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MARITIME MEDICAL NEWS

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. II. HALIFAX, NOVA SCOTIA, FEBRUARY, 1890. NO. 2

Published by James Bowes & Sons, 137 Hollis St., Halifax.

THE GREAT FACT IN MODERN MEDICINE:

"The Blood is the Life,"
And Where Nature fails to make Good Blood,
WE CAN INTRODUCE IT.

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock,
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE "ANTITOXIN" of Healthy Nature.

In the more enlightened progress of Modern Medicine, "Blood-letting" has given place to Blood-*getting*.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man's assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

TRY IT IN PRACTICE.

TRY it in ***Anæmia,*** measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

Try it in ***Consumption,*** with the same tests from week to week.

Try it in ***Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in ***Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by ***subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution!*

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Try it in ***Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

Try it on the ***Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on ***anything,*** except plethora or unreduced inflammation; but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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Above $100,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

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

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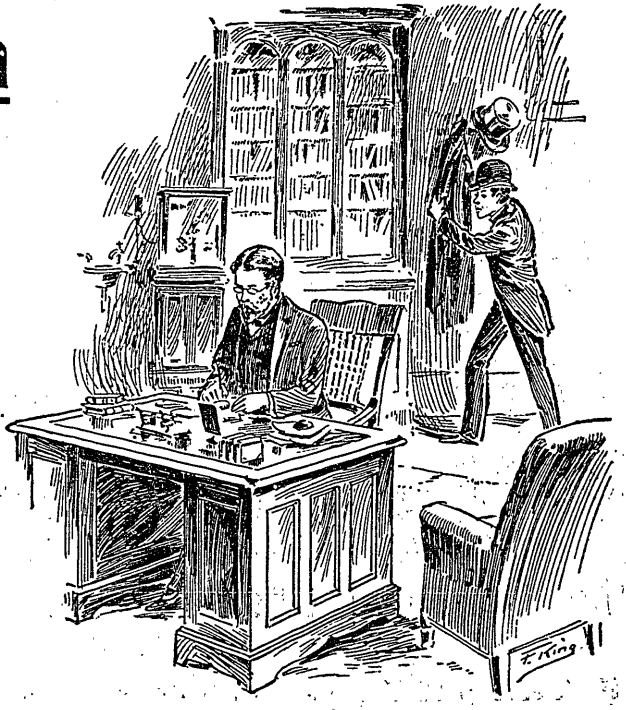
R. F. RUTTAN, B. A., M. D., Registrar, McGill Medical Faculty.

"Anæmia

is the sneak thief
of all diseases."

It steals on insidiously, frequently carrying in its wake the beginnings of disease of more serious import.

"Oppose beginnings,"
is an old and true proverb.



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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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CONTENTS FOR FEBRUARY, 1899.

The Subscription Rate for the Maritime Medical News is $1.00 per annum.
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SOME MEDICAL CULLINGS

Two Reliable Remedies Combined

We meet with many cases in practice suffering intensely from pain, where from an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeine, and when assisted by antikamnia, its action is all that could be desired.

In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic-douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in Antikamnia and Codeine Tablets, each containing 4¾ grains Antikamnia and ¼ grain Sulph. Codeine.

In pulmonary diseases this tablet is worthy of trial. It is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly relieved, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this combination does this, and in addition controls the violent movements accompanying the cough, and which are so distressing.

The Sensible Treatment of La Grippe

The following suggestions for the treatment of La Grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all, the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness, give a five grain Antikamnia Tablet, crushed, taken with a little whiskey, water or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing 2½ grains Antikamnia and 2½ grains Quinine. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*," has found much benefit to result from five grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of Influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

Douche in Nasal Catarrh

℞ Antikamnia and Codeine Tablets, No. xxiv.

Sig.:—Dissolve six tablets in a pint of tepid water and use one-third as a douche three times a day. Shake well before using.

THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XI. HALIFAX, N. S., FEBRUARY, 1899. No. 2.

Original Communications.

TUBERCULOSIS IN ANIMALS.*

By JAMES H. FRINK, V. S., St. John, N. B., Veterinary Inspector for Department of Agriculture, Canada.

Mr. President and Gentlemen:

A few weeks ago, your most worthy President invited me to prepare a paper on "Tuberculosis in Animals," for presentation at the weekly meeting of your society. Aware that the subject was of great magnitude, in some way I unwillingly said yes to the invitation. Brief consideration convinced me that I should turn back and apologize for my temerity, again counteracted by the thought that indolence is not a virtue, and laziness is a crime. I do not propose in this instance to stretch out the prologue, but I have to ask you not to measure my remarks on the subject of tubercle too critically, as the time of preparation was short. And having been obliged, for a score of years, to rub against the essentially practical side of life, I find that any attempt at essay writing on my part, still keeps me within the bounds of the school, and my remarks will have to be judged accordingly.

It will not be necessary to dwell at any length on the history of tubercle, and it will suffice for present purposes to state that it first received attention in the middle ages, and state recognition, as a disease of animals to be guarded against, in the sixteenth and seventeenth centuries—if we except the prohibitory enactments in the Mosaic law,

* Read before Saint John Medical Society, November 23rd, 1898.

which enactments are frequently credited, correctly or not, to the consumption of tuberculous flesh; nevertheless it was strictly enjoined that such flesh might be fed to the stranger within the gates and to aliens—questionable hospitality. Be that as it may, not until the present century did the disease in animals receive the recognition and study it demanded, and while many earnest investigators bent their energies toward its solution, it may be said without any disparagement of their labours, that they have been quite overshadowed by the results obtained from bacteriological research, and notably by the positive demonstration of the bacillus, its life and work, toward its close. We now can see by optical helps the motive power, not only of tubercle, but the bacilli of anthrax, glanders, swine-plague, actinomycosis, and a host of others, and enabled to watch their propagation and multiplication in and out of the animal economy, and by the cultivation of these by scientific means, we have been able, in some instances at least, to combat and defeat organized raids into territory congenial to them, and in which they have claimed exclusive rights. Having this knowledge, sanitary science and police, emerged from the darkness which hitherto has enveloped it, and can with much greater intelligence and tact marshal its forces against the diminutive, but by no means an impotent enemy. This is an achievement, but not a final one.

Savages and wild animals, which have not come within the inner sphere of civilization are, as we know, exempt from tuberculosis, while brought within this sphere they prove most susceptible to its ravages. And thus having passed the stage of assumption, it is proven that man in his departure from savagery even to a condition of primitive civilization becomes the bearer of a destructive process, which finds nourishment just as long as he abstains from pursuits and a mode of living which makes the existence of this process intolerable. It is not for one moment assumed that all men who departed from savagery became tuberculous, but then, as now, degrees of receptivity existed. But certain it is that by him and through him it made its entrance known. It is a laudable ambition for him to unceasingly seek means to control and possibly crush the invaders, which even yet cuts wide, clean and close to the ground.

Turning now sharply to the subject in hand, it may be said tubercle exists in all domesticated animals, its existence being chiefly observed in the following order: cattle, fowl, swine, rabbits, guinea-pigs, dogs, horses, sheep, apes, lions, tigers, deer and reptiles.

Of all animals, cattle are the most susceptible, proving a most acceptable habitation to the bacillus. The disease is widespread in fowl and feathered tribes, although it is clear that microscopists have asserted that the bacillus of avian tuberculosis does not present the same characteristics as the bacillus of other animals; this statement has been contradicted by others equally as eminent. The difference of opinion is concentrated on minor points, and is so finely drawn that it does not detract from the practical value of the statement, that the bacteriological conditions are similar. Rabbits and guinea-pigs are prone to tubercle, and the ones generally chosen for experiment, as they have given abundant evidence of remarkable receptivity to the bacillus, either by ingestion of tuberculous products or inoculation from without. Swine acquire the disease rapidly by the consumption of tuberculous products. Horses for all practical purposes may be considered immune, but technically they are not, for of late years quite a number of well authenticated cases have been recorded, and the bacillus identified. It must therefore come under the ban, although the transmission of the disease from the horse to other animals experimentally, I believe, has not been very successful. The dog should be placed in the same category as the horse, practically immune, yet proven that it can be a bearer. The sheep, to whom the world of commerce owes so much, may, as far as our knowledge goes, be considered the least susceptible of all our domesticated animals; that while the most exacting scientists claim numerous finds in the field of microscopy, tubercle has never made its presence appreciable in the vast herds of these animals which roam over the earth's surface. This may be explained, that although of a docile nature, they live, thrive and delight on mountainous and rolling country, live out of doors—if they can get out—in the coldest climates, and come less into direct contact with the influences which give the bacilli a halt, if not a home. Apes, monkeys, lions and tigers readily contract the disease in menageries and other places of confinement. Having made known the animals in which tubercle is chiefly found, and in which we are largely interested, it will be necessary to notice briefly the histological and pathological conditions.

In primary tuberculosis, we find the disease places itself in evidence in the majority of instances in glandular structures; the laryngeal and retro-pharyngeal in the superior cervical region; the bronchial, mediastinal and adjacent glands of the pleural reflections in the thoracic cavity; the liver, spleen, kidneys, mesenteric glands in the abdominal cavity; the mammary, pudic, and inguinal glands, without. The tracing

of the bacillus from the time of its inception and its subsequent carriage by wandering cells to a suitable apartment may be somewhat obscure, although we know the bacillus does make preliminary invasion in the lungs with absolute establishment. The great majority of instances wherein the disease is first made manifest leads to the conclusion that the bacilli gravitate either by choice or accident to those glandular structures, and they must be considered, as far as animals are concerned, recruiting depots.

Leaving the bacillus for the time being, as it is outside the range of this paper, to transgress or trespass on territory in which even the most daring investigators have become mixed, I will endeavour to keep on firmer ground, and avoid as far as possible speculative theories as to the manner in which the bacillus carries on its primary constructive work; and while its study at this stage may be advantageous, my observations have been more generally centered on results. And the first result presented from the invasion of the bacillus is the formation of nodes, very frequently indeed in the minor and major lymph glands; at first slightly congested, red, soon turning gray in the centre; later, disintegration with caseous deposits. These nodes have a tendency to remain firm and often assume a calcareous condition, gritty to the knife; the lime deposits are seen with the naked eye, clear and white. The frequent existence of tubercular foci, heavily charged with caseous deposits, would lead one almost to believe that these exist before the formation of tubercular knots, but we know this cannot occur until their centres become necrotic; and when this caseous condition does exist extensively in the substance of an organ it must be ascribed to caseous infiltration from a large herd. Again, these nodes assume a distinctly fibrous appearance and may be found in advanced cases of general tuberculosis, particularly in the costal pleura. I have only noticed this latter condition twice on post-mortem, although it is spoken of in text-books as being frequent. In the more advanced cases of tubercle we find the disease, not only in the glandular structures but in the parenchyma of the lungs, peritoneum, uterus, articulations, and occasionally in the membranes of the brain and spinal cord. I do not wish to convey the idea that tubercle in animals is never found in the lungs without an invasion of the glandular structures, for it is frequently found so. Yet in holding post-mortems for tubercle, if the disease is not observed at first sight, the operator almost intuitively searches for the disease in the bronchial and post-mediastinal glands, for his experience leads an examination into

them, for there the disease finds a most congenial location. In tubercular lesions of the glandular structures contained in the abdominal cavity, my observation has led me to believe that the mesenteric glands are more frequently affected, and the calcareous condition, so often found in the thoracic cavity, becomes less distinct as we leave it, although I have noticed an almost complete calcification of the ovary. Occasionally one will find in a reflection of the peritoneum, a single isolated node, red and congested, rough and irregular in outline, spotted here and there with sharply drawn tubercular foci. Why this departure from the regulation form, I am unable to determine. Again, a close examination for tubercle may alone reveal a small but peculiar deposit deep in the substance of the liver, or other large glandular structure, standing out clearly against the darker background, ever crushing against their boundaries, ultimately coalescing, necessarily so, for it cannot admit that anything has yet been produced to effectually stop their march. One may see with the unaided eye twenty or thirty of these foci within a radius of two inches, and in one case, on which I held a post-mortem, (a young animal) which presented a marked temperature reaction after inoculation with tuberculin; this alone was presented as a pathological condition after a close examination of all the tissues. As previouly stated, tubercular formations are sometimes observed only in the lung substance and an entire absence of disease in the thoracic glands; tubercular growths divided into chambers, some containing caseous deposits, the walls of others calcareous; the cavities in some cases containing a quantity, greater or less, of dark sticky mucus. This condition does not obtain notice in the text-books, and I am of the opinion (and some one always runs counter to my opinion) that this exudate receives its color from the inhalation of dust and dirt or possibly from degraded pigmentary matter. The true tubercular cavities found in the human being are not frequent in the lower animals, if I have a correct understanding of the pathological conditions observed in human tuberculosis, and in this view I am supported by many observers of the disease, in man and other animals, although I have seen many cases in which the analogy was very close. The post-mortem examinations of general tuberculosis offer the best field for the study of the disease in animals—tubercle in all stages of growth and decay—the young budding tuberculous knots, rich in bacilli, calcareous deposits, the quick march, in even membrane or structure specially stamped by marked congestive and some inflammatory products, in contrast to the slow methodical tramp in its fellow. The thousands of pearly, not infrequently trans-

lucent tubercles, which crowd themselves into view when the abdominal walls and peritoneum are laid bare, all offer unlimited opportunities for the study of the disease. Tubercle in the mucous membrane of the trachea and larynx is occasionally noticed when the disease is general and also in the sub-maxillary glands. Tubercular orchitis is rarely seen. It will not be necessary for me to go on and enumerate or define the minor differences found in other domesticated animals.

The Bacillus.—The history of the bacillus is so familiar that any repetition would not only be superfluous but tiresome. But it will be enough to say that the bacillus found in cattle, swine, dogs, horses, and other domesticated animals is identical with the bacillus found in man. In the thousands of inoculative experiments carried on to ascertain the transmissibility of the disease, indisputable evidence has been furnished by the direct inoculation of tuberculous products; and by inoculation with bacilli from cultures that the disease can be transmitted with the greatest certainty. And although no direct proof of its transmissibility from these animals to man by inoculation has been attempted—as yet no man has offered himself a willing sacrifice—it will be altogether unnecessary for any one to do so, in our present knowledge, in possession of the certainty that the bacillus is not a result, but the sole cause of tubercular disease. Stripped of every vestige of its environment it emerges distinct, alive, but without motion. Changed from one culture tenement to another, it becomes each time of moving vigorous as before, and even in remote cultures, quickly develops the disease in the system where it has been introduced, either by ingestion or direct inoculation from without. Thriving in the normal animal temperature, they (animals) are its natural habitation.

Tuberculin.—While the product obtained by Dr. Koch in his laboratory after years of patient search and toil did not reach its destined mark—and we are all familiar with its rise and fall, likened somewhat unto King Richard the Third, "Sent into the world before its time scarce half made up"—it proved itself neither agreeable to its formulator nor to the multitude of patients who had it injected into their system indiscriminately, at fabulous prices, in many cases only to hasten their destruction. And although it has been packed up, shelved and labelled "fossil," I trust to see the day when it may be taken down and passed through the crucible of science again to see if possible good cannot be found in it; if not direct, that it may open a door which even to-day remains hard sealed. It has served to teach one purpose—the positive diagnosis

of tubercle in animals which supply us largely with food and nourishment. The physical signs of tubercle in cattle and other animals are very remote indeed. The symptoms of tuberculosis as given in text-books are by no means diagnostic, and practically lead nowhere. Auscultation and percussion of the human thorax I believe is now an exact science; however much inexactness is attributed to medical science as a whole, practitioners of human medicine having the normal and abnormal sounds correctly defined, active symptoms, the microscope if necessary, and previous history do the rest. It is different with animals, particularly the larger ruminants, to definitely locate diseased areas by auscultation and percussion, and worse, our dumb friends; although they may be able to communicate with their brethren by divers sounds and gestures, they are of no use to their masters.

At the time tuberculin was used as a remedy for disease in man, it was observed that from twelve to twenty hours after inoculation there was a marked elevation of temperature, from two to four degrees, in persons actually affected with tubercle. This elevation of temperature was not observed in others, and after close physical and microscopical examination it was determined that these persons in whom no increase of temperature was observed were actually suffering from sporadic disease—at least not tubercle, although I believe persons far advanced with phthisis do not show reaction. The veterinary profession were not slow to recognize a possibly valuable diagnostic agent for tuberculosis in animals, and it soon had an established reputation. It is now generally used to this end. That tuberculin does not contain actual bacilli is well known, but instead the chemical products realized by their disintegration, establishes the object sought for by adding to the system (already tolerant of the amount possessed) further addition of these products, thus causing constitutional disturbance and a distinct elevation of the animal temperature, subsiding in from twelve to twenty-four hours, —sometimes a few hours longer—after inoculation. A distinct elevation of 1½ degrees is considered indicative of tuberculosis, yet it requires judgment, the fruit of experience, to measure all the surroundings, before condemnation of the animal. The action of this agent is so reliable that after the most careful examinations verified by post-mortem, 96 per cent of animals, in which temperature reaction has been observed, have been found tuberculous. The test is so delicate that it will hunt out tubercle, even to an infinitesimal degree, and often its presence is not evidenced macroscopically. That it hastens the growth of tubercle in the majority

of cases, I think is agreed upon by close observers and my individual experience at Rothesay tends to confirm the statement. Tuberculous animals, which looked tolerably well before inoculation, went to rags altogether a few weeks after, even showing cerebral disturbance, while again I have seen a very few animals, which have revived and become fat and hearty—probably due to a reparative process, excited by the introduction of the lymph. It has been argued by prominent men, that there is a possibility of producing tuberculosis by its introduction in a healthy animal. I am not able to successfully combat this statement to a finish, but think it very improbable. All evidence goes to show that this possibility is not to be feared. In my own experience I have tested and re-tested animals with tuberculin, and have found no elevation of temperatures, or the slightest physical symptoms, and this holds good in the experience of others with the most extended observation.

Injection, Heredity, etc.—I have designedly affixed the term et cetera to this paragraph, as there is a good deal of that quantity in it. I know well, gentlemen, that I am walking on prickly and thorny ground, when I speak of heredity, infection, and when speaking of these subjects, I purpose making some departure, or rather will relate, as I proceed, some homely observations of my own. They will not be illuminated with the brilliant technique, daily read in current medical literature, neither will they bulge with unwieldy statistics, for I understand that your honourable society views statistics much as professional politicians do—ever ready, always unreliable, the dose varying with the idiosyncrasies of the patient, but they will contain facts, although facts are not always valuable, often ineffective. Hereditary transmission is generally discredited; hereditary predisposition—a handy thing in argument, generally accepted; infection, positively.

Speaking of hereditary transmission in animals, about twenty years ago—being then young and fresh in practice—a farmer and dairyman, living near this city brought for my inspection a sett of lungs from a cow which had died on his premises. Lungs in cattle are commonly called setts, in man I presume they go by pairs, but the ox has six divisions in his. The farmer opened with the remark that these lungs, which he had taken from the animal, had "all grown up," meaning by that that the lungs had become infiltrated with tubercle, and that the calcareous and caseous conditions, usually associated with tubercle had not only extended to the larger bronchi, but had forced themselves well on to the trachea. Although a young man, I was not slow to recognize

the disease, and my interest was correspondingly excited. On further questioning, it was elicited that this animal was one of many of the same family which had been prized for its rich breeding Other breeds as far as he knew were exempt. However, the sire of these animals was maintained on the farm. About 1888, I proceeded to Kent Co., to examine some cattle owned by a gentleman of your profession, which were suspected by him to be subjects of tubercle. These animals had died before my arrival. The remaining viscera gave abundant evidence of tubercle, and on further enquiry, I found that they had been purchased from a well known farmer and dairyman, near St. John. The remaining cattle on this dairyman's farm had either died or had been sold or slaughtered. In 1896 I was again in Kent Co., to investigate an alleged outbreak of zymotic disease. A brief physical examination convinced me that the disease was tubercle, and this was confirmed in a measure that they were highly prized, the oldest of the animals having been purchased from a well known farmer and dairyman living near St. John. The tuberculosis test did the rest. But there was one yearling bull in the lot which had been imported from Montreal, about seven or eight months before my visit, of no kith or kin to the rest. In a short time it was tested, a normal temperature of 101° F, before inoculation, 106° F, next morning—tuberculosis, sure. Here was evidently a conflict, and the theory of heredity, which my experience had led me to think was credible, received quite a shock. It had been almost impossible to raise calves to maturity on the farm, although this was in some cases successfully accomplished. Swine perished likewise—mysteriously to the owner, openly to me. One of the cows was taken out and killed. The post-mortem was so revolting to the owner that he decided to destroy the rest of them at a single stroke. Having accomplished this, they were dragged to a lime-kiln, cords of wood were piled around it and they were effectively banished from the face of the earth. In April 1897, I held a post-mortem examination on a pure bred Jersey cow at Rothesay, which had been suffering from a most advanced stage of general tuberculosis. In December I subjected two of this animal's direct progeny to the tuberculin test at Maugerville, which had been imported from Ontario. No temperature reaction was observed whatever. I have mentioned these circumstances to prove its infectiousness, and discredit the theory of heredity which in former years had strong claimants. I will refer once more to this matter. In 1896 I made an investigation for tuberculosis in King's Co. I found the herd largely

composed of pure bred Jerseys and four store cattle taken in to consume the surplus feed, in preparation for the butcher; some had been in the stable a few years, others a few months. Seventeen out of the twenty-one reacted briskly to the tuberculin test; three yearlings and one two-year old stood the test. New cattle which had only been in the barn a few months were badly affected—that is to say by reaction from tuberculin, but I did not see these post-mortems; being in fair condition, they were sent to the shambles. Could infection be more clearly proven! And there is one statement which I would like to make, and that is—not having seen it noticed in veterinary periodicals, nor in the trackless forest of literature on the subject—that if a herd of animals have been continuously kept in one stable for two years, or even less, and on inspection for tubercle, one is found affected, it is not alone—there are more. And the ones in particular are those tied up on either side of the tubercle. Taking my own records and the official records of others, all are free, or a majority affected. Is tubercle congenital in animals? It is, but rarely. Professor Bang of Copenhagen, and Nocard of France, men eminent in their profession, who have the greatest facilities for observation, state that the number is about seven in five thousand. I have not made the best of my opportunities in following up this subject, but am quite reconciled by observation in autopsies of foeti in the uteri of animals having suffered from contagious disease other than tubercle, in which it was plain to be seen, that the disease in question had been transmitted through the placental circulation.

Infection.—This may occur from the milk and flesh of tuberculous animals, the inhalation of the bacilli from the dried sputum and in other excreta, and by direct inoculation through an abraded surface. That the disease can be transmitted, with the greatest facility, to animals by the inoculation with bacilli from cultures, and by direct inoculation of tubercle direct from the human being, has been proven so often, that it admits of no controversy whatever. That infection to the human family by the consumption of milk and flesh of tuberculous animals, be possible or impossible, has given rise to endless controversy, even to bitterness. Commission after commission have deliberated over the question, and we have seen yet but little to show for their labours. The conflicting testimony of expert witnesses, no doubt, caused hesitation, and about the only decree which bears the mark of positiveness that has been issued, is that it is their belief that it is injurious only to drink the milk of an animal which has tubercle of the mammary gland.

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This is practically the decision of the Royal Commission, and though being one of the least of the lesser lights, I make bold enough to say, that it does not appeal to me as being altogether rational, although it has been often observed that eruptions on the smaller satellites seldom affect the greater luminary.

That swine are infected from consuming the milk of tuberculous cattle, I know from direct evidence and the choice of evidence—post-mortem examination. One day at Rothesay, when holding some post-mortems, a man was close by killing pigs, and when in the act of dressing one of them, my eye was attracted by a peculiarly marked spleen, which lay on the ground. I went over and examined it, and found it a mass of caseous tubercles. The animal had been fed from milk and offal from the cattle, upon which I was operating—veritable magazines of disease. Being out there a few days later on the same errand, I saw another pig, post-mortem revealing extensive tuberculosis of the lungs and spleen. In all the post-mortem examinations held there, I observed only one animal which had tubercle of the mammary gland, and this animal was not giving milk—rather strong evidence that infection can be carried from animals even if the mammary gland be not affected. Reports and statistics from both continents have made it certain that infection is easily induced in swine from the consumption of tuberculous products. If the gastric juice of the human stomach can annihilate the bacillus by contact, it is strange that swine have such feeble resistance, knowing that physiologically they are uncomfortably close akin to man. And it is equally certain, that calves fed on tuberculous milk, in many cases, do not reach maturity. Some do—only to be explained by the statement, that degrees of receptivity exist. It has been stated by many eminent men who have largely devoted their energies to the furtherance of bacteriological science, and particularly to the study of tubercle, that the bacillus is only dangerous when the mammary gland or the neighbouring pudic and inguinal lymphatics were affected, and if this is to be finally accepted, we must deny the existence of bacilli in the blood stream. I cannot reconcile myself that the investigations on this point have reached a finality. Surely diseased glands require nourishment, and the very fact of their being diseased demands an increased supply of blood, at least during active tissue metamorphosis. It certainly does not stand still, and it is difficult to conceive that it does not carry along with it more or less of the active agents with which it intermingles; this, of course, would be applicable

to any tuberculous centre. This is, however, rejected and the consensus of opinion is that the disease is only carried in the lymph vessels.

And in some countries where sanitary regulations governing the matter are in force, milk is not condemned unless bacilli are found in the milk, or the mammæ gives specific evidence of the disease, the regulations requiring only that the milk of tuberculous animals shall be sterilized. One may unconsciously drink milk from these animals, but I think it would be difficult to make people in this country, at least, drink milk from this source, even if they knew the disease was merely localized, or that the milk from these animals had been sterilized by the most approved method. Whether the consumption of milk from tuberculous animals is actually able to cause infection in the human being, I am unable to make a definite statement, and the burden of this enquiry certainly rests on human medical science. Reports do from time to time appear in periodicals that the disease has been traced to milk from diseased animals, but these statements do not, as far as I am aware, bear official confirmation; that is to say, that these reports, are not systematically enquired into, by any Board of Inquisition, having powers from the State and under State control, to investigate this and many other prominent plagues, which entail untold misery, and cut short so many valuable lives. Every progressive country has its staff of trained men, to make ceaseless enquiry into the health of animals in their respective countries—experimental stations, bacteriological stations, rigid inspection and quarantine, to preserve the animal health. And yet in human medicine, results in the majority of instances come from private observation; possibly the profession is quite satisfied with existing conditions. In the absence of positive evidence, which would appear to be only obtainable under extraordinary circumstances, it remains only to accept the analogy, and I presume you do, unreservedly, that the bacillus is common to man, and the animals which he protects for his use; that by direct experiment, and by knowledge otherwise gained, that the disease can be distributed; that while his creation and mental superiority has made him lord over all these anatomically and physiologically, he and his dependents may be practically considered a unit.

This then is the ultimatum, that infection is only permissible when disease exists in the mammary gland, but it has been somewhat qualified in later years by placing animals suffering from general tuberculosis on the same list, even if the mammæ are not affected. This is admitting that it is dangerous to play with the devil in his entirety, but minor

parts of his anatomy can be pinched with impunity. It is generally accepted that there is little danger from infection from eating tuberculous flesh, provided it is well cooked and thus destroying the bacilli, but the fact that the toxic products generated by the bacillus in its work may be capable of exciting latent disease in the consumer, has not, generally speaking, the attention which it deserves. On the continent tuberculous flesh is openly sold, but it is sold as such and distinctly labelled. In a dense population where meat is a luxury, even to those with living incomes it is no doubt a boon to obtain meat even if a little shady. It is said that there nearly every second man is a scientist of some sort and consequently he no doubt applies his technical knowledge even to the culinary department, and the thrifty housewife no doubt has the fullest confidence in his qualification to select a rib.

Now referring just a moment to reflection from inhalation of bacilli from dried spectum. It has been said that cattle do not expectorate—not in the same sense as human beings. The tubercular products in many cases are coughed into the pharynx and swallowed portions no doubt are forcibly expelled during the act of coughing. There are at times discharges from the nose; this is not constant though, and frequently unnoticed, as the cow and ox are by no means æsthetic, and invariably when suffering from nasal irritation wipe their noses with their prehensible tongues. And admitting that there is no visible discharge from the nose or mouth, it is quite clear that with a fair opportunity, during the violent expulsive efforts in coughing, numberless bacilli are suspended in the atmosphere. Certain it is that infection does in this manner occur. Bacilli have been found in bowel excretions in animals, and presume the same holds good in the human animal. And while the bacilli may remain in a sense quiescent, scattered about cultivated ground, they do find ready and acceptable hosts in the stable and among swine and fowl which root among the excreta of animals affected with tubercle. Dogs are also infected from eating the flesh and milk, but not very readily. But I have noticed myself, in this city, one become affected with tubercle which had the most disgusting habit of licking up the sputum from a man well advanced with phthisis, the dog being a very constant companion.

Having gone thus far it will be necessary to consider *Preventitive Treatment.*—I do not intend to dwell on the preventitive treatment established by the Bureaus of Animal Industry, or the special measures adopted by different State Boards of Agriculture, for the preservation of

animals, but will rather confine my remarks as to the means which may be adopted to lessen the risk of infection to man from animals, and possibly, to avert infection of animals from man.

(1.) That all animals which contribute to the public milk supply shall be tested with tuberculin.

(2.) That milk from tuberculous animals shall not be used for human food.

(3.) That if milk from tuberculous animals is consumed, it shall be sterilized, and if exposed for sale it shall be so labelled.

(4.) That the milk and flesh of animals suffering from general tuberculosis shall be destroyed absolutely.

(5.) That cattle which have reacted to the tuberculin test, and on second test have given no elevation of temperature, they and their products, shall for the purpose of sale be considered tuberculous.

(6.) That men or women suffering from pulmonary tuberculosis shall not be permitted to attend cattle which contribute to the public milk supply.

(7.) That the refuse, swill, and garbage from hospitals, jails, and other public institutions which contain large numbers of people, be consumed by fire, and be not allowed as food for animals.

(8.) That on the determination of the existence of tuberculosis in a herd, no milk shall be sold from it, until the herd is purged from the disease. (While the Dominion Animals Contagious Act largely controls this section, it does not interfere with the local Sanitary Board.)

(9.) That as swine fed on the refuse of slaughter-houses are prone to tuberculosis, the public sale of their carcasses shall be prohibited.

(10.) That every carcass of beef, together with the viscera, shall be inspected, and if free from disease, so labelled and marked. (There is no inspection in this city except by the Jews.)

(11.) Every municipality shall own and control its own abattoir, and all fresh meats sold in the city shall be slaughered in it.

If these provisions were carried into effect, very little fear need be anticipated by the human family, of infection from animals. But the health of animals is being constantly menaced by tuberculous people. If consumptives are allowed to scatter ad libitum tuberculous discharges about public places, roads, stables and markets, it will be a fruitless task to attempt eradication in the lower animals, however much progressive sanitary science, (as applied to animals) may confine it. I doubt if there is a person in this city, of mature years, who has not been the

host of the bacillus, yet in many cases it has found the soil hard and stony, in which to grow and proliferate, and thousands of animals share the same immunity—yet unfortunately how many fertile fields, in which it makes luxuriant growth to the end. Is it not discreditable to the councils which have vast powers over public health, that a policy of drift should be pursued in indefinitely, when it is known that the death-rate is exceedingly high, and that no organized effort is made to draw the fires and slow the engine down. Apparently the views of the extremist prevail, who contends that the Creator made nothing without a purpose, and the purpose of the bacillus is to crush out the weak; the strong take care of themselves—veritably the "survival of the fittest," the strongest win.

I have to thank you gentlemen for the patience which you have exhibited in listening to a paper on a subject already threadbare and glossy, yet ever with us, and trusting that you will look generously on the many errors, academic and others.

I have to thank Dr. McEachran, Montreal, and the directors of many experimental stations in the United States for recent literature on the subject, and due credit is given for references to the writings of Professors Koch, Bang, Nocard, Arloing, Law, Walley, Fleming, McFadyean, Theobald Smith and others.

PROGRESS OF GYNÆCOLOGY.

By A. LAPTHORN SMITH, B. A. M.D., M. R. C. S., (England,) Montreal, Fellow of the American and British Gynæcological Societies; Professor of Clinical Gynæcology in Bishop's University; Gynæcologist to the Montreal Dispensary; Surgeon-in-Chief to the Samaritan Hospital for Women; Surgeon to the Western General Hospital.

GYNÆCOLOGY AT THE EDINBURGH MEETING OF THE BRITISH MEDICAL ASSOCIATION.

On the way to the meeting I had the pleasure of hearing an address by Martin, of Berlin, on the "Progress of Ovarotomy" in the last twenty years. It was a remarkable paper by a remarkable man. He has adopted the vaginal route to a great extent, and he closed his paper by giving the results of 131 vaginal laparotomies for diseased ovaries and tubes, and for retroversion, ovarian cyst and small fibroids, etc. Out of these 131 cases he lost 2. Since my return from Berlin I have performed a number of these operations at the Samaritan, Western, and at my private hospital with most gratifying results. These will be reported in full later on, but in the meantime it is of interest to note that all the patients operated by the vaginal route made a much quicker recovery than those by the abdomen. Although they included pus tubes, tubal pregnancies, retroversion with fixation cystic ovaries, and closed tubes which were opened, yet not one of the patients died. Another striking advantage was the absence of the abdominal scar and the pain from the incision, which these patients generally suffer from very acutely, was entirely absent. In fact most of these patients did not require any anodyne whatever. During the discussion at the recent meeting of the British Gynæcological Society, a gentleman reported a number of cases by the vaginal with bad results and the other speakers all pointed out with great stress that the vaginal route is not suitable for large tumors of any kind whether fibroids or collections of pus, because it is almost impossible to deal with the adhesions which are so often present in these cases. In properly selected cases I feel sure that the vaginal route has immense advantages over the abdominal one.

One of the most interesting figures at the meeting was Doyen, of Paris, who showed two new instruments; one for automatically holding

open the abdominal incision and the other his instrument for arresting hæmorrhage without ligatures by means of an enormously powerful crushing machine. The broad ligaments with the ovarian artery is seized and compressed for a minute with such force that it is completely crushed, and when it is taken off no blood flows. I was told in Paris that it was not to be depended upon as several times secondary hæmorrhages had followed. I would prefer to trust Dr. Skene's electric clamp, which dessicates the artery. One of the most interesting features of the meeting was a cinematographic representation of an abdominal hysterectomy given by Doyen, in one of the large halls of the University, at which there were over six hundred doctors present. He is a very rapid operator and has devised a new method which only requires four minutes from the first incision until the whole uterus, including the cervix, is in the dish. The salient features of his method is to put a clamp on the two ovarians and then to catch the cervix through an opening in the vagina in Douglas's cul-de-sac and draw it up forcibly, tearing it away from its connections laterally and to the bladder in front. The uterine arteries are thus distinctly brought into view and clamped.

He only takes two or three minutes for removing the uterus and some eight or ten minutes more are used in tying the arteries and closing the opening in the pelvic peritoneum. I had the pleasure of being one of eight or ten who saw Doyen do two total abdominal hysterectomies for fibroid in Prof. Simpson's service at the Royal Infirmary and he did one of them quite as quickly as the six hundred saw him do it by the cinematograph.

Another interesting figure was Monisanni of Naples, a gentleman very short in stature, about three feet six, but a giant in intellect, who gave an address on "Symphyseotomy," in French, who was followed by Dr. John Moir of Edinburgh, ninety-five years of age, who told of the improvements in obstetrics and gynæcology in his life time.

The hottest discussion of the meeting was on Dr. Milne Murray's paper on the "Use and Abuse of the Forceps," and incidentally Dr. Japp Sinclair's excellent paper read at Montreal last year condemning the too frequent and too early use of the forceps came in for a great deal of abuse. Dr. Sinclair stated that the forcep was responsible for a great deal of injury to women who were confined in the neighborhood of Manchester. It was evident that the majority of those present at the meeting were general practitioners who used the forceps to save time and did not want to be reproached for causing puerperal lesions. There

were several interesting papers on the proper time for removing pus tubes and the general feeling was that it was safer to operate during the interval than during the attack as is also the case in appendicitis. There was also a very warm discussion as to the relative advantages of the abdominal and vaginal routes for removing pus tubes and the general feeling was that it was easier and safer to remove them by the abdomen. As disease of the vermiform appendix frequently complicates pus tubes it was pointed out that the possibility of having to remove it in any case was a sufficient reason of itself to induce us to operate by the abdomen. Dr. Macan, of Dublin, laid great stress on the importance of making a careful bimanual examination under narcosis before deciding upon the vaginal route. Landau of Berlin was strongly in favor of the vaginal route even for bad pus cases and he has the courage of his convictions for I saw him removing the uterus and both tubes and ovaries by the vagina in a very bad case while I was in Berlin. One thing was very evident on this occasion, that while it is difficult to remove large pus tubes even after the splitting of the uterus in two and consequently sacrificing it, it is well nigh impossible to remove them through an opening in either the anterior or posterior vaginal vault without removing the uterus. Some years ago I attempted to do this and was compelled to abandon it by the vagina and to complete the operation by the abdomen. This combined operation by the vaginal and abdominal route was the subject of a long discussion at the December meeting of the British Gynæcological Society. Dr. Arthur Giles summed up the general opinion very concisely by saying that the *raison d' etre* of the vaginal operation was to obviate the necessity of opening the abdomen, and that there was nothing that was done by the combined method that could not be done by the abdominal alone; consequently it seemed to him that to open the abdomen after beginning an operation through the vagina was practically a confession of failure, it meant that the operator had found himself unable to carry out his original intention. It was not his experience that abdominal operations for pyosalpinx had a specially high mortality, for it happened that a rather large proportion of his cases of abdominal section had been for pyosalpinx and so far there had been no death among them. I might add that my own experience agrees with Dr. Giles, as I have often been agreeably surprised to see patients recover from the most serious operation for pus tubes when neither the assistant nor myself had thought it hardly possible.

Conservatism in gynæcology has been receiving a good deal of attention during the last few months. Up to within a year or two ago it was

the custom to remove both tubes and ovaries when even one tube was diseased, even though the other tube and both ovaries were apparently healthy. When this was done in young women the artificial menopause brought on so suddenly was accompanied with great inconveniences, so much so that many of these young women declared that they regretted having had the operation performed. This led us to remove only the tube and ovary on the affected side and although we occasionally were reproached for not making a complete cut by removing both, mostly in cases of sclerotic ovaries, yet these cases were much fewer than those who complained of the miseries of the premature menopause. More attention was then directed to the matter and now we frequently leave both ovaries in, even where we have to remove both tubes for suppuration. Nearly a year ago such a case came under my care. A young lady was infected by her fiancé with gonorrhœa leading to two very large pus tubes. He so regretted his crime that he was anxious to make amends by marrying her and she begged that I might leave her ovaries. The pus tubes were therefore removed without tying the ovarian artery or otherwise hurting the ovaries, except that the adhesions were stripped off them and they were carefully cleaned. This patient made a splendid recovery and is now very happily married. She menstruates regularly and normally and has all her womanly feelings and attributes. As I used catgut to tie off the tubes at the corner I would not be surprised to learn that she had become pregnant. In many other cases I have removed three-quarters of one or both ovaries and a part of one tube with very satisfactory results. As many of these were done during the last few months it is too soon to expect them to become pregnant, but there is no reason why this should not occur. Since beginning this article I have operated on a lady for retroversion with fixation, who was most anxious to have children. I found both tubes closed and imbedded in adhesions, the result of a severe attack of pelvic peritonitis from which she nearly died eight years ago. Both ovaries and tubes were torn almost to shreds by the enudations and nearly an hour was spent in patching them up with fine silk; but finally a good tube was left through which a probe could be passed into the uterus. She is making a remarkably pleasant recovery from the operation and I have yet hopes of her becoming pregnant.

THE
MARITIME MEDICAL NEWS.

VOL. XI. FEBRUARY, 1899. NO. 2.

Editorial.

A SANATORIUM FOR CONSUMPTION.

We have received from Dr. A. P. Reid, the Secretary of the Provincial Board of Health, a circular descriptive of his ideas with reference to the construction of sanatoria for consumptives. Dr. Reid has had twenty years of experience in hospital management—fifteen years as the medical superintendent of the Nova Scotia Hospital for the Insane, and five years as the medical superintendent of the Victoria General Hospital—and this, added to his interest in hospitals during an additional twenty years of private practice, should certainly posit him a competent authority upon hospital construction. We, therefore, turn expectantly to his circular to learn the views which his varied experience has led him to adopt.

The circular at once indicates that Dr. Reid has lost none of his old time love for mechanical work, for, instead of a sketch of a building such as an architect would provide, we find that the doctor has himself erected a model of his ideal sanatorium and then taken photographs of the model. This explains a certain lack of finish in the illustrations, which are intended simply to illustrate a principle and not as works of art.

Dr. Reid's sanatorium would be, "in fact, 'a crystal palace' of iron and glass, a house within a house, or a house surrounded by verandahs, also of iron and glass, and each open to sunlight and air from all sides." The use of wood would be limited as much as possible. The supporting structure would be tubular and so arranged as to permit a hot water circulation through it, thus doing away with coils while assuring an

equable distribution of warmth. There would be no cellar or basement. There would be no partitions of lath and plaster, but instead adjustable hanging screens reaching from a few inches above the floor to a height of six feet, so as to interpose no obstacle to the free circulation of air. This appears to us to be an objectionable feature for two reasons. In the first place curtains or hangings of any sort are to be looked upon as "matter out of place" in a hospital, as they certainly collect bacteria, and, in the second place, the use of curtains or screens cannot secure such a measure of privacy as many patients require, especially as the "disagreeability" of coughing and expectorating is so prominent a feature in wards for consumptives. However, the doctor's circular is not explicit as to details, and doubtless the minimization of these difficulties is a matter which has not passed unnoticed.

We can only mention these principal features in the proposed sanatorium. Space forbids any reference to the many minor points, which, in the aggregate, are of considerable importance.

The receipt of the circular recalls to mind the desirability, or perhaps we should say the necessity, of a proper place for the treatment of consumptives in our province. We have several times urged that steps be taken looking towards "state control" in tuberculosis, and we know of no measure which deserves more hearty advocacy than the erection of sanatoria for the treatment of this diseae. Proper provision for consumptives is demanded on humanitarian grounds, but it is also advisable on economic principles. It is unnecessary to repeat the arugments already on record in favor of our contention. We trust that the reward for importunity will not be delayed much longer. Is it always to be as unprofitable as whistling jigs to a milestone?

TUBERCULOSIS IN ANIMALS.

In this issue we publish a paper on the above subject by James H. Frink, Veterinary Surgeon, St. John, which we commend to our readers for careful perusal. The long experience and keen perception of the writer render this paper a valuable addition to the large amount of literature already written on this very important topic.

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

DEC. 7, 1898.—Dr. J. H. Scammell, Vice-President, in the chair.

Specimens of the bacillus of the bubonic plague were exhibited by Dr. Melvin. These specimens were prepared by Dr. Melvin while in England from a pure culture obtained from Nothnagel's clinic in Vienna.

Dr. Scammell reported a case of septicæmia, which appeared in the last issue of the NEWS.

The discussion on Dr. Hetherington's paper "Paranoia" was concluded.

DEC. 14, 1898.—Dr. G. A. B. Addy, President, in the chair.

Dr. McIntosh showed a woman with loss of sight of right eye. An intra-ocular growth, probably sarcoma of the choroid, could be detected.

Microscopic specimens of the bacillus of anthrax were exhibited by Dr. Melvin.

DEC. 21, 1898.—A case of a man aged 60, showing paralysis of the recurrent laryngeal nerve was exhibited by Dr. Ellis.

Dr. Wetmore reported a case of mutiple abscesses in a boy eight years of age. The abscesses appeared in various parts of the body. The pus on examination showed the presence of streptococci; no tubercle bacilli were found. The boy became much emaciated and there was considerable elevation of temperature. Antistreptococcic serum was employed and iodoform emulsion was injected into the abscesses. Both methods of treatment appeared to be of decided benefit and recovery has followed.

JAN. 4, 1899.—A case of extensive scars about the face and neck resulting from a burn was shown by Dr. Scammell.

Dr. Foster McFarlane reported a case of osteo-sarcoma arising in a girl aged 14. There was no family history of malignant disease. Three months previous to seeing the case, the girl had fallen against a rock striking her hip. Soon a fullness was noticed in this region which rapidly increased. Examination of a portion of the growth showed it to be round-celled sarcoma. The frequency of injury as a starting point to sarcoma was referred to and was stated to be about 50 per cent.

JAN. 11, 1899.—Pathological Specimens.—Dr. G. A. B. Addy showed (a) an hypertrophied heart weighing thirty-five ounces. The principal symptom had been dyspnœa—cardiac murmurs had been absent; (b) large cancer of cardiac end of stomach. The subject had been treated for stricture of the urethra, and death was due to complications arising from the latter condition. The gastric disease had not been complained of.

A paper on "Leucocytosis" was read by Dr. Ellis and will appear in the NEWS.

JAN. 18, 1899.—A paper entitled "The Subjective in Education and the Future of the Medical Profession," was read by C. N. Skinner, Esq., Recorder of the city. This paper which was brilliant in character and highly philosophic in thought will appear, it is to be hoped, in a later issue of the NEWS. The Recorder received a hearty vote of thanks and upon adjournment was, with Dr. Frink, entertained by the Society.

JAN. 25, 1899.—Microscopic specimens of pernicious anæmia were shown by Dr. Ellis. Megaloblasts and vacuolated red cells were noticeable.

A case of diphtheritic suppression of urine was reported by Dr. T. D. Walker. The bacillus was found in the urine. Slides and cultures obtained from the case were exhibited by Dr. Addy.

MONCTON MEDICAL SOCIETY.

The annual meeting was held on Jan. 13th and the following officers were elected for the ensuing year:

President, - - - -	Dr. O. J. McCully.
Vice-President, - -	Dr. J. F. White.
Secretary, - - - - -	Dr. R. T. Botsford.
Treasurer, - - - -	Dr. A. R. Myers.

The members of the Society were entertained by the new President upon the adjournment of the meeting.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dec. 21, 1898.—Dr. Murdoch Chisholm President, in the chair.

This was a clinical meeting held at the Victoria General Hospital, when some very interesting cases were shown.

Dr. Murray read the history of a case in which floating kidney was discovered. The patient was shown and the members examined the case.

A specimen was shown of an aortic aneurism. The patient was 46 years of age. Had complained for seven months before entering the hospital, of shortness of breath, cough, pain in chest. No history to account for it, unless a fall of twenty feet on his back could be the cause. There was dullness on right side of sternum with heaving impulse on same side. Tracheal tugging was marked. Arteries were more or less sclerosed. After being in hospital for three months, dyspnœa grew worse and tracheotomy was performed, but without much relief. The specimen showed an immense aneurism, and part of the trachea which had been ulcerated through.

Another specimen was shown of a much dilated aorta. During life there had been a murmur indicating aortic regurgitation. The aortic valves were healthy. Regurgitation was probably brought about by the dilated aorta.

A specimen of perforating ulcer of the stomach was next exhibited. About eleven weeks before admission the patient had an attack of diarrhœa and headache and also began to suffer from severe pain in the side and back. On admission patient's appetite was poor but there was no pain after eating, though she was troubled with flatulence and heart-burn. The bowels were habitually constipated. The right lung expanded more than the left. No history was given of vomiting blood.

Dr. Murray then showed a case of Friedreich's ataxia. Scanning speech, some nystagmus and tremor of hands were present. There was slight lateral curvature of the spine. Patellar reflexes were lost and he had an ataxic gait.

Dr. Chisholm showed a case of tuberculosis of the epididymis and spermatic cord. There was also evidence of the disease in the bladder. Pus was present in the urine and at one time blood.

Dr. Ross then exhibited a case of psoriasis. The eruption had been extensive and affected the patient for five or six years. Very little evidence of the disease was present after ten days treatment in the hospital.

Dr. Farrell then gave a short account of a case of thoracoplasty performed for empyema. (Report of case will be published in next issue of NEWS.)

WYETH'S

REMEDIES FOR INFLUENZA.

TO THE MEDICAL PROFESSION:

Owing to the prevalence of *La Grippe* or *Influenza* so early in the season in many sections of the country, and the likelihood of its extending all over Canada, Messrs. Wyeth & Bro. have prepared the following brief *resume* of a limited number of the Antipyretics and approved combinations, together with other suitable remedies largely used both in this country and in Europe, believing that such a compilation would be acceptable.

ACETANILID, 1, 2, 2 1-2, 3, 4, 5 & 10 Grains.

Acetanilid.—This remedy is a congener of Antypyrine, *equally effective* as an anodyne and *far more powerful* as an antipyretic, although at the same time, less free from danger, owing to its destructive action upon the blood. *Combined with Caffeine*, this action is measurably overcome, and by the addition of chemically pure Sodium Bicarbonate, it is rendered more readily soluble.

PHENACETIN, 1-2, 1, 2, 3, 5 & 10 Grains.

Phenacetin.—The favorable reports concerning the value of *Phenacetin* warrant us in directing special attention to it.

The Dose is two and one-half grains to ten grains.

PHENACETIN AND CAFFEINE.

Phenacetin.—3 Grains.

Citrate Caffeine.—1½ Grains.

PHENACETIN AND SALOL.

Phenacetin.—2½ Grains.

Salol.—2½ Grains.

The combination with *Caffeine* and *Salol*, respectively, affords a wide range of application in the treatment of *Influenza* with its multiplicity of symptoms. *Alone*, it is simply *antipyretic and anodyne; combined with Caffeine*, it possesses remarkable powers as an *anti-neuralgic* and *with Salol* it is *distinctly efficacious* in the abdominal type of the disease. In addition, however, it is well adapted to the "mixed" types.

Wine of Tar.—Our Wine of Tar has long been so popular with the profession in the treatment of catarrhal conditions affecting mucous surfaces, *Bronchitis, Gastritis and Enteritis*, that we venture to call attentions to its virtues in this disease especially the stage of convalescence.

In this combination the power of Tar as a remedial agent is re-enforced by the Malt and Hops. It acts as a Stomachic Tonic and Nutritive Stimulant.

COMPOUND SYRUP OF WHITE PINE.

This preparation represents in the most palatable form an expectorant possessing exceptional merit and in the opinion of many physicians has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles.

ELIXIR TERPIN HYDRATE AND CODEINE.

Each fluid drachm contains one grain Terpin Hydrate, one-eighth grain Codeine Sulphate.

Terpin Hydrate—Is an *efficient and prompt expectorant* and to a moderate extent, a stimulant to mucous surfaces; and since influenza shows a predilection for these structures, its therapeutic adaptation is apparent.

Dose.—For an adult, one dessert spoonful 4 or 5 times a day.

JOHN WYETH & BROTHER.

DAVIS & LAWRENCE CO., Limited,

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Literature and samples of above preparations will be sent to any physician on request.

Dr. Walsh, in discussing the case of tuberculosis of the epididymis and cord, stated that he had a case of mumps in which the cord was in a very similar state. He doubted the tubercular origin in Dr. Chisholm's case.

Dr. Ross stated that the frequent micturition, pus, low specific gravity and milky appearance of urine pointed to tubercle

The members then partook of refreshments which the superintendent was good enough to provide.

Jan. 25, 1899.—Dr. Murdoch Chisholm, President, in the chair.

Dr. Ross exhibited a case of what he diagnosed as "simple ulcer" of the bladder in a young man. This condition was fully described in the *Medical Annual* not long ago by Fenwick. (Report of case will appear in the NEWS.)

Dr. Ross also showed a case who had always been afflicted with xeroderma and subsequently developed chronic squamous eczema with much thickening of the skin, especially of the arms and legs. He had been under treatment for two weeks, and so far there had been marked improvement. The patient was taking thyroid tablets and locally a paste, a formula of Jamieson's, was applied the principal ingredients being salicylic acid and resorcin.

Dr. M. A. B. Smith, in discussing the first, said he had recently had an intractable case of cystitis in a woman aged 50. Had consulted with Dr. Farrell. Used nitrate of silver, permanganate of potash, saline solution and bichloride of mercury, 1 to 10,000 or 12,000; the last, as in Dr. Ross' case, was the only one that did any good. Tonics were given internally. There was no history of gonorrhœa.

Dr. Farrell then gave the history of an interesting case of aneurism (Report of case will appear in the NEWS.)

Obituary.

Dr. Lewis Johnstone.—Since our last issue no less than three widely known physicians of this province have joined the great majority.

Dr. Lewis Johnstone of Stellarton, who had been in ill-health for about a year, passed away on the 31st ult., at the age of 78 years, death being hastened by the development of pneumonia. He graduated in 1845 from the University of Pennsylvania and was one of the best known and oldest practitioners in Nova Scotia. Dr. Johnstone was a very prominent freemason, having filled the distinguished position of grand master most acceptably for this province during 1887-8. The masonic fraternity were largely represented at the funeral, having assembled from nearly every part of the province. The people of Stellarton and surrounding districts turned out in full force which was the best evidence of their regard to him who attended to their afflictions for about forty years.

Dr. Stephen Dodge—We much regret to have to chronicle the death of one of the oldest of Halifax physicians, Dr. Stephen Dodge. For upwards of thirty years one of the most familiar figures on the streets of this city was that of Dr. Dodge. He was a man of great energy and varied interests, and was frequently before the public in support of schemes which he considered to be for the weal of the people, or in opposition to those which he thought to be of doubtful utility. He was, moreover, associated in a professional way with many charities—notably the Victoria General Hospital, the Halifax Dispensary, the School for the Blind and the Institution for the Deaf and Dumb, and was professor of ophthalmology and otology in the Halifax Medical College, Thus in various ways Dr. Dodge was brought into contact with many people, and to his extensive acquaintance the news of his sudden death was a great shock.

Although his practice was limited to the eye, ear and throat, our departed confrere did not confine his studies to these specialties, but was very well read in nearly every branch of medicine. He was fond of study, and kept himself well abreast of the times. He took an active interest in the Medical Society of Nova Scotia, and frequently contributed meritorious papers to the meetings of that society.

Dr. Dodge was born near Newport, Hants County, sixty-seven years ago. His early education was received at the Presbyterian academy at West River, Pictou County. He studied his profession in New York and graduated from the College of Physicians and Surgeons in 1859. He first practised in Kentville and afterwards made a special study of diseases of the eye, ear and throat and as well, deformities. He then came to Halifax where he commenced practice as a specialist in those diseases, thus becoming the pioneer specialist of the province.

Death came suddenly to Dr. Dodge. He was seen to enter his office on the afternoon of the third of February, apparently in the best of health. A few minutes later he was heard to be breathing heavily, and a gentleman occupying an adjoining office discovered him lying unconscious on the floor. He expired almost immediately.

Dr. DUNCAN MCLEAN.—On the 9th inst., Dr. Duncan McLean, of Shubenacadie, succumbed to that extremely fatal disease pneumonia. He was first attacked with la grippe some weeks previously but could not restrain himself long enough from his professional duties to think of himself. Pneumonia then ensued and after a few days he passed away. Dr. McLean was a native of Springville, Pictou County, where he was born sixty-six years ago. He graduated from Harvard in 1860 and commenced practice in Shubenacadie and the surrounding country the same year. During the many years which have passed since he commenced his professional duties, few doctors of Nova Scotia have done so much hard, unselfish and gratuitous work as he. One who knew him well said that Dr. McLean was as much at the service of an Indian as the richest man in Hants and Colchester. He could not be persuaded to keep books and once remarked that if he could not get through life without gnawing the people for whom he labored, he would sooner work for nothing. Hence he never sued anyone, and often took a few cents worth of produce for a debt of as many dollars. The funeral was attended by a very large number, people having come from every district around Shubenacadie within a radius of fifty miles.

To the families so lately bereaved the NEWS extends its sincere and heartfelt sympathy.

Matters Personal and Impersonal.

Dr. Charles A. Hamilton of Mahone Bay, was married on the 9th inst., to Miss Florence Edgecombe of Dartmouth.

A Medical Society has lately been formed by the staff of the N. S. Hospital for the Insane. We hope soon to publish some of the proceedings of this new organization.

Dr. M. G. Archibald who lately filled the position of Senior House Surgeon at the Victoria General Hospital with much credit to himself and satisfaction to the visiting staff, has commenced practice at Upper Musquodoboit having taken the place of Dr. A. A. Dechman, who is now settled in Aldridge, Montana.

At River Dennis on the 31st ult., Dr. J. J. F. MacAulay was united in marriage to Miss Lena Agnes McDonald of Little Narrows.

Dr. T. R. Almon of this city, has lately gone to Jamaica on account of ill-health. We trust that he will soon return greatly improved.

Book Reviews.

DISEASES OF WOMAN.—A text book for students and practitioners. By J. C. Webster, B. A., M. D., F. R. C. P., Demonstrator of Gynæcology, McGill University, Montreal. Illustrated with 241 figures. Published by Young J. Pentland, Edinburgh and London; Wm. Drysdale, & Co., Montreal, 1898.

In the preface the author states that he has kept before him the following aims:

1. To give prominence to the scientific basis of each subject.
2. To study clinical features in their widest relationships and the avoidance of narrow specialism.
3. To insist upon caution in the adoption of therapeutic measures not yet thoroughly tested.

The book in the early chapters deals quite thoroughly with the anatomy of the pelvis and the pelvic organs. Then an excellent article on puberty, menstruation and the nervous system in relation to pelvic diseases. The chapters dealing with operative measures are concise and hardly full enough to be very useful for reference.

It is stated that following abdominal section "the tongue should in good cases be moist, free from coating and of normal colour." There are, however, we think, not infrequently, good cases which show a dry tongue for several days following operation. It is also given that ordinarily the stitches may be removed from the abdominal wound on the ninth day. This period is surely shorter than is usual or advisable.

The book is written in a clear concise style and is handy and well printed. On the whole it will be found a useful text-book for the student.

SAJOUS'S ANNUAL AND ANALYTICAL CYCLOPÆDIA OF PRACTICAL MEDICINE. By Charles E. DeM. Sajous, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-lithograph Engravings and Maps. Volume II. Bromide of Ethyl—Diphtheria. Sold by subscription for series of six volumes only. Cloth, $5.00, Half Russia, $6.00 per volume. Published by the F. A. Davis Co., Philadelphia.

We had nothing but praise for the first volume of this magnificent work. We have more praise for the second volume. It is beyond criticism. The aim of the editor was to facilitate the labour of the practising physician, to assist investigators and authors in their researches and to elucidate, through contributions from men possessing special knowledge or unusual experience in a particular line, diseases which, owing to their complexity, are not generally understood. Dr. Sajous must be warmly congratulated upon the brilliant success which has attended his difficult task.

We are quite unable to afford space for an adequate review of the magnificent volume before us. It is full of articles of more than ordinary merit. Two articles particularly attract our attention, one by Prof. Adami, of Montreal, on "Cirrhosis of the Liver," the other by Drs. Northrup and Bovaird, of New York, on "Diphtheria." Both these articles are masterpieces, and either is well worth the purchase of the volume. Prof. Graham, of Toronto, also contributes a very valuable article on "Cholelithiasis." The volume is beautifully bound and particularly well illustrated.

PAMPHLETS RECEIVED.

MECHANICAL AND SURGICAL TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR.—By Arthur J. Gillette, M. D., St. Paul. Professor of Orthopedic Surgery in the University of Minnesota. Reprinted from *Northwestern Lancet.*

THE MILK SUPPLY OF CITIES.—CAN IT BE IMPROVED?—By Henry O. Marcy, A. M., M. D., L. L. D., Boston, Mass. Reprinted from *Journal of the American Medical Association.*

BOOKS OF THE MONTH.

SAUNDERS' AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY for 1899.—Now ready. One volume of 1102 pages. Published by W. B. Saunders, Philadelphia. Price, cloth, $6.50; half-morocco, $7.50.

THE INTERNATIONAL MEDICAL ANNUAL, 1899. Now in press. Among *special articles* will be "Practical X-Ray Work," "Advances in Skull Surgery," "Surgical Treatment of Paralysis,"—all illustrated articles. Published by E. B. Treat & Co., New York. Price, cloth, about 700 pages, $3.00 net.

FAT AND FECUNDITY.—A Treatise on the Pathology and Treatment of Sterility due to Obesity in Women. By Chas. A. L. Reed, A. M., M. D. Gynecologist to the Cincinnati Hospital; Ex-President and Fellow of the American Association of Obstetricians and Gynecologists; formerly Professor of Diseases of Women and Abdominal Surgery in the Cincinnati College of Medicine and Surgery; Fellow of the British Gynecological Society of London; Member of the American Medical Association, etc., etc. *In press.* 12-Mo., about 125 pages. Paper 25c.; Cloth, 50c. Send post-paid on receipt of price. McClelland & Co. The Groton, Cincinnati, O.

CHRISTIAN SCIENCE, A SOCIOLOGICAL STUDY.—By Charles A. L. Reed A. M., M. D., Cincinnati, O. The History, Philosophy, and Methods of Christian Science, and the Law Governing its Practice Considered, in a well printed 12 mo. book, handsomely bound in paper. Single copies, 10 cents. Twelve copies, $1.00. Sent post-paid on receipt of price. McClelland & Co., Publishers, The Groton, Cincinnati, Ohio.

Resolved:—That Dr. Reed is hereby requested to submit his Address on "Christian Science, a Sociological Study," for publication in such form that it may become available, at small expense, to physicians, clergymen, educators, and others, for distribution in their respective communities.—*Resolution adopted by the North-Western Ohio Medical Association, December 9, 1898.*

Dr. C. A. L. Reed is a member of the Ohio State Medical Board which is conducting a spirited campaign against all sorts of quacks and quackery, and so he is peculiarly well fitted to expose the flimsy fabric upon which their pretensions are based. This pamphlet has been printed in order to put into the hands of the laity a few facts, that they may judge correctly of the claims of these would-be divinely inspired healers of the sick, to be allowed to go forth upon their chosen path, seeking for those whom they can devour, or more properly, whose pocket-books they can successfully deplete. Within its pages is plenty of food for thought, and *if it could be put into the hands of every intelligent layman, who has been tempted to lend his moral or financial support to these "persecuted" healers, there would be many places in the ranks vacant at the next roll-call of their supporters.—The St. Paul (Minn.) Medical Journal.*

ABBEY'S EFFERVESCENT SALT.

A pleasant effervescing aperient, taking the place of nauseating mineral waters.

Recognized and prescribed by eminent members of the profession in Great Britain, Europe and Canada.

Matters Medical.

As the Nineteenth Century Goes Out.—It is a lamentable reflection upon the intellectual development of the Anglo-Saxon race, especially the American portion of it, that the most of the latter-day fads and fooleries bearing relation to the healing art have received their origin and chief vogue in the countries peopled by this great body of civilization-bearers. Cultured Boston has gracefully passed through the travail attendant upon the production of the doctrines of the head fanatic of the faith-healing cult, who, in her own book,* with characteristic ingenuousness, assures her readers that "no intellectual proficiency is requisite in the learner!" How artful. Indeed we believe this, for the denser the individual certainly the more gullible. And the West has only recently seen consigned to oblivion Schlatter, the Healer. For months and months this divinely-inspired gentleman had flocking to his standard, seeking his God-given grace, hosts of the afflicted whose pæans of praise grandly swelled upward to disturb the Lord of hosts, and render him uncertain of his own prestige as the Great Physician. Schlatter is no more—*hinc illae lacrimæ*. But lo! another prophet hath come from out the West. From Missouri comes osteopathy, which couches lance with faith-healing in the race for popular favor, and to judge by the multitude of its followers, who are increasing with each day, the bone-setters will come off victorious. And the *cures* that these osteopaths are making are marvelous. By the laying on of hands dislocated bones are restored to their proper position and function, and the lame and the halt are made to walk. Truly this is an age of miracles. The afflicted may at last cast aside their crutches, for the message from each of the various cults is, "Come, ye disconsolate, and I will give you rest." Yes, poor souls, but for many it is, alas! *requiescat in pace*. However, the fickle public is soon off with the old love and on with a new, and as one fad after another has passed, so also will go those now prevailing. Still, the laity will never be the wiser for experience, and will always be ready to grasp at the specious arguments and claims of every ephemeral canting hypocrite.

And after all, while charity and Christian fellow feeling are supposed to prompt the exponents of some of these fads in their supposed efforts

*Science and Health, with Key to the Scriptures, by Mary Baker G. Eddy, Boston, 1891.

to relieve afflicted man, we do not doubt that it will be found that their pursuit of the coin of the realm is just as ardent as is that of those whose purposes are more avowedly mercenary; for verily it seems to us, that while many of the promoters and followers of these various cults may become adherent to the cause through ignorant fanaticism, to the greater number of them might well be applied the truism conveyed by the French proverb: "*On commence par être dupe; on finit par être fripon.*"

But naturally conservative old England must come forward and bear off the palm for dense stupidity and culpable prejudice, for when Parliament virtually repudiated vaccination against smallpox, a discovery of one of England's immortal sons, by passing the "conscientious objector" clause to the vaccination act, thus removing the paternal and protecting arm of the government from around the illiterate, narrow and prejudiced masses, the scientific world, which has for a century witnessed the steady decrease in the mortality from smallpox and the practical stamping out of the once frightful epidemics of this disease, due to the efficient application of Jenner's great discovery, stands aghast and marvels at the impenetrable ignorance and unreasoning prejudice of what is now called intellectual man.—*Memphis Medical Monthly.*

DIET IN DIABETES.—Treupel (*Munch. med, Woch.*, July 26, 1898) discusses some points in diet. In diabetes the objects are (*a*) to lessen the production of sugar, and (*b*) to promote the consumption of the sugar already present in the fluids of the body. Both these objects are effected by limiting the carbohydrates. Thus a strict diet of albumens and fat should be imposed, but not longer than four weeks. Then an amount of carbohydrates may be allowed according to the case. Beer should as far as possible be avoided. Pentose and ramnose belong to carbohydrates, which are well borne without increasing the amount of the sugar. Individualization must always be practised in the treatment of diabetes. The author then details (*a*) strict and (*b*) more generous diets for diabetics. As regards subcutaneous feeding, fat is best adapted for it. After the injection of sugar painful infiltration is often observed, even when sterilized solutions are used. Albuminous solutions are not to be recommended. Artificial foodstuffs are useful in cases of blood diseases, accompanied by wasting, in the febrile, and especially in tuberculosis where the ordnary foodstuffs cannot be employed. Artificially prepared fats are comparatively little used, but lipanin and some others are readily absorbed. The ordinary fats, as in butter, cream,

yoke of egg, are, however, very digestible. Many artificial preparations of carbohydrates are in use. In infants' foods diastase has converted the starch into sugar. It must be remembered that milk, sugar and other forms (especially honey) contain valuable and soluble carbohydrates, and have the advantage of being cheap. Of all artificial foods, the albuminous are the most important. Somatose, nutrose, eucasin, sanatogen, and sanose are excellent preparations. The two essentials of these albuminous foods are that they should be palatable and cheap. As yet an ideal preparation—that is, one which will satisfy these two conditions—has not been discovered.—*British Medical Journal.*

CARBAMIC ACID IN ECLAMPSIA.—K. B. Hofmann (*Centralbl. f. inn. Med.*, July 16, 1898) has examined the cerebro-spinal fluid and urine from a case of eclampsia. The fluid was clear, alkaline, and the specific gravity 1009. With copper sulphate and sodic hydrate it gave a violet color, but no biuret action. It contained a reducing substance the exact nature of which could not be made out. The author found a small quantity of carbamic acid present. The urine obtained a few days later than the cerebro-spinal fluid also contained carbamic acid. An elaborate account of the chemistry is then given, Drechsel's improved method being the one employed. The presence of Drechsel's reaction shows that in the cerebro-spinal fluid in eclampsia there is an abnormal amount of an ammonium salt which in the presence of an alkaline carbonate and carbon dioxide is converted into ammonium carbaminate. This must also occur in the blood and other fluids, and therefore a toxemia with ammonium carbaminate results. The high percentage of ammonium salts in the urine is in favor of this view. Further investigations are needed as to the presence of this salt in the cerebro-spinal fluid both of those suffering from eclampsia and from healthy individuals.—*British Medical Journal.*

THE MEDICINE OF THE PAST.—We reproduce the following interesting article from the "Evening Standard":—Everybody at some period of their life, usually at the beginning and end, make the acquaintance of a medical man. Happy are those whose intimacy is confined to those two occasions, or whose further experiences with the doctor are short and sweet, and few and far between. But those people who are constantly under the doctor's care should be grateful that they were born in the nineteenth century, and have thus escaped the horrors with which the doctor of the past dosed his patients. At one time compounds of numerous drugs and herbs were greatly favoured by the doctors. One

was composed of no less than sixty-six ingredients, with the properties of which the doctors were absolutely ignorant. The uses of this remedy were almost as numerous as its ingredients. It was to be taken twice a day for three years by persons who had been bitten by venomous animals or who had taken poison; for coughs, colds, flatulence, cold rigors, loss of voice, diseases of the stomach and liver, dysentery, dimness of vision, it was a sovereign remedy, while it was also matchless as a dentifrice. A medicine for dysentery was made of four parts of powdered snails and two parts of ashes of galls, mixed with one of pepper. This was to be sprinkled on the food as a condiment or taken mixed with water or wine.

Dr. Bulleyn, the court physician of Henry VIII., had several curious remedies. "Snayles," he wrote, "broken from the shells and sodden in whyte wine with oyle and sugar, are very wholesome, because they be hoat and moist, for straightness of the lungs and cold cough." Edward VI. suffered greatly from nervousness in his youth, and to cure this Bulleyn prescribed "a small young mouse roasted whole." Another of this doctor's celebrated remedies was his *Electuarium de Gemmis*, a compound of precious stones. Pearls, sapphires, jacinth, emeralds, coral, amber, ivory, "thin pieces of gold and silver, of each half a scruple"; these, together with various herbs, were mixed with honey, and the whole formed a medicine against "tumblynge of the harte, faynting and weakness of the stomach, pensiveness, solitariness. Kings and nobles have used this for their comfort. It causeth them to be bold spirited, the body to smell well, and ingendereth the face a good colure." A somewhat similar medicine was a "precious water." It was composed of thirty ingredients, including "the bone of a harte's heart grated, cut, and stamped." These were to be distilled "in simple aque vitæ, made with strong ale or sackleyes, and aniseedes, not in a common still, but in a serpentine; to tell the vertues of this water against cold, phlegme, dropsy, heaviness of minde, comming of melancholy I cannot well at this present, the excellent vertues thereof are sutch and also the tyme were too long." Dr. Mayenne, the chief doctor of his day and physician to the Courts of both France and England during the seventeenth century, had a special remedy of his own compounding. It was a "Balsum of Bats"—the name alone would frighten a patient nowadays, while the knowledge that it was composed of "adders, bats, sucking-whelps, earthworms, hog's grease, marrow of stag, and thigh bone of an ox," would certainly prevent anyone from being dosed with it. For

gout Dr. Mayenne prescribed a powder made "of the raspings of a human skull unburied."

A certain cure for headache was to tie a halter, with which a man had been hanged, about the head; moss growing on a human skull dried and powdered and taken as snuff would also cure headache. To cure toothache a nail was driven into an oak-tree, extracted, and then placed against the aching molar. People who suffer from poor memories are recommended to try one of the following remedies. Bacon says that "brains of hares and fowls in wine" form a good memory strengthener. Another physician recommended a hazel-nutful of mole's fat mixed with calcined humain hair; bear's grease well rubbed into the head "will also be found greatly comforting to the memory." A piece of beef stolen from a butcher's shop and rubbed upon warts would remove them; the beef had to be buried, and as it decayed so would the warts disappear. To rub warts upon a corpse was a certain means to drive them away. Towards the end of the seventeenth century charms were very popular in England. The Fourth Book of Homer placed under the patient's head would cure quartan ague. Ashmole, in his diary writes:—"I took early in the morning a good dose of elixir, and hung three spiders about my neck, and they drove ague away. Thanks be to God." It may be noted that he ascribes the cure to the spiders, not to the dose of medicine. The custom of giving babies when teething a coral necklace is the survival of an old superstition that coral warded off the Evil Eye. Paracelsus recommended it to be kept around the necks of children as a remedy against fits, sorcery, charms and poisons. Another ancient doctor wrote:—"Corall bound round the neck takes away turbulent dreams and allays the nightly fears of children. It preserveth such as bear it from fascination or bewitching, and in this respect is hanged about children's necks."

Tobacco, when first introduced into Europe, was esteemed on account of its medicinal properties only. It was said to cure "any griefs, dolor, imposture, or obstruction in the head or breast, rumes, catarrhs, hoarseness, aches in the head, stomach, lungs, breast." "A sirup made of the decoction of this herb with sufficient sugar and so taken in a very small quantity dischargeth the breast from phlegmatic matter." Many wild assertions were made about "the herbs," one doctor going so far as to say that tobacco would cure every disease. The reader will doubtless remember how Robinson Crusoe cured himself of the ague with rum steeped with tobacco. The following extract from a matron's letter

written in 1758 gives a good idea of some of the notions then held about Medicine:—"Does Mary cough in the night? Two or three snails boiled in her barley-water or tea-water, or whatever she drinks, might be of great service to her; taken in time they have done wonderful cures. She must know nothing of it. They give no manner of taste. It would be best nobody should know it but yourself, and I should imagine six or eight boiled in a quart of water and strained into a bottle would be a good way, adding a spoonful or two of that to every liquid she takes. They must be done every two or three days, otherwise they grow too thick." During a journey in France, Sterne, the novelist, was seized with fever, and in one of his letters he complains of the horrors with which the French doctors dosed him to restore his strength. "My physicians," he writes, "have almost poisoned me with what they call *bouillons rejraichissants*—it is a cock flayed alive, then pounded in a mortar with poppy-seeds, and afterwards passed through a sieve. There is to be one craw-fish in it, and I was gravely told it must be a male one—a female one would do more hurt than good."—*Health.*

UPBRAIDING THE DOCTOR.—Dr. Samuel Wolf, Physician to the Philadelphia Hospital, presents among others, a case which is of special value at this time. He says: "The entire experience of the writer with antikamnia is not confined to the series of cases on which this paper is based, although its previous use had been limited to a few prescriptions, and those in cases where it was given after the usual routine had been exhausted. It is, however, to a striking result in one of these instances, that the incentive to investigate more fully, is to be largely attributed. A man of 42, in the course of an attack of la grippe, was enduring extreme torture from the pain of a trigeminal neuralgia. The second ten grain dose of antikamnia gave such complete and permanent relief, that my patient, a druggist of large experience, upbraidingly asked me: "Why didn't you prescribe this remedy before?"

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