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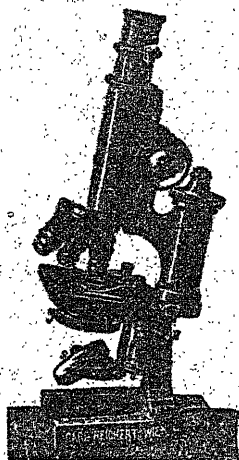
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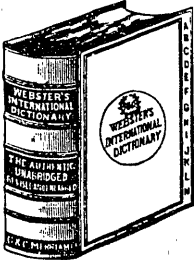


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CONTENTS FOR AUGUST, 1897.

PRESIDENTIAL ADDRESS.

Our Duty as Physicians and Citizens
in the Work of Sanitation and Pre-
ventive Medicine—*J. F. McDonald.* 261

ORIGINAL COMMUNICATION.

Clinical Evidence of the Identity of
the Micro-organisms of Erysipelas
and Puerperal Septicæmia—*Duncan
Murray.* 270

EDITORIAL.

Maritime Medical Association..... 273
British Medical Association 275

Canadian Medical Association 279
Of Special Importance 279

SOCIETY MEETINGS.

New Brunswick Medical Society 280
Medical Society of Nova Scotia 280
Maritime Medical Association 283

OBITUARY.

Dr. Chas. Gray, of Mahone Bay..... 294

BOOKS, PAMPHLETS AND EXCHANGES . 295

PERSONALS.

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HALIFAX, N. S., AUGUST, 1897.

No. 8.

Presidential Address.

OUR DUTY AS PHYSICIANS AND CITIZENS IN THE WORK
OF SANITATION AND PREVENTIVE MEDICINE.*

By J. F. McDONALD, M. D., Hopewell, N. S.

Gentlemen, Members of the Medical Society of Nova Scotia :

I thank you for the honor done me at your last meeting, in electing me president of this society. I assure you I appreciate your kindness. In the performance of the duties of presiding over your sessions on this occasion, I solicit your assistance, and trust that the business and scientific work of this annual meeting will have your earnest, constant attention, so that the work may be forwarded with due despatch and deliberation.

Twenty-nine years ago the Medical Society of Nova Scotia was organized in this town ; since that time it has done, and is still doing, a good work. It is now one of the established institutions of our country, and we hope that the profession in the future will take a still greater interest in the prosperity of this society, for the advancement of the scientific and other interests of our noble profession. Sometimes, from certain indications, we are almost afraid that this profession we so much love is drifting toward a mere business, a trade : perhaps this is too pessimistic and we should look forward to the future with a more jealous regard for the honor and elevation of our profession.

Many changes have taken place in the profession since the date of the organization of this society. Of the men practising in this city at that time none are living to-day ; the same is true of New Glasgow.

*Delivered before meeting of Medical Society of Nova Scotia, at Pictou, July, 1897.

Of those practising in this county at that time but four are alive to-day, three still at work where they then were, the fourth is in another part of the province. Since our last meeting, three who were formerly members of this society, Drs. COLEMAN, MITCHELL and MCKAY, have died: notice of their demise you have seen in the MARITIME MEDICAL NEWS.

A few days ago Dr. GRAY, of Mahone Bay, lost his life by an accident which should not have occurred. There are laws in this country for the protection of life and property, but these laws are not enforced, are not respected, and the result, in this case, is the loss of a useful life. Three other deaths have occurred within the year, making in all seven deaths of members of our profession since we last met. There may have been others of which I have not heard. In other parts of the world many of our profession have fallen, most of whom were comparatively young, whose life-work, though short, has been that of true service to humanity. This suggests the reflection that very many of our profession fall early in the struggle against disease and death.

The subject of prevention of disease is now a live question. It is now engaging the attention of many of the prominent men in the profession, and to some extent has taken a hold on the minds of the laity. During the past year it has come more prominently before the profession and the public, and has taken shape in actual work. This has been most noticeable in Great Britain and the United States, while Canada, so well to the front in other matters, is far behind in this work. In Nova Scotia we are doing, comparatively nothing. We have a Provincial Board of Health; if it lives we should see the signs of life in its work. It may be doing important work, of which we know nothing. I do not know that I am rightly informed as to the duties and powers of the board. But this I know, we want a live, active, Provincial Board of Health with the power and the means at its disposal for engaging in active sanitary reform, enforcing the sanitary laws we now have and inaugurating the work of prevention. In the work of prevention, sanitation holds a very important place. We may have good sanitation without prevention, we cannot have proper prevention without sanitation.

To the search for curative agents there is no limit. The host of investigators, and experimenters are pushing their work most vigorously. Valuable results have rewarded much of the research of recent years. Such progress has been made in every branch of medical science that it amounts to almost revolution. Medical science is eminently pro-

gressive and the years that are before us will doubtless evolve greater changes and more rapid progress. An English judge, speaking of the two professions, Law and Medicine, said: "If the doctors of the last century came to life again, they would know comparatively nothing of contemporary medicine, but if the judges of former times were installed in the law courts to-morrow, they would try the cases quite as well, if not better, than the judges of to-day." Still there is much in the old system of medicine that is good, and we do well to remember the good and not despise the teachings of those who have trod the way before us, and pointed to the paths in which we are now travelling.

In our search and intense desire for healing agents, the more important subject of prevention has been very much overlooked. With us we hear but little about it. In English and American journals some attention is given the subject of prevention and its importance recognized. In Canada we have not yet awakened to its importance. It is true that in matters of quarantine against the invasion of contagious diseases we are well equipped; it is also true contagious diseases from foreign countries, such as cholera, yellow fever, etc., have but little terror for us: even small pox, once a scourge, thanks to prevention is now shorn of its terrors. It is not the imported diseases we fear but the diseases existing in the country, always at work and annually carrying off large numbers of our population; and this waste of life is preventable. While quarantine at our ports is doing work of prevention where the danger is but limited, the more important matter of prevention within the country is neglected. No plague that could be imported into the country is capable of doing such deadly work as is constantly being done by tuberculosis, yet no attempt at prevention is made. The public is ignorant of the necessity, and the profession seem indifferent. At our last annual meeting Dr. KENDALL read a paper dealing with a very important part of this subject, in which certain propositions were submitted, but no action taken, presumably for want of time. Allow me just here to suggest that if the time at our disposal at these meetings do not admit of hearing all the papers offered and full discussion had, that full consideration of subjects submitted be had and papers that cannot be overtaken be published in the MARITIME MEDICAL NEWS; if need be at the expense of the Society. I wish to again call your attention to these propositions of Dr. KENDALL'S, which were as follows:

"That a committee be appointed to investigate the unfavourable conditions that operate against the public. That this committee procure information from every section of the province:—

1. With reference to the presence or absence of the requisite supply and efficient cooking of food and particularly minute details concerning the absence of ingredients necessary for the different periods and occupations of life.
2. With reference to prevailing methods of clothing.
3. With reference to housing at home and in public buildings.
4. With reference to the operation of provincial quarantine laws.
5. With reference to the most effective methods of lessening the communicability of phthisis, gonorrhœa and syphilis which do not at present come under our Medical Act."

To these I would add a few others, viz :—

That the committee suggested by Dr. KENDALL enquire into the necessity for more stringent sanitary legislation, and the sanitary conditions of the dwellings and premises of the people both in city and country.

That the committee, in behalf of this society, memorialize our legislature, asking for the adoption of such preventive legislation as is necessary to prevent the spread of contagious diseases, by a system of inspection and control :—

1. The registration of contagious diseases.
2. Medical and sanitary inspection of schools.
3. Inspection of public buildings and conveyances.
4. Inspection of bakeries, butcher's shops, slaughter houses, provision shops, creameries, cheese factories, sausage factories, all places where articles of food and drink are prepared to be offered for sale and use ; the inspection of all products of these places ; the destruction of all unhealthy or diseased articles and removal of insanitary conditions.
5. Medical examination of all persons employed in and about these places, that any employee having communicable disease of any kind, whether of skin, eye or other disease, be prohibited from working in such place or in any way handling food intended for consumption.
6. To make provision for the protection of the public against the danger of infection from persons having communicable disease, but who are going about among their fellow citizens.
7. Registration of births and deaths.

It may be contended that such a system of inspection and prohibition as outlined above would entail many hardships, but when we consider the greater hardships and misery caused by the transmission of preventable communicable diseases, this objection ceases to have force. Few of us would like to know that those who make our bread, handle our meat, weigh our sugar, make our butter, etc., etc., were the subjects of consumption, syphilis, scabies or other disease, and yet such is often the case. Oftener perhaps than we would like to conjecture. Hardships ! Better pay the Inspector and board the victims. It is well known that contagious diseases often occur when the source of contagion cannot be discovered or accounted for, unless it is that the contagion has been

transmitted by articles of food or articles handled which have come from infected places or been handled by infected persons. The remedy we ask is prevention as outlined. I admit that under present circumstances, modes of life, etc., to remove every source of contagion would be almost impossible. Still most of the danger is preventable without causing inconvenience or hardships. Every precaution taken along the lines of prevention and sanitation lessens the danger of contagion. And if citizens are provided with proper food, adequate clothing, improved sanitary surroundings, etc., they may be kept in such a healthy condition as to largely resist infection.

The insanitary condition under which so many of our people live was pretty strongly pointed out at our meeting a year ago. Further observations not only confirm the statements then made, but show that insanitary conditions are worse than then stated. About our farm premises and village dwellings, drainage or sewerage is the exception, rarely to be found. Slops and waste water of all kinds are thrown upon the ground—often just at the door; a stagnant pool in the vicinity is not uncommon; the well, if there is one, is probably quite near enough to get a fair proportion of this foul waste water. In the farm yard, which generally means the barn yard, the well is frequently found which supplies both house and stable, and this barn yard in wet weather is little better than a cesspool. In our cities, large and small, so far as my experience goes, sanitation seems defective. Passing along some of the streets of our capital during the Jubilee week, symptoms of bad sanitation were evident.

Our rivers, large and small, are the main sewers of the country through which they run, carrying away a large portion of the sewage, garbage, and other filth. These streams often supply our towns with water, which water must, not unfrequently, be impregnated with pathogenic bacteria, which with existing methods of filtration are not removed.

The means by which contagious diseases are propagated and spread are numerous, but among the most prolific foci from which contagious diseases are disseminated are our public schools. Children often attend school from infected houses. Children often go to school a little indisposed, but not really sick, who are probably in the first stages of some disease. A child may go to school in the morning seemingly well and by noon be found to be sick with diphtheria. A child slightly indisposed but not sick enough to be kept at home, may infect all those in the school susceptible, with scarlet fever, measles, whooping cough.

Contagious diseases of the eye and skin are almost always found in schools. Tuberculous pupils attend schools, and a tuberculous teacher is not an unknown quantity. School premises are often in an insanitary state. The same can often be said of pupils. If these remarks are true, the public school is a disease focus. All this is or ought to be known to the medical profession and boards of health, yet no attempt is made to remedy the evil. I submit that the medical and sanitary inspection of our schools—a most important step in the line of prevention—challenges our attention and advocacy. Our boards of health should have the power and the means for organizing and executing the work of medical school inspection and applying the remedies necessary to rid our schools of a danger that is imminent, but preventable. I would carry the inspection further and demand of every person applying for license to teach a clean bill of health from an authorized medical inspector.

The system of medical inspection as practiced by the New York board of health commends itself. The condition of the schools as brought to light by this inspection, though somewhat startling, fully justifies the action of the board, showing the necessity for the work. The results of the first days inspection was the finding of 140 children unfit, from disease, to be in school. I clip the following from a medical journal:—

MEDICAL SCHOOL INSPECTION IN NEW YORK.—The necessity for this work is constantly attested in the weekly reports of the inspectors. The following report has been made for the week ending May 21st. Out of 4510 male and female children examined in the primary departments of grammar schools, primary schools, parochial schools, American Female Guardian Society, and Children's Aid Society, 450 were excluded. There were 5 cases of measles, 8 of diphtheria, 2 of scarlet fever, 1 whooping-cough, 7 mumps, 44 contagious eye diseases, 354 parasitic diseases of the head and body, 4 of chicken-pox, and 17 of skin diseases.

Are our schools in any better condition? So far as my information goes I believe the necessity for medical school inspection is as great here as in New York.

There is another plague menacing the health and wellbeing of the country, of which sanitary science takes no cognizance. It may be contended that it is outside of our duty as physicians to meddle with it. I refer to the criminal literature as found in many newspapers which give disgusting minute details of crimes and criminal malpractice. While professedly denouncing the crimes, they covertly indicate the

way to their commission. Then, there is a flood of, so-called "medical" advertising literature, that inundates the country and invades every home, which, while under cover of giving health instruction, instils into the mind, especially of the young, suggestions of vile practices and imaginary ills that often lead to physical, mental and moral wreck. Again, then there is a horde of ignorant charlatans, professing a knowledge of all disease, their specialty being diseases peculiar to women and those of the genito-urinary organs, who swarm over society like wasps; who, like their advertising confederates, undertake to cure every human ill—and ills that are not human—and to perform medical miracles; who prey upon the weakness of the unfortunate; who lead captive not only silly women but many of the more gullible of the sterner sex. The greatest mischief, however, done by these and the literature referred to, is to the young—our boys and girls—whose minds are polluted, sometimes by contact with these sharks, but more often by the vile, seductive literature that comes into their hands. The professions of benevolent concern for the intended victims, the gratuitous advice given coupled with suggestions intended to convince them that they are already diseased, and pointing the way to immoral practices, too often succeed. The sequence, debauched and enfeebled mind and body, and mental distress bordering upon insanity. Some of the most difficult cases we have to treat are from this class; who, if not insane, are on the border land of insanity. Self destruction among young people is not a very uncommon occurrence where no cause is known for the act. These are often, probably, due to such causes as just enumerated. The evils arising from these causes are known only to the profession, and, whether real or imaginary, all the misery caused thereby is preventable. Shall we say it is none of our business, that it is outside of our duties as physicians? Granted that it is so, are not we, who alone know the effects of these evils, as citizens, responsible? Being physicians should not make us the less citizens, but in everything that concerns the public welfare we should take active part, if not the lead. We take high ground against charlatantry and malpractice which come within our professional influence, and seek to restrain them. But these evils are allowed to exist for the want of efficient laws or the non-execution of existing laws. If existing laws are inadequate and new laws required, or if our present legislation is *anemic* for want of execution we should put ourselves in touch with our legislators, teach them to understand the necessity for, and the nature of the changes for which we ask, and keep at it until the work is accomplished.

The prevention of diseases arising from pathogenic and those from psycho-neurotic causes, is a work beset with many difficulties, some of which—perhaps the most formidable—come from the people for whose benefit the work is intended. Other causes are not so formidable as in years past. Our better knowledge of sanitary science, gained by recent advances in pathology and bacteriology, points more clearly, more definitely, the way to prevention, and makes the task much easier. Still further research along these lines now in progress will clear the way more fully for future work.

The work of prevention, of such paramount importance, demands our attention and should enlist the best efforts of the united profession. Are we doing in this matter what we can, all we can to accomplish the work of prevention of disease? Are we trying to make the conditions of our fellow citizens better, healthier, happier? In what relation or position as citizens, as well as physicians, do we stand towards the thousands of our fellow citizens suffering, dying from causes that should not exist: causes that we know to be preventable? If a man's life is in imminent peril from drowning or any other accident, it is a cowardly knave who would look on with indifference or turn away without making an effort at rescue, and society would execrate the name of such a wretch. Are we guiltless? If we saw a railway train with its freight of human lives rushing to inevitable disaster on account of an obstruction that we knew to be on the track, would we not strain every nerve to avert the disaster? If we saw a blind man unconsciously walking over the end of a wharf, would we not rush to his rescue? And shall we be still while the whole population of our country unknowingly, blindly are courting disaster? Is it none of our business that our brother is in danger? Men and women often peril their lives to save others. Self-sacrifice is one of the instincts of the civilized human mind. Nor is our profession lacking in courage and self-sacrifice; not to the bravest will we yield the palm. When the bravest of men falter and flee before pestilence, members of our profession quietly brave the most appalling danger, steadily face a more deadly foe than is encountered on any battle field. No plague so dire, no pestilence so deadly as so deter the services of the doctor. How many, for the advancement of science, devotion to their profession and sympathy for suffering humanity, have not only braved the danger of the most virulent disease, but have given their lives and fallen victims to the enemy from which they were striving to save others! These are heroes of the noblest type. Though so many

of our profession are to be found possessing the courage, in laboratory, hospital, plague-stricken, pestilence-infected city, to dare, do, and die for the sake of suffering humanity, how few are ready, willing to join issue against abuses, to devote their energies to the advocacy of an unpopular though righteous cause? Is it none of our business that people are living under conditions which produce disease, misery, death—conditions that could and should be remedied? Are we guiltless when we stand idly by and see our neighbour perish from causes that are preventable and should not exist? Our place in the brotherhood of man, our principles as philanthropists, our duty as citizens, as sons of the country, our calling as conservators of the public health, our more interested duties to society and family, emphatically say NO!

What better, nobler aim in life than the alleviation of suffering, making life more worth the living, and elevating the physical, social and moral conditions of our fellow citizens?

If then we would fulfil the obligations of citizenship as well as those of the physician, we are bound as a body as well as individuals to give to this work of sanitation and prevention our earnest consideration and assistance.



Original Communication.

CLINICAL EVIDENCE OF THE IDENTITY OF THE MICRO-ORGANISMS OF ERYSIPELAS AND PUERPERAL SEPTICÆMIA.*

By DUNCAN MURRAY, M. D., Lower Stewicke, N. S.

The paper to which I invite your consideration has been suggested by a case, or rather series of cases, which occurred in my practice in April and May last, and may be of some interest as presenting additional evidence to that already adduced, that the streptococcus erysipelatosi is identical with the micro-organism causing puerperal septicæmia, viz.: the streptococcus pyogenes.

Until recently—that is, within the last three or four years—all that was professed to be known of the bacterium causing this disease may be summed up in this: Puerperal septicæmia is a septic fever, heterogenous in its origin, attacking women in child-birth, due to septic inoculation in open wounds of uterus and vulvo-vaginal canal, the specific micro-organism of which has not been isolated, through the streptococcus pyogenes may usually be found.

Within the last two or three years, however, investigators have from time to time been bringing forth various new ideas and theories, more or less conclusive, until now a pretty general belief obtains that we are no longer in the dark in regard to this matter. ROUX, in 1895, demonstrated by a specific means of aspiration and culture-method, that in the wards of a hospital where puerperal fever existed he could isolate a bacterium which, from its mode of growth and general behaviour on culture media as well as microscopically, he claims is identical with the streptococcus erysipelatosi. About the same time KNORR also cited a case which affords quite strong evidence of the identity of these two organisms. He says that in a patient who had a contused wound on the foot, an abscess developed on the thigh, and a few days later a small bed sore appeared, which was attacked by erysipelas. He made cultures, and found that in the skin about the bed sore, and also in that around the area of abscess, streptococci were found which were indistinguishable

* Read before meeting of Medical Society of Nova Scotia, at Pistou, July, 1897.

from each other, or from streptococci erysipelatosi. Further, THOMA, in his Pathology (1896) says that, judging from the careful observations of LINKOMSKY, RECKLINGHAUSEN, and others, he thinks it very doubtful if the germ of erysipelas is distinct from the streptococcus pyogenes. There is certainly a very close resemblance.

The cases which I cite, as coming under my own observation, would also lend some clinical proof of the identity of the bacteria under consideration. I regret that no bacteriological proof can be offered in support of the theory under discussion, as, owing to circumstances, I was unable to make satisfactory cultures.

On April 22nd, Mrs. H., a healthy woman, was, after a normal and easy labor, delivered of a male child. Placenta delivered by Crédé's method. Very few vaginal examinations were made. All went well until third day, when the nurse (who was a trained nurse) sent a message saying that the lochia had stopped, and that what slight discharge continued was very foul smelling. I at once went to see patient and found her with a temperature of 101°F.; pulse, 95; other symptoms as above noted. I had no doubt as to diagnosis, and gave antiseptic intra-uterine douches. In seven or eight hours the conditions, in place of ameliorating, were aggravated, face flushed, pulse full and bounding. Septic-absorption was going on. I called in Dr. HALLIDAY, and even more vigorous treatment, which need not be detailed here, was carried out. In another day we had a fully developed case of puerperal septicæmia, or septic intoxication. Pulse was 140 and very compressible; temperature 105.1 F.; patient wildly delirious. This in spite of decidedly antiseptic and strongly supportive treatment. This condition obtained for the next four or five days; patient rapidly emaciating; temperature vacillating between 103° and 105°F.; pulse between 130 and 140. About seventh day the symptoms began to ameliorate somewhat—the general condition began to improve, and on the fifteenth day patient began to convalesce, and soon made a good recovery.

The child, which, as above stated, was a perfectly formed male, was taken away from mother on first sign of infection. It remained quite healthy, except nurse called attention to some slight abrasions about angle of nose. About the ninth day, at the perpetual desire of mother, child was brought to latter's bedroom, where it remained an hour or more. Next day its face was swollen and overspread by an erysipelatosus blush, and in another day it presented a typical illustration of facial erysipelas. On the fourth day it showed signs of cardiac insufficiency,

and on examination a distinct murmur was heard. On the fifth day it was dead—no doubt of septic endocarditis.

The father, who had what he called a cold-sore on his lip at the time, and who was in the habit of reclining at his wife's bedside while she was at her worst, complained, on the 11th day of her illness, of a feeling of general malaise, and sickness at stomach. There was some facial swelling, and in a day or two he also had a fairly severe attack of erysipelas, which confined him to bed for seven or eight days. He recovered fully, had a relapse five days later, but after a period of nine or ten days made a complete recovery.

I myself, having received a wound about this time, was also infected by the ubiquitous streptococcus, the inflammation extending quite wide of the wound. It, however, proved to be quite mild, as compared to the other cases cited.

Now while these facts give no bacteriological information regarding the bacteria causing each disease, yet from a clinical standpoint I submit this paper as having some weight in support of the general idea that the organisms of puerperal septicaemia, and of erysipelas, and the streptococcus pyogenes cannot be differentiated as separate and distinct micro-organisms.



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The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

The absence of any narcotic or anodyne in the preparation, physicians will recognize is of great moment, as many of the proprietary and empirical cathartic and laxative syrups, put up and advertised for popular use, are said to contain either or both.

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MONTREAL.

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Editorial.

MARITIME MEDICAL ASSOCIATION.

Before the annual meeting of the Maritime Medical Association was held this year, there were some who feared that the attendance would be small and thus interfere with the success of the meeting to a considerable degree. This was due to the rumor that a large delegation from the maritime provinces contemplated being present at the approaching meeting of the British Medical Association at Montreal. Happily, such fears were not forthcoming, and all who were fortunate enough in attending the annual meeting at St. John on July 21st and 22nd, cannot but conclude that it was the most successful yet held, not only in the excellence of the papers and discussions, but also in the attendance, no less than 76 having registered their names. The practitioners of New Brunswick turned out in force, and Nova Scotia also did nobly, its representation numbering twenty, nine of whom were from Halifax. Prince Edward Island, we were surprised to see, was not represented—not even one to uphold the interests of our confreres from that province. The only explanation suggesting itself was that our brother medicos from the Island are such enthusiastic politicians that even the invigorating influences of a medical association had little sway with the excitement of a provincial election.

Every paper on the programme was read, and any absentees in the discussions as first published were ably filled by substitutes. The discussions were of more interest than usual, and savored of, to a considerable degree, the experiences of those who took part. Two lady physicians honored the meeting with their presence—Dr. ANGWIN, of Halifax, and Dr. OLDING, of St. John. The weather throughout the meeting kept at a nice cool temperature, owing to a peculiar mist overhanging the city, somewhat akin to what is known in Halifax as a fog.

This was considerably appreciated even by our confreres in St. John, they not being accustomed to the importation of any such foreign material, which proved such a novelty in its way.

St. John practitioners are noted for their entertaining qualities, and on this occasion even surpassed their hitherto well-known exuberance. The "At Home" at the Private Hospital on Wednesday, the visit to the General Hospital and also to the Provincial Asylum on Thursday, were much enjoyed by the visiting members, everywhere meeting with extreme courtesy by the officials in charge. We seldom deem it advisable mentioning any name in particular, but can hardly refrain from referring to Dr. HETHERINGTON, who was indefatigable in his efforts to entertain all who had the good fortune to visit the Asylum. Some of our unmarried brethren—and married ones too—were induced to attend the function at the Golf Club prior to visiting the Asylum, and it is even said that one of the Halifax contingent has yet to visit the latter institution. The privileges of the Union Club were given to the members of the Association for two weeks, a courtesy which many availed themselves of during their visit. Space will not permit us giving a detailed account of the dinner at the Dufferin hotel. The large dining-room was brilliantly illuminated and tastefully decorated, and all enjoyed the most excellent menu set before them. More than the ordinary amount of time was required to do full justice to what had been prepared. Dr. DANIEL occupied the chair, and Dr. Jas. CHRISTIE the vice-chair. The toasts reflected credit on the speakers, and intermingled were songs by several of our brethren musically talented, while the strains of music by the orchestra lent an additional pleasure. The menu card was a very pretty and neat conception. All details were most successfully carried out, and great credit is due those members who formed the dinner committee. It would be a serious omission were we not to mention the very competent way in which the retiring President, Dr. DANIEL, fulfilled his duties during all the sessions of the Association. It would be difficult to find a member who could fill the chair in a more capable manner. His able address will be published in another issue, and it will be pleasing to know that the suggestions therein made have every indication of bearing fruit. That worthy veteran, Dr. BAYARD, the first President of the Association, a gentleman so much respected by all, we were pleased to see looking hale and hearty. The local committee of arrangements can well feel satisfied on the success of the meeting, which was to a great extent due to their untiring efforts.

BRITISH MEDICAL ASSOCIATION.

MONTREAL MEETING.

The time of the great medical event of the year at Montreal is not very far distant, and it behooves all who may not have decided to be present at the meeting, to speedily make up their minds, and if the visit is contemplated, to at once inform the committee at Montreal of the fact. We learn that they are very anxious to know approximately, how many they will have to entertain, and urgently request all who intend going, to inform the local secretary, Dr. J. Anderson Springle, 2204 St. Catherine St., of the fact. The probable attendance of medical men is estimated at the present time to be about 1000, two hundred and fifty from England, 300 from the United States, and 400 Canadians; also 50 from other Colonies. Three or four lady members have signified their intention to coming across the Atlantic, among them Mrs. Garrett Anderson. Dr. Saundby, Dr. Barnes and Mr. Fowke will arrive in Montreal on the 14th of August, by the "Parisian."

Dr. Adami writes that the names of members who intend coming across are coming in daily. When he wrote he was not certain that a special steamer would be required, but he is prepared at any moment to charter a vessel in the event of a sufficient number of late applicants appearing.

Several eminent men who cannot be present at the meeting have promised to send demonstration specimens. The English secretaries are generally working in that direction.

Among the interesting discussions which are likely to be arranged for, is one on syphilis, between the Dermatological and Pharmaceutical sections, introduced by Dr. Whitla of Belfast, Ireland, members of other sections of course being invited to attend.

Full arrangements will be made in advance whereby members intending to land at Quebec may obtain cards of membership entitling them to half fare and the privileges granted by the Customs Department. Vessels conveying members will probably be met at Rimouski by Canadian representatives.

One of the most interesting and pleasant of the many excursions will be the one arranged for, to Ottawa, probably on Saturday. Dr. Roddick met the profession in Ottawa some days ago, and the finance committee of the city council promised to undertake all the expenses

connected with the giving of a luncheon to the members of the Association.

During Dr. Roddick's recent visit to Toronto, he spent some time with Professor Macallum, secretary of the B. A. A. S., from whom much information was obtained regarding the arrangements for the meeting. He found that a great many proposed attending both meetings, more especially those belonging to the physiological section. Dr. Roddick arranged with the president of the branch, Mr. J. H. Cameron, to have any members of the B. M. A. entertained during their stay in Toronto. He found the profession as a whole very enthusiastic regarding the meeting and very anxious to assist their Montreal brethren in every way.

It was Dr. Roddick's intention to have formed other branches in western Ontario, in such places as London and Hamilton, but there was a feeling on the part of these places that there was not room for branches which might interfere with the existing local medical societies.

The Rev. Dr. Norton has kindly offered the Association the English Cathedral for a special service, and Dr. Adami will arrange with either Bishop Courtney, Bishop Dumoulin, or Bishop Sullivan, who are now attending the Lambeth Conference, to officiate.

Some 600 invitations have already been sent out, and acceptances have been received from 221. Among those who have intimated their intention to be present are: A. C. Abbott, John Ashurst, jr., L. D. Bulkley, W. T. Bull, H. T. Byford, H. P. Bowditch, J. Solis-Cohen, T. M. Cheesman, D. W. Cheever, W. B. Coley, J. McKeen Cattell, Fred. S. Dennis, D. B. Delavan, Reginald Fitz, Geo. H. Fox, Frank P. Foster, Christian Fenger, Virgil Gibney, H. G. Garrigues, E. H. Grandin, Langdon Carter Gray, Geo. M. Gould, Hobart A. Hare, C. A. Herter, James Nevins Hyde, E. Hodenpyl, B. C. Hirst, A. Jacobi, Chas. Jewett, M. McKeen, Howard A. Kelly, Wm. W. Keen, C. A. Lindsley, John H. Musser, W. F. Mittendorf, Hunter McGuire, Thos. G. Morton, H. H. Mudd, J. B. Murphy, Paul F. Munde, W. P. Northrup, Wm. Pepper, Roswell Park, Fred G. Shattuck, Louis Starr, W. Allan Starr, J. V. Shoemaker, E. C. Spitzka, Geo. F. Shrady, E. J. Trudeau, James Tyson, Hiram N. Vineberg, Wm. H. Welch, and Casey Wood.

The list of English members coming has already appeared in the *British Medical Journal* and the daily papers, but it will be of interest to be reminded that those coming will have the privilege of listening to such men as Prof. Chas. B. Ball, William Mitchell Banks, Henry Barnes,

Prof. R. Boyce, Watson Cheyne, Sidney Coupland, J. Ward Cousins, H. R. Crocker, Prof. E. M. Crookshank, C. Heath, Arthur Kelsey, D. J. Leech, Right Hon. Lord Lister, Harvey Littlejohn, Donald MacAlister, Stephen MacKenzie, Thos. M. Madden, Malcolm Morris, E. Nettleship, Robt. Saundby, W. J. Sinclair, Prof. W. Whitla, Dawson Williams and Prof. Richet, of Paris. Replies have been received from 12 of the branches accepting the invitations tendered requesting them to send delegates.

The museum committee report that all their space has been taken up, and they probably will have to secure another building besides the large Victoria Skating Rink. This department will prove one of the most interesting features of the meeting. A rare opportunity will be afforded to see pharmaceutical preparations, surgical and medical appliances, and everything that interests the physician, from the leading firms of the United States and Canada, as well as from across the Atlantic. Among the leading surgical instrument manufacturers will be Collin, of Paris, and Down Bros., of London; the latter making a special exhibit of aseptic furniture which will be well worthy of inspection. Among the leading pharmaceutical houses who are making elaborate displays, will be H. K. Mulford & Co., of Philadelphia; Parke, Davis & Co., of Detroit; Wyeth, of Philadelphia, Sharpe and Dohme, of Baltimore, and others. Zeiss is making a special display of microscopical apparatus. There will also be a great variety of exhibits from leading firms in Vienna, Berlin, Edinburgh, London, Paris, and New York.

The local entertainment committee are being assisted by a committee of ladies, consisting of the wives of the profession in Montreal, and others. Among the entertainments provided for, in addition to those mentioned before, are a number of afternoon tea and garden parties. The ladies' committee will specially interest themselves in looking after lady visitors, and will make ample provision for continuously entertaining them during the progress of the meeting, so that members may without hesitation bring their ladies with them and be assured while they themselves are fully occupied with the essential features of the meeting, the former will be so well looked after that the time will not hang heavily.

The annual dinner will be held at the Windsor Hotel. The large dining room will accommodate 600. The dinner will cost five dollars, including wines.

The excursions committee have arranged an attractive and varied programme which cannot fail to meet the desires of all. The programme may be obtained on application to the Secretary.

Among the excursions not noted on the printed list, is the one on Lake Memphremagog to Newport and Magog. This is one of the most picturesque spots in the Province of Quebec, and the trip will carry the tourist through one of the most fertile portions of Canada, with scenery of mountain, lake and river, fairly typical of what is characteristic of the province, and to be seen more especially in almost endless variety in the Laurentian district which for want of time cannot be visited. A special train will be provided which will enable the party to return in the evening. The steamer will accommodate about 800. Lunch will be taken at Newport or probably at the foot of Owl's Head if it is found that the hotel there can supply refreshments for the number expected to go. The excursion will be arranged for Saturday and it is thought probable that for those desiring it, the privileges of remaining over Sunday and returning on Monday will be obtained.

A trip is also proposed to Shawenagan Falls, on the St. Maurice River, which are said to almost rival Niagara.

Among other local trips on different afternoons are a ride round the mountain and through some of the more interesting parts of the city on the electric cars; a trip to the top of Mount Royal, where a lunch will be served by the Mayor and Corporation of Montreal. The incline railway, carriages or bicycles may be the means of arriving there; a steamboat trip down the St. Lawrence; another to Ste. Anne and down the Lachine Rapids. It can be gained from what we have indicated that those going to the Montreal meeting will not only be benefitted from a medical point of view by coming in contact with the leading members of the profession from Britain, United States and Canada, and taking in the various discussions and papers which may be expected to represent the most recent advances, but that they will also be fully regaled by a varied and full round of social entertainments and pleasure trips such as has not been privileged to the members of any previous meeting.

The meeting which is to take place in Montreal August 31st, Sept. 1st, 2nd, and 3rd, unfortunately comes at a time when the hotels, lodging houses, restaurants, etc., in Montreal are taxed to their fullest capacity owing to American tourists who select this particular season of the year for the St. Lawrence route. The Reception Sub-Committee of the Association of which Professor Ruttan, McGill College, is Secretary,

will be very glad to arrange for the accommodation of any Canadian members who will communicate with him stating the kind of accommodation required. He writes us strongly to advise everyone who proposes attending to secure rooms in advance. In addition to the hotels, lodgings have been arranged for in the neighborhood of McGill University where rooms and breakfast may be obtained at moderate rates.

* * *

OF SPECIAL IMPORTANCE.

Dr. SPRINGLE desires us to draw the attention of the profession in Canada to the fact that all those who intend attending the meeting of the British Medical Association at Montreal, on the 31st of August next, must be members of the Association. And, moreover, it is compulsory in all meetings, excursions and entertainments of any kind, that members must show their ticket of membership to entitle them to any of the foregoing privileges.

The half year of subscription to membership began on July 1st, from which date also the second volume of the *Journal* for the current year, is issued.

It is particularly advisable that all those who intend to join, should do so now, and not wait till the time of the meeting, when in all probability their election to membership would be delayed, and place an extra amount of work upon the officials who at that time will probably have more than they can comfortably accomplish.

* * *

CANADIAN MEDICAL ASSOCIATION.

PROVISIONAL PROGRAMME OF MEETING AT MONTREAL.

Monday, August 30, 1897, 1 p. m.—Meeting at one of the hospitals; address by Chairman of Local Committee of Arrangements; clinical demonstration 3 p. m.—General session; reception of visitors; election of members; President's address; addresses by prominent Englishmen; appointing of committees. 8 p. m.—No general session; meetings of committees.

Tuesday, August 31, 1897, 9.30 a. m.—General session; Report of Committee on Inter-provincial Registration; Report of Nomination Committee; Reports of other committees; general business.

N. B.—The railways will grant a return trip on the certificate plan for *single* fare from points *east of Fort William*.

For further particulars address F. N. G. Starr, General Secretary, 471 College Street, Toronto.

Society Meetings.

NEW BRUNSWICK MEDICAL SOCIETY.

The annual meeting took place at the Court House, St. John, Tuesday evening, July 20th.

Dr. O. J. McCULLY (Moncton), the President, delivered a very interesting address, reviewing the work of the society. He was tendered a hearty vote of thanks.

The following officers were then elected:—

JAMES CHRISTIE, St. John *President.*

G. H. COBURN, Fredericton *1st Vice-President.*

JAS. D. LAWSON, St. Stephen *2nd Vice-President.*

STEWART SKINNER, St. John *Secretary.*

G. T. SMITH, Moncton *Corresponding Secretary.*

FOSTER MACFARLANE, St. John *Treasurer.*

JOHN VINCENT, Chatham, J. BOYLE TRAVERS, St. John, and D. D. McDONALD, Petiteodiac, were appointed trustees.

St. Stephen was chosen as the next place of meeting.

Dr. F. MACFARLANE, the treasurer, reported a balance on hand of \$140.79, and the auditors reported the accounts correct.

Dr. G. H. COBURN, the registrar, told of the efforts being made to secure Dominion registration and of the efforts to raise the standard of the profession and keep out quacks. Three were driven from the province during the year.

After finishing, the society adjourned; the scientific part of the programme having been incorporated with that of the Maritime Medical Association meeting on the following two days.



THE MEDICAL SOCIETY OF NOVA SCOTIA.

The meeting of this Society, held at Pictou on the 7th and 8th of July, was in no respect less successful or less enjoyable than former annual gatherings. The attendance was quite as large as could be expected in this year of many meetings, the papers were timely and meritorious, the discussions vigorous and well maintained, and the entertainment all that could be desired.

President MACDONALD called the meeting to order at 3 o'clock on the afternoon of the 7th, and, after the transaction of some routine business, presented the excellent address which appears in this issue of the NEWS. After the thanks of the meeting had been conveyed to him, Dr. DUNCAN MURRAY read his paper, which also appears in this issue of the NEWS. Dr. MURRAY'S paper excited an animated and general discussion.

At the commencement of the evening session, the mayor and several members of the town council of Pictou attended, and presented the Society with a very kind and flattering address of welcome, after which a prolonged and very instructive discussion in midwifery—on "Extra-uterine Pregnancy"—was opened by Dr. GEORGE MCKENZIE and continued by a number of the members present. Following this came Dr. HALLIDAY'S scholarly and exhaustive paper, detailing the results of his investigations of the gastric contents in relation to migraine.

Dr. McMILLAN read a short paper on the use of taurin and theosinamin in the treatment of psoriasis, and Dr. JAS. ROSS exhibited a case presenting this disease and made some practical remarks upon it.

At this session the nominating committee reported the election of the following officers for the ensuing year :

President—Wm. Tobin, Halifax.

1st Vice-President—J. McMillan, Pictou.

2nd Vice President—A. Halliday, Shubenacadie.

Secretary-Treas.—W. S. Muir, Truro.

Committee on Medicine—W. H. Hattie, chairman, Halifax ; F. S. Yorston, Truro ; H. H. McKay, New Glasgow ; W. B. Moore, Kentville ; A. Love, Bridgeville.

Committee on Surgery—J. W. McKay, chairman, New Glasgow ; R. A. H. McKeen, Cape Breton ; Huntley McDonald, Antigonish ; C. P. Bissett, St. Peter's ; J. W. Reid, Windsor.

Committee on Therapeutics—F. W. Goodwin, chairman, G. M. Campbell, Halifax ; S. L. Walker, Truro ; M. S. Dickson, Great Village ; M. Chisholm, Halifax.

Committee on Sanitation—A. P. Reid, chairman. C. D. Murray, Halifax ; I. J. Wallace, Economy ; H. Ross, Stellarton ; W. Rockwell, River Herbert.

Committee on Obstetrics.—J. J. Cameron, chairman, Antigonish ; M. A. Currie, Halifax ; Duncan Murray, Lower Steviacke ; D. McIntosh, Pugwash.

It was decided to hold the next meeting in Halifax on July 6th, 1898.

The morning session on the 8th was opened by Dr. GOODWIN, with a paper on "Cannabis Indica," and at this session papers were also read by Dr. H. H. MACKAY on "Pyoktanin-blue," and by Dr. J. J. CAMERON on "Anæsthetics in Midwifery." These papers were all very valuable and interesting. The discussion in medicine—on "Pulmonary Tuberculosis,"—was opened by Dr. W. H. HATTIE, and continued by a number of the members.

In the afternoon the members were elaborately entertained by the Pictou County Medical Society. A special train was provided, which conveyed the party, first to the great works of the Nova Scotia Steel Co., at New Glasgow, where we were met by Mr. SIMON A. FRASER, the superintendent, and courteously shown the various points of interest about that extensive establishment. Then a visit was paid to the natty little Aberdeen Hospital, which has just been opened for the reception of patients, and which is a splendid evidence of the charity and philanthropy of the good folk of New Glasgow and vicinity. The hospital provides accommodation for 30 patients, is a model of neatness and convenience, is thoroughly modern and efficiently equipped, and in every way a credit to those who were instrumental in its construction. After a minute inspection of every part of the hospital, the train was again boarded, and we were carried to Ferrona, and there treated to an open-air luncheon on the picturesque bank of the upper courses of the East River. When we had satisfied ourselves that the fair ladies of Ferrona were sufficiently impressed that we had good appetites, we once more boarded our train, and were back in Pictou shortly before eight o'clock.

At the evening session the discussion in surgery—on "Appendicitis," was opened by Dr. FARRELL and was perhaps the most interesting discussion of the meeting, being participated in by a large number of the members. Dr. DICKSON reported a case of Tumour of the Brain, Dr. NORVIE presented a paper on Infant Feeding, and Dr. W. S. MUIR made some interesting and instructive remarks upon the uses of Ichthyol, and upon the frequency of Exophthalmic Goitre in Nova Scotia. We hope to be able to publish all the papers read at the meeting, in subsequent issues of the NEWS.

A communication asking the society to endorse the project of Lady ABERDEEN, to establish a Victoria Order of Home Nurses, led to an animated discussion, in which it was made manifest that few present approved of the scheme. It was decided to allow the matter lay over for a year in the hope that more private information as to the manner of working, etc., would be by that time available.

After the usual vote of thanks the meeting adjourned.

MARITIME MEDICAL ASSOCIATION.

The seventh annual meeting of the Maritime Medical Association opened in the Council Chambers, St. John, at 10.30 a. m., July 21st., the president, Dr. J. W. Daniel, in the chair.

After preliminary business, reading of minutes, etc., the president read his address. (This will appear in our next issue.)

Dr. O. F. McCULLY, (Moncton), made a few remarks relative to the address, the ideas in which, if carried out, would be of great public utility. He expressed the hope that it would be published in the daily papers and moved that the president be tendered a vote of thanks. Dr. D. R. MOORE, (Stanley), seconded the motion, but before putting it to the meeting, Dr. J. H. GRAY, (Fairville), said he thought the paper was too important to be disposed of so summarily. After some discussion, the vote of thanks was unanimously passed, and Drs. THOS. WALKER, COULTHARD, JONES, CURRY and McCULLY were appointed a committee to discuss the important matters referred to in the address at a future part of the session.

Dr. J. R. McINTOSH, (St. John), then read a paper on the Relatives of Tonsillitis.

Dr. J. H. MORRISON, (St. John), thought the points emphasized by Dr. McINTOSH were very important indeed, and laid stress on the relation between rheumatism and tonsillitis.

Dr. E. A. KIRKPATRICK'S (Halifax) paper on Adenoid Vegetations then followed. Several instruments were produced which he used in such cases.

Dr. M. F. BRUCE, (St. John), in discussing this paper, said he would remove adenoids at all times. He did not find it necessary in treating young girls nearing puberty to remove the tonsils by cutting.

Dr. G. R. CRAWFORD, (St. John), agreed with Dr. Bruce in the latter respect.

Remarks were also made by Drs. MARGESON, COULTHARD, DOHERTY and PINEO.

AFTERNOON SESSION, JULY 21ST.

Dr. MARIA L. ANGWIN (Halifax) read a very interesting paper on Women in Medicine, which was heartily applauded. The president made a few remarks and called on others who might wish to discuss the paper, but none being forthcoming he declared Dr. Angwin master of the situation as well as mistress.

Dr. E. W. CUSHING (Boston) was then introduced and read an important paper on the Sociological Aspects of Gonorrhoea.

Dr. H. D. HAMILTON, (Montreal) followed with a paper on Epistaxis.

Dr. THOMAS WALKER, (St. John), then gave a report of a case of Poisoning by Illuminating Gas.

At the close of this session, the members adjourned to the Private Hospital on Hazen Street. The visitors were shown through and were impressed with its equipment and general advantages. Before leaving, they were entertained with light refreshments.

EVENING SESSION, JULY 21ST.

This was opened by a discussion on Fracture of Spinal Vertebrae.

Dr. JOHN STEWART'S (Halifax) paper on this subject will appear in full in a subsequent issue.

Dr. MURRAY McLAREN, (St. John), then gave a report of a case of Spinal Dislocation with Laminectomy, showing specimens of the vertebrae and spinal cord.

Drs. WETMORE, J. BERRYMAN and Wm. CHRISTIE took part in the discussion.

Dr. T. D. WALKER followed with remarks on the Operative Treatment of Carcinoma of the Breast, using well drawn charts to illustrate the subject.

MORNING SESSION, JULY 22ND.

The nominating committee brought in their report which was adopted. The following officers were elected.

D. A. CAMPBELL, Halifax, - - - *President.*

JAS. WARBURTON, Charlottetown. *Vice-President* for P. E. Island.

W. S. MUIR, Truro, - - - - - *Vice-President* for Nova Scotia.

MURRAY MACLAREN, St. John, - *Vice-President* for N. Brunswick.

T. D. WALKER, St. John, - - - *Treasurer.*

G. M. Campbell, Halifax, - - - *Secretary.*

Committee of Arrangement.—E. FARRELL, W. TOBIN, M. A. CURRY, E. A. KIRKPATRICK, C. D. MURRAY, G. C. JONES, the next place of meeting being at Halifax.

The treasurer's report showed a balance of \$134.78 in the association's favor.

Votes of thanks were passed to the mayor and common council for the use of the Court House, and to the retiring president for the able manner in which he had presided over the meeting.

IT IS NOT A BEER! WYETH'S LIQUID MALT EXTRACT

will be found to contain all the nutritive virtues of the best Malt Liquors in a much higher degree than any other product with which it has been compared, while containing the least amount of alcohol. It must not be confused with the other so-called Malt Extracts, which literally speaking should be termed "lager beers." WYETH'S MALT EXTRACT is made under strictly scientific principles.

Read the unsolicited opinion regarding **Wyeth's Malt Extract** from Thos. S. T. SMELLIE, Esq., M.D., of Fort William, Ont.



Its Value during Lactation.

WYETH'S
LIQUID
MALT
EXTRACT

not only supplies strength to meet the unusual demand upon the system at that time, but it improves the quality of the milk, nourishing the infant and sustaining the mother at the same time.

A PLEASANT NUTRITIVE TONIC.

It is a most agreeable and valuable nutrient, tonic and digestive agent, containing a large amount of nutritious extractive matter. It can be taken freely by ladies, children and invalids with most beneficial results. It restores sound and refreshing sleep by strengthening the nervous system, and is invaluable as an appetizer in convalescence.

JOHN WYETH & BRO.,

Pharmaceutical Chemists,
PHILADELPHIA, PA.

DAVIS & LAWRENCE CO., Ltd.

General Agents for Canada,
MONTREAL.

"My mother, who is considerably above eighty years of age, has for thirty years been the victim of mitral disease of the heart accompanied by much breathlessness and distressing headache. When with these latter troubles is added the feebleness of extreme old age, great trouble was found in obtaining anything which would help to sustain the system and contribute to the nourishment of the body without containing too much stimulant, which invariably aggravates the headache. The desired remedy has been found in 'Wyeth's Liquid Malt Extract,' which I prescribed some months ago with very gratifying results, sustaining the system while in no way adding to the headache, which had become a very distressing symptom. I recently ordered a case from you for my mother's use. I have since heard from her and am glad to know that she is experiencing continued benefit from the daily use of 'Wyeth's Liquid Malt Extract.'" T. S. T. SMELLIE, M.D.

Fort William, Ont., July 3rd, 1897.

WYETH'S ELEGANT PHARMACEUTICAL GOODS.

NEW PREPARATIONS.

ELIXIR UTERINE SEDATIVE SPECIFIC.

Each fluid ounce of this Elixir contains forty grains *Viburnum Opulus* (Cramp Bark), thirty grains *Hydrastis Canadensis* (Golden Seal), twenty grains *Piscidia Erythrina* (Jamaica Dogwood), ten grains *Anemone Pulsatilla* (Pulsatilla).

This combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

Acetanilid and Boric Acid, being much alike in physical properties and in antiseptic action, combine excellently in the form of a powder, which is now favorably known as a soothing, non-irritant and efficient dressing for lacerated and incised wounds, ulcers, sores, and any other injury that requires a bland but effective application. The present preparation contains these two ingredients, finely powdered, in the proportion of *twenty-five* parts of Acetanilid to *seventy-five* parts of Boric Acid.

For the convenience of physicians *Boracetanile* is furnished in two-ounce bottles, furnished with a sprinkler top; also in one-pound bottles.

BORACETANILE.

ANTI-RHEUMATIC TABLETS.

Salicylates of Potassium and
Lithium.

(Each tablet represents $3\frac{1}{2}$ grains of the combined salts.) Effervescent Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble and effervesce quickly and freely. Salicylates of Potassium and Lithium are invaluable remedies in all febrile affections inducing headache, pain in the limbs, muscles and tissues; also, are particularly indicated in Lumbago, Pleurisy, Pericarditis and all muscular inflammatory conditions.

SPECIFY WYETH'S MANUFACTURE.

Literature and Samples of the above will be furnished on application.

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Pharmaceutical Chemists,
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DAVIS & LAWRENCE CO., Ltd.

General Agents for Canada,
MONTREAL.

Dr. A. B. ATHERTON, (Fredericton), then read a very interesting report of a case of Pylorotomy for Carcinoma with Gastro-jejunosomy. Specimen removed on post-mortem was shown, death having occurred two weeks after operation.

Drs. DANIEL and H. G. ADDY referred to the practicability and advisability of operating in such cases.

Dr. J. H. MORRISON (St. John) opened the discussion on Diphtheria by reading a paper on a plea for Intubation. He referred to the great importance of intubation in laryngeal diphtheria and referred to over forty cases in whom he had performed this operation. The paper was most interesting and instructive.

Dr. COULTHARD (Fredericton) said the surprises given to the practitioner in treating cases of diphtheria were greater than in any other disease. Sometimes making your morning call, patient experiences a pain in the stomach, which always told of impending failure of the heart. Important to guard against peripheral neuritis, also implication of the deeper nerves, and degeneration of the heart muscle. Satisfied beyond a doubt that antitoxin is a great remedy, though many men are still skeptical. Believes it will produce results almost as great as vaccination in the prevention of small-pox. In every suspected case antitoxin should be used immediately and not wait. Statistics were given showing great reduction in the death rate by the use of antitoxin in Brisbane, and also in the State of Ohio, where the mortality was reduced to one-half.

Dr. A. F. EMERY (St. JOHN) had used antitoxin in 24 cases with 4 deaths. They were all pronounced cases though no bacteriological examination had been made in any. Of the fatal cases, 2 were laryngeal, 1 being relieved by intubation but antitoxin had been given too late. Sometimes the bacillus seems almost inert, producing a mild form of the disease, while at other times it is virulent. In most cases there is secondary infection from the streptococcus and sometimes the staphylococcus, then having a combination of septicæmia and diphtheria. Antitoxin should be given as early as possible before the streptococcus or other germs gain a foothold, for then you would have two diseases to treat. Does not consider 2,000 units too large for a patient over five years of age. Also carry on the best treatment in our command to combat the septicæmia. Possibly the anti-streptococcus serum may be used more for that purpose. Thinks the dose of antitoxin given by most practitioners is too small. In his 24 cases, every one injected before the

third day got well. In cases of tracheotomy that he had seen, most of the cases died from extension of membrane and antitoxin given too late. Every one should be able to do intubation, as through the country, specialists are not at hand.

Dr. G. M. CAMPBELL, (Halifax), gave an interesting account of an outbreak in the Protestant Orphanage at Halifax. In the first two cases, one who had not received the antitoxin until the fourth day, died a week after the onset of the disease. A few days after, four more cases broke out, when it was decided to immunize the rest, some 21 in number. Small injections were given, and out of this number, only in two did diphtheria break out, and in these was very mild. It was a matter of rejoicing that we had such a remedy as antitoxin. He was glad to hear Dr. MORRISON's urgent plea for intubation.

Dr. W. B. MOORE (Kentville), stated that he had lately used antitoxin in larger doses, though he had at first hesitated somewhat. In twelve cases which he had lately, which were mostly laryngeal, there was only one death. About ten years ago he read a paper before the Nova Scotia Medical Society, in which he spoke of using the bichloride treatment in twenty-five cases of diphtheria with only five deaths. Since that time he has not had such good results with the same treatment, but the later cases were different in character. Lately, his cases have been mostly laryngeal, while the former were more of the septic kind with great stench, and known largely as "black diphtheria."

Dr. A. B. ATHERTON, (Fredericton), during the last three years had twenty cases of diphtheria, five being laryngeal. In one case tracheotomy was performed, which recovered. Of the other four laryngeal cases, three recovered, the treatment being calomel fumigation with no antitoxin. The one fatal case was due to paralysis of the heart. Has had ten cases in which he performed tracheotomy, of which five died and five recovered. He believes tracheotomy safer than intubation where you have no skilled assistants. In intubation, when tube gets filled up, often have to send a long distance for assistance; whereas, in tracheotomy, anybody can remedy this by being shown how, in case plugging should take place. Under two years of age he considers intubation better, but in other cases tracheotomy, where assistance is not handy.

Dr. G. C. JONES, (Halifax), said intubation was a very simple operation, and he would not think of sending for a specialist. Every case he had intubated, died, not having been seen early enough. In the last

case, just as he got the tube in, the child succumbed. He could not say what was the cause of death, not being from any obstruction. If our cases have gone on to secondary infection, does not think antitoxin can be of any benefit, as now other germs have infected the patient. He agreed with Dr. ALTHERTON, to combine calomel fumigation where secondary infection was present and antitoxin with it can do no harm.

Dr. MARIA L. ANGWIN, (Halifax), made a few remarks about the last case referred to by Dr. JONES. The tube had been introduced, and shortly after child had coughed it up. On its re-introduction patient died.

Dr. G. E. DEWITT, (Wolfville), stated that on his recent visit across the Atlantic, he found great difference of opinion concerning antitoxin. Some men reported 80 per cent. of recoveries, others not so much, while again others were not using it at all. He has not used antitoxin yet in his own practice, though has a supply. Perhaps has not so much faith in it as others, but hopes the enthusiasm of it will continue on account of the good results obtained from its use. There are gentlemen in country practice who still fail to recognize laryngeal as the same disease as pharyngeal diphtheria; most of the former cases they call "true croup" and not diphtheria. In 3 cases of laryngeal mentioned, 2 died, while the third after apparent recovery, was reinfected he believes, the latter time appearing mostly on the pharynx, and died. Our enthusiasm of any particular remedy must not allow us to ride it into a hobby, but also use other measures to keep the excretory organs in good condition.

Dr. WM. CHRISTIE, (St. John,) thought it very confusing about the doses and different units recommended by different firms. He was afraid antitoxin would pass away in a few years as a fad.

Dr. J. G. NUGENT, (Briggs Corner,) had used 500 units in a case of laryngeal type, and later on the day 500 more. Patient felt better next day and ultimately recovered. He believes antitoxin saved the boys life. In every case he had, relief came almost immediately and heroic doses had not been used.

Dr. MORRISON in closing the discussion, said that intubation was often difficult, and not so simple as Dr. JONES made it out to be. It would be well if every practitioner would do intubation but he was not always prepared to do it. Never saw any difficulties from intubation in his 43 cases, except the coughing up of the tube, in 2 only. About the matter of units, Parke, Davis & Co. explain that well. Horses do not produce the same, so that a centimetre from one animal may not have the same

strength as from another, this being tested before sending out. Believes with Dr. ATHERTON that it is well to use calomel or some other measures to counteract the secondary effects, which are apt to produce paralysis of the nerve centres. May see intubation done, and do it yourself, and yet not know where the tube is going unless trained in the sense of touch and know the anatomical parts of the throat. Does not think tracheotomy can in any way compare with intubation. In the former, one is apt to infect a new situation and a new membrane form. However, he always takes tracheotomy instruments with him, so that if any accident occurs, this operation can be done if necessary.

At noon a visit was made to the General Public Hospital, where some very interesting cases were shown. Luncheon was afterwards served, Dr. BAYARD presiding, while a few toasts were moved and responded to.

AFTERNOON SESSION, JULY 22ND.

The committee appointed to take into consideration the address of the president, and to make suggestions upon the topics therein discussed, reported as follows :

“ The great question of the prevalence of tuberculosis in all communities arising without doubt in many instances from the use of the milk, and sometimes from the meat of animals suffering from that disease, forces itself at this time upon the association of medical men from the maritime provinces.

They cannot but feel that some action ought immediately to be instituted by both Dominion and Local Governments, whereby all herds of cows used for dairying purposes should be inspected by competent veterinary surgeons with a view to the elimination of the disease, where present.

In all centres of population there should be a competent medical man who could be the advisor of the local board of health, and have large powers of dealing with the question of the transmission of disease through the milk of dairy cattle, whether that disease be tuberculosis, diphtheria or scarlatina.

We earnestly desire to call the attention of both the Federal and Provincial Governments to Dr. DANIEL'S paper, and with the end in view that this question may be properly appreciated by our people generally, would recommend that 4,000 copies of the article be printed for distribution among the local boards of health.”

THOMAS WALKER,
G. E. COULTHARD,

M. A. CURRY,
G. CARLETON JONES.

It was moved by Dr. COULTHARD and seconded by Dr. JONES that the report be received and adopted. This was carried.

A very interesting discussion then ensued concerning the spread and transmission of disease, especially tuberculosis, through the agency of dairy milk and diseased meat. Those who took part were Drs. JONES, MURRAY, GILCHRIST, G. A. B. ADDY and NUGENT.

The discussion on the Causes and Treatment of Puerperal Septicæmia then followed.

Dr. M. A. CURRY, (Halifax), in opening the discussion said that for a long time puerperal fever was a vague term. It is now known as a septic condition caused by the entrance of germs or their products in the vagina. Defective cleanliness in the patient, her body or clothing, also in the doctor, especially his hands, or about the nurse,—were causes of puerperal fever. Auto-inoculation—as the contents of a pyosalpinx coming in contact with an abraded surface. Also gonorrhœa—producing a septic condition. No doubt puerperal fever is heterogenetic in origin and is preventative. In its etiology, bear in mind three chief factors, 1st the germ, 2nd the means by which it can get into the system, and 3rd the effects produced in the system. It must be remembered that the vitality of the patient is lowered during the last month of pregnancy. It is therefore important, (1) to build up the system to prevent the germs from getting a chance to live, (2) to make as few examinations as possible to prevent the chance of rents or lacerations, and (3) to have good hygienic conditions carried out properly by a good nurse.

Treatment—If constitutional symptoms be severe, overcome depression by stimulants, forced feeding and tinct. ferri mur, which he believes has considerable effect.

Local treatment.—First thing is to examine. It is wrong to use a routine treatment of intra-uterine douches, but no harm in a vaginal douche of bichloride or carbolic. Introduce speculum, touch suspicious spots with strong carbolic and dust on iodoform. If the cervix looks clean and no discharge from that part, then you are pretty sure there is no poison in the uterus. If on the other hand there is a lacerated spot on the cervix and foul discharge, then it is wise to use intra-uterine douches. If no improvement follows from this, thoroughly curette the uterus and wash out with bichloride. The trouble is we do not act quickly enough in many cases. If the inflammation becomes localized and

no tendency to resolution, the abscess should be opened and contents evacuated; to cause abscess to point, hot vaginal douches may be used.

Dr. G. H. COBURN (Fredericton) endorsed most heartily what Dr. Curry had said. He believed that sometimes there was too hasty expulsion of the placenta, which might account for some of the cases of puerperal septicæmia, through absorption of septic germs. Sometimes puerperal septicæmia does not come on till two or three weeks after confinement, these cases being probably due to a thrombus in the uterine vein. Under favorable conditions this disease should not exist. In the early years of his practice, saw many more cases than at present. He believes *tr. ferri mur.* very valuable in all septic troubles.

Dr. JOHN BERRYMAN (St. John) believed that puerperal septicæmia is set up by something from without getting within. It may not only be through the vagina, but through the lungs and stomach as well. The vaginal secretion is aseptic and also the blood which comes away after the expulsion of the placenta. Some twenty-seven years ago had a number of cases of puerperal septicæmia, but since then only one or two. He finds solutions of creolin very good.

The discussion was adjourned shortly after 4 o'clock, and a visit was paid to the Lunatic Asylum. There the visitors were shown around by Dr. HETHERINGTON, who submitted some cases, and then served an excellent supper. Some of the members, before proceeding to the Asylum, attended the opening of the golf links. The clubhouse seemed the point of attraction to the majority, owing to the presence of the band, and the five o'clock tea, served by the ladies' committee.

EVENING SESSION, JULY 22ND.

Discussion on Puerperal Septicæmia continued.

Dr. E. H. WETMORE (Hampton) mentioned a septic case which did not arise until the twelfth day. He uses the same care in a case of confinement as if he had a wound to treat. He has a small brush for cleansing the hands, a different one for each patient. Finds antiseptic tablets convenient. Uses a solution of 1 to 2000 of bichloride. He gives a preliminary vaginal douche, then a pad or ordinary clean cotton cloths soaked in bichloride applied to the parts. Old syringes should be avoided. Does not douche twice a day, not possible in the country, as there are no reliable nurses.

Dr. T. D. WALKER (St. John) cited a case where different measures had been used, and finally bichloride douching was of benefit. Stimu-

lants should be resorted to, also quinine and calomel. In the *British Medical Journal* for July 3rd, a case was mentioned in which anti-streptococcus serum had been used and patient recovered. The case he mentioned was a very similar one, and recovered without any serum being used. He exhibited a large sized curette, an old instrument revived.

Dr. J. H. GRAY (Fairville) spoke of tedious labor being more liable to puerperal septicaemia. Forceps should be used to assist, and also recommended ergot.

Dr. MURRAY MACLAREN, (St. John), said he would not depend on douches if things were not going well. The parts should be thoroughly inspected, first introducing a speculum. A considerable amount of mucus is not removed by the vaginal douche, particularly about the cervix, so that if a uterine douche followed the vaginal, better success would follow.

Dr. THOS. WALKER, (St. John). When you have a case with high fever, time is often wasted by douching. You do much more in five minutes by using the curette and following up with a bichloride douche. He mentioned one case which had been diligently douched with bichloride, and quinine given for days and still the temperature kept up. Then the uterus was curetted, and temperature went down, not rising again. Always gives ergot after every labor for two or three days. Thinks it closes up the absorbing surface of the uterus and puts the patient in a better condition afterwards.

Dr. D. R. MOORE, (Stanley). We should discard the term "meddlesome midwifery." It is not always wise to let nature run its course. Microscopy has thrown a flood of light on things which formerly were dark. Considers ordinary soaps a mass of micro-organisms. Regards Johnston's aethereal soap a splendid article, following its use with bichloride. Whenever the temperature elevates with a chill or rigor, he removes the source of trouble with a curette or intra-uterine douche.

He mentioned a case where everything had gone on well till the sixth day when she got out of bed against orders, and also on the seventh day. The latter evening she had a marked chill. On the following morning he called and was much surprised to find the patient in such a condition. The lochial discharge had been absent since the sixth day; examined uterus and found it anteflexed; it had not gone on sufficiently to involution and the movements of the body had produced acute anteflexion, thus including the secretions. He introduced a dilator and got out some

ounces of dark lochial discharge, and followed this with a bichloride douche, with good results.

Dr. CURRY in closing, again referred to the great necessity of cleanliness, particularly about the bed-clothing. Before labor, external parts might be washed with Johnston's aethereal soap, followed by bichloride pads of absorbent cotton soaked in bichloride and applied to vulva. Does not believe in using vaginal douches before delivery. Bichloride and carbolic have a tendency to dry the mucous membrane and thus predispose to lacerations being produced. Creolin, if any, would be the only one advised. If using the forceps would recommend a vaginal douche of creolin. Thinks it well when the placenta separates, to expel it as early as possible. Prolonged labor predisposes to septicæmia, so as soon as possible forceps should be used to help labor. If septicæmia ensues, and vaginal douche does not relieve, then examine with speculum as explained before. If uterus is found all right no occasion to use an intra-uterine douche. When an intra-uterine douche fails, dilate and curette with a large instrument, which will remove everything easily.

Dr. JAS. ROSS, (Halifax), then read report of a case of Pemphigus Foliaceus.

Dr. A. J. KEILLER, (St. John), followed with a paper on the Treatment of Phthisis.

Dr. DANIEL, in discussing this paper, said he noticed one omission, Dr. KEILLER not having mentioned what success he had with aseptoline. Dr. DANIEL himself, had used it in many cases; it first lessened the fever, but no ease resulted in a cure. He believes Edson recommends also inhalations of iodoform, but he had not used them.

Dr. KEILLER in answering, stated that in the four cases in which he had used aseptoline, one died, while the others had improved considerably. He had also used iodoform inhalations.

Dr. E. P. DOHERTY, (St. John), related a case whose weight had become reduced from 175 to 137 lbs. Used creosote after which general condition improved, and patient increased in weight till he reached 166 lbs. The consolidation of the lung cleared and he hoped for success, but in a short time patient became worse and died.

Dr. J. H. MORRISON, (St. John), said he believed creosote the best remedy we had. He had presented cases to the medical society who were taking 80 drops daily. His method is by adding 10 drops of creosote to a pint of water, and divide in three or four doses. Increase one drop daily and the patient will soon tolerate it. Now, has four or five

patients taking it and all like it. Creasote is a support to the tissues, and a good heart tonic as well. Does not believe that hereditary influence has anything to do with phthisis, but considers that old bed-clothes and other heirlooms handed down from one generation to another, are the great source of infection in families.

Dr. STEWART SKINNER, (St. John), read the concluding paper on the Effects of Age on the Vascular System.

On motion of Dr. DEWITT, seconded by Dr. PURDY, votes of thanks were extended to the authorities of the private hospital, the public hospital and the asylum, for entertainment and hospitality: and on motion of Dr. HETHERINGTON, seconded by Dr. MADER, to the railway and steamboat lines.

Dr. ROSS was heard briefly in the interests of the MARITIME MEDICAL NEWS.

President DANIEL in a short speech closed the meeting. He referred to the meeting as the most instructive and pleasant yet held, commented on the good representation from Nova Scotia, and expressed the hope and the opinion that next year's session to be held at Halifax, would be attended by a large number of members from New Brunswick.

The members then adjourned to the Dufferin hotel and enjoyed for many hours the excellent repast and impressive speeches delivered by the different speakers.

The seventh annual meeting will be pleasantly remembered by all those who had the opportunity of attending. Nova Scotia did well in its large representation, but may New Brunswick surpass this next time—do not forget.

Our Prince Edward Island conferees cannot but make amends at the next opportunity.

The papers were of a high order. We trust to be able in time to publish them in the NEWS.

G. W. Mingay, representative of Messrs. Parke, Davis & Co. for the Maritime Provinces, was present with samples and literature concerning their newer preparations for gratuitous distribution, and was ready to reply to any questions regarding them. No special display was made, the products of their laboratories being so well known by the medical profession of the maritime provinces as to render it unnecessary.

Obituary.

By the death of Dr. CHAS. GRAY, of Mahone Bay, N. S., the medical profession has lost one of its most esteemed members. For nearly forty years Dr. GRAY had been a faithful and successful practitioner in Mahone Bay, and by his manliness, integrity and geniality had made himself beloved by all who knew him. It was therefore with the greatest regret that the news of his sudden and distressing death was received by his very large circle of friends and admirers.

While driving to see a patient, on the morning of the 26th of June, his horse suddenly bolted, and Dr. GRAY was thrown from the carriage with great force, striking his head upon a stone. He was immediately rendered unconscious, and survived the injury only a few minutes.

We condense from the report of the sad occurrence published in the *Lunenburg Progress* :—

“ In all the churches of the town, appropriate references were made on Sunday to the great loss which not only the town of Mahone but the whole county has sustained in the death of Dr. GRAY. Prayer was also offered for the bereaved family. At St. James church, where the deceased had been a worshipper for many years, hymns suitable to the occasion were sung, and during the sermon, which was preached by Rev. E. A. Harris, M. A., rector of the parish, there was scarcely a dry eye in the church. The text was taken from Proverbs, xxvii, 9. “ Ointment and perfume rejoice the heart : so doth the sweetness of a man’s friend by hearty counsel.” The preacher, who was himself visibly affected, spoke in moving terms of the splendid qualities of Dr. GRAY as a friend at all times and to all, as a skilful physician, as a useful citizen and as a loyal churchman. The funeral took place on Monday afternoon. * * *

Practically the whole town and country round followed the body of this long loved physician to the grave. At the door of the church the procession was met by the officiating clergy. There were the rector of the parish, the Rev. Rural Dean Gelling of Bridgewater, the Rev. G. Haslam, M. A., of Lunenburg, the Rev. A. M. Bent of Chester, the Rev. C. W. Vernon, B. A. of Windsor, and Mr. J. L. S. Foster, lay reader. The clergy then slowly preceded the body up the aisle of the church, whilst the choir sang the beautiful opening sentences of the English burial service. After the hymn “ Rock of Ages ” had been sung, the Reverend G. Haslam read the xc. Psalm, and the Rev. A. M. Bent the well known burial lesson. The hymn “ Now the Labourer’s Task is O’er ” was then feelingly sung, and the clergy, having reformed in procession, preceded the body to the grave. The church was packed to the doors there being scarcely standing room. * * *

Signs of mourning were visible throughout the town, flags being at half mast. Mingled with the keen realization of the great loss that Mahone Bay has sustained, the deepest feelings of sympathy are everywhere expressed for Mrs. Gray and the family of the deceased.

Books, Pamphlets and Exchanges.

EYE-STRAIN IN HEALTH AND DISEASE. With Special Reference to the Amelioration or Cure of Chronic Nervous Derangements without the Aid of Drugs. By Ambrose L. Ranney, A. M., M. D., Author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc., etc.; Late Professor of Nervous Diseases in the Medical Department of the University of Vermont and of the Anatomy of the Nervous System in the New York Post-Graduate Medical School, etc. Illustrated with 38 wood cuts. One Volume, Royal Octavo, pages viii-321. Extra Cloth, Beveled Edges, \$2.00 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

In this volume we have a compilation of a number of monographs published by the author from time to time, with the addition of considerable new matter. Dr. RANNEY, as is well known, is strongly of the opinion that eye-strain, the result of muscular or refractive error, induces the leakage of a large amount of nervous energy, and is thus a common source of functional nervous derangements. Not only does he urge an intimate association between eye-strain and such conditions as headache, neuralgia, chorea, insomnia, epilepsy, nervous prostration, etc., but also with chronic gastric and digestive disturbances. Moreover, he has come to believe that the so-called neuropathic predisposition is often dependent upon eye-strain, and that many constitutional diseases are indirectly the result of a state of low nervous vitality which, in turn, is traceable to some anomaly of the visual apparatus.

A full description is given of such tests as can be carried out by any physician, and the assertion is made that "the examination of the eye for errors of refraction and accommodation, and a thorough familiarity with the tests lately advocated for the detection of anomalies of the ocular muscles ought not to be confined exclusively to the practice of the oculist. They are as valuable to the general practitioner as are the physical signs of the chest."

The argument is supported by an array of clinical histories illustrating various morbid states which have been improved after treatment directed mainly towards the correction of some visual defect. The book is interesting and instructive, and although we are a bit dubious about subscribing to all of Dr. RANNEY's conclusions, we have no hesitation in commending it as an excellent presentation of a subject of undoubted importance. It is a book which the general practitioner will appreciate, and which should be widely read.

BOOKS OF THE MONTH.

SCHAFFER'S PRACTICAL HISTOLOGY.—By Edward Albert Schafer, L.L.D., F.R.S.—12mo., 306 pages, 59 engravings. Cloth, \$2.25.—Published by Lea Brothers & Co., Philadelphia.

A TEXT BOOK OF DISEASES OF WOMEN.—By Charles B. Penrose, M.D., Ph.D.—Cloth, \$3.50.—Published by W. B. Saunders, Philadelphia.



THE STANDARD OF MEDICAL EDUCATION.—By J. M. Bodine, M. D.—Reprinted from *American Practitioner and News*.

A CASE OF PERICHONDritis OF THE LARYNX FROM AN UNUSUAL CAUSE.—By H. S. Birkett, M. D.—Reprinted from *New York Medical Journal*.

VALEDICTORY ADDRESS.—By H. S. Birkett, M.D.—Reprinted from *Montreal Medical Journal*.

MARRIED.—At Eastport, Me., July 22nd, Dr. Foster McFarlane, of St. John, and Miss Gertrude Ariel Van Horne, of Waltham, Mass., were united in marriage by the Rev. J. A. Ford, M. A. The News congratulates the worthy doctor and wishes him and his lasting prosperity.

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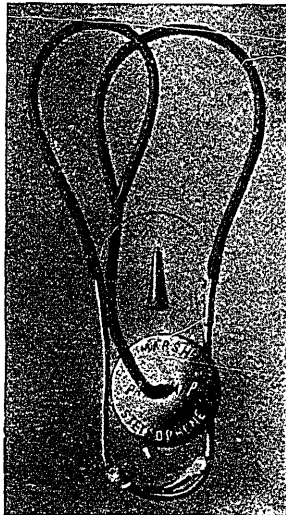
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The annual circular for 1897-8, giving full details of the curriculum for the four years, requirements or graduation and other information, will be published in July, 1897. Address Austin Flint, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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