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(HALIFAX, NOVA SCOTIA.)

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VOL VII—No. 9.

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The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1895, on Tuesday September 24th, and will continue until the beginning of June, 1896.

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About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Library, which contains over 15,000 volumes.

MATRICULATION.—The entrance examination of the Medical Boards of the different Provinces in Canada, is accepted by the University as equivalent to the Matriculation examination, which is held by it in the months of June and September.

COURSES.—The regular course for the degree of M. D., C. M., is four sessions of about nine months each. Arrangements have been made with the Faculty of Arts of McGill University, by which it is possible for a student to proceed to the degree of B. A., and M. D., C. M., within six years, the Primary subjects in Medicine, i. e., Anatomy, Physiology and Chemistry, being accepted as equivalent for Honour Natural Sciences, of the Third and Fourth years of the Arts course.

ADVANCED COURSES.—The Laboratories of the University, and the various Clinical and Pathological Laboratories connected with both Hospitals, will after April 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A Post-Graduate course for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilised for purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII.

HALIFAX, N. S., SEPTEMBER, 1895.

No. 9.

Original Communications.

PRESIDENT'S ADDRESS.

Read before the Canadian Medical Association
at Kingston, Ont., Aug. 28th, 1895.

BY WM. BAYARD, M. D., St. John, N.B.

Gentlemen,—

My days are so far spent that honors do not possess the same charm for me that they did years ago. But let me say to you in all sincerity, that I highly appreciate the honor you have conferred upon me, by placing me in the chair to preside over a body of gentlemen comprising between 4 & 5000, for our doors are open to every educated and honorable medical man in the Dominion, and covering a district of thousands of square miles.

I accept it as a proof that you do not class me as one of the "fossils" of the profession to be placed on the shelf and forgotten. I did not expect it, and I feel that I did not deserve it, for circumstances have prevented my attendance at your meetings for many years. But while not with you in person, I was with you in spirit, believing, as I do, that associations such as this tend to educate both the head and heart. The stimulus of mind upon mind producing a kind of intellectual contagion. Our mutual critic-

isms and discussions form at once a school and an ordeal, teaching us to be more careful in our classification of the phenomena occurring in our practice, and more correct in our deductions from them. And we are justified in assuming that the great progress made in the healing art during the present century, may be largely attributed to the stimulating and regulating influence of medical association.

Our social meetings with the consequent interchange of friendly hand-clasping, tend to create a brotherly love among us. And may that brotherly love ripen and produce a spirit of unanimity and combination by which we can alone obtain that influence which means power, individually we may possess some, collectively it is small indeed. We are classed as one of the three learned professions Divinity, Law and Medicine, but we are placed at the foot of the list, I claim that we should stand second. What aim can be higher than the cure of disease, and the relief of suffering? Our portals are guarded by more numerous and stricter examinations than all others. We are trusted by all classes. An eloquent writer has truly said. "Go into the abodes of the sick and the poor and deserted wherever there is disease or distress there you will find some medical practitioner exercising his glorious art patiently, freely and fearlessly, for

those whom poverty or vice, or the breath of pestilence, has deprived of every other friend. Or again follow him among the higher classes of patients, and you will there find him the friend and honest adviser of those who can seldom hear truth from any other lips."

As Oliver Wendell Holmes aptly puts it :

"Hour after hour the busy day has found
The good physician on his lonely round ;
Mansion and hovel, low and lofty door,
He knows his journeys every path explore."

Its members perform more gratuitous work, than those of all other professions combined. It is true the appeals of suffering humanity should be obeyed. But they have given so long and so freely ; that the state and the public demand it as a right. Now the question may be asked, is it right, or is it just, that the state and the public should allow the medical profession to do their medical charity, particularly when it receives such scant recognition at the hands of either. It may be safely claimed that the remuneration paid by the state to any of its Medical Officers would not equal that paid to a third rate lawyer.

It is estimated that in London *one* in every *two* persons receive charitable medical relief at the out-patient department of the Hospitals, and that 50 per cent of those receiving this charity are able to pay for advice and medicine. This statement is corroborated by the fact that there are nearly 80,000 daily occupied beds, with a proportionable number of out-patients. This great and laborious work is freely given, "Asking no reward save Heaven's well done." Yet their employers, like the "horse-leech," continually demand more. While the members of the profession should be proud and glad to minister to the sufferings of the deserving poor, they should "call a halt," except, when the Institution is supported by voluntary subscription, by so doing,

they give their quota, a large one it is true, towards its support. But when the Hospital is State Supported, Endowed, or becomes a commercial undertaking by receiving pay patients, they should be paid like the members of other professions for services performed. The State has no claim upon them, and it is quite certain that the tax-collector does not forget them. It is claimed that it is an honor to be on the Medical Staff, so it is, it is an honor to be a Bishop, a Judge, or a Recorder, but they are paid all the same. It is also claimed that they are learning. It is hoped that we are all learning daily, but they are more often found teaching.

They should demand and receive more consideration at the hands of Hospital Governing Authorities, who, too often treat them as servants, rather than a body of gentlemen performing a gratuitous work, without which the Hospital could not exist for a day. It is not long since a Noble Lord, a Governor of a London Hospital, proposed a resolution requiring the Medical Staff to be in their places between the hours of 6 and 9 o'clock in the evening, to give advice to those out-patients who could not leave their work in the day time. Good sense prevailed and the resolution did not pass. Recently, the Trustees of a Cottage Hospital in the Province of New Brunswick, who had the power of appointing their confreres, persistently refused to have a medical man on their Board, the staff very properly resigned, when the Trustees were compelled to yield. Indeed every properly organized Board should have one or more medical men upon it, who can know the requirements of Hospitals so well? and it may be asked upon what principle should they ever be excluded.

Hospitals are established for the Sick Poor. But in the present day, they are *much abused* by the atten-

dance of individuals as "out-patients" seeking advice and medicine, who are able to pay, who would resent being classed as paupers, and would not dare to ask equal gratuities from any other source. This is cheap charity on the part of the State and those supporting the Hospital, has a demoralizing influence upon the recipient and is injurious to the young practitioner, who is thereby deprived of his small fees from persons able to pay them. The philanthropic work of our profession does not cease with its Hospital duties, knowing that a large proportion of the mortality of the human race is caused by diseases that are preventable, its members have persistently kept this fact before the public mind, when, now it may be claimed that the cloud of ignorance and prejudice that overshadowed the progress of sanitation, has been in a great measure dispelled, and the "Masses" are forced to believe that health may be preserved, disease averted, and life prolonged by the observance of known sanitary laws. These laws often impose onerous duties upon Medical Men, and certainly tend to lessen their fees, inasmuch as they prevent sickness, but they perform them for the love they bear their fellow men. Here again they may be proud of their work, when they reflect that "Preventive Medicine" has decreased the general mortality in England since 1755 from 35.5 per 1000 to 17.85; Enteric fever since 1840 from 0.39 per 1000 to 0.17; Small pox since 1840 from 52.2 per 1000 to 6.5; Scarlet fever since 1850 from 97 per 1,000,000 to 17; That of Consumption $3\frac{1}{2}$ per cent. The death rate of the British Army in India, has been reduced from 69 per 1000 to 14.84. The span of individual life has increased, in 1854 it was for women 41.9 years for man 39.9, now it is for women 44.66 and for man 41.35.

It has been estimated that sanitary measures save the lives of 70,860 per-

sons yearly in Great Britain. Much yet remains to be done. Sir Joseph Fayrer informs us that about 125,000 persons die yearly in Great Britain from preventable disease, the consequent sickness causing that number of deaths would mean 78 $\frac{1}{4}$ millions of days work lost, with a money value of £7,750,000.

To prevent disease its cause should be known, and it is impossible to exaggerate the value of the scientific researches which have led to the antiseptic methods of preventing the morbid action of micro-organic life. The search-light of science is penetrating the inmost secrets of nature and opening out sources from which may flow results of incalculable importance in their bearing upon life and health. Therefore it may be safely asserted that no City, Town, or Municipality can be properly governed without a Board of Health, and that no Board of Health can be efficient without the support and co-operation of the Medical Profession. We have ample Sanitary Laws, but they cannot be enforced without money; and while authorities make appropriations with a free hand for improving the breed of cattle, for competing railroads, and for extravagant school-houses, etc., they dole out grudgingly the minutest pittance for "Preventive Medicine." I think I am safe in asserting that the Provinces in this Dominion do not spend the half of one cent a year, per capita for that purpose. This incongruous state of affairs will continue to exist until a wave of popular protest is set in motion, proclaiming to our legislators in unmistakable tones the ancient maxim "*Salus populi suprema est lex.*" It is quite certain that the knowledge we possess of sanitation, is in advance of its practical application. Let us take that dread disease Diphtheria as an example, until recently we were unable to accurately differentiate the true disease from other pseudo—membranous

anginas. Now, by the aid of bacterial cultures with subsequent microscopical observation, we can form a positive diagnosis, when we find the Klebs-Loeffler Bacillus, we know that we have the true disease to deal with. This Bacillus is found in about half the cases formerly classed as diphtheria. It is not found in other anginas, but various cocci are present. The fact that the "Klebs-Loeffler"—or contagious Bacillus has often been found in the throat secretions weeks after the patient was supposed to be well, renders it *imperative* that a bacteriological examination should be made in *every case* before he is released from quarantine, doubtless the neglect of this precaution is largely the cause of the spread of disease in the schools. It is no discouragement to say that few medical men in active practice possess the time, the appliances, or the technical knowledge to make this investigation. Hence the Government should appoint and pay "Pathological Experts" for that purpose. The State pays for the administration of its laws, surely the preservation of health and the saving of life have an equal claim. It is unquestionably the *duty* of the State to use all legitimate means to prevent the spread of contagious diseases, and when those in authority turn a deaf ear to the recommendations of those various Boards of Health, they assume a heavy responsibility. There are upwards of 4000 children in St. John who have not been vaccinated. The Government can, under the act, order compulsory vaccination in any town or district. Two years ago the Provincial Board of Health urged upon the Government the propriety of making the order, nothing has been or probably will be done, until we have a small-pox scare. In January last the same Board recommended the appointment of "Pathological Experts." As great bodies move slowly the recommendation may yet produce fruit, every

medical man should have the privilege of sending some of the excretion or membrane from the throat of the suspected case, in a sterilized tube, to the "Expert" who should pronounce upon it as *soon as practicable*. This delay need not interfere with the treatment, but it would settle the question of isolation and quarantine. The "Expert" should make "Medical Jurisprudence and Toxicology" his special study to enable him to conduct post mortem examinations, test for poisons, and enlighten the court and jury in cases of suspected murder. Such an officer would, I think, tend to raise the standard of medical evidence in the law courts, by keeping from the witness-box men who, too often enter it, without having studied the subject upon which they are to be examined. A desideratum much required. The motto of the general practitioner "*semper paratus*" applies with force to this branch of his profession, for whether he resides in the town or country he cannot escape the risk of being called upon to give evidence. He may argue that a little time will be afforded him to look over his books; but let me assure him that a hurried glance at them, unless he has previously made medical jurisprudence his study, will not protect him from embarrassment in the witness-box. I have seen such exhibitions as tend to degrade our profession in the eyes of the court. For, believe me, the profession as a body, are more or less judged by the short-comings of the individual members.

Medical men are too often found ranged on opposite sides called for the purpose of contradicting each other, a degrading position, and one that should be avoided when possible. The Attorney calls upon him; reports the case from his own stand point, the medical man forms and gives a hurried opinion, based, perhaps, on partial information, it suits the ideas or interests of the attorney, who books

him as a witness; and when on the stand he finds himself led by subtle questioning to make unguarded statements, which upon mature reflection and further information he would wish unsaid. Another medical man is called, who, having made himself master of the subject, in the interest of truth and justice, finds himself in the unpleasant position of being compelled to expose errors of opinion. Hence doctors get the credit of differing, where no difference of opinion should exist. This difference of opinion, too often, placing upon the court and jury, who are not educated upon medical subjects, the responsibility of deciding who is right and who is wrong. Here the evidence of the experts would largely assist in arriving at a proper conclusion. In this connection let me say a few words upon the subject of prosecutions for malpractice. Many years ago I suggested that a committee of five medical men of standing be appointed in each Province, to whom all cases of threatened prosecutions for malpractice be referred by the accused. If this committee reports favourably, let him defend it, if adversely, let him make the best compromise he can. I also suggested that in such cases, he should in a measure be tried by his peers. In other words, one or more medical men should be on the jury. I think if this could be accomplished it would lessen litigation and advance the cause of justice. For we often see verdicts given, for want of proper knowledge, devoid of reason and common sense.

When I last had the honor of addressing you, I alluded to the injurious effects of the high pressure system of education upon the rising generation; particularly upon those who are to become the mothers of our future race; my remarks met with adverse criticism from some of the editors of our local newspapers, displaying the erudition one should look for from such a source. I have noth-

ing to detract from that which I then said, but would supplement an earnest recommendation to the governing bodies of our schools, to appoint medical men, whose duties shall be to advise regarding the healthiness of the schoolrooms—the duration of the hours of study and physical exercise—to classify the children according to their physical or mental ability for study—to point out the correct posture when writing—to see that all are properly vaccinated,—to detect incipient cases of chorea,—defects in vision,—and contagious diseases—and examine and remedy the defects in the dentures of the children,—in fact to protect the health of the scholars. For while education is a great boon, it should not be forced at the sacrifice of health. As Lord Beaconsfield has wisely said: “The public health is the foundation on which repose the happiness of the people and the power of a nation.”

It will not be disputed that the location of a school-house—its sewerage,—its ventilation and heating—and the cubic floor space allotted to each child, are subjects of vital importance. And observation teaches us that they receive scant consideration. It may be asked who can classify the children according to their ability for study and apportion the exercise suited to each, so well as one who has made physiology and psychology a study? A child enters school having been well fed, and full of bodily and mental vigor; another, of the same age, poorly fed and weak in body and mind, both are placed in the same class, the one learns his lessons readily, while the other cannot do so, he plods over it at home, dreams of it, returns in the morning jaded and worried, this continues and ultimately his health breaks down, because he is forced beyond his ability. It is notorious that many children, particularly girls, leave school with “lateral curvature of the spine,” and it is claimed by

those who have studied the subject, that the position assumed when writing a "*sloping or slanting*" hand is largely the cause. The following directions support this claim: Turn your left side to the desk, Press the left arm close to the side, Place your left hand on the copy book, Press your right elbow to your side, Point your pen towards your right ear, Grasp the pen firmly and write." A better position could not be devised to distort the muscles of the body, the spinal column and the eye. "*Vertical writing*" with the spinal column in its natural position, and the muscles of the body and eye unrestrained, is the common sense remedy. None but a medical man can give a safe opinion as to the quality of vaccination, incipient disease of the eye, or upon the contagious character of an ailment. Another trouble connected with the Hygiene of school life may be named, St. Vitus' Dance, a disease frequently caused by mental strain, advancing insidiously, preceded by restlessness, irritability of temper &c., which is too often attributed to carelessness, for which the child is punished, with the result of aggravating the disease. Here the knowledge of the Expert will apply.

Doubtless there are few in this room who have not at some period of their lives, suffered from the pangs of toothache, to them I appeal for sympathy for school children: but *one in ten* of whom are declared to possess normal or perfect dentures. It is claimed that a child cannot study while hungry, may it not be asked can he study when suffering from a jumping toothache? Sir J. Crichton Browne informs us that out of 5249 school children under 12 years of age examined; but 485 were found with normal or sound dentures, that only 26 per cent of the teeth of infants at 5 years of age were found free from caries, and that in older mouths 10,000,000 of artificial teeth were annually used in

England. The conditions in both countries being nearly similar we may reasonably conclude that a proportional amount of that disease exists in this country, with its disastrous consequences, pain, imperfect mastication, indigestion &c., &c. I shall not stop to discuss the causation or remedy for this trouble, but dealing with the fact, let me earnestly suggest that this Society give an expression of opinion, recommending the authorities to institute a system of compulsory investigation of the teeth of school children and State-aided rectification of defects in them. In support of my contention let me quote Sir J. C. Brown, who says:

"I contemplate that the dentists employed in this public service would be adequately remunerated for their labours; but the money would be well spent, and would yield a splendid return in the increased comfort, contentment, health and vigor of our people. Rather than it should not be spent in so laudable and desirable an undertaking, and truly our school rates are already high. I would willingly see some curtailment of the curriculum which our Boards now offer. Nutrition, I have often said comes before education. It is wasteful and even cruel to force education on half-starved children, and teeth I would now assert come before talents. It is preposterous to confer shreds of showy accomplishments upon children who cannot chew their food and sure I am that it would be for the ultimate welfare of the country, (if so be that adequate tooth culture cannot be otherwise secured) even that the grand piano in some of our London Board Schools should give place for the time to the dentists' chair."

There is another subject upon which I wish to say a few words, I approach it with hesitation, knowing it to be a contentious one, and one which has



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As a nutritive tonic it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases. Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after exhaustion produced by over mental exercise.

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too often called forth the worst passions on the platform and in the pulpit, I allude to the "*Abuse of Alcoholic Drinks.*" I believe there are none in this room, who are not aware of the misery, degradation and death consequent upon the abuse, and I believe that *all* will hold up both hands in favour of any feasible scheme to abate the evil. Assuming that it is the greatest one of the age, and that it calls loudly for remedial measures. What form those measures shall take, is a question that has seriously exercised the minds of Statesmen, philanthropists and the public. Some claiming that coercive and restrictive measures will accomplish the end in view, while others declare that such measures will aggravate the evil. Both wishing to arrive at the same goal, in their enthusiasm, deliriously denouncing those who differ from them. Denunciation is not argument, injuring as it does a good cause. The subject is of such vast moment that it should be discussed soberly, calmly and with judgment, from a sanitary and moral standpoint. Statistics prove to us that the evil has become very much less than it was centuries ago, and our observation teaches us the truth of Herbert Spencer's remark that "for a long time past among the upper classes, the drinking which was once creditable has been thought a disgrace." This is a large step in the right direction, but much remains to be accomplished.

Restrictive and coercive measures have been enacted from the First Century when the Roman Emperor Domitian issued an edict prohibiting vineyards in England, up to the present date, yet the results of intemperance are lamentable.

To apply a remedy the cause should be understood. It has been claimed, and I think justly, that the abuse of Alcohols, originates in the beneficent instinct which prompts men to seek pleasure and to avoid pain.

They will be used so long as they continue to be the best agents known to man, to heighten his joys and to make him forget his woes, if only for a time; and they will be abused until men have become convinced that they cause in the end more pain than pleasure, and who can educate them upon that point, so well as the members of our Profession?

There are four remedial measures that present themselves, namely:—*Education,—Sanitation—Local Option—and Prohibition.* Let us appeal to his brain and to his fears. Teach him the fact, that the *use* of alcoholic drinks cannot, when in health, benefit him in any way, that the improper *use* of them is too often followed by the *abuse*, that they *never* should be taken without food, that should a craving for them exist; his only safety lies in "total abstinence." Impress upon him that the highest attribute of a well-regulated mind, is the power of self-control, and that the act of self-government is *noble* when exercised in the face of "temptation," *nothing* without, and he who will not restrain an injurious appetite, degrades himself to the level with the brute creation. The sensations of languour, debility, and exhaustion consequent upon insanitary surroundings often drive men to the dram-shop. Improve his condition in that respect and you remove a large source of temptation.

The *Gothenburg System* a form of *Local Option* commends itself to the rate-payers inasmuch as the profits accruing from the public-house sale of liquors is appropriated towards the payment of the debts of the municipality. It directs that the whole public-house traffic be transferred to a limited liability company who shall undertake by their charter, to conduct the business solely in the interest of temperance and morality and to pay to the treasury the whole profit beyond the ordinary rate of interest on the paid up Capital. The Capital required

was £7,5009 and the annual profits yielded £40,000. The population of Gothenburg in 1876 was about 65,000. The number of licenses issued by the new company was reduced from 119 to 56. Of these 13 were transferred to wine-merchants for sale and use off the premises of wine and spirits of the higher class; 10 were transferred to hotels, clubs, restaurants, and cafes; 26 to public-houses and 7 to shops for sale and use on the premises. "Beer" business was prohibited from 6 p. m. on Saturday to 8 p. m. on Monday. This experiment appears to have worked well, for almost every town in Sweden has adopted it.

Regarding "Prohibition" I have little to say, except that it was tried in the "Garden of Eden" and failed there. Prohibitory Laws have repeatedly been placed on the Statute books against the use of Alcoholics, and in no one instance have they produced the desired effect. Indeed no law, will or can be enforced so long as there is a large minority who disapprove of it, and who do not feel that they are degrading themselves by evading it. Such a law would induce smuggling, and illicit distillation. A trade in bad small-still whiskey would spring up from our woods. And other stimulants and narcotics would be found to take their place.

Now what is to be done with the confirmed *Inebriate* is the question, argument is useless, the tears and entreaties of friends will not influence him, the finer qualities of his nature are destroyed, punishment has no terrors for him. Restraint is the only remedy. He is not in the strict sense of the term a lunatic; but practically he is one. The church looks upon him as a sinner, the state as a criminal, while the observing physician knows that he has lost his power of self-control, that he is running his health, shortening his life, squandering his property and that oftentimes, in his delirium, he commits acts of violence

against those most dear to him. It may be said that the disease was caused by his own act, true, but that does not absolve the state from responsibility. Is he dangerous to himself and others? He certainly is. Therefore he deserves the same care as an acknowledged lunatic.

The Dominion of Canada is in advance of all other states regarding its laws for inebriety, each Province has its law, under which the inebriate can be incarcerated, but no individual can be declared an inebriate in one Province and incarcerated in another—each province is supposed to have an asylum of its own. All governments cannot, or will not, furnish the means for one, and the people are unwilling to be taxed for that purpose, claiming that the Dominion Government receiving a large revenue from the manufacture and importation of the material causing the evil, should pay for the remedy. There is much justice in this contention.

The Dominion Government should make an appropriation to each province for that purpose, or endow one large one for the Dominion, so arranged as to supply the requirements of different classes of patients, and with facilities for working at various trades. The profits from the work of the inebriate, after deducting a given amount for his board, to be paid for the support of his family. If such an Institution were established it would have a re-training influence upon many, and doubtless a number would be sent from it with power to refrain.

Gentlemen I shall weary you if I do not bring this desultory address to an end. My chief object has been to remind you of the philanthropic gratuitous and beneficial work of the members of our profession, to designate the position they hold as a body, in the community, so dependent upon them and to appeal for an improvement in that position.

It will not be disputed that they perform more gratuitous work than all other professions combined, that this unselfishness is proved by the active part they have taken in the establishment of "Preventive Medicine", that they have freely given to the world the benefit of any discovery they may have made, namely, vaccination the application of the various anaesthetics antiseptics etc., gifts, which, in their effects upon the well being of mankind have never been equalled by any body of men and that they devote their lives regardless of the breath of pestilence, to suffering humanity.

It may be asked does the profession hold a position commensurate with this great work? truth compels us to answer no. Is the fault with the State, the public or the profession? It is apparent that the authorities did not shew much appreciation for the work, when they relegated the monument to Jenner, placed in Trafalgar Square, to an obscure corner at the far end of the Serpentine, to be admired by nurse-maids engaged in keeping children from falling into the stagnant water. No such indignity was offered to the memory of the man who originated the postage stamp system. It is well that the charm of the profession lies in the variety of its work, in the sympathy for the sick, and in the scientific interest in its pursuits: Not in the shadowy prospects of honors; when they reflect, that he, who can tickle the ears of poetry, lovers with fine sentiments is created a Lord, or a general commanding the bravest troops and directing them against a semi-savage horde, himself keeping without the range of shot or shell, receives the thanks of Parliament is presented with a large donation in money, and is created a Lord or an Earl while the honors conferred upon the members of our profession, range from a Baronetcy to that of the lowest grade of Knight-hood, and often below that of a Politician, a Teacher of

Music, a Railroad Manager, and a Play-actor. This is not flattering to the Profession. It may be assumed that the honour is bestowed on account of some beneficial service performed by the recipient. And no reasoning mind will compare the services rendered by those named, with the beneficent work of Jenner, who it is claimed has saved more lives than have been destroyed by gunpowder and the sword since the time of Marlborough. Lister, who, by his antiseptic system, is said to have saved more lives than the wars of the 19th century have destroyed. Simpson who by his application of anaesthetics, has annihilated the horrors of the operating table: and Spencer Wells who, it is estimated by his establishment of the operation for ovariectomy, has in England and America alone, directly contributed more than 30,000 years of active life to woman.

This injustice is so marked that the profession should seek the cause and secure a remedy. It may be asked does not the cause in some measure rest with ourselves? Does such union and cohesion exist among us as should, and I think would command influence? Do we support our "confrere" because he is such? I do not mean to imply that we should follow the dictum of the "noble statesman" whose monument is about to adorn this city, when he said "he did not thank a man for supporting him when he was right, he wanted his support when he was wrong." I will not go quite so far as that, but I will say support him until you find him wrong. Indeed if we think little of each other, the public will assuredly think less.

As we increase the standard of the profession so its influence should be increased. We may close its portals to all but those who are highly educated. This will not always guarantee rectitude of conduct. We have an admirable code of ethics, the tenets of which should be indelibly impressed

upon the mind of every member, and when religiously observed, leaves little to be desired, but when ignored, all suffer from the degrading act of the delinquent.

A word about fees: I assume that each district has a code of fees, governed by custom or regulation. The competition is such, that some may be induced to give their services for less than the minimum rate. This would be a grave mistake, for by so doing they proclaim that their services are not worth much, and their patients will naturally take them at their own valuation. The same may be said of the "Club doctor" who makes a trade of his profession, and a slave of himself, for a consideration that would be refused, by the cab driver who conveys him to his patients.

Let us suppose that some legislative enactment is wished for by the profession, this cannot be obtained without united action. I would suggest the propriety of having the subject discussed at the various medical Societies, and finally at this one; and when approved by the majority, each member should, regardless of his previous opinion, support the measure, and exercise his individual influence towards its enactment. The profession has no recognised representation in the Dominion Parliament. Its members are more exposed to misrepresentation and attack than other professions. The Medical Councils have some powers of punishment, but small ability to protect, and are slow to enforce discipline over those practitioners whose conduct brings discredit upon the profession, having such members unnamed and unpunished. The only remedy for this evil would be to grant power to the Councils to protect the profession, this failing, the profession should organize a "Medical Defense Union," such as is doing good work in England. Unjust and speculative prosecutions are often instituted against medical men for malpractice,

by persons who have nothing to lose, the result is that the unfortunate defendant, innocent or guilty, is mulcted in costs. In some of the States of the Union adjoining us, a law exists compelling the plaintiff to give security for costs. We should have a similar law for the Dominion. Indeed I wish our Council had power to assess and collect a small sum from each member for such unjust prosecutions.

In conclusion gentlemen, let me ask you to accept the foregoing remarks as expressions from one whose long and somewhat large experience, has taught him the failings and the virtues of our whole profession, and whose earnest wish is, to see its virtues made so apparent that the name "Doctor of Medicine" shall be synonymous with all that is good in man.

BLINDNESS FROM OPHTHALMIA NEONATORUM.

Read before the N. B. Medical Association,
July 16th, 1895.

BY J. G. NUGENT, M. D.

Mr. President:

The subject of this paper to which I invite your attention is one that is arousing the interest of the medical world at the present day. More especially to the general practitioner is the subject of ophthalmia neonatorum of the utmost importance; for he is the presiding genius whose duty is to usher into the light of this mundane sphere the helpless protege entrusted to his care, and it is a matter of no small concern that the infant population thus launched upon the shores of time should be in full possession of the organs of sight in all their beauty and perfection. Time will not suffice to enter into minute details of our subject, but with your kind permission we will first glance at the widespread devastation caused by blindness.

Second we will note the causes of ophthalmia neonatorum and lastly the remedy or means of prevention. As a fraternal brotherhood we cannot fail to be highly interested in a subject that so frequently entails such dire consequences and even as citizens the laws of our land thrust ever and anon under our notice. It addresses us strongly through our sympathetic natures and presents itself practically in the form of tax bills.

What appeals more strongly to our sympathies than the sight of a fellow man shut out for ever from the beauties of this visible universe. The deep compassion which this class of unfortunates elicit throughout the range of Christendom is everywhere attested by the number of charitable institutions provided for their relief. While it is a matter for congratulation that such humane institutions are dotted over the face of civilization whereby the miseries of blindness are made to bear as lightly as possible upon its victims, yet it is nevertheless a fact that the support of the blind is a burdensome tax upon the industry of the community wherever their lot is cast. In countries where no such provision is made, we have only to take up the daily paper and read as in China and Japan during the late war of the hordes of blind beggars that infest those countries menacing the peace and safety of society.

Hence on this continent as well as in Europe, homes and asylums are erected for the aged and infirm blind and the youthful portion are cared for in institutions of learning. In our own Dominion we have four of the latter kind equipped for the education of the blind. One of these is situated at Halifax to accommodate the maritime provinces and Newfoundland. Another is located in Brantford and wholly supported by the Ontario government. The other two are charitable institutions in the city of Montreal—one for

the use of Protestants and the other for Catholics. All these entail enormous expense upon the State. Dr. Lucien Howe shows this startling charge for the support of the blind for one year in the neighbouring republic to amount to several million dollars. Estimating food and clothing at \$132 per year for each person. Putting wages down to \$1.20 per day for each man and 40 cents for a woman, the loss in wages and support for a year for each man would amount to \$404 and for each woman the loss would be \$256 per annum. On this basis the total loss per year would amount to \$16,383,272.

These figures would indicate that there are 50,000 blind in the United States. The State of New York alone has 5,000.

Of the various diseases which contribute to swell the army of the blind ophthalmia neonatorum stands pre-eminent. Turning to the capitals of Europe we find among the inmates of the blind asylums, the number made blind by this disease were: In Copenhagen, 8 per cent; in Berlin, 20 per cent; in Vienna, 30 per cent; in Paris among 208 young subjects, 45 per cent; in Germany and Austria's blind asylums 33 per cent of the inmates had been made sightless by this disease and in different other countries the variation was from 20 per cent to 79 per cent. (Horner.)

In Philadelphia out of 167 inmates of the blind asylum 20 per cent had been admitted for this cause. These figures show only the destitute and totally blind, for besides these hundreds are cared for at home and a large number who escaping total blindness are more or less incapacitated by the impairment of one or both eyes and you at once perceive the frightful ravages of this disease.

From last year's report of the blind convention held at Chatauqua, N. Y., kindly furnished me by A. H. Dy-

PROVINCES.	POPULATION.	BLIND.		TOTAL.	Per 10,000 Inhabitants.
		M.	F.		
British Columbia...	98,173	87	41	128	.13
Manitoba.....	752,506	23	13	36	2.4
New Brunswick....	321,263	145	107	252	7.8
Nova Scotia.....	450,386	217	189	406	9.0
Ontario.....	2,114,321	713	514	1227	5.8
P. E. Island.....	109,078	44	38	82	7.5
Quebec.....	1,488,535	601	618	1219	8.0
N. W. Territories..	66,799	8	8	16	2.6

Divided by educational status :

Can read and write.....	752
" neither read nor write.....	2,461
" read but cannot write.....	152

By occupation the blind are divided into two groups—the non-productive and the productive. The first includes children, females in households, retired, no occupation given, members of religious orders, paupers, students, numbering in all 2,492. The productive class includes 876 employed as follows :

Agriculture, fishing and mining.....	533
Professional services.....	53
Domestic.....	98
Trade and transportation.....	72
Mechanical pursuits.....	120

Divided according to religion :

The Roman Catholics have 1,757 blind.	
Church of England.....	395
Presbyterians.....	429
Methodists.....	421
Baptists.....	205
All others.....	161

The first, in the case of the blind, as in the case of the insane and deaf-mutes have more than their share according to population.

The blind have decreased in Ontario and Quebec in the last 20 years and have increased in Nova Scotia and New Brunswick, as the following table shows :

No. of blind per 10,000 of population	
In 1871 Ontario had.....	6.2 per ct.
1891 " ".....	5.8 " "
In 1871 Quebec ".....	9.0 " "
1891 " ".....	8.2 " "
In 1871 Nova Scotia had.....	8.4 " "
1891 " ".....	9.0 " "
In 1871 New Brunswick had.....	7.3 " "
1891 " ".....	8.0 " "

Of the 252 blind in New Brunswick they are divided by counties thus :

Albert.....	Pop. 10,971 blind... 8
Carleton.....	" 22,529 " ... 11
Charlotte.....	" 23,752 " ... 16
Gloucester.....	" 24,897 " ... 33
Kent.....	" 23,845 " ... 27
Kings.....	" 23,087 " ... 22
Northumberland.....	" 25,713 " ... 14
Queens.....	" 12,152 " ... 11
Restigouche.....	" 8,308 " ... 6
St. John City.....	" 24,184 " ... 9
St. John County.....	" 25,390 " ... 18
Sunbury.....	" 5,762 " ... 3
Victoria.....	" 18,217 " ... 22
Westmorland.....	" 41,477 " ... 30
York.....	" 30,970 " ... 22

Of this number there were 30 males and 26 females under 19 years of age.

Loss to the Dominion through blindness.

1830 males at \$404 per year.....	\$742,956
1529 females at 256 ".....	391,424

Total loss per year, \$1,134,380

Loss to New Brunswick per year.

145 males at \$404 = \$58,580
107 females at \$256 = 27,392

Total loss. \$85,972

Upon a cursory survey of this blind army one is naturally led to enquire why is so great a host deprived of the sense of sight? A partial answer to the question is found in the fact that a large percentage is due to ophthalmia neonatorum or purulent inflammation of the eyes of the new-born babe. This inflammation may originate from different sources as for example the inoculation of vaginal secretions, such as leucorrhœa and menstrual fluids according to Frank Hamilton may give rise to it, also rude washing with soap and sponges in the hands of nurses, by exposure of the eyes to strong light and from colds: Overcrowding, imperfect ventilation and the strumous diathesis are among the predisposing causes. Conveyance of the virus from one child to another and from one eye to the other may be enumerated among the specific causes.

Having briefly outlined the etiology of the disease, I wish to emphasize the statement that the origin of the disease is chiefly due to the entrance into the eyes of the child, either during or soon after birth of an abnormal secretion from the birth canal. It is well known to the medical profession that a large majority of pregnant women have original catarrh and a certain number have other infections discharges. Therefore it would seem a rational procedure to use antiseptic injections in the vagina prior to accouchment. But as the difficulty of destroying noxious germs under any circumstances is admitted and as the task of removing every possible source of contagion from the vagina is well nigh impossible, our chief reliance should next be placed on making direct application to the eyes of the child immediately after birth.

Crede's method is probably the best that can be used for this purpose. It consists of dropping into the eyes of the child a single drop of a two per cent solution (10 grs. to $\bar{5}$) of nitraté of silver after the eyes have been well washed with tepid water.

In milder cases it will be sufficient to use rose water or with the addition of one grain of sulphate of zinc to three or four ounces of water. In the great majority of cases such precautions may be unnecessary, more especially where the possibility of gonorrhœal infection is not to be entertained.

Before society became enlightened upon the subject of vaccination, our blind asylums were filled with the subjects of small pox; but to-day blindness as a result of small pox, is almost unknown. In like manner, blindness as a result of ophthalmia neonatorum will disappear when the nature of the disease, its terrible dangers and its ready prevention or cure shall become thoroughly disseminated. It is the family physician who sees these cases first; for very seldom do they come before the specialist until late in the disease, when perhaps irreparable damage has been done by the total loss of vision.

How important then that the general practitioner should be prepared, not only to diagnose early but to treat intelligently every case of this preventable disease. The day has fully dawned upon the medical world when blindness from this disease is to be no longer regarded as a dispensation from the hand of the Almighty, and this belief still prevails amongst the laity, but they will soon discover their mistake.

Whatever may be our views in regard to popularizing medicine, there can be no question of the advisability of publishing abroad a warning against this disease than against the danger of letting a small pox patient run at large among healthy children. The efforts that have been made in the last few

FELLOWS' HYPOPHOSPHITES!

(SYR: HYPOPHOS: COMP: FELLOWS.)

To the Medical Profession of Canada :

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorus preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERIT.

FIRST.—*Unique harmony of ingredients suitable to the requirements of diseased blood.*

SECOND.—*Slightly Alkaline re-action, rendering it acceptable to almost every stomach.*

THIRD.—*Its agreeable flavour and convenient form as a syrup.*

FOURTH.—*Its harmlessness under prolonged use.*

FIFTH.—*Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.*

GENERAL EFFECT.

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The success of Fellows Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

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The addition of Iron to the above Elixir, adds its tonic effect to the valuable properties of the other constituents.

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A valuable remedy in cases of dyspepsia, and in general debility of the nervous system.

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Given in all cases of weak and enfeebled digestion, dependent upon gastralgic diseases.

years in England and in the United States are already beginning to bear good fruit in the decreasing number of victims from this disease. Legislative steps are being taken in those countries to stamp out this disease, and boards of health have taken the matter in hand; but as yet much remains to be done for its final extinction. A few years ago the legislature of the State of New York passed the following law on this subject.

Chap. XLI. An act for the prevention of blindness.

Sec. I. Should any midwife or nurse having charge of an infant in this state, notice that one or both eyes of such infant are inflamed or reddened at any time, within two weeks after its birth it shall be the duty of such midwife or nurse so having charge of such infant to report the fact in writing within 6 hours to the health officer or some legally qualified practitioner of medicine of the city, town or district in which the parents of the infant reside.

Sec. II. Any failure to comply with the provisions of this act shall be punishable by a fine not to exceed one hundred dollars or imprisonment not to exceed six months or both.

It behooves us as guardians of the public health to see that a law similar to the above should be placed upon the statute book of this province.

Before closing this paper, I wish to call attention to last year's report of the Ontario institution for the blind, wherein it is shown that fully 16 per cent of the inmates have been made blind from ophthalmia neonatorum, and this is also the percentage of blindness from this cause in similar institutions of the neighbouring republic.

In order to classify the causes of blindness among the pupils of the above school, Dr. A. B. Osborne, a specialist has been employed by the Ontario government to make such examination. The following is his

classification of the 132 pupils examined in 1894 :

Cataract--congenital and lamellar ..	11	13
Ophthalmia neonatorum	13	10
Atrophy of optic nerve	10	4
Pigmentary retinitis	6	5
Sympathetic ophthalmia	6	4
Granular ophthalmia	6	3
Injury	5	1
Attributed to scarlet fever	2	3
Corneal opacity	1	3
Myopia with choroiditis	3	1
Microphthalmus	1	2
Detachment of retina	3	..
Irido-choroiditis	1	1
Intrauterine keratitis	2
Astigmatism with amblyopia	2
Syphilis (hereditary)	1	1
Attributed to measles	1
" " diphtheria	1	..
Xerosis	1	..
Undetermined	3	1

73 57

(3 Blind.)

Ophthalmia neonatorum claims 23 victims—13 males and 10 females. Of these 46 eyes, 21 are shrunken; in 19 there is opacity of the cornea with anterior synechia or staphyloma, showing that there has been perforation of the cornea; opacity of cornea in 2, opacity of cornea and lens and flaccid ball 2, opacity of cornea (central) with anterior polar cataract 1, removed 1. I would draw special attention to the prevalence of this form of blindness, inasmuch as most countries have introduced legislation for its prevention.

And in the previous report of 1893, Dr. Osborne reported as follows:—

Ophthalmia neonatorum caused 21 cases, or 16.06 per cent. The disparity between the sexes is very marked, 13 being males to 8 females. Of these cases 6 were the first born, 2 the second, 4 the third, 4 the fourth, 1 the sixth, 1 the eighth, 1 the tenth and 2 unknown. This agrees with the results obtained in other countries, where it has been shown that male children are more

liable than females, and the first born is the most frequently affected.

Of the 42 eyes affected by this disease, we find :

Phthisis bulbi in.....	17
Anterior staphyloma in.....	10
Opaque cornea, with anterior synechie, in	6
Opaque cornea in.....	7
Anterior polar cataract in	1
Removed.....	1
Total.....	42

While this Dominion has such a vast blind population of whom there are no less than 443 under 19 years of age, and as yet nothing has been done by law to prevent the number from multiplying, do we not feel that we are not aggressively active in educating the public to a proper anxiety in this important matter? Is there not a personal responsibility devolving upon each one of us if we allow this terrible calamity to rage in our midst, filling so many homes with sadness and desolation? Each one of us should act as a medical missionary, shedding light upon this subject among our fellow men, atoning in some measure for our seeming negligence in the past by a greater diligence in the future. We can, even in the absence of law, send our message of hope and joy through the press and through our patients and their nurses that babies sore eyes is a terrible disease that is liable to be followed by blindness. We cannot teach in season and out of season, that the disease though so terrible is not only preventable but its concomitant blindness is easily avoided under the skilful treatment of the family physician. Even extreme poverty need not prevent any from receiving competent care; for in all centres of population are to be found hospitals and dispensaries accessible to all, where these children of affliction may come and receive skilful treatment without money and without price.

Like the great Physician our exemplar, our kinsman to-day are more than ever engaged in restoring sight to the blind, and especially may these children of misfortune be made glad by the new gospel of modern surgery, which assures to them the most pleasant and delightful of all the senses by the watchful care and bountiful liberality of our noble profession.

HOSPITAL REPORTS.

Appendicitis: Operation: Recovery.—By N. E. MacKay, M. D., V. G. Hospital. W. Mck. age 14, schoolboy was admitted to the V. G. Hospital, June 12th 1894, suffering from an attack of appendicitis. The following history was elicited; about a year ago patient was taken suddenly ill with pain in right iliac region, constipation and vomiting: recovered from this attack in 3 or 4 days under appropriate treatment. Had been well since until 6 or 7 days ago when he was again taken suddenly ill with severe pain in right iliac region constipation and vomiting: tenderness on pressure at McBurney's point. On the 3rd or 4th day of the attack temperature ranged between 102 and 103½, and pulse kept between 100 and 108. On the 5th day temperature dropped to 99°F. Accompanied by his brother who is a physician, he travelled by rail on the 6th day of the attack over 200 miles to come to the Hospital. This long journey did not hurt him any. When admitted his temperature was 99°. Pulse good but a little frequent; slight pain and tenderness in right iliac region; bowels constipated; a distinct tumor was easily found half way between anterior superior spine of ilium and the umbilicus—where marked tenderness existed—otherwise patient's condition very good.

Operated on the 14th June. Abdomen was opened by an incision 3 inches

long. Along the line semilunaris beginning at a point on a level with the umbilicus and extending down nearly to middle of poupart's ligament. A tumor the size of a large hen-egg, formed of omentum matted together with inflammatory exudate, presented at the bottom of wound. The tumor was firmly adherent to the parietal peritoneum in iliac-fossa and to the appendix. The omentum was separated by a double ligature of cat-gut and the mass carefully dissected from its attachment to iliac fossa by the finger. On lifting up the caecum the appendix was found curled up behind it which was ligatured with sterilized silk close to the caecum and removed with the omental mass attached. The pedicle was touched with pure carbolic acid. The peritoneal cavity was now thoroughly cleansed and the abdominal wound was closed with sterilized silk sutures and dressed with iodoform gauze. The appendix was now laid open in its full length and a perforating ulcer was found at its attachment with the omental mass, large enough to admit a medium sized probe. No evidence of suppuration was present.

Patient suffered very little pain after the operation. Highest temperature registered $99\frac{1}{2}^{\circ}$. Bowels moved on the fourth day. Patient made a good and uninterrupted recovery. Stitches were removed on 9th day. Wound healed and looked well. He was discharged well on the 7th day of July, the 23rd day after operation.

THE American Electro-Therapeutic Association will hold its fifth annual meeting at the College of Physicians and Surgeons of Ontario," in Toronto, Canada, on Tuesday, Wednesday, and Thursday, Sept. 3rd, 4th and 5th 1895. Dr. Laphorn Smith, of Montreal is President.

THE ECONOMIC ADVANTAGES OF THE METRIC SYSTEM.—A select committee of the House of Commons, composed of seventeen members, had fourteen sessions, and after careful examination of many witnesses, and despite the proverbial dislike of Englishmen to change, all but one member voted to report that the metric system should be at once made legal, and within two years compulsory. The committee recites the economic disadvantages of the English system of weights and measures, and goes on to say that "not only is foreign trade in every branch seriously handicapped, but that the home-trade would be benefited by the adoption of more simple and uniform standards. . . . One year's school-time would be saved if the metric system were taught in place of that now in use." From this judicious and judicial statement we may easily calculate one item of the cost of keeping up the antiquated and clumsy system of our weights and measures. If in every life one year's time is lost, and if we have forty-million of adults in our population, we are wasting thirty or forty million years every forty years, or a million years a year. As the average length of life is about forty years, this is equivalent to an annual expense of 25,000 lives. This looks laughable, but is there any hitch in the logic? If we lost 25,000 lives a year by cholera, what a hullabaloo would be raised! This is besides the commercial losses from trade, and also does not include the teachers' salaries! In medicine and science generally the expense is incalculable. The time wasted by one-hundred-thousand physicians in calculating the dosage and in writing prescriptions with our absurd grains, scruples, drams, ounces, pints, drops, and spoonfuls, would permit us to go to bed earlier every night or take a vacation each summer.

Medical News.

Maritime Medical News.

SEPTEMBER, 1895.

EDITORS.

D. A. CAMPBELL, M.D. Halifax, N.S.
 J. W. DANIEL, M.D., M.R.C.S. St. John, N.B.
 MURRAY MACLAREN, M.D., M.R.C.S., St. John, N.B.
 JAMES MACLEOD, M.D. Charlottetown, P.E.I.
 JOHN STEWART, M.B. Halifax, N.S.
 G. M. CAMPBELL, M.D. Halifax, N.S.

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EDITORIAL.

WE envy those members of the profession who have been able to attend the Kingston meeting, and not least for the privilege they enjoyed of listening to the admirable address of the President. Dr. Bayard is a veritable Nestor, not in age and experience only but in the gift of speaking wise words, that invaluable power of embodying in well chosen words the experience of a long, busy, and eminently successful lifetime, and the cogitations of a well trained and sagacious mind.

The subject of remuneration is a delicate question for medical men to touch. The fact that pure benevolence and the humane and kindly feelings which all men

should cherish for each other are stimulated and fostered by medical work, makes it difficult, if not irksome to discuss the mundane topic of money, from what is called a "strictly business point of view." But Dr. Bayard has drawn attention to one point, in which, as a profession we are subject to gross imposition. This is in the abuse of hospital privileges. It is true we in Canada are not yet in such desperate case as our brethren in Britain. It has been estimated that in London, fifty per cent of those who apply for relief at the hospitals and receive it gratuitously are able to pay for both advice and medicine. Still, we are in a fair way to fall into such a state. It would be an easy thing to prove that there are people in comfortable circumstances, perfectly able to pay the frugal fees which doctors in the Maritime Provinces charge, lying in our public hospitals and treated free of cost, people who would be insulted, if called beggars, calmly taking the pauper's bed, and the pauper's medicine.

We think Dr. Bayard makes a very good point in contrasting Hospitals supported by voluntary contributions, like many British Hospitals, and state-supported hospitals. In the former case the hospital physician or surgeon is simply contributing his share to the alleviation of suffering. In the latter he is not only taxed to keep up the institution, but is called upon to give time and work in addition. As Dr. Bayard says, "the state has no claim upon us, and it is quite certain the tax-collector does not forget us."

The President calls attention to the rising importance of preventive

medicine, that beneficent development of our science, which, if it ever become perfect will go a great way to wipe us, as a class, out of existence. But we are disinterested—of course. *Fiat Sanitas, ruat Medicus!* Not quite so bad as this. No! *Medicus*, in place of being swept into the river of Lethe by streams of disinfectants and anti-toxins is seen to rise to unheard of place and power. As the Sanitarian he is looked up to as something almost divine, the diviner of causes, the detector of *materies morbi*, the averter of pestilences. And the custom of the inscrutable Chinese will prove well founded, as well as amazingly complimentary to us; we shall be paid only when our patients are well, for is it not in our power to prevent disease?

But the subject is too serious and pressing for a joke. We are inclined to think that the duty lying nearest our legislators now, at least with regard to medical science and the health of the public is what Dr. Bayard indicates, the appointment of "health-experts," properly trained medical officers of health, as in Britain. Indeed it is a question if there should not be in the Cabinet a Minister of Public Health. The average politician and rate-payer will doubtless protest against increased expense, but we believe such appointments would save money to the country.

We commend to the notice of our readers the remarks of Dr. Bayard on the subject of expert evidence in courts of law. Dr. Bayard speaks from long experience and his advice is sound. Few things tend more to bring the profession into discredit than the painful frequency of opposing medical evidence in medico-legal cases.

The remarks of the President go straight to the root of the matter and point out the remedy.

Our readers will remember the vigorous utterances of Dr. Bayard on the subject of education, at the St. John meeting of the Canadian Medical Association, last year, and the criticism evoked. He returns to the subject in this address and speaks still more emphatically. We are decidedly with him in what he says, and would perhaps speak even more strongly. We believe our present educational system to be radically wrong, an excrescence rather than a useful member of our social system and we are ready to believe the best remedy would be complete ablation and the construction *de novo* of a plan of education more in accord with the elements of human nature and the facts of daily life.

Intimately connected with the question of public health and that of education is the great subject of intemperance, or as Dr. Bayard puts it "the abuse of alcoholic drinks." We are all agreed as to the terrible evils, individual, domestic, national, resulting from this. But there is little unanimity as to the best remedy. A very large number of us, the great majority of those who speak and write on the subject, advocate a short and simple remedy, Prohibition. It is sufficiently drastic; but legislators should be students of history. The laws of Lycurgus were not a success. And it appears to us, from personal observation, that whatever success may have attended prohibition in certain specially situated communities, it is, as a national, or even provincial method, an egregious failure.

We are glad that Dr. Bayard

has directed attention to the Gotherburg system, for we are strongly persuaded that this system, or some modification of it, will give the best results.

Dr. Bayard has touched many subjects and touched them with skill. He has certainly in this presidential address given us much to think about, and has helped us far on the way in thinking rightly about them.

DR. PARKER'S JUBILEE.

On Thursday the first of August, the Hon. Dr. Parker completed fifty years of active practice in the medical profession. It is needless to state his position in the profession. His reputation has not been confined to the City of Halifax, nor even to the Province of Nova Scotia, wherever he has come in contact with his professional brethren he has won their esteem and confidence. The occasion was deemed a fitting one by the medical men of Halifax and Dartmouth, to congratulate Dr. Parker on reaching his professional jubilee, and to tender him a token of esteem. The following medical men waited upon Dr. Parker, at his residence in Dartmouth, for the purpose of conveying to him their congratulations in a united and formal manner: Drs. Farrell, Lindsay, Dodge, Black, Campbell, Chisholm, Curry, Trenaman, Jones, Gow, Hawkins, Purcell, Kirkpatrick, Goodwin, Silver, Mader, Murray, Somers, Tobin, W. F. Smith, Anderson, Milson, Walsh and others.

Dr. Farrell, by request, occupied the chair, stated the object of the gathering, and in choice and appropriate language conveyed to Dr. Parker the greetings of himself and his confreres. He then called upon Dr. Jones, who read the following complimentary address:

To the Honorable DANIEL McNEIL PARKER,
M. D., M. L. C., etc.

Sir,—We, the medical profession of Halifax and Dartmouth, cannot let pass the fiftieth anniversary of your graduation day without expression to our great appreciation of the eminent professional attainments and personal qualities which have characterized your career during the past half century.

In all branches of the science and art of medicine great advances have been made during this period of time, and it is a matter of sincere gratification to us to know that amidst all these evolutions you have ever been found in touch with the times; a diligent student in a progressive science.

The appreciation of your skill and knowledge has been shown by your medical brethren in the fact that you have held all the high offices in the medical societies and organizations of this province, as well as the presidency of the Dominion Medical Association. Your interest in these associations has been active and practical, and their growth and stability have in many cases been due largely to your fostering care.

In the course of a very busy life, devoted to the practice of medicine during which you have been the guide, counsellor and friend of many families in this community you have found time to be identified with the medical charities of this province. You occupied for many years a prominent position on the original commission which governed the affairs of the provincial and city hospital and of the poor's asylum and of late on the medical boards of the Victoria general hospital and the Halifax dispensary, always unceasingly giving your services to the relief of the suffering poor.

Not only have those charities directly connected with our profession been benefited by aid and counsel from you but also the institution for the deaf and dumb, the home for the aged, the industrial school, the school for the blind, and others, with the growth of which you have been closely identified.

Though the cares and responsibilities of your profession have been great, nevertheless you have not failed in your duty as a citizen, but have occupied for many years an influen-

tial position in the councils of your country. Amongst your other public services you have guided and guarded all legislation referring to the medical profession in such a painstaking and careful manner that we feel the high and satisfactory position occupied by the profession to-day in Nova Scotia is due largely to your untiring real and rare good judgment. These services and those in connection with the provincial medical board are fully appreciated by medical practitioners from one end of Nova Scotia to the other.

We can hardly express how much we esteem you for the kindness and consideration always manifested to your juniors. You have ever been ready to advise and help the young practitioner beginning his professional career; and there are not a few men amongst us who can never repay their debt of gratitude.

It is also felt that the dignified position taken by you in relation to professional ethics has resulted in much benefit; and we hope that your example will be our guide in the future and will be long followed to the well-being of the public and of the profession.

We beg that you will convey to Mrs. Parker and your family the assurances of our heartfelt wishes for their continued welfare. And in conclusion we assure you of our desire that you may long be spared to enjoy in your voluntary retirement from professional duties, that repose and dignity which fitly crowns the declining years of a life so full of duties and honors.

Dr. Parker, who was visibly affected by the spontaneous and cordial greeting extended to him, read a lengthy but deeply interesting reply, in which he reviewed the history and advances of medical science in this province, recalling many well-known names of those who have passed away, reciting the difficulties under which medical men labored in those comparatively primitive times, and giving many interesting reminiscences of his laborious and busy life of fifty years as a practising physician.

In our next issue we will present our readers with Dr. Parker's reply in full.

WE have received a communication too late for this issue from Dr. McKay of Halifax, regarding an item that appeared in the last issue of the North Sydney Herald, reflecting upon the professional skill of the medical staff of the V. G. Hospital. It will appear in our next issue.

A BON-MOT OF DR. HOLMES.—In the 'forties Dr. Holmes was one of the instructors in what was known as the Tremont Medical School, which gave instruction to quite a large number of students between the lecture terms of the Harvard Medical School. Usually prompt, we were one day surprised by his non-appearance at the beginning of the lecture-hour, but we waited. Finally he entered the room hurriedly, glanced around with a smile, and said, "Gentlemen, I know I am late, but there is a little stranger at my house." And then with an expression such as only Holmes's face could assume, he continued, "Now can any one of you tell me what well-known business firm in Boston he is like?" There was no answer. "He is Little and Brown," said the doctor with a twinkle in his eye.—*Boston Medical and Surgical Journal.*

INTERESTING CASE.—At a recent meeting of the St. Louis Medical Society, Dr. A. H. Meisenbach reported a cholecystotomy, nine hundred and twenty-two stones being removed from the gall-bladder. Their being complete obliteration of the cystic duct, he very properly removed the entire gall-bladder, cauterizing the stump with pure carbolic acid and dropping it into the peritoneal space.—*St. Louis Clinique.*

THE SECRET OF LONG LIFE.

M. Barthelemy Saint Hilaire, the famous French scholar and politician, who recently entered on his 90th year full of physical and intellectual vigor, has been telling the inevitable interviewer how it is his days have been so long in the land. It is, we are told, the effect of strict adherence to the old precept "early to bed and early to rise" with steady work during waking hours. Every grand old man seems to have a secret of his own. Mr. Gladstone, we believe, attributes his longevity to his habit of taking a daily walk in all weathers, and to his giving thirty-two bites to every morsel of food. Oliver Wendell Holmes pinned his faith on equability of temperature. The late Major Knox Holmes swore by the tricycle which, in the end, was the cause of his death. Dr. P. H. Vander Weyde, an American octogenarian, not long ago offered himself "as an example of the benign influence of the study and practice of music." Some aged persons give the credit of their long lives to abstinence from tobacco, alcohol, meat, or what not; others to their indulgence in all these things. One old lady of whom we read not long ago as having reached the age of 120 or thereabouts maintained that single blessedness is the real *elixir vite*, and she ascribed the death of a brother at the tender age of 90 to the fact that he had committed matrimony in early life. M. Ferdinand de Lesseps believed in horse riding. Mr. James Payn complains that in his boyhood he "got a little bored with too much horse." The Grand Francais seemed to think that one can hardly have "too much horse." In a letter recently published, M. de Lesseps delivered himself on the subject as follows: "I shall always feel deeply grateful to Larine, my riding master, who from my earliest years made me share his keen passion for horses, and I am still

convinced that daily horse exercise has in a large measure been the means of enabling me to reach my 84th year in perfect health." Carlyle was also a great rider almost to the end of his long life, and he not only rode, but, we believe, groomed his horse himself. On the whole, it must be concluded that the real secret of longevity is a sound constitution prudently husbanded. The only general rules that can be laid down are those set forth by Adam in *As You Like It*:

Though I look old, yet I am strong and lusty;
For in my youth I never did apply
Hot and rebellious liquors in my blood,
Nor did not with unbashful forehead woo
The means of weakness and debility;
Therefore my age is as a lusty winter,
Frosty but kindly.

That is the whole secret of long life. Shakespeare knew it as well as anyone, yet he died at 52.—*Br. Med. J.*

EMULSION OF CASTOR OIL.—

Castor oil, 1 ounce.
Powdered gum arabic, 4 drachms.
Saccharine elixir, 20 minims.
Oil of bitter almonds, 2 minims.
Oil of caraway, 2 minims.
Distilled water, to make 2 ounces.

Dissolve the gum in the water, add the oil gradually, and lastly the flavoring.—*Practitioner* (London).

FOR BED-SORES.—

Balsam Peru, 2 drachms.
Elemi ointment, 12 drachms.
Resin ointment, 16 drachms.

Apply daily.

—*Practitioner* (London).

FOR RINGWORM—Saturate collodion with salicylic acid, and apply over the part affected. One application is usually sufficient.—*Edinburgh Medical Journal*.

BEWARE!—The bloom of the peach and the purple of the grape are but "a growth of microbes."—*Exchange*.

1866. "H. V. C." 1894.

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THIRTEENTH YEAR—SESSIONS OF 1894-95.

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

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