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1891 Complete

[JANUARY, 1891.]

The Maritime Medical News,

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The SUMMER SESSION for 1891 will commence the first week in May.

Fee for Summer Session, \$30.

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THE TWENTY-SECOND SESSION of the Halifax Medical College will be opened on **Monday, November 3rd, 1890.**

The regular order of lectures will begin on that day and will be continued during the six months following.

The College building erected for the special purpose of medical teaching is in every way fitted for the object in view. It is situated in an open, airy locality, in close proximity to the Victoria General Hospital and the new City Alms House. The lecture room, dissecting room, etc., are well lighted, warmed and ventilated, and are fitted with appliances for imparting knowledge in the different subjects of medical education.

Students have access also to the Halifax Dispensary where they have an opportunity of seeing daily cases of such diseases as are usually treated in the different departments of such an institution.

Certificates of attendance on the various courses are accepted as qualifying candidates for examination before the licensing bodies of Great Britain and Ireland, and the Medical Schools and Universities in Canada and the United States.

The Course in Pharmacy has been re-established and regular lectures will henceforth be given in the different subjects of the curriculum.

For Annual Calendar and all information, address

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F. G. FINLEY, M.D., Assistant Demonstrator of Anatomy.
H. S. BIRKETT, M.D., Asst. Demonstrator of Anatomy.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to end of the first week in July.

The fifty-eighth session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the Student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting-room, there is a special anatomical museum and a bone room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well-stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating 76 students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriology carried on.

Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating-room for a smaller number. There is also a Library of over 10,000 volumes, and a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

MATRICULATION.—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University, on the first Friday of October, or the last Friday of March.

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

REQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, have studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examinations.

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SUMMER SESSION, Beginning July 1st, and Closes Sept. 15th, 1890.

WINTER SESSION, 1890-91, Begins Sept. 15th, 1890.

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GYNECOLOGY—Professors Munde, Wylie, Sims, Coe,	Six weeks Course; 60 Clinics,	\$35.00
SURGERY—Professors Wyeth, Gerster, Gibney, Fluhrer,	“ “ 60 “	35.00
MEDICINE AND PHYSICAL DIAGNOSIS—Professors Page, Heineman,	“ “ 36 “	25.00
NERVOUS SYSTEM—Professors Gray, Sachs,	“ “ 36 “	15.00
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For further information address,

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214, 216, 218 East 34th Street, NEW YORK.

Please mention **THE MARITIME MEDICAL NEWS.**

Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

JANUARY, 1891.

No. 1.

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PROFESSOR KOCH'S REMEDY FOR TUBERCULOSIS.

A Resume designed to give our readers all important, authoritative information upon this subject up to the latest possible date, (Dec. 27th, 1890.)

The attitude of the medical profession towards this matter, may be shortly defined as *Hopeful, Expectant, Cautious.*

"Regrettable as are some of the circumstances attending the methods of issue of the therapeutic fluid, and difficult and thorny as are the questions involved in the searching out of its possibilities, its dangers and its value, no one can doubt the great importance of the announcement, the pure minded and indefatigable spirit of the eminent discoverer, and the momentous importance of carefully watching and working out the consequent clinical researches." Much material has already been furnished which throws light, "but judgment is not yet complete, even as to the most vital points."

KOCH'S OWN COMMUNICATIONS.

Two men were honored with invitations to address the first general meeting of the Tenth International Medical Congress at Berlin, in August, 1890; the Congress could pay no higher compliment. The two were Sir Joseph Lister and Professor Robert Koch. The subject of Koch's address was Bacteriology; and in his introductory remarks occur these words:

"To those who are familiar with bacteriology I do not pretend to offer anything new. Nevertheless, that I may not come before even them with empty hands, I propose to weave into my discourse some facts discovered in the course of enquiries on tuberculosis which I am carrying out, and which have not yet been made public."

After referring to improvements in apparatus, (improved systems of lenses, &c.,) he makes this statement as illustrating the positive results of bacteriological research:

"It must now be regarded as completely proved that bacteria like the higher vegetable organisms, form constant species, though the limits of these are sometimes difficult to define. The opinions which a few years ago were maintained with great pertinacity, and which are even now held by certain investigators, that bacteria are variable in a manner different from all other living organisms, and can at one time assume certain morphological or biological properties, and at another, others entirely different therefrom, and that at most only a few species can be admitted; or that bacteria are not independent organisms at all but rather belong to the developmental cycle of mould fungi, or, as some will have it, of the lower algae; or that they are

offshoots from animal cells, as, for instance, of blood corpuscles; all these views are untenable in the face of the overwhelming number of collected observations which, without exception, go to show that we have here to deal with *well defined species*.

The idea that micro-organisms must be the cause of infectious diseases was early expressed by several leading spirits, but general opinion could not bring itself to accept the notion, and showed itself very sceptical with regard to the first discoveries in this domain. All the more was it desirable in the first cases to prove on irrefutable grounds that micro-organisms found in an infectious disease are actually the cause of that disease. At one time the objection was always brought forward that there was nothing more than an accidental coincidence between the disease and the micro-organisms, that the latter did not play the part of dangerous parasites but of harmless guests which found in the diseased organs conditions of life which were wanting in healthy bodies. Many, while acknowledging the pathogenic properties of the bacteria, believed it possible that, under the influence of the morbid process, micro-organisms, accidentally or constantly present, which were otherwise harmless, became transformed into pathogenic bacteria.

If, however, it can be proved,—first, that the parasite is met with in each individual case of this particular disease, and under conditions which correspond to the pathological changes and the clinical course of the disease; secondly, that in no other disease is it found as an accidental, non-pathogenic guest; and thirdly, that if completely isolated from the body, and cultivated in pure cultures with sufficient frequency, it can reproduce the disease—then, it can no longer be considered an accidental accompaniment of the disease, but in that case no other relation between the parasite and the disease can be admitted than that the parasite is the cause of the disease.

This proof has now been furnished in the fullest measure with regard to a

number of infectious diseases, such as anthrax, tuberculosis, erysipelas, tetanus, and many diseases of animals—generally all those diseases which are communicable to animals.

At the same time it has further been shown that in all the cases in which the constant and exclusive occurrence of bacteria in an infectious disease has been established, the latter never behave as accidental guests, but like the bacteria already certainly known to be pathogenic. We are therefore fully warranted in affirming that if even only the first two requirements of the proof are fulfilled—that is to say, if the constant and exclusive occurrence of the parasite is established—the causal connection between parasite and disease is validly proved. Starting from this basis, we must admit that a series of diseases in which the experimental infection of animals has hitherto failed or been only partially successful are, in spite of this, to be regarded as parasitic. Among these diseases are typhoid fever, diphtheria, leprosy, relapsing fever, and Asiatic cholera. I wish to call special attention to cholera in this connection, inasmuch as the inclusion of it among parasitic diseases was opposed with extraordinary pertinacity. Every imaginable effort was made to rob the cholera bacteria of their specific character, but they have victoriously resisted all attacks, and it can now be regarded as a universally admitted and firmly established fact that they are the cause of cholera.

As to direct sunlight, it has been well known for some years that it kills bacteria with tolerable quickness. I can affirm this as regards tubercle bacilli, which were killed in from a few minutes to some hours, according to the thickness of the layer in which they were exposed to the sunlight. What seems to me, however, to be particularly noteworthy, is that even ordinary daylight if it lasts long enough, produces the same effect; cultures of tubercle bacilli die in five to seven days if exposed at the window in compact masses.

TO DOCTORS.

LIQUID PANCREOPEPSINE

(WM. R. WARNER & CO.)

(TO DOCTORS ONLY.)

A REMEDY FOR INDIGESTION.

Containing Pancreatine, Pepsin, Lactic and Muriatic Acids, etc. The combined principles of indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

Dose.—A tablespoonful containing 5 grs. Pepsin, after each meal, with an Aperient Pill taken occasionally.

This preparation contains in an agreeable form the natural and assimilative principles of the digestive fluids of the stomach, comprising Pancreatine, Pepsin, Lactic and Muriatic Acids. The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

The value of Liquor Pancreopepsine in this connection has been fully established, and we can recommend it with confidence to the profession as superior to pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

RHEUMATISM.

Elixir Salicylic Acid Comp.

(WM. R. WARNER & CO.)

(TO DOCTORS ONLY.)

This preparation combines in a pleasant and permanent form, in each fluid drachm. the following :

R Acid, Salicylic, (Schering's),	grs. v.	Potass. Iodid.,	- grs. iss.
Cimicifuga,	grs. ij.	Tr. Gelseminum,	- gtt. i.

So prepared as to form a permanent, potent and reliable remedy in

RHEUMATISM, GOUT, LUMBAGO, ETC.

This preparation combines in a pleasant and agreeable form:—Salicylic Acid, Cimicifuga, Gelseminum, Sodii Bi-Carb. and Potass. Iodid. so combined as to be more prompt and effective in the treatment of this class of diseases than either of the ingredients when administered alone.

This remedy can be given without producing any of the unpleasant results which so often follow the giving of Salicylic Acid and Salicylates of Sodium, viz., gastric and intestinal irritation, nausea, delirium, deafness, nervous irritability, restlessness, and rapid respiration; on the contrary, it gives prompt relief from pain, and quiets the nerves without the aid of opiates.

Elixir Salicylic Acid Comp. has been extensively used in private practice for several years with almost unvarying success and better results than any other mode of treatment yet suggested.

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual in the cure of one of the most stubborn classes of disease.

The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case. Each teaspoonful contains five grains of Salicylic Acid.

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere.

SCROFULA.

SYR: PHYTOLACCA COMP.

(WM. R. WARNER & CO.)

(TO DOCTORS ONLY.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC.

COMPOSITION:—Phytolacca Decandra, Stillingia, Salvia, Lappa Major, Corydalis Formosa, \bar{a} i grs. vi. Xanthoxylum Fraxinum, Potassii Iodidum, Cascara Sagrada, aa grs. ij, in each dessertspoonful.

Syr. Phytolacca Comp., the composition of which has been given to the profession, has been known and used by physician, myself and others of my acquaintance, and found superior to other alterative compounds now in use. It has been used with great success in the treatment of Lupus, Herpes, Psoriasis, Acne, Glandular Enlargements, Strumous Affections, Granular Conjunctivitis and Eczema. As a remedy for Syphilitic Diseases of the skin and mucous membranes, it has proved to be specially valuable in my hands in a large number of cases where all the usual remedies had failed to improve their condition, and when Syr. Phytolacca Comp. was administered the improvement was very prompt and satisfactory.

It will be seen that Syr. Phytolacca Comp. contains the best alterative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

I usually prescribe it in doses of a teaspoonful, which may be increased to a tablespoonful four times a day, the frequency of the dose to be diminished if bowels become too active.

CHARLES W. BROWN, M. D.

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WILLIAM R. WARNER & CO.,

Manufacturers of

SOLUBLE COATED PILLS.

1223 Market Street Philadelphia and 18 Liberty Street, New York.

Please mention THE MARITIME MEDICAL NEWS.

For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO SODA.

(WARNER & CO.)

R.—Caffein 1 grain, Brom. Soda 30 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

DOSE AND COMPOSITION.—A heaping teaspoonful, containing Brom. Soda 30 grs., and Caffein 1 gr., in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO POTASH.

(WARNER & CO.)

R.—Caffein 1 grain, Bromide Potash 20 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain the same by ordering or prescribing Bromo-Potash (WARNER & Co.), the composition of which is: Brom. Potash 20 grs., Caffein 1 gr.

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4 MINUTES.

Pil: Sumbul Comp.

(DR. GOODELL)

R—Et. Sumbul. 1 gr.
Assafetida. 2 gr.
Ferri Sulph. Exs. 1 gr.
Ac. Arsenious. 1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-soda. One or two pills taken three times a day.

Pil: Antiseptic Comp.

(W. R. WARNER & Co's.)

Each Pill contains:

R—Sulphite Soda 1 gr.
Salicylic Acid 1 gr.
Ext. Nux Vomica 1-8 gr.
Powd. Capsicum 1-10 gr.
Conc't Pepsin 1 gr.

DOSE—1 to 3 Pills.

Pil: Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of Food.

Pil: Chalybeate.

(W. R. WARNER & Co.'s FERRUGINOUS PILLS.)

3 Grains. DOSE—1 to 3 Pills.

Ferri Sulph. Fe SO₄ Ferri Carb. Fe CO₃
Potass. Carb. K₂ CO₃ Potass. Sulph. K₂ SO₄
Carbonate of Protoxide of Iron.

The above combination which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of the Protoxide of Iron (Ferrous Carbonate) in a quickly assimilable condition.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

— INGLUYIN —

A POWDER: Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

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Please mention THE MARITIME MEDICAL NEWS.

With reference to the etiology of infectious diseases the fact is also of importance that all bacteria can grow only under moist conditions, that is in presence of water or other suitable fluids, and that they cannot of their own accord, pass from wet surfaces into the air. In consequence of this, pathogenic bacteria can be taken up by the air only in the form of dust and dust particles, and only those which can retain their vitality for a long time in the dry state can be dispersed by atmospheric currents. They are never, however, able to multiply in the air, as was formerly held to be the case with regard to morbid substances.

Up till now I have purposely left one question untouched, although it is precisely the one which is most frequently, and not without a certain amount of reproach, addressed to bacteriologists. I mean the question of what profit all the weary labor which has up to the present been expended on the investigation of bacteria has been? Properly speaking, no such question should be asked, as true research follows its own way without being misled by the consideration whether its labors will yield immediate advantage or not. I cannot, however, deem this question utterly unwarranted in the present instance, as very few of those who occupy themselves with bacteriological research leave practical objects entirely out of sight.

The practically available results obtained up to the present by means of bacteriological research are by no means so despicable as some askers of the above question think."

Professor Koch here refers to various noticeable practical results obtained by bacteriological research; he mentions what has been accomplished in the domain of disinfection," we having come to possess certain knowledge by means of which we can test the efficacy of disinfectants, &c.; the application of bacteriological methods to the control of water filtration; discoveries as to the filtering properties of the soil; the confirmation of the injurious effect of sewer gas; the recognition of pathogenic bacteria in alimentary substances, &c., &c. He then says:

"Among the practical results I might further count the possibility which bacteriology has supplied of diagnosing sporadic cases of Asiatic cholera, and the first stages of pulmonary tuberculosis, the former being of importance for the prophylaxis of cholera, the latter for the timely treatment of tuberculosis.

All these things, however, are advantages which can only indirectly be employed in the struggle against bacteria. We have hardly any directly acting, that is, therapeutical agents, to place beside the indirect ones. The only things which can be adduced in this connection are the results which Pasteur and others have obtained by means of protective inoculation in rabies, anthrax, quarter-evil, and swine erysipelas; with regard to antirabic inoculation, the only one which is applicable to man, it may be objected that the cause of rabies is not yet known, and probably may not be of a bacterial kind, and that this preventive inoculation should not be placed to the credit of bacteriology. Notwithstanding this, that discovery grew on bacteriological soil, and could not have been made without the antecedent discoveries of protective inoculation against pathogenic bacteria.

Although in these directions, in spite of endless toil, bacteriological research has only such insignificant results to show, I am nevertheless not of opinion that this state of things will always continue. On the contrary, I am convinced that bacteriology will one day be of the greatest importance from the therapeutical point of view also. It is true, I look for relatively smaller therapeutical results in the case of diseases with a short incubation period and a rapid course. In these diseases, as for example in cholera, the chief reliance will always have to be placed on prophylaxis. I am thinking more of diseases of less rapid course, as these offer more points of attack to therapeutic enterprise. And there is scarcely a disease which, partly on this ground, partly on account of its surpassing all other infectious diseases in importance,

so challenges bacteriological investigation as tuberculosis.

Moved by these considerations, very soon after the discovery of the tubercle bacilli, I set about seeking for substances which could be used therapeutically against tuberculosis, and I have pursued this search, which has, of course, been often interrupted by my other occupations, perseveringly up to the present. In the belief that there must be a remedy for tuberculosis, I do not by any means stand alone.

Billroth has, in one of his last writings, expressed himself with all possible distinctness to the same effect, and it is well known that the same object is aimed at by many investigators. It seems to me, however, that the latter have not as a rule followed the right way in their investigations, inasmuch as they have begun their experiment on man. To that I ascribe the fact that everything which people have believed themselves to have discovered in that way—from benzoate of soda down to the hot-air treatment—has proved to be a delusion. Experiments must in the first place be made not on man, but on the parasites themselves in their pure cultures; even if substances have been found which have the power to check the development of tubercle bacilli in the cultures, man should not forthwith be chosen as the subject of experiment. But the question whether observations which have been made in a test tube hold good also in living animal bodies should first be settled in animals. Only if the experiments on animals have proved successful, should the method be tried on man.

Proceeding according to these rules I have in the course of time tested a very large number of substances to see what influence they would exert on the tubercle bacilli cultivated in pure cultures, with the result that not a few substances have the power, even in very small doses, of hindering the growth of tubercle bacilli. More than this, of course a remedy cannot do. It is not necessary, as has often been erroneously assumed, that the bacteria should

be killed in the body; in order to make them harmless to the body it is sufficient to prevent their growth, their multiplication.

I have proved the following substances to be remedies which hinder such growth even in very small doses (to mention only the most important):—A number of ethereal oils; among the aromatic compounds, β naphthylamin, paratoluidin, xyloidin; some of the so-called tar dyes, namely, fuchsin, gentian violet, methyl blue, chinolin yellow, aniline yellow, auramin; among the metals, mercury in the form of vapour, silver and gold compounds. The compounds of cyanogen and gold were especially conspicuous, their effect surpassing that of all other substances; even in a dilution of 1 to 2 millions they checked the growth of tubercle bacilli. All these substances, however, remained absolutely without effect if tried on tuberculous animals.

In spite of this failure I have not allowed myself to be discouraged from prosecuting the search for growth-hindering remedies, and I have at last hit upon a substance which has the power of preventing the growth of tubercle bacilli, not only in a test tube, but in the body of an animal. All experiments in tuberculosis are, as everyone who has had experience of them has sufficiently discovered, of very long duration; my researches on this substance, therefore, although they have already occupied me for nearly a year, are not yet completed, and I can only say this much about them, that guinea-pigs, which as is well known, are extraordinarily susceptible to tuberculosis, if exposed to the influence of this substance, cease to react to the inoculation of tuberculosis virus, and that in guinea-pigs suffering from general tuberculosis even to a high degree, the morbid process can be brought completely to a standstill, without the body being in any way injuriously affected.

From these researches I, in the meantime, do not draw any further conclusions than that the possibility of rendering pathogenic bacteria in the

living body harmless without injury to the latter, which has hitherto been justly doubted has been thereby established.

Should, however the hopes based on these researches be fulfilled in the future, and should we succeed, in the case of one bacterial infectious disease, in making ourselves masters of the microscopic, but hitherto victorious, enemy in the human body, then it will soon also be possible, I have no doubt, to obtain the same result in the case of other diseases. This opens up an oft promised field of work, with problems which are worthy to be the subject of an international competition of the noblest kind. To give even now some encouragement to further researches in this direction was the sole and only reason why I, departing from my usual custom, have made a communication on a research which is not yet completed."

SECOND COMMUNICATION.

Nov. 14th.

"In an address delivered before the International Medical Congress, I mentioned a remedy which conferred on the animals experimented upon an immunity against inoculation with the tubercle bacillus, and which arrested tuberculous disease. Investigations have now been carried out on human patients, and these form the subject of the following observations.

It was originally my intention to complete the research, and especially to gain sufficient experience regarding the application of the remedy in practice, and its production on a large scale before publishing anything on the subject; but in spite of all precautions, so many accounts have reached the public, and in such an exaggerated and distorted form, that it seems imperative, in order to prevent false impressions, to give at once a review of the position of the subject at the present stage of the inquiry.

As regards the origin and the preparation of the remedy, I am unable to make any statement, as my research is not yet concluded."

Briefly the substance of Koch's second paper may be thus stated :

Introduced into the stomach the remedy has no effect, but must be injected subcutaneously, preferably with a specially constructed syringe which is easily kept aseptic by alcohol. (Not a single abscess was observed in the course of more than 1000 injections.)

"The place chosen for the injection, after several trials of other places, was the skin of the back between the shoulder blades and the lumbar region, because here the injection led to the least local reaction—generally none at all, and was almost painless. As regards the effect of the remedy on the human patient, it was clear from the beginning of the research that in one very important particular the human being reacts to the remedy differently from the animal generally used in experiments, namely, the guinea-pig. A new proof for the experimenter of the all-important law that experiment on animals is not conclusive, for the human patient proved extraordinarily more sensitive than the guinea-pig. As regards the effect of the remedy, a healthy guinea-pig will bear a subcutaneous injection of two cubic centimetres, and even more, of the liquid without being sensibly affected; but in the case of a full-grown healthy man 0.25 cubic centimetre suffices to produce an intense effect. Calculated by the body-weight, one-fifteenthousandth part of the quantity which has no appreciable effect on the guinea-pig acts powerfully on the human being."

"The symptoms arising from an injection of 0.25 cubic centimetre I have observed after an injection made in my own upper arm. They were briefly as follows: Three to four hours after the injection there came on pain in the limbs, fatigue, inclination to cough, difficulty of breathing, which speedily increased in the fifth hour, and were unusually violent. A chill followed, which lasted almost an hour. At the same time there were nausea, vomiting, and a rise of body temperature to 39.6° C.

After twelve hours all these symptoms abated, the temperature fell, and on the next day it was normal. A feeling of fatigue and pain in the limbs continued for a few days, and for exactly the same period of time the site of injection remained slightly painful and red. The smallest quantity of the remedy which will affect the healthy human being is about 0.01 cubic centimetre, equal to 1 cubic centimetre of the one-hundredth

dilution. As has been proved by numerous experiments, when this dose is used reaction in most people shows itself only by slight pains in the limbs and transient fatigue. A few showed a rise of temperature to about 38° C."

* * * * *

"The healthy human being reacts either not at all or scarcely at all, as we have seen, when 0.01 cubic centimetre is used. The same holds good with regard to patients suffering from diseases other than tuberculosis, as repeated experiments have proved; but the case is very different when the disease is *tuberculosis*. A dose of 0.01 cubic centimetre injected subcutaneously into tuberculous patients causes a severe general reaction as well as a local one."

After mentioning its diagnostic value in doubtful cases of phthisis, and how by its means we shall be able to make sure if apparently cured cases of tubercular disease are really cured or not, he calls attention to the *more* important therapeutic effect of the remedy. He could not say with certainty in what way the process of cure occurs except that the remedy does not kill the tubercle bacilli, but the tuberculous tissue (causing its necrosis).

It can influence living tuberculous tissue only and in necrotic cheesy masses, and masses of dead tissue made necrotic by the remedy itself, living bacilli may possibly still be present. So the application of the remedy (causing the tissue to undergo necrosis) must often be followed up by the removal of the dead tissues as soon as possible, *v. g.*, by surgical interference. Or, meanwhile, the endangered living tissue must be protected from fresh incursions of the parasites by continuous applications of the remedy.

The remedy can be given in rapidly increasing doses, which seems to be explained by the fact that in the beginning of the treatment there is a good deal of tuberculous living tissue, and consequently a small amount of the active principle suffices to cause a strong reaction, but by each injection a certain amount of the tissue capable of reacting disappears, and then larger doses are necessary to produce the same amount of reaction as before.

The mode of treatment as illustrated by the simplest cases—lupus—was as follows: In nearly all the full dose of 0.01 cubic centimetres was injected from the first. Reaction was then allowed to come to an

end, and after a week or two 0.01 C. C. was again injected; this was continued until the reaction became weaker and weaker and then ceased. In two cases of facial lupus the lupus spots were brought to complete cicatrization by three or four injections; the other lupus cases improved in proportion to the duration of treatment.

"Glandular, bone and joint tuberculosis was similarly treated, large doses at long intervals being made use of. The result was the same as in the lupus cases—namely a speedy cure in recent and slight cases, slow improvement in severe cases.

We were obliged to diminish the dose for the phthisical patients, and found that they almost all reacted strongly to 0.002 cubic centimetre, and even to 0.001 cubic centimetre. From this first small dose it was possible to rise more or less quickly to the amount that is well borne by other patients. Our course was generally as follows: an injection of 0.001 cubic centimetre was first given to the phthisical patient, and from this a rise of temperature followed, the same dose being repeated once a day until no reaction could be observed. We then increased the dose to 0.002 cubic centimetre, until this was borne without reaction, and so on, increasing by 0.001, or at most 0.002 to 0.005, cubic centimetre.

This mild course seemed to be imperative in cases in which there was great debility. By this mode of treatment the patient can be brought to tolerate large doses of the remedy with scarcely a rise of temperature. But patients of greater strength were treated from the first partly with larger doses and partly with frequently-repeated doses. Here it seemed that the beneficial results were more quickly obtained. The action of the remedy in cases of phthisis generally showed itself as follows: Cough and expectoration were generally increased a little after the first injection, then grew less and less, and in the most favorable cases entirely disappeared. The expectoration also lost its purulent character and became mucous. As a rule the number of bacilli decreased



Acknowledged by leading Physicians to be the most Perfect, most Permanent and Palatable preparation in the market.

EMULSION.

This preparation of Cod Liver Oil, combined with the Hypophosphites of Lime and Soda, has only been a few years upon the market, yet it already enjoys a very large sale, and is prescribed daily by the leading physicians of Canada. We desire now, for the information of those who do not know of it, to present to them the following facts:—

First—We only use the purest Norwegian Cod Liver Oil in manufacturing, obtaining our supplies by direct shipments from Norway, which is most important alike to physician and patient.

Second—We so thoroughly incorporate the oil with the salts in our mode of manufacturing that it is perfectly emulsified, and remains so without change for years.

Third—As it is almost tasteless and easy of digestion, it can be given to children and persons with most sensitive stomachs without any difficulty, and we feel convinced from the results that have been obtained, that in the form of an emulsion is the proper way to give Cod Liver Oil.

Its ease of digestion and ready assimilation, and its fat producing and strengthening qualities, makes it especially valuable in all forms of exhaustion of the nerve centres and general debility.

It is in cases of pulmonary diseases, with emaciation, cough, debility, hemorrhage and the whole train of too well-known symptoms, that the benefits of this article are most manifest.

It is permanent; hence it does not separate and decompose like other preparations, and the dose is always the same.

"I have tried your D. & L. Emulsion and find it the most palatable of any I have hitherto used."
METCALFE, ONT., 26th March, 1889. D. WALLACE, M. D.

A well-known physician of Windsor, Nova Scotia, writes:—

July 17th, 1889.

"My experience with your D. & L. Emulsion of Cod Liver Oil with Hypophosphites of Lime and Soda, has been most pleasant and satisfactory. During the winter and spring just past, I have given it in a large number of cases, and up to the present time have not known a stomach with which it has disagreed, or a taste that has objected to it. Some of my patients, for whom I prescribed it, were heretofore unable to swallow and retain any of the Emulsions of Cod Liver Oil though honestly and earnestly trying, but with this preparation there has been no quarrel with taste or stomach. For those among my patients with delicate taste and sensitive stomach where Cod Liver Oil was indicated, this has been the preparation preferred above all others."

The above is my private opinion gladly given.

A PERFECT EMULSION, SWEET AND PALATABLE AS CREAM.

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Some facts for Physicians concerning Menthol Plasters.

MENTHOL has a soothing, quieting influence upon the motor, sensory and reflex centres in the brain and spinal cord, and thus lessens irritability.

On account of the transitory effects of the ordinary modes of applying Menthol, it is now offered in the form of a plaster. It produces an agreeable electric sensation on application.

"The D & L." Menthol Plaster is purely medicinal, and affords a perfect means of maintaining the continuous action of one of the most valuable remedies in the pharmacopœia. Chronic painful affections otherwise only relieved for short intervals, are by this plaster kept permanently from pain.

It probably has no equal in the speedy relief of headache and neuralgic pains. In intercostal, facial, brachial or other neuralgia, and for gastralgia it simply acts like a charm.

Very successful in lumbago, sciatica, "cricks," tic, "stitches," rheumatic pains and chronic rheumatism.

Will always do good in muscular twitchings and cramps, in lameness, soreness, sprains, strains, and stiffness of the joints or muscles.

ENDORSEMENT from the "LANCET," LONDON, ENG.

"The Menthol Plaster recently introduced into England is a good preparation. The specimen submitted for our inspection has an agreeable odor of peppermint and indicates its nature also by action of the Menthol Vapor on the conjunctiva. We can speak of two cases where it was used on the breast, and the action was quicker and more agreeable than the belladonna plaster used before. The writer of this article used it on himself, and found the action of the Menthol was decidedly refreshing.—*London Lancet* of January 1, 1887.

TESTAMONIALS FROM PHYSICIANS.

I have used Menthol Plasters in several cases of muscular rheumatism and find in every case that it gave almost instant and permanent relief.

Washington, D. C., May 14th, 1889.

J. B. MOORE, M. D., 57, K. W. N. E.

I have used Menthol Plasters for acute neuralgia and sciatica with complete success.

DR. C. HOLLAND, 546 Tremont St., Boston.

Allow me to testify to the excellency of the "D & L" Menthol Plaster in lumbago.

Westport, Ont., December 31st, 1889.

D. E. FOLEY, M. D.

I have used Menthol Plaster in a case of acute pleurisy attended with very severe pains; in about three hours the patient was so much relieved that she fell asleep.

Also in a case suffering more or less pain for three weeks over the left ovary. I applied a piece of Menthol Plaster about four inches square. I saw her again the third day, and she told me the pain had entirely gone.

Boston, Nov. 26th, 1887.

A. W. TURNER, M. D., 12 Upton Street.

I have prescribed Menthol Plaster in a number of cases of Neuralgic and Rheumatic Pains, and have been very much pleased with the effects and pleasantness of its application.

Boston, Nov. 22nd, 1887.

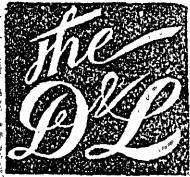
M. H. CARPENTER, M. D., "Hotel Oxford."

I have given Menthol Plasters a thorough trial in my practice. I find it more convenient than in the liquid form, and can obtain better results.

G. J. BRADY, M. D., Lowell, Mass.

I use Menthol Plasters in my practice with excellent results. They excel all other plasters known as a means of relieving pain. I cannot compare the belladonna to them.

W. A. CHAMBERLIN, M. D., St. Charles, Minn.



MENTHOL PLASTER.

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NOTE.—We put up specially for physicians the "D & L" Menthol Plaster, in single air tight tin boxes, seven inches wide, in yard rolls, making seven plasters, for \$1.00 a yard. This is the cheapest and most economical way to buy them, as it allows you to cut the plaster any required size to cover the part afflicted with pain.

Please mention **THE MARITIME MEDICAL NEWS.**

only when the expectoration began to present a mucous appearance. They then entirely disappeared, but were again observed occasionally until expectoration completely ceased.

Simultaneously the night sweats ceased, the patients' appearance improved, and they increased in weight within from four to six weeks.

Patients under treatment for the first stage of phthisis were freed from every symptom of disease and might be pronounced cured; patients with cavities not yet too highly developed improved considerably and were almost cured, and only in those whose lungs contained many large cavities could no improvement be proved. Objectively, even in these cases the expectoration decreased and the subjective condition improved. These experiences lead me to suppose that phthisis in the beginning can be cured with certainty by this remedy. This statement requires limitation in so far as at present no conclusive experiences can possibly be brought forward to prove whether the cure is lasting."

He then mentions that relapses may occur but also probably cured as easily as the first attack. Possibly, as in other infectious diseases, patients once cured may retain their immunity. When complications are associated with large cavities, &c., lasting benefit will probably only exceptionally be obtained. But even such were benefitted for a time; the comparative inability to profit being apparently due to the fact that the necrotic masses of tissue with the secondary suppuration processes are unable to be removed.

Koch here warns people against conventional and indiscriminate application of the remedy in all cases of tuberculosis. Except in simple cases, medical art must have full sway, and all other auxiliary methods must be used.

He then refers to the value of careful nursing and favours proper sanatoria as opposed to treatment at home and in the out-patient room.

"The most important point to be observed in the new treatment is its early application. The proper subjects for treatment are patients in the initial stage of phthisis, for in them the cura-

tive action can be most fully shown, and for this reason, too, it cannot be too seriously pointed out that practitioners must in the future be more than ever alive to the importance of diagnosing phthisis in as early a stage as possible. Up to the present time the proof of tubercle bacilli in the sputum was considered more as an interesting point of secondary importance, which, though it made diagnosis more certain, could not help the patient in any way, and which in consequence was often neglected.

This I have lately repeatedly had occasion to observe in numerous cases of phthisis, which had generally gone through the hands of several doctors without any examination of the sputum having been made. In the future this must be changed. A doctor who shall neglect to diagnose phthisis in its earliest stage by all methods at his command, especially by examining the sputum, will be guilty of the most serious neglect of his patient, whose life may depend upon the early application of the specific treatment. In consequence, in doubtful cases, medical practitioners must make sure of the presence or absence of tuberculosis, and then only will the new therapeutic method become a blessing to suffering humanity, when all cases of tuberculosis are treated in their earliest stage, and we no longer meet with neglected serious cases forming an inextinguishable source of fresh infections.

No further public communication has been made by Koch himself. He is said to have been "particularly annoyed at having been driven by circumstances, very much against his will, to bring his results, unfinished as they are, prematurely before the scientific world." He has now firmly made up his mind to remain silent till such time as his investigations are completed.

OBSERVATIONS AND OPINIONS OF OTHER PATHOLOGISTS AND CLINICIANS.

On Dec. 3rd Sir Joseph Lister lectured in London on Koch's remedy. He described the effects of the treatment upon tubercular disease as "simply astounding." He related the features characterizing the reaction caused

by the lymph, and dwelt upon its wonderful diagnostic value. Thus, there was a case in Berlin in which there was doubt whether an affection of the larynx was syphilitic or tubercular; an injection with the fluid cleared up the diagnosis at once in favor of the latter hypothesis.

In a house visited by him was a young medical man who had an injection performed upon him as a matter of experiment, not having the slightest suspicion that he was the subject of tubercle. A violent, feverish reaction followed, which led to a careful examination and discovery of slight but unmistakable disease of one apex. Other cases of discovery and differentiation were related.

Lister then says: "But while Koch's fluid has this searching diagnostic value, there can be no doubt that it has also a powerful therapeutic or curative influence. In lupus of the face, for example, which may have long obstinately resisted other means of treatment, the crusts that form on the affected part as the result of the injections fall off in due time, leaving a more or less completely sound scar. This has been known to result from a single injection, although more frequently a repetition on several occasions is required."

He confirms Koch's claims as to the result of the remedy in tubercular disease of the knee joint, and in the early stage of phthisis, (patients losing all their symptoms, the purulent sputa becoming diminished, then mucous and losing the tubercle bacilli and finally *ceasing entirely*, with corresponding improvement in regard to night sweats, loss of weight and physical signs), and then continues:

"How far are these effects likely to be permanent, and what limits are to be anticipated to the curative agency of the method?" Lister maintains that cure may be hoped for even in many cases in which the tissues made necrotic cannot, from their location, be discharged as sloughs. Lister says: "It is now many years since I observed that dead portions of tissue, if preserved from septic agency, are not necessarily separated *en masse* from the living body, but are gradually absorbed. This it was that led me to employ the catgut ligature, which, though composed of dead tissue, is eliminated by absorption. The tissue of tubercular parts is not irritating in the sense in which a piece of putrid slough is irritating. It would

seem that the tubercle bacilli give rise to the production of some poisonous substance which modifies the nutrition of the parts in which they grow; but the tubercular tissue which arises from this cause is not incapable of absorption. This we know from ample experience."

He then mentions varieties of tubercular disease in which we not only know that absorption of tubercular masses may take place, but treat on the basis of that knowledge: *e. g.*, in ordinary strumous antero-posterior curvature of the spine before abscess has developed, when we enforce the recumbent position, &c., to ensure a spontaneous cure.

"The tubercular tissue and its contained bacilli alike disappear. And there is no reason *a priori* for supposing that the death of any portion of tubercular tissue through the agency of Koch's fluid would render it unfitted for absorption. Hence this theoretical argument against the possible efficacy of the treatment falls to the ground. As a matter of fact, it is completely refuted by experience. In those portions of a lupus patch where there is no actual sloughing as a result of the injections, but only inflammatory swelling, the tubercular tissue gradually disappears, although there can be no doubt that necrotic portions are scattered through its substance. Similarly in laryngeal disease where no ulcers are present, but merely tubercular infiltration of the affected structures, the swelling has been observed to subside steadily under repeated injections without the occurrence of either sloughing or ulceration."

* * * * *

In many cases, no doubt, we may combine surgical procedure with Koch's treatment, and operate, we may hope, with greater success than heretofore; because while we as surgeons clear out the dead infecting masses, Koch's injections will cure the surrounding living tubercle. But there are, I need hardly say, situations where the surgeon's knife cannot penetrate; and when extensive caseation or necrosis affects parts thus inaccessible, and where spontaneous expulsion outwards is impossible, Koch's treatment in its present form affords little prospect of cure. Perpetual fresh infections might, indeed, be combated by often-repeated injections. But as the absorption of extensive necrotic *débris* must be at the best a most tedious process, the treatment would, under such circumstances, have to be

indefinitely protracted. What we here want is immunity from tubercle infection."

Lister states that this immunity does not seem as yet to have been attained in man though it has in the guinea-pig. This might be because the guinea-pig can take much larger doses without bad effect (about ten times as much as man for the same general effect; but calculated weight for weight the guinea-pig takes at least 1500 times as much. Lister however thinks that the "principle of acquired tolerance" may enable the quantity used in a way to be pushed steadily further and further, until a degree of tolerance might be attained which might be attended with immunity.

PROFESSOR I. BURNEY YEO

gave his opinion in an address in London, on Dec. 6th. He mentions having observed marked improvement in cases of laryngeal tuberculosis treated in the clinics of Ewald, Von Bergmann, and Fränkel. It does not appear that the reaction causes swelling, &c., in the larynx sufficient to cause serious risk from dyspnoea. Yeo also witnesses to improvements in cases of phthisis, (including chronic,) and a case of tubercular cystitis.

Yeo makes the following statement: I am disposed, from what I have already seen, to conclude that Koch has not been deceived in the observations on the human subject which he has already made, and that his published conclusions will, in the main, be found just and accurate."

DR. R. W. PHILIP, EDINBURGH,

says: "I have seen some six or eight cases of lupus to all intents and purposes cured after from six to ten injections." He continues: "With regard to final results in these cases, especially in phthisis, it is premature to say much. In very advanced cases, of which I had the opportunity of studying about a dozen, I cannot say that I was satisfied of any definite improvement. The *post-mortem* results of the two or three fatal cases, so far as they have been communicated, point, however, to a local influence having been exerted on the affected organs."

"To summarize a little, then, there can be no question that the fluid, whatever its nature, has a most defined specific action on the tubercular process, wherever situated. It seems to have the power, when introduced into the circulation, of finding its way

straight to the seat of tubercular disease, however obscure or ill-defined this may be to external examination."

"The facts which have been made public regarding the effects of treatment in late cases of phthisis are discouraging, undoubtedly, but they form the strongest argument, as Koch has pointed out, for far more conscientious care in the early diagnosis of such cases, and for the use of all the means which later research has suggested, such as the careful examination of the sputum for the detection of the tubercle bacillus."

"Without entering into further details, it may be well to say that all we have seen corroborates generally the statements made in Koch's original statement."

Dr. Philip described the methods used and also many details of cases observed.

DR. GRAINGER STEWART, PROFESSOR OF MEDICINE, EDINBURGH UNIVERSITY.

summarised his conclusions, at the close of his clinical lecture,) as follows:

"(1) the remedy was of great power, and must be used with extreme caution; (2) The susceptibility of its action varied with the tubercular manifestation, with the degree of the disease present, and with the individual peculiarities of the patient; (3) it was doubtful whether in every case a tolerance of the remedy was got by repeated injections; (4) the results observed in Edinburgh corresponded with those set forth by Koch. In particular, the method was of great diagnostic value, and it was of great therapeutic value in certain cases."

LATEST NOTES FROM BERLIN.

"1. The remedy maintains its great value in diagnosis. 2. Extreme care is necessary in its application and dosage, as it is sometimes followed by serious—even dangerous—symptoms. 3. No case of complete cure has been reported as yet."

CLINICAL REPORTS.

The reports from London, (Mr. Watson Cheyne, Dr. Heron and others); Edinburgh (Professors Stewart, Chienz, and Drs. Philip and Brackenridge); New York, (Drs. Kinnicut and Jacobi); Montreal, (Dr Macdonnell,) all speak of improvement both subjectively, (marked,) and in the physical signs. These cases, however, are all still under treatment, and time alone will give us definite settlement of the questions as to thoroughness of cure with subsequent immunity.

There have been several cases of death. This is but to be expected both from lack of knowledge and judgment in selection of cases, and the as yet somewhat undefined knowledge of doses. Koch himself has had no fatal case.

WHERE THE LYMPH IS MADE AND HOW IT IS TO BE PROCURED.

Herr Von Gossler, (Prussian Minister,) having been interrogated on the question in the Prussian Diet, after detailing the arrangements that had been made to provide Koch with means and accommodations for the proper prosecution of his researches, stated:

"The chief difficulty for the moment lies in the fact that there is no means of manufacturing the remedy on a large scale. Dr. Libbertz has charge of the production of the lymph, and Dr. Pfühl undertakes its examination, testing its efficacy by experiments on animals. In every case three animal experiments are made, and if they are not followed by the now well-known reactions the lymph is thrown away. Koch declares that he cannot conscientiously allow the lymph to leave his hands without exercising a personal control. This forms one of the serious difficulties we have to face; and the second is the mode of sale. I am glad to be able to state that in this matter Koch and I have at last found a basis of agreement, as a result of which the Government take in hand the remedy. We shall not rest until the State has the production of the lymph in its hands. Even if it should be found impossible to manufacture it as quickly as desirable, I think the fact that the Prussian Government put its signature to the affair will have a tranquillising effect everywhere. Negotiations to this effect will be begun immediately after this sitting."

Meanwhile practitioners must be content to wait until arrangements have been perfected for the general supply of the lymph. The MARITIME MEDICAL NEWS will give the earliest possible information on that point.

THE Prussian Government is about to establish a Koch Institute in Berlin. It will include a sanatorium and a scientific institute; the former to receive the infectious diseases required by Koch for his researches, and the scientific institute to enable him to test the results obtained and to continue scientific investigation. Koch is to be at the head of the institute with two heads of departments under him and twenty practical assistants. A gentleman has placed £50,000 at Koch's disposal for a sanatorium for the poor.

Original Communications.

AN ADDRESS ON MATERIA MEDICA AND THERAPEUTICS.

By W. S. MUIR, M. D., *Truro.*

At Dominion Medical Association, Toronto, September, 1890.

MATERIA Medica and Therapeutics are called dry subjects. How many men you will meet who can talk antiseptic and abdominal surgery by the hour, but who can hardly tell you the dose and action of the most common drugs. Go into their surgeries and you will find a fair medical and a first-class surgical library, but the shelves adorned by an old copy of some materia medica they had to have during their student days. At the present day surgery and gynaecology are fashionable because they command higher fees, and appear to attract public attention. Medicine and its attendants, Materia Medica and Therapeutics claim slight attention and that only from actual necessity. Before going into my subject I will call your attention to a state of affairs which is of vital importance to every one, that is, the want of uniform strength and activity in the common drugs of the day. This was brought before the medical profession of New York by the New York State Pharmaceutical Association, and later by Dr. H. H. Rusby, of New York. From the report of the former we learn a condition of things that is appalling and dangerous. For instance, in fifty samples of Hoffman's Anodyne only eight were good, not a single sample of Potassium Iodide was up to the standard and only a few fair. Such active agents as Nux Vomica, Belladonna, Aconite, Cocaine, Colchicum and Jaborandi varied enormously in their strength. Spirits of Nitrous Ether varied from one to seventy-five per cent. Why is this? Is it due to competition? It must be. I do not think that any Pharmacist would be guilty of selling such an inferior article knowingly. The Practitioner who dispenses his own drugs has a great advantage over his city brother who does not. As a rule the former never buys cheap drugs, whilst the latter never knows what his patient gets. This is one of the many advantages the dispensing practitioner has over the non-dispenser. Another is you know where your drugs come from, when made and by what house. I can name two or three drug houses whose preparations are not only elegant but reliable;

houses that have taken a great deal of trouble and have been at great expense to make their preparations not only palatable but chemically and mechanically true. I can name others whose preparations have only cheapness, the greatest quantity for the least money as Dr. Rusby justly puts it, to recommend them. Take the most common pill in the market, viz., Quinine. I have had them pass through the bowels of my patients as hard and beautiful as ever. Buying cheap drugs is a most foolish as well as most expensive mistake. Always have the best at any price. Although sometimes here you will be mistaken, as a writer in the "Cincinnati Lancet Clinic" recalls the analysis of quinine pills published in the "Medical News" in 1883, which showed that the highest priced pills in the market had the smallest amount of quinine in them. This is the age of competition, and quality must suffer at the expense of quantity. At the last meeting of the Nova Scotia Medical Society this subject was discussed and well, but no treatment was offered, no cure found. I hope that at this present meeting something definite will be accomplished, so that the manufacturing chemist will at least know that he is at the present moment in the medical practitioners scales.

During the past two years the older *Materia Medica* have almost become useless owing to the numberless additions to our list of useful and also valueless drugs. The two classes under which the most useful have been associated may justly be considered as to the classes of antipyretics and cardiac tonics. Chief among the former we have Antipyrine, Antifebrine, Kairin, Phenacetine, Resorcin, Chinoline; Salicin and its compounds, Salol and numberless other compounds. The most useful Cardiac Tonics are Strophanthus, Convallaria, Cimicifuga, Adonis Vernalis, Caffeine. Sulphate of Sparteine, Nitro-Glycerine and Cocaine are cardiac stimulants not true cardiac tonics, but I will call your attention to their use, as well as to some other new and important drugs such as Exalgine, Ural, Sulphonal, Pyrodine, Thiol and some others. I will be as brief as possible.

Antipyrine is the most fashionable drug of the day, it is used by the laity as well as the profession. It is a powerful Antipyretic and has a double mode of action. 1st, It diminishes oxidation; 2ndly, And afterwards promotes heat loss, by dilating the cutaneous vessels, thus allowing free radiation from the surface. Its solubility and easy mode of administration gives Antipyrine the first

place among our Antipyretics. The field of usefulness of this drug is constantly extending. It is a local anaesthetic and by some its hemostatic power is said to be greater than that of ergot. As an Analgesic it has few superiors. Dujardin Beaumetz says that of all the antithermic analgesics antipyrine is the best on account of its solubility and its non-toxic properties when given in proper doses. In the painful affections of the nervous system and for pain due to a rheumatic diathesis it is of great value. Some time ago Germain See placed antipyrine side by side with morphia, but later writers do not hold such a high opinion of the former drug to relieve pain, as sometimes it fails, whereas in no case will morphia fail to relieve bodily pain. In cases of migraine it has no equal. Batten and Bokenham who have lately been investigating the action of antipyrine upon the nervous system state that it acts upon all parts of the nervous system, but chiefly upon the spinal cord, and also upon the brain and motor nerves. Lauder Brunton states that it also acts upon the sensory nerve-endings, causing local anaesthesia. This local anaesthetic action of the drug is very serviceable, as in acute rheumatism, combined with a small quantity of cocaine to relieve the pain at the seat of the injection, used subcutaneously near the affected joints its effect is wonderful. In all cases where hyperpyrexia occurs as in Phthisis, Pneumonia, Surgical Fever, Pleuritis, and Acute Rheumatism it holds first place as an antipyretic. In Neuralgia, Lumbago, Neuritis, pain from Cerebral tumors, Dysmenorrhoea and Whooping Cough it is useful. In Chorea Jules Simon regards it as the most potent drug. As a haemostatic Ortol and Saint Germain have both reported cases where its haemostatic properties proved beneficial. In a case of Mammary Distention consequent upon weaning, three grains three times daily for three days have been known to check the secretion. In Typhoid Fever I find it is in common use, but I must say that with me its use in typhoid has been anything but pleasant. I am sure that when I continued its use for the hyperpyrexia of typhoid I did so at the expense of my patient's strength. After one or two scenes at the bedside of my patients I abandoned its use in this disease, and it was also in the administration of antipyrine to typhoid patients that I first saw the erythematous eruption. I believe antipyrine in some respects resembles atropia. In all ray cases

when untoward symptoms presented themselves, it was in fair hair, fair skinned patients and I have never seen anything like collapse or any eruption occur with a dark skinned person. If you watch closely you will find that antipyrine in general action resembles cocaine and atropia when given to a flax-headed, light-complexioned, nervous woman. In Diabetes Mellitus, and in Polyuria both Germain See and Beaumetz recommend antipyrine. In the former disease the sugar is said to disappear entirely under its use, according to Lepine and Porteret antipyrine diminishes the physiological change of glycogen into sugar in the liver and in the muscles. In renal disease antipyrine should be given with great caution if at all. Dr. Cash in his able address before the British Medical Association in 1888, called the attention of the profession to this fact, that the nitrogenous elimination, the inorganic salts, and the quantity of water are greatly reduced, the diminution of water being even greater than we should anticipate from the diaphoretic effect of the drug. It is contra-indicated in patients suffering from any cardiac weakness, and in diseases where you fear cardiac failures such as diphtheria. It is incompatible with sweet spirits of nitre, which generally contains free nitrous acid, forming hydrocyanic acid in the stomach. Cases of death from antipyrine are recorded, but in all the cases I have read about some organic disease co-existed as in the case recorded by Hardy, here extensive renal disease was found to be present.

Antifebrin came to hand shortly after antipyrine. By many its uses were said to be innumerable, and on account of its low price and favourable reports for a short time it did appear to displace antipyrin. Its insolubility was the one great draw-back, but soon unfavourable reports came pouring in which called a halt; at first this was said to be due to too large doses, but experience has taught us that like its neighbour, antipyrine, it is capable of much good and much harm, and should be given with caution. On account of its insolubility its use hypodermically and by enema is prevented. It is used in the same diseases as antipyrine. Dr. Cash sums up its advantages over antipyrine as follows:

1st, The small dose. 2nd, Its comparative freedom from danger in causing collapse. 3rd, The steadier and more continued action. 4th, Its price. Against this there appears to be a great difference of opinion as there is now no doubt that it will produce

cyanosis or collapse. Dr. Meyer, (Lancet, June 8th, 1890.) reports a case of poisoning by antifebrin, the patient being a strong girl of 13 years, the dose two four grain doses within three-quarters of an hour. I have seen collapse follow a five grain dose in a case of typhoid fever during the first week of the fever, the patient being a lad of 16 years. The dose was by accident repeated the following evening with the same result. Dr. Newth, (Lancet, April 6th, 1889.) describes the use of antifebrin as a local application. He prescribes it with lanolin or vaseline in the proportion of 20 grains to the ounce. This is used in cases of irritable ulcers. In psoriasis, eczema, erythema, erysipelas, herpes and urticaria and other complaints associated with considerable irritation Dr. Newth found it a useful adjunct to suitable remedies.

Potter in the second edition of his work on *Materia Medica and Therapeutics*, says that a toxic dose of antifebrin destroys the oxygenating function of the blood, decolorizing it and forming methyl haemoglobin. The heart, liver and kidneys are found in a state of fatty degeneration. He also calls attention to the fact that in large continued doses and especially in diseases which are in themselves destructive to the blood its effects are highly injurious. Potter goes on to say that it is especially useful for the hyper-pyrexia of phthisis and typhoid fever, "thereby relieving wakefulness, lessening delirium and upholding a failing heart." If there is one disease in which the general practitioner has a chance to watch the physiological action of certain drugs that disease is typhoid fever, and to me the use and abuse of antipyretics is a very serious question. Opinions differ as to the value of antifebrin in typhoid, some going so far as to say that it is harmful and prolongs the course and intensifies the symptoms. Most authors agree that it is a safe and reliable antipyretic with children, and many state that for whooping cough and croupous pneumonia it is almost a specific. By many it is said to be cumulative, and a case is reported by Dr. Robert Haley, (Weekly Medical Review,) which certainly proves this.

Kairine has almost fallen into disuse. By many it is regarded as a sure and safe antipyretic. In doses of 15 grains every hour for several hours, it will reduce a pyrexia, no matter what the cause might be; no doubt its bitter, nauseous taste and want of uniformity has deposed it from the confidence

of the profession. It is a much abused drug but will I feel confident find a champion at times, as the action is always sure and on account of its solubility can be used most successfully hypodermically.

Phenacetine during the past year, has had quite a run, one chief cause, no doubt, being the fact that Beaumetz, Ott, Müller and Franz Mahnert reporting favourably upon its use. Beaumetz considers it in febrile conditions far superior to antipyrine and antifebrin in producing its antithermic effects without toxic phenomena. As an analgesic he considers it far superior to all others. In hysteria and for hysterical or neurotic pains he considers it far above the bromides. In nervous insomnia it acts as a narcotic. Ott says that there is hardly any neuralgia that will not yield to phenacetine. Franz Mahnert tested the different antipyretics now in vogue, antipyrin, antifebrin, chinin, kairin, sodium salicylate, thallin and phenacetine. He gave them to the same individual under as nearly as possible the same conditions, he found that 14 grains of phenacetine lowered the temperature more than $15\frac{1}{2}$ grains of antipyrin, chinin or kairin, and more than $8\frac{1}{10}$ grains of thallin, while 30 grains of salicylate of sodium had no action on the tubercular fever. Four and two-third grains of antifebrine acted an hour sooner and lowered the temperature a few tenths more, but the antipyretic action was not of so long duration. All writers agree that phenacetine is a safe antipyretic, and that its anti neuralgic properties are superior to its antipyretic, and that its hypnotic action is generally to be relied upon.

Chinoline or *Leucoline* was discovered in the search for an artificial quinine. It is un-official. Is a valuable antipyretic and antiseptic. The tartrate has been used in whooping cough and neuralgia with success.

Salicylic acid and the salicylates still hold the place long since awarded them by the profession. Salol which is a salicylate of phenol, which by many was said to be a specific for rheumatism, has taken a lower place in our opinion for the treatment of that disease. In the treatment of gastro-intestinal derangements, and catarrhal jaundice at the present time it appears to be attracting considerable attention. 'Twas supposed to be useful in the treatment of typhoid, but its antiseptic properties far down in the intestine are said to have been over-estimated. One writer (Lombard in the "Times and Register") say that the action of salol; depends upon the

amount of pancreatic juice, and that after the pancreatic duct is tied salol is inert.

Heart-Tonics. Strophanthus may be said to be a drug that has come to stay. It is without doubt the most commonly prescribed cardiac remedy after digitalis in the materia medica. It is a powerful cardiac tonic, is diuretic and non-cumulative. The tincture is superior to the alkaloid. See and Beaumetz both agree on this point thus confirming Prof. Frazer's opinion. In the treatment of chronic Bright's disease and valvular disease of the heart strophanthus must replace digitalis as digitalis produces vaso-motor constriction of the arterioles, thus the heart is relieved of additional resistance by strophanthus and saddled with it by digitalis. Another advantage over digitalis is that it does not produce any gastro-intestinal disturbance. It is of special value in the cardiac failure of prolonged disease, such as typhoid fever. One great drawback to the use of strophanthus is the difficulty of getting a reliable tincture; no doubt this has caused many a man to discontinue its use.

(To be concluded.)

INDUCTION OF PREMATURE LABOR.

Mrs. H., Aet. 35, married fifteen years, of a robust constitution; mother of two living and five still born children; became pregnant about a year ago with her eighth child.

The dead born children were the result of the last three confinements—a process which was always most tedious and difficult—necessitating the attendance of two physicians and taxing their efforts to the fullest extent; from eight to twelve hours of almost continuous anaesthesia was always required. Craniotomy had never been performed, but version was on one occasion resorted to in the vain hope of saving the child. The difficulty in the way of delivery was due to a contraction of the pelvis in the antero-posterior diameter at the upper strait. This deformity was the result of a fall on the ice which had happened to the patient when a child.

Having attended her in her previous confinements assisted by Dr. MacLeod and with the usual result of delivering a dead child, patient was advised that in case she became pregnant again, an effort would be made to save her infant by inducing premature labor. Under these conditions the patient came to my office in the fourth month of her eighth pregnancy, and was advised to have the

operation done during the last week of the eighth month, at that date the patient was ordered to bed and an attempt to induce labor was begun.

The bowels were well moved and the vagina washed out and thoroughly disinfected with a warm bichloride solution, and blunt pointed bougie well smeared with Iodoform Ointment was then introduced through the os to a distance of about three inches. Slight pains followed at irregular intervals during the next eight hours. This bougie was then withdrawn—the vagina again washed out and another bougie inserted to its full length between the amniotic membrane and the uterine wall and left in place over night. Ergot was given in repeated doses. In the morning I found the os large enough to admit two fingers, and patient gave a history of having suffered regularly recurring labor pains. I then proceeded to dilate the os by forcing my fingers into it and was soon enabled to enlarge it sufficiently to admit the blades of the forceps. The membrane was then ruptured, and the head soon came down to a position of rest on the pelvic brim.

The patient was then given chloroform and the forceps applied with the fortunate result of delivering a living child, to the great delight of all concerned. The mother made a rapid recovery. The baby is now three months old and quite hearty.

Charlottetown.

P. CONROY.

NOTES ON A CASE OF TUBERCULOUS DISEASE OF THE LIVER.

BY J. E. MARCH, M. D., *St. John, N. B.*

E. K. M., widow, 25, Canadian, white; came under observation November 4th, 1890. She complained of chill, severe pain in right hypochondrium and vomiting. Pulse 140, temp. in axilla $103\frac{1}{2}^{\circ}$ F., tongue furred; constipated. Had several similar attacks during the past year and a half. Had an attack of illness while in Elmira, N. Y., a year and a half ago, which was characterized by severe pain in epigastric, right hypochondriac and right iliac regions, and persistent vomiting and constipation. This illness was diagnosed by the attending physician at various times as gastritis, gastralgia, neuralgia, typhoid fever and finally as peritonitis. She was confined to bed upwards of three months.

I diagnosed impacted gall stone, gave $\frac{1}{4}$ gr. morph sulph hypodermatically, ordered hot poultice over seat of pain and heat to

extremities. Two hours later the pain persisting I injected 1-5th grain of morphia. She passed a restless night but was free from pain when I saw her the following morning. There was no tympanites or tenderness over the abdomen. I was unable to palpate the gall bladder. Pulse 100, temp. $100\frac{1}{2}^{\circ}$ F. Ordered five grains of calomel in divided doses to be followed by one ounce phosphate of soda. This relieved the constipation and in the evening her pulse was 87 and temp. $98\frac{1}{2}^{\circ}$ F. There had been no vomiting since early morning. She slept comfortably through the night, but the next morning there was another chill, severe pain in epigastrium, and vomiting. Pulse 132, temp. $103\frac{1}{2}^{\circ}$ F., slight jaundice, heavy yellow ur on tongue. I repeated the morphia and in 24 hours the pain and fever had again subsided. I suggested the advisability of an exploratory incision but this was declined by the patient and her family. She remained in bed three days and was then up and about her room for half a day, when being suddenly seized with another attack, I summoned Dr. Thomas Walker in consultation. This time the pain was in the right iliac region and there was decided tenderness over the head of the caecum. Poultices were again applied ac. hydrocyanic dilute ordered to control vomiting, and the patient fed per rectum. Reed and Carnick's beef peptonoids, yolk of egg with pepsin and milk, formed the staple articles of rectal diet. During this attack which lasted four days the temp. varied from $101\frac{1}{2}^{\circ}$ to 104° F., the pulse weak from 115 to 138. There was no evening exacerbation. During the evening of the fourth day the pain suddenly ceased and the patient passed a comfortable night. Morning temp. 99° F., pulse 87. The tenderness over the caecum had disappeared and the poultices were discontinued. No morphia was used during this attack. The bowels remaining constipated and there having been no vomiting for 24 hours I ordered Hunyadi water. During the next fortnight although there were several slight attacks of pain in the right hypochondrium and epigastrium, each preceded by coldness of the extremities and accompanied with slight rises of temperature, the jaundice almost disappeared, and the patient made fair progress towards recovery. For five days prior to December 3rd, there had been no pain or vomiting, and the pulse and temperature were normal. On that day she sat up in bed several hours, wrote letters, was in excellent spirits and looked forward

to getting up in a day or two. About nine o'clock in the evening there was a sudden chill, immediately followed by severe pain in the abdomen, which was increased during micturition. The temp. rose rapidly to $104\frac{6}{10}^{\circ}$ F., pulse 150. She became delirious, the vomiting uncontrollable, and the rectum refused to retain the nutritive enemata. She gradually sank and died from exhaustion December 9th. The autopsy by Dr. J. W. Daniel, 7 hours after death, revealed decided evidence of old peritonitis, a few scattered tuberculous masses in peritoneum and abdominal, and pelvic viscera, a gall stone nearly spherical, $\frac{1}{8}$ inch in diameter, and weighing $47\frac{1}{2}$ grains, in the gall bladder, and a tuberculous liver rapidly breaking down. The cause of death was given as tuberculous disease of the liver.

This patient's family and personal history are well known to me. There has been no tuberculosis in her family for more than four generations. At seventeen years of age she married. Four years later her husband died of tuberculosis. She remained well up to the time of her illness a year and a half ago. At the autopsy the only tubercles breaking down were those found in the liver. Is it not probable had it not been for the pain and high temperature produced by the gall stone acting as a foreign body—to which cause I believe her illness of a year and a half ago must be attributed—that she would have successfully resisted for a much longer period the tuberculous disease which there is reason to believe she contracted from her late husband.

P. S.—Since writing the above I have received a letter from Dr. W. D. Vedder, of Mansfield, Penn., containing a few notes by Dr. Wey, of Elmira, N. Y., relating to her illness of a year and a half ago. He saw her late in her illness. She had a general peritonitis and had been jaundiced. He suspected gall stone and notes that it required 20 minims of magendie's solution of morphia hypodermatically every hour for forty hours to control the pains. The attending physician at that time was a homeopath.

J. E. M.

A PLOUGHMAN was shown into a doctor's consulting room. The doctor examined his tongue carefully, and wound up his examination by inquiring, "Have you a good appetite, my man?" "Putty fair," answered the patient; "dae ye happen to hae anything handy to eat?"

Hospital Practice.

GENERAL PUBLIC HOSPITAL, ST.
JOHN, N. B.

F. G. ESSON, *House Surgeon.*

(Case—Under the care of Dr. Murray MacLaren. Diagnosis—Traumatic paralysis due to pressure during a prolonged labor.)

M. C., Aet. 23 years. Admitted complaining of weakness and swelling in the right lower extremity.

Two months previous to admission patient was confined. Labor was prolonged, lasting 48 hours, and then only was delivery accomplished by doing a high forceps operation. Ever since confinement she has complained of coldness, weakness and swelling in the right lower extremity. On examination the flexors of the foot showed feeble action, and the extensors no action whatever. She was able to flex the leg on the thigh and thigh on abdomen to a slight extent. Sensation in the whole limb was normal with the exception that over the sciatic foramina and posterior portion of the ileum severe pain is experienced on pressure. Paresis of the sciatic and anterior crural nerves was found on the right side.

The treatment consisted in the administration of tr. nuc' vomica m X three times daily and the application of the Faradic Current along the course of the sciatic and anterior crural nerves, with massage to the whole limb three times weekly.

The patient recovered the use of the limb gradually, and at the end of four weeks was discharged, having regained nearly the normal amount of strength in the limb.

SODIUM BISULPHITE IN EPIDEMIC TONSILLITIS AND CORYZA.—C. M. Fenn, of San Diego, testifies (*University Med. Magazine*), to the prompt effect of this drug in aborting many cases of coryza and tonsillitis. He prescribes a saturated solution, and prefers the English preparation.

He gives tablespoonful doses every hour or two for twelve hours, and then every three or four hours for twelve or twenty-four hours longer. Seldom finds it necessary to continue the remedy beyond forty-eight hours.

Maritime Medical News.

January, 1891.

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Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication must be legibly written in ink on one side only of white paper.

All manuscripts, and literary and business correspondence, to be addressed to

DR. MORROW,
ARGYLE STREET, HALIFAX.

A MONTHLY JOURNAL—to this dignity the MARITIME MEDICAL NEWS has now attained. We are pleased, and we are confident our readers will be, that we are able to give this substantial evidence of our powers of progress.

It is two years and two months since the NEWS was first published. At that time there were some who said "there are too many medical journals already, why start another." It may be admitted that there are too many medical journals; that is true of some parts of the United States; it is not true of Canada and especially it is not true of the Maritime Provinces. Those who thought so either forgot or did not know that a local journal might be, and if properly conducted must be of distinct practical benefit to its constituency. We believe we speak with due moderation when we claim for this Journal a share in the influences which have led to the formation of the P. E. Island Medical Association and Board, and to the establishment of the Maritime Medical Association

The accomplishment of the latter last summer would probably have been impossible until a much later date, without the previous ventilation of the subject to some extent in the NEWS. The NEWS has been and will be a help in the realization of other desirable objects in the interest of the medical profession. This is due largely to the cordial support extended to the Journal. We fully appreciate it.

We do not aim to take the place of the great London or New York weeklies, each of which supplies a vast amount of scientific material, and one of which should reach the table of every practitioner.

But apart from these we do most decidedly claim that the legitimate general practitioners of the Maritime Provinces will obtain more advantage, directly and indirectly, from the MARITIME MEDICAL NEWS, than from any other medical journal published in Canada or in the United States.

We heartily wish all our friends a happy and prosperous New Year, with a growing appreciation on the part of the public for the men who are at their beck and call night and day, whose bills have hitherto been often the last to be paid, and who more than any other class sacrifice time and sleep and health for the good of humanity.

THE medical profession of P. E. Island has made marked progress during the last year, notably in the matter of securing legislation and the forming of a Provincial Association, and has thus put itself in line with all the other Provinces of the Dominion. Although the P. E. Island Medical Act is defective in many important particulars still it is a step in the right direction, and will, doubtless, suggest and form a basis for better legislation in the near future. Under its provisions a Medical Council of seven has been elected by the registered practitioners of the Province. This Council, only, is incorporated, not the whole profession; whose interests are identical with those of the Council, and

TO PHYSICIANS.

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As the name implies, the principal ingredients of these Pastilles is Muriate of Ammonia, which is itself a valuable remedy for the cure of many bronchial affections, and is here associated with other medicines, having a powerful calmative influence over the mucous membrane of the respiratory tubes.

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- 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 Phosphorous 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.

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- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.
 SECOND.—Slightly Alkaline re-action, rendering it acceptable to almost every stomach.
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Prepared by JAMES I. FELLOWS, - Chemist,

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PULMONARY DISEASE,

In Phthisis, Chronic Bronchitis and the Catarrhs of the Broncho-Pulmonary Tract.

He also gave it freely and with much success in the CATARRHAL AFFECTIONS of the Mucous Membranes in general, and, especially, besides the pulmonary, in those of the genito-urinary passages. Notwithstanding the remarkable success achieved by the Wine of Tar, newer and more popular—if less efficient remedies, for a time, displaced it, but in the course of those revolutions of professional favor by no means uncommon, it has again assumed its rightful place as a remedy. The recent developments in the pathogeny of phthisis, and in the therapeutics of Catarrhal Affections, have demonstrated the utility of remedies possessed of the **Antiseptic Powers, and the Stimulating and Nutritive Properties of the Wine of Tar**, as made by Messrs. Wyeth.

In a complexus of symptoms by no means rare—bronchial and stomacal catarrh combined—the Wine of Tar has special efficacy :

It Moderates the Cough, Promotes Expectoration, and, at the same time, Allays Nausea, and increases Appetite and the Digestive Power.

Practical physicians need hardly be told how ordinary cough remedies and expectorants fail under such circumstances ; the agents that *relieve* the cough, *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough, it is of vital importance to maintain the nutrition, the value of a remedy acting as **Wyeth's Wine of Tar** can be readily appreciated.

There is another class of cases in which the Wine of Tar is capable of effecting very great relief :—cases of Bronchitis in which there is Coincident Catarrh of Urinary Passages. In the latter affections alone, whether examples of pro-ne-phrosis, or vesical catarrh, it must be ranked among the most efficient remedies. In irritability of the bladder, and in some instances of urinary incontinence, requiring the exhibition of a stimulating remedy, it may be expected to do good.

As in Wyeth's combination the power of Tar as a remedial agent, is re-inforced by the malt and hops, it acts as an efficient stomacal tonic, and general nutritive stimulant.

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GENERAL AGENTS.

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who should share the responsibility with, and more directly control the acts of, its executive.

Thus far the P. E. Island Medical Association has been almost entirely occupied in the work of organization. However, at its meeting in October last, an effective executive committee was appointed to prepare a programme, including papers, reports, and subjects for discussion for the annual meeting to be held next July in Charlottetown. A good beginning having thus been made, it is to be hoped that every medical man in P. E. Island will take an active interest in the work and deliberations of this Society, not only for his own individual good, but also "for the purpose of cherishing and exciting kindly and honorable feelings towards each other, and of guarding, watching over, and protecting the rights, privileges, interests, and respectability of the profession."

DURING the past fifteen months Halifax has been visited by an epidemic of diphtheria of a very malignant type. There are no available data for estimating the number of cases. It is thought by many well-informed that not less than 250 persons, mostly children perished during the period referred to. And the end is not yet.

Why should the death rate of Halifax be so high? Washed on every side by the sea—with favourable geological and geodetic conditions—a splendid water supply derived from sources absolutely free from risk of pollution—numerous breathing spaces—in short, possessing every element to make a healthy city—perhaps none more on the broad face of the earth,—yet we have an annual mortality rate nearly one-half greater than the great city of London!

The explanation is easy. The city is exceedingly dirty and the fact has been steadily ignored, notwithstanding frequent representations by the health authorities.

The inspection of last summer brought about by the pressure of public opinion,

revealed in every direction back-yards reeking with filth, holes filled to overflowing, ashes and garbage deposited in close proximity to highways and dwellings, and an extremely imperfect system of sewerage. Moreover there is no provision for dealing with infectious diseases.

The economic loss to the city occasioned by such a state of affairs must have been great; and if the authorities are not able to present a bill of health within a reasonable period, the steadily increasing tide of summer travel may be completely diverted. The remedy is plain. The authorities must put forth every possible effort that without delay, in the direction of cleanliness.

We think the health machinery might be greatly simplified. At present it is too cumbersome and cannot act with directness and rapidity. There is no necessity for further legislation. The present act gives ample powers. The abolition of the "Sanitary Board," and the appointing of a Board composed of the Mayor, six Aldermen, and six citizens, three or four of which should be medical men, would be a decided improvement on the present system.

EVIDENCES have of late multiplied which show that the columns of the NEWS are looked to for information upon important medical subjects. We have therefore given to our readers a brief presentation of all the important facts so far published in regard to Koch's wonderful discovery. We did not omit reference to Koch's first communication on Bacteriology because we consider that it is of deep interest and throws light upon his subsequent remarks.

SEE, announcement of the NEWS, advertising page xvii.

PAPERS or other communications sent us for publication must henceforth be as short and concise as possible.

A CORRESPONDENT writes: "Is not the practice of publishing notices of surgical operations in the lay press—of inserting minor notices of accidents, etc., etc. in a manner contrary to professional etiquette, a practice referred to but reprobation. We credit the glib reporter with much of this—but in some instances we fear that professional men choose their inter-"

WE trust that the medical men of Nova Scotia will take a broad and provident view of the circular address to them from the Medical Board (with the support of the Nova Scotia Medical Society) asking them to express their opinion on the desirability of the Board having power to collect from each registered practitioner an annual fee of one or two dollars towards the expenses of the Board.

The Board has done good work but has been crippled by want of funds. Some recent cases dealt with have been more in the interests of the country than of the city practitioners and others quite as much so. New Brunswick has already such a tax of one or two dollars.

THE subscription price for the NEWS is now \$2.00 a year. Please remit promptly, if you intend to subscribe.

Society Proceedings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

DR. D. A. CAMPBELL read a paper on "the Relations of Membranous Croup to Diphtheria."

"The recent ordinance of the Board of Health requiring 'compulsory notification,' in all cases of infectious disease, revives an interest in some undecided questions in pathology, notably one—the relation of membranous croup to diphtheria.

The modern history of diphtheria dates

from 1821, when Bretonneau in a memoir read before the French Academy demonstrated that the croup described by Home in 1765, was identical with Angina Maligna. To avoid further confusion he proposed the name of "diphtheria," the skin like exudation being the most constant characteristic of the disorder. This was changed to diphtheria when the specific nature of the disease was recognized. Bretonneau did not claim to have discovered a new disease, on the contrary he strenuously endeavored to prove that the disorder had existed from the most remote antiquity. The great merit he claimed for himself, in the language of the day, was that membranous croup and diphtheria were one and the same disease.

This paper does not profess to deal with the recent aspect of the question. The identity of the two disorders is assumed. The object of the paper is to look at the subject from the standpoint of historical criticism. Some of the merit ascribed to Bretonneau should be given to Samuel Bard, of New York, who was the first to distinctly affirm and teach the identity of the two disorders. Evidence was submitted to show that diphtheria made its appearance soon after the English settlement of America, and frequently attained to epidemic intensity during the last century. It was known under various names such as angina-maligna, cynanche maligna, angina ulcusculosa, angina suffocativa. It was most commonly known as putrid sore throat. Croup in the early times was generally called the "Hives," said to be a corruption of "Heaves," a frequent disorder among horses. The first treatise on the subject was written in 1735, by Dr. William Douglas, of Boston. It was entitled "angina ulcusculosa." He gives a faithful, though somewhat imperfect description of the disease. He insists particularly upon the usage of depleting measures. Colder's letters to Fothergill were briefly referred to.

Samuel Bard's classic monograph "Angina Suffocativa," published in 1771, was then taken up after a short reference to the salient points of his character; quotations were read showing how faithfully he portrayed the varied aspects of this protean malady. That he taught the identity of the two disorders was clearly shown. He says, "Upon the whole I am led to conclude that the morbus strangulatonus of the Italians the croup of Home, the malignant ulcerous sore throat of Fothergill and Huxley's the disease I have

described and that first described by Douglas of Boston, however they may differ in symptoms, do all bear an essential affinity and relation to each other, or are apt to run into each other, and in fact arise from the same *locoven*.

The fact is still further emphasized by the teachings of Richard Bayley, in 1774. He at first adopted Bard's views, but met with so little success in treatment that he soon adopted new opinions. Bayley found reason for thinking, in the language of the day, that there was a membranous croup separate and distinct from that associated with diphtheria, and which called for most vigorous anti-phlogistic measures. Numerous quotations were read for the purpose of showing his opinions and practice. One here will suffice "The public mind had been misled in a treatise of the day by the author confounding the two diseases; and yet with the accuracy of the dissections which he appears to have made, how he could have fallen into an error so fatal is difficult to conceive, not intentionally, clearly, for when the treatment of Bayley became so decidedly successful, Bard rejected his own views and adopted those of Bayley.

The labour of Bard and Bayley done at a time and in a locality so remote from the centres of Medical thought, would have probably fallen into oblivion were it not for the presence in New York at that time of the distinguished Michaels of Gottingen, who was then serving as principal medical officer of the Hessian troops. He was on the most intimate terms with Bard and Bayley, an enthusiastic advocate of the view of the latter.

A eulogist of Bayley says, "It is no less true than honorable that to Richard Bayley did his friend the celebrated Michaelis yield up his own opinion of the croup, and with a freedom and a love of truth so characteristic of a scientific man, the titled officer as he then was, adopted the opinion and practice of a young American physician, the unknown Bayley."

Michaelis was deeply interested in the subject, and in 1778 published the ablest treatise on the subject, prior to the time of Bretonneau. It is perhaps needless to say that great prominence was given to the opinion of Bard and Bayley, with which he was so thoroughly familiar. Consequently it is quite easy to understand why they are referred to so frequently by the authors who competed for the great prize offered by

Napoleon in 1807 for the best essay on croup. Bard's essay was about this period translated into French by Bruett. This essay must have exercised an influence considerable on the mind of Bretonneau, otherwise he would not have quoted from it with such high terms of honorable mention as he does in his memoirs."

The foregoing is only a brief summary of a very interesting paper. The hour being late very little time was left for discussion.

Dr. Shea, of St. John's, Newfoundland, who was present, would like to have heard some expression of opinion on the treatment of the disease. During the past three years they had a very severe epidemic of the disease in St. John's. In that time there had not been less than 4000 cases with about 800 deaths, the majority dying from extension of the disease to the larynx. He considered membranous croup and diphtheria identical.

Dr. DeWitt was inclined to think there was a form of croup which could not be considered of Diphtheritic origin.

Dr. Chisholm in speaking of treatment, said that he considered it of great importance to restrain the local inflammation as far as possible by appropriate means.

Dr. Smith thought that sporadic cases of membranous croup occurring where there was no evidence of diphtheria in the immediate locality must be regarded as inflammatory in character.

Dr. Trenaman concurred in this view.

Hon. Dr. Parker regarded membranous croup and diphtheria as identical. He attached great importance to the well established fact that mucous unlike serous membranes, do not when inflamed by simple irritants, pour out upon their surface a fibrous membrane. When such occurs a specific agent plays a part. As a special point he referred to a case where he was called upon to assist a medical man in performing tracheotomy. The operator believed the case to be one of membranous croup. Dr. Parker dissented, believing the case to be one of diphtheria, though there was not the slightest sign of membrane visible, nor evidence of the malady in the neighbourhood. The son of the operator was placed in charge, and sat up with the child the first night. A few days after symptoms of diphtheria set in and unfortunately proved fatal; nearly all present were familiar with the circumstances.

He referred to a paper he read many years ago describing an epidemic of what was certainly diphtheria which extended from

Maine to Florida in the early part of the last century. He also described an epidemic of putrid sore throat which prevailed throughout the western part of Nova Scotia about 50 years ago. His knowledge of the matter was obtained from very reliable authorities.

Dr. Farrell thought the facts brought out by the paper not only of interest, but of value, and would be considered so elsewhere. He had never seen a case that he would regard as membranous croup. He touched briefly upon other points, and thought in view of the severe epidemic we have just passed through, that the discussion should be continued.

On motion it was decided to continue the discussion at the next session. Dr. Farrell to introduce the subject.

(A report of the interesting discussion on diphtheria, which was taken up on December 8th, and adjourned until the final meeting in January, will be given in a subsequent issue.)

Reviews.

A COMPEND OF HUMAN ANATOMY. By Samuel O. L. Potter, M. A., M. D., Professor of Theory and Practice of Medicine in the Cooper Medical College of San Francisco, &c., &c. Fifth Edition, with 117 wood engravings, &c., &c. Price \$1.00. Publishers: P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia.

This book is one of Blakiston's Quiz Compend. It is a substantially complete resume of the subject of anatomy, as required for examinations in the Medical Schools. It is decidedly one of the best books of its class, and will be of much convenience to the student in reviewing his work before examination.

THE PHYSICIANS VISITING LIST. Publishers: P. Blakiston, Son & Co. Price \$1.00, (25 patients per week.)

This list is issued in different editions, arranged for from 25 to 100 patients per week. In addition to the blank pages which have spaces for names, and columns at top of which are days of month and week, &c., there are some thirty pages of miscellaneous information, including Almanacs, Metric system, methods of artificial respiration, doses of new remedies, list of new drugs, poisons and antidotes, aids to diagnosis, &c., &c. Physicians will find this a handy, useful, pocket visiting record.

THE MEDICAL BULLETIN, VISITING LIST, OR PHYSICIAN'S CALL RECORD. Publisher: F. A. Davis, Philadelphia.

This visiting list is so arranged that the writing of the name of a patient once, suffices for one month's attendance; thirty-five names can go on one page. Besides various other

useful matter it contains formulæ and doses of Hypodermic medications, formulæ and doses of medicines for inhalations, hints on the interpretation of thermometric readings, &c. There are also pages for obstetric record, addresses of patients, bills and account, &c. Altogether this is one of the best we have seen.

Selections.

THE RELATION OF NASO-PHARYNGEAL DISEASE TO CATARRH OF THE MIDDLE EAR.

AT a meeting of the American Rhinological Association, held at Louisville, Ky., Oct. 6, 7 and 8, 1890, (*New York Medical Record*, Oct. 25th, 1890), Dr. Emmett Welsh, of Grand Rapids, Mich., contributed a paper on this subject. He said that the relationship existing between naso-pharyngeal disease and catarrh of the middle ear was intimate and inseparable. The ear depended upon a healthy condition of the nose and naso-pharynx for the healthy performance of its function. Patients presenting themselves for the treatment of ear disease always give the story of catarrh, located in the nose and throat, and date their primary impairment to this condition, therefore it becomes essential to not only become familiar with the speculum, the rhinoscopic mirror, the catheter, Politzer bag, etc., but also to detect the diseases of the nares and naso-pharynx, its inflammations, obstructive lesions, and measures for their removal.

The existence of a spur upon the septum may be the means of exciting a tinnitus aurium, and how useless direct medication to the ear would be without its removal. It would be erroneous for the rhinologist to ignore the large number of aural complications he meets with in daily practice. This is very apparent, indeed, when we consider that the larger proportion of abnormal changes that take place in the ear result from those diseases of the naso-pharynx which produce narrowing or obstruction of the Eustachian tube.

Repeated attacks of subacute otitis media can be found in cases directly referable to some mechanical obstruction or inflammatory condition of the naso-pharynx. Its relief is dependent upon this causation, and its treatment plain; yet how often do we find that this is not detected, and the uselessness of direct medication to the ear patent.

This is best illustrated in cases of children

who, suffering from recurrent attacks of otitis media, are presented for examination and treatment; when on inspection the membrana tympani is found inflamed, the child suffering from difficulty in breathing, and mouth breathing predominating, the nares inflamed, and an adenomatous growth existing at the vault of the pharynx.

All treatment with a view to correcting the inflammation of the ear is useless, and the only plan is medication of the nares and the naso-pharynx.—*Ther. Gazette.*

HYDATID TUMOURS.

At the last meeting of the Canadian Medical Association (*New York Medical Record*, Oct. 25, 1890), Dr. H. H. Chown, of Winnipeg, after referring to the origin and formation of these growths from the larval stage to their development in the form of tumours, found sometimes in the liver, peritoneum, brain, lungs, or in the muscles, described the further development of the cyst and its contents. The heads of *tenia echinococcus* are found in the various stages of development, and were often sufficiently numerous to render turbid

the usually clear fluid contents. These growths gave rise to a variety of symptoms, varying according to the position and size of the tumour. For example, if in the liver, we have jaundice, ascites, anasarca, œdema, varicose veins, paroxysmal pains; if in the lungs, cough, dyspnoea, or hæmoptysis; if in the abdomen, vomiting is a prominent symptom, with pain after each meal. Change was continually going on in these cysts, and either calcareous degeneration, absorption of fluid, or suppuration might occur. Cases are reported where rupture took place into the intestine, the bronchi, bladder, uterus, and into the peritoneal cavity. An exploratory operation was the only means by which a positively correct diagnosis could be made. Microscopical examination of the fluid aided in distinguishing the contents from urine and other fluids. Dr. Chown concluded his interesting paper by describing the different methods of treatments. These were: 1, electrolysis; 2, puncture and drainage; 3, incision; and, 4, excision. The second method was the one most commonly employed, and by it, the contents being expelled, the cyst collapses and absorption is rapidly set up. Success generally followed this method

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Diseases of the Nose and Throat.—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight.

Veneral and Genito-Urinary Diseases.—Frederic R. Sturgis, M.D., J. Bolton Bangs, M.D.

Diseases of the Skin and Syphilis.—R. W. Taylor, M. D.

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of treatment, which was particularly adapted to tumours of moderate size, and in some of those tumours in the liver, lungs, or spleen. Incision is performed when the tumour is within the peritoneum, with the precautions always observed in such operations. Enucleation became necessary in some cases. The paper concluded with an interesting history of the case of a man, 30 years of age, from whom sixteen separate cysts had been removed from different portions of the abdominal cavity.—*Ther. Gazette.*

TEA A CAUSE OF COLD FEET.—Mr. Hutchinson says in the *Archives of Surgery*, July, 1890, that he once advised a lady to drink more tea. "I cannot touch it," was her reply. "It makes my feet icy cold, and wet with cold perspiration." On further inquiry she assured Mr. Hutchinson that she was quite certain of her facts, and had often tested them. She thought that the perspiration was usually of the soles chiefly. Her hands were, she thought, also made cold, but not so definitely as her feet. Mr. Hutchinson says he had long been familiar with the fact that tea made the feet cold, but did not know that cold perspiration attended it. It does not do so in all persons. The coldness is caused, he believes, by contraction of the arteries, for the feet at the same time shrink. Alcohol has usually a precisely opposite effect.

Notes and Comments.

It is needless to say that honours are heaped upon Koch from every side; by his own Emperor, by the Sultan of Turkey, and other dignitaries, and from numerous medical associations and societies.

At the last meeting of the Halifax Banch B. M. A., a committee was appointed to procure information from other counties and provinces, and to take the necessary steps to procure if possible a more satisfactory system of payment of medical men for giving medical evidence, advice and opinions before the courts.

THE beef tea delusion is still being shown up. It seems but too true that beef tea made even by orthodox methods, possesses but a fraction of the nourishing power popularly attributed to it. Standard preparations such as Parke, Davis & Co.'s, "Beef and Cocoa," and their "Beef Meal" are receiving more attention from the Profession. Milk, Peptonized Milk, Milk Punch should not be forgotten; also Bovinine, &c.

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Books and Pamphlets Received.

THE HYPODERMIC SYRINGE IN OPHTHALMIC PRACTICE. By Don. M. Campbell, M. D., Detroit.

This is a well written article advocating the hypodermic method of using such drugs as pilocarpine, strychnine and the salts of mercury in the management of ocular troubles. The author claims this method to be the surest, safest, shortest and most accurate, while the full physiological effect of the drug can be thus obtained without danger of accumulation. To add to the practical interest of the pamphlet a few cases are reported, including detachment of the retina and specific irido-cyclitis.

COMPEND OF HUMAN ANATOMY. By S. O. L. Potter, M. D. P. Blakiston Son & Co.

THE LATIN GRAMMAR OF PHARMACY AND MEDICINE. By H. D. Robinson, Ph. D. P. Blakiston Son & Co.

CLINICAL REPORTS ON ARSENITE OF COPPER. By John Aulde, M. D., Philadelphia.

THE USE OF RHUS TOXICODENDRON. By John Aulde, M. D., Philadelphia.

A RATIONAL BRACE FOR THE TREATMENT OF CARIES OF THE VERTEBRÆ. By Chas. F. Stillman, M. D., &c., Chicago.

THE SCROFULOUS DIATHESIS. By Prof. I. N. Love, M. D., St. Louis.

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REPORT OF THREE HUNDRED CASES OF INTUBATION OF THE LARYNX. By F. E. Woxham, M. D., Professor of Laryngology and Rhinology College Physicians and Surgeons, &c., &c. Baltimore, Md.

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Unacknowledged remittances have been received from Dr. Jas. Christie, St. John, (\$2.00); Dr. A. F. Emery, (\$1.00); Dr. F. G. Esson, (\$1.00); Dr. Wm. Christie, (\$1.00); Dr. Lewis Johnstone, Sydney Mines, (\$2.00).

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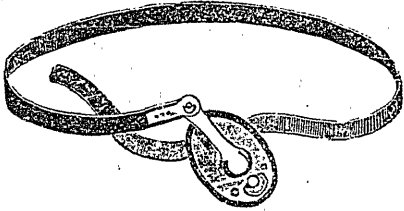
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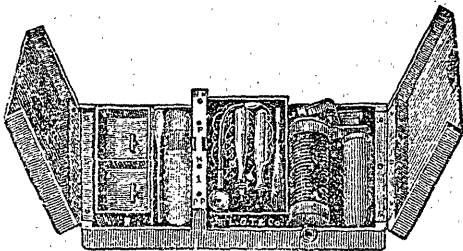
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