravity of a case, leading the patient or friends to think it more serious than it really is, and thus be tendered an exalted estimation of his services, to which he is not entitled. Nor should he involve a patient in unnecessary expense, by needless visits or by costly appliances.

Another error we are liable to fall into is allowing admiring friends to publish in the press our successful treatment of them or their relatives. This is an unethical method of advertising; we should be content with the successful issue of our efforts without sounding a trumpet.

In their intercourse with each other, physicians will best consult and secure their own self-respect and that of society at large by a

courteous conduct toward their professional brethren. Differences not infrequently arise from want of candour, a suppression of the truth, if not actual falsehood, on the part of parents or friends, and these false statements probably constitute the most fruitful source of jealousies and ill-feeling, which so often mar the fellowship and good feeling of our profession. We cannot be too cautious how we receive and act upon such statements *said* to have been made by a professional brother. It is among these snares that we must be "as wise as serpents," and "walk circumspectly."

We should as medical men and preservers of the public health bear testimony against quackery in all its forms, whether it appears with its usual bold front, or under the pretence of philanthropy or of religion.

Although the laws of our land are stringent for the suppression and punishment of fraud in general, yet fraud in medicine flourishes wholesale, and our only remedy would be to bring, as a united body, pressure to bear on the legislature to enact laws for the suppression of such practices. The press is the greatest source of help to promote the use and sale of quack medicines. In every newspaper and magazine, without exception, the virtues of some particular nostrum are set forth. Even our medical journals are often more than half taken up with advertisements, that to say the least are not strictly ethical. Judging from the matter contained, a great many so called medical journals exist solely for the purpose of advertising certain remedies, generally endorsed with physicians' names. Neither will stand the straight rule of medical etiquette.

Another class that lend their influence to encourage the use of "secret nostrums" are members of the learned professions. It is annoying to see their names to an article declaring that a certain patent medicine cured them, after the doctors had given them up, whereas if the truth were known, probably their trouble existed only in their imagination.

The pharmacist also contributes no small aid to the widespread use of questionable remedies, and gives them the advantage of space and place in his store. To-day we are more or less at the will of the pharmacist. He indirectly dictates to us what remedies

we shall use, compounds our mixtures wholesale, and suggests to us for what and how to use them, and has his bottles labelled so that "a wayfaring man though a fool" might use them intelligently.

Lastly, and worst of all, we find that some practitioners do not hesitate to recommend some patent medicine, which fact at once commends the system in general, and that remedy in particular, to the popular mind.

It is also opposed to medical ethics to countenance the popular delusion of extravagant cures, or the prolongation of life beyond its natural limits, by means of some health restoring extract, or an infallible system of medical practice—the faith in which among the deluded believers is in inverse ratio to the amount of common sense they possess. It is the duty of the physician to discountenance all such shams and to endeavor to set before people the true principle upon which curative medicine is founded.

Unless we be true to ourselves, and to the ethics of our profession, it will be vain to appeal to other learned professions, or to the laity for a proper recognition of our abilities, and of our general standing.

To uphold so honourable a position, we must, to begin with, have the requisite knowledge of our profession, and as I mentioned at the first, a gentlemanly demeanor, and should fulfil our duties with kindness, and with courtesy, and with a just sense of true dignity engendered of self-respect.

Our manner or professional deportment, to be perfect, must be sincere, and actuated by a sense of regard for the feelings of our patients. It is certain that no generalized or artificial manner can fail, sooner or later, to betray itself. It is likewise impossible to have one manner for rich patients and another for poor patients. In this respect we should imitate the eminent physician, who when requested by the Archbishop, not to treat him as he would a Whitechapel patient, replied, "Your Grace, I treat Whitechapel patients as if they were the Archbishop."

Professional morals are an important part of medical education, and it is as much our duty to acquaint ourselves with the precepts of the ethics of our profession as it is to study scientific truths.

I would again suggest the adoption of a medico-ethical code, and at the same time repeat that no laws however stringent will make a
man.

A VISIT TO NEW ENGLAND ABBATTOIRS.*

By J. W. DANIEL, M. D., ST. JOHN, N. B.

Having been requested by the President to give an account of my recent visit to Massachusetts to obtain personal information with regard to abattoirs, I consented, but with much diffidence, as I thought the subject would not be very interesting to members. As there is talk of building an abattoir within our city limits it may be as well that the information gained by my visit should be placed at your disposal. As my visit was especially for the purpose of ascertaining to what extent, if any, such places are a nuisance to the neighborhood, my attention was given almost exclusively to that, and I did not charge my memory with the many interesting operations I saw during my examination. Any of you who have examined the slaughter houses in this neighborhood knows that the odour from them is abominable and far reaching, apparently because proper care is not taken in dealing with the blood and refuse; and indeed I have traced the bloody slime in the small water courses that come from them for considerable distances.

The slaughtering rooms that I saw for cattle all resembled one another in construction. Running along under the heads of the slaughtered cattle was a trough for the blood, ending in an opening to convey the blood to the receptacle placed on the floor below. In other parts of the floor were openings through which various parts of the animal not used for food was dropped, viz., one for heads, one for the hides, one for the emptied paunches, one for the viscera, etc., these all dropping into various wagons placed to catch them. The hides are immediately spread out and salted in packs, and the heads and other offal carried off to the various rendering tanks, it being the rule that all these things must be disposed of within 12 hours. The floors of the slaughter houses are of wood, the basement of cement. The killing of cattle that I saw was mostly after the Jewish fashion, there being a very large Jewish population about Boston, and as these people only use the forequarters it takes a great many carcasses to supply their wants. The steer was hoisted up by one hind leg with

*Synopsis of address to St. John Medical Society.

a chain hitch above the hock, so that the animal lay with his head and neck on the floor; after remaining in the unpleasant and painful position for some minutes his throat was cut, and after another prolonged wait, he was knocked on the head. I thought the mode of death necessarily prolonged and cruel. The carcasses after being prepared in the usual way are carried into the refrigerator rooms where they are kept at temperatures varying from 40° at first down to 34° F. These cold storage rooms are very clean and divided off from the rest of building by powerful and close-fitting doors. In one establishment I visited, the cold storage room covered one acre and was seven stories high. The temperature is kept low not by ordinary ice, but by large pipes connected with a refrigerator apparatus in which ammonia is the active agent, and which is so effective that everywhere the pipes are seen covered with thick frost.

The rendering vats are all built after the same fashion, being iron cylinders of large size with conical ends, having an opening at the top for inserting the offal, etc., and another at the bottom for its removal after treatment, the openings being protected by doors with fastenings similar to those of a steam sterilizer. The contents are subjected to prolonged action of hot steam, the oil being drawn off by a pipe about a third of the distance from the top. Vast quantities of oleine, or as it is called there oleo oil, are manufactured in this way.

As this rendering process was the one that formerly gave rise to the most nauseating and unpleasant odours, viz., the butyric, caproic and other fatty acids given off in this process, I was particularly careful to ascertain if they were effectually disposed of. I found that this was done. In some of the places these gases were drawn off by a steam exhaust and carried away under water. In one the gases were forced under the furnace fires in the boiler room, and neither in the boiler room nor from the chimney could I notice any appreciable odour.

It is not correct to claim that these abattoirs are free from smell. In and near the slaughtering rooms there is an unpleasant smell and it cannot be otherwise, but there was a decided difference in this respect in different places, depending, I presume, upon the amount of care and thoroughness with which the place was cleansed after the day's slaughtering was over.

One of the places visited confined its operations to hog products. The animals after being thoroughly rested after their journey, are driven into a thoroughfare where they must move in single file arriving at the end of which each animal is caught up by a hind leg to a travelling frame by which he is carried squealing and protesting before the man who with a deft thrust of his knife into the animal's throat knicks off the side of the superior vena cava or innominate artery or both. The animal's next appearance is in a tank of very hot water where they are seen rolling over and over, silent now, but being prepared for the next transformation which is brought about by their being hoisted through a barrel shaped cylinder armed on the inside by a number of hammer shaped blunt knives or scrapers which entirely denude the hog of his bristly covering as he passes through, emerging from it as white and hairless as a baby. He next loses his feet, and is strung up by the hind legs and proceeds on his interesting travels, every man he meets doing something to lessen his proportions, and doing it in a thoroughly expert way, the hog being all the time travelling. The first one makes one long incision from anus to throat, the next eviscerates, the next with two or three strokes of his cleaver divides the whole length of spinal column into two halves, the next divides bony connection between head and vertebra, the next makes two strokes of his knife and off drops the head &c, &c., till he is divided up into hams, sides of bacon, rolls of bacon, bolognas, and pork sausages.

It was interesting to watch this last operation. The sausage meat is in a machine under heavy pressure and ending in a horizontal nozzle, over which the covers are pressed as a kid glove is pressed on a finger. Then a tap is turned on, and presto, ten or fifteen feet of sausage fly out on the table before it, where it is rapidly tied into that segmented condition we find in the shops. Besides the oleine already referred to immense quantities of stearine are manufactured, which comes out in beautiful white looking sheets about a foot square and half or three quarters of an inch thick. I was informed that a great deal of this material was used for the manufacture of caramels.

I found in all of these places that every animal and every carcass had to be passed by a veterinary inspector before it could be used for food. Every animal condemned was cut up and put in rendering vat. I saw the red ticket of condemnation on one hog carcass,

the skin of which had a measley appearance, and the flesh also looked dark and unhealthy. With regard to the result of my mission I may say that the immediate neighborhood of these places is unpleasant from the slaughter house smell, the smell of the live hogs, and the incessant squealing of these animals as they are being carried to slaughter, and I do not think they should be allowed in city limits or near the vicinity of residences.



REPORT OF A CASE OF RECOVERY FROM HIP-JOINT DISEASE AFTER FRACTURE OF THE THIGH.*

By CHAS. BENT, M. D., Truro, N. S.

The only explanation I have to make for detaining you for a short time is that, having been requested at the last meeting of our society to furnish a paper that might be of interest to its members, I promised to do so, but how far I shall be able to fulfil it I will leave it for you to judge.

The case I propose to occupy your time with is one that made a deep impression on my mind in regard to some important points in practice that may be of use to you in the treatment of similar cases. It is hip-joint disease followed by an accident with favourable results. I believe upon the whole there are few more diversified or intractable diseases brought to our notice than this vexatious one, which fortunately is not so frequently met with in the country as it is in densely populated cities.

It was in the year 1892 that I was requested to visit a boy in the country, aged 16 years, who was suffering a good deal of pain about the hip-joint, especially on the front of the thigh, with general derangement of his health. The family history was not good. His grandfather had white swelling or scrofulous affection of the knee joint all his life. The boy's mother when a young girl had the same complaint in her knee, and after she was married became worse, so much so that she had to use a crutch the most of the time for twenty-five years, and at the age of 48 died after a year's illness of pulmonary consumption. She had six children, and all are living at the present date. It is evident from this history that he inherited a predisposition to this disease.

I treated the boy for a year without any marked improvement and finally sent him to the hospital and he remained there several months under treatment, and still no improvement in his condition. Then an operation was proposed to him, but to this he would not submit. He came home unimproved and went out in the air as much as pos-

*Read before the Colchester Medical Society, Jan., 1903.

sible on his crutch during the summer, when the joint became ankylosed. His general health improved, but the limb wasted and the leg contracted on the thigh making it useless, and altogether his prospects were not bright, as he felt he was a helpless cripple.

At this stage of his case he met with an accident. On January 28, 1898, he was thrown from a horse and when I visited him I found on examination a fracture of the femur at its middle, and when proceeding to dress it I met with the deformity caused by the leg contracted nearly at a right angle on the thigh, which prevented extension from the ankle. To overcome this I took a piece of adhesive plaster two feet in length and three inches in width and applied it to each side of the thigh from the knee joint to the point of the fracture, well secured with a bandage, and passed through the loop of the plaster a small rope (long enough to extend over the foot of the bed) to which a weight was attached, and with a sheet around the perineum tied to the bed post at its head. After reducing the fracture I applied a bag of bran on each side, secured in position by splints. This completed the dressing.

At the end of eight weeks he was able to move about the room on his crutch. To his astonishment he found he could place his foot flat to the floor, a thing he had not been able to do for six years. The extension and counter extension during the time it was kept up had completely overcome the contracted muscles, and, with perfect use of his knee-joint, he soon recovered with a useful limb, which although stiff at the hip-joint, enabled him to perform any kind of hard labor. In support of this I may say that he has been working as a coal miner at Glace Bay for the past three years, getting high wages. Some months his pay amounts to eighty dollars a month.

I don't claim any credit for the favourable termination of this case. I claim, however, that it is instructive, inasmuch as it shows that extension and counter extension is preferable to tenotomy in the treatment of muscular contraction. In regard to the treatment of diseased joints of constitutional origin I would remark that when a student attending the Children's Hospital these cases were treated with a splint to maintain absolute rest of the parts affected, and confined to bed, and this continued for months and even years in some cases. To this course of treatment I most decidedly join issue. I believe the more these cases are kept in the open air and allowed all the exercise they are able to take, the better will be the results. At least this is my experience.

Of course it sometimes happens that the suffering is too great to permit this in the first stage of the disease. In the case referred to the pain was so violent in the front of the thigh, especially at night, that he required full doses of morphine for some time.

REPORT OF CASE OF FACIAL ERYSIPELAS TREATED BY INJECTIONS OF ANTISTREPTOCOCCIC SERUM.

By E. B. ROACH, M. D., C. M., Tatamagouche, N. S.

Young men are so often accused of a readiness to appear in press that for nearly two months I have hesitated about giving a report of this case, but thinking that the knowledge I gained from this case may be of benefit to some young practitioner I decided to relate my experience as briefly as possible.

Report of Case. Was called on Friday, about 9 p.m., to see a young woman twenty years of age. At this time she was complaining of severe headache, fever, and pain in back and limbs, which made her restless in bed. Temperature, 103; pulse, 112. For over a month the right ear had troubled her with what appeared to be an eczematous condition, but she stated that it felt more sore than usual. Examination revealed an area of redness over the mastoid region, which was just perceptible, but would probably have been quite distinct by daylight.

I at once thought of erysipelas, and told her attendant to keep a sharp watch for any increase in the redness or swelling. She was given one of the coal tar products for the headache and pain in back, also a calomel purge as she had been quite constipated.

Saturday about 7 p. m. I received word that she felt a little better, and so far as informant knew, the condition of parts about right ear were not any worse. Was sent for on Sunday as patient was not so well, and found her with very severe pain in head and back. Temperature, 105.6 (taken twice); pulse, 120. The right side of face was greatly swollen, so much so as almost to close right eye, very red and tender. She was at once given a cold sponging of ten minutes duration, and in half an hour the temperature had dropped to 104. From this time, throughout the case, ichthyol was used locally, and tr. ferri perchlor. internally in large doses every four hours. The case seemed so serious that I decided to try antistreptococcic serum, and twenty-four hours elapsed before I could procure it. In the meantime phenacetin was given every four hours, and orders left to

repeat the cold sponging. At noon on Monday the temperature was 105.4; pulse a little over 120; general symptoms not abated in the least, and the local trouble rapidly extending across face to left side. At this time 10 cubic centimetres of antistreptococcic serum (Stearns'), was injected between the scapulæ. At next visit (exactly 24 hours), the temperature had fallen to 101, pulse 100, and with the exception of a feeling of stiffness and soreness in face, patient felt remarkably better.

I repeated the injection of 10 cubic centimetres of the serum, in the same locality, with the result that in the next twenty-four hours the temperature was 98, pulse 80, and the patient felt well. When arrested, the disease had reached the region of neck below left ear. Having received such gratifying result from the use of antistreptococcic serum in this case I will never hesitate in employing it in all severe cases of erysipelas.



Selected Articles.

SOME INSURANCE FACTS.

A writer in the New York *Independent* for August 28, 1902, who contributes regular articles upon insurance presumes to criticise what he is pleased to call "the lack of certainty in medical examinations." His conclusion is based upon the fact that the New York Life Insurance Company in 1901 had 435 deaths of policy-holders whose policies had not passed the first 12 months. It is curious that any writer upon insurance would attempt to draw such a sweeping conclusion from so insecure premises. In the first place this is the experience of only one company. In the next place no account is taken of the causes of death. Deaths from suicide, pneumonia, smallpox, accidents, etc., will of course never be avoided by any sort of medical examination. Therefore, until it is known how many of these 435 deaths were due to such causes any deductions whatever are wholly unwarranted. If it were shown that a very large proportion of these deaths was due to chronic disease, it would then be proper to conclude that the medical examiners of this particular company were inefficient, for even in such case there would be no warrant for the conclusion that medical examinations as a whole afford no protection to life companies.

This writer says that it will not do to conclude that this company does not sift its applicants carefully enough. He, however, offers no facts in substantiation of his views. If he knows anything about the medical departments of this or any other company—and he should know something of this matter before presuming to write upon it—he knows that, practically without exception, there is no life company doing business in the United States which really follows a rational plan in the appointment and retention of medical examiners. Further than this, he knows that the chief effort of the business managements of all the companies during recent years has been to *reduce the cost* of medical examinations. As the companies cheapen

their medical departments they must not be surprised that they are compelled to accept mediocre or inferior physicians as examiners. The very company whose figures he quotes is one which a few years ago reduced its medical fees, and thereby lost the services of a number of its best qualified and most experienced examiners.

The medical selection of insurance risks is like any other skilled work in that it requires both knowledge and experience. But physicians who possess these qualities are not compelled to sell their services so cheaply as the companies rate them. The writer has already placed on record the fact that he knows of one examiner for a number of life companies who has not in his possession any apparatus for the testing of urine. It happens that this poorly equipped physician is an examiner for the company which is reported to have had so many deaths during the first year of the policies issued by it last year. Companies which will not take the trouble nor go to the expense of determining what sort of examiners they employ deserve no sympathy for their poor results from medical selection, and are very far from being in a position to propound any opinions whatever upon the real value of the scientific medical selection of life insurance risks.—*The Cleveland Medical Journal.*



THE TELEPHONE AS AN AID TO HEARING.

By D. B. ST. JOHN ROOSA, M. D., New York.

It has been observed for a long time that many persons with impaired hearing can hear perfectly well through the telephone, with the ear or ears that are impaired. It is not, perhaps, so well known that the condition in which this improvement occurs is one of disease of the middle ear. Those who have disease of the acoustic nerve, fortunately rare cases, are injured rather than assisted by the use of the telephone, and in no case is their hearing improved by the use of this instrument. The cause for this improved hearing in certain cases, is perhaps to be found in the increased vibration of the membrana tympani, caused by the rapid action of the sound waves upon the drum head. This is exactly the same thing that obtains with those people who hear better in a noise, which as I showed some years ago, occurs only in those with middle ear disease, and is probably dependent upon increased action of the membrana tympani and the ossicles, by the increased formation of sound waves, just as in the case of improvement of hearing through the telephone. It is not far to seek to find an ideal adaption of an open telephone, so to speak, for the improvement of hearing. The instrument sold by Mr. Hutchinson in New York, called the Acouphone, is more nearly like the telephone than anything I have seen. That apparatus which consists essentially of a transmitter and of electric wires connecting with it and with two receivers, the wires being supplied by a battery, is of the greatest use to certain people with disease of the middle ear. In properly chosen cases, the receiver may be placed on a table, the person with impaired hearing holding the transmitter. One need not talk into the receiver at all, but simply from any part of the room, to get very excellent hearing for certain persons who cannot hear ordinary conversation except close to their ears. I believe the physicist who will pay attention to this subject, could actually improve on any instrument on the market and make a large class of persons with incurable disease of the ear, causing great impairment of the hearing, able to transact business, go to the theatre and so forth, with satisfaction and enjoyment.—*Post-Graduate.*

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No. 2.

Editorial.

CARE OF THE FEEBLE-MINDED.

Mr. G. W. T. Irving, of the Education Office, read recently before the Literary Society of Dartmouth a paper entitled "Building up a Canadian Nationality." This has since appeared in pamphlet form, a copy of which has come into our possession.

We have perused it with much interest, admiring its chaste literary style, but especially realizing that it is a word spoken in due season, and that the subject discussed is worthy the attention of every person who has at heart the future good of this glorious country of Canada.

The first portion of the paper deals with the wonderful natural advantages of the Dominion from a geographical point of view, and its great sources of wealth in its forests, its mines, its fisheries and its soil. In time, and possibly in a very short time, a large population must flock to this land which offers so many inducements to the settler, and he asks "What precautions should be taken to prevent the introduction and perpetuation of an undesirable and vicious element?"

To prevent the introduction of the undesirable element precautions must not only be taken to exclude emigrants from Western and Southern Europe and the flotsam and jetsam of overcrowded British cities, but if possible to encourage the emigration of hardy agriculturists from Britain and the Teutons from the continent, so that our "land may not be made a dumping ground for the scum of Europe

whether they come from the plains of Poland, the steppes of Russia or the slums of Manchester and Birmingham."

While all will endorse these opinions, we as a profession can have no special weight in mapping a policy by which desirable emigrants may be had. Still, as citizens of a grand country, we can do something to promulgate the very excellent views expressed in this particular. It is to that part of the article dealing with the care of the defective element of our population that we desire to call the attention of the medical profession of this province especially. In the field of prevention and care we should not only have influence, but we should exert all our power for good.

Mr. Irving says, "among the defectives may be classed the diseased, deformed, feeble-minded, drunkards, epileptic and that discouraged, hopeless class, notably those bereft of home very early in life and who have been reared in benevolent institutions, those indigent, faint souls, past corporeal toils."

It is to the one class of feeble-minded that we wish to direct attention in this article.

It may be a matter of surprise to some to know that for this element of our population we have absolutely no provision. In other countries, and in at least one province in the Dominion, institutions, some supported by the state, others by private charity, exist, to which the idiot, and feeble-minded are sent, and in which are provided such instruction as will develop any latent intellect, and as a result a large per centage can be taught to take care of themselves to a certain extent. In fact under proper methods of teaching, all, except the hopelessly idiotic, receives distinct benefit.

This neglect on our part should be corrected, and with a view to discover what number of feeble-minded children especially there are in this province, Dr. Sinclair, inspector of humane institutions, has recently sent a circular letter to the members of our profession asking that he be furnished with the names of all such children known to them. Provided with such information it will be possible to agitate upon the question of supplying a proper school or asylum into which such afflicted members of our population may be gathered and trained by modern methods. As it is now such children are sent to the poor houses in which it is not possible to do anything on educational lines, or they are kept at home under the affectionate but unscientific direction of parents or relatives. As matters now are

they are at best a neglected element of our population whose claims upon us have not so far been recognized.

We ask all members of our profession to whom this circular letter has been sent, to aid in the collection of such information as will enable a fairly correct census of our feeble-minded folk be made, trusting that when the number of this class of defectives is known some proper effort can be made on their behalf.

GOVERNMENT PROMOTION OF INEBRIETY.

The following article taking from our bright contemporary, *The Dallas Medical Journal*, will interest our readers, and we trust stimulate our profession in endeavouring to lessen the accursed patent medicine habit by enlightening the general public of its serious dangers:

"On account of the copyright laws, the United States government not only permits, but encourages, the sale of alcohol, morphine, cocaine and other poisonous drugs. Saloons are permitted only when conducted under the most rigid surveillance of the Internal Revenue Department, pharmacists are not allowed to sell poisonous drugs without a physician's prescription, yet any pedlar may sell unlimited quantities of the vilest government-protected patent medicines without hindrance.

In the Transactions of the Colorado State Medical Society, 1902, Dr. Bumgardner describes the extent of the cocaine habit. Within less than three months there were brought before one of the Chicago police courts not less than forty cocaine fiends, the habit in the majority of cases being traced directly to the use of proprietary catarrh snuffs. In Louisiana and Mississippi its use is becoming so prevalent among the negroes as to threaten their extermination. In St. Louis the habit is so wide-spread that a certain district in the negro quarter is known in police and health department circles as "Cocaine Row." In Roanoke, Va., it is estimated that there are over five hundred cocaine habitues. The cough syrups and soothing syrups on the market, as well as the morphine and cocaine habit

cures, are almost invariably preparations of either of these two drugs. Dr. Bumgardner is authority for the following statements:—
 “A two-ounce bottle of Mrs. Winslow’s soothing syrup contains one-half grain of morphine sulphate, and each ounce of Dr. Bull’s cough syrup contains more than one-fourth of a grain of morphine. Certain consumption cures, not being permanent, mixtures are now dispensed in small bottles as the last dose from the larger bottles sometimes kills the patient, but the last bottles as the last dose from the larger bottles contain a sufficient quantity of cannabis indica to prove fatal!”

For the enlightenment of our temperance friends, we would like to call their attention to the following list, and would suggest that if they wish to maintain a reputation for consistency, it might be worth their while to include the preparations mentioned as objects of their welfare :

	Per cent. Alcohol.
Green’s Nervura.....	17.2
Hood’s Sarsaparilla.....	18.8
Schenk’s Sea Weed Tonic.....	19.5
Brown’s Iron Bitters.....	19.7
Kaufmann’s Sulphur Bitters.....	20.5
Paine’s Celery Compound.....	21.0
Burdock’s Blood Bitters.....	25.2
Ayer’s Sarsaparilla.....	26.2
Warner’s Safe Tonic Bitters.....	35.7
Pe-ru-na.....	36.0
Parker’s Tonic.....	41.6
Hostetter’s Bitters.....	44.3

The absurdity of a crusade against beer, with its 3 per cent. or 4 per cent. of alcohol, and other liquors with from 5 per cent. to 40 per cent. of alcohol, while the free sale of these abominable nostrums is countenanced, is apparent. It remains to be seen what will be done in the matter.”

[No wonder oratorical congressmen and temperance preachers are so largely represented on the testimonial list of such widely advertised nostrums as Pe-ru-na. Would it not be more profitable and economical “to take your whiskey straight!”—Ed.]

LACOTOPEPTINE TABLETS.

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

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."

—*The Medical Times and Hospital Gazette.*

CAN BE ORDERED THROUGH ANY DRUGGIST. SAMPLES FREE TO MEDICAL MEN.

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88 WELLINGTON STREET WEST, TORONTO.

Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonised with Creosote,

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

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

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

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

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AS A NASAL DOUCHE AS A MOUTH WASH
AS A FRAGRANT DENTIFRICE.

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INTERNATIONAL MEDICAL CONGRESS.

The Fourteenth International Medical Congress will be opened in Madrid, Spain, on April 23rd, 1903, and close on the 30th of the same month.

Dr. Abraham Jacobi, having been requested by the officers of the Congress to form the American Committee, has arranged that the plan devised by Dr. William Osler, which worked so well in preparation for the Thirteenth Congress, shall be followed also for the Fourteenth.

Invitations to accept places on the Committee have therefore been sent to the President of the American Congress of Physicians and Surgeons, the President of the American Medical Association, the presidents of the fourteen constituent societies and associations of the American Congress, the Surgeons-General of the Army, Navy and Marine Hospital Service, the President of the Canadian Medical Association and the President of the National Dental Association. Acceptances have been received from nearly all of those invited.

Dr. Howard A. Kelly of Johns Hopkins University will deliver the address at one of the general meetings of the Congress, and has chosen for his subject "The Passing of a Specialty."

Dr. Ramon Guiteras has been appointed delegate to the Congress by the New York Academy of Medicine.

The Committee to date consists of W. W. Keen, M. D., of Philadelphia, President of the American Congress of Physicians and Surgeons; John C. Wyeth, M. D., of New York, President of the American Medical Association; R. H. Chittenden, M. D., of New Haven, President of the American Physiological Society; Walter S. Christopher, M. D., of Chicago, President of the American Pediatric Society; Joseph Collins, M. D., of New York, President of the American Neurological Association; John W. Farlow, M. D., of Boston, President of the American Laryngological Association; Samuel A. Fisk, M. D., of Denver, President of the American Climatological Association; S. C. Gordon, M. D., of Portland Me., President of the American Gynecological Society; Geo. T. Jackson, M. D., of New York, President of the American Dermatological Association; Horace G. Miller, M. D., of Providence, President of the American Otological Society; Presley M. Rixey, M. D., of

Washington, Surgeon-General of the Navy; F. J. Shepherd, M. D., of Montreal, President of the Canadian Medical Association; George M. Sternberg, M. D., of Washington, Surgeon-General of the Army; O. F. Wadsworth, M. D., of Boston, President of the American Ophthalmological Society; DeForest Willard, M. D., of Philadelphia, President of the American Surgical Association; H. August Wilson, M. D., of Philadelphia, President of the American Orthopedic Association; James C. Wilson, M. D., of Philadelphia, President of the Association of American Physicians; Walter Wyman, M. D., of Washington, Surgeon-General of the Marine Hospital Service; Abraham Jacobi, M. D., of New York, Chairman.

John H. Huddleston, M. D., Secretary.

126 West 85th St.,

New York City.

FOUR HUNDRED DOLLAR PRIZE.

Dr. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, offers a prize of 400 dollars for the best paper on the subject:

“Does the habitual subdermic use of morphia cause organic disease?
If so, what?”

Award to be determined by a committee: Dr. T. D. Crothers, Hartford, Conn., Editor Journal of Inebriety, Chairman; Dr. J. M. Van Cott, Prof. of Pathology, Long Island College Hospital, Brooklyn, and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia.

All papers to be in the hands of the Chairman, by or before 1st December, 1903, to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the committee may select.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dec] 19th, 1902. Meeting held at the Nova Scotia Hospital, Dartmouth, the President, Dr. G. M. Campbell, in the chair.

Dr. MacKenzie showed a case of general paralysis to whom a peculiar injury had happened. Another patient had assaulted him by striking him with a pipe-stem in the eye. On cleaning out the wound it was found that the whole stem had been run into the orbit and through the sphenoidal fissure, penetrating three inches along the base to petrous portion of temporal bone. After its removal the patient got along fairly well, but eye remained blind. The muscles were not paralyzed at all.

Dr. Goodwin mentioned a case where part of an ink-bottle was blown into the orbit.

Dr. Lawlor showed a case of fracture of malar bone from a fall. There was some flattening which had nearly disappeared.

Dr. Hattie then presented a case of katatonia—muscular rigidity, verbituation and echololia and constrained attitude. He resists everything, even things he desires to do himself, and makes peculiar noises.

Dr. Hattie then read a paper which was partly a "Symposium on Mental Disease," and treated of the classification, etiology and some clinical aspects.

Dr. MacKenzie followed with "The Treatment of Mental Disease."

Dr. Lawlor completed the series of papers by one on "The Pathology of Mental Disease."

Dr. Walsh, referring to the pathology, thought arterial degeneration was not always accompanied by mental symptoms.

Dr. Chisholm mentioned a case of exhaustion insanity after pneumonia in which patient accosted him as the second person of the Trinity.

Dr. Stewart referred to some cases of cretinism and myxoedema.

Meeting then adjourned to the superintendent's dining-room where the members enjoyed an excellent supper. Before departing a hearty

vote of thanks was conveyed to Dr. and Mrs. Hattie for their kindness, and also to Drs. MacKenzie and Lawlor for their assistance in the programme of the evening.

Jan. 7th, 1903. Meeting held at the Halifax Hotel.

Dr. C. D. Murray, secretary of the Branch, asked to be released from the office.

Drs. Hattie and Hare moved that Dr. Murray's resignation be accepted, at the same time expressing the thanks of the branch to Dr. Murray for the able and satisfactory manner in which he had performed his duties during his term of office.

Dr. Murray then moved, and Dr. Hattie seconded, that Dr. Forrest be appointed secretary for the remaining part of the term. Carried.

Owing to Dr. Halliday's inability to be present at the meeting, his paper on "Sanatoria" was read by the President. (This paper will appear in the NEWS).

Dr. Stewart followed with some remarks in reference to the proposed Kentville sanatorium. He also spoke of Hopewell, and also the hills surrounding the Wentworth Valley as ideal situations for sanatoria.

Dr. Hattie dealt with tuberculosis among the insane, and spoke of the difficulty of proper disposal of the sputum in these cases. He referred to the experiment lately undertaken in the Manhattan State Hospital, and showed that wonderful improvement had been made in dealing with the tubercular insane even under somewhat adverse circumstances.

Dr. C. D. Murray emphasized the importance of institutional treatment from an educational standpoint.

Further remarks on the paper were made by Drs. Weaver, Goodwin, Mader, Almon and Ross.

A vote of thanks was passed, and the secretary was instructed to write Dr. Halliday and thank him for his interesting and instructive paper.

Jan. 28th, 1903. The Vice-President, Dr. F. W. Goodwin, in the chair.

Dr. Murphy presented a case with the following history: A drug clerk, had always been healthy up to August last when he suffered from pleurisy. In September he complained of pain in appendix

region, tenderness on palpation together with distention. The patient was operated on Sept 17th. A gridiron incision was made and the appendix exposed. The organ was six and one-half inches in length and contained seven pieces of inspissated fæces. There was a spot of inflammation near the junction with the large bowel. The patient made a rapid convalescence and was up on the sixth day. He is at present in good health and has been so since leaving hospital. Dr. Murphy explained fully the operation performed.

Dr. Goodwin referred to a case where the patient was allowed up on the twelfth day, which he thought very soon.

Dr. L. M. Murray thought there was danger in allowing patient out of bed too soon.

No more cases being present, an interesting discussion on quack remedies took place.

Dr. Hare asked for the composition of "peruna." He had had a woman suffering from dyspepsia, who had tried many remedies without benefit. Lately she has been taking peruna, and in a very short time gained twenty-five pounds in flesh. She now eats and sleeps well and is apparently cured of her dyspepsia.

Dr. Ross stated that peruna contained over thirty per cent. of alcohol, and likewise does many of the nostrums on the market.

The consensus of opinion was that in most of the patent medicines the cure acts on the mind rather than on the organ affected.

Dr. Hare mentioned the fact that some druggists habitually prescribe for patients over the counter, and instanced a case where a patient suffering from chancroid had it cauterized by a druggist.

Dr. Ross referred to a case where substitution had been detected.

Dr. Mader spoke of a case where he had prescribed carbonate of guaiacol in syrup hypophos, co. The druggist failed to add the former ingredient, and furthermore never informed the doctor.

Dr. Goodwin thought the druggists also had a grievance. Doctors frequently get them to order drugs and preparations, which after a short time are never or hardly ever prescribed.

Drs. Hare, Ross and L. M. Murray were appointed a committee to draw up a resolution with reference to counter-prescribing and irregularities in filling prescriptions—the same to be presented to the Pharmaceutical Society.

Matters Personal and Impersonal

Dr. E. V. Hogan is recovering from an attack of acute rheumatism at the Victoria General Hospital.

Dr. H. S. Jacques has taken a sea trip to the West Indies on the steamer "Ocamo."

Dr. John Stewart is now visiting relatives in Ontario and will remain in Montreal a few days before returning.

Dr. C. P. P. Cameron formerly of Broad Cove, is now settled at Harbor-au-Bouche.

Dr. G. Carleton Jones has moved to 87 Pleasant Street and Dr. J. Ross now occupies the house vacated by Dr. Jones. The NEWS office will be found at 59 Hollis Street.

Obituary.

DR. F. J. SEERY.—The announcement of the death of Dr. Frederick J. Seery, of Fredericton, on 6th February, was received with deep regret by the profession of New Brunswick, and by very many friends.

Dr. Seery had a lingering illness, hemorrhage of the lungs being the immediate cause of death.

He was forty-one years of age and unmarried, and was a native of Fredericton, where he received his early education. He graduated from the Collegiate School, and took his degree at McGill University in 1884.

Dr. Seery practised in Fredericton for seventeen years; he was a member of the medical staff of the Victoria Hospital from its foundation, and a respected member of the hospital board.

For his many good qualities, his kindness of heart and his professional capabilities, he was very generously esteemed and respected as a citizen and physician. Dr. Seery's death is much regretted by his fellow practitioners, his patients and the people of Fredericton

Book Reviews.

COMPEND OF GENERAL PATHOLOGY: By ALFRED EDWARD THAYER, M. D. Containing 78 illustrations, several of which are printed in colours. Published by P. Blakiston's, Son & Co., Philadelphia.

This volume is numbered 15 in Blakiston's Quiz Compend Series. Quiz Compendes do not, as a rule, find much favour with the profession, especially with those who are engaged in teaching. But the general excellence of the books in Blakiston's series has overcome the prejudice existing against books of this type to such an extent that several numbers of the series have been commended by well known teachers. Dr. Thayer's book is one which presents many points of excellence. It is the work of one who has had considerable experience in teaching in several colleges, and who has consequently had the opportunity of gauging the needs of students under diverse conditions. His book is intended primarily for the student, and the subject matter is presented in a very clear, terse manner, without reference to the many theories which are discussed in the average text, but which cannot be accepted as proven. Possibly some topics receive a disproportionately large and others a disproportionately small share of attention, but this is a fault which is by no means limited to compendes, and Dr. Thayer's book has undoubtedly many excellent features. While it will particularly appeal to the medical student, it will be found to be of definite value also to the practitioner whose time for reading does not permit the use of one of the larger texts.

INTERNATIONAL CLINICS—A Quarterly of Illustrated *Clinical Lectures* and especially prepared articles. Vol III, twelfth series, 1902. Published by J. B. Lippincott Company, Philadelphia; Canadian representative, Charles Roberts, Montreal.

The CLINICS have been reviewed in the NEWS for a number of years and we are always pleased to receive each new volume, knowing its pages contain much of interest and practical worth to every individual reader. The last volume fully sustains the high standard set by the president editors, as each chapter, whether a delivered lecture or a specially prepared article, contains many matters of more than passing notice.

"The Treatment of Typhoid Fever," by D. F. Osborne, M. A., M. D., of Yale University, deals with this ever-present disease in a clear common-sense manner. Alcohol is advocated at the proper time, and in the proper doses; tincture of iron is recommended in the whole course of the disease, while salol is considered the best intestinal antiseptic. "The Treatment of Morphinism," is by T. D. Crothers, M. D., whose large experience in such cases renders his ideas of this subject of considerable value. "The Urticarias: Their Causes, Varieties and Treatment," by Prof. Hollopeau; and the "Treatment of Deafness by the Direct Massage of the Ossicles of the Ear," by C. J. Koenig, M. D., are other chapters of merit in the department of therapeutics. "Means of Telling Whether an Attack of Serofibrinous Pleurisy is Tuberculous," by G. Dieulafoy, M. D., of Paris, embraces some twenty pages of logical and instructive reading. "Internal Piles; the Clamp and Cautery Operation; Tuberculous Fistula," is written by James P. Tuttle, M. D., whose admirable book was reviewed in our last issue.

The plates and figures are excellent, and much enhance the value of the text.

THE CRITERION.—156 Fifth Ave., New York. Prof. John Uri Lloyd's famous satires, the first of which, "The Mother of Sam Hill's Wife's Sister," was published in the September Criterion (1901), are resumed in the January number with the fourth paper of the series, "Sam Hill, Sheriff of Knowlton, Kaintuck," and purport to be related by "Chinnie Bill Smith," the famous story teller of "Stringtown on the Pike." These satires, written exclusively for the Criterion, will be illustrated by Martin Justice, whose character studies are second to none in the magazine field. Prof. Lloyd's inimitable style and daring, yet kindly humor, will be a rare treat to the Criterion readers. A deeper meaning will be read between the lines of these unusual papers by thoughtful minds. The next paper, "Why a Kentuckian Stands With His Back to the Stove, the Testing of Milinda," by Sam Hill, will appear in the March Criterion, and the remaining stories during the year 1903.

Notes.

SANMETTO IN CYSTITIS, URETHRITIS, PROSTATITIS AND GENERAL INFLAMMATION OF THE GENITO-URINARY TRACT.

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W. E. J. MICHELET, M. D.

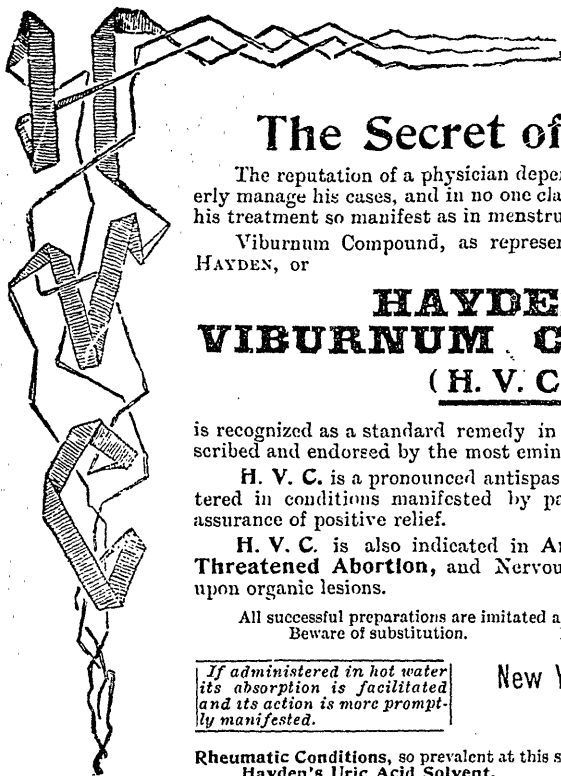
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Dr. J. M. Minick, of Wichita, Kan., President of the Kansas State Board of Health, reporting his experience with Sanmetto, says: "I do not explain the action of Sanmetto from any ulterior motive or for publication any further than I candidly believe it is a God-send to men who are afflicted with enlarged prostate gland complicated with chronic cystitis, with a constant desire to micturate, especially at night."

THE TREATMENT OF INFLUENZA AND COUGHS.

We excerpt the following from the *Toledo Medical Compend* by David E. Bowman, M. D., Toledo, Ohio, Professor of Obstetrics, etc., Toledo Medical College. "The elimination of the toxins is too frequently overlooked in these cases. Formerly, in their efforts to relieve the distressing symptoms, the profession have used remedies which produced stomacheic disturbances, arrest of secretions, constipation, etc. I find nothing better to overcome the congested condition, in these cases, than two Laxative-Antikamnia and Qainine Tablets given every three hours. If needed follow with a scidlitz powder or other saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated matter. Heroin hydrochloride has been so largely used for coughs and respiratory affections that it needs little or no recommendation in this class of cases, but the favorable synergetic action of this drug used with antikamnia, is, I believe, not sufficiently appreciated. Antikamnia & Herion Tablets will be found useful by every practitioner, particularly during the winter and spring months. The antikamnia not only adds potency to the respiratory stimulant and expectorant qualities of the heroin, but it prevents the slight nausea which may at times follow its administration alone."



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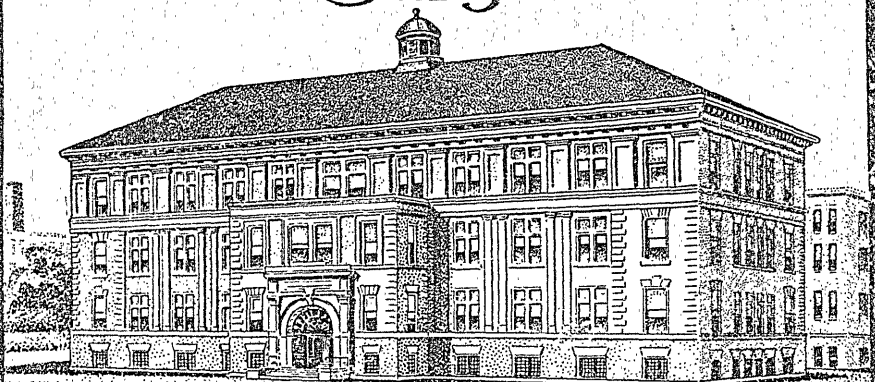
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