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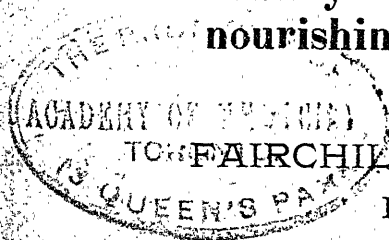
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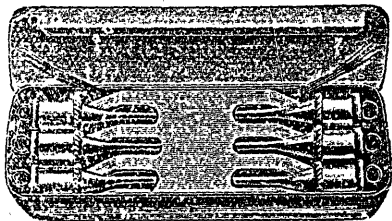
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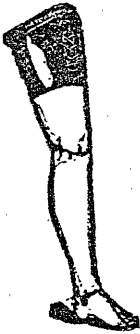
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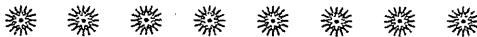
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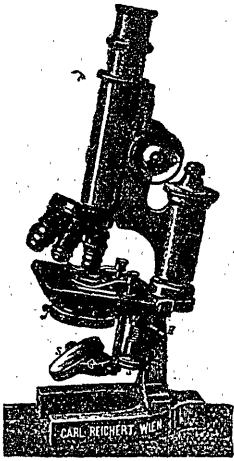
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# THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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## CONTENTS FOR AUGUST, 1903.

### ORIGINAL COMMUNICATIONS.

|                                                                   |     |
|-------------------------------------------------------------------|-----|
| Presidential Address—Murray McLaren . . . . .                     | 263 |
| Small-pox and Chicken-pox—N. S. Fraser . . . . .                  | 280 |
| Hysterectomy for Cancer of the Uterus—Ernest W. Cushing . . . . . | 290 |
| Eclampsia—A. Ross . . . . .                                       | 298 |

### SOCIETY MEETINGS.

|                                                           |     |
|-----------------------------------------------------------|-----|
| Proceedings of the Maritime Medical Association . . . . . | 302 |
|-----------------------------------------------------------|-----|

|                                            |     |
|--------------------------------------------|-----|
| New Brunswick Medical Society . . . . .    | 316 |
| Lunenburg—Queens Medical Society . . . . . | 319 |

### EDITORIALS.

|                                   |     |
|-----------------------------------|-----|
| The Meeting at St. John . . . . . | 321 |
| His Indifference . . . . .        | 322 |
| Editor and Doctor . . . . .       | 322 |
| Personals . . . . .               | 323 |
| Correspondence . . . . .          | 323 |
| Notes . . . . .                   | 324 |

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VOL. XV.

HALIFAX, N. S., AUGUST, 1903.

No. 8.

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## Original Communications.

### PRESIDENTIAL ADDRESS.\*

THE MARITIME MEDICAL ASSOCIATION—ITS PAST AND FUTURE.

By MURRAY MACLAREN, M. D., M. R. C. S., St. John, N. B.

Ladies and Gentlemen:

The first pleasant duty which falls to me, as President of the Maritime Medical Association, is that of extending to our distinguished guests a hearty and kindly welcome. They have cordially accepted the invitation to be present at our meeting, and take part in the proceedings, and it is a matter of much satisfaction to observe their presence among us. It is a pleasure to meet them and the interest and instructiveness of this meeting of the Association, whose welfare and success we have so much at heart, are thereby greatly increased.

On behalf of my brother practitioners, in the city of St. John, I have as well the pleasure of greeting the visiting members of the Association. Many of their faces are familiar, others are new to us. May the new members come in ever increasing numbers, for there are still many who have not as yet availed themselves of the advantages and benefits which the Association so freely dispenses.

May all enjoy to the utmost their visit to this renowned seaport town, or as they probably prefer to have it designated, "The Winter Port of Canada," and may our visitors return to their homes refreshed by the cool invigorating breezes of the Bay of Fundy.

This is the thirteenth annual meeting of the Maritime Medical Association, and however much significance and importance can be attributed to the ominous number "13," one can have no doubt but that Fate looks with a gentle and benign expression upon gatherings of this Association, at all times and under every circumstance.

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\*Delivered before the Maritime Medical Association, St. John, July 22, 1903.

It may serve a useful purpose, should I endeavor to put before you an account of the formation of our society, the work which it has accomplished and some suggestions for its future consideration.

The Provincial Medical Societies of the Maritime Provinces, I find, were formed in the following years: Nova Scotia Medical Society in 1854, the New Brunswick Medical Society in 1883, and the Prince Edward Island Medical Society in 1889.

The first effort put forward to form an association of the medical profession, of the three provinces, was at the ninth annual meeting of the New Brunswick Medical Society, 24th July, 1889. In a communication from Dr. Arthur Morrow, formerly of Halifax, and now of Kalispel, Montana, in answer to a letter of inquiry of mine regarding the early history of the Association, he writes that he cannot remember any previous talk or idea in Halifax about a Maritime Medical Association, and that in the absence of any proof of such, the credit for the initiation of the project belongs to New Brunswick. The minutes of the New Brunswick Society of the 24th of July, 1889, record, however, that:

“Dr. P. R. Moore spoke of a suggestion from Dr. Farrell, of Halifax, that there be a general meeting of the profession of the Maritime Provinces, say every three years. Dr. Daniel and many other members favored this suggestion. The interchange of ideas resulted in the passing of the following resolution, viz.:

“That a committee be appointed to confer with other Medical Associations in the Maritime Provinces, and make arrangements for a general meeting, at a time and place mutually agreed upon. The following committee were nominated, and approved of by the society: Dr. P. R. Moore, Sackville; Drs. Daniel, William Christie and G. A. Hetherington, St. John; Dr. S. C. Murray, Albert.”

Dr. Moore was elected chairman, and Dr. Hetherington, secretary of the committee.

It appears, therefore, from this motion that the idea of the formation of some such society originated with the late highly esteemed Dr. Farrell, and that definite action upon this suggestion was first taken by the New Brunswick Medical Society, on motion of Dr. P. R. Moore. The honors therefore may be considered to be about evenly divided.

Back of this, however, the Association was the natural sequence and largely the outcome of the establishment of the MARITIME MEDICAL NEWS. Dr. Arthur Morrow, with characteristic energy and initiative after obtaining the co-operation of some representatives from the three provinces, organized and established our local medical journal, the first issue being in November, 1888. It may be fairly claimed that the News has quietly carried out, with a reasonable amount of success, the objects for which it was founded.

Its principal objects were considered to be: the recording the clinical experience of these provinces, and of the work done by the various medical societies; that opportunity should be given to learn of localized epidemics, and the lessons to be derived therefrom; that matters affecting public health and legislation in reference to public health might be discussed, and that recognition be given to the interest which we have in the knowledge, experience and doings of one another.

The News, from its inter-provincial character, prepared the minds of the profession for a similar Association. And it may be here added that when Dr. Morrow resigned his position on the News, in March, 1893, consequent upon his leaving his home for Montana, that his departure was a distinct loss to the Association.

There was a general feeling largely unexpressed in favor of a larger organization than a provincial society, where perhaps a higher scientific standard would be reached, where the attendance would be larger, more varied and more imposing, and consequently increased interest and value would be attached to its meetings. Our sympathies, too, as fellow members of a common country, would be broadened and strengthened.

The Canadian Medical Association presented all these advantages to a yet greater degree, but that society's meetings were attended by comparatively few of our members; this was occasioned by the great distances to be travelled in order to attend most of the meetings. The Canadian Society was held in high regard and esteemed to be of great value, but simply from the great area of the Dominion and distance to be covered, our practitioners did not attend in considerable numbers nor with fair regularity. Hence it was felt by many that not only was there room for the Maritime Association, but that it was an actual requirement.

On the 16th of January, 1890, the New Brunswick committee taking advantage of the presence in St. John of the late Dr. W. S. Muir, of Truro, held a meeting at which the following resolutions were adopted:

“That in the opinion of this meeting it is advisable to form a Maritime Medical Association and that such Association be composed of registered physicians practising in the three lower provinces;

And further resolved, that we ask the Nova Scotia and Prince Edward Island Societies to appoint committees to confer with the committee appointed by the New Brunswick Society;

And further resolved, that among the objects of the Association may be included the advancement of the science of medicine and surgery, the furthering of the interests of the medical profession in these provinces and the bringing together of its members in order that they may be mutually benefitted and become better acquainted; that the Association need not meet oftener than once in two years.

The secretary, Dr. Hetherington, also reported in the minutes, that, "The members of the committee and Dr. Muir expressed the opinion that the MARITIME MEDICAL NEWS had already done a great deal to bring the profession in the different provinces in much closer relation than they previously were, that they felt the necessity of a still closer relation, and earnestly hope that the different societies will take hold of the matter in earnest, and that the result will be a Maritime Medical Association in the near future." It was also suggested that the first meeting be held during the coming session of the New Brunswick Medical Society, at Moncton.

At the July, 1890, meeting of the Nova Scotia Society, at Granville Ferry, Drs. W. S. Muir, Arthur Morrow, and W. Tobin were elected delegates to confer with the societies with a view to the formation of a maritime society.

At the Moncton meeting, July 15th, 1890, the delegates from Nova Scotia already mentioned, with Dr. McLeod, and Dr. R. MacNeill from the Prince Edward Island Medical Society, were present and addressed the meeting, stating that their respective societies had authorized them to convey their unanimous feeling in favor of the formation of a Maritime Medical Association, and had given them power to act, providing the provincial societies were not interfered with. The plans for union had not been carried forward, as far as was intended by the New Brunswick committee, owing to the departure from the province of the chairman, Dr. Moore.

Dr. Morrow writes me: "If I remember aright, the New Brunswick men were also very decided, perhaps most so, in opposition to any interference with the local society, so much so that the plan to have the local society of each province meet (at least) every three years in the capital, so as to coincide with and merge into the meeting of the Maritime Medical Association, in that province for that year, required a lot of explaining and assuring to carry through."

"At the evening session of the 15th July, I was the spokesman in presenting the scheme which had through the day been matured by the committee composed of the delegates from the three provinces. The scheme ultimately went through in its entirety, but only after prolonged discussion."

There were some who advocated throwing the three provincial societies into one, but for reasons such as matters relating to the Provincial Medical Boards, pleasant memories in connection with the local societies, etc., it was decided against. Dr. Morrow thinks that probably the success and life of the Association have been better guaranteed by the non-interference of the local societies.

The objects of the association were stated to be: the cultivation and advancement of medical science and the furthering of the interests of the medical profession in the provinces of New Brunswick, Nova Scotia and Prince Edward Island.

The annual meetings were arranged to be held on the days following the annual meetings of the respective provincial societies in succession, the places of meeting being St. John, Halifax and Charlottetown.

The officers chosen for the first year of the Association's existence were :

President—Dr. Wm. Bayard.

Vice-President for New Brunswick—Dr. T. Walker.

“ “ Nova Scotia—Dr. Parker.

“ “ Prince Edward Island—Dr. Johnson.

Secretary-Treasurer—Dr. Morrow.

Committee of arrangements—Drs. Bruce, Daniel, Wm. Christie and Hetherington.

Dr. Bayard was our first president. It is a matter of great satisfaction that we have him with us to-day, engaged still in the practice of his beloved profession, showing, as he ever has, that keen interest in the advance of medical science, ever ready to advance with and keep abreast of the tide of progress and of knowledge. Dr. Bayard, in his address given in the following year, dealt with the advancement and improvements in the theory and practice of medicine and surgery since 1837, the year in which he received his degree at the University of Edinburgh. Here surely was material for an address—the advance in medicine from 1837 to 1891, during but a portion of the professional career of one man. This would include indeed a large part of all which we regard as of first importance in the science and practice of medicine of to-day.

Let me remind you of those who have succeeded Dr. Bayard in the President's chair, as follows: Dr. Parker, 1892, Dr. McLeod 1893, Dr. Walker 1894, Dr. Farrell 1895, Dr. Conroy 1896, Dr. Daniel 1897, Dr. D. A. Campbell 1898, Dr. MacNeill 1899, Dr. J. Christie 1900, Dr. W. S. Muir 1901, and Dr. Taylor 1902. Surely we may point with satisfaction to these men as our leaders in medical science and foremost in matters of medical reforms, legislation and public health.

How far has the Association succeeded in attaining the objects for which it was established?

From the attendance point of view, the largest number of members present at any one meeting has been 102 [1903-122], while some other meetings have been nearly as numerous attended. Naturally and of necessity the personnel of each meeting varies considerably, and it follows that those attending the sessions have become acquainted with a large number of their fellow practitioners in these provinces. This personal knowledge is not only a decided pleasure but is of real advantage in the work of our profession. The stimulating effect and the strengthening of reasoning powers and the acquisition of knowledge to be derived from contact with many men of the same profession can hardly be over-estimated.

On reflection there is probably no member who would not readily admit that he owes much to our Association. While the attendance may be considered generally satisfactory, there is still ample room for improvement. The fault no doubt principally lies with the individual who fails to attend, yet it remains with the society to make every effort, so that the meetings shall be as attractive and instructive as possible. It is important that the work should be put through promptly and briskly, and the proceedings not allowed to drag. The discussions chosen for the meetings should be varied and interesting to a large number. The practice of inviting eminent members of the profession from without our borders to take part in the meetings has been conspicuously successful and has added much to the charm of our gatherings.

The social side has always been attended to; this is certainly very appropriate and desirable. The full proportion of available time has been devoted to kindly hospitality. The relative prominence, however, which should be accorded to matters of this kind, is a matter of opinion.

At the recent Congress of American Physicians and Surgeons at Washington, there was a very happy arrangement of programme. A large number of splendid papers were put through with expedition, the discussions were to the point and concise, and the attention of those attending the meetings was held admirably.

The sessions began early and promptly in the mornings when every one appeared fresh and ready for taking part in the deliberations. The entertainment portion of the work was pleasant and sufficient, while it was neither overdone nor distracting.

For highly successful meetings of our Association, then, it is necessary to carefully plan the programme, so that there is no undue participation in any one part, but that each part shall have its proper place and prominence.

The papers and subjects which have been brought before the attention of the Association from time to time have been numerous, of high excellence and importance, not only to the profession, but to the community at large.

A noteworthy and early achievement was brought about by the Association in the matter of Reciprocal Registration, at the Charlottetown meeting in 1893, when Dr. Walker supported by Dr. Campbell and others brought forward a resolution favoring Reciprocal Registration for the three provinces and referring the matter to the respective medical councils to procure the necessary modifications and alterations in the existing laws, so as to secure uniformity of curriculum of studies and examining boards as the sole authority for medical practice, and in this way bring about Inter-provincial Registration. At the following meeting in 1894, Dr. Daniel was able to report that a conjoint committee of the medical boards had met at Truro in

November, 1893, and that an agreement had been reached to bring about Reciprocal Registration. The necessary legislative changes were obtained and it became *un fait accompli* in 1894. This was a pioneer Canadian movement and was regarded with much satisfaction by the profession. As Dr. D. A. Campbell has said: "One of the main objects for which this association was formed was to unify and advance the interests of the profession in the maritime provinces. Consequently reciprocity of registration was the chief concern of the Association from the first, and the scheme was pushed to completion as rapidly as possible."

Unfortunately, however, this agreement has not pursued a very lengthy course, for in 1898, for reasons well known, New Brunswick withdrew from reciprocity with Nova Scotia, and later Prince Edward Island took a similar course, so that at the present time New Brunswick and Prince Edward Island alone have reciprocal relations. Manitoba had a similar association with New Brunswick, but as to its present state there is considerable doubt. Quebec, too, has had reciprocity with New Brunswick but withdrew from the arrangement in 1896. The whole course then of Reciprocal Registration and Canadian registration has been beset with troubles and difficulties. One would have hoped that relations with Nova Scotia might have been re-established but it is understood that in view of the Roddick Bill, now being under consideration, the matter stands in abeyance. Difficulties in the carrying out of such a measure as Reciprocal Registration are liable to occur, especially in its early history, and with us they have occurred. One would have hoped for a settlement of these difficulties even having before us Dominion Registration. One doubts not the ultimate success of this latter measure, but it has not yet arrived, and as time is not evidently the essence of the contract, we will require patience and waiting before it is brought about and in the meantime we might have our reciprocal registration to practise upon.

As one would expect, support full and hearty has from the first been freely given by these provinces to the cause of Canadian Registration, and they stand ever ready to accept this broad national federation.

The prominence with which the subject of tuberculosis has received at the hands of the Association has gone far towards impressing upon boards of health and the public the enormous importance of the matter and of the role which the bacillus tuberculosis plays in this as in other countries. Regulations and legislation which have been adopted concerning expectoration on the streets and public places, the inspection of cattle, the question of milk and meat supply and many other points arising out of tuberculosis, owe much to the Association for the direction in which it has turned public attention.

There is a general agreement among the profession of the importance of sanatoria for tuberculosis. For they serve as important aid



to the recovery of individuals, they remove from families sources of infection and they act as most useful educators for patients, so that they may know what manner of life it is essential to follow in order to obtain and maintain good health and how to avoid being disseminators of disease. Nova Scotia is to be congratulated in now having under construction a sanatorium, situated in a suitable locality, for the treatment of tubercular subjects. Up to the present the sanatorium movement in New Brunswick has made no progress, it is not even marking time, for apparently all effort in this direction has ceased. Perhaps our neighboring province will also help us here, as she already educates our blind and is going to educate our deaf and dumb. We still have Dorchester, however, where the best efforts are put forward to carefully guard the health and persons of those sent there from our sister provinces.

Our Provincial Board supported by medical societies has urged upon the government the importance of this question. Private subscriptions have been offered to assist in the undertaking, but so far the project has not been taken in hand.

The great majority of our consumptives therefore have to do without the advantages to be derived from sanatorium treatment, while those who are financially able are compelled in order to obtain it to proceed to Muskoka and other places further distant, at much inconvenience and separation from friends.

It would be a matter of interest to know the number of those who yearly go abroad from these provinces to obtain suitable treatment for tuberculosis. The number I believe would cause some surprise from its extent. How many, therefore, are there who are unable to avail themselves of this road to health?

Let us hope that this is a matter to which our provincial government will freely lend its aid and support. A sanatorium in each province would not be a sanatorium too many. All recognize the tremendous mortality from tuberculosis and the importance of the question to the state, yet how much remains to be done to afford our consumptives the proper facilities for treatment and ultimately to largely free the country of this prevalent disease. It is not suggested that all tubercular subjects should immediately repair to a sanatorium; that is not necessary to obtain results. Provision should be made, however, for a reasonable number of cases, that is where recovery is fairly possible, whether for the poor or for those who are able to meet the expense. The country would find it a most profitable employment looking after the health of the community in this respect.

One is quite prepared to hear it said that this is a matter of money, that there are calls for expenditure in so many directions—but what expenditure should take precedence over that of reasonably, even liberally, supporting all proper measures to promote the health, lives, and therefore the welfare and happiness of the community?

No, it remains for this Association and other like societies to impress upon the public the importance of such public health matters, not once or twice, but to continue to hammer at those questions, until public opinion is aroused and the public mind is informed. It should be and is I think our function to lead public opinion; in matters of public health this takes time, but while it is necessary to be patient we must be persistent. Private benefaction and private enterprise do not cover many health matters, or only partially so, therefore we depend on government assistance. No doubt it is a pleasure to our legislative rulers to institute reforms, but they may not be popular reforms and naturally enough the support of public opinion is desired. To obtain important aid, in addition to a friendly government attitude, the matter should be politic and supported by public opinion, then it may be granted for the sake of peace. Example and precedence are strong levers in obtaining advances in public health as in other matters. When one province has made a step forward it has also lightened its neighbour's footsteps.

Of other reforms which have been advocated at various times by Dr. Farrell, Dr. MacNeill, Dr. Taylor and others regarding higher education, the establishment of a health bureau at Ottawa, reorganization of the militia medical service, immigration, and other important subjects, it is interesting to note that some of these matters have subsequently been satisfactorily dealt with.

Not many years ago, the Militia Medical Service consisted of nothing more than a series of regimental surgeons with their hospital sergeants, all of whom or nearly all of whom had practically no special duties to perform nor had they any special training for the work, nor were facilities for such training provided for them.

At present short courses of instruction are provided for all medical officers. Bearer companies and field hospitals are established and well equipped with ambulance waggons, stretchers, panniers and many other necessary and useful adjuncts. The men of this corps and the regimental stretcher bearers are trained in first aid, stretcher drill, carrying the injured, nursing and in other kindred subjects. This training renders them not only serviceable from a military standpoint, but results in a number of men useful in cases of emergency and accident, being scattered through the community.

The Bearer Company of this city is working on a plan of this kind, whereby suitable men from the large factories and places of business will be selected as members of the corps. By means of training and the provision of suitable dressings, no doubt these men will render valuable first aid in cases of accident.

The Militia Medical Department has been fortunate in having at its head a Director General who has had the interests of the medical services very much at heart, and has given the subject close study, while the Minister of Militia, himself a medical man, has been an important

factor in the movement. Recognition certainly should be gladly made of the great improvement brought about in the service in recent years and the handsome manner in which it has been done.

The recent appointment of medical officers by the Dominion Government for the purpose of inspecting immigrants and allowing only those in suitable physical health to enter Canada must be viewed with much satisfaction by the profession and the public generally. Sound healthy people should be welcomed to our shores, while those presenting numerous diseases and disabilities, which may render them a public charge, or of danger to others, should be promptly returned to their homes.

The example of the care exercised by the United States authorities in the admission of immigrants has had its good effect upon us and we have been wise in following their lead. Immigrants, sound, healthy, of at least fair education, not the waifs and degenerate—a good proportion of British nationality—are the class of people desirable in Canada. It is well to hasten slowly in such matters and obtain only the best. Nor need they all pass to the west; the country, which is the constituency of the Maritime Medical Association, is prepared to absorb a goodly number.

Concerning the papers read at the meetings on purely medical subjects, having in view the fact that the bulk of our members are general practitioners, it can be said there is every reason to feel proud of the results. It is rather difficult at times to secure papers, members do not contribute them readily, while those who are available are often confined to a few towns. There is not a sufficient general representation among those who take part and it is desirable to hear more frequently from the country practitioner. But one can always have the consolation in any event in preparing a paper that should no one else be particularly benefitted, that he, the writer, has certainly been greatly the gainer.

It is one of the hard things in the life of a general practitioner, especially if not attached to a hospital, to carry out a system of recording notes of his cases, especially in such a manner as will allow of future compilation; yet it is almost necessary for really excellent work—how views and opinions are strengthened or modified after a review of a series of cases.

For the general practitioner especially it means hard work, but after all, work, hard work, is necessary to keep one up to the mark, to produce contentment and happiness and to maintain a close, deep interest in the pursuit of our life work.

“Go to your work and be strong, halting not in your ways,  
Baulking the end half-won for an instant dole of praise.  
Stand to your work and be wise—certain of sword and pen,  
Who are neither children nor Gods, but men in the world of men !

When Earth's last picture is painted and the tubes are twisted and dried,  
 When the oldest colours have faded, and the youngest critic has died,  
 We shall rest, and faith, we shall need it—lie down for an æon or two,  
 Till the Master of all good workmen shall put us to work anew !

And only the Master shall praise us, and only the master shall blame,  
 And no one shall work for money and no one shall work for fame,  
 But each for the joy of the working, and each in his separate star,  
 Shall draw the thing as he sees it for the God of things as they are."

There are ever extending opportunities for new work to be taken up by the Association and it will sometime be found necessary and advantageous to reconsider subjects of a public nature which have already been dealt with, but have not carried and remain in abeyance.

During the past few years, as we are all well aware, small-pox has been more or less prevalent in parts of Canada, as in other countries. This subject has not received as yet due attention at the hands of the Association, although in some quarters it has been discussed with piquancy and vigor. The two phases of most interest are the regulations in reference to vaccination and the question of diagnosis.

The usual freedom from variola naturally renders a community lax in carrying out that measure which is so efficient and yet at the time appears so little necessary. It is very generally neglected in Nova Scotia and New Brunswick, and I believe also in Prince Edward Island. Vaccination will never be generally practised when left to the individual inclination and desire, even if all admit as they should, that the safety and protection of the individual and the freedom from small-pox in the community is thereby secured.

Governments and municipalities do not welcome small-pox epidemics ; the attendant bills for medical guards, fumigation, etc., are considerable, for the outfit is expensive. The public do not enjoy either having variola in town or country, for it disturbs trade, causes panics and is a great inconvenience, while the individuals who are quarantined or who have contracted the disease feel still more annoyed.

Then let it be asked, why have small-pox ? If the country does not wish small-pox, then let it say so, that is let the only proper and effective mode of dealing with it be regularly enforced. Compulsory vaccination, without the conscientious objection clause, is all that is required. In New Brunswick vaccination is enforced only by order of the governor-in-council. The Provincial Board of Health should have large powers in matters of this kind, but after all compulsory vaccination regularly and systematically carried out is the one effective and rational method of dealing with this disease.

During the past year, however, an amendment to the Public Health Act was passed requiring that before entering any child upon the register of any public school, that there shall be procured a certificate of successful vaccination within three years from the time of registration. A similar law obtains in Prince Edward Island.

This amendment in time will have rendered much service and must be heartily welcomed as a considerable movement towards the much desired goal.

The diagnosis of small-pox is a regular bone of contention. Much doubt and difference of opinion has arisen in this province over the true nature of certain cases, whether small-pox or chicken-pox. Indeed the difference of opinion has led to friction in public health matters, and an amendment to the Public Health Act, passed this year, enacts that, "If it is made to appear to the lieutenant-governor-in-council, that any physician violates any of the provisions of the Public Health Act, or attempts directly or indirectly to obstruct or hinder any board of health in enforcing the said Act, or in any other manner thwarts or attempts to thwart the efforts of any such board of health in preventing the spread of small-pox, the lieutenant-governor-in-council may, on complaint of such board of health, make an order that the name of such physician shall be removed from the medical register—for the period of one year—provided that before such order shall be made, the physician, against whom such complaint is made, shall have an opportunity of being heard.

When variola is of a mild type one can understand that there would be difficulties, and indeed to this very mildness and hence the failure to recognize it has been ascribed the prevalence of variola in recent years.

The suggestion that some practitioners have inclined to the small-pox view from pecuniary motives is too unworthy to be considered.

The chairman of the Provincial Board of Health, Dr. Wm. Bayard, has recently pointed out that the difference in opinion regarding the nature of the epidemic is by no means limited to New Brunswick, and that the extreme mildness of the disease and the attendant small mortality, in many instances about 1%, with the variety of appearance in the rash, has led to the uncertainty of diagnosis. In Trinidad, the term "Varioloid-Varicella" in the meantime has been applied to the disease, while a commission is to be appointed to report on its exact nature.

The eminent pathologist of Harvard, Dr. Councilman, has this year at the American Congress at Washington, given publicity to the result of his labors and investigations in connection with the pathology of variola. In speaking of the small-pox parasite, he states that the intra-nuclear body is a further stage of development of the intra-cellular body, described in his paper, and as representing a second complete cycle of development. It develops from the spore-like bodies produced by the segmentation of the intra-cellular body, which pass into the nucleus. The spores which are formed from its segmentations are considered the true infecting material of variola.

He regards it as extremely probable that in small-pox the complete development of the parasite through two cycles takes place and that in vaccinia the primary cycle only; the intra-nuclear cycle is thought to be sexular in character. It is generally considered that he has been successful in finding the disease germ of small-pox, and in this he has certainly received the adhesion of other well known bacteriologists. It is very probable then that this discovery will have an important bearing on establishing the diagnosis of variola in mild and doubtful cases. As in tuberculosis, diphtheria and malaria, so it likely enough will be in small-pox that the presence of the germ will put all doubt aside.

However, it is sufficient to say that the Association affords an excellent opportunity for the discussion and consideration of a question, which has been attended with difficulties and diversity of opinion.

A subject which I think might well be discussed before the Association is that of Public Health, viewed from the standpoint of the organization of boards of health, and their executive methods. This would include the consideration of the powers vested in provincial boards of health, the composition of such boards and the system of appointment of its members; the most effective methods to be adopted by local boards for carrying out their functions; the question of vital statistics.

Discussions on these subjects and others of like nature would bring out the weak and strong points in the public health organizations of the three provinces. At the present time there seems ample reason for the careful examination of this matter. The views of the Association on such subjects would have much weight and would aid in obtaining desirable improvements. So far as I know the provincial medical societies have no voice in the appointment of members of the provincial boards of health. I believe that had our provincial societies the nomination of one or more representatives to the health boards considerable good would result. The medical societies and profession would be brought into close touch with the governing body, and they would have representatives on the boards to bring forward matters suggested by the societies. The boards themselves would not suffer from the assistance of men chosen for their fitness by the profession.

A friend of mine prominent in health matters has suggested that the Provincial Board be formed of representatives from the local boards; in this manner the Board would have members familiar with the requirements of all parts of the province. This suggestion might receive consideration; some such representation might be of advantage. Representation from the provincial societies would lead I believe undoubtedly to increased efficiency.

The greater freedom from political influence such organizations possess, the greater likelihood is there of advance being made in accordance with the most approved and modern methods.

Public Health, while closely allied to the science of medicine, is largely a science of itself and those connected with it should be educated and trained in matters of public health. At the very least, it is desirable for medical health officers to have undergone special training in public health and possess qualifications in this science. Under present conditions it cannot be expected that such officers should take this duty upon themselves. Provision then in the way of sufficient salaries should be made, so that medical health officers would be enabled to take advantage of suitable courses in public health and to devote their sole attention to this particular work. Inspectors of boards of health could with advantage to themselves and the public be trained in their work. A course of instruction given by a qualified health officer would be of immense service to these men and they should be required to show sufficient knowledge of their work. This course could be given for convenience in various parts of the provinces. I am aware that it will be said that this requires money : quite true, and so do many other public works, not nearly so necessary. Public health expenses should come first on the list and not last. What better way is there of spending money than in the interest of the health of the community ?

It is desirable to direct public attention to some defects in the mode of life led by those living in many rural districts. People living on farms have a natural advantage over those who dwell in cities. They have healthy outdoor occupations, in the pure air, and yet for all this their health is not, generally speaking, proportionately greater. The best is not by any means made of their opportunities. Digestive diseases and pulmonary diseases, I believe, are common, unnecessarily so. There are two very obvious causes. The diet is ill chosen. Meals of pan-cakes, pies, cakes and other sweets are far too common. There is a lack of meat, fish, eggs, cream and butter ; this, no doubt, is largely due to the desire to send to market as much produce of this kind as possible. The cooking too is defective, for the meat is overdone and the bread is not well made.

The other reason is defective ventilation of the homes ; here small, stuffy bed-rooms with inadequate ventilation are frequently found. In those especially living laborious lives, frequent bathing and changes of clothing are of much importance, and they hardly receive that prominent position which the technique of life demands. Of course there are many exceptions to these remarks, but I am convinced that one or all of these defects apply to a large community of those living in the country where it does not apply to nearly the

same extent in a corresponding class of people dwelling in our towns. And further that there is a noticeable effect from it all, the general physique suffers and many ailments are the direct result of this faulty diet and ventilation.

Members of the Association : I believe that sufficient has been said to demonstrate the useful purpose which the Association has served, that there is good reason for its existence and ample opportunity for its future activity. Whether all these societies, Provincial, Maritime and Canadian will continue on their way as at present, time only can tell ; while the tendency, I believe, is towards the larger organization, the Maritime is a strong connecting link. Be that as it may, we feel perfectly safe in upholding to the best of our ability the organization which I have the honor of addressing to-day.

There yet remains to me to make reference to the loss the profession has sustained by death, during the past year. But I cannot forget that since the Association last met in this place, now three years ago, we have lost three of our Presidents. Dr. Edw. Farrell and Dr. James McLeod, both distinguished men, leaders in their provinces, and Dr. W. S. Muir, elected to the president's chair at the last St. John meeting, and appropriately referred to at last year's meeting in Charlottetown, as a power in all Canadian medical societies.

During the past year Dr. Wm. S. Harding, of St. John, passed suddenly away. He was the senior member of the profession in this province, but had not however been engaged in active practice for a number of years. Dr. Harding was born in January, 1814, and for 48 years he was port physician of St. John, retiring in 1874. During this period he had eventful experiences of ship plague or typhus fever and cholera, and at various times rendered valuable services during these epidemics. As an example of his experience, I may relate that during the year 1847, immigrant ships arrived in St. John and with them came ship fever. Dr. Collins and Dr. Harding were in charge at the quarantine station, Partridge Island, of many cases of fever. Both contracted the disease and in the case of Dr. Collins with a fatal result. The fever also spread to the city.

By November the epidemic on the Island was under control, and the patients were removed to the City Poor House, (where Drs. W. Bayard, Wetmore and Paddock had attended, each in turn being attacked with fever, all, however, recovering). The number of Irish immigrants landed on the Island that year was 15,000. About 800 died on the voyage, 600 died in the hospital and on the Island, 595 died at the Poor House Hospital, making the total mortality in excess of two thousand.



It may also be mentioned as a point of interest that Dr. Harding on October 9, 1867, at Quebec, moved the resolution which led to the foundation of the Canadian Medical Association.

Dr. Colin A. McPhail, of Summerside, died at the early age of 39. He had succeeded by steady application in placing himself in a foremost position in P. E. Island.

Dr. G. D. Fitzgerald was in his thirty-second year, when, as in the case of Dr. McPhail, apoplexy was the cause of death. He had practised in Amherst for the short period of one year.

Dr. F. J. Seerey, of Fredericton, was well known by the profession of this province; he was 41 years of age, and for his many good qualities and professional capabilities was highly esteemed by all.

Dr. Richard Johnson, of Charlottetown, was born in 1830, in Lincolnshire, England, and was a minister of the Methodist Church, for several years before finally finishing his medical course, in 1865. He was registrar of the P. E. Island Medical Council, from 1890 up to the date of his death, which occurred 18th March, 1903. He was as well Health Officer, Superintendent of Vaccination and Justice of Peace for Queens County. He had been chairman of the City School Board for many years, and was much interested in educational matters. He was the father of the P. E. Island Hospital, a member of the Board of Trustees and senior member of its Medical Board. He was strictly conscientious in all the affairs of life, and possessed those excellent qualities which placed him high in the esteem of all who knew him.

Dr. Andrew Halliday died at Halifax, on the tenth of March of this year, at the early age of thirty-six. I cannot do better than give a few extracts from what has been written by one who knew him well.

“Andrew Halliday, devoted to the scientific side of medicine, was willing to sacrifice means and health to the arduous work entailed by his services to education and the province. In his more limited sphere he was like Kanthack of Cambridge, and Wyatt Johnson of McGill, wrapped up in his work, indefatigable in his labors and unsparing of himself. His career in Halifax was brief, in fact after years of preparation he might be said to have just entered upon it, and with the limited means at his disposal and the increasing public duties he was called upon to perform, he was unable to give much time to original work; but the cultivated mind of the student, the instinct of the investigator, and the capacity of the teacher, were so obvious that no one in frequent contact with him could doubt the future, had he lived, that was before him.

He was generally accepted as an authority and his work was proportionately large and responsible. The strain of such severe work

told on his, never too robust, constitution, and with lowered vitality he fell a victim to the great white plague, which has played havoc with so many lives of great promise."

Finally, mention should be made of Dr. Nelson Oswell Price, of Haveleck, and late of the 10th Canadian Field Hospital, who died of enteric fever at Klerksdorf, South Africa, 8th June, 1902, at the age of 29 years.

Lieut.-Col. A. N. Worthington states in his official report: "This man, a qualified medical practitioner, was most conscientious in his duties and a zealous worker. He was decidedly one of the best orderlies in the company. He was buried at Klerksdorf, his comrades voluntarily subscribing to a stone which was erected to his memory." These strong words of commendation were well merited by one who through many difficulties had so successfully won his way.

And now, gentlemen, in closing my remarks, let me thank you with all sincerity and gratefulness, for the high distinction and mark of trust which you have been good enough to place upon me in your selection as President of this honorable Association.

#### DISCUSSION.

Dr. P. C. Murphy moved a vote of thanks to the President for his able address, embodying an historical sketch of the Association, which should go on record.

Dr. DeWitt felt highly indebted to the President for his address. Only one thing he objected to and that was calling St. John the winter port. He had much pleasure in seconding Dr. Murphy's motion.

The motion was put to the meeting by Dr. Murphy, Vice-President, and carried unanimously.

The President then thanked the members for their hearty vote of thanks.



## SMALL-POX.

### DIAGNOSIS OF SMALL-POX AND CHICKEN-POX.

By N. S. FRASER, M. D., St. John's, Nfld.

Newfoundland has just come through a sharp contention regarding the nature of the disease which was discovered in St. John's last March. As in Trinidad and Fredericton some have contended for *chicken-pox*, while others, equally positive, assert that it is *small-pox*. One medical man tries to take the intermediate position and adopt the Trinidad term of "Varioloid-Varicella." The contention arose in a peculiar manner. The second case was a cook at the Crosbie Hotel, and the hotel and its inmates were consequently quarantined. Chafing under their enforced idleness, and hearing a hint of "chicken-pox", the inmates began to agitate for an investigation of the true nature of the disease. The doubt that was thrown upon the diagnosis was immediately taken hold of by the public and by some of the doctors, giving as their reasons the mildness of the attack, which permitted the patients to be out of bed in a few days, and the moderate degree of infection as shown by the slow spread of the disease. While this is true, the cases all have the true diagnostic marks of small-pox, and we are forced to conclude that small-pox sometimes exists in a mild form with low mortality even among the unvaccinated. Moreover, this type of small-pox seems to be very generally scattered, throughout the United States and Canada, and in 1901 Dr. Montizambert described a "mild type of small-pox" which came under his notice as Director General of Public Health at Ottawa. In this article (Brit. Med. Jour., May 11, 1901,) Dr. Montizambert shows that the disease began somewhere in the Southern States several years ago, and, on account of the mild type of disease, it was not diagnosed as small-pox, but various names given to it, from "chicken-pox" to "Cuban" or "Cedar-itch"; and in the late dispute over the same disease in the West Indies some of the medical men there coined the absurd, meaningless term of "Varioloid-Varicella." From all this it will be seen that many grave mistakes have been made, and it will be seen too that there must exist a great need of education of medical men on the diagnostic points between chicken-pox and small-pox. Medical men, as well as laymen, have such a wholesome dread of small-pox, that the very term brings with it too preconceived ideas, namely, first, a loathsome, extremely fatal disease, and second, a disease which will spread to every contact. Our experience apparently agrees with the experience of the Canadian and United States doctors, in finding that a large number of people are immune-

to the disease and that it *may* exist for a time in mild form, with low mortality. That this mild form is the true small-pox we have the authority of the British Medical Journal (May 23, 1903), where in an editorial on the epidemic in the West Indies it is stated: "to sum up the general conclusions, we cannot find anything in the description of the outbreak to justify the term 'varicella' being applied to the disorder, or to necessitate the supposition that Trinidad has been the birthplace of a new disease." Further, that this mild form may be recognized, the diagnostic points of difference between chicken-pox and small-pox will have to be more constantly insisted upon, and brought to the notice of the medical profession, for when one comes to consult a text-book he finds very little help on these points.

Two very valuable papers have recently appeared, from men of large experience, in *Lancet*, December 28, 1901, (MacCombie) and *British Medical Journal*, July 5, 1902, (W. McConnel Wanklyn) in both of which the diagnosis between the two diseases is made very clear, and the points insisted upon are as follows: (1) The **INVASION PERIOD**, short or entirely wanting in chicken-pox, of definite duration and accompanied by the occurrence of at least *some* of the initial symptoms (headache, backache, rigors, anorexia or pyrexia) in small-pox. "This is one of the most constant features of small-pox even of the mildest type." Dr. Wanklyn points out that the prostration and muscular flaccidity at this period is particularly noticeable. (2) The **DISTRIBUTION OF THE RASH** is also a very important diagnostic and from the observation of 7000 cases Dr. Wanklyn is able to assure us that this is also one of the most reliable diagnostic points. In small-pox the rash is *relatively* more profuse on face, arms and hands than elsewhere and Dr. MacCombie points out that it is always more profuse on the back than on the front of the trunk. (3) The **DEPTH OF THE RASH**, being superficial and easily pinched up in chicken-pox but situated deeply in small-pox, giving the "shotty" feel and deep resistance on pinching the skin and rolling it between finger and thumb. (4) And lastly, **THE SHAPE OF THE VESICLES** and **THE RATE OF THEIR GROWTH**, being circular in small-pox, often oval in varicella especially on the trunk; growing to full development often in twenty-four hours in varicella but never attaining their full size on the first day of the eruption in small-pox, and this also MacCombie says is a fact of crucial importance.

The following is a short and somewhat imperfect history of the cases we have had in St. John's, so far as I have seen them.

On March 31st, 1903, I was asked to meet the train bringing passengers from the S. S. "Bruce" landed at Placentia from Sydney.

Case 1,—The stewardess of the Bruce was being sent on to St. John's for treatment and the Public Health Officer was notified to meet her. Accompanied by Doctors Brehm, (P. H. O.) and Paterson I boarded the train and found the stewardess fairly well covered with

small-pox in the pustular stage, or about the eighth day, of the disease. The abundance of the rash on the face, hands and arms, together with the depth of lesion left no doubt as to the nature of the disease. She was sent to hospital and the further course of the illness proved the diagnosis to be correct. She is still (June 6th) in hospital, her face not being quite healed yet.



Mrs. B.—Second Week.

The Bruce made three trips a week to Sydney from Placentia and therefore the stewardess was ill on board of her for, at the very least, four trips back and forward, leaving the incubation period out of count altogether. Passengers therefore had every opportunity of catching and conveying the disease, and as it was unsuspected, these passengers were lost sight of.

Case 2, April 9th.—Miss H. consulted me for a rash on her face. As it was vesicular I sent her to bed at once that I might have a thorough examination of the rash. She was a cook at Crosbie Hotel, at which place many passengers from the S. S. Bruce had stayed every trip, and I suspected that infection might have been conveyed to her by some of the clothing of the passengers of the S. S. Bruce. She had never been vaccinated and the history of her illness is as follows: She took sick on Friday, April 3rd, of severe pain in the back, headache and shivers. When suggested to her that the head-

ache was not very bad she answered at once "it was intense"; as also was the pain in her back. She tried to get up but had to go back to bed. Saturday complained of prostration, and muscular weakness, so that again she had to give way to the bed. Vomited once or twice. On Tuesday, April 7th, (the fourth day) the rash first appeared, in papules at the roots of her hair, and the next day they became vesicular. She immediately felt better, lost her shivery feeling and got up to do her work. By Friday, the eighth day, they were becoming pustular. I saw her Thursday, Friday and Saturday, and on each occasion her temperature was normal.

The rash was not at all copious, but the *relative distribution* was well marked, being relatively more profuse on the extremities than on the trunk. Very few appeared on the chest, more on the back than chest. The depth of the lesion, on pinching up the skin, was considerable and its uniformity remarkable. On the Saturday before mentioned, the ninth day, the rash was uniformly pustular, not one scab on her body; the pustules were rounded not an oval one appearing among them.

From the above data, viz., the premonitory symptoms, the length of invasion period, the character and distribution of the rash, I had no further hesitation in diagnosing the case as one of small-pox and in this the public health officer agreed with me. She was removed to hospital and away from my care. The only subsequent record I have is a few notes made by the hospital attendant. In that he states that the pustules began to dry up about Tuesday, April 14th, and then only on the face. There was no scabbing until the 17th and two days later it is noted that "*there are round, flat, brown scabs on the wrists, hands and shoulders while, in the palms, the pustules are drying up leaving circular yellowish-brown marks beneath the skin.*" The scabs did not all drop off until the 30th of the month and she was discharged from hospital on the 11th day of May. This is the case which caused the agitation against my diagnosis, and therefore I have emphasized some of the important signs.

Case 3. The T. family, seen May 18th, 1903, not attended by any doctor. Two of the children had been ill and recovered, as also the father and mother. Four others still had the rash which was in the pustular state. Fairly profuse on face, arms and hands, very little on the chest—round pustules nearly as large as peas standing up from the backs of the hands. Pustules also in palms. Said they were not sick at all and would give no information as to any sickness in their family. Repudiated the idea of small-pox. From the accompanying picture of the little girl, taken after most of the scabs had separated, the distribution can still be seen, and the picture of the sole of the foot a month later shows the round, dried up remains of the deep pustules which were on the palms of hands and soles of feet.

Case 4. C. DuT., aged 12 years, lives about twenty yards from where the railroad car was left in which the stewardess travelled. Sick since Monday, April 26th, with headache and shivers. Stayed home from school since Tuesday complaining of a chilly feeling, pains in stomach, headache and loss of appetite. On Thursday and Friday he stayed in bed because he "could not stand." Rash appeared in his throat and on his face on Sunday, May 3rd. I saw him on Monday, May 4th, and found a vesicular rash on his face, back and arms;



C. DuT.—2nd. week.

also on the fauces. Has a dull, heavy expression with mouth partly open which made one ready to diagnose sore throat on entering the room. There are only two vesicles on his chest, there are six on his right hand and seven on his left, four on his wrist and about thirty on the back. They are round, distinctly umbilicated (without scab) and on pinching the skin are found to be deeply situated. The temperature is 100° F.

Tuesday, the vesicles have developed a little further but he says he feels now quite well. Temperature normal. He was vaccinated at once but it did not take. His picture, taken only two weeks later, shows some of the circular scabs remaining on his legs and arms. They have fallen off the face.

Case 5. The same day that I saw C., his little sister was complaining of feeling ill with headache and sick feeling. She was vaccinated, too, but unsuccessfully and four days later a few vesicles appeared on her face and wrists. They were very few but very characteristic, umbilicated vesicles, which went through the regular course of the small pox eruption in mild form, and she also was removed to hospital.

Case 6. Mr. H. B., aged about 55 years, was at work on Monday, May 11th, but found himself so weak that he had to go into a house for a rest on his way home. Had pain in his back "very low down." Tuesday sick with headache and pains all over him. Wednesday, temperature registered 100.6° F., pulse 110, pain, furred tongue, vomited in the evening. Thursday (fourth day) temperature 98.5° F., still has pain in sacral region. Red papules appearing on the right wrist and the scalp at commencement of the hair. Friday: the eruption has become vesicular though some papules still remain. It is much more copious, being principally on the arms, hands, feet, legs and face. The vesicles are very regular and umbilication is well marked. They are of dull appearance, rounded and deep, some three or four being in the palms of the hands. He was removed to the hospital and the next note is May 28th. The scabs have fallen off his forehead, leaving elevated blue stains. On the hands only the brown inspissated remains of pustules in the palms are to be seen.

Case 7. Miss W., taken ill May 7th, 1903, pains in her arms, and legs and back, shivery. May 9th, she noticed some pimples on her forehead and from this they spread over her face and body down to her hands and feet. I saw her May 18th and found a fairly copious pustular rash with one or two scabs on the forehead. The distribution of the rash was marked, being relatively more profuse on the extremities and very scant over the chest. It was very equal in development, but a little more advanced on the face where it first appeared. The pustules on the hands stood up large and rounded like peas. Her temperature was not recorded but she expressed herself as not feeling at all ill.

May 28th. Scabs have all left the face but a reddish blue stain remains marking their position. On arms they have recently dropped off and their position is more marked. A few round black scabs remain on the backs of the hands and four or five circular light brown remains of inspissated pustules in the palms of both hands.

Case 8. Miss P. (slept with Miss W.), vaccinated Tuesday, May 19th. Sunday, May 24th, complained of headache, loss of appetite,



drowsiness, no backache but vomited once. Vaccination marks rising in usual way.

Wednesday, May 27th. Headache has persisted ever since but better to-day. Rash has appeared in papules around the forehead.

May 29th. Rash is now vesicular, temperature 99°, but feels well. Distribution of rash is over face and arms and on hands, only three or four on palms. One or two on chest and a few on the back. They are not markedly umbilicated, with one exception, most of them being rounded and clear like varicella vesicles, but they are regular in shape and development. No pustules and no scabs. In this case the vaccination evidently modified the disease very considerably.

Case 9. Mrs. S., taken ill Saturday night, May 9th. At work all morning but had to give up in afternoon. In bed Sunday, Monday and Tuesday with severe pains all over her but particularly in head. Backache not very severe, but considerable vomiting and diarrhoea. On Tuesday night some pimples appeared on the forehead. By next day these had become vesicular and when seen the following Monday, May 18th, (ninth day) she was well covered with a pustular rash, mostly on the face, arms and back, not many (relatively) on the chest.



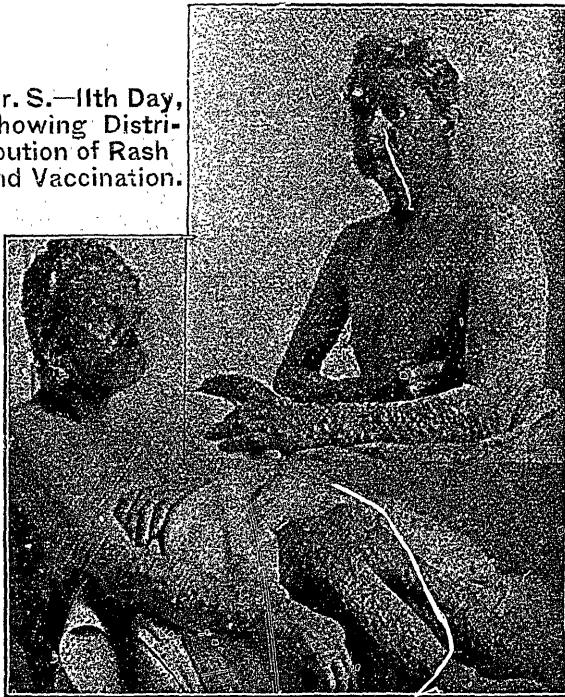
Mrs. S.—19th Day, Showing Remains of Pustules in Hand.

On the backs of the hands they were large, rounded, about the size of a pea, and full of pus.

May 28th. Most of the scabs have fallen off leaving a blue staining on arms and face. On the right palm eleven round, brown remains of the pustules are to be seen, and on the left palm there are ten of the same kind. The picture shows these palmar scabs and to some extent the staining of the forearm.

Case 10. Mr. S., vaccinated Monday, May 18th, the same day that his wife was removed to small-pox hospital. Vaccination took in the usual way and on Tuesday, May 26th, he had two well-marked pocks with an areola around each about one inch in diameter. Complaining of pain in the head, no backache and not ill enough to stay in bed.

Mr. S.—11th Day,  
Showing Distri-  
bution of Rash  
and Vaccination.



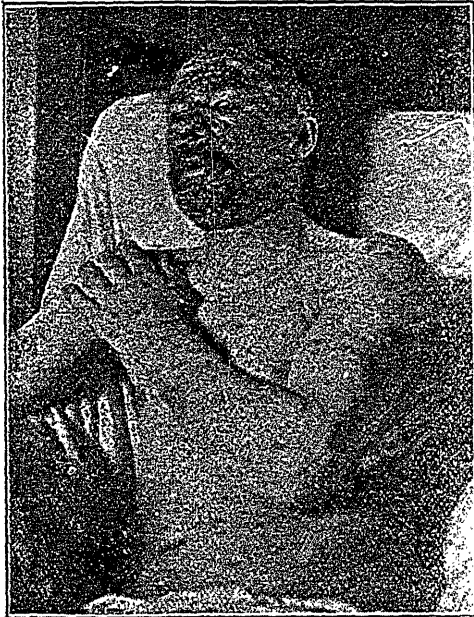
Mr. S.—11th Day, Showing Distribution of Rash.

May 28th. Papules appeared on forehead.

May 30th. Copious rash on forehead, chin and neck and around the wrists. Not much on the chest but copious over lumbar region. Consists of vesicles, not markedly umbilicated and some papules. No pustules or scabs. The picture taken 11th. day shows the eruption after scabs have formed. The distribution is particularly well

marked and the vaccination pocks can also be seen, having run into one large sore.

Case 11. Mr. W., taken sick Tuesday, May 26th, with the usual premonitory symptoms, pain in the back, etc., developed a vesicular rash on Friday. Photograph taken a week later, on the eleventh day when the disease was at the height of the pustular stage.



Mr. N.—12th day, in Pustular Stage.

While the histories in these cases is mostly imperfect they bring out sufficiently well the diagnostic points of small-pox to remove any doubts as to the nature of the disease. It will be noted *first* that they are all unvaccinated people, showing that this disease is picking out the unvaccinated ones of the community. *Second*, the majority are adults. *Third*, in all cases where a history was given the invasion period was accompanied by the regular premonitory symptoms of small-pox, and prostration during this period was particularly complained of by the patients. In no case did this period come short of 48 hours, and in most cases it was of four days duration. *Fourth*, the rash in all the cases was particularly uniform, developing from above downwards, and in no case was there any irregularity in a given window of skin such as one observes in chicken-pox cases. During the vesicular stage umbilication was beautifully marked in some of the cases, and while umbilication has been made too much of, owing

to the fact that a ruptured vesicle of varicella has sometimes been mistaken for umbilication, yet, in the *unruptured vesicle*, it is a very important diagnostic. It must be borne in mind, though, that it is only in the vesicular stage, for I have heard of a doctor who was looking for umbilication in the pustular stage of the disease. *Fifth*, I have given pictures of the sole of the foot in the case of one of the children in the T. family, and a picture of the palm of the hand in Mrs. S. case, both being taken at a late stage, because, to quote again from Dr. Wanklyn, "at a late stage the remains of the round scabs on the arms and the circular remains of inspissated pustules in the palms of the hands or soles of the feet *clinches the case for small-pox.*"

It is true that in the first few cases, and particularly in the little girl of the DuT. family, the disease was remarkably light, so light that had her brother not been sick she would certainly have been overlooked. Yet MacCombie says of varioloid, "It should be remembered that in a very large number of vaccinated subjects small-pox is so mild that as soon as the eruption—consisting sometimes of not more than half a dozen spots—has appeared, the patient feels well." This child had not been vaccinated, but her father and mother had been vaccinated before she was born, and probably her grandparents had been, though of this I have no certain knowledge. May it not be that this explains to some extent the mildness of the epidemic throughout Canada and the States? Were it not a true case of small-pox she would almost certainly have taken the disease during residence in hospital from one of the more pronounced cases such as Mrs. B.



## HYSTERECTOMY FOR CANCER OF THE UTERUS.\*

By Ernest W. Cushing, M. D., Professor of Abdominal Surgery and Gynecology, Tufts University, Boston, Mass.

Like most other surgical procedures, this operation has undergone a decided evolution and improvement within the last few years, along the lines of increased thoroughness. The lesson was learned, in the development of the operation for mammary cancer, that the glands and fat of the axilla must be entirely removed. Moreover it was found that the raw surfaces of the wound must be protected from inoculation with the cancerous infection, and for this reason great care is taken not to cut into the diseased mass, nor even to sever the lymphatics which run from the breast to the axilla, but to remove them and the whole of the diseased or suspected tissues in continuity.

These lessons are evidently applicable to the operation for removal of the cancerous uterus. Although this organ is completely isolated for a large part of its surface, and can be easily removed in toto, with little immediate mortality, yet the final results were disappointing.

Long series of cases were published, showing that nearly all the patients finally died of cancer, recurrent, or rather persistent, and extending in parts which were already affected at the time of operation, although such involvement in disease had escaped observation. This is precisely the condition of things which obtained in the regard to mammary cancer before the operation was perfected as mentioned above. The lessons from analogy have been needed, and our procedures have been improved accordingly.

Of the two ways by which the uterus can be removed, through the vagina or through the abdominal wall, each has certain decided advantages, so that it is not always easy to determine which method it is better to adopt.

The first procedure to be elaborated and to be described with precision was Freund's total abdominal extirpation of the cancerous uterus, (1878) but the immediate mortality of this operation was so great that it did not commend itself to surgeons, and not even the technic of tying off the broad ligaments was adopted for hysterectomy for myoma until some twelve years afterwards.

Czerny, in 1879, revived vaginal hysterectomy and was followed by Billroth and A. Martin in 1880. A large number of operations were performed, and the mortality was comparatively so low that vaginal hysterectomy gained great favor, and by 1885 it had become the accepted operation for cancer of the uterus, under the enthusiastic

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\*Read at meeting of Maritime Medical Association, St. John, July 23rd, 1903.

advocacy of A. Martin, who visited this country in 1887 and performed the operation here several times. In 1888 the writer published 21 consecutive cases, with two deaths, using clamps. Other surgeons also published series of cases, with very good results, soon after.

Nevertheless, there were drawbacks. Some cases were complicated by adhesions of the appendages, not readily distinguishable from infiltrations of the broad ligaments. In some the vagina was narrow, or the tuberosities of the ischia too near together. In some the body of the uterus was large and friable and foul. In some cases the condition of the patient seemed worse than the state of the uterus would account for, and it was very important to know whether there was a spread of the disease internally. The clamps which were largely in use were painful, and there was much discharge from the vagina after operation, so that hospitals became infected from this and from the discharges from the stumps of abdominal hysterectomies, which then were performed with extraperitoneal ligature and fixation of the cervix. There was great longing for a proper and satisfactory means of removing the whole uterus from above.

Then came 1890 and the Trendelenburg position, which changed everything. By 1892-3, total abdominal hysterectomy for fibroids was firmly established at the great meetings of the American Gynecological Society in those years. Thus the possibility was given of safely removing the cancerous uterus from above, substantially after the method of Freund. This procedure had failed in the beginning for want of the elevated position of the pelvis, for want of thorough asepsis, and for want of all the little improvements in preparation, technik and after-treatment, which meanwhile had been reducing the mortality of ordinary supravaginal hysterectomy for myoma from 60 to 5 per cent.

In the reaction which ensued from vaginal in favor of abdominal hysterectomy many surgeons abandoned the former entirely, and removed the uterus, and as much of the vagina as might be necessary, always from above. But there were still disadvantages connected with this method. The cancerous cervix was septic; and it was necessary to cleanse, curette and cauterize it before it was safe to lift it out through the abdominal wound. Many cases died, and in fact more than by vaginal hysterectomy. This led to further developments of the preliminary vaginal work, so that it grew into a removal of the diseased cervix and separation of the upper part of the vagina, with closure of the vaginal flaps over the stump of the cervix, before opening the abdominal cavity from above.

When all this vaginal work was done, however, it was hardly worth while to make an abdominal incision, except in a few cases, for ordinarily it was possible to pull down the uterus and tie off the broad ligaments and make a finished vaginal hysterectomy without clamps.

In 1895 the writer went to Paris to study improvements in vaginal hysterectomy made by the French surgeons, and for the next two years he critically compared the vaginal with the abdominal methods in a great variety of affections of the uterus, with the result that he became convinced that the vaginal procedure, although valuable in a certain limited number of cases is much inferior as a method of election to abdominal hysterectomy. In cancer of the uterus he was led to begin the operation by opening the abdomen in certain cases in which it was doubtful whether the conditions would warrant a hysterectomy, owing to resistance in the broad ligament, or other symptoms, which might indicate that the disease had extended into the pelvic tissues.

Adopted first in difficult and doubtful cases, this soon became his regular procedure, first examining the pelvis from the inside and then, if the disease had not proceeded too far, going on to tie off the broad ligaments and sever all the connections of the uterus in the pelvis, and then, after closing the abdominal wound, finishing with a very simple division of the vagina above the limit of disease and extraction of the uterus and closure of the wound in the vaginal roof.

The superiority of this method in difficult cases will be easily appreciated by anyone who has witnessed or performed a vaginal hysterectomy where there were complications or difficulties. Moreover it combines the advantages of opportunity to reject cases unsuitable for operation, and avoidance of septic infection of the abdominal cavity and cancerous inoculation of the wound-surfaces, with the possibility of removing the glands which may be already harboring the advanced guard of the cancer.

Werder of Pittsburgh has lately published a detailed account of a modification of this method. He carries the dissection down all around the vagina so far that he can push the whole uterus and appendages down into a position of prolapse. Then he unites the peritoneum above it joining the cut edges so as to close the abdominal cavity completely below. The abdominal incision is next closed, and finally the prolapsed uterus is easily removed by severing the inverted vagina with the thermocautery.

In further attempts to improve the remote results of the operative treatment of cancer of the uterus, in the year 1895 Ries devised and Rumpf performed the removal of the tissues at the base of the broad ligament and the glands at the bifurcation of the iliac arteries, thus shutting off one great cause of relapse, and following out the analogy of the axilla. At about the same time Clark of Johns Hopkins was working along the same lines and in the next year he published his work in the bulletin of that University, and thus contributed largely to the use of the new methods in this country.

Unfortunately, however, these methods are still too little used. Too many cases are operated on too late. In too many diseased glands are

left, and far too often the cut surfaces of the vagina and broad ligament are rubbed full of cancer juice, so that the permanent results of the operation are not what they should be, and eventually will become.

On the other hand vaginal hysterectomy has incontestable advantages in certain cases. It can be performed very rapidly, especially by the use of clamps, involving of course less shock, the whole duration of the operation being 5 to 15 minutes.

It is easiest of performance in very fat elderly women, with capacious vaginae; just the cases in which the perfected abdominal operation is inconvenient or unadvisable. Although not the method of election it is therefore indicated in cases

(a.) Where the strength of the patient will not permit a thorough abdominal operation.

(b.) When the patient is very fat and the disease is quite recent.

(c.) *Provided* in either of these cases the uterus is quite movable, and there is plenty of room in the vagina and between the tuberosities of the ischia, and it is possible to remove all the diseased tissue in the vagina before opening up wound surfaces.

Within these rather restricted limits there is still a field for vaginal hysterectomy for cancer, but as a rule we should look to permanent results, which are best attained by painstaking and thorough operation through the abdominal incision.

Where such procedure is contraindicated or impossible, it is best not to attempt the terrible and difficult vaginal operation in advanced cases, but to fall back on palliative methods such as thorough curettement and careful cauterization, or the use of zinc chloride, etc. The patients will live as long or longer, and surgery will benefit in the end, because every such case will be a warning to the patients to apply for operation earlier in the course of the disease, while every radical operation followed by death or quick relapse only discourages patients from submitting to hysterectomy even in suitable cases.

Whether it is best to perform any operation on the diseased cervix, as a preliminary to opening the abdomen, must depend on the nature of the case. The main point to keep in mind is that any incised or raw surface which is made will be likely to become inoculated with the cancer. Therefore the only reason for interfering with the cervix before opening the abdomen is the fact that there is a growth in, or springing from, the cervix, so large as to interfere with the abdominal work. If this is the case the diseased tissue should be rapidly scraped away, the hemorrhage checked with the cautery and the parts cleansed and tamponed with a strip of gauze soaked in peroxide of hydrogen. If the patient is weak this may be done several days before the main operation, and it is wonderful to see the improvement in strength and nutrition which will ensue after the removal of the foul mass.



On the other hand, one must not wait too long with the hysterectomy, for the patient feeling relieved is likely to refuse further operation, and all the while the infection of the lymphatics is steadily progressing, all the more rapidly from opening the lymphatics in curettement. Just before the hysterectomy, however, the vagina is well washed out with an antiseptic, so that if it is opened inadvertently from above there will be as little risk as possible of infection.

As soon as the abdomen is opened, the patient being in the full Trendelenburg position, the first thing in order is to make a careful examination of the abdominal viscera and the tissues in the pelvis, in order to find whether the conditions are such as to warrant the complete operation after looking at the mesentery and omentum to see whether there are any little cancerous nodules, the broad ligaments are carefully palpated, and if they are infiltrated one must decide whether there is a possibility of removing all the diseased tissue. If the infiltration extends clear to the pelvic wall, forming an immovable mass, further operation is contraindicated.

The region of the bladder and the course of the ureters is likewise carefully examined. If by the skill of the operator, or his assistants, it is possible to have catheters put in the ureters, before opening the abdomen, this part of the examination, as well as the most difficult part of the operation will be greatly facilitated. Nevertheless, with care and discrimination and good anatomical knowledge it is possible to dispense with catheterization of the ureters, and thus the time of anæsthesia is shortened. The ideal procedure is to slip catheters into the ureters, under cocaine, before the ether is given.

The next point to examine with attention is the bifurcation of the iliac arteries, on each side, for here lie the glands which are first invaded in cancer of the cervix. If these glands are simply enlarged the operation is warranted, but if they form an immovable packet, involving the iliac veins, it is necessary to abandon the operation. Surgically it is possible to tie the common iliac vessels, but it is not justifiable in such cases. The patient will probably die, and if by chance she live it is morally certain that the disease will recur, for the infection will already have passed so far that the diseased tissues cannot all be removed.

By a careful examination of this kind it will be found inadvisable to perform any radical operation in many cases, in which the uterus might be removed with more or less difficulty per vaginam. The patients will thus be spared unnecessary shock, and the surgeon will avoid dangerous and useless interventions, with unfortunate and distressing sequelae. On the other hand some cases which seem most unpromising by vaginal examination, where for instance the broad ligaments feel hard, and there are immovable masses in the pelvis, are found on examination through an abdominal incision to be per-

fectly feasible for hysterectomy, since they are simply cases of cancer of the cervix complicated with pelvic inflammation, adherent tubes, etc.

In removing the uterus the ovarian artery and the artery of the round ligament should be carefully tied, without gathering together the tissues between them, as is often done in hysterectomy for myoma. It is desirable to open widely the space at the side of the uterus in order to facilitate the subsequent steps of the operation.

After careful and very thorough separation of the bladder in front, and of the connective tissue at the sides, the uterine artery is secured as far from the uterus as possible. It is just here that the skill and anatomical knowledge of the operator is most needed.

The ureter runs just under the uterina, crossing it obliquely, and must on no account be injured. The lateral vaginal arteries come off from the uterine, and the ligature should be placed on the proximal side of their origin, close to the internal iliac, in order that the further steps of the operation may be comparatively bloodless, and to facilitate the clearing out of the gland-containing fat around and below the ureter.

Pryor recommends that ligatures be placed on the main trunks of the internal iliac arteries, thus rendering the whole field of operation bloodless. To make sure against recurrent hæmorrhage from anastomosis, he ties the uterine, obturator and superior vesical arteries also. It seems to be proved by his experience that both internal iliacs may be ligatured in continuity without causing any tissues to slough. Nevertheless it can hardly be said that surgical opinion, as yet, favors the ligation of the internal iliacs, although if experience shows that shock is not unduly increased and that collateral circulation is always established there are many advantages in this brilliant procedure. The origin of the internal iliacs must be exposed in the perfected operation in order to remove the glands which lie about it, and it is really easier to tie this artery than to trace the uterina back to its source and to tie it there, deep in the pelvis and close to the ureter.

The uterus being removed, the bladder gets sufficient nourishment from anastomosis with branches of the superior hæmorrhoidal artery, while the gluteal and perineal region is supplied with blood from anastomosis with branches of the deep epigastric and of the circumflexa femoris and other branches of the femoral artery.

I have never found it necessary to tie the trunk of the internal iliac, although I have sometimes tied the anterior branch, thus suppressing the circulation in the uterine and vesical and vaginal arteries, but not interfering with the gluteal, ilio-lumbar and lateral sacral arteries.

The uterine arteries having been tied and severed, the uterus can be lifted up, carefully sundering the utero-sacral ligaments and the rest of the peritoneal attachments of the uterus. Traction on the uterus lifts the floor of the pelvis, and the ureter is next carefully dissected

out and pushed forward. Next, the thickened tissues around the cervix and vagina are gently enucleated with the finger, and all fatty tissue, which is presumably gland-bearing, is dissected away from the floor of the pelvis. This procedure is carried on until the uterus is only connected with the body by the vaginal tube, which in turn is to be separated from its surroundings as far as may be deemed necessary.

In very simple and clean cases the upper part of the vagina, including all the cancerous tissue, may be shut off with two clamps on each side, and vagina divided between the clamps. The stump is now carefully cleaned and pared and united with catgut, and the peritoneum closed over it. If the stump of the vagina is so short that this would leave too much space between the vagina and the peritoneum, the former may be drained with gauze, instead of being sewed together.

If the disease is at all advanced it is better not to open the vagina, but to push the uterus down and afterwards to remove it from below. If the dissection has been carried as far as Werder recommends it is possible to close the peritoneum over the uterus, but this involves a deep and difficult dissection, with considerable danger of cutting into the vagina, and thus risking infection. It also leaves the woman substantially with no vagina, which is often a matter of importance.

I am accustomed to free the uterus and the upper part of the vagina and then to sew a pad to the fundus uteri and pushing the uterus down as far as possible to pack the pad into the bottom of the pelvis; this checks oozing and keeps the intestines out of the way when the uterus is finally removed.

Formerly this dissection was deemed sufficient and the abdomen was closed, but the analogy with the axilla requires us to remove all the glands, in order to extirpate the furthest lurking places of the disease.

To accomplish this the edge of the broad ligament, where the stump of the ovarian artery is held by its ligature, is lifted up and the peritoneum is divided with blunt sissors, or on a director, sufficiently to reach the bifurcation of the iliac artery, or about three inches.

The ovarian vessels follow the flap which is lifted up. The ureter must be found as it comes up from the side of the pelvis, substantially parallel with the iliac interna. The ureter is freed and pushed downward and inward, disclosing the fat and glands at the bifurcation of the vessels. These tissues are carefully removed, just as in the axilla by the fingers, or by tearing them out with a clamp or with a forceps without sharp teeth. The arteries are not easily injured but the great veins must be respected, for if they are torn we are in the presence of a surgical accident of some gravity. The internal iliac vein may be tied without bad results, but in the only case reported (by Kelly) in which the common iliac vein was torn, although hæmorrhage was stopped by successfully tying the vein, yet the leg became gangrenous.

All visible glands and all fat which may contain glands having been removed, the cut in the peritoneum on each side is united with catgut as far down toward the bladder as possible. The peritoneum is cleansed, all sponges removed and the ureters laid as far as possible in their proper positions, the omentum is pulled down and the abdomen closed.

Next the patient is placed in the lithotomy position and the uterus is pulled down, the everted vagina is carefully cleansed and disinfected, and the diseased tissues enveloped in a pad wet in bichloride solution. The vagina is then severed well above the disease, when the uterus is pulled out, followed by the pad which has been sewed to the fundus.

The free edges of the pelvic peritoneum are easily found, brought down and united with catgut, although this is by no means essential.

The vagina is tamponed with gauze and for the last twelve years I have always used a convenient adaptation of the Miculicz packing for tamponing the vagina in cases of vaginal hysterectomy. A square of gauze is seized by the middle with a clamp and introduced as far as may be necessary. The gauze is then fitted with the fingers to the pelvic space and into the bag thus formed strips of gauze are introduced sufficiently to stop all oozing. This method has the advantage that the strips may be removed singly on the next day, relieving pressure on the bladder and rectum; but the bag remains for several days until the raw surfaces are completely roofed over by adhesions.

The anatomy and pathology of this operation and of the disease which renders it necessary are illuminated by the drawings of the inimitable Broedel, from Cullen's great work on cancer of the uterus, which I submit for your inspection. I have also here some beautiful drawings showing the microscopic appearances of specimens of some of my cases. These drawings were made by Dr. Gill, under the direction of Prof. Leary.

#### DISCUSSION.

Dr. A. B. Atherton: It has afforded me great pleasure to listen to Dr. Cushing's paper, knowing of the valuable work in this line which has been done by him.

I have operated several times on such cases but only one was successful. I operated early and removed the cervix. Ten years after, cancer in the breast developed which was removed, and subsequently a second operation was done for recurrence, when erysipelas developed and patient died.

## ECLAMPSIA.\*

By A. Ross, M. D., Alberton, P. E. I.

Eclampsia is the name given to the most frequent variety of convulsions occurring during the child-bearing period.

The causation is obscure. Excess of urea in the blood, the formation of carbonate of ammonia in the system, sudden anæmia of the brain, microbic infection, have been mentioned as essential causes. Brown-Sequard claims that it is due to an internal secretion which affects the metabolism of the tissues of the body. Hughes and Carter maintain that the poison is an albuminous product not found in normal urine. Bradford shows that the kidneys are not excretory organs only, but in some manner affect the metabolism of the tissues. Schmorl thinks that the disease is due to the degeneration of the placenta.

The most commonly accepted view is that eclampsia is due to excrementitious matter—natural body poisons—stored up in the system, owing to the inability of the kidneys and the other emunctories to eliminate them. Hirst supposes the convulsions to be directly due to anaemia of the brain produced by the action of these poisons upon the arterioles and capillaries, causing their walls to contract, and forming emboli and thromboses in them. Traube believes that the convulsions are due to a localized œdema of the brain.

The irritability of the child-bearing state, the inability sometimes of the normal kidneys to do their double work, the failure of diseased kidneys, that are functionally sufficient for ordinary occasions, to meet an extraordinary demand, increased abdominal pressure upon the ureters, are contributory causes.

It is estimated that eclampsia occurs once in 300 cases of pregnancy. It occurs most frequently in primiparae. Women who are illegitimately pregnant are said to be more liable to this disease than others, the reason probably being that the irritability of the nervous system is increased by excessive worry, and the abdominal pressure by tight lacing to conceal the condition as long as possible. Climatic conditions which interfere with the action of the skin predispose to eclampsia. It occurs most frequently during labour, next in frequency during pregnancy, and least frequently during the puerperium.

As to the symptoms, I shall merely mention those that usually precede the attack for it is not difficult to diagnose what ails the patient when seen during a seizure; whereas the condition preceding the seizure, even when we see the patient sufficiently early, is very often

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\*Read at meeting of the Maritime Medical Association, St. John, July, 1903.

overlooked. And it is a well known fact that early diagnosis in this very dangerous disease means the saving of our patient. The prodromal symptoms briefly are these:

Oedema of the limbs, face and eyelids; headache, restless and disturbed sleep; disorders of vision, blind spells; rapidity of the pulse and increased arterial tension. With these an examination of the urine usually reveals albumen to be present.

The following conditions have been found to be present in fatal cases: Disease of the kidneys; thromboses, extravasations and necrotic areas in the lungs, the liver, the kidneys, and the brain. Emboli of liver cells are found in important organs. There is degeneration of the heart muscle. Oedema of the brain and the lungs, and pneumonia may be present. Schmorl has found emboli of giant polyneuclear cells in the lungs. He demonstrated that these cells are exfoliated from the placental villi, and are drawn into the circulation from the intervillous blood spaces. They are arrested in the capillaries of the lungs because they are too large to pass through them, and so they form emboli there. Hence his theory that eclampsia is due to degeneration of the placenta.

The mortality in eclampsia ranges from 3.3% in Veits cases to 66.6% in the Royal Maternity of Edinburgh. It would average probably about 25%. The mortality is highest when the convulsions come on during pregnancy, and least when they occur during the puerperium.

Before proceeding to discuss the treatment of this disease, I wish to emphasize the importance of making frequent examinations of the urine in all cases which we are engaged to wait upon, and especially in primiparae. I usually direct the patient to boil at stated times, say fortnightly, a small quantity of urine over a lamp, and to let me know if it does not boil clear. In primiparae I invariably inquire for the prodromal symptoms mentioned above. By attending to those simple rules valuable lives may be saved, and ourselves spared the harassing experience of dealing with an eclamptic patient.

In the treatment of this disease the following rules may be laid down:

- (1) To eliminate the poison.
- (2) To lessen the work of the kidneys.
- (3) To remove the cause if possible, and
- (4) To tone up the patient.

The application of these principles varies somewhat according to the stage in which the patient is seen, whether before, during, or after the eclamptic seizure.

A patient with the prodromal symptoms should receive the following treatment: Light diet, principally milk, frequent hot baths, the bowels should be kept open with salines, flannel underclothing should be worn, caution about exposure to cold. As a diuretic I find

Basham's mixture as good as anything. If the symptoms are urgent the patient should be put to bed, the bowels should be freely opened, free diaphoresis should be produced by means of blankets wrung out of hot water and pilocarpin administered hypodermically, and if the patient be plethoric she should be bled. If in spite of all treatment the symptoms still persist labour should be induced.

If the patient is in convulsions chloroform should be given, also a hypodermic of morphine. The bowels should be very freely opened by means of 10 or 15 grs. of calomel followed by frequent doses of concentrated solution of sulphate of magnesia, or 30 grs. of pulv. jalapae co. may be given, and generally the same treatment as outlined above for the graver prodromal symptoms should be carried out. Some authorities recommend that the emptying of the uterus should be left to nature, but I am of opinion that the uterus should be emptied as soon as possible while the patient is under the influence of chloroform, by means of digital dilatation of the os and the use of instruments.

Should the convulsions come on after delivery, the same general line of treatment should be adopted. It is said that pilocarpin has a tendency to produce œdema of the lungs, but we have seen no such effect from it. It is true we did not use it in all cases, but where we did use it we found it very satisfactory. Indeed diaphoresis was produced by it when other means failed. After the patient has been delivered cold water is applied to the head, the skin and the kidneys are kept acting, the bowels are kept open, and finally when the poison is eliminated, tonics are given till the patient is restored to her former health.

This has been the treatment employed in ten cases of eclampsia which I have had the privilege of seeing, two in my own practice and the remainder in consultation with my neighbours,

Below is appended a short history of them, touching upon the striking features of each.

Case 1. Mrs. S., (seen in consultation) three seizures. Sharp attack of post partum hæmorrhage, controlled by an intrauterine injection of half a bottle of whiskey. Mother and child recovered.

Case 2. Mrs. McD., (seen in consultation), term, three seizures. Os dilated digitally. Instruments. Mother and child recovered.

Case 3. Mrs. — (seen in consultation), eight months pregnant. No seizures. Patient stupid, could not see, swelling of limbs and face, albuminuria. Symptoms growing worse in spite of treatment. Brought on labour. Rapid dilatation of the os. Instruments. Mother and child recovered.

Case 4. Mrs. N., (seen in consultation). Four and a half months pregnant. Twenty-three seizures. Twelve hours in convulsions with practically no treatment. Unconscious for three hours.

Emptied uterus. Patient died. If appropriate treatment had been adopted early and the uterus evacuated I believe this patient would have recovered.

Case 5. (Seen in consultation), 7 months, 13 seizures. Rapid delivery. Mother recovered, child still-born.

Case 6. (Seen in consultation), 7½ months. Similar treatment. Mother and child recovered.

Case 7. (Seen in consultation), 1 seizure. Patient unconscious. Dilated os; delivered with instruments under chloroform. Twins, living, died in a fortnight. Patient recovered but is hemiplegic.

Case 8. (Seen in consultation), 4 seizures after delivery. Convulsions persisted till free diaphoresis was produced by means of pilocarpin.

Case 9. One seizure after delivery. Twins. Patient and one of the twins saved.

Case 10. Patient 7½ months, 3 seizures. Patient made good recovery. Child lived half an hour.

Summary: Ten patients treated, 1 death. Mortality 10%. Children, viable, 11. Nine born living. Mortality 18%. Of course some died shortly after delivery, but it must be remembered that they were born at seven and eight months, and their hold on life at best would be precarious.

#### DISCUSSION.

Dr. J. M. Deacon: I have had only a little experience in such cases. One patient was given ten minims of Norwood's tincture of veratrum viride, which was repeated in twenty minutes, with a good result. Other remedies, morphia, bromide, chloral, etc., had been used first but totally failed. Labor was produced as soon as possible and patient recovered. Another case, convulsions occurred after labor and Norwood's tincture was again used successfully.

Dr. J. W. Bridges: Faulty liver action is now stated as often the cause of eclampsia. (Dr. Bridges also mentioned some experiments on dogs with such remedies as chloral, bromide and chloroform.)

Dr. D. W. Ross: I used pilocarpine with good effect in one case while in another it had an alarming effect. I also used veratrum viride in one case with a good result after other means had failed. It is not advisable to bring on labor on the slightest provocation.

Dr. B. S. Thorne: I have one case who has suffered with eclampsia for the third time. I have used pilocarpine and morphiue and now throw them aside, and have tried veratrum viride with fine results.

Dr. A. Ross; In cases in which I have used pilocarpine it has proved satisfactory but the object was to produce diaphoresis. If the symptoms are urgent hurry along labor as fast as possible.



## Society Meetings.

### PROCEEDINGS OF THE MARITIME MEDICAL ASSOCIATION.\*

The thirteenth annual meeting of the Maritime Medical Association, opened at 9.30 a. m., July 22nd, in Orange Hall, St. John, the President, Dr. Murray MacLaren, in the chair.

After reading of minutes of previous meeting by the Secretary, the President welcomed Dr. Woodcock, representative of the Maine Medical Society.

The Secretary then read letters of regret at their unavoidable absence from the following:—

Drs. H. A. Hare, Philadelphia; D. J. Evans, Montreal; J. W. McDonald, Minneapolis; G. Carleton Jones, Halifax, and J. W. Lawson, St. Stephen.

Dr. Thomas Walker then moved that a committee be appointed to draft a complete set of by-laws for the Association, said committee to report at this meeting. This motion was seconded and carried. The following were appointed as the committee: Drs. Thos. Walker, P. C. Murphy and G. E. DeWitt.

The Presidential Address was then read by Dr. Murray MacLaren,—(see page 263). During Dr. MacLaren's address Dr. Maurice Richardson and Dr. E. W. Cushing, of Boston, entered and were introduced and invited to the platform.

A paper on "Pure Atmospheric Air a necessity for the Well-being of Man," was then read by Dr. Wm. Bayard.

The nominating committee was then appointed. New Brunswick—Dr. G. A. B. Addy, Dr. J. R. McIntosh and Dr. Duncan. For Nova Scotia—Dr. C. D. Murray, Dr. Chisholm and Dr. G. E. DeWitt. For Prince Edward Island—Dr. P. C. Murphy, Dr. John Southerland and Dr. F. F. Kelly.

The President then read a letter from Dr. R. MacNeill, of Charlotteown, who regretted at not being able to attend. One matter he (Dr. M.) would like to impress and that was that the Association should memorialize the Government to make Dr. Roddick's Bill viz: The Canada Medical Act, operative in the several provinces that adopt it. This should either be by a strong resolution or memorial to the Government asking for a short amendment to that effect. It would strengthen Dr. Roddick's hands.

Dr. G. M. Campbell then read case report of "Multiple Aneurism of Aorta." The result of autopsy was given and the specimen shown.

\*Papers and discussions not published in this issue will be inserted in the September number.

Dr. G. A. B. Addy followed with "Notes on a Case of Obstructed Ureters."

Dr. M. E. Armstrong then read "Report of Fatal Poisoning by Methyl Alcohol."

Dr. S. S. Skinner followed with case reports on "Renal Fistula" and "Urethral Calculus."

Dr. Skinner then showed an ovarian tumor that had been removed by Dr. Cushing that morning. Dr. Cushing then gave a short account of the case. The point of interest was the presence of free ascitic fluid. Such cases were very often malignant. On the liver was found a small nodule, the nature of which he could not tell. Always remove ovarian tumors when small as when patients get older many become malignant.

Dr. G. E. DeWitt then read a paper on "Sanatoria and Tuberculosis."

Dr. A. J. Cowie then moved the following resolution, which was seconded by Dr. B. S. Thorne; That in view of the importance of obtaining proper legislation for the public health, there is a necessity for the establishment of a Bureau of Vital Statistics.

Therefore, resolved, that a committee of five members be appointed from the province of New Brunswick and P. E. Island to act in concert with a committee already appointed by the Nova Scotia Medical Society to obtain the passing of such acts by their respective governments, as will result in the establishment of such a Bureau, and also to have power to make such changes and additions to the Health Act as will place tuberculosis on the list of contagious diseases and make the act effectual for stamping out the disease.

Dr. Cowie explained that the health act is a dead letter in Halifax except when small-pox crops up around the city. He strongly urged that the desired legislation regarding tuberculosis be speedily obtained.

Dr. P. C. Murphy thought that a board for each of the provinces was the only feasible plan, not one for the three provinces.

Dr. Cowie said that the intention was to have separate provincial boards, but that Nova Scotia already had such a committee, appointed by the Nova Scotia Medical Society.

The motion was carried and the following committee appointed:

New Brunswick—Drs. J. W. Daniel, W. D. Rankine, W. A. Christie, J. W. Lawson and J. Smith.

Prince Edward Island—Drs. J. Warburton, S. R. Jenkins, Conroy, Robertson and Johnson.

#### AFTERNOON SESSION.

Dr. G. G. Melvin finished his paper on the "Differential Diagnosis of Small-Pox," which was partly read before adjournment of previous session.

Dr. E. B. Fisher, Secretary of the Provincial Board of Health (N. B.), followed with a paper on "Small-Pox."

Dr. P. C. Murphy then gave case reports on (a) "An Unusual Termination in Perforating Appendicitis"; (b) "An Unexplained Bradycardia."

Dr. W. C. Crockett then reported case reports of "Extra-Uterine Gestation."

Dr. J. Stewart followed with a paper on "Tubercular Cystitis."

Dr. O. J. McCully then read a paper on "The Clinical Significance of Vertigo."

The by-laws drawn up by the committee were then read by Dr. Thomas Walker, who moved they be received and taken up section by section. This was seconded and carried. They were then read and with slight amendments were passed as follows :

#### ARTICLE I.

1. This association shall be known as the Maritime Medical Association.

2. The objects of the Association shall be the cultivation and advancement of medical science and the furthering of the interests of the medical profession in the Maritime Provinces.

#### ARTICLE II.—MEMBERSHIP.

1. All registered practitioners in the Provinces of New Brunswick, Nova Scotia and Prince Edward Island shall be ordinary members of the Association.

2. Members of the medical profession residing outside of the Maritime Provinces may be elected honorary members by a unanimous vote of the members present at any regular annual meeting.

#### ARTICLE III—MEETINGS.

1. The regular meetings of the Association shall be held alternately at St. John, Halifax and Charlottetown.

2. The annual meeting shall be held on the day following the date of the meeting of the Provincial Medical Society of the province in which said annual meeting is held.

3. A special meeting shall be called by the President on his own initiative or on the written requisition of twenty members of the Association at such time and place as he shall direct, at least ten days notice of such meeting being given by printed postal cards sent out by the secretary. The business to be transacted at any special meeting shall be named in the notice and no other business shall be transacted at such meeting.

## ARTICLE IV—OFFICERS.

1. The officers of the Association shall consist of a President, who shall be selected from the province in which the next annual meeting is to be held, a Secretary, a Treasurer, and one Vice-President from each province.

2. The officers shall assume the functions of their respective offices at the close of the annual meeting at which they have been elected.

3. The officers shall be elected at the regular annual meeting, and shall hold office for one year or during the pleasure of the society. They shall be chosen by nomination and written ballot on receiving a majority of all the votes cast.

## ARTICLE V—DUTIES OF OFFICERS.

1. The President shall preside at all meetings. He shall decide all questions according to parliamentary usage and discharge such other duties as devolve on a presiding officer. In the absence of the President the Vice-President for the Province in which the meeting is held shall preside and discharge his duties and in the absence of both officers the Vice-Presidents from the other Provinces in the order named shall preside. If all these officers are absent, the meeting shall elect a chairman to preside.

2. The Secretary shall attend all meetings of the Association and keep a correct record of the proceedings thereof. He shall issue notices of every meeting.

3. The Treasurer shall collect the dues from the members and pay all accounts owing by the Association, these having first been certified by the secretary and countersigned by the president. He shall deposit all balances in some chartered bank approved by the Association. He shall at every meeting present his accounts with proper vouchers for all expenditures.

## ARTICLE VI.—COMMITTEES.

1. There shall be a committee of arrangements consisting of five members, residents of the city in which the next annual meeting is to be held. It shall be the duty of the arrangements committee to secure suitable rooms for the meeting, solicit papers to be read at the meeting, prepare the programme, and generally see everything done to render the meeting a success. The president, secretary and three vice-presidents shall be *ex officio* members of this committee. This committee shall be appointed by the president elect.

2. There shall be a nominating committee consisting of three members from each province, to be appointed by the president at the first morning session of the Association. Its duty shall be to nominate the officers for the ensuing year.

3. Special committees shall be appointed from time to time as the business of the Association requires.

## ARTICLE VII.—DUES.

1. Every ordinary member shall pay the treasurer an annual fee of \$1.00 at every annual meeting that he attends.
2. No member shall be allowed to vote or take part in any discussion at any meeting unless his annual fee be paid.

## ARTICLE VIII.—ORDER OF BUSINESS (FIRST SESSION.)

1. Enrolling of names.
2. Reading minutes of previous meeting or meetings.
3. Correspondence, bills, etc.
4. President's address.
5. Appointment of nominating committee.
6. Reading and discussion of papers, cases, etc.
7. Reports of committees.
8. Election of officers.
9. Reading and discussion of papers, cases, etc.
10. New and unfinished business.

## ARTICLE IX.—MEMBERS AND THEIR DUTIES.

The time allotted to the reading of any paper, except otherwise determined by the consent of the meeting, shall not exceed fifteen minutes.

No member shall be permitted to speak more than once on the same subject unless to explain. No speech shall exceed five minutes in length except by permission of the meeting.

All resolutions and motions when required by the presiding officer or secretary shall be presented in writing.

## ARTICLE X.

No amendment or alteration shall be made in any of the foregoing articles unless by a two-thirds vote of the members in session at any annual meeting after due notice has been given at the previous annual meeting.

Committee { THOMAS WALKER,  
GEORGE E. DEWITT,  
P. C. MURPHY.

## EVENING SESSION.

Dr. J. A. McKenzie, assistant superintendent N. S. Hospital, read the first paper of this session, entitled "Borderland Mental Conditions."

Dr. N. E. McKay followed with a case report on "Renal Calculus and Pyonephrosis."

The discussion on "The Early Manifestations of Pulmonary Tuberculosis." followed.

Dr. P. R. Inches was the opener and spoke as follows :

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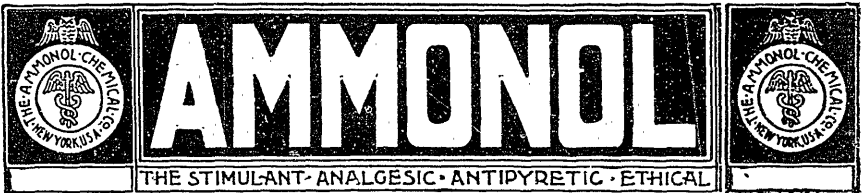
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Investigation of late years has shown that pulmonary tuberculosis is curable in a large proportion of cases. In the Adirondack Sanitarium seventy-five per cent of those treated in the incipient stage were discharged apparently cured, while in the advanced stages only nineteen were cured per hundred, and many die with latent tuberculosis, which has not been recognised during life. Naegelé made 500 consecutive autopsies in Zurich and found evidence of tuberculosis in 490 of them, probably not all pulmonary however.

How important then is the early diagnosis of the disease; certainly as great as any in the active work of the profession.

Many of the early manifestations of the disease are common to several other conditions. We may see a person in whom there is general loss of vigor, gastric irritability, defective alimentation and loss of weight, in conjunction with poor food, want of pure air and of sunlight, who complains of cough, slight expectoration and of pain about the chest, perhaps not stationary, with slight acceleration of pulse, some use of temperature middle and after part of the day. These give rise to a suspicion of tuberculosis but it may be other forms of pulmonary disease, as pleurisy, bronchitis or an imperfect recovery from pneumonia.

After getting the history of the case, and making physical examination of the patient, we may be in great doubt. In coming to a decision, some physical signs are considered of special value. In early tuberculosis, only one apex of the lungs is usually affected, and often before there are constitutional symptoms observable. Therefore if in one apex feeble respiration exists with diminished resonance, slight dulness on percussion heard in the supra-clavicular region, over the clavicle itself, and more particularly in the supra-scapular region either infra or supra-spinous, with moist crepitation—perhaps only a click, there is almost certainly a tubercular deposit commencing.

Associated with these may be likely heard some crepitation on the side of the chest towards the axilla of the same side and also some enlarged glands may be found there, perhaps very small and moveable. Authorities say these are the earliest physical signs of tuberculous pulmonary disease. Hæmoptysis is often the first sign of early pulmonary tuberculosis, even before the patient has complained of any ailment to draw attention to the lungs, though he may have been under observation previously or under-gone physical examination. Yet I think it may exist in a person of preserved good health and unassociated with tuberculosis.

In discussing the early manifestations of pulmonary tuberculosis it is well to remember that according to modern pathology the disease is due to the invasion of the lungs by the tubercle bacillus. There may be other microorganisms present with the



bacillus, but they are not the origin of the attack. There is no doubt that the bacillus is the cause of the disease. It enters the bronchi passes down to the terminal bronchioles, obtaining a foothold, increasing and multiplying and gives rise to irritative and inflammatory processes and changes which we are called upon to consider for the recognition of the disease. When we have the history and the physical signs mentioned we want other evidence to confirm our diagnosis of the disease and in the early and continuous examination of the sputum of the patient for the bacillus, we have the most available test. It may not be found as early as some of the other manifestations, but when it is found the diagnosis is certain. Yet on the other hand, it is sometimes found before there are any other signs, even when on physical examination the lungs appear sound. These cases are not rare. In my opinion it is well to examine the sputum of any person, whom it is thought necessary to auscultate for suspected phthisis. A still further and positive test is that of the injection of Koch's tuberculin. When first introduced its use was objected to by many, fearing general infection of the system, but of late its use in proper dose is found void of all effects, its reaction a sure and certain test of the presence of tuberculosis, and it is now much commended by the leading authorities. Koch has used it in three thousand cases and has rarely been deceived. Osler who formerly condemned its use, now advises its use in the later edition of his Practice and applies it as a routine test in his wards. Latham in London says it is of greater use in early diagnosis than any other agent. Lafleur says the same. The Germans say it is the most reliable test they have.

Again, for early diagnostic purposes, the X ray takes high rank. If there is infiltration it will be shown early. Before physical signs are definite, small centres of tubercle may be recognised by the ray, but if it shows normal lung absence of infiltration may be sure.

Now, Mr. President, most of us, I am inclined to think, make our diagnosis of the presence of tubercle in the lungs on a general review and balancing of the history of physical examination, the symptoms present, the temperature curve, pulse, cough, previous illnesses as pneumonia, pleurisy, bronchitis, hæmoptysis, etc., the patient's surroundings and exposure to tubercular disease, station in life and occupation, for although we too often see the disease among the well-to-do, it is yet chiefly a disease of the poor and needy, and the hard working artisan. And I have no doubt it is usually diagnosed early, but it is unquestionable that very many are not seen at all, till the disease is well advanced and with a small chance of permanent cure.

Many symptoms and signs are valuable and excite our suspicions on determining a case besides those mentioned, but I have only been allowed the prescribed ten minutes to discuss this matter and have

only referred to the most positive points. And while it is of supreme importance to decide early, on the other hand it is often difficult to determine the exact stage of the disease; and while we should do our utmost to warn our patients in time, yet it may be necessary to refrain from unnecessarily alarming the patient and friends while we are uncertain, for we must remember it is no light matter to give an opinion or advice which entails the break up of a household or business, by sojourning in a sanatorium for a lengthened period, unless this is absolutely necessary.

Dr. Thomas Walker :

The early diagnosis of cases of pulmonary tuberculosis is of the greatest importance; for if the disease be recognized in its early stage, we can almost certainly bring about a cure. In the latter stages of the disease little can be done to arrest it. I shall only speak of the diagnosis of the chronic forms of this disease, as they constitute the vast majority of all the cases. In arriving at a diagnosis we may consider :

1.—The symptoms. Cough, expectoration, loss of appetite, loss of flesh, and disturbance of digestion, are among the earliest symptoms, though these may vary greatly. Oftentimes hæmoptysis is the earliest symptom and it is always a very important one.

2.—Physical examination.

A rise of temperature in the evening is always suspicious. Examination of the lungs will show slight defective percussion especially in the supra-clavicular spaces and posteriorly in the spaces above the scapular spines. Slight increase in vocal fremitus. Cog wheel inspiration is a valuable early sign of pulmonary tuberculosis.

Too little attention as a general rule is paid to the examination of the posterior aspect of the lungs. With each hand of the patient placed on the opposite shoulder, apply your ear to the portion of the lungs so uncovered by the scapulæ and you will often in the very early stage get prolonged tubular breathing and fine rales in coughing. The examination of the apices posteriorly will often give you valuable information.

3.—Bacteriological examination of the sputum.

The presence of the tubercle bacillus in the sputum gives a positive indication of the existence of the disease; but we must remember that in the early stages we may examine many specimens before we actually detect its presence. In many cases too the sputum is so scanty that it is difficult to obtain a quantity sufficient for examination.

While attention has been paid to all these methods it is in many cases almost impossible in the early stages to make a positive diagnosis. I believe it is better than to give the patient the benefit

of the doubt and state your belief that tuberculosis exists and treat him accordingly.

Dr. E. L. Trudeau, speaking of the importance of the early recognition of tuberculosis, says:

"Persistent slight cough with loss of flesh and strength, slight afternoon rise of temperature and constant lassitude are the symptoms which, even without physical signs, point in many cases to incipient tuberculosis. These are too often disregarded on account of the patients desiring to stay at home as long as possible. This and the disinclination of the physician to alarm him explain in great measure the waiting policy which is so often adopted and which generally proves fatal."

In conclusion may I quote the following diagnostic summing up as given by Latham in his work on the "Diagnosis and Modern Treatment of Pulmonary Consumption":

"On what grounds then are we justified in making a positive diagnosis of early pulmonary consumption? In many cases the difficulties are not great. We are unable to make a positive diagnosis when—

1. Tubercle bacilli are present in the expectoration or saliva, provided that no source for these is to be found in the mouth or upper air passages.

2. Hæmoptysis even to such a small extent as a teaspoonful, if associated with suspicious physical signs or symptoms, and a careful examination of the patient reveals no evidence that the blood comes from the upper air passages, or that it is dependent upon some other lesion than tuberculosis.

3. We find diminished resonance and increased resistance to the finger, associated with the presence of persistent cripitations or fine rales in those situations in which tuberculosis usually starts, that is to say, in the apices of the lung and more especially towards their posterior aspect."

Dr. J. P. McInerney:

After the learned manner in which the question under consideration has been discussed by my learned confreres, Drs. Inches and Walker, I feel I can safely say that there is very little left for me to do. From the standpoint of the somewhat limited discussion laid to our charge this evening, I feel that the gentlemen who have preceded me have well succeeded in capturing the lock, stock and barrel. However, in the consideration of a disease of the character of the one under discussion, too much cannot be said, or attempted to be said, concerning a malady that of all the diseases that afflict the human race, there is none so responsible for the "vacant chair."

The point given to me by our very worthy president for consideration to-night is the diagnosis of tuberculosis—differential and otherwise. We are all acquainted with the slow, chronic form of

phthisis with sneaky, insidious onset—the quickened pulse, the rise in temperature range, the general malaise, the general hectic condition, the gradual decline in strength and vital powers, the pathological changes in the lung tissue, the caseation, the softening, the cavity, the gangrene and the death. Then again, we see the *acute pneumonic form* or *galloping consumption*, where the onset of the disease is sudden—where the affected portion or portions of the lung become hepatized as in ordinary crupous pneumonia. The attack sets in abruptly with a chill; sudden and extreme rise of temperature, great dyspnoea with signs of consolidation, dullness, increased fremitus, and in due course of time well marked bronchial breathing.

We may still flatter ourselves into the fond hope that we have on hand but an ordinary case of lobar pneumonia, but around the eighth or tenth day when we would naturally look for the crisis and a general restoration to a healthy condition of affairs, instead, we find an aggravation of all the symptoms,—a general septic condition ensues. We may still “grapple to our souls with hooks of steel” the idea that the case may still be one of unresolved pneumonia; but our “lumen in coelo” dies away, and our case drifts on the rocks in a helpless condition of *pneumonic phthisis*.

Another and a very undesirable form is the hæmorrhagic onset of the disease. A man considers himself in perfect health, when the blow comes like “a bolt from the blue.”

A case of this nature came under my care a few weeks ago in the person of one of the brilliant younger practitioners of this city, known to most of the men here present. The patient was proceeding with his usual avocations, when suddenly and most unexpectedly he was seized with a violent hæmorrhage of the lungs, which in a very short time placed him *in extremis*. At the time of his first hæmorrhage, I defy any man, from a physical examination to find anything the matter with the lungs. In the short space of a few weeks after he had sufficiently recovered from the effects of the hæmorrhage to proceed to his home, a physical examination of the lungs revealed ample evidences of the trouble that was going on within, and the microscope confirmed the diagnosis, by demonstrating the presence of the bacilli in the sputum.

In this age of the bacillus, when microbe is king, and when the germ theory of disease is rampant, it is well for us to remember that there are other “Kings than Agamemnon,” and that wise men lived before Plato was born. Let us not amid the wreck of theories forget the teachings of the older men. I remember in the early eighties when I had the honor of being a pupil of that distinguished teacher, Palmer Howard, of glorious memory, when at the close of his lecture on tuberculosis he gave us in a few words the kernel of his discourse when he said: “Remember, gentlemen, that a localized

catarrh of the lung means phthisis every time." After twenty years, experience, those words are still ringing in my ears, and I have as yet no fault to find with Palmer Howard's opinion.

The disease, a prevalent one too, most often confounded with tuberculosis is typhoid fever. Indeed, there are cases presented to us, which at the outset are difficult to decide. The range of temperature in typhoid—peculiar to itself—the rose-colored spots, and the enlarged spleen, often keep us from placing tuberculosis at the front door of our patient. But, when we must meet a case of incipient tuberculosis—attended with bronchitis which so often happens,—a somewhat enlarged spleen, after a time, quickened respirations and some cyanosis from the accompanying bronchitis, the presence, as in rare instances, of reddish spots simulating somewhat the roseola of typhoid; then, indeed, a positive diagnosis becomes difficult, and we look longingly for confirmatory evidence in the results of the Widal test on the one hand and the presence of the tubercle bacillus on the other.

Again, to make a diagnosis of tuberculosis from a therapeutic standpoint we may decide the cases that come before us into *chronic localized* and *acute disseminated* ones. The former class of cases open up bright vistas of fibroid changes in the diseased tissues. A quietus given to the progress of the disease and its invasion of new areas, a condition of circatrization is brought about and consequent cure. In the second class of cases we must confess our utter helplessness and look longingly to the unexplored regions of pathology to give an antitoxin to successfully combat the fell destroyer. The question now arises and one that may well elicit discussion presents itself. Why should the disease in one case be localized and amenable to treatment; and, in the other disseminated and deathly in character? Is it a difference in virulence of the microbe that attacks, or is it a difference of resisting power in the individual attacked? Herein, we may find phases that cause us to exclaim: "Lead, kindly light," and make us better acquainted with tuberculosis, a disease, as Oliver Wendel Holmes characteristically puts it, wherein one "should be very particular in the selection of his ancestors."

Dr. G. E. DeWitt: Elevation of temperature, as remarked by Dr. Walker, is a very important point. A pale face with red cheeks and elevation of temperature should make us suspicious. Every case of pleurisy I have seen in young people has developed phthisis. One writer says the pleurisy may cripple the lung so as to make a nidus for the disease.

Dr. M. Chisholm: The cause of the decrease of phthisis is that we are getting better acquainted with it. The most important reason is that the public are more enlightened as to its infectious nature.

As to the dangers of tuberculin, I recently read a paper by an

Australian who stated that he had better results from tuberculin than anything else. Dr. D. A. Campbell, of Halifax, uses it freely and says he has never seen bad results from it. Nothing will settle the diagnosis so surely as a small dose of tuberculin.

Dr. P. R. Inches: There is difference of opinion regarding tuberculin, though at the present time it is again being used by some. Pleurisy is no doubt often the starting point of tuberculosis.

Dr. T. Walker reiterated the important symptoms.

The President: Pleurisy with effusion is nearly always tubercular.

Dr. J. P. McInerney: I have used tuberculin in two cases and got bad symptoms. I do not believe that pleurisy with effusion is always tubercular, nor that every case of empyema is tubercular.

Dr. A. Ross then read a paper on, "Puerperal Eclampsia."

The President here invited members to an operation at the hospital at 8.30 a. m. next morning to be performed by Dr. Richardson.

#### MORNING SESSION—JULY 23RD.

Dr. R. McNeill's letter suggesting that the Association memorialize the Dominion Government that Dr. Roddick's Bill be made operative in those provinces which passed the bill, was brought up for discussion.

Dr. O. J. McCully moved that the secretary be empowered to draft a resolution to be forwarded to the government, asking that Dr. McNeill's suggestion in reference to this matter be put into operation.

Dr. J. W. Daniel expressed the opinion that such a course would not advance the idea of Dominion Registration to any extent. The council had made enquiries and legal advisers had not thought it advisable to act in the present state of the bill.

Dr. N. E. McKay said that Dr. Roddick had asked the Nova Scotia Society to take such action, and action by the Maritime Society could at least do no harm. The motion was carried.

Dr. T. D. Walker then submitted the treasurer's report for the year, showing that this year a balance of \$242.80 was on hand. With interest in the hands of Dr. Walker, the amount to the credit of the Association was \$275.61.

On motion it was received and sent to an auditing committee composed of Drs. Wetmore and Daniel.

The nominating committee's report was then read and adopted as follows:

President—G. M. Campbell, Halifax.

Vice-President for Nova Scotia—W. H. Macdonald, Rose Bay.

“ “ New Brunswick—A. F. Emery, St. John.

“ “ P. E. Island—Alex. MacNeill, Summerside.

Treasurer—John Sutherland, Bedeque.

Secretary—T. D. Walker, St. John.

Committee of Arrangements—G. C. Jones, C. D. Murray, E. A. Kirkpatrick, M. A. Curry, T. J. F. Murphy, D. J. G. Campbell, (local secretary).

Dr. E. W. Cushing extended to the Association an invitation from Dr. Richardson and himself to hold its meeting in 1905 in Boston, and assured the members of a hearty welcome.

Dr. J. W. Daniel then gave notice that at the next meeting of the Association he would move to so amend the constitution that the Association would be enabled to hold its meeting in Boston, if it was deemed desirable.

Dr. N. E. McKay said he would like to accept the invitation to see how they do things in Boston. He moved that a vote of thanks be tendered to Dr. E. W. Cushing and Dr. M. H. Richardson for their invitation. This was seconded and carried by a standing vote.

Dr. G. A. B. Addy brought before the Association the matter of having all the proceedings of the Association printed and circulated among its members. Dr. Addy, after speaking in favor of such a move, made a motion that this be done. He added to his motion a clause calling for the appointment of a committee to edit the proceedings and that a copy of the pamphlet published be sent to each registered physician. This was seconded by Dr. Wetmore.

Dr. T. D. Walker spoke at some length on this motion, expressing the fear that such a publication as the motion called for would injure the MARITIME MEDICAL NEWS, and finally moved as an amendment that the committee to draw up the proceedings of the Association be the editors of the NEWS, and that these proceedings be published in the NEWS in the two succeeding numbers. After considerable discussion this was seconded and adopted and the sum of \$50 was voted to the MARITIME MEDICAL NEWS in consideration of the extra expense incurred in publishing full reports of the transactions of the Association.

Dr. F. F. Kelly moved and Dr. P. C. Murphy seconded the motion that this Association regret the serious illness of Dr. Conroy, of Charlottetown, a former President, and express the hope that he be soon restored to health, and that a copy of this resolution be forwarded to Dr. Conroy. It was carried unanimously.

Dr. George K. Grimmer, of Montreal, read the first paper of the morning, an extremely interesting one, dealing with the "Treatment of Nasal Deformities by Subcutaneous Injection of Hard Paraffin." Dr. Grimmer traced the history of the use of paraffin and cited a number of cases of its use in his own experience, showing the satisfactory results attained by him in treating nasal deformities in this way. A number of interesting photographs of patients treated were shown by Dr. Grimmer.

Dr. P. C. Murphy moved that a committee be appointed to draw up resolutions of condolence to be sent to the families of members deceased since last meeting. It was seconded by Dr. Daniel and carried. Drs. Cowie and Murphy were designated to act on such committee.

Dr. A. B. Atherton then gave "Reports of Two cases of Abdominal Traumatism."

Dr. E. W. Cushing, of Boston, followed with "The Latest Methods of Removal of the Uterus for Malignant Disease." Several excellent photographs and drawings were examined with interest by the members. (See page 290.)

A hearty vote of thanks was passed to Drs. Cushing and Grimmer for their instructive papers, which was moved by Dr. Burrill and seconded by Dr. P. C. Murphy.

The President then referred to the exhibition of books, instruments and pharmaceutical products in another part of the building.

Dr. J. R. McIntosh then gave case reports of (a) "Aneurism of Orbit"; (b) "Congenital Nasal Obstruction." The patients in both cases were present and examined.

Dr. J. A. Sponagle followed with a paper entitled "Should Physical Training and Especially Military Drill be Made Compulsory in Schools."

Dr. J. Ross then gave "Case Reports of Syphilis with Remarks."

Dr. P. C. Murphy here read the resolution of the committee to draw up a resolution of condolence. It read:

"Resolved, that the Maritime Medical Association in session at St. John, N. B., desire to place on record its feeling of sincere regret at its loss by death since its last annual meeting of Drs. W. S. Harding, C. A. McPhail, C. J. Fitzgerald, F. J. Seery, Richard Johnson, N. O. Price and Andrew Halliday, and extends its sincere condolence to the families and friends of deceased, also that a copy of the resolution be sent to relatives of each."

#### AFTERNOON SESSION.

A case report on "Extra-Uterine Gestation," by Dr. F. F. Kelly, was the first paper of this session.

This was followed by Dr. T. J. F. Murphy on a case report of "Gall Stones."

Dr. Maurice H. Richardson, of Boston, then read a most instructive paper on "The Surgical Treatment of Diseases of the Biliary Passages."

A discussion on "The Conditions which Simulate Appendicitis," was then opened by Dr. J. W. Daniel.

Votes of thanks were extended to the railways and steamboats for reduced rates, also to the Union Club, the press, and to the retiring President and Secretary.

The Association then adjourned and were taken up the river on the steamer "Victoria," and although the weather was damp the trip was greatly enjoyed by all.



## NEW BRUNSWICK MEDICAL SOCIETY.

The New Brunswick Medical Society held its annual meeting at the Court House, St. John, on the evening of July 21st. The meeting was called to order at 8 o'clock with the President, Dr. G. A. B. Addy, of St. John, in the chair.

It was holding a business session solely, electing the officers for the ensuing year, appointing committees and receiving reports of the committees which were appointed at the last session.

After the secretary, Dr. Scammell, had read the minutes of the last meeting, Dr. Skinner, registrar of the council, read his report, which is as follows:

Mr. President and Members of the New Brunswick Medical Society:—

It again becomes my duty to present for your consideration the annual report of the Council of Physicians and Surgeons of New Brunswick. During the year just passed, medical matters have, on the whole, moved along very smoothly, although complaints are being made by different practitioners, of medical men in their neighborhood practising illegally, their names not being on the medical register. Still it is pleasing to note that year by year the number of unregistered practitioners is being reduced, and before many years, we have good reason to suppose, that the register will contain the names of all the medical practitioners of the province. The improvement in this respect is largely due to the exertions of the council, but some credit should be given to the laity, who are coming to appreciate the fact that the illegal practitioner is of an inferior caliber, otherwise he would not place himself in the ignoble position of being an infringer of the law.

At the last meeting of the society a resolution was passed to the effect that the council be requested to take the necessary steps to ask the provincial government to introduce legislation for passing of an act of limitation of legal liability of physicians and surgeons to action for damages of mal-practice to one year after such had been committed. I have pleasure in informing you that the council followed out the wishes of the society. A bill was drawn up entitled an act to amend "The New Brunswick Medical Act, 1881." A circular letter was mailed to all the registered medical practitioners of the province requesting them to endeavor to convince the members of the legislature of their county of the advisability of the bill becoming law. The council was represented when the bill came up for discussion before the said committee of the house of assembly, and they, assisted by the influence rendered by the practitioners throughout the province, had little trouble in con-

vincing the committee of the justness of the measure. The Hon. William Pugsley, attorney general, kindly consented to introduce the bill, and to his influence we are greatly indebted for the passage of the bill. In securing this act the profession have gained a valuable right. Previous to its passage the limit of liability of action for damages of mal-practice was six years. It was felt that one year was amply sufficient for the result of any such negligence to appear and after a period the facts concerning the claim and the circumstances out of which it arose grew dim in the memory of the physicians and surgeons, especially when he had no reason to foresee the bringing of the action, and on this account he would not be able to adequately make his defence and receive the due administration of justice on trial.

The following is a copy of the act as presented to and passed by the legislature :

To amend the New Brunswick Medical Act, 1881 :

*Whereas*, The New Brunswick Medical Society have by their petition represented that it is equitable and right that any person claiming to have suffered injury by reason of negligence or mal-practice of a physician or surgeon, that if an action with reference thereto be brought the same should be commenced within one year from the arising of the cause of action, and have prayed that any such action should, when brought, be brought within one year.

*And whereas*, It is expedient to grant the prayer of the said petition, therefore be it enacted by the lieutenant governor and legislative assembly as follows :

1. No duly registered member of the N. B. Medical Act, 1881, and amending acts, shall be liable to any action for negligence for mal-practice by reason of professional services requested or rendered unless such action be commenced within one year from the date, when in the matter complained of, such professional services are terminated.

In my last report mention was made of the passing of the "Canada Medical Act," Roddick's bill, by the dominion parliament during the session of 1902. On the ratification of this bill it was felt that Dr. Roddick had, after overcoming many obstacles, at last cleared the way, and in a short time the act would become law.

As, probably all of you are aware, the purpose of this bill is to promote and effect the establishment of a qualification in medicine, such that the holder thereof shall be acceptable and empowered to practice in all the provinces of Canada, and also such a status of the medical profession as to ensure its recognition in Great Britain so enabling Canadian practitioners to acquire the right of registration in the British Isles.

The number of registered practitioners in this province has increased from 182 in 1890 to 249 in 1903. When we consider that

the population of the province is practically stationary, there is just cause for considering that the profession is being overcrowded.

The report was adopted.

The report of a committee, Doctors Wetmore, Inches and Melvin—appointed to revise and amend the code of ethics and scale of fees, was read.

The report stated: "Dr. Sprague's Manual on Medical Ethics and Cognate Subjects," for the use of the committee was found to be of very little worth and the secretary had been authorized to obtain a copy of a work by Robert Saundby M. D., Edinburgh.

The committee recommended the society for adoption into their code of ethics the following sections and paragraphs:—

(a) Fraternal Societies. Medical practitioners must not accept office under fraternal societies or medical aid associations without having satisfied themselves that the rules and methods of administration do not conflict with professional opinion, respecting advertising, canvassing and touting for patients. The relations of the medical profession to fraternal societies would be entirely improved if the societies would throw their work open to any medical practitioner selected by the patient who is willing to accept the society's scale of payment. By the adoption of this rule, the burning question of wage limit would be got rid of, as each member would have to find a medical attendant willing to accept him at the society's rate, and it would be open to any practitioner to refuse to see well-to-do persons upon inadequate terms.—(Saundby's Medical Ethics.)

(b) Gratuitous attendance. Medical practitioners should only forego their fees to those persons who are unable to pay, and should refuse to recognise any other grounds for the concession.

Unquestionably, patients may be attended gratis from the very best motives, but the proceeding is open to very great abuse. It may be laid down as a rule that no one is justified in seeing a large number of gratis patients. Such cases should be exceptional, and there should be special reasons to justify the departure from the rule in each instance.

Medical practitioners may take part in any charitable work by attending patients in institutions without payment, as the objects of such institutions are generally, by common consent, admitted to be good, and the work laudable. If there is any doubt about the object pursued, or the methods employed, a medical practitioner invited to co-operate must consider carefully his position, as the mere name of charity must not be allowed to justify all things.—(Saundby's Medical Ethics.)

(c) Undercharging. While it is impracticable to fix the rate of payment for medical services, as this must vary according to the circumstances, yet medical men should in each district agree to a common minimum and must not seek to gain advantage over one an-

other by undercharging. Those who do so must not complain if they find they have placed themselves outside the circle of neighborly courtesy and good will.—(Saundby's Medical Ethics.)

The committee also adopted additions to and changes in the scale of fees. The additions included: Consultation or advice by telephone, half to full fee; miscarriage or premature labor, \$8 to \$20; removing tumors by electrolysis, \$10 to \$50, and removing superfluous hair by electrolysis, \$2 to \$3 each sitting.

The paracentesis thoracis fee was made \$5 to \$20, and the paracentesis abdominalis fee the same; subcutaneous injection of saline solution, \$5 to \$20; varicocele, \$20 to \$50; amputation of fingers or toes, \$5 to \$15; amputation of the breast, \$50 to \$100; injection of anti-toxin serums, \$1 to \$3; examination of urine, \$1 to \$5; use of stomach tube, \$2 to \$20; operation for appendicitis, \$50 to \$250.

Dr. G. G. Melvin, treasurer, reported, showing a balance of \$241.82.

Officers were elected as follows: President Dr. J. D. Lawson, of St. Stephen; 1st vice-president, Dr. A. R. Myers, of Moncton; 2nd vice-president; Dr. L. A. McAlpine, St. John; registrar, Dr. J. H. Scammell, St. John; corresponding secretary, Dr. Margaret Parks, St. John; trustees, Doctors Botsford, Thorne and Shaughnessy.

It was decided to hold the next meeting in St. John. A vote of thanks was tendered to the mayor and council for their kindness in placing the room in the court house at the disposal of the society. A donation of \$3 was also ordered to be made to the janitor of the building. A vote of thanks was extended to the press, after which Dr. Addy, the retiring President, briefly addressed the meeting. After adjournment the members of the society were entertained at the residence of Dr. G. A. B. Addy.

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## LUNENBURG-QUEENS MEDICAL SOCIETY.

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The Lunenburg-Queens Medical Society held a special meeting at Chester on Wednesday, August 5th. There was a large number of members present and the society was honoured by the presence of several Halifax practitioners, among whom were Drs. M. Chisholm, T. J. F. Murphy, Jas. Ross and Mr. C. E. Puttner, of the Victoria General Hospital staff, and Drs. L. M. Murray, Geo. M. Campbell and H. L. Dickie.

It had been expected that Dr. C. E. Simon, the well-known bacteriologist of Baltimore, would give a demonstration on blood tests in his laboratory, but unfortunately for all and to the regret of all, the doctor was taken sick two days previous to the meeting and so was

not in fit condition to carry out his intention. However, during the afternoon a visit was paid Dr. Simon's beautiful residence and some very interesting microscopic slides were examined in the laboratory. Among these was one showing a form of filaria, discovered by Dr. Simon in the blood of our native porcupine. The remainder of the afternoon was spent in a sail in two nice yachts on Chester's charming bay. The sail and refreshments provided by the Chester men were all enjoyed to the utmost. Everything was voted most "seasonable"—even the singing.

At the evening session some important business was transacted. It was decided to have the constitution and by-laws printed, and Dr. Ross, of the MARITIME MEDICAL NEWS, generously volunteered to print them for the society. In the scale of fees, previously adopted by the society, the fee for life insurance examination was set at five dollars. This item was brought up for discussion again on account of some of the companies having refused to pay the fee. But it was unanimously decided to make no medical examinations unless the company (not the agent) would pay five dollars for each examination.

The President, Dr. H. K. McDonald, read an interesting and practical address, in which he discussed certain lines along which the society should work. The founding of a county hospital was considered and ways and means suggested. The question of the prevention of tuberculosis was brought up and fully discussed from the standpoint of the society, and the town and county councils.

Dr. E. R. Faulkner then read an excellent paper on the "History of Medicine."

Dr. F. S. L. Ford gave the particulars of a case of "Albuminuria," with peculiar complications, occurring during pregnancy.

All the papers were discussed by most of those present and pleasant remarks were made by all the visitors.

The meeting was thoroughly enjoyed by all present. Several papers which were expected were not presented, but the discussions made up for what was lacking on this score. It was decided to hold an annual mid-summer session at Chester. It is hoped the Halifax friends will not forget it.

W. H. M.

# THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. XV.

HALIFAX, N. S., AUGUST, 1903.

No. 8

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## Editorial.

### THE MEETING AT ST. JOHN.

Again has the Maritime Medical Association beaten all its previous records. The large number of members present—over 120—and the numerous and excellent papers read testify—if testimony were necessary—that the practitioners in the three provinces are fully alive to the benefits and pleasures which such gatherings afford. Our St. John brethren, by their happy hospitality and good cheer, have again laid the members of the Association under heavy obligation. The lengthy programme was carried out with punctuality and despatch. The papers and discussions were kept within reasonable limits, and the President with admirable judgment headed off such desultory and disorderly discussion as sometimes mars a medical meeting. The Secretary and other officers were assiduous in their attention to the visiting members. The reception at the President's, the excursion on the far-famed Winter Port, and the luncheons at the Union Club, the Asylum and a private residences, were pleasant interludes to the grave matters discussed.

While retaining many happy recollections of the meeting, we also retain a fitting and useful souvenir of the harbor excursion—a generous reminder that while St. John has been bountifully endowed with good things by nature, and the hand of man, she is willing to share some of her minor blessings with her less privileged neighbours.

But one discordant note was struck—in a Charlottetown paper—which on very imperfect data, criticised adversely the manner in which the meeting was conducted and the list of officers selected for next year. We acquit our P. E. Island colleagues of any connection with the article referred to. The writer, who treats the matter editorially, should understand that the conduct of a medical meeting

is a matter which may not have come within the experience of the editor of a lay daily paper, and that probably the unanimous opinion as expressed at the meeting in question, was a better guide to the prompt and fair despatch of business. With regard to the selection of officers for a meeting, the two conditions which usually guide nominating committees are eminent services rendered the Association, and the dignity and other qualifications necessary to the holding of high and honourable office.

We hope a contemptible and ungenerous letter which appeared in the Halifax press has escaped the parties whom it was intended to wound. It certainly in no way expressed the feelings of the Nova Scotia visitors, many of whom felt considerable humiliation at its appearance.

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### His Indifference.

"Yore Uncle Glick was a feller that never 'peared to take much interest in anything that was goin' on around him," reminiscently remarked a moss-grown citizen of Arkansas.

"Say he didn't?" inquired the younger citizen, whom the veteran was addressing.

"Nope. I recollect, durin' his last sickness, when the two doctors that was attendin' him got to fightin' over him with knives about some delicate p'int of professional etterket, he jest quietly turned over an' died, without waitin', or apparently carin', to see which licked."—*Judge*.

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### Editor and Doctor.

If an editor makes a mistake he has to apologize for it, but if a doctor makes one he buries it. If the editor makes one there is a lawsuit, swearing and the smell of sulphur, but if the doctor makes one there is a funeral, cut flowers and a smell of varnish.

The doctor can use a word a yard long without knowing what it means, but if the editor uses it he has to spell it.

If the doctor goes to see another man's wife he charges for the visit, but if the editor goes to see another man's wife he gets a charge of buckshot.

Any old medical college can make a doctor. You can't make an editor. He has to be born.

When a doctor gets drunk it's a case of "overcome by heat," and if he dies it is heart trouble. When an editor gets drunk it's a case of too much booze, and if he dies it's a case of delirium tremens.—*Ex*.

## Personals.

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Another June marriage—which we unfortunately overlooked—was that of **Dr. E. E. Bissett**, of Port Morien, to Miss Irene Spencer, of the same place.

**Dr. C. H. Dickson**, of Port Hood, was married on July 22nd to Miss Isabella Oliver, of Halifax.

The NEWS extends its heartiest congratulations to the new benedicts.

**Dr. Archer Irwin**, who has been practising in Hawaii for seven years, is now here on a visit to his native province. He is a graduate of Dalhousie, and was house surgeon at the Victoria General Hospital for the year 1902-1903. It is Dr. Irwin's intention to start for London in September to take up post graduate work for some time.

A copy of the Bacteriological Charts issued by **M. J. Breitenbach Co.**, New York, has been received. There are sixty separate examinations represented, which required four skilled artists to make the original drawings from sketches. This firm deserve great commendation for their enterprise, as no expense was spared in the production of these excellent plates. Any physician will receive the full set by writing to M. J. Breitenbach Co., 53 Warren Street, New York.

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## Correspondence.

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DEAR DR. ROSS:

The fact that my name appears on the list of editors of the MARITIME MEDICAL NEWS must be my apology for this letter.

I write to disclaim any share of responsibility for the editorial in the issue of July, entitled: "A Foul Blow at the Profession," and to express my regret that an article adopting such a tone toward a sister profession should have appeared in our columns.

The art of self defence requires no defence of this kind. I esteem boxing very highly as a good exercise and a useful training, and not least because it cultivates a "skill, temper and endurance," which are not found in this leading article.

Your sincerely,

JOHN STEWART.



## Notes.

**PUTREFACTIVE PROCESSES.**—As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children, Listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non-irritant and non-escharotic: furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the *Materia Medica*, renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, the endo-development of fetid gases, and the presence or attack of low forms of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine, Lambert Pharmaceutical Co., Saint Louis.

**SPASMODIC SUMMER COMPLAINT.**—At this season of the year when intestinal troubles are so prevalent, accompanied by the usual manifestation, abdominal cramps, etc., nothing seems to relieve the distressing condition so promptly as Hayden's Viburnum Compound, a true and safe anti-spasmodic. Give two teaspoonfuls of "H. V. C." in six of hot water every twenty minutes until relief is afforded. Be sure the genuine "H. V. C." only is administered.

**MELANCHOLIA, INSOMNIA AND GENERAL LOWERING OF NERVE POWER.**—In a very forceful and exceedingly interesting paper on this subject, published in the *Cincinnati Lancet-Clinic*, Dr. T. D. Fink, of Louisville, Ky., writes the following: "I am convinced that there is no other remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anemic headache, emotional distress, and active delusions of apprehension and distrust as Antikamnia Tablets. These tablets also increase the appetite and arterial tension, promote digestion, and are particularly serviceable in relieving the persistent headache which accompanies nervous asthenia. In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, they are of peculiar service. Patients who suffer from irritable or weak heart, needing at times an analgesic, can take them without untoward after-effects, knowing that the heart is being fortified. In delirium tremens they relieve when there is great restlessness with insomnia and general lowering of the nerve power. The pain of locomotor ataxia yields to treatment with Antikamnia Tablets in a remarkable degree, their analgesic power being of a peculiar kind, in that they will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc., also lumbago, sciatica and myalgia. In chronic catarrh of the stomach, with its often accompanying headaches, in cardiac dropsy, and in ascites, they are of decided benefit."

**A NEW DEPARTURE.**—In these days when a gullible public prescribes for itself from the patent medicines on the frieze of the trolley-cars, or takes the profitable substitution that the druggist passes over the counter, it is no wonder that physicians feel a bit out of sympathy with the venders of drugs, and make unfavorable comparisons between the commercialism of the men who supply medicines and the science of the medical profession that prescribes them.

But we should never forget that were it not for great manufacturers and importers of drugs we might still cull our own herbs, and use our own mortars and pestles. As an indication of the aid that such houses may be to physicians, we call attention to the colored plates of pathogenic organisms that have been prepared for the profession by the house of M. J. Breitenbach Co., the importers of Gude's Pepto-Mangan. By their permission we have inserted a few of the set of sixty in our advertising pages.

No text-book and no one work on pathogenic bacteria contains such a number of excellent diagnostic illustrations, nor such beautiful examples of lithographic art, as these.

Many physicians are too far from libraries and laboratories to be able to put into practice the training of their college days. They need just such a set of reference plates to be able to make microscopical examinations. The recognition of this need and the care that has been taken to fill it shows a spirit of enterprise in this firm that we wish might serve as an example to others. For, if, instead of advertising to the public, the manufacturers of drugs would make such valuable contributions to science as lies in their power, there might be more sympathy between them and physicians.

The full set of sixty cuts has been prepared to send to any physician who writes for them, from the firm of M. J. Breitenbach Co., New York.—*New York Medical News.*

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Dr. \_\_\_\_\_



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|                         |        |           |
|-------------------------|--------|-----------|
| Proteid matter, - - - - | 82.86  | per cent. |
| Fat, etc., - - - -      | 0.78   | "         |
| Ash, - - - -            | 6.49   | "         |
| Moisture, - - - -       | 9.87   | "         |
|                         | <hr/>  |           |
|                         | 100.00 | "         |

There is no starch present, and only the faintest trace of Sugar, and the ash contains 73.36 per cent. of Soluble Phosphates (Calcium, Potassium, Sodium, Etc.)

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In ounce g.-s. vials.



## METHOD OF APPLICATION.

For use in Hay Fever Solution Adrenalin Chloride should be diluted with four or five 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, and a drop or two may be instilled into each eye to relieve the congestion and swelling of the lids. One or two applications daily usually afford complete relief.

In ounce g.-s. vials.

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