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Maritime Medical News

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XVII. HALIFAX, NOVA SCOTIA, AUGUST, 1905. No. 8

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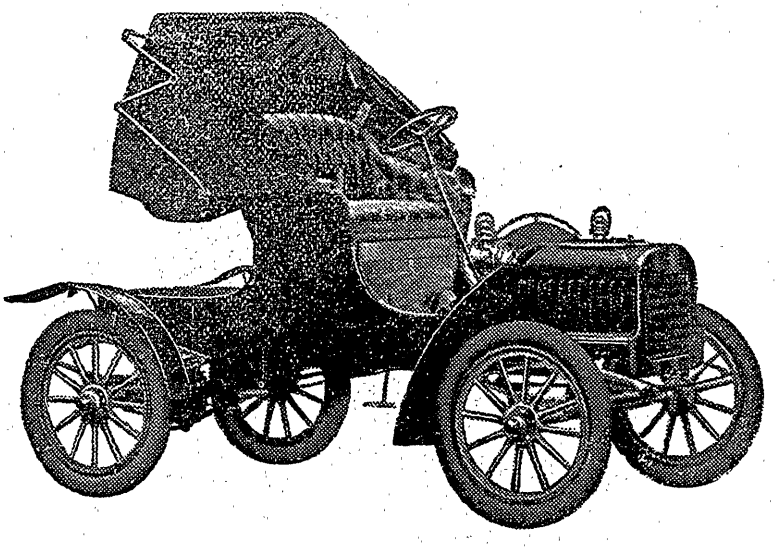

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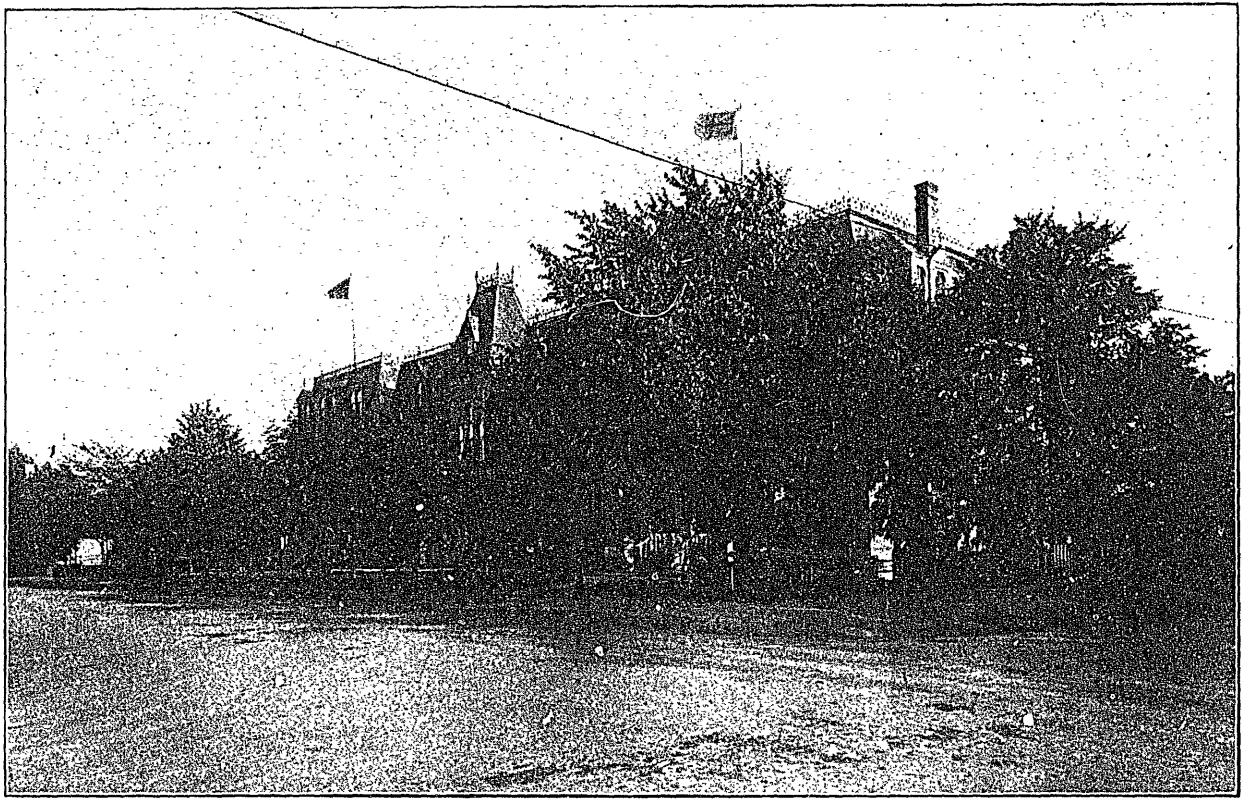

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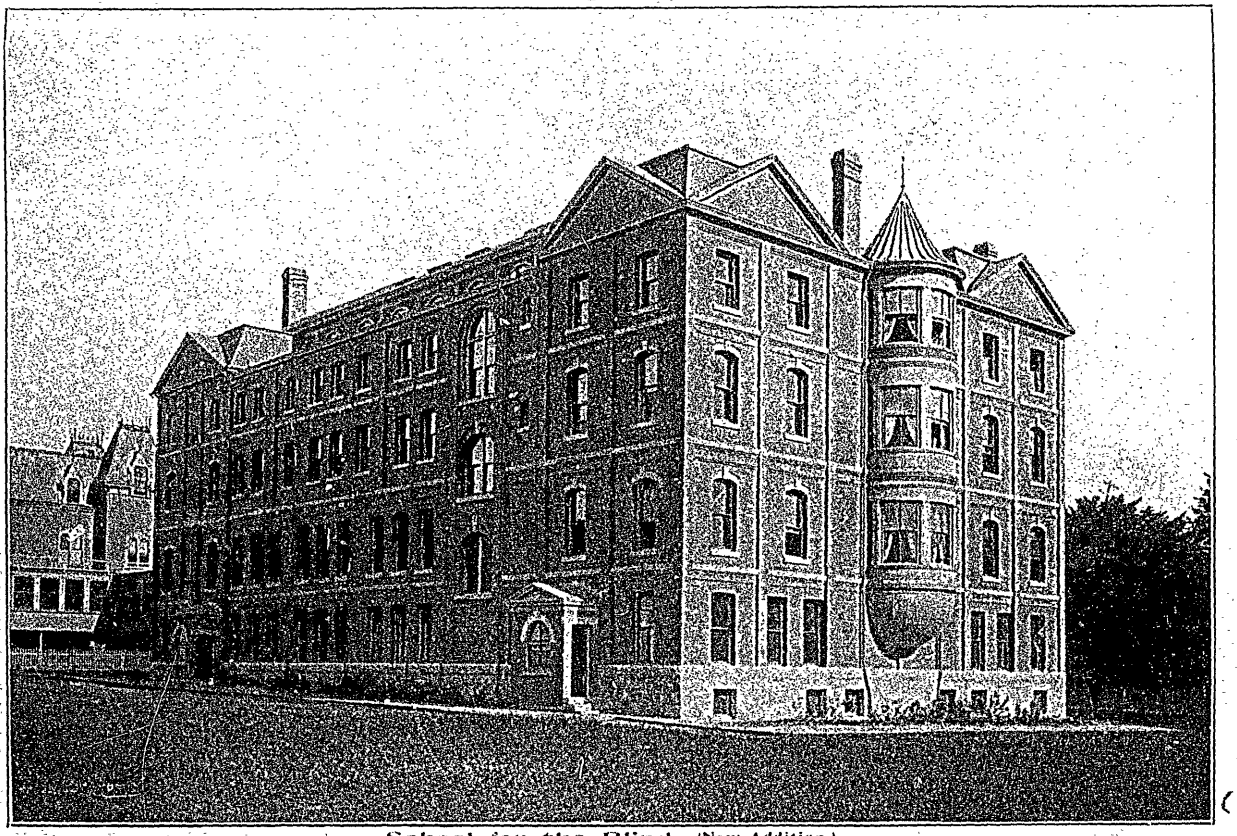

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VOL. XVII. HALIFAX, N. S., AUGUST, 1905 No. 8.

Original Communications.

PRESIDENTIAL ADDRESS.*

By A. R. MYERS, M. D. Moncton, N. B.

Ladies and Gentlemen:

My first duty and pleasure is to express my appreciation of the honor done me by electing me President of the New Brunswick Medical Society.

Since our last annual meeting, the profession of this Province has been grieved by the death of two of its members. Of these, one was called away early in life, leaving bright prospects; the other had labored well into the evening of life.

We are pleased to have among us, delegates from other medical societies, and, on behalf of this society, I extend to each and every one, a cordial welcome; and wish to express our grateful appreciation of their presence.

Nearly a quarter of a century has passed since the founding of this New Brunswick Medical Society, with the aim and object of the advancement of medical science, the maintenance of the honor and respectability of the profession, and the establishment of harmony and good feeling among the members of the profession: yet to-day we can greet its first President, Dr. Bayard, and some of the members who sat with him at its first meeting.

*Delivered before the N. B. Medical Society, St. John, July, 1905.

It has been the custom since the organization of the society, for the President to give an address on a subject connected with the practice of our profession, and I ask your indulgence for a short time, while I endeavor to bring together some facts in connection with the evolution of modern surgery.

To understand the position of surgery at the present time, it is necessary to cast a glance backward. The beginning of the nineteenth century had, without doubt, great anatomists and surgeons, but there was then no systematized medical education. In 1880, a man could practise as a doctor without having passed an examination of any kind. Lord Thurlow, in speaking against the surgeons' bill in the House of Lords, England, declared with some basis of truth:—"The surgeons of this country are not respectable men. Their pretentions are unjust and illegal, because they are not a scientific body." The examination for the diploma of the Royal College of surgeons, England, was *viva voce* only. There was no examination of patients. The candidates were required to produce evidence of apprenticeship, of attendance upon anatomical and surgical lectures, of having performed dissections, and of having attended the practice of a recognized hospital for six months. The hospitals which he thus attended for a period of six months, were in a state of rude squalor, as regards administration, sanitary arrangement and nursing, and well deserved the abuse which was heaped upon them.

During the nineteenth century surgery passed through a metamorphosis, and has now reached, at least, the level of the unexpected, and methods in use previous to this time are now regarded as uncouth. The success of the old-time operator depended largely upon his daring. He operated on a conscious victim. His knife was thrust through acutely feeling tissues, in spite of moans for mercy from gagged lips; and, undeterred by struggles and bursts of hæmorrhage, the blade passed without faltering or sign of hesitancy.

The dashing qualities of the pre-anæsthetic days have passed, and success is no longer to be measured by the time occupied in amputating a limb, but by the state of the patient several days after the operation. The operating theatre of the present day has lost its horrors, and has changed from a shamble to a chamber of sleep.

What revolutionized and brought surgery to its now almost perfect state, are: (1), an improved knowledge of anatomy and pathology; (2), improved methods of arresting hæmorrhage; (3), the discovery

of anæsthetics; (4), the introduction of antiseptic and aseptic measures.

Prominent among the many surgeons in the English-speaking world who were competent anatomists, were Astley Cooper and William Lawrence. Still, in the education of the average surgeon, the study of anatomy did not play an important part, so far as dissection of the human body was concerned. Anatomical schools were regarded with disfavor, and were surrounded by ghoulish romances, in which rifled graves and unseemly dealings with hangmen played a pungent part. The science of anatomy was well advanced, but the knowledge acquired by the common student was scant and superficial, and had little practical basis; and there was no method of teaching which can in any way be compared with those in vogue at the present day.

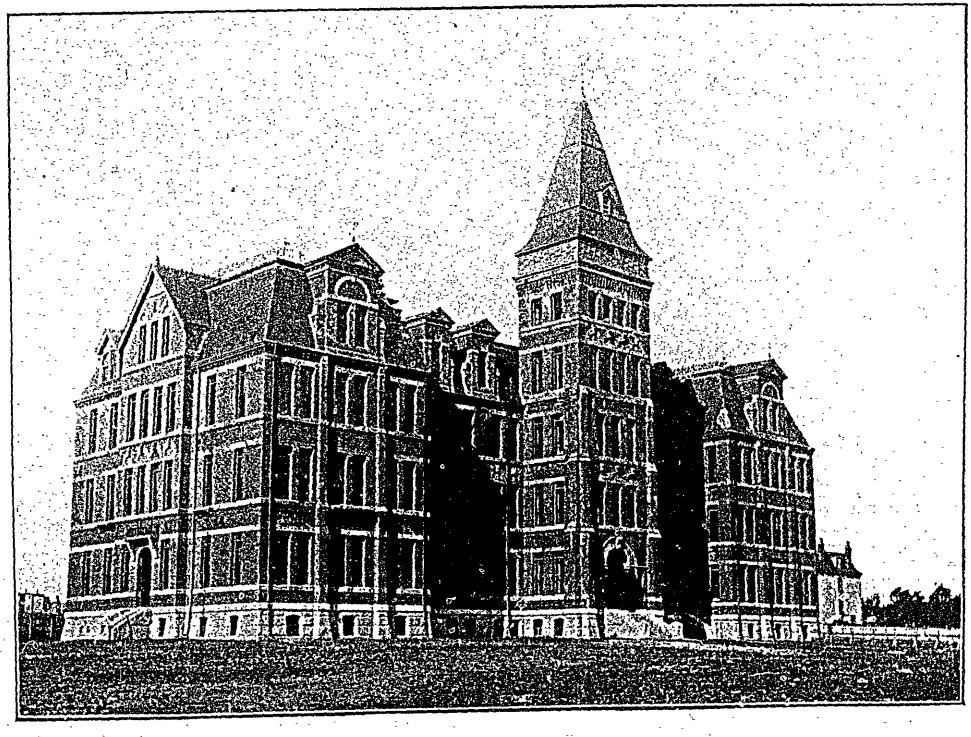
(2.) *Improved methods of arresting hæmorrhage.* The means of arresting hæmorrhage were the ligature, the suture, styptics of many kinds, the tourniquet, forceps and the cautery. The type of forceps used at that time could not be applied readily, and were ineffectual. When we consider that operations were performed without anæsthetics, we can understand that there must have been reason for alarm from hæmorrhage, with a conscious victim, struggling and showing signs of exhaustion. The means of staying the streams of blood were very imperfect and slow of application. At the present day, the surgeon has little dread of hæmorrhage. He is operating on a patient under an anæsthetic, and haste is not imperative. He makes larger use of precautionary ligature of the main vessels supplying the part, as, for example, the ligaturing of the lingual arteries before removing the tongue. The treatment of hæmorrhage has been very much simplified by the introduction of the pressure forceps by Spencer Wells. This little instrument is the most valuable surgical appliance ever invented and has done much to extend the area of safe operation.

(3.) *The discovery of anæsthetics.* A very remarkable event in the chain of progress, was the discovery of anæsthetics in 1846. "In "three months from this date," says Bigelow, "ether anæsthesia had "spread over all the civilized world. No single announcement ever "created so great and general excitement in so short a time. Sur- "geons, sufferers, scientific men,—everybody united in simultaneous "demonstration of heartfelt mutual congratulation." The discovery of anæsthesia has proved an inestimable boom to suffering humanity, not only by annihilating or mitigating pain during operations, but

also by enabling surgeons to undertake operations otherwise utterly impracticable or impossible. Surely the discovery of anæsthetics was one of the most priceless gifts that have ever been conferred on the human race, particularly as it was made before the dawn of the new surgery; for without it, surgery, in its recent development. would, obviously, have remained an impossibility. It has not only developed surgery, but has engendered surgeons. It has opened up the craft to the many, for, in the pre-anæsthetic days, the qualities required for success in operating, were qualities to be expected in the few. Before this time, the surgeon was met at every turn by sepsis. The hospital wards were filled, indiscriminately, with all sorts of cases:—simple and compound fractures, suppurating joints, traumatic, senile and hospital gangrene, erysipelas, pyæmia septicæmia, and cases operated on for accidents and disease, all of which were dressed by the same attendants. Stout silk ligatures employed to tie blood-vessels were left dangling out of the wound, to be removed by the process of suppuration. Linseed and charcoal poultices were frequently employed to cleanse wounds and to encourage healthy suppuration. "Laudable pus" was considered a sign of good dressing and healthy action.

We can say without exaggeration, that the changes which have taken place in surgery in recent years are as great as those which revolutionized so many other departments of human energy. Views which were but lately universally held, have, by scientific discoveries, been for all time swept away. These results have been mainly due to the work of Pasteur and Lister. The new starting point was the discovery by Pasteur that many diseases in the vegetable and animal kingdom are due to bacteria. Lister, aided now by Pasteur's researches, began to experiment with substances to destroy these bacteria, and, at the annual meeting of the British Medical Association in Dublin, 1867, he communicated to the world, the result of his investigation, and clearly annunciated the principles of antiseptic surgery, which we, to-day, recognize and practise, though the methods of application have been somewhat remodelled and improved.

Since the introduction of antiseptics, operations have multiplied a hundred fold, and, in major operations, the mortality has been reduced from about 33% to .03%. Greater latitude has been given to surgical interference of the different cavities of the body—intra-



Dalhousie College.

cranial, intra-thoracic and intra-abdominal. The most brilliant advances have been made in abdominal surgery. In the early sixties, before the introduction of antiseptic measures, the abdomen was almost a closed book to the surgeon; but at the present day every organ of this cavity is operated on with safety.

The dread of injury or incision of the duramater disappeared, and cranial surgery has advanced, as the motor areas of the brain have been located with greater precision.

Conservative surgery, as we understand it, was not practised, and plastic methods of operation had no place in treatment.

In recent years the main advance in surgery has been from the scientific side, due to increased precision in physiological knowledge, and careful research as to the organisms of the various diseased conditions. Conservatism is, to-day, the general attitude of all true surgery, and no conscientious surgeon removes a limb or any organ that can be restored to its usefulness by careful conservative treatment. In diseases of the ovaries, tubes and uterus, conservative surgery won its first important triumph, probably because in no other branch were the evils of radical surgery so terribly in evidence.

"Operate only when you are certain; remove the disease, not the organ," is the dictum we must expect in surgery of the future.

CONSERVATIVE SURGERY.*

By J. G. Nugent, M. D., Briggs Corner, N. B.

With little time for preparation on a theme hastily chosen, I have, at the request of our worthy Secretary, jotted down a few desultory observations on one of the most practical subjects which often confronts the medical practitioner.

This is especially applicable to the physician whose lot is cast in the near vicinity of the busy mill with its buzzing saws and revolving wheels, ever ready to allure the unwary to destruction of both limb and life.

Before proceeding further I ask the indulgence of the "Knights of the Scalpel" present, for presenting this subject from a surgical standpoint, and beg that they may overlook anything that may savour of presumption or egotism in thus entrenching upon the sacred domain of the specialist.

Indeed, no outlander need envy the city surgeon, or care to assume his great responsibility, with all the anxiety and heart aches, not to mention the sleepless nights spent on behalf of suffering humanity. Of a truth the poet says, "They weep each others woes!" The surgeon is both good and great, just in proportion as he possesses the finer feelings of our nature. In this connexion he is prone to mental distress as he realizes that upon his skill and attention depend the fate of a valuable citizen, perchance it may be a fond father, a doting mother, or a darling child. Little wonder that with so much worry the surgeon's life is short. Like a bright meteor he quickly disappears from the horizon. At the very zenith of a busy life he receives the summons "Friend, come up higher."

In the future of medicine, the success of the surgeon will be measured more and more by *results*. Based as he is upon the bedrock of common sense and a logical brain, the conserative surgeon will ultimately come to the fore-front, as only *results* which count come to be appreciated. At the present day he does not pocket the big fee which his more aggressive brother of the free lance commands,

* Read before the N. B. Medical Society, July, 1905.

yet in a sense he reaps a higher reward in the inner consciousness of his own breast. The sifting process of natural selection may operate slowly in his favor: but it is none the less effective in this early dawn of the twentieth century when the pendulum is already swinging his way.

The ideal surgeon I would portray as the personification of all the graces—love, kindness, and mercy. He will not from choice resort to drastic measures when healing may be had by touching the hem of his garment.

When the case is a serious one, such as a comminuted fracture with considerable laceration of the soft parts, there will always be room to differ as to the best line of treatment; but if a remote prospect of recovery exists without operation we should let the patient have the benefit of the doubt.

Of course the fat fee and the spread eagle fame which sometimes accrue from performing a capital operation may act as incentives on sensual minds in pursuing a line of treatment derogatory to the unwritten code of our noble profession. Perish the thought that any member of our united circle should ever practise the healing art for aught save what redounds to the comfort and welfare of his clientele. For then once, paltry self is forgotten, and the hope of any earthly reward is an unknown quantity, without weight in the mind of the self-sacrificing physician, who is all too absorbed in performing some difficult or herculean task for a patient, while his own immediate wants are ignored and neglected.

Allow me to supplement these remarks by citing a few cases in practice:—

Case I.—Harry Wilson, a small lad of 8 years, was hooked in the mouth last spring, by a vicious cow. As the animal gave a sudden toss of its head in the air, it tore a circular piece out of the boy's upper lip, which was kept from falling off, by only a small portion of the vermillion border. A bystander who was present when I arrived to dress the wound, volunteered the advice, that the best way to fix the boy's lip, would be to "snip off the part hanging down." Such a course, not in keeping with the first principles of conservative surgery, was studiously avoided, and the dismembered portion was quickly readjusted to its accustomed place and kept there by a few stitches and a bandage. The wound healed kindly by first intention,

and when I removed the stitches in a week, the lad's countenance was lit up by a radiant smile.

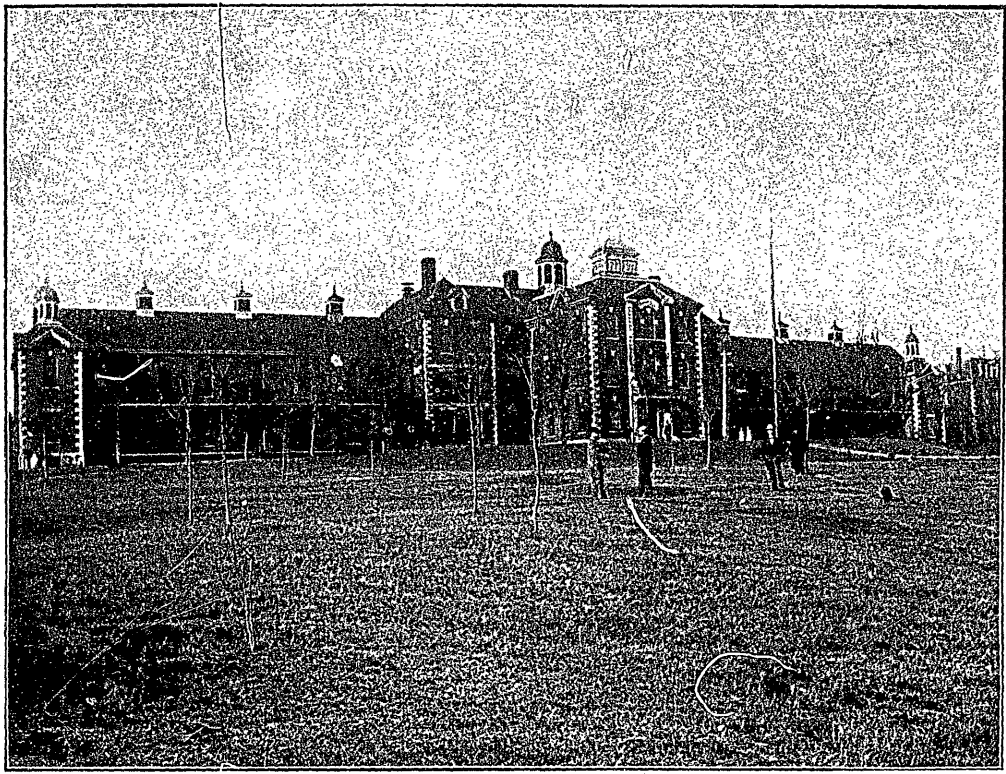
Case II.—Daniel Wilson, aged 12, while helping a man to lift a barrel of flour on a sloven, had the index finger at second joint almost severed by the sharp chime of the barrel. His injury was attended to by a local physician, who advised amputation of the finger, as the best remedy. In a few days the boy returned to have his finger dressed again, and the physician reiterated his former advice, that the finger must come off, or he would have nothing to do with dressing it, and as the boy would not consent, the medical man in language more forcible than polite, ordered him away with instructions not to come back any more.

The terrified boy, in tears, ran home to his widowed mother accross the street, and she immediately ordered him see me, if anything could be done to save the finger which the boy was so loath to part with. When I saw the finger, some six days after the receipt of the injury, it was extremely unsavory to both sight and smell. The dressing around it was glued together by a large accumulation of pus, mingled with bloody serum, which formed an execellent ground for the culture of legions of such bacteria which in recent years have aroused a lively interest among the members of the miscroscopical society of this city. I plunged the whole hand into a warm water solution of bichloride for a length of time, until I succeeded in freeing it from its offensive encasement, and further subjected the finger to an antiseptic douche from a fountain syringe until the infested place that knew the microbe once, knew it no more forever.

The finger, which was much swollen and distorted, was almost severed at the second phalangeal articulation, and was held together by a small tendinous attachment on one side.

Having straightened the finger around to where it formerly belonged, it was kept in position by means of a splint and adhesive plaster, and being irrigated daily for a week it rapidly healed. To my surprise and the boy's great delight he had a good use of the finger-joint by the time granulation was fully completed, and the digit thus saved by conservative surgery became as serviceable as before the accident.

Case III.—Arthur Rees, of Newcastle, Queens, aged 14, was engaged in cutting ice from the platform in front of his father's residence in winter. His brother, Hugh, a year younger, armed also with an axe, was helping him; but the two boys soon quit what was



Victoria General Hospital.

too much like work and got to playing. While Hugh, with his axe raised up, was in the act of striking, Arthur put out his foot, bantering him to strike it if he could. He did this once too often, with the result that his young brother's axe went slap through his foot, boot and all, so when he took off his boot and sock, to his dismay, his great toe, instead of being in its accustomed place on his foot, was playing hide and seek in his sock. The toe, being taken from the sock, was passed round the family from hand to hand and for a short space of time it lay on the hearth of the stove. When I arrived to dress the wound, some three or four hours after the accident, two little girls, half sisters of the boys, commenced plying me with questions, and wanted to know if I would not make the toe grow on again. I told them I could make it grow on again, otherwise re-amputate the foot. "Oh! no! no! they replied. Dr., please put the same toe on again." Now as the great toe had been chopped off close to the foot, and the metatarsal bone of the second toe badly nicked, it was quite difficult to form a flap without removing a considerable portion of the metatarsal bone, and knowing that patients who had sustained the loss of the great toe always complained of having lost the spring of the foot, I decided for the present at least not to re-amputate but to engraft if possible the lost toe on its former site. Having cleansed the parts first by means of a bichloride solution, I brought the severed members into coaptation as nearly as possible, and applied a splint to the sole of the foot in order to support the great toe. I did not put any stitches in the wound, but kept the toe in situ by means of a narrow strip of adhesive plaster, and finished the toilet with an antiseptic coating of listerine (50 per cent.) covered by antiseptic gauze and absorbent cotton.

Returning in a few days to dress the foot, I learned that a report was being industriously spread that the toe would certainly mortify and that as a consequence the boy might lose his life. The boy's parents, however, having implicit confidence in my ability to cope with the matter, took no stock in the flying report and would not scare worth a cent. The foot, at my second visit, presented about the same appearance as when I left it, except that the decapitated toe had now become agglutinated to the foot. There was neither inflammation nor swelling and no discharge of any kind had taken place. The toe now was able te maintain its contiguity without any artificial support and in colour resembled somewhat a piece of dried beef. I

dressed it with 50 per cent. listerine solution as before, and covered it with antiseptic gauze, absorbent cotton and bandage. My next visit, I concluded, would tell the tale whether a dead toe can be brought to life again by transplanting it upon a living stump. As I had never heard or read of a like experiment before, I naturally had some misgivings as to the result of the very conservative case of surgery now on my hands, so without much delay I paid him the third visit, when I was delighted to find that new life was being imparted to the dead tissue.

There was no swelling, nor any indication of pus present, and the toe was so firmly united to the foot by adhesive inflammation, that no alternative was left but to "let well enough alone," as Dame Nature was now lending a helping hand which gave every promise that the plastic operation commenced in doubt was successfully passing the crucial test of Nature's laboratory, where all the delicate mechanism of the human anatomy is so mysteriously performed, provided Nature has a fair opportunity, and the disabled frame is worth the repair. At each subsequent visit the redness became more extensive and vitality was gradually restored to the distal extremity of the great toe. The toe-nail came off in a month's time, but another like the fabled Phœnix sprang from the matrix of the resuscitated great toe.

For the benefit of any doubting Thomas, as many have refused to credit the episode, the young man Arthur Rees is still living in Northfield, in Sunbury County, and the once amputated great toe is yet in active business at the old stand, to speak for itself as a signal triumph of conservative surgery.

Case IV.—John McEachern, aged 17, driver of an express wagon selling groceries and dry goods. Having lost control of his runaway horse while going down a steep hill, he was thrown from a high seat in front violently to the ground, along which he was dragged some distance. Two doctors were immediately summoned to attend him at a neighbour's house where he was carried. I, being nearest, got there first. In addition to a bad shaking up and other slight injuries, he sustained a compound and comminuted fracture of the humerus close to the elbow joint. The humerus had penetrated through the thickness of the two shirts he had on as well as through the coat sleeve and had ploughed its way along the ground, as attested by the dirt stuck fast to the broken extremity. I carefully irrigated the broken end, which was protuding three or four inches through the

arm, with a fountain syringe and bichloride solution. When thoroughly cleansed I was obliged to use some force on his biceps before getting it back through the wound again. And after the fracture was reduced I discovered that a large spicula of bone three inches long was broken from the epiphysis at the elbow, and easily removed it through one of the apertures in the flesh. The muscles and tendons around the elbow were so badly lacerated that the arm at that joint was almost torn off, so much so that the douche let fall upon the anterior surface went directly through and came out readily at the posterior surface. The fracture was put up in a straight splint made of thin sole leather reinforced by a strip of tin. As the arm required daily dressing for a month or more before healing was effected, the joint was subjected to so much passive motion thereby that ankylosis was well ruled out at the very start. This young man was able to return home in five or six weeks with a fairly useful arm, and in a month or two afterwards, he, while employed on the elevator in the West End, along with another man fell from the top inside, killing his companion instantly; but my former patient, though severely injured, escaped with his life. Fractures of this nature, i. e. compound and comminuted, were as a rule some years ago treated by summary amputation, which doubtless entailed less trouble to the surgeon, while the unfortunate patient had no alternative but to plod on through life minus a limb and other collaterals. The little manual of our Society stipulates certain fees for performing various amputations: but what fee is the surgeon entitled to who can avert these amputations by a little extra care?

The heroic surgeon is welcome to his pecuniary reward, but in addition to this, his conservative confrere has unpresented claims upon his thankful patients, whose hearts he has laid under tribute to his forbearance and superior skill. His bloodless victories, gained at the fireside and in the home, far transcend in importance to the human race the gory triumph of the soldier who wades through the blood of his fellowman. The memory of the former shall be fresh and green, while the warrior is soon forgotten in the dust. His fair escutcheon shill be emblazoned by many stars which shall recount to future generations the lives that have been saved, the pain that has been mitigated, and the suffering and woe which have not only been assuaged, but frequently avoided, by the skilful touch of the merciful benefactor that he is.

He stands as guardian angel between the living and the dead, equipped in the best armour of his beloved profession. With a flaming sword he guards the footsteps of Adam's race, and with the invincible panoply of the medical art, he will ever shield with jealous care the house of this our earthly temple.

TWO CASES OF DERMOID CYSTS OF THE OVARY WITH TWISTED PEDICLE.*

By A. B. Atherton, M. D., Fredericton, N. B.

Case I.—Mrs. J. McG., aet 39, a stout, very fleshy person, mother of eight children. Was called to see her in consultation with the late Dr Serey, on the afternoon of June 5th, 1899. She had generally been healthy, and was never known to have an abdominal tumor. About the first of January, she had suffered from some abdominal pain for a week. Menses were absent from this time till April, when they reappeared. Was laid up all through March with pain and soreness in the lower abdomen. The soreness continued since then, till the onset of the present attack, two days before I saw her. This was ushered in by a sudden severe pain, which has kept up with only short intermissions, being somewhat relieved by large doses of morphia. The pain has been accompanied with frequent vomiting, and the ejected matter has become intestinal in odour. Constipation is absolute, not even gas passing.

On examination I found the abdomen somewhat distended, and the lower part tender and occupied by a hardish swelling, which was dull on percussion. The rest of abdomen was tympanitic. Nothing made out per vaginam. P. 108; T. 99,8.°

Operation was thought advisable, and she was at once removed to hospital and prepared for it.

10 P. M.—Anæsthesia given by Dr. Geo. J. McNally, and assistance rendered by Dr. Seery. An incision from navel down to pubes revealed a tumour of size of adult head, with adherent omentum and coils of bowel. These were separated, and the tumour punctured with a medium sized trocar. A chocolate colored oily material was let out, but as it ran very slowly, the pedicle of tumour was ligatured with silk, after untwisting it, and taken away. Also several large pieces of omentum were ligatured and removed. About four feet of the lower small intestine were congested and distended, with the coils glued together by recent lymph deposit. No further

*Read before the N. B., Medical Society, St. John, July, 1905.

cause of intestinal obstruction being found, the abdominal wound was closed by silver wire sutures, and antiseptic dressings applied.

Morphia, $\frac{1}{4}$ gr., was required to be given hypodermically soon after the operation on account of pain.

I may say the pedicle was twisted three or four times around from left to right, going anteriorly. The cyst contained, as you see, a bunch of hair, several teeth, etc.

The patient went on well after the operation. The sutures were all out on the eleventh day, and she left the hospital eight days afterwards.

CASE II.—Mrs. C. H., aet. 37. Usually healthy. Mother of one child six years old.

In 1901 was examined by me, and a hardish tumor of size of fist found in pelvis, closely connected with the uterus.

I took it at the time to be a fibrocyst, and as it was giving but little trouble advised non-interference.

Two years ago, while away from home, she had a pretty sharp attack of pain in right lower quadrant of abdomen, lasting a few days. Has occasionally felt some pain in same part since then.

On May 14th, 1905, this pain began again, and grew gradually worse until I was sent for early in the morning of the 15th. When I saw her, she was complaining bitterly of pain in right inguinal region, running down into thigh and right labium majus. Vomiting accompanied pain when most severe. It required more than a grain of morphine given hypodermically before the pain was much relieved.

As she had had dysuria at times during the last few years, and had only made 8 oz. of urine in twelve hours, while the pain was situated on the line of right ureter, and ran dowu thigh and into right labium, I suspected some blocking of the ureter.

In addition to this history I was informed she had missed two periods and considered herself pregnant. No milk in breasts.

On examination a tender tumor of size of small fœtal head was felt in middle of abdomen above pubes. Also (*per vaginam*) another smaller mass found in posterior lower pelvis. Temperature normal.

May 16th. Had a fairly comfortable night but pain is returning this morning. Passed 16 oz. of urine in last 24 hours, no blood or albumin in it; painful on passing. Any motion of body increases pain in right side. P. 70; T. normal

May 17th.—Has required two or three suppositories of $\frac{1}{3}$ gr. of morphine since yesterday. Temperature went up to 99° last evening and remains the same this morning.

An examination ordered.

This did not prove very satisfactory. As the tumor seemed to be growing more tender I thought better to remove patient to hospital for operation.

4.30 P. M.—Ether given by Dr. McKie assisted by Dr. Mullin. Incision from navel to pubes. A dark maroon-colored tumor of the size of a fœtal head came into view with a twisted pedicle involving the right Fallopian tube in the twist. There were three complete turns from left to right anteriorly. Pedicle of tumor and Fallopian tube ligatured with silk, and tube and tumor removed. By the patient's own previously expressed wish, the appendix cæci was also taken away.

The enlarged uterus was felt retroverted and lying low down in the posterior pelvis. The abdominal incision was closed by layers of catgut sutures, and fish-gut interrupted ones to skin.

Patient progressed well after operation and left hospital in eighteen days. She was allowed to go home earlier than I would have desired because of her extreme anxiety to go, and because she was growing very nervous on account of remaining in hospital.

I saw her on July 10th, and she felt in good condition. There seemed to be no doubt in reference to pregnancy.

As will be seen the cyst in this case contained only a bunch of hair in addition to the oily sebaceous matter.

REMARKS.—I think it is now generally believed that dermoid cysts of the ovary originate during fœtal life, and are due to the inclusion of some of the outer skin layer in the ovary during the development of the embryo. Subsequently, these elements may or may not result in the formation of a tumor. When such enlargement takes place, it probably does so at or about the period of puberty, and continues to grow in the more active period of sexual life. I have myself removed five of these tumors, the ages of the patients ranging from 12 to 39 years. The two cases above reported were the only ones having a twisted pedicle. This gives a percentage of forty, which is higher than usual, although dermoid ovarian cysts are peculiarly liable to undergo torsion of their pedicles. Pregnancy is given as

one exciting cause of such a condition, and in one of my cases it was present.

It may be of some interest to notice that the direction of the torsion was the same in both my cases, *i. e.* from left to right, starting at the left and going anteriorly. The late Mr. Lawson Tait held the opinion that the vermicular action of the large bowel, with the passage of fæces along it, determined the direction of the twist. This would seem to correspond with the findings in these instances.

A few words may be appropriately said in regard to the diagnosis of an ovarian tumor with acutely twisted pedicle. If there is a history of a pelvic tumor, and acute pain sets in, largely confined to one side, and we find the previously existing tumor somewhat enlarged and gradually becoming more and more tender on palpation, we have a combination of circumstances which would generally warrant that diagnosis. In cases of a small tumor of the right ovary there might in stout subjects be some chance for thinking the trouble a fulminating attack of appendicitis, the tenderness, and difficulty in palpating a tumor in such a patient leading to this mistake. Usually we have a sudden onset of severe pain with vomiting ushering in the attack in both. A rise of temperature, where present at the beginning of appendicitis, as it usually is, would aid in distinguishing this disease. After a day or two some fever will appear in a case of twisted ovarian tumor, although before that there is none. This of course is due to inflammation occurring within and about it.

A ruptured extra-uterine gestation might very easily be confounded with a twisted cyst, but can often be differentiated by a history of a missed period, as well as by the pain being less continuous, and by a greater degree of collapse accompanying it, due to hemorrhage. A tender tumor closely connected with the uterus would be a symptom common to both. Also a normal or subnormal temperature, followed by a moderate rise after a day or two would be present in both.

Again, when the tumor is complicated with an early pregnancy, as in one of the cases reported, the difficulty of fixing the diagnosis becomes still greater. As a rule the size of the tender mass felt in extra-uterine pregnancy would at first be less than the one found in

torsion of an ovarian cyst, as the latter is generally as large or larger than a fœtal head.

It will be observed that we had intestinal vomiting in our first case, and this symptom might readily lead one to think he had acute intestinal obstruction to deal with, and probably a certain amount of this had really been developed by the adhesive peritonitis found involving the coils of the ileum.

As regards treatment, it follows without saying that as soon as the condition is diagnosed, or even suspected, an abdominal section is in order, followed by the removal of the tumor. When this is undertaken within three or fours days from the onset of the severe symptoms the prognosis is good. After this period, the case will become more and more desperate.

A NOVEL TREATMENT OF FRACTURED PATELLA—FRACTURED CLAVICLE TREATED BY SUTURING.

By W. H. Irvine, M. D., Fredericton, N. B.

The simplicity of the means employed and the excellent results obtained, is my reason for reporting this case. This I have deferred doing for some years, in efforts to find this method spoken of or illustrated in the literature, which thus far I have been unable to do.

Patient, J. A. M., age, at time of accident, 56 years; a simple transverse fracture without abrasion of skin, caused by a blow from the iron socket of a peevy, was sustained on April 26th, 1899, while working on a lumber drive. The patient managed with great difficulty to travel about two miles after the accident, when he mounted horse-back and rode about eight miles further. The case was seen about seventeen hours after the receipt of the injury, and we found the knee ecchymotic, considerable effusion about joint, and the fragments separated about one inch. It would have been a good case for suturing, but the environment was such that strict aseptic precautions and correct technique could not be observed, operation, therefore, being out of the question.

The following treatment suggested itself: The hair was shaven from well above and below the knee and the skin cleansed, after which two pieces of adhesive plaster were cut five inches wide by twelve inches long, and and a U shaped piece three inches wide and seven inches long was cut from one end of each piece. The fractured surfaces were then brought into apposition, which was not difficult to accomplish, and the concave inner end of the U shaped adhesive plaster was made to closely encircle the circumference of the upper segment of the patella, the sides or strips of the U shaped piece being brought down the sides of the leg. The upper end of the plaster, of course was five by five inches in area, and adherent to the anterior and lower aspect of the thigh. The other piece of adhesive plaster was made to surround the lower segment in a similar way, its sides or

*Read before the N. B. Medical Society, St. John, July, 1905.

strips extending up on either side, and adhering to the thigh and overlapping the upper end of the first mentioned piece of plaster. The circumference of the bone was thus entirely surrounded, and the segments securely held in apposition. The leg was dressed in complete extension, and a figure of 8 flannel bandage was then applied, leaving the top of knee exposed, over which an ice bag was placed. These pieces of adhesive plaster were reinforced above and below the knee by strips placed around the limb, after which the leg was slightly flexed at the knee, for two reasons; first, to afford greater comfort; secondly, to still closer approximate the fractured surfaces. A pad was placed in the popliteal space, and a posterior splint about eleven inches long employed, and as the swelling gradually subsided the dressings were, as a matter of course, tightened. The subsequent progress of the case was all that could be desired, he being able to perform light labour in three months.

In reply to a letter of inquiry dated June 14th. of this year, he tells me that upon deep pressure with the ends of the fingers a line of separation can be felt about an eighth of an inch wide. The leg and knee are in perfect condition and he has never had any pain or trouble whatever.

As the results following operations for fractured patellae in the hands of the best operators, are frequently so disastrous to both life and limb, it seems to me that any means giving such good results must be appreciated, and it would appear that even in multiple or comminuted fractures this method of dressing might be employed with a hope of success.

As the literature does not contain the records of many cases of fractured clavicle treated by suturing, and having had a case which resulted most satisfactorily, possibly a report of the case might be of some benefit. The case was operated on, on January 26th., 1905, three days after receipt of the injury, which resulted from a fall off a building, a distance of about ten feet, patient alighting on the tip of the left shoulder. It was an oblique fracture at about the junction of the outer fifth with the inner four-fifths. The apex of the inner and upper fragment corresponded with the lower margin, and that of the outer and lower fragment, with the upper margin of the clavicle, and of such a nature that no dressing would hold the fractured surfaces

even in approximate apposition. As the nature of this man's calling was such that a deformed or even partially incapacitated shoulder would have been much to his disadvantage, I suggested suturing, to which he readily consented. The usual perliminary measures were instituted on the evening of Jan. 25th., and on the next day, at the Victoria General Hospital at Fredericton, with Dr. McGrath, anæsthesist, and Mr. William Kelly, of the House Staff, assisting, we operated. The patient left the hospital in six days, the superficial wound having healed, and in two weeks an ordinary sling dressing was employed. In about four weeks we removed the wire through a slight incision in the skin and, with the exception of some provisional callous, the parts were normal in every regard.

The results being so satisfactory, it would seem to be an ideal method of disposing of such cases. For with aseptic precautions and correct apposition of the fragments, deformity and impairment of function is completely obviated, which I do not think can be accomplished with any degree of assurance by the use of the usual mechanical appliances in fractures of the clavicle so near the scapular articulation. Greater liberty of the arm is also given during convalescence, thus obviating much distress and functional impairment incident to prolonged cramping of the arm, which so often follows the Sayre or other dressings, I do not wish to be understood as advocating suturing of all fractured clavicles, but in irreducible fractures it is an ideal method. As none of the text books at my disposal mentioned the technique, I may say that the one employed was very simple, that is, the drill was introduced from below, parallel with the long axis of the neck, as it were, thus precluding any possible injury to the subclavian vein, or other structures. The rest of the technique is apparent.

The man called on June 12th., 1905, on his way home from the lumber drive, he having been at that work for fifty days, using a peevy, which is the hardest manual labour, he assures me, a man can possibly perform. He also informed me that since leaving home he has never been troubled in the least as a result of the fractured clavicle, and that before going to the drive he had worked around his home, chopping wood, &c. I might add that it was the left clavicle that was broken and that in the labour mentioned both arms would be equally employed

Therapeutic Notes.

Tired? Your feet ache? Chillblains? Walking too much?

Bathe your feet in sea-salt water, tepid, rub them dry and to a glow, and paint them with a soft brush, of the following:

℞—Camphoræ.....dr. ss
Mentholi.....sc. i
Iodi.....grs. x
Tr. myrrhæ.
Tr. benzoini compositæ.....ā ā dr. iv
M.

In the morning soak them again in tepid sea-salt bath, dry, and sprinkle into the stocking some thing like this:

℞—Acidi borici.....dr. ii
Acidi salicylicl.....sc. i
Aluminis.....dr. i
Bismuthi snbnitratis.....dr. ii
Pulveris talci.....dr. i
M.

Then take your ante-breakfast walk, get up a good appetite, and thereafter tend to business.

But be sure to remember that alcohol and tobacco before breakfast, when the stomach is entirely empty, and the glandular system on the *qui vive* for a generous dose of unadulterated food, will choke those is follicles, harden and dry them, till food acts as a foreign invader and belched or vomited, and passes helter-skelter through the bowels. If there is that unclean, nauseous taste in the morning mouth, put a drachm of sodium phosphate in a tumberful of hot water and let the stomach enjoy a bath as well as the skin.—From "Home Rules for a Doctor's Happiness," in *Pacif. Med. Jour.*

Halifax Medical College.

THE

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Editorial.

THE CANADIAN MEDICAL ASSOCIATION MEETING.

The meeting of the Canadian Medical Association in Nova Scotia is almost at hand. We say "Nova Scotia" advisedly, for it is an essentially Nova Scotian meeting; the hosts in all the entertaining are the President and members of the Medical Society of Nova Scotia.

A very large number of papers has been received, probably making it necessary that the meeting be held in sections, one of Surgery, and one of Medicine.

The social programme commences on Tuesday afternoon with a harbor excursion on steamer "Strathcona." On Tuesday evening the President and members of the Medical Society of Nova Scotia will be "At Home" in the Provincial Building, kindly loaned by the government. This reception promises to be a very elaborate function. On Wednesday, His Honour the Lieutenant Governor will give a luncheon party to some of the distinguished guests, and the Hon. David and Mrs. McKeen will give a Garden Party at their beautiful place "Maplewood." In the evening the Mayor and Corporation have asked the members of the Association to a concert in the Public Gardens, for which Halifax is famous. Thursday evening has two sources of entertainment, a concert on the North West Arm, with an illuminated procession of boats, the Society giving the prizes; and a grand smoking concert at the Armouries. A final decision has not been made yet as to Friday. The excursion will

either be to Chester by the South Western Railway with luncheon at the Hackmatack Inn, or to Canning with luncheon on the far famed "Look Off." Saturday the International Yacht Race for the Prince of Wales' Cup will take place.

Nova Scotia is ready for the visitors and they cannot come in too great numbers.

The following is a partial list of the addresses and papers on the programme:

President's Address --Dr. John Stewart, Halifax.

Address in Surgery—Mr. Francis M. Caird, Edinburgh, Scotland.

Address in Medicine—Dr. D. A. Campbell, Halifax.

Address in Gynæcology—Dr. Howard A. Kelly, Baltimore.

Address in Ophthalmology—Dr. J. W. Stirling, Montreal.

Prostatectomy—Dr. E. W. Cushing, Boston, Mass.

The Surgery of the Stomach in Non-Malignant Conditions—Dr. Geo. E. Armstrong, Montreal.

Dislocations (with lantern demonstration)—Dr. J. Alex. Hutchison, Montreal.

The Fever of Late Syphilis—Dr. Arthur Birt, Berwick, N. S.

Postural Albuminuria of Children—Dr. W. H. Eagar, Halifax.

The Prodromata of Insanity—Dr. W. H. Hattie, Halifax.

The Treatment of Smallpox, without Pitting—Dr. Archibald Leitch, St. Thomas, Ontario.

Tracheotomy as a Remedy in Severe Whooping Cough—Dr. A. B. Atherton, Fredericton, N. B.

Recent Fracture of the Clavicle, with Operative Treatment—Dr. J. W. T. Patton, Truro, N. S.

Discussion—Renal and Ureteral Surgery—To be opened by Dr. A. Primrose, Toronto.

Two cases of Retro-ocular Neuritis—Dr. George H. Burnham, Toronto.

Post-Operative Pulmonary Thrombosis—Dr. Herbert A. Bruce, Toronto.

The Symptoms, Diagnosis, Prognosis and Treatment of Neoplasms affecting the Central Nervous System.—Dr. D. A. Shirres, Montreal.

Chorea, with an analysis of 130 cases.—Dr. Robert King, Halifax.

Rare Forms of Aneurysm.—Dr. Maud E. Abbott, Montreal.

The Buried Suture—Dr. J. M. Elder, Montreal.

Dentigerous Cysts, or the Removal of the Inferior Dental Nerve for Tic.—Dr. M. C. Smith, Lynn, Mass.

Combination Operation of the Radical Cure of Inguinal Hernia.—Dr. F. N. G. Starr, Toronto.

Two case reports—(1) A case of Chylo-thorax; (2) Further notes on a case of Myelogenous Leukæmia, with disappearance of Splenomegaly and Myelocytes.—Dr. D. G. J. Campbell, Halifax.

The Possibility of Stamping out Cancer of the Uterus.—Dr. A. Lapthorn Smith, Montreal.

Our Detention Hospitals.—Trachoma, Immigration.—Dr. J. D. Page. Quebec.

Posture and Heart Murmurs.—Dr. R. D. Rudolf, Toronto.

Report of Cases of Septicæmia and Pyæmia from a Surgical Standpoint.—Dr. W. F. England, Winnipeg.

Lead Poisoning from a Clinical Standpoint.—Illustrated.—Dr. W. F. Hamilton, Montreal.

In addition to the foregoing, many have promised papers, but have not yet decided upon the title of same.

THE MEETING PLACE.

The School for the Blind, where the sessions of the approaching meeting of the Canadian Medical Association are to be held, is an institution in which citizens of Halifax take much pride. The genial and talented principal, Dr. C. F. Fraser, is not only a scholarly gentleman and a successful teacher, but he is possessed of remarkable executive ability and unlimited energy. Ample proof of this is furnished by the school itself, which, since Dr. Fraser's connection with it, has gone forward by leaps and bounds, until it has reached a place amongst the ten largest institutions for the blind on the Continent. It is in all respects one of the most progressive schools on the Continent, and is able to make the proud claim that the proportion of its graduates who are capable of maintaining themselves is larger than that of any other similar school, with very few exceptions.

The Halifax school was one of the first institutions for the blind to be identified with the public school system, and it thus years ago secured to the blind children of our Province, the same right to education as other children enjoy.

We feel sure that visitors from the West will be interested in this school, and will be glad to have an opportunity of inspecting its equipment. We feel confident that they will find it to be a model institution, and well worthy of the trust we place in it, and in the very capable staff which administers it.

ANÆMIA IN PORTO RICO.

One of the happy results which has followed the assumption of the White Man's Burden by our friends to the south of us, has been an earnest and in many respects a successful study of some of the diseases which were ripe in the islands which formerly belonged to Spain. The remarkable results which followed the effort to rid Havana and Cuba of yellow fever and malaria are still fresh in our memories. Another condition which has been made the subject of investigation by a commission appointed by the United States Government, is the tropical anæmia. The way was, to a large extent made plain for this commission by Dr. Bailey K. Ashford, who, in 1899, discovered ankylostoma in the fœces of anæmic patients in the hospitals of Ponce, and thus proved that the anæmia of Porto Rico is in reality ankylostomiasis or uncinariasis. The commission undertook to determine a successful treatment for this condition as found in Porto Rico, and it has recently submitted a report upon its work, covering over 200 pages.

It is unnecessary to review the various stages by which the solution of the problem was accomplished, suffice it to say that the treatment found most satisfactory was a purge (to remove mucus, etc., from the bowel), the administration of an antiseptic, preference being given to thymol in doses not exceeding four grammes, and then another purge. This treatment was repeated weekly until no more uncinaria could be detected in the fœces. Then reconstructive treatment was commenced, and iron was administered in all severe cases. A very high compliment is paid to pepto-mangan, as this is the only proprietary preparation reported by the commission. Over eighteen pages of the report is devoted to cases treated with this preparation, the results in each case being most gratifying. It is not surprising that the Breitenbach Company are greatly pleased with this endorsation of the remedy which they represent, and they have had the

Deaf and Dumb Institution.

portion of the report dealing with the cases treated by pepto-mangan reproduced in the form of an attractive pamphlet, which will doubtless be well received by the medical profession.

LIFE INSURANCE FEES IN NEW BRUNSWICK.

The annual meeting of the New Brunswick Medical Society was of unusual interest this year. Two important reports, Life Insurance Fees and a Sanatorium for Tuberculosis, were submitted to the society, and were freely and ably debated before well attended meetings. There was also the election of members of council.

The committee on life insurance fees reported that they had asked by circular for the views of the members on several points connected with the matter, and in the answers received there was an unanimity of opinion that the minimum fee for an examination in the old line companies and in the fraternal organizations should be five dollars. The society dealt with the former, and the fraternal associations remain to be considered on some future occasion. The members generally took a strong ground that the fees in many old line companies are entirely inadequate. Should the two-thirds of registered practitioners signify their approval, all of the regular companies will be required to pay a minimum fee of five dollars. This is a fair demand, for the work, time, and responsibility, amply justify it.

There is every evidence that the Medical Society of New Brunswick is practically a unit in the matter, and it is now for the whole of the profession in New Brunswick to act in an united way and the point will be gained. With right on their side, and concerted action, much will be accomplished. But concerted action is imperative, and every medical practitioner in the province can assist in doing away with the present system of underpayment or "sweating," as it may be termed.

The value of the existence of this society is made apparent, when its members require protection. It is to be hoped that the Nova Scotia Medical Society will take a similar stand and avoid anything of the nature of a half way measure.

It might well be, and it is to be hoped that it will be, a matter which will soon be similarly dealt with all over the Dominion.

Society Meetings.

NEW BRUNSWICK MEDICAL SOCIETY.

The twenty-fifth annual meeting of the New Brunswick Medical Society was held in Council Chambers, St. John, on July 18th. and 19th. The President, Dr. A. R. Myers, called the meeting to order at 10 a. m.

The minutes of the twenty-fourth annual meeting were read and, on motion, adopted.

The President, in a few well chosen remarks, welcomed the members to the meeting, also the delegates from other societies. During his remarks he recalled the death of two of the Society members.

A short sketch was given of the course of evolution of modern surgery, and the revolution that has been brought about over the methods of a century ago, by reason of the improved knowledge of anatomy and pathology; the improved method of arresting hemorrhage; the discovery of anæsthetics, and the introduction of antiseptic and aseptic measures.

Moved and seconded that the address be laid before a committee for consideration.

Committee—Doctors Atherton. McLaren and Purdy.

The following bills were ordered paid: L. R Murray, secretary, for postage, etc., $6.36; J. D. McKenna, programmes and post cards, $6.50; J. A. McMillan, wrapping and printing manual, $6.89; J. M. Deacon, for expenses in printing, postages. &c., on life insurance examinations, $17.75.

Correspondence was received from the Woman's National Council asking assistance in obtaining official registration of graduate nurses.

Moved by Dr. McCully, and seconded by Dr. Hetherington, that it be handed to a committee for consideration. Doctors McCully, Hetherington, and Nugent were appointed a committee on said correspondence.

The following is their report:

Your committee, appointed to report on a communication received from the Secretary of the National Council of Women of Canada in regard to the registration of graduate nurses, beg leave to report that,

1. In the opinion of the Society it is desirable that there should be an official registration of graduate nurses;

2. That such registration seould be Provincial, and that the acceptance of diplomas from training schools, having a curriculum approved by Provincial Medical Association, would be sufficient for registration.

(Sgd.) G. A. HETHERINGTON.
O. J. MCCULLY.
J. G. NUGENT.

Moved by Dr. T. D. Walker, and seconded by Dr. J. H. Gray, that the report be left in the hands of the council for future action, and that a copy of the report be sent to the Secretary of the Woman's National Council, as an indication of the Society's action. Carried.

The report of the Council of Physicians and Surgeons of New Brunswick, was read by the Registrar, Dr. S. Skinner, as follows:—

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

The report which I have this year to make on behalf of the Council of Physicians and Surgeons of New Brunswick, will be brief.

This year just passed has been uneventful, medical affairs having, with few exceptions, passed along smoothly and with little or no friction.

The official list of registered practitioners published in the *Royal Gazette* of April last, contained two hundred and fifty nine names, being the largest number as yet published. It is gratifying to be able to report that the percentage of those failing to pay the annual fee is remarkably small. The profession is recognizing the benefits of keeping registered, thus saving themselves a good deal of inconvenience and annoyance, so that what was formerly an annual complaint in the Registrar's report is not likely to be heard again. This improvement is best shown by making comparisons with former years. In 1900, five years ago, there were only 233 names published in the *Royal Gazette*; in 1895, 209; in 1891, 191; in 1887, 151, being 108 less than has appeared this year.

The following have passed the professional examination in June last.

C. T. Allen, Great Shemogue; Louis G. Bourret, Rogersville; B. H. Doygan, Harvey Station; J. A. Gillis, Matapedia; J. S. Bentley, Truro; Margaret E. Douglas, Stanley; W. J. Scott,

Montreal; B. W. Robertson, St. John; L. DeC. MacIntosh, Hartland; S. O. McMurtry, Montreal; A. Stuart Loggie, Chatham; M. E. McKay, Cape Breton; Ernest Rommel, Alma; Alex. S. Lamb, Little Shemogue; Aug. Martin, Campbellton; Daniel P. Mahoney, Melrose; William B. McVey, Rothesay; W. S. Saunders, Hawkshaw.

The following have passed the primary examination:—

N. A. Farris, White's Corner, Queens Co.; W. E. Gray, Campbellton.

The tide of emigration westward may be said to have struck the profession of this province, eight of whom have left to try their fortunes in the west.

The council has decided to hold the professional examinations twice a year. Formerly there was only an examination held in the month of June, so that anyone applying for registration too late for the annual examination was compelled to wait until the following year, unless a special examination was decided upon. In the future the examinations will be held in June and December.

The question of the establishment of a Medical Council for Canada, as outlined in Dr. Roddick's Bill, is still in doubt. The McGill medical students, being unanimously in favor of this bill, drafted a letter setting forth briefly the advantages of a central medical council, and sent a copy to every member of the Provincial Legislature of New Brunswick, also those of British Columbia and Ontario. In order that this bill may become operative the Provincial Assemblies must pass concurrent legislation. This has already been done in Nova Scotia, Prince Edward Island, Manitoba and the North West Territories. It was asked that our council should bring forth the necessary legislation at the last session of the Legislature.

This bill (popularly known as the Roddick Bill) providing for the establishment of a Medical Council for Canada, was passed in the Dominion House of Commons in 1902. In order to become operative, it must receive the sanction of the various provincial legislatures.

The great purpose of a Dominion Medical Council would be the establishing of a qualification for medical men which would be acknowledged and accepted in all parts of the Dominion. Should this be accomplished, a doctor who had passed the examinations of the Medical Council of Canada would be exempt from any provincial examination, and on payment of the provincial registration fee would at once be permitted to practise. Such an arrangement would in no wise interfere with the provincial autonomy in medical affairs; provincial councils must necessarily exist for the purpose of taxation and discipline, and would still retain their examining boards for the purpose of examining and licensing men

who wished to practise only in that particular province. At present there are no fewer than eight examining and licensing medical bodies in Canada. Barriers have been placed about these eight districts so that it is practically impossible for a medical man to receive a qualification to practise medicine in more than one province. Frequently medical men have been fined, and, in cases where the fine has not been paid, imprisonment has been threatened for crossing the boundary line between two provinces in order to save the lives of our own Canadian citizens. It is asked if such a condition does not demand a remedy. In this respect New Brunswick differs from some of the other provinces, as non-residents living on the border are allowed to register.

The British Medical Council will not now recognize the examinations of any provincial medical Board, but positive assurance has been given that as soon as we have a central examining board in the Dominion, the British Medical Council will at once accept the licenses from that Board and immediately allow our men to register in Great Britain or any part of the Empire over which the British Medical Council has control. This means that our young Canadian doctors would have open to them appointments under the British Board of Trade. Likewise a large and lucrative field of service would be opened up in the army and navy of Great Britain, and in appointments to colonial positions.

The New Brunswick Medical Council replied to the communication of the McGill Medical Students, stating that the New Brunswick Medical Act provides for the adoption of such a bill as that of Dr. Roddick, and that no further legislation is required, and that the council is prepared to act upon its provisions at any time that a Central Medical Council is established.

(Sgd.) STEWART SKINNER, *Registrar.*

Moved by Dr. T. D. Walker, and seconded by Dr. Berryman, that this report be incorporated on minutes in full. Carried.

Moved by Dr. A. B. Atherton, and seconded by Dr. O. J. McCully, that a committee of three be appointed, one of which shall be a member of the medical council, to consider time and manner of submitting the annual report of council, and to submit a report this afternoon, at 4 p. m. Carried.

Committee appointed,—Doctors Atherton, McLaren and McCully.

The committee appointed to take into consideration the time and manner of presentation of the Annual Report of the Medical Committee, beg to recommend as follows:—

1. That the meeting of council shall be held on the day previous to the meeting of the N. B. Medical Society. Carried.

2. That the report of the council be printed and placed in the hands of the Secretary of the society, for distribution at the afternoon session of the first day's meeting. Carried.

3. That this report include a detailed statement of receipts and expenditures. Carried.

4. That the reading and consideration of the report be taken up during the evening session of the first day. Carried.

Respectfully submitted,

(Sgd.) A. B. Atherton.
" Murray MacLaren.
" O. J. McCully

Moved and seconded that this resolution be submitted to the Council of Physicians and Surgeons. Carried.

Moved by Dr. T. Walker and seconded, that the election of members for council be at 8.30 this evening. Carried.

Dr. E. T. Gaudet read a paper on "Surgical Diagnosis". He emphasized the necessity of prompt operation, which was indeed very often the best possible method of diagnosis.

Afternoon Session.

The President took the chair at 2 p. m.

Paper by Dr. A. B. Atherton was read, "Dermoid cyst of ovary with twisted pedicle." (Published in this number.) He showed two beautiful specimens that he removed with excellent results. A short discussion was opened by Dr. Murray McLaren.

Papers by Dr. W. H. Irvine (*a*) "Fractured Clavicle; Treated by Suturing." (*b*) "Novel Method of Treating Fractured Patella, with report of cases." (Published in this number.)

Dr. MacLaren read a paper on "Catgut Ligatures." A sketch of the diffierent methods of treating catgut for use was given. Specimens of catgut that had been in solutions for different periods of time were shown.

Dr. J. M. Deacon submitted the report of the committee appointed to consider the advisability of raising the fees for examining life insurance risks. The committee had written to all the medical men of this province, who were asked, among other things, whether they were in favor of increasing the minimun fee; whether they would support the action taken by the Society in this direction;

and whether they considered that any discrimination should be made respecting old line companies and fraternal societies. Answers were received from 112 doctors and were almost unanimous in desiring an increase in fees for each examination made.

Dr. G. A. B. Addy open the discussion. He considered the insurance companies might well pay their examiners a fee commensurate with the responsibility involved. He moved, (seconded by Dr. Doherty), that all physicians charge all old line companies the minimum fee $5.00.

Dr. Atherton expressed his willingness to support any feasible scheme, but he feared an attempt to raise it to $5.00 would prove impracticable. He, therefore moved as an amendment that the minimum fee be fixed at $4.00. Seconded.

Moved by Dr. Daniel, and seconded by Dr. Scammel as an amendment to the amendment, that the minimum fee be $5.00, and that a committee be appointed to negotiate with the various insurance companies, for the purpose of carring this idea into effect.

Upon the question being put, the amendment to the amendment, and the amendment, were lost, and the original motion carried.

It was further resolved that the committee on life insurance be continued, and that they notify the members of the medical profession in the Province, of the action taken by the N. B. Medical Society in their report; that they be requested to concur in such action, and enter into a contract so to do on receipt of the above committee, of such an understanding from at least two-thirds of the registered practitioners in New Brunswick; that the profession be eventually notified of the result and requested to act in conformity with the same. It was agreed to take no action in regard to the fees of the fraternal societies at present.

Moved by Dr. Deacon, and seconded by Dr. MacLaren, that Drs. G. A. B. Addy, S. Skinner, T. D. Walker, and J. P. McInerny be added to the committee that is already formed on life insurance. Carried.

Moved and seconded that the new committee report progress to the Canadian Medical Association when it meets in Halifax. Carried.

Dr. G. A. B. Addy read the report of the Sanatorium Committee appointed by the St. John Medical Society, May 3rd, 1905, for the

purpose of establishing a sanatorium for the care and treatment of tuberculosis. Moved by Dr. Addy, and seconded by Dr. Botsford, that the report be adopted, and that a committee be appointed to confer with the Government. Carried.

The report was discussed by several members of the profession. Dr. Botsford said he took a deep interest in the matter of the prevention or cure of tuberculosis, and detailed a number of instances where patients of his had been cured by the out-door treatment. He was glad that the matter was brought before the St. John Medical Society. He suggested that the Government should first be assured, then the site would not cause much trouble.

Dr. White thought that there should be a small and live committee, a representative one, one that will go before the Government and put up a strong case.

Moved by Dr. McInerny, and seconded by Dr. Doherty, that a committee be appointed from the different counties in proportion to their importance, to meet the Government, to devise ways and means for the establishment of a sanatorium in the Province, and to report back to the New Brunswick Medical Society at a call of the chairman. Carried.

Moved by Dr. Addy, and seconded by Dr. Irvine, that the committee appointed by the St. John Medical Society have power to add to their number from the different sections of the Province. Carried.

Evening Session.

The treasurer, Dr. G. G. Melvin, gave his report, which shows a balance on hand of $174.45.

The election of members for the council took place, and the five highest were declared elected, namely Doctors E. T. Gaudet, P. R. Inches, J. M. Deacon, Murray MacLaren, J. P. McInerny. Carried.

The following officers were elected :—

President,—Dr. E. T. Gaudet, St. Joseph's.

First Vice-President,—Dr. W. H. Irvine, Fredericton.

Secretary,—Dr. L. R. Murray, Sussex.

Cor-Secretary,—Dr. J. McNichol, Bathurst.

Treasurer,—Dr. G. G. Melvin, St. John.

Trustees,—Dr. A. R. Myers, Moncton, N. B., Dr. J. R. McIntosh, St. John, N. B., Dr. A. J. Murray, Fredericton Junction, N. B.

Committee of Arrangements,—The Profession of the City of Fredericton.

A paper by Dr. J. G. Nugent on "Conservative Surgery," (Published in this number) was then read.

WEDNESDAY MORNING SESSION.

Dr. Gaudet, the first vice-president, occupied the chair in the absence of the president, Dr. Myers having left the previous evening for home.

The first paper was read by Dr. G. G. Corbet, entitled, "Pre- and Post-Operative Radiation for Cancer by X-Rays." Discussed by Drs. Doherty, Irvine, Melvin, Skinner and MacLaren.

Then followed a paper by Dr. P. S. Butler on "Lympho-Adenoma."

Dr. Cameron, formerly of Grand Manaan, now of the State of Ohio, was introduced by Dr. Deacon.

Dr. G. J. McCully read a paper on "Nasal Hydrorrhea."

It was moved and seconded that the next place of annual meeting should be in Fredericton. Carried.

Moved by Dr. T. D. Walker, and seconded by Dr. Gray, that the matter of payment of fees necessary, before suit of malpractice be entered, be referred to Medical Board. Carried.

Doctors MacLaren and Walker called the attention of the Secretary to the Canadian Protective Association, and the advisability of the Province having a good representation in this Association, as it was managed on a satisfactory basis.

Moved by Dr. Crawford, and seconded by Dr. MacLaren, that the matter of the Osteopathists practising in the province be brought before the Council for their consideration. Carried.

Moved, seconded, and carried, that a vote of thanks be conveyed to the Mayor and Council for the use of their room, and the sum of $5.00 to the janitor.

Those present were Dr. A. R. Myers Moncton; Dr. J. McNichol, Bathurst; Dr. L. R. Murray, Sussex; Dr. F. H. Wetmore, Hampton; Dr. C. T. Purdy, Moncton; Dr. J. M Deacon, Milltown; Dr. G. C. Vanwart, Frederiction; Dr. H. G. Folkins, Norton; Dr. L. M. Curran, Fairville; Dr. J. H. Gray, Fairville; Dr. E. P. Doherty, Dorchester;

Dr. A. B. Atherton, Fredericton; Dr. R. L Botsford, Moncton; Dr. J. Newton Smith, Hampton; Dr. E. T. Gaudet, St. Joseph's; Dr. J. G. Nugent, Briggs Corner; Dr. A. J. Murray, Fredericton Junction; Dr. G. A. B. Addy, Dr. D. E. Berryman, Dr. Thos. Walker, Dr. C. H. Johnston, Dr. P. R. Inches, Dr. H. Geo. Addy, Dr. J. Henry Campbell, Dr. W. A. Christie, Dr. J. C. Mott, Dr. Geo. A. Hetherington, Dr. O. J. McCully, Dr. A. P. Crocket, Dr. M. MacLaren, Dr. J. R. McIntosh, Dr. T. H. Lunney, Dr. J. A. McIntyre. Dr. J. P. McInerney, Dr. J. W. Daniel, Dr. E. P. Broderick, Dr. Geo. G. Corbet, Dr. C. M. Pratt, Dr. Geo. G. Melvin, Dr. W. W. White, Dr. W. L. Ellis, Dr. H G. Folkins, Dr. T. D. Walker, Dr. A. F. Emery. Dr. Jas. Christie, Dr. R. G. Day, Dr. G. R. J. Crawford, St. John.

L. R. MURRAY, *Secretary.*

Report of the Sanatorium Committee Appointed by the St. John Medical Society, May 31st, 1905.

Your committee, appointed to collect data for the establishment of a sanatorium for the treatment of incipient tuberculosis beg leave to report that after having been in communication with the different sanatoria in Canada, United States, and England have come to the following conclusions:

8,000 DEATHS LAST YEAR IN CANADA.

Tuberculosis, especially a disease of the poor, (no class of society is exempt from it)—particularly effects cities, and ravages the ranks of the workers in proportion as they are crowded and sedentary in their occupations. In Canada last year there were 45,000 cases with 8,000 deaths.

Though so prevalent a disease, less has been done to alleviate the sufferings of those laboring under it than any other disease, owing to the vast number of those affected, the protracted nature of the malady, and the corresponding expense. Cases of consumption are, to a large extent, excluded from general hospitals, while the institutions which at present exist for their reception, not only fall far short of actual requirements, but are designed upon the principle of wards in vast buildings, and some of them are from necessity placed in localities ill-adapted for the cure of the disease, namely, in the vitiated air of towns and cities.

We are pretty well grounded in the knowledge of the causes of the ailment, and have seen circumstances under which so many of our unfortunate brothers and sisters live. We know that sea

voyages and trips to better climates are impossible. One would say then at once that the first and only thing to be done would be to add another to the grand list of institutions, which ennoble our present day civilization, and that we should build another hospital, but one far different from those now existing.

It should be expressly built for the poor sufferers pining for fresh air, peace, rest, and soothing surroundings. It should be in the country, it should face the sunny south, and be in some pleasant spot where a range of high hills should shelter it from the chilly boreal blasts, and where the high grounds would ward of the cutting, biting and killing breezes of the east, and where the high and well grown woodland should be ready to soften the oft too boisterous western gales.

TREATMENT.

In tuberculosis, treatment is one of the most important problems that confront us. There are four considerations, viz.: hygienic, climatic, dietetic and medicinal, and also a fifth, which is the combination of them all, namely, sanatorium treatment, but also that other important question in tuberculosis, prevention.

1ST.—HYGIENIC.

Hygienic treatment means placing a patient under such health conditions as to strengthen his forces of life under his resisting powers to the disease. It teaches him how to care for himself, the food and drink he is to take, and the time of taking it. It regulates the hours to be spent out of doors, the amount of sleep, or the time spent in bed, the things to do and the things not to do. It teaches him how and when to exercise. It means instruction in ventilation, clothing, the care of excretions, sputa, etc., and it is just as important that these rules be carried out as it is for him to take his medicine. The carrying out of these rules, however, in the average home, is almost impossible, for the patient is apt to forget or become careless, or to do things that may put him back for weeks, or cause his death. The popular idea is that patients must be kept from air, and in darkened rooms, which are overheated, and fed on food which is not nutritious, and indigestible, simply because they crave it, and will eat nothing else, under the pretext that their stomachs are weak and that they can only eat at certain in times a day; so the hygienic treatment at home is apt to be rather unsuccessful.

2ND.—CLIMATIC.

It is the prevailing idea that patients must go to some southern or western health resort for climatic treatment, but the climate here in New Brunswick is very much the same as that of the

Catskills, Adirondacks or even Colorado, and persons who go to the south or to California do not improve nearly so much as they do here in our stimulating, cold, crisp winter weather. Patients do very much better in the winter months than they do in the summer, and while there is a great amount of sunshine in Arizona, that does not really compensate for the beautiful plant and tree life of New Brunswick; the associated sand blows and excessive heat offset the advantage of prolonged sunshine.

There is no place in the world where tuberculosis is an unknown disease among the natives of the localities where they live, and where such cases do not end fatally just as they do in New Brunswick, and it is very much better for patients to be cured in the climate where they hope to return to live, as the cure is very much more apt to be permanent. Tuberculosis can be treated successfully in almost any climate, if the patient will only live in the open ear and clean surroundings. It is not so much the climate as it is the method of using the climate.

3RD.—DIETETIC.

Dietetic treatment of Tuberculosis is perhaps the most important. The forced feeding with milk and eggs is practically more essential than the climatic open-air life, but if it was not for the stimulating effect of the out-door life patients could never take the extra amount of milk and eggs required, as they take about 700 quarts of milk and 1,000 eggs yearly, outside of their regular meals, Their digestive apparatus would rebel, and they could not take this large amount of food if it were not for the effect of the cool fresh air, which stimulates all the functions of the body, even though they take no exercise at all.

4TH.—MEDICINAL.

In the medicinal treatment of tuberculosis there seems to exist a wide difference of opinion as to what extent drugs are to be used advantageously. There is one school, which considers drugs, for this purpose, either useless or harmful, while another school regards the use of some special one as the only satisfactory course of treatment. Some of them claim almost a specific action for some of their pet drugs such as creosote, arsenic, formaldehyde and cod liver oil. There is probably no drug endowed with specific properties. The serum treatment has been used in many cases very much as anti-toxine is used for diptheria, and for it some men claim brilliant results, but this is not borne out by common experience. Whiskey was for quite a time considered to be a valuable aid, but they now consider persons, who use alcohol even moderately, more apt to take the disease, and the stimulus of fresh air is considered better and safer. Fresh air is to be tried first and everything else

afterward. This does not imply that no drugs are to be used, for we may use the drugs that we would use in every day disturbances.

5TH.—SANATORIUM.

The last consideration, viz., sanatorium treatment, embraces all of these, and the best results can be obtained from the open air, hygienic, dietetic and climatic treatments, in a sanatorium where the patients are all under the observation of a nurse and a physician. The result of these, combined with every other known method of general treatment, is soon seen by a short trial of this open air life. The cough is diminished and the fever or night sweats decrease, or entirely disappear. The appetite is greatly improved and the weight and strength remarkably increased. Patients soon lose their fear of taking cold. Patients find but little difference in the constant exposure to outside atmosphere. The most important part of sanatorium treatment is the part it plays in prevention.

ITS EDUCATIONAL ASPECT.

Of course a very small percentage of the persons who have tuberculosis can ever be treated in a sanatorium, but it is necessary if we are ever going to control this disease that every person should have some knowledge of the care and precaution to be taken in handling cases. It is here that the sanatorium is going to play an active part. It is going to take individuals from different parts of the province and teach them how to live, how to care for themselves and what precautions to take in prevention.

Every person who leaves the sanatorium is going out with a knowledge of these details, and will act as a missionary throughout the community where he lives. The great problem, after all, is prevention, and more people will learn the necessary preventive measures through a sanatorium than through almost any other means.

Your committee would recomend the adoption of the pavilion and cottage plan, which is universally recognized as the best plan of hospital construction heretofore devised, and one possessing many important medical and sanitary advantages. Each patient is provided with a separate sleeping apartment, and is consequently not disturbed by the incessant coughing, which oftentimes accompanies this terrible complaint. The arrangements generally are those of a home combined with all the advantages of a hosptal.

This ideal structure might be realized upon the following plan of expenditure:

Capacity of building, twenty-five patients.

1st —Cost of structure.....$20,000
2nd—Furnishings..... 5,000
3rd—Site of hospital..... 2,000

4th. Equipment.—Which will be twenty-five separate sleeping apartments for patients, with suitable quarters for staff, and with

dining room, cooking and bathing facilities for sixty persons. While the pavilion would only accommodate twenty-five patients, still the ground space should be sufficient to provide the room for a large number of "roof-tents," or cottages that could be erected at a very moderate cost.

5th. Maintenance.—Cost per patient, $9 to $10 per week. This put in other words means that the cost of maintenance per year would be $13,000, and would be increased or decreased, of course, proportionately to the number of patients living in the cottages.

SITE.

Your committee feel that in regard to the selection of site a committee should be appointed consisting of men representing the different sections of the province, in order that every possible consideration might be given to the opinions and ideas of the medical profession throughout the entire province. In looking over the literature we have received we cannot but be struck by the marked change that has been wrought in the attitude of both the laity and the profession towards this disease. Twenty-five years ago it was one of hopeless indifference, to-day it is one of hopeful expectancy and interest. This has been brought about principally by the work of two men, Brehmer and Koch. Brehmer taught of the value of sanatorium methods, and the great principles which underlie the open air treatment of tuberculosis. At that time the consumptive hospitals, and the ward for the treatment of consumption in general hospitals, were so depressing a spectacle, and the death rate so appalling, that they were frequently given up and their establishment discouraged by the profession as useless and only likely to shorten the consumptive's life.

To-day we know that we can save one-third of all cases received for treatment at a modern sanatorium, and evidence has been shown that the cures thus wrought are much more than temporary. Over the doors of wards and hospitals for consumptives twenty-five years ago might have been written these words, "All hope abandon ye that enter here," while to-day, in the light of the new knowledge, we might justly place at the entrance of a modern sanatorium the more hopeful inscription, "Cure sometimes, relief often, comfort always."

All of which is respectfully submitted by the committee.

(Signed) G. A. B. Addy, *Chairman.*
W. Walter White,
Stewart Skinner,
Murray MacLaren,
T. D. Walker,
P. R. Inches,
Thomas H. Lunney, *Secretary,*

Book Reviews.

The Doctor's Window.—Poems by the doctor, for the doctor and about the doctor. Edited by Ina Russell E. Warren, with an introductionby Wm. Pepper, M. D. Published by the Saalfield Publishing Co, Chicago, Akron, and New York.

This, the latest addition to the Doctor's Recreation Series, is destined to become perhaps the most popular of the volumes, which have thus far been issued. It is a careful selection of representative poems, and of bits of verse which scarcely merit this title, culled from literature ancient, medieval and modern. Many of the poems are from the pens of physicians. While the majority of the selections have appeared elsewhere, a few have been contributed especially for this work. The volume is compiled especially for the doctor, with the hope that he may find in it a restful diversion from an arduous practice. Geoffrey Chaucer, Ben Jonson, Thomas Hood, Walt Whitman, Charles Dickens, Lord Byron, George Crabbe, Will Carleton, Eugene Field, James Whitcombe Riley,—these appear amongst the contributors, and it may easily be imagined that the variety of touch, tone and quality is all but infinite. Many of the pieces are in light vein; many as serious as could be wished for; many keenly appreciative of the doctor's aim. In some we are good-naturedly chidden for our frailties; in some the meanness and avarice of certain notables of former days, are unsparingly portrayed. Of course, where so large a field has been gleaned, it is but to be expected that there will be some chaff among the grain, but this only adds to the completeness of the book. The binding of the volume is very attractive, being uniform with that of the other volumes of the Doctor's Recreation Series.

Therapeutic Notes.

Sun-Pain and Other Pain.—In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, and particularly in our large cities, during the summer solstice, antikamnia tablets, in addition to cold douches, are the best remedy. Antikamnia tablets reduce temperature by increasing radiation of heat from the body, and diminishing heat production. They stimulate the grandular system, particularly the sudorific glands, In many cases their diaphoretic action is phenomenal. They act as an anaigesic by obtunding the sensibilities of the vaso-motor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system and have but slight action on the brain. We mean by this, that they no not stupefy nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in nearly all neurotic troubles and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun-pain, cephalalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhoea, irregularities and all painful conditions.

In the treatment of conditions where it is important to exhibit quinine, the action of Antikamnia & Quinine Tablets will be found specially desirable. The antikamnia not only relieves the pain, but prevents any disturbance of nervous system, so frequent when quinine is given alone.

The attention of the medical profession is being directed to the use of Sal Hepatica in typhoid fever and inflammatory conditions of the bowels. It appears to be a very safe saline laxative in such affections, being less obnoxious to the organism than sodium phosphate alone or other salines and is more readily eliminated.

By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, the manufacturers of Sal Hepatica claim a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any of the natural purgative mineral waters. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof, in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

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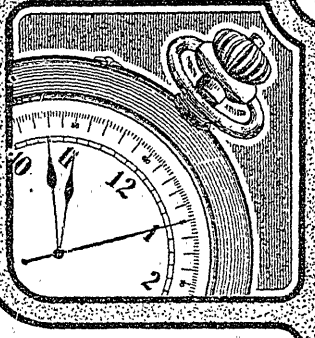

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