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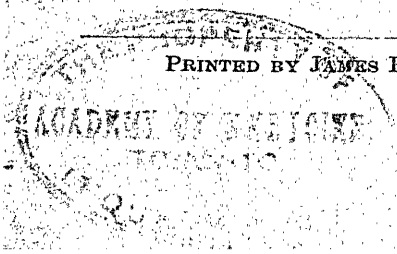
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About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work;

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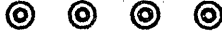
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# The Maritime Medical News.

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## Original Communications.

### THE REPORT OF A CASE OF OSTEO-MALACIA, WITH SOME REMARKS.

BY FOSTER MACFARLANE, M. D., ST. JOHN, N. B.

[Read before the St. John Medical Society, Oct. 2nd, 1895.]

*Mr. President and Gentlemen:*

In introducing the subject of osteomalacia this evening, I do not do so with a view of adding anything new to the literature that already exists. Neither do I expect that what I may have to say will be new to the members of this society, but the sole object of this paper is to report a case of disease, which is of very rare occurrence and which may be regarded as a pathological curiosity.

Mrs. L. W., aged 42, native of New Brunswick, with a good family history. Was married at the age of 21 years. Previously to her marriage and for some years after she was a robust and healthy person. She has had six pregnancies which resulted as follows: two miscarriages at about the third month of gestation; two premature labors, at about the eighth month, giving birth to two still-born children and two labors at full term with healthy living children. The eldest of

whom is still living aged twenty years, the other having died when it was two years and ten months old. The last pregnancy ended in miscarriage. This occurred nine years ago, when the patient was thirty years old. She states that she has had poor health since she gave birth to her last dead child, fifteen years ago, at which time she had an attack of milk-leg, which confined her to her bed for four months, since then she says that she has suffered more or less most of the time. She had indigestion and constipation and swelling of the lower extremities, particularly marked in the limb in which the phlegmasia had existed. Six years after the miscarriage or eight years ago, the symptoms became more aggravated. Pain commenced over the ribs, in the lower front portion of the chest, and in the back along the spine, particularly marked over the region of the lower lumbar and sacral bones, but was not sufficiently severe to confine her to her bed; but she was able to attend to her household duties up to about two years ago, when she was seized with very severe pains in the lower part of the spine and through the pelvis. Accompanying the pain there was marked hyperaesthesia over the lower spine. The slightest touch, she said, caused pain and a prickling sensation as of pins and needles. Her appetite varied. Some



times she would relish food very well and at other times she had no desire for any. She states that she has lost about forty pounds in weight and is very much reduced in stature since the onset of the malady. She states that she was once a tall woman. If she was as tall as she states, I should judge that she has lost six inches in stature at the least, probably more. At present, she is able to stand, in fact, there has been no time during her illness but that she has been able to rise and stand upon her feet by holding on to a chair or something for support. At present she is unable to move her limbs to walk, although she can move them while in the sitting posture. She is unable to stand erect. In attempting to stand, her body is curved forward. She has lived for a number of years in a damp house and all along she has thought that the damp house had something to do with her illness.

On attempting to make a digital vaginal examination, there was found almost a total absence of the pubic arch. The pubic rami were found parallel and proximate; so close that the finger with the palmer surface either backward or forward could not be introduced; but by turning the finger laterally, with a deal of manipulation, causing much pain to the patient, it was introduced into the vagina. The same difficulty occurred when a rectal examination was attempted. The ischial tuberosities were found encroaching closely upon each other, as well as the ischial rami, so that the introduction of the finger into the rectum was attended with much difficulty. In exploring the pelvis, it was found that the sacral bone had been pushed downward and forward, thus narrowing to a great extent its antero-posterior diameter. The true pelvis was found extremely small. In accounting for the change in the position of the sacrum downward and forward, it may be attributed to this; the sacral bone in its articulation with the lum-

bar vertebrae forms an angle of about  $45^\circ$ , or to be more explicit, the sacrum with the last three lumbar vertebrae forms the arc of a circle whose angle is about  $45^\circ$ , and thus allowing the superincumbent weight of the body to press the sacrum downwards and forwards.

The pressure from the femurs had likewise forced the acetabula inward and upward causing the pubic joint and rami to be pressed forward. The approximation of these as well as the ischial tuberosities and rami close in a degree the pelvic outlet.

The examination of the urine for albumen and sugar was negative.

Before closing this paper it might be well to make some reference to a few points regarding the history, etiology, pathology and diagnosis of this disease.

In examining the history of osteomalacia, we find that according to the latest literature available that hitherto only 150 cases have been recorded.

Prof. H. Senator, of Berlin, in his historical introduction of this subject, states "that osteomalacia is a chronic disease peculiar to adult life, which leads to a gradual withdrawal of the earthy salts from all parts of the skeleton and consequent softening and abnormal pliancy of the bones with ultimate deformity of the trunk and limbs."

It has only been a few decades since osteomalacia has been recognized as a distinct disease. True this soft and pliant condition of the bones was recognized for centuries, and cases are on record where the deformities produced were of a striking character and became historical, but were regarded with superstition and looked upon as curiosities. As instances in regard to the effects of the disease upon the stature, two of the most remarkable stories are told by French authorities and retold by others which I will relate in their own words.

"Thus in the year 1700, Lambert published a case of the Marquise Be-

nard of Armagnac, who died when 22 years old, the stature having been lessened one foot, and in whom all the bones except the teeth were softened. But according to the report of the monk Abbon, there was in Paris during the Norman siege in 886, a man who was very tall, but who before dying became smaller than an infant." And doubtless you have all read the case of Madam Supiot, so we will not weary you with her history at this time, but any of you who have not read of her case, you will find it very graphically given by Gross in his surgery under "bone softening."

The first who pointed out the difference between softening of the bones in children and those of adults, and that they were distinct diseases, was *Levacher de la Feutrie*, in 1772. But his suggestions were soon forgotten; afterwards it was again pointed out by Lobstein in his day, but it has only been within the last 30 or 40 years that osteomalacia and rickets were pointed out as distinct diseases, both as regards their etiology and pathology.

Senator states "that when the periosteum which often looks thickened and congested is stripped off the bone beneath it appears rough and studded with innumerable holes of various size, from which a liquid, being either bloody or yellowish, according to the stage of the disease, is seen to exude."

Osteomalacia is a disease of the female sex, although males are not exempt, but I will not weary you with a long summary of the relative proportion that exists between the male and female sex as regards their susceptibility to this disease.

It seems, if we are to judge from the opinions of the most careful observers, that the two prominent causes that give rise to this malady are damp dwellings and pregnancy. Senator states: "The disease is pre-eminently one of the female sex, the vast majority of cases occurring in women who have passed through one or more preg-

nancies. The liability of the disease and its severity are both of them proportionate to the number of times the woman has been pregnant. Moreover, when the disease already exists its symptoms are always aggravated by each successive pregnancy."

It appears that unmarried women and women who have not borne any children are no more liable to the disease than men, and it also appears that the disease is usually observed in women between 25 and 40 or during the period of sexual maturity.

The diseases with which osteomalacia may be confounded are rheumatism and neuralgia in its early stages and with rickets later on. But if we find a pregnant woman complaining of pain in the back and hip and has trouble in walking and sitting down and on examining the urine and finding it loaded with phosphates and also the presence of lactic acid, our suspicions may be aroused to the fact that we are dealing with a case of osteomalacia. But if we find a narrowing of the pelvis and that deformity has taken place the case is no longer doubtful, and the only disease with which it may be confounded at this stage, is rickets; but when we consider that rickets is a disease of childhood it may be excluded. Moreover, osteomalacia is always accompanied with pains of a severe character, while in rickets the patient has entire immunity from pain.

The prognosis in these cases is almost always unfavorable, of the 150 cases reported there were only five recoveries or 3%.

In this case, the deformity is confined to the bones of the pelvis, although we have reasons to believe that many of the other bones have been more or less affected by the disease; as the patient has complained of very severe pains over the region of the ribs and spine as well as in the upper and lower extremities but no deformity is yet apparent, but what may be developed, the future alone will reveal.

### CASES IN PRACTICE.

By G. E. COULTHARD.

Read before N. B. Med. Society, 16th July,  
1895<sup>4</sup>

*Encysted Abscess in Peritoneum —  
caused by the escape of a Gall Stone  
—Operation—Recovery.*

On July 4th, 1894, I was called to see Miss R., æt. about 60, residing a short distance from the city, who had been seized during the night with severe pain, vomiting and diarrhœa. There was considerable depression. The attack came on quite suddenly and without any warning, the pain being in the right hypochondrium and radiating over the whole abdomen, decubitus dorsal, knees drawn up, countenance anxious. The vomiting and diarrhœa had ceased. The temperature was 101°, and the pulse 96. The tenderness on touch in the right hypogastrium was very marked, the most tender point being one and a half inches above McBurney's point. There was some swelling there also. The tongue was slightly furred.

I thought at first that there might be an appendicitis, but unless the appendix had been displaced it seemed that the point of greatest tenderness was too high in the abdomen for that trouble. As the temperature did not increase, and the pulse kept up well, during the next two or three days, I resolved to wait for further developments. The temperature from July 7th varied from 101°.6 to the normal point on July 31st. During this period the swelling was gradually increasing, and could be definitely outlined. On July 9th I aspirated and secured a teaspoonful of serous fluid. By the 31st the tumour had grown to the size of a goose egg, and there seemed to be undoubted fluctuation. Feeling that something must be done, I had the patient removed to the house of a relative in

the city. On August 1st there was quite a chill, and the temperature ran up to 102°.5, and the pulse 94. I aspirated again and found laudable pus. On August 2nd at noon, with the assistance of Drs. Coburn and Fisher, the patient was etherized and an incision three inches in length made through the abdominal wall, commencing at a point an inch below the lower border of tenth rib, and running parallel to Poupart's ligament, to a point nearly midway of a line drawn from the anterior superior spinous process of the ilium to the umbilicus. After going through integumentary and muscular structures, it was found, as expected, that the fluid was encysted. On opening cyst, about six or eight ounces of pus escaped, free from fecal odour, and followed by several ounces of a fluid which could not be distinguished from bile. When the sac was emptied, I discovered at the bottom of it a biliary calculus, barrel shaped, with a facet at each end, and one on the side. The calculus measured three quarters of an inch in length, and in circumference was two and a quarter inches. At the upper part of the abscess cavity was an apparent *cul de sac*, which ran upward toward the lower border of the liver. Antiseptic precautions had been taken, and the wound was dressed antiseptically, and a drainage tube inserted.

During the first three or four days the dressings each morning were found saturated with pus and a little bile coloured fluid. Later the pus came in very small quantity, but a copious discharge of bile saturated the dressings and the bedding beneath, so that the bedding in part needed to be changed twice daily. After the operation the temperature fell to very nearly the standard, and only on two occasions did it rise to 101°. On August 23rd the abscess cavity had contracted so that the induration was not larger than a pullet egg, and the biliary secretion had almost entirely ceased.

The general condition of patient at this time was very good, and her appetite better than it had been for a year. On September 1st she was allowed to return to her home in the country, the fistula having entirely closed.

On October 4th saw her again, and found a fluctuating swelling over site of old abscess, temperature 99°.5, pulse 90. On the 7th etherized and made an opening one inch in length on the site of the old incision. Found a pus pocket, size of hen's egg, between the integument and abdominal muscles, which I emptied and packed with iodoform gauze. No further elevation of temperature took place, and the cavity closed and healed in about ten days.

A few months later, the fistula re-opened and discharged a thin sero-purulent fluid. I inserted under ether a rubber drainage tube to the depth of about three or four inches, and dressed the wound every second day for several weeks, and then removed the tube.

Previous to the strange escape of this gall stone, our patient had suffered for years from nervous aphonia of very pronounced character, as also from muscular or nervous pains about the throat and muscles of the neck and shoulder. These conditions have all disappeared, and I am so well satisfied that this fistula is acting as a moral safety valve, that no efforts of late have been made to get to the bottom of it. She speaks with good voice, and does not complain at all of her old pains in throat and neck. Her general health is very much improved, her appetite materially increased, and her condition in all respects better than it has been for years.

The interesting features of the case are the size of the calculus—it weighs nearly one drachm, the mode of its escape, the fact of its becoming encysted in the peritoneal cavity, serum thrown out, and ultimately the formation of pus in large quantity.

The three facets on the stone indicate companions, and its large size, in all probability, prevented its egress per vias naturales. It is probable that it entered on its course through the common bile duct, but became impacted and ulcerated through the coats of the tube, taking with it a fold of peritoneum. There was at first serous secretion, which ultimately became purulent, and the sac about the calculus attached itself to the peritoneal wall on the front of the abdomen—constituting an encysted abscess with the stone at the bottom, and the *cul de sac* leading upwards in the direction of the Common Bile Duct.

*Strangulated Inguinal Hernia—in a patient eighty two and a half years of age.—Fibrous band the cause of constriction.—Operation.—Recovery.*

G. T., age 82½ years, has always enjoyed good health, and has been of active habits, pursuing daily laborious work, with good appetite, and unimpaired digestion. For twenty years or more there has been a right Inguinal Hernia, which for the last three or four years has been as large as a good-sized carrot, and descending into the scrotum. Various trusses, of imported and domestic manufacture, have been used from time to time to retain the hernia within the abdominal cavity. All have failed to a very great extent, and by day as well as by night the old gentleman spent much time in replacing the hernia, which would slip by the truss pad. On ten or twelve occasions, he has been obliged to have recourse to a physician, who would give chloroform and reduce the hernia, the reduction at times being made with the greatest difficulty. At these times, as one might imagine in the case of a large hernia, there was more than simple incarceration present, as all the symptoms pointed to severe pinching of the gut. His occupation as an

iron-moulder, no doubt, materially contributed in so frequently forcing down the intestine. The elastic truss with large water pad, the Salmon & Odi truss, the ordinary English truss, all failed to satisfactorily retain the gut within bounds—many times after diligently working for five or ten minutes he would himself return the gut. Of late, on several occasions, when called to see him, I have strongly advised radical procedure to him.

On May 16th last, after a hearty breakfast, he was suddenly seized with severe pain in the abdomen, in the inguinal space. On examination he found the Hernia down, and after a prolonged trial at reduction he sent for medical aid.

On arrival, I found the Hernia as large as above described, occupying inguinal canal and scrotum, tender to the touch, especially in the neighborhood of the ring, dull resonance on percussion, and great tenderness near the abdominal opening; decubitus dorsal, knees drawn up, anxious expression. There had been, up to this time, no vomiting. Chloroform was administered and taxis attempted for five minutes, with body partially inverted, but without success. Ice was then applied and the patient placed in as easy a position as possible. Vomiting came on, and occurred several times during the day. It was of a bilious character at first, but began towards evening to be more marked in odour, and differed from that of the forenoon. In the evening, chloroform was again administered and taxis tried ineffectually. The pulse and temperature had remained, through the day, but slightly above the normal point. The patient was made as comfortable as possible for the night, and the ice bag again applied, with the hope that the morning might give us a smaller hernia to again try taxis upon.

The following morning, May 17th, there was no improvement in his condition, and an operation was

decided upon. The pubis, scrotum and integument near the tumour was shaved, washed with ether, and then with corrosive sublimate solution 1 to 2000. A final effort at reduction was made. Assisted by Drs. Coburn and Seery, an incision between five and six inches in length was made in the long axis of the tumour, and in due process of time the sac was reached, and was found to contain an ounce or more of yellowish fluid. The gut was soon exposed, and though considerably congested was in very fair condition. Upon examination of the abdominal ring to discover the reason for strangulation in a hernia so large and old as this one was, the cause was revealed, in the form of fibrous band, reaching transversely from the anterior to the posterior pillar of the ring, of the thickness of stout wrapping twine. In placing my finger beneath it, preparatory to snipping it, it broke. The reduction of the Hernia was then a comparatively easy task, and the ring required no enlargement. The sac was then transfixed with large catgut, and tied securely on both sides. The cut end of the sac was stitched with catgut to the edges of the ring, and the ring tightly closed. The tissues from the skin to the bottom of the wound were apposed by silk sutures, and a rubber drainage tube inserted—and the usual dressings applied.

In the convalescence there were two points of interest which might be noted. The night following the operation, the bed-clothing by some means had fallen from the bed, the loud outcries and other methods of alarm had failed to waken the nurse in charge. The old gentleman got out of bed, replaced the bed-clothing, and again retired to pursue his peaceful slumbers. On the second day, the whole wound beneath the sutures became swollen from the ring to the testicle, and resembled in form and outline a portion of encased sausage. Although the integument was united its entire length

# LIQUID BREAD.

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THERE is perhaps no preparation to which the name "Liquid Bread" can be so fitly given as to Wyeth's Liquid Malt Extract, containing as it does the elements which are in the "Staff of Life," but it is much more than a bread. When bread is taken into the stomach the starch in it (wheat flour contains about 70 per cent. of starch) must be changed into sugar before it can be used up in the body, whereas our Malt Extract, owing to the process it has gone through, is at once taken up by the system without taxing the digestive organs in the least, and the active principle in it, which is called by chemists "Diastase" acts at once on other food, changing it into the form whereby it can be readily absorbed, and go towards enriching the blood and repairing the waste which is continually going on.

As the Winter Tonic "par excellence" we do not hesitate to designate Wyeth's Liquid Malt Extract; it is particularly beneficial in Winter in that it promotes circulation, assists digestion, and is in itself a grateful food to patients who can hardly tolerate other diet, thus it increases vitality and aids the formation of fat to help withstand the severity of the season.

As a food for consumptives, many physicians find it to be about the only thing that some idiosyncratic patients can touch at all.

As to its advantages, during lactation this claim has been so fully substantiated by thousands of practitioners throughout America that the article has now become almost an essential requisite for mothers nursing, because of the large percentage of nutritious matter with the very small percentage of alcohol it contains; in the usual dose of a wine-glassful three or four times daily it excites a copious flow of milk, improves it in quality and supplies strength to meet the great strain upon the system at that period, nourishing the infant and sustaining the mother at the same time.

Yours respectfully,

**JOHN WYETH & BRO.,**  
per DAVIS & LAWRENCE CO., Ltd., Gen'l. Agents.

**We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, WYETH'S BEEF, IRON AND WINE has proven more uniformly beneficial than any combination we have ever known. It is substantially a universal tonic.**

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time to excite this organ to do its duty. On the other hand, again, wine stimulus, although needed, is ill borne if given by itself, producing headache, excitement and other symptoms which may be avoided by the addition of nutritious substance, such as the Essence of Beef. Iron, also, can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given.

### **Conditions in which Physicians recommend**

WYETH'S BEEF, IRON AND WINE.

**To give strength after illness.**—For many cases in which there is pallor, weakness, palpitation of the heart, with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. Its peculiar feature is that it combines Nutriment with Stimulus.

**To those who suffer from weakness** it is a Nutritive Tonic, indicated in the treatment of Impaired Appetite, Impoverishment of the Blood, and in all the various forms of General Debility. Prompt results will follow its use in cases of Sudden Exhaustion, arising either from acute or chronic diseases.

**To Growing Children**—Especially those who are sickly, get great benefit from this preparation. It builds up by giving just the nourishment needed, and in a very palatable form.

**To people who are getting old,** who find their strength is not what it used to be, they experience a decidedly tonic effect from its use as occasion requires.

**To clergymen, teachers** and members of other professions, who suffer from weakness, WYETH'S BEEF, IRON AND WINE is very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

**For Overwork**—Many men and women know that the continuous fatigued feeling they labor under is due to overwork, still they find it impossible just yet to take complete rest. WYETH'S BEEF, IRON AND WINE gives renewed vigor, is stimulating, and at the same time is particularly nourishing.

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*Manufacturing Chemists, Philadelphia.*

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by first intention, the swelling beneath continued for about two weeks and was treated by hot antiseptic poultices of corrosive gauze. The suppuration which was manifest at either end of the drainage tube was not excessive. Considerable trouble was caused by the persistency with which the patient removed the dressings, in his hours of disturbed sleep, and it made very little difference whether they were secured by safety pins or adhesive rubber strips, or both combined. In the long run, I believe that the inflammation along the cut off portion of the sac, of the intensity I have above described, has been instrumental in giving the patient tissues through which the hernia will not likely again make its way. There has not been the slightest return, thus far, of the hernia, and though so advised, the patient has not worn any of his numerous trusses. He is again engaged in his laborious calling, enjoys perfect health, and is evidently in appearance, speech, and gait, twenty years the junior of the old man of May 17th.

### “SOME PROPOSED CHANGES IN THE MILITIA MEDICAL SERVICE.”

By W. Tobin, Sc., F. R. C. S., Dy. Surgeon-General, Canadian Militia.

Read before the late meeting of the Canadian Medical Association, held at Kingston, Ont., Aug. 28th, 29th and 30th.

*Gentlemen:*—

I fear that the subject of my paper will not appeal to the sympathy of a large number of those present—unconnected with the Militia Medical service,—but I count upon your kind attention and support nevertheless, knowing that neither is ever wanting to those seeking honestly to effect improvement in any branch of our profession.

The same subject has been lately discussed at a meeting of the Maritime

Medical Association, held in Halifax, in July last, when Dr. Farrell, whose brilliant paper you have heard last night, and whom we from the Maritime Provinces are proud to find occupying such a prominent position at this gathering—in the course of the Presidential address, dwelt largely on “the incomplete organization of the Medical Department of the Militia.”

“The Militia Department of Canada,” he stated, “costs us a great deal of money, and the people willingly grant even what appears to them to be a large sum of money, feeling that a Military force for our protection and defence is a necessary part of our natural existence. It is the duty of every nation to be prepared for the terrible emergency of war. To be prepared for action is the *raison d’être* of the existence of a Militia. ‘Ever ready’ in every department, when the time of action comes, should be the aim of a well organized force. It is for this object that the country spends its money, and our young men give their time and energy to assist the work.

“To be prepared, each part of the system should be a perfect organization in itself. The Medical Department, I will not speak of as poorly organized—it is hardly organized at all. The Medical Department is a most necessary part of the services in the field, and if every other part of the system gets proper attention, this should not be neglected. I will urge again and again, then, that the Medical Department of our Militia should receive more attention, and be put in proper shape.”

The Doctor then went on to say, “that the ordinary training of a general practitioner is not sufficient for a Military Surgeon—that the present plan of medical organization is old-fashioned and not in touch with modern military science,” and he concluded by recommending a reformation of the system, and the establishment of Chairs of Military Surgery in the



different medical schools throughout the Dominion.

In replying to Dr. Farrell's caustic criticism of the Department, I was much pleased to be able to point out to him and the meeting, what had lately been done and what had been suggested for improving the Militia Medical Service. I could only deal with the suggestions offered by myself, being ignorant of the labours of others—perhaps more competent than I am, to inaugurate adequate reforms.

The following changes, at different times, has been submitted to the Ministers for Militia and Defence :

(1.) The reorganization of the service on a Departmental in lieu of the present, the Regimental System.

(2.) The formation of a Reserve Corps of Medical Officers, on the same basis as that of the British Army Medical Service.

(3.) The perfection of the Ambulance System by the formation of Bearer Companies to give "first aid" and transport to the sick and wounded in war.

In discussing the question of reorganization, I informed the meeting, and the Committee subsequently appointed to deal with the matter, that I had exceptional facilities for becoming acquainted with the relative merits of the Departmental and Regimental Systems, as I had had personal experience of each, in the Queen's service and the Canadian Militia, both at home and abroad.

I have served in India and at home, both as a Regimental Assistant Surgeon (in the 24th Regiment), and as a Surgeon in the Army Medical Department. Being in Canada, in 1885, I had volunteered and joined the Halifax Provisional Battalion, on the breaking out of the North West troubles, and had served during the Campaign, in Medical charge of that Corps. During that Campaign, I found the Regimental Medical System as defective in the North West as it has ever proved it-

self elsewhere—so defective was it, as far as my personal experience went, that I was prompted to expose its deficiencies in a letter, over my own signature, which appeared in a service paper, "*The Canadian Militia Gazette*," then being published in Montreal. The date of the issue was the 2nd of June, 1885. To publish such a letter at the time was undoubtedly a breach of Military discipline, which only a disinterested desire for improvement in the service could or should condone.

Here is a copy of that letter :

"To Editor '*Canadian Militia Gazette*,'  
"The Camp, Medicine Hat,  
21st May, 1895.

"DEAR SIR,—

"I should think it would be of interest, at present, to Medical Officers serving with troops at the front, and throughout the Dominion if you would devote space in your columns to a discussion of the relative merits of the Regimental and Departmental Medical Systems. As an Army Surgeon of some ten years service, I have had in my time experience in both. My experience as a Militia Surgeon dates only from the beginning of the present Campaign. I have had therefore, no opportunity of ascertaining the views of my Militia confreres on this subject, but think the present time opportune, and the columns of your paper appropriate, for this discussion. At all events, I have no doubt this Campaign will have opened the eyes of most of us to the necessity of reorganization. Should this take the form of the Departmental system now prevailing in the British Service? It has been found in war time, that the pure regimental system is a failure. Has it not proved so on the present occasion? Of course our regimental hospitals have not been properly equipped as such, nor have our field hospitals (such as I have seen of them at least) been put upon a proper footing; but would not a well-organised Departmental service

have been more efficient, more movable and cheaper than the present one? With a Surgeon-General, at Ottawa, as Head of the Department, one Deputy-Surgeon-General for each Province, with a suitable staff of surgeons-major and surgeons under him (transferable on duty as required from one point to another within the Province, from one corps to another and available for home and foreign service), we would have a simple, cheap, and readily movable staff, possessing more authority, independence, and esprit de corps than can ever be obtained under the present system. I only throw out the ideas, hoping to obtain a ventilation of the subject, and having had nothing but agreeable reminiscences of both systems, whilst in the Queen's service, consider myself as quite unprejudiced in the matter.

"Yours sincerely,

(Sgd). W. Tobin,

Surgeon Halifax Provisional Batt."

The following was subsequently the re-organization I proposed, viz :

*A Modified Departmental System.*

1. A Surgeon-General (at Ottawa).
2. Two (2) Deputy Surgeons-General, one to act as statistical officer, one as purveyor of medical stores, etc., a position which my friend the Hon. Dr. Sullivan filled so efficiently and with great saving to government during the North-West rebellion.

3. A P. M. O. for each military district, who should have medical charge of that district and complete control of its medical equipment.

4. A sufficient staff of surgeons-major and surgeons for each district, so many per head of the active militia.

It was recommended that the present regimental medical officers should be permitted to retain their positions and continue to wear uniforms of their respective corps, but newly appointed officers should be gazetted to the department and not permanently attached to any corps. All medical

officers should be under the orders of the principal medical officer for the district. The P. M. O. should correspond directly with the surgeon-general. The surgeon-general to be responsible to the officer commanding the militia in chief and to the Minister of Militia.

Such a militia medical department, subject to its own responsible officers, would prove more efficient, more movable, and more economical than the present antiquated and cumbersome regimental system, which has been abandoned in the British army since 1872, as I had mentioned in my letter of 1885 to the public. In this section I did not enter—nor do I propose to do so now—into the details of the duties of each medical grade from the surgeon general downwards. Those duties will be found clearly defined in the official regulations of the Army Medical Department. Mine was merely the skeleton of a scheme for re-organization, the details of which could be worked out later on, and should the exigencies of the same permit—and no political complications hamper—I have hopes of seeing some such scheme eventually adopted. Whether at my suggestion, or another's, whether it be my plan or another's, is immaterial, a re-organization of the service is urgently needed, and this, apart from personal or political consideration, is what we, as medical men, should work for.

I have also proposed the formation of a Reserve Corps of medical officers, somewhat on the basis of that existing in the British service. According to this plan, all medical officers under sixty years of age, of good health and physique, and whose previous service had been found satisfactory, might voluntarily, at any stage of their service, be placed upon a reserve list. They would be liable to be called upon to serve again, either in peace (optional) or in war time. In this way the service of such men as Sullivan, Roddick, Bell, Douglas (late

H. M. 24th), Cameron, Kerr (late of Winnipeg), Elder, Shephard, and others, would not be permanently lost to the department. They might receive a step in honorary rank on transfer to the Reserve list, and be compulsorily retired after 65 years of age.

The formation of such a Reserve list is possible even under the existing regimental system; and, if for any reason it is thought inadvisable to alter that system at present, that need be no bar to the formation of a properly constituted Reserve list. The Reserve list would constitute a corps *d'élite* of retired medical officers. It would in times of peace cost the country nothing, but would afford a graceful recognition on the part of government of previous good service; and, in emergency, its members would form part of a re-organized medical department ready to take their share of duty at the base, in the field, or, preferably in military hospitals.

I had at the same time much pleasure in informing the meeting that of late years improvements had been made in the Regimental Ambulance System in Halifax. Select classes had been instructed in "first aid to the injured," under the officers of the St. John Ambulance Society, in which Society Surg.-Major Lees Hall, of the Army Medical Staff, and Dr. Carleton Jones, of Halifax, are zealous workers. But in this work there has been a sad falling off of late.

As regards the founding of Chairs of Military Surgery, suggested in Dr. Farrell's paper, I was able to inform the author that the plan had already been tried in Great Britain (after the Crimean war) and had not proved a success. Such a chair had been established and was held by the late Surgeon Tuffnell in the Royal College of Surgeons in Ireland, but was soon abandoned.

So much I was able to point out in answer to Dr. Farrell, had been done

or suggested in the way of re-organization of the Militia Medical Department; in fact, already in stations where permanent militia corps are established, the medical service is worked rather on a Departmental than a Regimental basis. To attempt a complete change, however, may be considered premature, as it would certainly be unpopular at present. We know the heart burnings that ensued on a similar change being decreed in Her Majesty's service, but there can be no doubt, nevertheless, that however socially agreeable to individual officers, the Regimental system in service has always proved, and always will prove, an utter failure. It stands condemned, and must go if our branch of the service is ever to be made effective.

The idea of forming a proper reserve list meets with more general and official approval. I have been asked to elaborate the plan and furnish details, but at present I consider a modification of our defective ambulance system, and the formation of Bearer Companies, at least in Halifax, which is exceptionally situated, of more pressing importance. This was also the view taken by the general meeting in Halifax, and the committee appointed to deal with the whole subject.

The following resolution was the outcome:

"Resolved, That it is desirable that militia medical officers should receive such instruction in Military Surgery, Ambulance drill, and the routine of Military Medical Administration generally, as will enable them to discharge satisfactorily their duties in the field, in camp and in Military Hospitals.

"It is desirable that Bearer Companies should be formed wherever possible, in localities where general regiments are brigaded together. That the officers and men of these companies should receive instruction in stretcher drill, in ambulance work and

in giving first aid to the wounded. That each Bearer Company should be provided with a proper supply of medicines and surgical appliances, to enable officers and men to learn their duties practically, and to prepare them to carry them out in emergency."

The resolution was drawn up by the committee, and was presented to the full meeting and discussed next day, and passed with a recommendation that it be forwarded to the Department.

The part of the resolution treating of the formation of Bearer Companies in connection with our Military forces attracted particular attention, and elicited amongst others the following remarks in support of such organization, from Surg.-Col. O'Dwyer, P. M. O. of H. M. Forces in Canada:

"It is considered desirable that Bearer Companies should be formed ;

(a.) Because all Christian nations now employ them in war.

(b.) Because a Bearer Company, properly trained saves much suffering to the wounded and in many instances by timely and skilled assistance prevents loss of life in the field by bleeding, with which the Medical Officers available would be unable unassisted to deal. In those days of quick-firing rifles and machine guns, the knowledge of a soldier that prompt and suitable measures are at hand for treating him when wounded, improves his morale as a fighting unit. Nothing more depresses an army than to be aware that assistance will not attend them when struck down."

The duties of Bearer Companies, briefly, consist in giving "first aid" to the wounded and in removing them promptly and properly from the field of battle.

To perform these duties efficiently, they require a course of special instruction in such elementary anatomy and surgery as will enable them to arrest hemorrhage, apply splints to fractured

limbs ; and a course of stretcher drill to teach them how to handle the wounded, without aggravating their injuries, and remove them carefully and speedily from the field. No Militia or Volunteer Brigade is now considered effective in Great Britain without having attached to it such a Bearer Company.

Its formation need involve no loss of strength to the corps it is formed from. The men may remain attached to their respective regiments. In any case, in time of war, as of mobilization, a similar number of men for similar duties (vide Queen's regulations) would be called from each regiment in the field, with this important difference, that the men then handed over to the Medical Officers as Bearers would be unskilled, untrained, and perhaps unreliable, whereas should the Bearer Company system be adopted the Medical Officers would have under their control a body of trained men, competent and experienced to give every assistance to the injured and remove them speedily from the scene of action.

The men of the Bearer Company should be selected preferably from those who are already proficient in their ordinary duty, and when possible from those who have already gone through a course of instruction in first aid to the injured, as some of our Militia in Halifax have done. They would continue, for purposes of discipline, &c., to remain attached to their respective regiments and continue to wear its uniforms, but would be liable to be detached when doing duty with the Bearer Company and would parade under the Medical Officers of the Co.

The men of the Bearer Company, when formed, should receive some distinctive badge, such as the Geneva Cross, as might be determined by the Dominion Government.

In addition to the professional instruction in "first aid to the wounded," which might always be given by their

own Regimental Medical Officer, they would require a course of stretcher drill, under a competent instructor.

In Halifax, should sanction be given to form such a Bearer Company, or half a Company (which will be sufficient for local purposes) we propose applying to the General Officer commanding in Canada to appoint such an instructor for the Army Medical Staff Corps. This instructor will receive adequate recompense—the expense to be borne out of local regimental funds. His services would only be required long enough to teach the Medical Officers, non-Commissioned Officers, and men their drill. Afterwards, the Medical Officers so taught, would be able to teach the stretcher drill themselves, with the aid of the regulation text book, "The Manual for the Medical Staff Corps," a copy of which should be in the possession of every Medical Officer.

In Halifax we are exceptionally well placed, having a competent staff of the Army Hospital Corps to copy. In addition we are fortunate in having the principal medical officer of the Imperial forces in Canada, Surg.-Col. O'Dwyer, with us, ever ready to give us the benefit of his vast experience in military medical matters. Col. O'Dwyer has organized similar Bearer Companies in connection with the Militia and Volunteer forces in Great Britain, and commanded a Bearer Company during the late Egyptian campaign. I am delighted to see him present here to-day, and hope that he will be pleased to favor us with some of his experiences. I would like particularly to hear from him what he has to say as regards re-organization of our militia medical service on a departmental basis; also what his ideas are as regards the formation of a Reserve Corps of medical officers, and particularly what he thinks is needed to complete our defective ambulance organization. I already know that both he and his predecessor,

Surg.-Col. Archer, have warmly recommended the formation of a Bearer Company in Halifax.

This plan for the formation of a Half Bearer Company in Halifax has gone through the proper channel to Ottawa, and as it involves no expense to Government and is urgently required, and in the words of the local Dy. Adjutant General, is considered "a practical scheme for a very necessary purpose," it is to be hoped it may meet with favorable consideration, and may prove to be the initiatory step in the direction of a complete and effective re-organization, such as I have outlined, of the Militia Medical Service.

I will only add a few words to this purely technical paper, in order to thank the Hon. Mr. Daly (our present governor of Nova Scotia and late M. P. for the city of Halifax), and his successor in Parliament, my friend Mr. Thos. Kenny, who has always shown the greatest interest in Militia matters for the kind assistance they have at various times shown me, in bringing my views on service matters before the heads of the Department, as also my thanks to the present and previous Ministers of Militia and Defence, Sir Adolphe Caron, Mr. Patterson and Mr. Dickey, for the invariable courtesy they have displayed, when I have had occasion personally to discuss these matters with them.

Details of the Medical personnel of a Half-Bearer Company.

Two Medical Officers, (2),

One Staff Sergeant, (1),

Three Sergeants, (3),

Three Corporals, (3),

Twenty-three Privates, (23),

including Officers' servants and a Bat-man for the Senior Non. Com. Officer.

In Halifax City two Medical Officers, one available from the 63rd and 66th Batts., which have each two Medical Officers, a Surgeon and an Asst. Surgeon. They will continue to be attach-

ed to their respective regiments and wear their present uniforms.

The Privates and Non-Commissioned Officers would be furnished in equal or suitable proportions (as regards numerical strength) from each of the City Corps. Officers commanding and Medical Officers of local regiments, Halifax Garrison Artillery, 63rd and 66th Batts., who are in favor of the scheme and agree to furnish the men required.

### ON SENDING PHTHISICAL PATIENTS ABROAD.

The *Lancet* for November 2nd publishes an article on this subject by Dr. Samuel West, of London, in which he says that climate is not a cure for phthisis, but it may help a phthisical patient to get well. There is probably no place on earth where phthisis cannot exist, and though where the air is pure and the conditions of life are sanitary there will be little phthisis or none at all, still, even there, if the conditions of life are altered and if they become less sanitary or even unwholesome, phthisis will develop or increase. Thus it is that there is more phthisis in towns than in the country, and in the crowded parts of a town than in the less crowded parts. Even in Australia, which was once thought to be free from phthisis, it is now becoming the same scourge it is elsewhere, and especially in the large towns. Sunlight and fresh air are potent remedies for phthisis, and those places are best for phthisical patients where they can be longest out of doors in bright sunshine and in pure air. A good climate is a place to get well in or to convalesce in, and in order that a phthisical patient should derive full benefit from such a climate he must be more or less convalescent—i. e., getting better, or at any rate not getting worse; in other words, the phthisis must not be in the acute or active stage. Even in the best of climates the patients must

still be treated as invalids or convalescents, and must be taken the ordinary care of, such as prudence and common sense would suggest. No climate is perfect, none will do away with the need of care; yet how many patients suffer by not knowing or disregarding this—by acting as if the climate would do the impossible, running risks and doing things which at home none but the healthy and strong would do, and such as an invalid should never attempt!

The question of going abroad is a very serious one, says the author. It involves the abandonment of the ordinary occupations and perhaps the loss even of the means of livelihood, the breaking up of the home and family it may be, and the expenditure of much money. This, therefore, is a question not to be lightly decided. It requires the greatest deliberation, and into it enter many considerations besides those which are purely medical. It is often a question of not what is best in the abstract, but what is the best possible under the circumstances in which the patient is placed. In every case the question must be answered with special reference to the individual concerned, and can not be settled on general principles, for, however true such principles may be in general, they often lead to the gravest error in practice if applied indiscriminately and without special consideration to an individual case. Patients often go to a medical man expecting him to decide off hand. This is sometimes attempted, and not infrequently with lamentable results.

If the patient is to be benefited, says the author, by a good climate, his condition must be such that he may be able to take full advantage of it when he gets there. A patient who is in the acute stages of the disease, who is too ill to be up, is obviously not fit to be sent away. He should remain at home where he can be carefully nursed and tended. Even if he is not so sick, although with a temperature

above normal every day and with marked constitutional signs, he should stay at home. In these respects the constitutional condition rather than the physical signs is the best guide for the physician. If, on the other hand, says Dr. West, the temperature is not raised, and the strength fair, so that the patient may be out a good deal when the weather permits, he may be sent abroad. The most suitable cases are those in which constitutional symptoms are entirely absent and the disease is stationary, and this is true in any stage of the disease, whatever the physical signs may be.

It is useless, he says, to send phthisical patients away for only a month or two. They should leave in October and not return until May or June. Of course, they need not stay in the same place all the time. They may, for instance, spend the autumn in Geneva or at the Italian lakes, and make their way to the Riviera as winter sets in, going up perhaps to the mountains as the heat of spring and summer comes on. At any rate, the whole winter must be spent away, and if the first proves a success, possibly a second and a third. All this means money, and on this score the mind must be easy if the climate is to do good.

Few persons like to be sent abroad for their health. Some may enjoy it if they were well enough; but these are generally young people with no special responsibilities or cares, to whom the novelty and change of life are full of interest. Most other persons look upon it as exile, and to those of a despondent nature homesickness and the petty discomforts and trials of foreign residence often make the life intolerable. Again, he says, some occupation must be provided if the invalid is not to suffer from *ennui*, for time often hangs heavy on a sick man's hands. Open-air exercise and occupation are the best of all if the invalid is well enough to enjoy them;

but, if he is not, it may often be difficult to keep him occupied and happy. It will also be necessary to consider what the effect of leaving home, family, and friends will be upon the invalid. Many patients feel and say that they would rather live a shorter time at home, with their family and friends about them, than a longer time abroad, separated from all that makes their life worth living. To banish a phthisical mother from her family and home is often cruel, and almost as often ineffectual, for the craving for home and the grief of separation produce more harm than the climate does good. Due allowance must be made for this personal question. A compromise may sometimes be made with advantage by choosing a place, not too far away, where the mother, for instance, may feel that if necessary her children could always come to her, or if need be she could go to them. The idea of absolute separation is sometimes unbearable, and the fear which some patients have lest they should die abroad not infrequently decides them against a foreign journey.

We have next to consider, says Dr. West, what place will best fulfil the requirements, bearing in mind especially the kind of life the patient is likely to lead, whether he will be much out of doors and lead a more or less active life, or whether he is incapable of much exertion and must lead a more or less sedentary life when out of doors. In the latter case the place must be warm, but in the former it may be colder and more bracing. The idiosyncrasies of the individual, again, must not be forgotten. It will be well to ascertain what kind of place has hitherto suited him best, whether a high or low place, a hot or cold place, a bracing or a moist and more relaxing air. Speaking generally, phthisical patients are best in a warm but not hot place, fairly high up, and with a more or less bracing air; at any rate, great heat and great moisture do not suit most of them.

# FELLOWS' HYPOPHOSPHITES!

## Specific Effects and Instructions for Use.

TO STIMULATE THE APPETITE.—Take half the Tonic Dose, as directed, in very cold (not iced) water, fifteen minutes before eating.

TO STIMULATE DIGESTION AND ASSIMILATION.—Take the remaining half of the Tonic Dose, during meal-time, in water.

TO INCREASE RAPIDLY IN WEIGHT.—Take the Tonic Dose, as directed, and adopt the free use of new milk in addition to the regular food.

TO SUSTAIN MENTAL EXERTION.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

TO GIVE POWER TO THE VOCAL CHORDS.—Take the Tonic Dose fifteen minutes before singing or lecturing.

Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

TO PREVENT RECURRENCE OF NIGHT SWEATS.—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat-glands.

TO PREVENT SWEATING HANDS AND FEET.—Take the Tonic Dose as directed, avoid undue excitement, and occupy the mind with pleasant unwearied pursuits.

FOR CONVALESCENCE from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

TO STRENGTHEN AND DEVELOP NURSING INFANTS.—Let the mother take the Tonic Dose as directed with the food.

TO PROMOTE SLEEP.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

## DOSES.

TONIC.—One teaspoonful at each meal in a wineglassful of water (cold). For CHILDREN, the dose should be regulated according to age, viz.: from 9 to 12, one-half. From 5 to 9, one-third. From 1 to 5, one-quarter.

To secure the full remedial effect, ALWAYS dilute largely with cold water.

Employ the TONIC Dose for sleeplessness; loss of memory, loss of voice, lack of energy, timidity, dependency, night sweats, dyspepsia, hysteria, hypochondria, palpitation, and interrupted action of the heart, weak respiration, and congenital incapacity.

## NOTICE—CAUTION.

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

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles: the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

For Sale by all Druggists.

**DAVIS & LAWRENCE CO., LTD.**

Wholesale Agents, MONTREAL.



# RHEUMATIC CONDITIONS.

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## WYETH'S ELIXIR SALICYLATE OF SODA COMPOUND.

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Salicylic Acid, Bicarb. Soda, Black Cohosh, Gelsemium, Iodide Potassium.

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This combination has been suggested for the purpose of presenting a permanent and compatible mixture of such remedies as would naturally be presented to the mind of the prescriber, diagnosing conditions of Rheumatism, Gout, Lumbago, and other pains of the muscles. It does not supercede the extemporaneous prescription in such cases, but constitutes a useful adjunct especially when there is an accompaniment of febrile excitement. Its use would seem to be well indicated in the direction of Tonic and Alterative properties, and for the purpose of relieving those dull, vague, fugitive aches, which are as much the precursors of a Rheumatic attack as they are the sequences. Many patients who do not require an active treatment, describe such symptoms to a medical adviser. Anodynes and depressants are inadmissible in such cases, but if a specific tonic action can be successfully maintained, relief and cure seem reasonably assured. The formula is herewith given, and the component parts of each dose in quantitative proportion. The action of the Soda Bi-Carbonate, or the Saturating Salt, modifies, the sharpness and asperity of the Acid, and promotes an easy toleration of that remedy. The formula is deserving of an attentive consideration, and under the intelligent guidance of the prescriber will prove its value and usefulness.

Each fluid drachm contains  $3\frac{1}{2}$  grains Salicylic Acid, 1 grain Black Cohosh, 1 grain Gelsemium, 1 grain Iodide Potassium and Soda Bicarb., q. s.

Teaspoonful doses as condition and circumstances demand, may be taken as the maximum in ordinary cases.

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JOHN WYETH & BROTHER.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

GENERAL AGENTS.

If it is settled that the patient shall go abroad, he must leave the country before the bad weather sets in—that is, before November—and must time his journey so that he reaches his destination at the right season and is not exposed on the way to great extremes of temperature; for instance, if he were going to Australia in October he would not go through the Suez Canal and Red Sea, but would take the voyage round by the Cape, or if going to Davos he would arrange to get there before the winter had set in.

The places recommended as winter resorts for phthisis, continues Dr. West differ so much from one another in climate that it is difficult to see what they have in common, yet good results are obtained in suitable cases with all alike. Statistical statements are most unreliable—first, because of the smallness of the numbers dealt with, and, secondly, because there is no guarantee that the cases in each group are really those of patients in the same stage or condition of the disease, so as to admit of fair comparison *inter se*. The only requisite which it appears every suitable climate possesses is that of admitting of the patient's being as much in the open air and sunlight as possible. Wherever they can spend all day out doors, he says, and when indoors can still live in a pure atmosphere, phthisical patients will do well; and he has little doubt that, with the same precautions and subject to the same *regime* that phthisical patients voluntarily submit to abroad, they might easily live and benefit in many places at home in spite of the cold winds, moist air, and comparative want of sun in winter.

The author concludes that in this question of wintering abroad we have to decide not what is best in the abstract for phthisical patients in general, but what is the best possible under the circumstances for a particular patient. What these circumstances are will take time and trouble to investigate, but they are the prime

factors in the problem. To come to the right conclusion in any given case requires some knowledge and experience, much care and trouble, and, most of all, sympathy and common sense.—*New York Med. Journal*.

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WATER IN THE TREATMENT OF NEURALGIA.—Dr. Buxbaum first called the attention of the profession to this mode of treating neuralgia. He thinks that hydro-therapeutic treatment of this disease has hardly received the attention which it deserves. In neuralgia of rheumatic origin, it acts by inducing increased blood supply to the affected parts, and in the neuralgias following upon the infective diseases or due to intoxication by mercury or lead, it promotes the elimination of the poison.

He reports that in eighty-three typical cases of neuralgia this treatment was unsuccessful only in ten per cent, whereas sixty per cent were cured, and the remainder considerably relieved. The alternate application of heat and cold is most to be recommended. The patient is exposed to high temperatures, and afterward cold applications are made. The alternating Scotch douche is particularly of service. Recent neuralgias may often be cut short in this way. Patients with sciatica treated without effect by various therapeutic measures, even including nerve stretching, have been cured in a short time by this method. If the neuralgia persists, it is nearly always due to some irremediable cause, with the exception of some few cases open to operation. If a remission occurs after the treatment has begun, it shows the neuralgia is curable, and is therefore of prognostic value. In trigeminal neuralgia hydrotherapeutic measures applied to the whole body are the most suitable. Of course other indications should be attended to, such as anemia, malaria, etc.—*Charlotte Med. Jour.*

# Maritime Medical News.

NOVEMBER, 1895.

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DR. G. M. CAMPBELL,  
 9 Prince Street, Halifax.

## EDITORIAL.

### VICTORIA GENERAL HOSPITAL.

The provincial government have made an amendment to the by-laws of the Victoria General Hospital in relation to medical attendance. When the private wards were established several years ago, the privileges of them were restricted to members of the medical staff of the hospital. Under the amendment now made the privileges have been extended to all registered practitioners throughout the province. When there are private rooms available any medical practitioner may now take a patient in for treatment. The hospital authorities will supply medicine, food and attendance, in short, all the facilities of the hospital for a reasonable rate, which will vary according to the nature of the case. The medical attendance will be a private matter between the patients and the doctors

of their choice. In the general wards no fee of any kind can be charged by the medical attendants. But in the private wards the medical gentlemen may collect such fees as their patients agree to pay.

This change, no doubt, will be regarded with favor by the medical profession generally, and will tend to still further extend the usefulness of the hospital.

It is a matter of regret that the government could not see their way clear to recognize the principle contended for by the medical board, that a portion at least, of the revenue obtained from paying patients in the general wards, should be set apart for medical services.

The profession are willing to render aid to the poor without any expectation of pecuniary reward. It is therefore, unjust to ask them to attend paying patients in an hospital gratuitously, even when such patients contribute only in part to their maintenance. In protesting against the injustice, the board are not animated by selfish motives, nor do they ask that such a fund should be divided among themselves.

They simply asked that it be expended for purposes designated by them, also with a view to promote the best interests of the institution. In contending for this right they should obtain the sympathy and support of the profession generally.

The attitude of the medical board in respect to paying patients in the Victoria General Hospital has been honorable and consistent, and by persistent advocacy they have obtained important concessions from the governing authorities. We trust that they will persist in their aims.

### INTER-PROVINCIAL REGISTRATION.

The important subject of inter-provincial registration which we have steadily and persistently advocated,

received a fair share of attention at the recent meeting of the Canadian Medical Association in Kingston.

A committee composed of representatives from the various provinces gave some consideration to the subject and submitted the following resolution which was unanimously adopted :

"The Committee appointed at the last meeting to look into the question of inter-provincial registration would beg to express their regret that by the system which at present obtains, a graduate in medicine entitled to practise in one Province is not free to exercise his functions in all the Provinces of this large but sparsely settled Dominion ;

"That this condition of things prevents the names of medical practitioners in this Dominion being placed on the British register, becoming thereby British Practitioners, which the Council of Medical Education of Great Britain has more than once signified its willingness to grant ;

"That with this end in view it is, therefore, most desirable that there should be a uniform standard of matriculation, a uniform standard of medical education, and a uniform method of examination for the whole Dominion.

"That to effect this purpose, the Secretary be instructed to communicate with the various Provincial Councils, before their next meeting, asking that each Council discuss the question, and, if possible, appoint one or more delegates to a Dominion Committee for the purpose of adjusting a suitable curriculum and carrying out the suggestions herein contained, and that such Committee be requested to forward their finding to each of the Provincial Councils and to the Secretary of this Association before the next annual meeting."

## YORK COUNTY MEDICAL SOCIETY.

The regular monthly and annual meeting of the York County Medical Society of New Brunswick was held in the Victoria Hospital, Fredericton, on Oct. 24th, 1895. The following officers were elected for the ensuing year :

President.—A. J. Murray, M.D., Fredericton Junction.

Vice do. — Jas. W. Bridges, M. B., Fredericton.

Sec-Treas.—G. C. Vanwart, M. D., Fredericton.

Executive Committee—

G. H. Coburn, M. D., Fredericton

W. C. Crocket, M. D., Fredericton.

B. M. Mudie, M. D., St. Mary's Ferry.

E. B. Fisher, M. D., Marysville.

Audit Committee—

J. C. Sharp, M. D., Marysville.

D. R. Moore, M. D., Stanley.

Arrangement Committee—

W. C. Crocket, M. D.

G. C. Vanwart, M., D., Fredericton.

## HOSPITAL REPORTS.

VICTORIA GENERAL HOSPITAL. EYE, EAR AND THROAT DEPARTMENT.

Case of Foreign Body in Windpipe.  
Reported by DR. W. F. COGSWELL,  
House Surgeon.

A. W., age 18, factory girl; admitted to hospital Oct. 16th, 1895. Previous history good; has not menstruated. Five weeks ago while eating some preserves she swallowed a piece of glass. "Felt the glass stick in the throat and took bread to wash it down." About a week after this she felt some irritation in trachea at about level of thyroid gland. This caused her to cough and expectoration was often streaked with blood. One week before coming to hospital she stopped work in factory on account of cough and spitting of blood. About seven o'clock on morning of

admission she felt a smothering sensation; had difficulty in breathing. She was taken to a doctor who at once sent her to hospital. When she arrived at hospital she presented the symptoms of (Edema Glottidis. A hasty examination of larynx was made but nothing abnormal found, but the symptoms became so urgent that a tracheotomy was done at once and a tube inserted. Symptoms were immediately relieved. The next day the patient could speak in a whisper and so marked was the improvement during the next few days some were inclined to believe that her symptoms had been caused by hysterical spasms. Patient still continued to have a hacking cough. Tube was left in 12 days when it was removed and wound healed rapidly but patient still continued to cough and occasionally spat up a little blood. Nine days after the removal of the tube, patient had a violent fit of coughing during which she coughed up a piece of glass. Glass was in the form of an isosceles triangle, angles very sharp. Base measured  $\frac{3}{4}$  inch, while sides measured  $\frac{1}{2}$  inch in length. Weight of glass was 9 grains. Patient was discharged from hospital, Nov. 12th, recovered.

NOTE BY DR. DODGE.

The above report of a most interesting case was prepared by Dr. Cogswell, House Surgeon. It was placed in my hands by Dr. Cogswell an hour or two before he left for Montana in the United States; but not read until after his departure. His native modesty, altogether too rare in the profession now-a-days, has prevented him from doing justice to himself. Any credit from the treatment employed actually belonged to him, being soon after the young woman came to the hospital she showed signs of suffocation; and it was considered necessary to perform Tracheotomy, which was done by Dr. Cogswell. This is not the first time that his promptness and dexterity in

cases of emergency has averted threatened death. I did not see her until some hours afterwards, when she was quite comfortable and breathing easily. After a few days I examined the larynx; but found nothing except a slight hyperaemia of the mucous membrane, no swelling, and certainly no sign of any foreign body in the larynx.

I would like to say a few words about Dr. Cogswell, partly for the benefit of the young men who are about to enter the medical profession. I have known his family for many years, and he was just what I should have expected him to be—manly, straightforward and honourable. As a student he was diligent and industrious, and he carried these qualities with him to his work in the hospital. He endeared himself to all connected with it, and commanded the respect of all. But he was not a jelly fish; for he had backbone enough whenever his rights were invaded. I do not say these things to flatter him, for he is away and I know enough of him to be satisfied that he would prefer that I did not speak of them. But I wish to emphasize the importance of character, industry and a faithful discharge of duty to the medical student. He goes forth as a product of the Halifax Medical College and a proof of the advantage of the V. G. Hospital to the graduate. I am persuaded that if he has his health, his future success is assured. To other young men, I say, do likewise.

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### Correspondence.

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*To the Editor of the Maritime Med. News:*

DEAR SIR,—Please publish the enclosed extract from the North Sydney *Herald* of Oct. 30th. I think it effectually disposes of N. E. McKay's charges against Drs. McLean, Johnstone and myself, of being concerned

in publishing items of news in the North Sydney *Herald*.

I do not propose following McKay in his vagaries in the medical or any other press. If he wishes to discuss the subject of tumors of any kind and his rule of thumb, sixteenth century method of diagnosis, and carcinomatous ones in particular, he can prepare a paper to be read at the next meeting of the Nova Scotia Medical Society. I happen to be chairman of the surgical section, and can guarantee him a patient hearing and a thorough discussion. If N. E. McKay wants to air his grievances (if such exist), let him bring them before the Medical Society, when an impartial body of medical men can judge for themselves.

Evidently the microscope has no place in his armamentum for diagnosis.

H. B. MCPHERSON.

"Our attention has been called to a letter in the October number of the MARITIME MEDICAL NEWS, over the signature of N. E. McKay, in which he chooses to find exception to an item of news which appeared in the North Sydney *Herald* some months ago. The item referred to a successful operation performed by Drs. McPherson, McLean and Johnstone on Mr. Alex. McNeil, who had previously visited the Victoria General Hospital but was not operated on there. Our reporter gathered the information about the case for himself but not from either of the doctors concerned in the operation. The fact is we have been requested by the gentlemen in question, on more than one occasion, not to mention their names in connection with operations that they may happen to perform as they consider such unprofessional if mentioned without their consent. But when our reporters find an item of such vital interest to the public as this one referred to, we are of the opinion that we have a perfect right to publish the same as an item of news, Dr. McKay to the con-

trary, notwithstanding. If the doctor is jealous of his own reputation in connection with the V. G. H., we cannot help it. We purpose giving news of interest of whatever kind it may be to our patrons and care very little whether or not it hurts Dr. McKay's apparently very sensitive feelings."

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### Books and Pamphlets Received.

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Pregnancy, Labor and the Puerperal State. By Egbert H. Grandin, M. D., and George W. Jarman, M. D., New York. The F. A. Davis Co, Publishers, Philadelphia.

Burns of the Cornea: Electric Light Explosion causing Temporary Blindness: Traumatic Injuries to Eyes—Hypopyon. By L. Webster Fox, M. D.; Phila.

Cystic Tumors of the Vaginal Vault. By Frederick Holme Wiggins, M. D. New York.

Strabismus as a Symptom, its Causes and Practical Management. By Lear-tus Connor, M. D. Detroit.

Clinical Lecture. By L. Webster Fox, M. D. Phila.

Evisceration of the Eyeball. By L. Webster Fox, M. D. Phila.

A Practical Low-priced Device to Secure the Trendelenburg Posture. By William A. Edwards, M. D. San Diego, Cal.

Cirrhosis of the Liver in Children. By William A. Edwards, M. D. San Diego, Cal. Microscopic Report. By William M. Gray, M. D. Washington, D. C.

The Infiltration Method of Local Anaesthesia in Genito-Urinary Surgery. By Bransford Lewis, M. D. St. Louis, Mo.

Clinical Notes on Psoriasis with especial reference to its Prognosis and Treatment. By L. Duncan Bulkley, A. M., M. D. New York.

Surgical Treatment of Fibroid Tumors of the Uterus. By John Homans, M. D. Boston.

Recto-Vaginal Fistulae and Fistulae about the Arms in Women. By A. Laphorn Smith, M. D. Montreal.

Ventrofixation and Alexander's operation compared. By A. Laphorn Smith, M. D. Montreal.

Cases of Pyosalpingitis. By A. Laphorn Smith, M. D. Montreal.

What has sewer gas got to do with bad results in Obstetrics and Gynecology? By A. Laphorn Smith, M. D. Montreal.

Surgical Treatment of Laryngeal Tuberculosis. By J. W. Gleitsman, M. D., New York.

Address in Medicine, Canadian Medical Association. By E. Farrell, M. D., Halifax.

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## Selections.

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THE TREATMENT OF EMPYEMATA IN CHILDREN.—In an exhaustive paper on this subject, Edmund Cantley (*International Medical Magazine*, June, 1895) gives a general summary of the subject as follows:

*Cases of Double General Effusion.*—It is better to aspirate first on both sides in order to diminish the quantity of fluid and relieve the heart from the incumbrance to its action. Next day operate on one side, and a few days to a week later operate on the other. The left side should be chosen for the first operation, and local rather than general anesthesia employed.

*Cases of General Effusion on One Side and Localized Effusion on the other.*—Evacuate the general effusion first and repeat the operation on the other side a few days later.

*Cases of Double Localized Effusion.*—Simultaneous drainage may be adopted; but, though not necessary, it is a

wise precaution to wait a few days between the two operations.

When pus is found to be present in the pleural cavity the proper treatment is to remove it.

The best method to adopt for its removal is simple incision and drainage.

The best site for the operation is the fifth space in the mid-axillary line.

Irrigation is inadvisable, and is indicated only in cases of fetid effusion.

Exploration and scraping of the cavity are not necessary.

Resection of rib is practically never necessary in children as a primary procedure to procure efficient drainage.

Resection of rib subsequently may be necessary to secure the closure of the sinus, since it allows the chest wall to fall in.

Collapse of the chest wall is not a result to be desired in the early stages of the treatment.

Rapid and complete expansion of the lung is the great object of treatment.

The tube must be removed early.—*The Gazette.*

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SODIUM SALICYLATE IN RHEUMATISM.—Three principles should never be forgotten: No prescription in large doses at the commencement of a poly-articular rheumatism: The division of the doses: The continuation of the remedy after the relief of pain.

At the outset the dose should be ninety, sometimes even one hundred and twenty grains. The average dose of ninety grains should be maintained about two days, then diminishing fifteen grains each day until sixty grains is reached. These large doses are necessary because the drug is useful the more acute and recent the disease is, and because early treatment certainly prevents cardiac complications. Divided doses are advisable because of the rapid elimination of the drug; in this way only can the effect be made more lasting and complete.

For this purpose direct fifteen grains to be taken every two or three hours; further, it should be prescribed for at least twelve days after the pain has been relieved. It should be dissolved in a definite quantity of liquid—an alkaline water: being a local irritant, it should never be administered in concentrated solution. In case of pregnancy it should be administered cautiously in divided doses. The albuminuria of rheumatic origin is not a contra-indication to the use of this drug, but when it precedes the rheumatism, and especially when it is due to a renal lesion which impairs the permeability of the kidneys, the sodium salicylate is contra-indicated, though the dangers of its use have been exaggerated.—*Journal des Praticiens*.

TREATMENT OF PNEUMONIA.—In a late number of the *Therapeutic Gazette*, the editor, Dr. H. A. Hare, gives a number of points on the treatment of pneumonia. Dr. Hare says that it is evident pneumonia is not a disease which runs a definite course, as does typhoid fever. Believing this, he does not see why it is not possible to modify the process by treatment, and thus partly abort the illness. Have we any drug which can so modify the congestive process as to prevent intense congestion and consequent exudation? He says he believes we have two drugs which will do all this—quinine and veratrum viride. He believes that the veratrum is better for adults, and aconite for children. It is an absurdity to employ these drugs if the patient has passed the earliest hyperemic stage of the malady. After the exudate has taken place the three great remedies for pneumonia are digitalis, strychnine and belladonna. He often prescribes the belladonna in five-drop doses, of the tincture every three or four hours, while the digitalis is given in ten-drop

doses every six or eight hours. The strychnine acts as a whip to the entire system, as a whip which will pull the patient out of collapse or syncope.—*Practical Medicine*.

#### RULES FOR THE INTRODUCTION OF INSTRUMENTS INTO THE UTERUS.—

1. Do not expect to complete the preparation of the patient with less than fifteen minutes' hard work.

2. Never make the examination at the first visit. Instruct her how to take a vaginal douche, and direct her to use sublimate douches twice a day for three or four days. If an immediate examination is required, let it be done at her home or in a hospital, with all the preparatory details of a surgical operation.

3. Thoroughly disinfect the external genitals and the surrounding skin.

4. Disinfect the hands and instruments.

5. Wash the vagina with an antiseptic solution, with two fingers, with or without sterilized gauze or cotton: thoroughly scrub every part of the vaginal wall.

6. Introduce a speculum capable of being rendered aseptic.

7. Disinfect the cervical canal by means of a cotton swab, using first the liquid soap, then a strong creolin solution, and finally alcohol.

Never introduce an instrument without first seeing the cervical canal.—Dr. BACON, in *Amer. Jour. Obstetrics*.

CIRCUMCISION.—Dr. John W. Ross, a retired navy surgeon, suggests a very unique method of circumcision. He retracts the foreskin and inserts the glans penis up to the corona into the open end of an ordinary test tube; he then slips the prepuce well down over it and encircles with a cord tied quite tightly. The superfluous foreskin is then removed by a circular incision around the tube about an eighth of an



inch from the encircling cord. The membrane and skin are then stitched and the edges dusted with iodoform. The cord and tube are then removed and the penis dressed as usual. When necessary from phimosis a longitudinal dorsal incision is made before the tube is applied.—*Kansas Med. Index.*

EXTIRPATION OF A LARGE CEREBRAL TUMOR.—At the late German Surgical Congress Von Bramann, of Halle, exhibited a patient from whom a voluminous sarcomatous tumor of the cerebrum had been extirpated. This tumor had caused a paralysis of the left arm. It was as large as the closed fist; occupied the motor region of the right hemisphere, and had invaded the dura mater and inner wall of the cranium. The gap in the bone resulting from the operation measured twelve centimetres. The patient made a good recovery, and though three years have elapsed, there has been no return of the sarcoma. The paralysis has completely disappeared, and the patient is able to work.—*Boston Medical and Surgical Journal.*

CYCLING.—If either in wheeling or walking shortness of breath is felt, one knows that an unwonted strain has been thrown upon the heart and lungs—and the intensity and duration of the breathlessness fairly measure the degree of strain. It is safe to assume that, if neither shortness of breath nor palpitation of the heart be felt, the strain is not excessive. A physician who has given much thought to the subject says that, so long as the cyclist can breathe with the mouth shut, he is certainly safe, so far as heart strain is concerned.—*West Reserve Med. Jour.*

TREATMENT OF NÆVUS.—Dr. H. R. Wharton states the varieties of nævus most commonly met with are the cap-

illary, the port-wine mark (a form of the capillary of some size), and the venous nævus of purple or bluish color and at times containing blood-cysts. All forms of vascular tumors in young children should be carefully watched, and if any increase in size be noted they should be operated upon. In cases of capillary nævus, cauterization with nitric acid, by means of a match-stick, may answer; electrolysis is also of service in the treatment. The treatment of the port-wine mark is by multiple incision. In the treatment of venous nævus various methods have been employed.—*Medical News.*

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