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The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

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VOL. V.—No. 7.

AUGUST, 1893.

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

The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 48 by 40 feet. The first flat contains the research laboratory, lecture room, and the Professor's private laboratory, the ground floor being used for the Curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to **R. F. RUTTAN, M. D., Registrar**, Medical Faculty, McGill College.

The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. V.

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No. 8.

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THE PRESIDENT'S ADDRESS TO THE NOVA
SCOTIA MEDICAL SOCIETY.

BY STEPHEN DODGE, M. D.

Allow me to express my thanks to the members of this society for electing me to fill the honorable position of President on this occasion. I trust you will overlook any shortcomings of mine in discharging the duties devolving upon me, and that the present meeting may not only equal those of former occasions, but surpass them in the interest awakened in professional matters and prove profitable to all present. The bill of fare that our worthy secretary has placed before us indicates no lack of material for thought. * * * *

In his presidential address four years ago Dr. Campbell gave us some very interesting facts relative to the medical history of our province, especially in those days when medical men

were few in number and the country sparsely settled. The address was published in the MARITIME MEDICAL NEWS, and those of you who do not take that journal have missed a treat.

As far back as 1828, in the reign of George IV., an act was passed regarding the practice of medicine. It provided "that no man could recover any reward for medical or surgical aid without a diploma from some college legally authorized to grant the same, or after having been examined by judges to be appointed by the Governor." This was a most important step, and served as the basis for all subsequent legislation on this subject, and at the same time prevented the people from becoming a prey to quacks and ignorant charlatans. The more populous parts of the province in those days were supplied with physicians legally qualified from the possession of a diploma; but the thinly inhabited parts were obliged to be content with men who had seen more or less of practical work, and had either had the benefit of private tuition or a partial medical course. Such men had to undergo an examination in practical subjects, and if they satisfied the examiners they were recommended for

a license, to be given by the Governor. On some rare occasions very amusing incidents arose out of these examinations. Let me relate a single instance. About the time I entered the profession there appeared before the examiners an applicant whose accent plainly revealed the place of his nativity. Possessed of somewhat engaging manners, a pleasing address and ready and fluent speech, his presence excited more than ordinary interest. After answering some general questions, one of the examiners asked him if he had ever had any experience in treating cases of what is popularly called "fallen palate." He replied in the affirmative, and said that he had never failed to correct it by making traction upon a lock of hair upon the crown of the head. Upon being further asked if it was necessary to tie a knot on this lock, he informed the examiners "that was a superstitious relic of the practice of the middle ages." As this was near the time when diphtheria began to prevail so extensively throughout the province another examiner asked him how he would treat that disease. This question he declined to answer, since he considered it was an interference with his "vested rights" to ask him to disclose a mode of treatment devised by himself. He failed to obtain a license, and as I was then practicing in the same county as that in which he resided, I remember how industriously he reported that "the Halifax doctors tried to find out from him his mode of treating diphtheria and he refused to gratify them."

I come now to consider the Medical Board, which is an organization provided for in the Act of 1872 for the purpose of executing its provisions. Dr. Campbell in the address to which I have already referred, speaking of this act and the year 1872, in which it was passed, truly says: "It is a year ever to be memorable in the history of medicine in this province, and rightly so, for the profession then

obtained self-government. The act with amendments gives the profession full control of all questions relating to medical education, registration and discipline." In 1856 an act was passed providing for registration which was not compulsory. But the act of 1872, which emanated from this society, required a matriculation examination before beginning medical study and registration after a four years' course in medicine, all of which are compulsory.

The preliminary examination is intended as a guarantee to the public that those who are looking forward to become physicians have sufficient education and general information to enable them to engage in the study of medicine profitably and to become qualified to have the lives of their suffering fellows entrusted to their care. Its reasonableness is so apparent that it is almost self-evident. Our act is largely a transcript of the British Medical Act, which has long had a similar clause.

On the continent of Europe a similar requirement exists; in the other provinces of our Dominion and in many parts of the United States it is now necessary to pass a matriculation examination. Before commencing an arts course or the study of law the student is obliged to undergo a matriculation examination. The subjects examined in under our act do not demand a high degree of scholarship, and with our present free schools and opportunities for acquiring knowledge it is not difficult to qualify for the examination. It is not as difficult as that for grade A in the public schools or quite equal to the present law examination. Graduates in arts from any regularly chartered college and their matriculants so far as they have met the standard of the Medical Board are exempted from this clause of the act. So also are holders of a grade A license.

In carrying out the act the Medical Board had to contend with many

difficulties, some of which were incidental to the transitional stage of the law. Publicity was given to the act in various ways—at least its main clauses touching the preliminary examination and registration—so that students might become acquainted with its nature. This was regarded as a *sine qua non* to its successful administration. While endeavoring to see that the provisions of the act were duly observed, it has ever been the aim of the Board to deal out even-handed justice to all—nothing more, nothing less—to avoid seeming favoritism on the one hand, or harshness on the other. Having been one of its members for the past six years, attended its meetings regularly, and familiarized myself with every case that came up for consideration, I am in a position to speak from actual knowledge. During that period some exceedingly delicate and unpleasant questions had to be considered and disposed of, questions which the Board would gladly have avoided if the members had consulted their own feelings. Yet a duty had been imposed upon them, and they patiently and calmly inquired into all the facts before taking any action. You would be surprised if I were to tell you of the amount of time given before some cases were disposed of. It was felt that the success of the law depended upon its judicious and careful administration; so that it was thought to temper justice with mercy and spare the feelings of a professional brother in every possible way if he was honestly endeavoring to carry out the law. I know that we did not always succeed, though our intentions were good. We were sometimes placed between Scylla and Charybdis; the individual blaming us for undue severity and members of the profession blaming us for undue leniency—a pretty good proof that we had pursued the golden mean. I can truly say that I cannot recall a single instance in which I would feel called upon to do otherwise if the case had to

be dealt with anew. From my experience of my associates upon the Board I would be quite content to trust the case of any friend with them.

Although the matriculation examination and registration are distinct and independent acts, separated under the provisions of the statute by a period of four years, yet in carrying them out the Board had often to deal with them together. The statute plainly says that the matriculation is to be passed *before* beginning the study of medicine; yet at first it was frequently violated. Some took one or more years of their medical course or even completed their studies before matriculating. To leave the latter until the medical course had been completed was not only contrary to the letter of the law, but it was a reversal of the natural order of things; as it was intended that the whole four years should be devoted to medical study. Who would ever have the hardihood to suppose that he could take one or more years of his course in Arts before matriculating? Seldom did any difficulty arise of this nature from those who studied at the Halifax Medical School, as they were always carefully informed as to the law beforehand. Yet any one could easily obtain information about the act by writing to the Registrar and save himself trouble as well as the Board. The failure to pass the preliminary matriculation, and at the proper time, was often the only barrier to registration. It was sure to come up at the latter time, if it had been neglected. Defective matriculation examination as well as defective medical courses have given the Board much trouble. The former have been accepted so far as they meet our standard, but a supplementary examination is required to meet the deficiencies. As the Canadian Medical Schools all require a four years' course, it is seldom that their students have difficulty about registration, where they have taken a full course in Canada. The curr

culum of the Medical Schools in the United States differ materially from ours, as they graduate on a 3 years course. Graduates from these schools applying for registration have usually availed themselves of the privilege of studying one year with a physician. This part of their course may mean much or little, and no small amount of trouble has been occasioned by the desire to count in a year thus spent *before* matriculating. Owing to defects in the course of study some applicants for registration have been obliged to spend another year in study after graduation. But a great change is taking place in Medical Education in the U. S.; matriculation examinations are now required in many of the best schools, a graded course has been introduced in some of them, the length of session extended in some much beyond any of the Canadian Schools, and a state examination with registration in many of the States.

One practitioner of 12 years standing who had neglected registration when he could easily have attended to it, said he was unaware of the act. Having moved to another district, complaint was soon made that he was practising without being registered. His attention was called to the act, and he was obliged to qualify himself for matriculation. It seemed a hard case but he took a sensible view of it, and manfully faced his difficulty. When it became known that the act was being carried out, the Registrar soon began to receive letters of inquiry from some of the members of the profession respecting individuals who were practising and suspected of being unregistered. A copy of the act was at once forwarded to any such person and his attention directed especially to the registration clause. In a few instances this notice was disregarded, as well as a second one; when there was no alternative for the Board but to enforce the act, legal proceedings were undertaken, and in one case the offender was obliged to give a bond

engaging to desist from practicing in the early summer, and go away in the autumn for another winter session of study to complete his 4 years. Another not only had to do similarly but pay a fine and legal expenses. Several others had to spend another year in study before they were in a position to comply with the act. You may rest assured that the Board's experience in this part of its duty was by no means agreeable.

It may be worth while for me to state that the Registrar places no name on the register until he has been authorized by the Board. The only exception to this rule is in the case of those registered in Great Britain. A very erroneous impression exists in the minds of some that the Registrar is to blame for any difficulty in their obtaining registration. Let me here state that the Board alone is responsible for granting or refusing registration. The tickets are handed in to the Registrar as proof of study; they are examined by him, and he reports to the Board. If satisfactory, the applicant is registered by the Registrar after being authorized by the Board.

It would occupy too much time if I were to take up every case against irregular practitioners. Among the first was that of W—. He was registered in Ontario, but at a time when their standard was not as high as now, nor equal to our act of 1872. You know how he peregrinated the province. A suit was instituted against him because he was unregistered. He was ably defended but lost his case, and was fined also for contempt of court. We got some money from him through his bondsmen, but he still owes the Board for costs, and his own lawyers, I understand, have reason to regret his inability or unwillingness to meet his indebtedness to them. The court established certain principles in this case which facilitated very much subsequent prosecutions. A whole horde of men of a similar stamp travelled through Ontario and Quebec.

Different ones of them wrote to our Registrar, after this decision, asking for a copy of our act; but after receiving it they preferred to give our province a wide berth. So successfully have we dealt with all such medical tramps that the Registrar of Ontario has more than once written to Dr. Lindsay asking for our course of procedure in given cases, and commented most favorably on the results that had been obtained. Our success, however, has been largely due to our Registrar's carefulness and vigilance in dealing with such men and his thorough knowledge of the medical acts of the various provinces of the Dominion. Within the past year an attempt was made by a graduate of some years' standing in Ontario to register in this province. He belonged to the advertising class. He actually forged a certificate of matriculation from a university of that province, but when our Registrar discovered the fraud and informed him of its want of genuineness he rested his case, as the lawyers say. You doubtless are familiar with Kergan's case, of the "Detroit Medical Council." For supposed protection he had one of our registered physicians associated with him and began his operations in Halifax, intending to go through the province. But two capias served upon him in one week for \$80.00 and \$60.00 respectively, and provision to indemnify his bondsmen, not only startled him, but caused his assistant or amanuensis to come out and publicly announce his withdrawal from the concern and to express regret for his conduct. It even ended in the latter's leaving the province. The representative of the "London Medical Council" got his name upon the register through a piece of sharp practice. He was already upon the British register, and he was entitled to registration here on presentation of his certificate. The Registrar duly registered him, as the Board has no alternative in such cases. He had the manners of a gentleman and announced to the Registrar that

he intended to practice in Halifax. Within a fortnight he began in Amherst, placarding the board fences with pictures of the "Council" and with advertisements of their wonderful achievements. He was served at Sydney with a citation to appear before the Board and show reason, if any, why he should not have his name erased from the register. He discovered that things were becoming serious for him, returned his certificate of registration and left the province. But that did not prevent his name from being erased from our register. Nor was the end yet. A report of his case was sent to Great Britain and his name was also erased there. So it is not always a light matter to violate our act. His was the first case in Canada of removal from the Register for infamous conduct. Even in Ontario, where they have had a good law for a long time, they have tried to remove W——'s name, but without success. They have, however, compelled him to modify his advertisements. After these came the case of B——, who made a great noise in P. E. Island for a time. He had received a good arts education at McGill University, and graduated in medicine with distinction at the same institution. With these advantages, social influences and cultured manners he began his profession in Montreal, his native city, and apparently thrived for some time. But an evil genius overshadowed him and he fell into reprehensible methods. He associated himself with Kergan on P. E. Island and wished to register in our province. The Board learned of his methods and of his associations and refused to grant his request. A slight informality in neglecting to cite him formally to appear before the Board before refusing his registration enabled him through his counsel to obtain a mandamus from one of our judges compelling the Board to register him. He was registered in consequence, but immediately afterwards he was cited to appear before the Board to show

cause why his name should not be removed. Though he had the satisfaction of having his name on our register for a brief period he was subjected to the humiliation of its subsequent removal.

Coming to our own province for offenders against the act, the Board was obliged to take legal proceedings against some, who finally left. One of these produced a forged certificate of matriculation, and when he found out that it had been detected he fled. Another has gained greater notoriety in a foreign city during the past year than he was ever likely to obtain in our own province. Three suits were brought against quacks in the eastern, middle and western sections of the province. The Board gained two of these on the first trial, but that against a so-called cancer curer was first given against the Board. After an appeal to a higher court the unanimous decision was in favor of the Board, establishing the point that such an individual is not simply acting the part of an apothecary in applying his plasters, but is violating the medical act. This case cost him \$309.99, which has been paid in instalments, until the whole amount has now being paid. The other two were said to be without funds. One has a house, said to be in his wife's name; was formerly a carpenter; is now a preacher of righteousness and so-called doctor; in fact, according to a member of parliament, "anything to make a dollar." To show you that he had no ill-feelings towards the Board, he afterwards applied for a license to practice.

Since 1888 the Board has desisted from engaging in any further prosecutions for want of funds. The legal expenses of those already undertaken soon amounted to a large sum, so that in an incredibly short time a heavy debt was rolled up. It was found that lawyers place a higher value on their services than doctors. In two of the already named suits the costs amounted to \$529.90. In one of these the

counsel that had been employed actually threatened to sue the Board unless paid immediately, and that was about three months after the trial, and the other was pressing for his money. It became necessary to put a note in the bank signed by three members of the Board for \$600.00 to meet the most pressing claims. It was resolved to institute no more suits until the Board was out of debt. To enable it to discharge its indebtedness, you will remember that an appeal was made to the profession in February, 1888, asking for two dollars at least from each member. A second notice was sent in April. The matter was finally brought before this society, and in accordance with a resolution passed, our secretary prepared a circular giving a full statement of receipts and expenditure of the Board, and asking for at least two dollars from all who had not already given. From all these efforts only \$139.00 were realized. The profession apparently had but little sympathy in the matter for the work of the Board—at least not enough to amount to two dollars. In all of these cases the only one that arose in Halifax was that of Kergan, and after the above resolution of the Board had been passed. The profession in the city guaranteed the Board against any loss, and the result of the law suit was, that after paying \$50.00 to the agent for hunting up the evidence and agreeing to follow him until out of the province, the funds of the Board were increased over \$60.00.

The only source of revenue which the Board has is that arising from matriculation examinations (one-half of which sum goes to the examiners) and the registration fees. The travelling expenses of the members living outside of Halifax have to be paid out of this, the salary of the Registrar, postage, &c., and other necessary expenses of his office, and an occasional fee to their solicitor; when prosecutions are undertaken the agent has to be paid also. Now if the profession

STRYCHNINE AS A SPECIFIC IN DIPSOMANIA.

Dr. Portugalow, of Samara, reports that he has actually cured 455 cases of Dipsomania with hypodermic injections of Strychnine. He prescribes ;

Strychnine Nitrate.....0.06 gramme (1 grain).
Distilled Water15 grammes ($\frac{1}{2}$ fl. oz).

For subcutaneous injection.—daily, 1-2 injections, using for each, at first, 0.5 gramme (8 minims); later, 0.25 gramme ($\frac{1}{2}$ minims).

Usually ten to sixteen injections suffice for a complete cure.

Dr. W. N. Jergolski also has published his experience. The results of the treatment were truly *surprising*. Topers who had been addicted to drink for many years became endowed, as a result of the Strychnine treatment, with an *invincible repugnance* for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking $\frac{1}{2}$ liter (about 1-2 pints) and more of brandy. On the day following the first injection of 0.0015 gramme (1-40 grain) Strychnine Nitrate he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued and the patient was cured.

Another case of fifteen years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by ten daily injections of 0.003 gramme (1-20 grain) Strychnine Nitrate, combined with the internal use of Strychnine in pills. Not only was the Dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

MESSRS. WYETH & BROTHER beg to offer this drug to the Medical Profession, in the form of Hypodermic Tablets and Compressed Tablet Triturates, as follows:

WYETH'S HYPODERMIC TABLETS.

No. 88—Strychnine Nitrate.....	1-40 Grain,	Per 100, .45 cts.
No. 89—Strychnine Nitrate.....	1-60 Grain,	.45 "
No. 90—Strychnine Nitrate.....	1-88 Grain,	.45 "

COMPRESSED TABLET TRITURATES.

Strychnine Nitrate.....	1-60 Grain,	Per 500, .45 "
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DAVIS & LAWRENCE CO., Ltd.

MONTREAL

General Agents.

Arsenite of Copper for Choleraic Ailments.

COMPRESSED
TABLET
TRITURATES.
ARSENITE
OF
COPPER.
1-100 GRAIN.
1-150 GRAIN.
1-200 GRAIN.
PRICE 50 CENTS
PER BOTTLE OF
500.

We have received a large number of letters from physicians in all parts of the country confirming the experience of those mentioned on the attached circular, in cases of Cholera Morbus, Cholera Infantum, Dysentery, Diarrhoea, and other complaints of a similar nature.

It is claimed that Copper Salts have proven valuable in all the Cholera Epidemics within the last fifty years, and medical literature affords abundant confirmation of its great value in complaints of a choleraic nature, many physicians also claiming that the Arsenite will prevent the development of those symptoms which so often lapse into Asiatic Cholera.

JOHN WYETH & BROTHER.

I was called to attend a lady, a resident of Savannah, Ga., who is on a visit here, on Friday morning, the twenty-third instant. I found her suffering intensely from paroxysmal pains of intestinal colic attended with diarrhoea. My patient declared that she could not live another hour unless relieved. I felt sure that I could relieve her pain by giving an injection of morphia and atropia, hypodermically, but would be apt to have a nauseated patient to look after the balance of the day, so I dissolved a tablet of the Arsenite Copper (one one-hundredth grain) in four ounces of water. Gave her the first teaspoon myself and begged her daughter to give another teaspoonful every ten minutes for the first hour, then one dose every hour after, until I call again. I went back in two hours time and found the patient sleeping. She was relieved after taking the third dose of the Arsenite. I requested her daughter to give a dose once each hour, and left with a promise to call again that evening. I found my patient up and feeling well at eight o'clock, and so much pleased with the treatment that she wanted to put the remaining portion of the solution in a phial to carry back home with her. She says that she is subject to these attacks of colic, and was never so easily and pleasantly relieved by any other form of treatment.

C. E. DuPONT, M. D.

Grahamville, S. C.

A. P. Brown, M. D., Fort Worth, Texas, writes us in reference to the above as follows.

"Bloody Flux is very prevalent here, and these Tablets, 1,100 grain to four ounces of water surpass any other medicine we have used in arresting this painful and dangerous disease; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc."

Recent medical literature confirms the practical experience of Dr. A. P. BROWN in the use of this remedy, in serious dysenteric cases, with an additional therapeutic value in indigestion, diarrhoea, etc.; also, as an antisudoral in the night-sweats of phthisical-patients.

DAVIS, LAWRENCE & CO.,

General Agents,

MONTREAL.

wish the Board to continue prosecutions (more than a dozen complaints are now before the Board) some funds must be provided for the purpose. I believe the Board has now paid off their debt, or it is nearly wiped out. I have always thought it was unfair to students and recent graduates to expect them to furnish the funds for such work and for administering the act. In the future it will cost much less to conduct prosecutions than in the past; consequently complaint can be laid before a justice of the peace. A small sum from each member of the profession will put the Board in funds, but it should not fall upon a few. No government will administer the act for us. It has to be done by the profession through their representatives on the Board. I know that we do not have the sympathy of the whole people, and they are the very ones who should be most interested in its enforcement. Medical men show their sincerity by demanding that every physician shall come up to a given standard in general as well as medical education. A knowledge of medicine does not come by inheritance, or inheritively, or even by being the "seventh son." Granted that the standard has been erected by themselves, who ought to know what that standard should be if they do not? Who does more to promote public health than they? In fact who does anything, unless in consequence of legislation promoted by medical men. Who does more for the sick poor? I utterly repudiate the idea that medical men are actuated by jealousy in endeavoring to suppress quackery. They should not have it to do. The people of themselves should from self-interest stamp it out.

The act is not perfect, nor do the members of the Board so regard it. Yet very little change is necessary. The year spent with a physician should represent more than it now does in the way of actual work, or else should be done away with. Again, certain alterations in the curriculum could be

made and improve the act. Two full courses in several of the subjects are now required. This part of the curriculum prevents a graduate of Edinburgh University and other British schools from registering, and he is therefore obliged to register in Great Britain and then register here on presenting his registration certificate, thereby paying £5 sterling extra in order to have his name on our register. It is not to be understood that our course is more comprehensive than that of the British schools, but that their single course extends over two sessions. The Medical Board, however, has power to change the curriculum, subject to the approval of the Governor and Council.

The penalty clause requires to be so amended that imprisonment could be substituted for a fine in the case of violators of the law who are unable or unwilling to pay the fine. I do not propose for the Board to enter upon a general crusade against this class of offenders. One or two examples will in my judgment suffice to bring about, if not respect for, at least a terror of the law. The good sense of the Board will direct them as to the best mode of procedure in such cases.

Then again the composition of the Board might in the opinion of some be improved, so as to make it more thoroughly representative of the whole province. At present the Government appoints seven out of thirteen. Those who advocate the change think the province should be divided into districts, as in Ontario, and that each district should send one or more representatives. There is much to be said in favor of the change. At the same time I think it better to ask for as few changes now as possible. It has become necessary to have a large proportion of the members near Halifax in order to secure a quorum and to avoid the expenses of travelling fees. The work of the Board is being done with very much less trouble than a few years ago. As a rule an applicant

registered the first time his name comes before the Board and there is a disposition to meet the requirements of the act.

The subject of reciprocity between the various provinces of the Dominion in regard to registration is being freely discussed, and it is a question that must be considered on its merits and dealt with. Heretofore, until the courts had interpreted the meaning and intent of certain clauses of our act, we were better off without reciprocity with other provinces. Some of those, for instance, that the Board wished to exclude from practice were already registered in the Province of Ontario.

The New York *Medical Record*, in writing upon this subject of reciprocal registration, says: "It does indeed seem strange that a man who has proved his fitness to care for the sick in one part of his country should be regarded as incompetent in another part of the same county and should be compelled again to demonstrate to the satisfaction of his new colleagues that he is an educated physician and not a quack." The recent graduate who has observed the requirements of our acts will not meet with much difficulty in registering in any of the other provinces, though in Ontario he will be obliged to undergo an examination as all graduates do. The present inter-provincial relations of the medical profession bear especially hard upon those who have been in practice for some time, and are obliged to pass an examination before they can begin to practice their profession in another province. A very slight alteration in the several medical acts of the various provinces would render all the important clauses practically the same. But in Ontario they are already agitating for a five years' course, and doubtless our own standard will soon require to be raised to meet the onward march of medical science--more especially to enable students to apply modern

methods of research to diagnostic purposes.

In the Maritime Provinces reciprocity could easily be brought about, as the medical acts already are almost identical. The Maritime Medical Association will do much to promote this object, as it will prove a powerful factor in unifying the profession, and a uniform medical act, embracing the three provinces, will then be the natural outcome of a desire to provide for a common standard for registration and for better safeguarding our common interests. I see no reason for hesitation or delay in moving now towards consummating a result so desirable. It should, and doubtless will, receive the support of everyone whose horizon is not bounded by narrow provincial lines. When this movement for the Maritime Provinces has been accomplished it will then be in order to join in some similar effort to embrace the whole Dominion.

I regret that I have occupied so much of your time, and I thank you giving me such a patient hearing, as the task I undertook is necessarily somewhat prosaic. In the summary which I have given you I preferred to place before you the facts without any embellishment of language. Without any desire to indulge in vulgar boasting, it may fairly be claimed that since the passage of the act the additions to our register represent a body of men of whom we have no reason to be ashamed, nay, more, they will not suffer by comparison with a like number taken from the rank and file of the profession in any part of this Dominion. Nor is this all; by the enforcement of the act a number of unqualified persons have been obliged to leave the province and are practicing elsewhere.

If I have succeeded in causing a greater number to take an interest in our society, in leading members of the profession to take careful notes of interesting and rare cases with a view to bring their observations before this society; if in addition I have shown

you that the Provincial Medical Board is able to give no mean account of its stewardship, and that some aid is absolutely necessary to be furnished it; if you are desirous that one of its most important duties may be attended to, I shall feel amply repaid for any trouble I have taken in preparing this address.

Reports of Societies.

NOVA SCOTIA MEDICAL SOCIETY.

TWENTY-FIFTH ANNUAL MEETING,
BRIDGEWATER, NOVA SCOTIA, JULY
5TH AND 6TH, 1893.

First Day, Wednesday, July 5th.

Evening Session.

The meeting was called to order by the President, Dr. Stephen Dodge, of Halifax, at 7.30 p. m. Among those present we noticed Drs. Dodge, Farrell, A. P. Reid, D. A. Campbell, H. S. Jacques and Carleton Jones, of Halifax; G. L. Sinclair, M. A. B. Smith, Dartmouth; A. C. Page, W. S. Muir, H. V. Kent, Truro; W. H. McDonald, Antigonish; E. Roach, Tatamagouche; Halliday, Stewiacke; D. McLean, Shubenacadie; Dunlap, Salmon River; DeWitt, Wolfville; Coleman, Granville Ferry; Armstrong, Freeport; Webster, Yarmouth; Lockwood, Lockeport; G. Smith, Liverpool; F. P. Smith, Mill Village; Eaton, Ritcey's Cove; Drew, Petite Riviere; Mack, Lunenburg; Kelly, Chester; Freeman, New Germany; Foster, March, Jenkins, Stewart and Andrews, Bridgewater.

The Secretary, Dr. W. S. Muir, read the minutes of the previous meeting, which were confirmed.

The report of the Local Committee was submitted by Dr. C. A. Foster and elicited rounds of applause.

Dr. March, in a few well chosen remarks, extended a welcome on behalf of the County of Lunenburg and the citizens and profession of Bridgewater.

The secretary read telegrams and letters of regret from gentlemen who were unable to be present.

A communication from Dr. Jones, Secretary of the Halifax Medical College, was then read. A summary of the work done in connection with the library was given, the catalogue prepared and forwarded according to the terms of the Cogswell bequest.

The society was asked to make application for the money set apart for the preparation of the catalogue, and also requesting the appointment of representatives of the society on the library committee. The secretary stated that he had received a letter from the executors of the Cogswell estate, intimating that the main bequest of £1,000 might not be available for some time. On motion the president and secretary were appointed to represent the society on the library committee.

A communication from Dr. A. W. H. Lindsay, Registrar of the Provincial Medical Board, was read, calling attention to the existence of six vacancies which must be filled at once by the society. Some discussion ensued as to the mode of appointment, after which it was decided to refer nominations to a committee.

The president named Drs. Campbell, Farrell, McDonald, Webster, March and McLean as a nominating committee.

The president delivered an address, which we print elsewhere.

After a brief discussion a vote of thanks was tendered to Dr. Dodge for his able address.

Dr. Reid, of the Victoria General Hospital, gave a short address, explaining the formation of the Provincial Health Board, the first meeting of which took place some time since. He furnished copies of the act and copies of the health laws of the province. The Provincial Health Board is formed in harmony with the many similar provincial and state bodies on the continent, and is specially designed

to organize and harmonize the local health boards throughout the province. It was very desirable that there should be some central and sufficient authority to see that local health boards be instituted throughout the province, and particularly that means should be used to educate the people in the ordinary requirements of sanitation, for not only is there great ignorance of this most important subject, but customs prevail that (in case of any serious epidemic) would be likely to entail a very large death rate. The water supply and drainage, not only of the cities and towns, but of a great number of private residences, are, if not bad, of a very questionable character. It is needed that every person in the province should have the means of not only finding out imperfections in sanitation but also the best method of correcting them. Hence there is in process of publication Circular No. 1, especially designed to give this variety of information, and it is to be freely and widely distributed. In this way local jealousies and imperfections will be minimized, and Nova Scotia be placed in the general line of advance.

After a brief discussion the following resolution was unanimously adopted: "That a memorial be presented to the Provincial Health Board calling their attention to the fact that tuberculosis is now fully recognized as an infectious disease, and asking them to take the matter into their serious consideration with a view to the protection of the community from the infection."

Dr. Farrell read the following paper prepared by Dr. T. A. Stoddard, late of Halifax, N. S.: "The climate of Pueblo, Colorado, for consumption and allied diseases." As the doctor himself is a living demonstration of the health-giving properties of the climatic conditions which obtain in Pueblo considerable interest was taken in his paper. The many advantages of Pueblo as a health resort were carefully detailed. Pueblo, a city of 35,000

people, is situated in a basin of the Rocky mountains at an elevation of about 4,480 feet above sea level. The soil of the city and surrounding is sand and adobe and it is dry to an extreme degree.

Nothing but the cactus and sage bush grow without irrigation. Cattle dying on the surrounding plains become mummified. Two hours of sunshine after heavy rain removes all trace of water. The prevailing winds are from the west and northwest; the velocity is at times considerable, but the force is not great owing to the lightness of the air. They are usually warm and dry. The average relative humidity of the atmosphere is less than 45 per cent.

It abounds in ozone. The hours of sunshine are greater than in perhaps any other American city. In February, 1893, there were 270 hours of sunshine out of a possible 306. In March of the same year 343 out of a possible 376. In other sections of the continent these are the most trying months of the year. January and February are the coldest months of the year, and July and August the hottest. The snowfall is trifling, and the extremes of cold and heat never trying. The sanitary condition of the city is most excellent. The mortality rate for the past year was 8.6 per 1,000 inhabitants.

Experience has shown Pueblo to be well adapted as a residence for persons in the early stages of tuberculosis, for asthmatics, for patients laboring under chronic rheumatism, kidney disease, chronic malaria and neurasthenia.

Patients should travel by easy stages, as most of those who come directly suffer considerable inconvenience from the rare atmosphere.

Patients with advanced tuberculosis and with the miliary form should be strongly advised against coming here. Asthmatics almost invariably get rid of their trouble. The baths and mineral springs are advantageous to those suffering from chronic rheumat-

ism. Alcoholic stimulants must in all cases be carefully avoided. The paper concluded with practical advice to those wishing to send patients to Pueblo.

Dr. DeWitt thought Dr. Stoddard's paper open to criticism inasmuch as only the favorable features of Pueblo were presented. He had visited the place and did not take so roseate a view. The drinking water was impregnated with alkaline salts and was a frequent cause of sickness. The velocity of the wind is considerable, and it is loaded with dust. These two factors alone would cause him to hesitate before advising patients to seek Pueblo for health.

Dr. McDonald was familiar with Pueblo and thought Dr. DeWitt had gone too far in speaking of the disadvantages of the place. He was acquainted with a number of persons who had been restored to health by going there.

Dr. McLean doubted whether chronic rheumatism would be favorably influenced by residence in Pueblo. Many men who left his district to reside in various parts of Colorado returned confirmed rheumatics.

Dr. Jacques spoke briefly about the many advantages of the climatic treatment of tuberculosis and criticized some of the statements made by Dr. DeWitt.

Dr. Coleman said that the evidence was entirely in favor of residence in moderately high altitudes being decidedly beneficial in tuberculosis. He cited the facts which support this view. Personally he was very cautious in recommending a change of climate to patients suffering from the disease.

Dr. W. S. Muir spoke of certain districts in Nova Scotia where tuberculosis was very rare, and others where it was unusually prevalent. In some places he felt sure infection came from diseased cattle.

Dr. Halliday was a martyr to asthma. He related his experience with respect to change of residence.

He felt sure that he could find in a few hours places where he would be entirely free from the affection, and most asthmatics were like him. He doubted the statement that the climate of Colorado invariably conferred immunity against the disease.

Dr. March was disposed to accept Dr. Halliday's views. The peculiarities of the individual must be considered in asthma apart from climate. It is often a symptom rather than a disease, and is often associated with distinctive local disturbances which call for treatment. The statements made by Dr. Stoddard are open to question, and he was certainly sceptical about a mortality rate of 8 per 1,000.

Dr. Reid said statistics may be so manipulated that almost any hypothesis may receive support from them. The advantages of climate treatment were described by Hippocrates, and the views advocated by him hold good now. He thought change a more important feature than any particular climate, and always attended with advantage if practiced early enough.

Dr. Farrell was rather favorably impressed with Dr. Stoddard's statements about Pueblo. The glowing picture given by him might be ascribed in part to the very great benefit he had received himself, as he was undoubtedly suffering from tuberculosis when he left Nova Scotia. He seldom advised change of climate to his patients, as he was convinced that it was only justified in the early stages of tuberculosis, and when the patient's circumstances were such that he could travel with comfort. It was cruel to advise change when all other measures had failed. The mortality rate of Pueblo was probably correct, as he had heard of a western town where they had to shoot a man to inaugurate a graveyard.

Dr. Dodge called to mind a very large number of cases where change of residence proved disastrous.

Dr. Andrews was theoretically in favor of the climatic treatment of con-

sumption, but nearly all such patients who consulted him were so far advanced that he could not consistently urge change of climate. Patients with tuberculosis are so hopeful that they almost invariably lose the favorable opportunity.

After the transaction of some routine business the society adjourned.

Second Day.

Morning Session, 9 a. m.

The report of the nominating committee was handed in :

President—C. J. Fox, M. D., Pubnico, N. S.

1st Vice-President—R. A. H. McKeen, M. D., Cow Bay, C. B.

2nd Vice-President—H. A. March, M. D., Bridgewater, N. S.

Secretary-Treasurer—W. S. Muir, M. D., Truro, N. S.

CHAIRMAN OF COMMITTEES.

Medicine—C. A. Webster, Yarmouth, N. S.

Surgery—W. H. McDonald, Antigonish.

Obstetrics—D. McLean, Shubenacadie.

Therapeutics—T. C. Lockwood, Lockeport, N. S.

Sanitation—G. E. DeWitt, Wolfville, N. S.

The 26th annual meeting to be held at Yarmouth, N. S.

The report was adopted without modification.

The election of representatives to the Provincial Medical Board was on motion deferred to the next session.

The following papers were read:

“Cancer of the Stomach,” by Dr. C. A. Foster, of Bridgewater.

“Treatment of Birth-marks,” by Dr. C. A. Webster, of Yarmouth.

“Remarks on hysterical conditions with history of a case,” by Dr. A. Halliday, of Lower Stewiacke.

“Reports of surgical cases,” by Dr. Edward Farrell, of Halifax.

Each paper was fully discussed. In connection with Dr. Halliday's paper

Dr. G. L. Sinclair called attention to the fact that he was about to start a Training School for Nurses at the Provincial Insane Asylum, and asked for a warm support from the profession.

Afternoon Session, 3 p. m.

The first business disposed of was the election of representatives to the Provincial Medical Board. On motion it was decided to proceed by open nomination and ballot. Quite a number of persons were nominated. The result of the ballot gave a majority of votes to Dr. S. Dodge, J. F. Black, D. A. Campbell, W. Tobin, of Halifax ; D. McLean, of Shubenacadie, and Moody, of Windsor. These gentlemen were declared elected.

A motion by Dr. McLean, asking the Medical Board to take active measures to secure reciprocity of registration in the Maritime Provinces, was, after some discussion, unanimously adopted.

A motion by Dr. Farrell, asking the Medical Board to secure legislation to impose an annual tax of one dollar per annum on registered practitioners, was also adopted, there being no dissentient voice. In support of the motion it was stated that three years ago this society declared itself in favor of the proposition ; that subsequently a joint committee of the society and Medical Board ascertained that the majority of the profession favored the measure, it being understood that non-payment of the tax should not lead to erasure from the register. The tax was necessary, because the Board were not in a position to effectually carry out the penal clauses of the act without additional funds, the present revenue being only sufficient to defray the working expenses.

Scientific business was resumed and the discussion on Dr. Farrell's paper completed.

Dr. H. S. Jacques read an elaborate paper on “Asiatic Cholera,” illustrated by maps cultures and microscopic preparations.

Evening Session, 7 p. m.

The following papers were read and discussed :

"Preventive Medicine," by Dr. T. C. Lockwood, of Lockeport, N. S.

"Two cases of wiring the Olecranon," by Dr. N. E. McKay, Halifax.

"Railway Injuries," by Dr. W. S. Muir, of Truro.

The customary vote of thanks was tendered to the various railway and steamboat companies and to the officers of the society, which closed the business of a very agreeable and profitable gathering.

Immediately after adjournment the members went to the Fairview hotel to participate in a banquet tendered by the medical profession and citizens of Bridgewater.

About 80 sat down to dinner, and an enjoyable evening spent.

MEETING OF MARITIME MEDICAL ASSOCIATION:

CHARLOTTETOWN, P. E. I.,
July 12 and 13.

9 a. m., July 12—Session for enrollment opened.

Members present:

Geo. M. Campbell, Halifax, N. S.

G. E. DeWitt, Wolfville, N. S.

M. A. B. Smith, Dartmouth, N. S.

E. J. Klir, Murray Harbor South, P. E. I.

J. W. Clarke, Tatamagouche, N. S.

Thomas Walker, St. John, N. B.

G. H. Coburn, Fredericton, N. B.

G. A. C. McIntosh, Murray River, P. E. I.

R. Macneill, Stanley Bridge, P. E. I.

D. M. Johnson, Tatamagouche, N. S.

W. M. Deinstadt, St. Stephen, N. B.

C. T. Purdy, Moncton, N. B.

J. F. Brine, Canso, N. S.

W. Christie, St. John, N. B.

W. Bayard, St. John, N. B.

N. E. McKay, Halifax, N. S.

Henry F. Jarvis, Summerside, P. E. I.

D. J. Bell, Fort Fairfield, Me., U.S.A.

Jas. Macleod, Charlottetown, P. E. I.

P. Conroy, " "

Frank K. Beer, " "

J. K. Jenkins, " "

Richard Johnson, " "

E. A. Kirkpatrick, Halifax, N. S.

H. D. Johnson, Charlottetown, P. E. I.

E. S. Blanchard, " "

G. A. B. Addy, St. John, N. B.

A. F. Emery, " "

James Warburton, Charlottetown, P. E. I.

Alexander MacNeill, Kensington, P. E. I.

Frank F. Kelly, Charlottetown, P. E. I.

Peter McLaren, Bruidnell, P. E. I.

J. M. MacKay Wallace, N. S.

H. R. Munro, Stellarton, N. S.

C. H. Wyde, Westville, N. S.

Stephen Dodge, Halifax, N. S.

J. F. Macdonald, Hopewell, N. S.

C. H. Munro, Westville, N. S.

H. N. Robertson, Crapaud, P. E. I.

O. J. McCully, Moncton, N. B.

F. P. Taylor, Charlottetown, P. E. I.

10.30 a. m.—The convention came to order and the President, Dr. Jas. MacLeod, gave his address. On its conclusion a vote of thanks was tendered him, and he was requested to have his address published in the MARITIME MEDICAL NEWS.

The Treasurer, Dr. DeWitt, then presented his report, after which Drs. Walker and McNeill were appointed auditors. The report was found correct and accepted.

Dr. Jarvis, of Summerside, then read his paper on "The infancy of chloroform," after which remarks on the subject were made by Drs. Bayard, McNeill, Beer, Walker, DeWitt, Christie and McKay.

Session then adjourned.

2.30 p. m.—President in chair.

Dr. Walker read his paper on "Disinfection and Disinfectants." Some discussion followed, after which session adjourned, to take a sail over to Rippoch, where the members of convention were received by Mrs. Jas. McLeod and entertained for a short time.

8.30 p. m.—President in chair.

A telegram was read from Dr. Farrel, regretting he could not attend and wishing convention success.

Dr. G. E. DeWitt then read his paper on "Preventive Medicine," and was followed by .

Dr. Bayard, who spoke on the subject of "Cholera," in which he specially advised to treat the premonitory symptoms actively and not wait for the more severe symptoms to come.

The President followed with a few appropriate remarks. Dr. McDonald, of Hopewell, then spoke, after whom Dr. Walker came, and then Dr. R. Johnson, who advocated the use of sewage farms.

Dr. Christie was not satisfied that all contagious diseases such as cholera and typhoid fever were due to the effects of bacilli.

Dr. Beer, of Charlottetown, also spoke on the subject.

Session adjourned.

July 13, 10 a. m.—President in the chair.

Letters were read from Drs. Muir and Stewart, regretting inability to attend.

Dr. R. Johnson presented the new P. E. Island Register to the visiting gentlemen.

The election of officers then took place and resulted as follows:—

Dr. Thomas Walker, St. John, President.

Dr. Coburn, Fredericton, Vice-President for New Brunswick.

Dr. D. A. Campbell, Halifax, Vice-President for Nova Scotia.

Dr. F. D. Beer, Charlottetown, Vice-President for P. E. Island.

Dr. G. M. Campbell, Halifax, Secretary.

Dr. G. E. Dewitt, Wolfville, Treasurer (re-elected).

Executive Committee—Drs. Emery, P. R. Inches, Murray McLaren, Wm. Christie and Dr. Walker.

Dr. Dodge, of Halifax, gave notice that at the next meeting of the association he would move that the time of meeting be changed.

Dr. Smith, of Dartmouth, gave notice that at the next meeting he would move that the association do not necessarily meet alternately in the three capital towns, but that they may meet in other towns if invited to do so.

Dr. Walker, seconded by Dr. Campbell, submitted the following resolution:—

Whereas, In the interests of inter-professional reciprocity, it is desirable to have uniformity of medical legislation for the three provinces, and whereas the public mind should be prepared by the united action of the Maritime Association:

Therefore resolved, That the Medical Councils of each of the respective provinces be requested to procure such modifications and alterations in the existing laws as will secure—

1st. Uniformity of curriculum of studies, to be regulated from time to time by the respective councils.

2nd. Examining Boards as the sole authority for medical practice, on the same lines as Ontario, British Columbia and P. E. Island.

Adopted.

Dr. Conroy read his paper on "Erysipelas," which brought on some discussion.

Dr. Dodge read his paper on "Notes in ophthalmic practice," and

Dr. Kirkpatrick gave his paper on "Cæcæct operations."

Dr. Macdonald, of Hopewell, followed with his paper on "Midwifery."

Session adjourned.

2.30 p. m.—President in the chair.

Dr. Wm. Christie discussed several points in Dr. Macdonald's paper.

Dr. N. E. McKay read his paper on "Excision and evasion of the knee joint."

Session adjourned.

4.30 p. m.—Excursion on the river.

8.30 p. m.—President in the chair.

Dr. Kelly read his paper, "A case of dilatation of the stomach." Remarks were made on the case by Drs. Conroy, Jarvis, Christie, Coburn, Campbell, DeWitt and Macdonald.

Dr. S. R. Jenkins then read his "Notes of an autopsy (appendicitis). Remarks were made by Drs. McLeod, Christie, McKay and H. R. Munro.

A vote of thanks was moved by Dr. Coburn, seconded by Dr. DeWitt, to Dr. McLeod for his able management and conduct of the meeting. Carried.

Dr. McLeod in reply thanked the members, and stated that it was a great pleasure and honor to preside at such gatherings.

Session adjourned.

10.30 p. m.—Dinner at Hotel Davies, after which convention closed, singing "Auld Lang Syne."

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NOTICE—CAUTION.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections ;* From the fact, also, that it exercises a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical,* and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat *in the property of retaining the Strychnine in solution,* and in the medical effects.

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

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

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Per 500, 60 cts.

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The tablet triturate of ox-gall has been placed on our list for the convenience of physicians desiring combinations differing from those usually kept in stock. They are thus enabled to administer, along with one or more tablets, other medicaments, such as tablet triturates of ipecac, mercury biniodide, mercury bichloride, cannabis indica, calomel, strychnine arsenite, etc., for the purpose of meeting any special indication which may be present. The smallness of the dose also renders it available for delicate patients, especially women.

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M. et ft. pil. no j.

Both formulæ are adapted to the treatment of digestive disorders uncomplicated by hepatic obstruction or insufficiency. They will meet the demands of a large class of "walking" patients, who seem to suffer from dyspepsia and indigestion owing to the ingestion of inappropriate food-stuffs.

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DAVIS & LAWRENCE CO., Ltd., MONTREAL, General Agents.

Maritime Medical News.

AUGUST, 1893.

EDITORS.

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

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

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

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

DR. G. M. CAMPBELL,

9 Prince Street, Halifax.

THE annual meeting of the Nova Scotia Medical Society, held at Bridgewater on July 5th and 6th, was a successful one in every respect.

The attendance was above the average—the western shore counties being well represented. The presence of Dr. A. C. Page, of Truro, who has been ill for some months, was very gratifying to his many friends, and his speeches, as of yore, were brimful of wit and humor.

Among the veterans we noticed McDonald, of Antigonish, Roache, of Tatamagouche, McLean, of Shubenacadie, and Coleman, of Granville Ferry.

The scientific papers were well prepared, of practical interest, and evoked valuable discussions. The address of the President was well re-

ceived and arrangements made to have it sent to every practitioner in the province.

The most notable feature of the social side of the meeting was the warm interest shown by the citizens of Bridgewater. Quite a number attended the scientific meetings, and they turned out in force at the dinner which terminated the proceedings.

Too much praise cannot be extended to the local committee—Drs. Foster, March, Jenkins and Stewart—who worked hard to ensure a successful meeting. The eloquent address of welcome delivered by Dr. March was an interesting feature in the proceedings of the society.

Yarmouth was chosen as the next place of meeting.

THE third annual convention of the Maritime Medical Association was held in Charlottetown on July 12th and 13th. The meeting was successful in every way, and the local committee are to be congratulated for the way in which they performed their duties. The greatest disappointment was that more did not come, not only from New Brunswick and Nova Scotia, but also from the Island itself. The social features of the meeting were very enjoyable. Dr. and Mrs. McLeod received the members of the association and prominent citizens of Charlottetown at their summer residence. A delightful two hours was spent in this way. Thursday afternoon there was an excursion on the river. These two entertainments enabled the visitors to get glimpses of Island scenery. The Garden of the Gulf is a title well deserved. Thursday

evening the banquet at the Hotel Davies was a fitting termination to a convention in every sense enjoyable and profitable.

It is to be regretted that so many papers on the programme were not on hand. After all the papers are the most prominent, while the discussions which they elicit are the most valuable features of any scientific meeting. Some papers were entirely too long, covering as they did ground familiar to everyone. Ten minutes is ample time for most papers. As a rule the more boiling down the more valuable the result. To dilute is not necessarily to simplify. It might be well in future to ask for an abstract of a paper before the title appears on the printed programme. It is impossible for an active physician to be certain of being present at any given meeting, but everyone could give the cream of his paper in an abstract, which could be presented to the association. It is just possible that some one went to Charlottetown to hear one special paper. Fancy his disappointment at its non-appearance. We will present the President's able and thoughtful address to our readers in the September issue.

DR. WILLIAM TOBIN, of Halifax, has been chosen to represent the Provincial Medical Board of Nova Scotia at the International Medical Congress.

DR. S. DODGE, of Halifax, has been appointed Honorary Chairman in sections of Otology and Laryngology in the Pan-American Medical Congress to be held in Washington September next.

Obituary.

We regret to chronicle the death at the early age of twenty-six of Dr. John H. Macmillan, which took place in St. John, where he was visiting friends, on Saturday morning, July 1st. Dr. Macmillan was the eldest son of Dr. John Macmillan, of Pictou. He was one of the most distinguished students of his time in the well known Academy of Pictou, carrying off the highest prizes in the course. The natural bent of his mind was scientific, and he was particularly well up in chemistry and electricity.

He studied medicine in McGill College, Montreal, graduating there in 1891, and immediately settled in practice in his native town, where his many good qualities of head and heart won him a high place in the esteem of a rapidly increasing circle of patients.

His health, however, was not robust. It was his intention, after spending two or three years in general practice, to take a further course of study and practice as a specialist in diseases of the eye, a department in which he had already given promise of skill. But it was not so to be, and to-day we deplore the loss of one of the brightest and best qualified of the younger members of our profession.

Dr. Macmillan was visiting friends in St. John, N. B., at the time of his fatal illness. The cause of death was ascertained to be hæmorrhage into the stomach.

To his sorrowing parents and relatives we extend our sincerest sympathy.

The third annual meeting of the American Therapeutic Association will be held in Chicago September 12, 13 and 14, at Apollo Hall, Central Music Hall Block. Members of the medical profession interested in electro-therapeutics are cordially invited to attend. President, Augustin H. Goelet, M.D.; Secretary, Margaret A. Cleaves, M. D.

Reviews.

BRAIN SURGERY. By M. Allen Starr, M. D., Ph. D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, Medical Department of Columbia College, New York; President of the New York Neurological Society; Consulting Neurologist to the Presbyterian, Orthopaedic and Babies Hospitals. With fifty-nine illustrations. Octavo, 308 pages, extra muslin, price \$3.00. New York: William Wood & Company.

The great development of cranial surgery during the past few years has produced a correspondingly extensive literature. This is, however, for the most part found in the various medical and surgical journals, and most of the books dealing with the subject are burdened with elaborate details and theorising, which, however interesting to the neurologist, are tedious and time-wasting for the busy practitioner. This book is one for the busy practitioner. Whether he be fresh from the schools where due stress is now laid on cerebral localisation and all the practical points connected with it, or whether his diploma dates from the days before Ferrier and Hitzig, he can read this book with ease, pleasure and profit. The book is eminently practical. The opening chapter, on the diagnosis of cerebral disease and its localization, is a model of clear and precise writing.

The directions for finding the fissure of Rolando might, we think, be simplified. Instead of taking a point on the vertex .557 of the distance from glabella toinion it has been shown by Professor Thane, of University College, London, that it is sufficiently accurate to halve this distance and then take a point one-half inch posterior as the upper limit of the fissure. And Professor Chiene has devised a very simple plan for measuring the angle of 67° , at which the fissure runs from the middle line. He takes a square of paper and folds it from cover to cover; this gives an angle of 45° . Folding again, we get an angle of $22\frac{1}{2}^\circ$. Now adding

these we have $67\frac{1}{2}^\circ$, which is quite accurate enough for practical purposes. By laying this folded paper on the scalp one may easily trace the direction of the fissure of Rolando. Of course in large hospitals a special cyrtometer for measuring these distances and angles can easily be procured.

Dr. Starr's book is largely clinical. In laying down the ground-work of cerebral surgery he gives full credit to the work of Ferrier, Horsley, Macewen and other British surgeons, but his clinical material is mainly from American practice, and a large proportion from his own clinique. Many of the cases are of extreme interest.

Dr. Starr is no optimist, and is not carried away by the brilliant results of his cases. He argues the question of operation dispassionately and weighs evidence *pro* and *con* with no apparent bias.

The following extract from the chapter on trephining for Epilepsy may be taken as a sample of his style: "The statement should be made to the patient: You have a brain disease; that disease is causing fits; that disease may be curable by operation; we cannot tell whether it is curable until we operate; we cannot promise that the operation will in any way benefit; a majority of chances are against cure, but it is the only method of treatment which affords any hope whatever, and it is a method which is fairly safe."

The various morbid conditions calling for operation to which Dr. Starr devotes attention are: Epilepsy, microcephalic imbecility, cerebral hæmorrhage, abscess of the brain, tumour of brain, hydrocephalus, insanity and localised and persistent headache.

With one or other of these conditions we are likely to be brought in contact any day. The diagnosis of the condition may not be difficult, and if it is, here is much to assist us; but the treatment is the main thing for the patient. Here is the book which will

throw light on the dark places and guide us as to the best advice to give the sufferer.

There is a chapter also on the operation of trephining, in which the directions are so plain that a practitioner who had never seen the operation done might follow them. Time was when the spray was the opprobrium of antiseptic surgery. One may be permitted to inquire if the abolition of the spray has simplified matters so very much. The various washings, with soap, ether and sublimate solution here recommended smack somewhat of ritual. In our opinion nothing more is needed to thoroughly sterilize the field of operation than thorough washing with a 1 in 20 solution of carbolic acid.

There is a valuable chapter on the microscopic anatomy of the pathological lesions in traumatic epilepsy, by Dr. Van Gieson. It bears evidence of painstaking, original work, and though not so interesting to the general practitioner as clinical records and logically constructed diagnosis is of great interest to any who cultivate special acquaintance with brain surgery.

The work is well printed, illustrated and bound, and our advice to every one of our readers is to get this book, read it and keep it close at hand.

A TEXT BOOK OF THE THEORY AND PRACTICE OF MEDICINE. By American Teachers. Edited by Wm. Pepper, M. D. In two volumes. Illustrated. Philadelphia: W. B. Saunders. Sold by subscription. Price per vol., \$5.

This work on The Theory and Practice of Medicine is being issued in two octavo volumes of nearly 1 000 pages each. The first volume is now before us. Among the names of contributors appear those of Billings, Pepper, H. C. Wood and Osler. The articles include treatises on hygiene, the various fevers, syphilis and diseases of the nervous system. They are well written and well up to date both in pathology and treatment. The article on typhoid fever is very full

and deals with the treatment of the pyrexia in an excellent manner; the advisability of using antipyretics and cold water baths is instructively discussed. A few of the articles seem rather too concise; on the other hand there are unusually complete articles on several subjects that do not generally receive such attention in text books of this kind, such as the article on Trichinosis. The illustrations are fairly numerous and are well executed. This volume can be thoroughly recommended as an excellent and reliable work, and on most of the subjects can be consulted with much advantage, containing as it does the most modern views of medicine.

BOOKS AND PAMPHLETS RECEIVED.

Points of similarity between us and Homeopathic Physicians. By John B. Roberts, A. M., M. D., Philadelphia, Penn.

Calendar Medical Faculty, University of Toronto, 1893-94.

Calendar Jefferson Medical College, Philadelphia, 1893-94.

Dr. Brown-Sequard again draws attention to the fact that occasional pruritus ani depends upon drinking coffee, and publishes a case in which leaving off the beverage completely cured a case, the malady returning on recommencing the beverage.—*Therap. Monat.*

Dr. David Webster, New York, has removed to 327 Madison Avenue, between 42nd and 43rd streets. Office hours, 9 to 1.

DR. THOMAS WALKER, of St. John, has been elected President of the Maritime Medical Association.

SUN DIARRHEA MIXTURE.—

Tincture of opium,
Tincture of capsicum,
Tincture of rhubarb,
Spirit of camphor,
Spirit of peppermint, each equal
.....volumes.

Mix and filter.

LOOMIS' DIARRHEA MIXTURE.—

Tincture of opium, - 1-2 fluid oz.
Tincture of rhubarb, - 1-2 fluid oz.
Compound tincture of
catechu (U.S.P.) - - 1 fluid oz.
Oil of sassafras, - - - 20 minims.
Compound tincture of lavender,
enough to make 4 fluid ounces.

SQUIBB'S DIARRHEA MIXTURE.—

Tincture of opium, - - 1 fluid oz.
Tincture of capsicum, - 1 fluid oz.
Spirit of camphor, - - - 1 fluid oz.
Purified chloroform, - 180 minims
Alcohol, enough to make,
- - - - 5 fluid ounces.

SELECTED FORMULÆ.— Prof. Hare gives the following formula for the use of quinine hypodermically :

R.—Quininæ hydrochlorat - gr. vij
Glycerini,
Aquæ destillat., aa - - - ℥xxx

M. Sig. Warm the solution before using.

ECZEMA.— For eczema not of a chronic nature :

R. Thymol - - - 2 drachms.
Oxide of Zinc - 6½ drachms.
Starch - - - 6½ drachms.
Lanolin - - - 1½ ounces.

M. Make ointment. Sig. To be applied to the affected parts.

The following prescription is recommended in cases of pruritus valvæ :

R.—Hydrarg. chlorid. corrosive, - - - - - gr. ½
Acid. hydrocyanic dilu - f ʒj
Aquæ amygdal, amarae - f ʒj

M. Sig. Apply to itching parts.

INFANTILE DIARRHŒA.—Dr. Mikhnevitch (*Med. Obozrenie*) recommends the following :

R Bismuth salicylatis - - - gr. xxiv.
Pulv. acaciæ - - - - - ʒ i
Sacchari albi - - - - - ʒ iv.
Aquæ - - - - - q. s. ad. ʒ vi.

M. Sig. :—One or two teaspoonfuls three to six times daily. The bottle should be kept on ice.—*Medical Fortnightly*.

TYPHOID FEVER.—At a recent meeting of the Practitioners' Society of New York, at the Academy of Medicine, a discussion took place between the prominent physicians present on a milk diet in continued fevers. It was the general opinion of Drs. Beverly Robinson, A. H. Smith, Robert Abbe and W. H. Polk, that an exclusive milk diet in typhoid, as was so generally advised by doctors led to much harm. They all thought that such a diet prolonged the fever, and all reported cases in which convalescence at once set in on giving solid food. The objection brought up against milk was that it fermented and irritated the existing ulcers. It was shown that solid foods, if properly prepared, were not solid after leaving the stomach, and were in no condition, upon reaching the ilium, to irritate typhoid lesions. They claimed that a patient on a milk diet was hungry, and that hunger itself, being a form of pain, kept up the temperature ; but that solid food properly given, relieved this pain, hence lowered the temperature. It was mentioned that in former days a patient who was to have his abdominal cavity operated upon was restricted to a milk diet for two days before and ten days after the operation, and that often disastrous results, which were attributed to shocks and sepsis, were due to inanition. The foods that were suggested as a substitute for milk were stale bread, scraped meat, baked potatoes, bouillon fermented milk, beaten egg, wine jelly and junket.—*Med. Age*.

ARMSTRONG (S. T.). SHOULD WE TREAT FEVER?—Conclusions are:

1. That fever is the expression of some disturbance of the thermal centres.

2. That while this disturbance may be traumatic, it is usually the result of the existence in the organism of certain autogenetic or heterogenetic (infectious) products that have the same affinity for the the thermal centres that certain vegetable alkaloids have for certain cerebral centres.

3. That fever does not exercise any beneficial effect in limiting an infectious process; this is a fact that has been known clinically for years by the occurrence of cases of infectious disease that pursued their usual course without any rise of temperature.

4. That it is the general experience of clinicians that the relief of fever ex-

ercises a beneficial influence on the general condition of the patient, though the apyrexia does not indicate that the cause of the pyrexia has been removed.

5. That in many febrile conditions the causative principle has produced a thermotaxic paresis that is at once relieved by some suitable antipyretic.

6. That in continuing the employment of antipyretics we are not losing sight of the possibility of obtaining, either synthetically or derivatively, compounds that will, when administered in the specific diseases, have the same inhibiting influence on the further development of the microorganisms of those diseases that certain alexins, toxalbumens, or toxins have. The action of such compounds should be as specific in each infectious disease as is the action of quinine in paludal fevers.—*Phil. Med. News*, Feb., 1892.

CANADIAN MEDICAL ASSOCIATION.

TWENTY-SIXTH ANNUAL MEETING,

Wednesday and Thursday, 20th and 21st Sept., 1893.

The Twenty-sixth Annual Meeting of the Canadian Medical Association will be held in LONDON, ONT., on

Wednesday and Thursday 20th and 21st Sept., 1893.

Members desirous of reading papers or presenting cases will kindly communicate with the Secretary, as to title of paper or nature of case, as early as possible.

Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby Members and Delegates may obtain Return Tickets for one fare and one-third.

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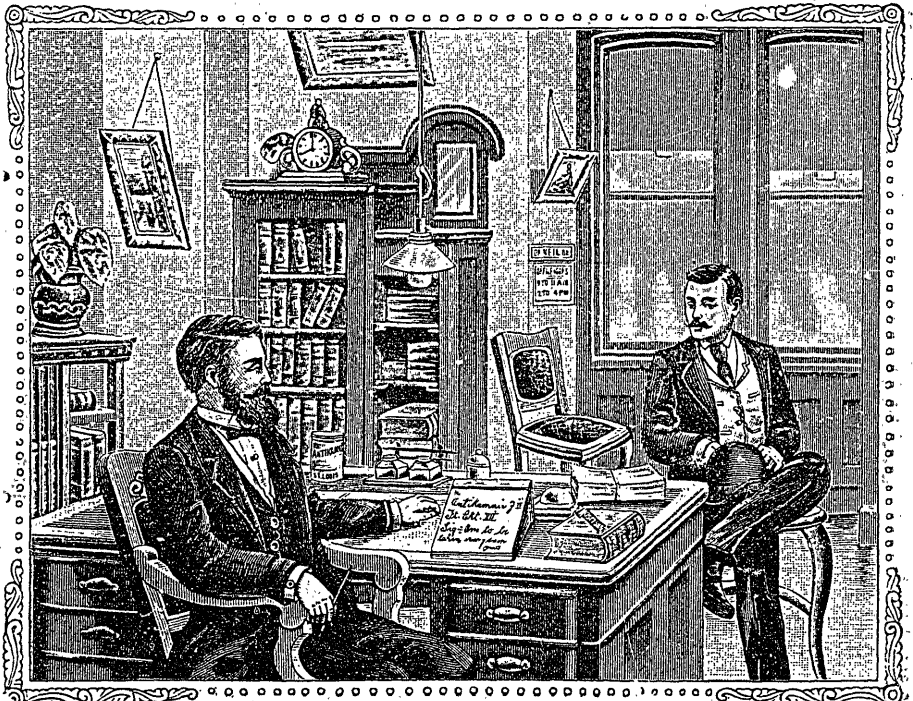
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AN APOLOGY.

In the *New York Medical Journal*, January 28th, 1893, appeared an article by William A. Hammond, entitled: "On Certain Organic Extracts, their Preparation, and Physiological and Therapeutical Effects."

While the record of this author is not one calculated to inspire respect for any opinions that might be advanced by him, yet we were led to accept fully his statements and deductions because of quasi-indorsement by the editor of the above named *Journal*.

Being actuated by a desire to keep abreast of the times, and without any thought or intent of injustice to anyone, we began experimentation regarding the production of so-called "Cerebrine," and other animal extracts, referred to in the foregoing paper. As a result, we were speedily convinced that their manufacture could be completed, without any detriment to the substances themselves, in a much less period of time than that claimed by Dr. Hammond; and, consequently, later we announced our ability to supply "Cerebrin."

Soon after, we were surprised to receive a letter from Dr. Hammond claiming sole proprietorship of the word "Cerebrine" which, too, had been duly trademarked, and announcing that "The Columbia Chemical Co. are alone authorized by me to handle the extracts made by my processes, and that all are made in my own laboratory, under my own supervision."

Other papers laudatory of "Animal Extracts," and presenting the same general claims, appeared in many other medical journals besides numerous lay publications—thereby demonstrating the fact that the first named article was written and published (as evidenced by Dr. Hammond's own statements) for the sole benefit of the Columbia Chemical Co., of which he (Dr. Hammond) is President and a large share holder.

Subsequently Dr. Hammond widely disseminated through the mails and by publication in the *New England Medical Monthly* (Dr. Wile) a circular over his own signature, not only attacking us unjustly, but in a manner most scurrilous and unbecoming to an officer, a professional man or a gentleman. He also threatened us, through his attorneys in New York, with dire penalties if we did not cease the sale of the articles.

The development of the fact that the paper in the *New York Medical Journal* was written and published for mercenary purposes led us to doubt the statements of the author of the article, and incidentally we were induced to have the value of "Cerebrine" as manufactured by Hammond, and "Cerebrin" as made by ourselves, therapeutically and physiologically tested. As a result, we are now convinced that both "Cerebrine" (Hammond) and "Cerebrin" (P. D. & Co.) will not respond to Dr. Hammond's claims.

We, therefore, announce, that while we are prepared and willing to supply "Cerebrin" as manufactured by us after our formula, in response to all demands, that we have grave doubts as to the merits of the article, and, therefore, present our apology to the medical profession for the error into which we were unwittingly led by the *New York Medical Journal*.

We invite correspondence upon this subject, and are prepared to supply interesting information in printed form to all who will apply for the same.

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DETROIT, July 12, 1893.