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The Maritime Medical News.

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF

MEDICINE and SURGERY.

VOL. VIII.—No. 6. JUNE, 1896. Subscription $1 per annum.

PRINTED BY JAMES BOWES & SONS, 142 HOLLIS ST., HALIFAX.

CONTENTS.

- 1896 -

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THE
MARITIME MEDICAL NEWS,
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VIII. HALIFAX, N. S., JUNE, 1896. No. 6.

Original Communications.

THE TREATMENT OF HEART DISEASE.

By LEWIS HUNT, M. D., Sheffield, G. B.

(Read before Halifax Branch B. M. Association.)

Mr. Chairman and Gentlemen,—

For a long time I have been much impressed with the importance of rest in the treatment of acute cardiac disease, and I make bold to lay particular stress on rest as one of our most valuable remedial agents, because at the present time the attention of the profession is being directed to the practice of regulated muscular exercise as introduced by Dr. Schott, of Nanheim. I have repeatedly noticed as a result of rest in bed, that the action of the heart becomes slower, increases in tone, and the area of heart dulness becomes less. I well remember, some years ago, admitting a young girl into the hospital with a pulse of 120, heart sounds very feeble, the apex beat so diffuse as to render it difficult to make out its extent, and there was present a loud systolic murmur.

On the suggestion of my resident surgeon of that date, I kept her in bed as the only treatment. At the end of a week, I was astonished to find the pulse had reduced to 80 beats, the heart's pulsation was much stronger, and its area of dulness much less diffuse, and what surprised me most was that I no longer heard the murmur.

Since that time, which was in my early career, I have repeatedly noticed similar results from a rigidly enforced confinement to bed in the treatment of these cases, whether organically or functionally deranged.

The means that will reduce and strengthen the action of a quick, weak heart, in functional derangement, will generally bring about the same result in hearts organically diseased. Having enjoined for so many years, the importance of rest as a remedial agent in all cases of acute heart disease, when the main features were increased speed and decreased volume, I have read with much interest, during the past year, a system of treatment where graduated muscular exercises were adopted to increase the power of the heart. As you will know I am referring to the Nauheim (Schott) treatment, I was much impressed by the reports of the diminished area of heart dulness, which is said to result from his system of muscular exercises and the employment of baths.

As far as the muscular exercises are concerned, I know nothing except what I have seen in print. I cannot but think that violent exercise is dangerous, unless we are quite sure that the muscular structure of the heart is quite able to resist the increased tension it produced. It seems to me that to subject a quick, weak heart, with or without valvular disease, to a violent course of physical exercise, is contrary to all past experience, that a weak, inflamed organ requires rest. I am well aware that in chronic diseases of the heart, when weakness of that organ is not a too prominent symptom, well regulated exercise has long been advocated, and I can well appreciate the good that results from such a course of treatment, but to send people suffering from heart disease to climb mountains, is a line of conduct that seems very much out of harmony with my experience.

The use of baths, which forms a part of the Nauheim treatment, is becoming a common mode of treating heart disease in this country, more especially at hydropathic establishments, and although the experience that I have had of their use, merely touches the fringe of the subject, yet it impresses me with a strong "prima faciæ" argument, that in the judicious use of the baths at home is a safe and effectual remedy in reducing and strengthening a weak heart.

It is well known that a bath of lower temperature than the body contracts the small vessels, while a hot bath dilates them. On this principle, it would seem that the effect of a cold bath on the heart would be to contract the heart and at the same time increase its power, while a hot bath would dilate the vessels and relax its muscular tone by reducing the blood pressure. In examples of acute mania without temperature or in acute blood poisoning with high temperature, in both cases when the heart becomes alarmingly weak and quick, I have noticed that the immersion of the body in a cold bath reduces the action

of the heart and increases its power. I am sure that this is the experience of many that I am addressing. Allow me to mention a case in point. A lady, suffering from blood poisoning, with very high temperature, was threatened with death from heart failure. Before the bath *(cold)* the pulse was 140 in the minute and its beats so weak as to be almost imperceptible. After the bath of 10 minutes, which had been lowered to 60°, the pulse was reduced to 90, and its power so much increased as to be easily appreciated.

I may be told that this improvement in the heart was due to the reduction of temperature. We all know that continued high fever lowers the irritation of the muscles of the heart, which may become soft and flabby.

But take another case of a different nature that came under my notice.

A man suffering from acute mania came under my care when there was no rise of temperature. The pulse was 120, the heart's action very feeble. After a graduated cold bath, the beats of the pulse were reduced to 80 in the minute, and the heart's action became very much stronger. In both these cases I believe the sudden reduction and the increased power to the heart's action, was due to the contracting influence of the cold bath.

I now ask if such be the effect of the cold bath on the heart's action. Is it not the very result we seek to attain in treating diseased conditions of that organ? To change a quick, weak heart into a slow, strong heart goes a long way in successfully treating cardiac disease.

I am indebted to Dr. Sydenham, one of my resident surgeons at Fir Vale Hospital, for the following reports on the use of the bath in certain cardiac affections that have come under my notice.

Isaac Silverwood, æt. 40 years.

Before the bath.—Apex beat situated in 5th interspace, ¾ inch outside the left nipple line, pulsation could be seen and felt, but not so distinctly for some distance on either side of this point in the same space and in the 4th and 6th spaces.

Percussion.—On heavy percussion the area of absolute dulness was found to extend upwards to the upper border of the 4th rib on the right side, to a line about ¼ inch to the left of the middle line of the sternum and on the left side to ¾ inch outside the nipple line. On percussing lightly a relatively dull area was marked out, which reached beyond the limits of the last, upwards to the upper border of the 3rd rib, and on the right side to an inch to the right border of the sternum.

On auscultation the first sound was thumping, especially in mitral region and over the apex at its termination a very soft short, ventricular, systolic murmer was heard. The second sound was reduplicated, and the cardiac diastole was marked by a rough murmur, apparently intermediate, between the second and first sound, and not directly continuous with either. It was, no doubt, endocardial audible over the mitral area travelling towards the axilla.

Pulse fairly moderate tension, averaging 78 in the minute, but varying a little in different quarter minutes.

After the bath, which lasted 10 minutes, beginning at 90° and being gradually lowered to 85°. The position of the apex beat and of the area of absolute cardiac dulness, remained exactly the same. The relative dull area, however, was certainly less dull than before the bath, throughout its whole extent, both above and on the right side. The cardiac sounds were more forcible; murmur unaltered; pulse 70.

After the second bath, which took place two days after the first, of same temperature. The relative dulness could larely be appreciated, the dull area seeming to commence almost at the exact lines previously given for the area of absolute dulness, and the dulness over this latter area seemed less intense. Apex beat unchanged. The heart sounds were much clearer, and the murmur was more distinct. The pulse was slower, stronger and more regular. The man has expressed himself as relieved. I have not had the opportunity of continuing this treatment.

Rosana ———, æt. 16 years.

Before the bath.—Pulsation visible in the 5th and 6th left intercostal spaces. More or less diffused throughout the portions of these intervening spaces between the left borders of sternum and left nipple line. This is well seen, as the patient is thin and has a small breast. The apex beat can be located at a point $\frac{7}{8}$ of an inch interval to left nipple line. The absolute cardiac dulness extended from this point inward to the left border of sternum and upwards to the lower border of the 4th costal cartilage. Proceeding inward, however, there is less marked dulness as far as the right border of the sternum. On auscultation a loud blowing, systolic murmur is audible immediately over the apex. It cannot be heard beyond nipple line or over aortic and tricuspid areas. The second sound is pure throughout. The pulse is small and quite regular. The patient was immersed for 10 minutes in a bath, the temperature of which was kept up to 100° throughout.

After the bath.—The absolute dulness remained exactly as before,

the dull area being bounded above by the lower border of the 4th rib, and on the right side by the left border of sternum.

The cardiac impulse was more marked, and apex beat could be felt almost as far as the nipple line. Relative dulness in a less degree was made out in the 3rd interspace and impressed one as being less marked than before over the strenum. Moreover, during the 10 minutes immediately following the bath, the comparative dulness in these situations (*i. e.,* above and to right side of the heart) became gradually less marked. The systolic murmur was louder than when previously noted and could be heard over a slightly increased area both outwards and inwards from apex beat. The heart's sounds were louder and the contractions more forcible. The pulse more bounding and more rapid than before the bath and remained quite regular.

Polly Bainforth, æt. 11 years.

Before the bath.—Pulsation visible 5th and 6th intercostal spaces, and so diffuse as to cover the space between left border of sternum and left nipple. Difficult to localize the apex beat—seems to be about an inch below and to the right of nipple line. The absolute cardiac dulness extends from ½ inch to left of nipple line to the left border of sternum and above the 3rd costal cartilage. On auscultation a loud, pure, systolic murmur is audible over the apex. The pulse is small and quick its rate being 110 in the minute. The patient was immersed in a bath, for 7 minutes, at a temperature of 90° reduced to 70°.

After the bath.—The area of dulness had not changed, but its intensity was not so good. The systolic murmur remained as before. Pulse beats rather strong and reduced to 90. I had expected in this case that the effect of the bath would have been to reduce the area of dulness in a more marked manner, and more visibly increased the weak, muscular contraction of the heart. In a few words I might point out that the results of the employment of the cold bath on the cases I have reported were dullness diminished in degree, both above and on right side without any marked diminution in area. Increase in cardiac impulse and sometimes decrease in the pulse.

I regret I am unable to report on the more permanent effects of this line of treatment. I have been unable to follow up and watch their results for a sufficient length of time to make the report complete, but I have gained sufficient evidence to induce me to proceed further with this line of treatment when examples of proper cases present themselves to me for treatment, and I am persuaded that the use of the bath involves no danger which should deter us from recommending its use.

There are two drugs which I have been in the habit of prescribing, and on the use of which I should like to say a few words. The first one I shall mention is perfectly familiar to every medical man—I refer to digitalis. From my own experience, I should say that under proper circumstances there is no drug that acts with greater certainty. I regard this drug as a heart tonic and heart regulator, and the very best that we possess. If the pulse be feeble, quick or intermittent, the countenance pale, the belly soft and fluctuating, the limbs anasarcous, I should expect almost to a certainty that the exhibition of digitalis would bring quick relief. On the other hand, I have noted that in florid complexions, with strong bounding pulse, denoting high blood pressure, the use of the drug is contraindicated. I generally find digitalis of great benefit in mitral systolic disease, especially if the backward pressure is producing congestion of the lungs and venous engorgement.

So invariably is the good effect of digitalis associated in my mind with increased stimulation of the kidney, that I am always doubtful of its safe or beneficial results unless diuresis takes place. There is a difference of opinion as to the employment of digitalis in aortic regurgitation, some regarding its use as dangerous, while others think its curative effect is clearly demonstrated under these circumstances.

Balfour, writing on aortic regurgitation says: There is no other disease where the drug is of more value. As regards my own experience, I have never seen any good from its use in aortic regurgitation, and believe in a few instances its exhibition has been attenged with dangerous symptoms when prescribed by me. I have said there is a condition of high blood pressure associated with cardiac disease, especially met with in aortic disease without angina, which is not compatible with the employment of digitalis. A condition recognised by the hard bounding pulse, florid complexion and often attended with great breathlessness. Under these circumstances no remedy has given me so much satisfaction as the nitrites. The vasor dilating powers of the nitrites reduces the tension of the arteries and relieves the heart of the extra work that such tension has brought to that organ. The preparation I am most in the habit of using is trinitrine in doses of from 1 to 3 drops every 4 hours till relieved.

I have already taken up too much of your time and will at once conclude by thanking you for the kind and sympathetic attention which you have accorded me in my efforts to bring my subject before you to night.

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DR. F. A. MARCOTTE, of St. Anne de la Perade, also writes:—

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TREATMENT OF FEVERS.

By W. Osler, M. D., Baltimore.

From an address delivered before American Medical Association.

Advances in the treatment of fevers, and especially of typhoid, have not kept pace with the rapid progress in our knowledge of the etiology. In the present condition of bacteriology we may hopefully expect great things in the near future, but meanwhile we jog along without any fixed aim, too often carried away by winds of doctrines and wild theories. Still it is something to have escaped from the restless activities of our grandfathers. They are not all, however, of the same stamp. If I had typhoid fever and had a theosophic option as to a family physician I would choose Nathan Smith, nor would I care whether it was while he labored in the flesh in the little town of Cornish, N. H., in 1798, or after he had become the distinguished Professor of Medicine in Yale.

I know of no more graphic contrast than can be drawn between the comfort of fever patients at the beginning and at the close of the century. In illustration let me give you an account which I picked up last summer in the Medical Library at Boston, from a brochure by Dr. Gamage on the fever of 1817-18 in that city. He was describing a typical case of typhoid fever with several relapses, which occurred in a woman, whom he saw about the first of February. In the first attack, between February 3 and 28, she had seventeen bleedings, varying from fifteen to twenty ounces; in all, 167 ounces of blood were taken. She had active purgation and calomel galore. There were blisters to the neck, blisters behind the ears, blisters on the abdomen. Throughout March, April and May the patient had three, if not four, relapses, in each of which there were renewed bleedings, though the amount of blood was rarely more than four to six ounces. The purging and blistering were kept up, but there was added on several occasions cold ablutions, and thrice she had tepid baths. In the very full record which he gives of the case it is evident that scarcely forty-eight hours passed without some active medication.

Think of the misery, the tediousness, the discomfort of a typhoid case with three relapses; think of the bleedings, the blisterings, the purgings, from which at least our fever patients of to-day are free! Contrast the quiet, the care, the gentle nursing, the scrupulous cleanli-

ness, the abundance of cold water to drink and the fresh air which typhoid patients of to-day receive. A practitioner of the Nathan Smith type, a man who has the confidence of his patients, will carry through a majority of his typhoid fever patients without a single dose of medicine, not a purge, not a vomit, not even a fever mixture. He is a patient, anxious spectator of a process he can not arrest, a watchful guardian who will know when to act with promptitude and decision and when to refrain. Would that worthy successors of this good old man (whose article on the typhous fever of New England shows him to have been a true disciple of Sydenham) were more numerous. Some of us insist, and I am one of them, that in hospital practice a cold bath every three hours, when the fever arises above a certain point, saves from eight to ten in each century of cases; while there are others—*quot homines, tot sententiæ*—who put their trust in purges, or who undertake to disinfect the twenty feet of bowel with drugs whose chief virtue is their harmlessness.

Old Dr. Gamage, whose case I read to you, with that delightful complacency which has not yet disappeared from our ranks, congratulated himself and his patient that success had crowned his efforts. He concludes his paper with the words, "thus no less than four distinct accessions of the disease occurred. That they were the effects of the spreading and augmentation of the inflammatory action is proved by the fact that the symptoms in each instance were reduced within the bounds of present safety by bleeding, and the patient allowed another chance for existence." Pity, no doubt, is the chief feeling in our minds as we read such a report; but this is our day, not his. At some future time there will come a day, perhaps, when our complacency will seem as strange, when other auditors, in another place, may express the same pity for us that we feel for our predecessors. Even Rush seems to have had a presentiment that perhaps he did not know it all, since he closes his article on the phenomena of fever with the lines:

> "We think our fathers fools, so wise we grow.
> Our wiser sons I hope will think us so."

We don't!

I must claim the privilege of a faddist to abuse roundly other faddists who do not swim in my puddle. As a strong advocate of hydrotherapy, I take especial pleasure in denouncing as heretics of the worst possible stamp, the advocates of the so-called, antiseptic and abortive methods of treatment of typhoid fever. I would place the man who does not for this purpose also give a purge, in a limbo just a little less hot, as he probably does a little less harm. It galls my kibe, too, to think that the

heresy is spreading, and scarcely a week passes in which I do not receive a temperature chart of some case of typhoid fever which has terminated spontaneously, on the twelfth or fourteenth day, as a triumphant demonstration of the value of drugs which, from my point of view, might as well have been given *per cutem* in the tub. At present I am so wholly abandoned to cold water practices that I confess to be anything but an impartial critic. Still, intestinal antisepsis is not a matter for typhoid fever patients only, and now that the glamour with which Bouchard invested the subject is fading, we are getting to hard common sense views on the question. Two facts—the two grains of wheat in the two bushels of chaff—which you can winnow from the whole complex literature to date about antiseptic medication, are: First, that in such a disease as cholera, in which the germs thrive and grow directly in the bowel, is a failure; and second, the impossibility of destroying experimentally germs in the bowel by any antiseptic administered *per os* in harmless doses.

The advocates in this country for the abortive and antiseptic plan of treatment must bring forward a much stronger body of evidence than has been presented, and in a much more rational way, before they can hope to carry conviction to the septic. Indeed, more than this, they must not regard themselves as exempt from the common rules which are recognized everywhere in modern medicine as essential. If they have a jewel, why, for pity's sake, ruin it in the setting? I have no hesitation in characterizing the papers which have appeared in the ASSOCIATION JOURNAL on the question as a heterogeneous jumble, entirely unworthy of a subject connected in this country with the names of Bartlett, Gerhard, James Jackson and Flint. I am not one to cry: Can any good come out of Nazareth? Nor do I hold that all wisdom is in the professorial corps. Jenner was not a professor, nor was Sims; nor am I so blinded as to suppose that we come to the end of our wisdom in the treatment of any disease; but I do insist that the advocates of any special line of treatment should, at any rate, advance their claims with some regard to the intelligence of their readers, with some regard to the ordinary rules which regulate sane men in the presentation of a subject. To assert an abortive treatment of typhoid in a case in which on the thirteenth day of the illness, and on the seventh of the treatment, a patient died of intussusception, "cured of his typhoid fever on the seventh day of treatment," so it is stated, when the autopsy showed "the characteristic and extensive ulceration of Peyer's patches and tumefied glands," is to talk a language unintelligible to an educated

medical man, and is nothing short of midsummer madness. Then follows the extraordinary remark, "The history and pathologic specimens prove conclusively that one case of typhoid fever was aborted. *Ab uno disce omnes!*" Such a conclusion would insult the intelligence of a first year medical student. To speak of a case of typhoid fever as aborted, which shows on the thirteenth day ulceration of the ileum and tumefied mesenteric glands, damns, in my opinion, the whole plan as a therapeutic fake of the first water. *Ab uno disce omnes!* Another piece of evidence is mentioned in a case in which the disease was so far aborted as to enable the patient to sit up and eat beefsteak on the tenth day. He remained well for fifteen days, and then, *mirabile dictu*, this aborted fever had the audacity to relapse! The advocates of the abortive and antiseptic plan must, 1, learn what it is to abort a disease; 2, familiarize themselves fully with the clinical history of the milder types of typhoid fever; and, 3, present their reports of cases in a manner worthy of the subject, giving details which shall enable anyone to deduce his own lesson. I honor, Mr. President, enthusiasm, and respect honest conviction, but when principles are at stake which involve the good name of my colleagues and of my profession, and still further when in my judgment the lives of patients are placed in hazard I hold it better to speak out plainly than to maintain a supine, though more easy, silence.

EXPULSION OF A FIBROID TUMOUR FROM THE UTERUS FOUR DAYS AFTER CONFINEMENT.

Reported by G. D. TURNBULL, M. D., Hebron, N. S.

I was called to attend Mrs. McG., age 44, in her eleventh confinement on Nov. 13th. Nothing unusual occurred and after an easy labor of about 8½ hours duration she was delivered of a male child (weight about 7 lbs) at apparently full term. Placenta came away in about 15 minutes.

As she gave a history of flowing a good deal after her previous labors I gave her one drachm of fld. ext. ergot as soon as placenta came away and repeated one in about half an hour. During the following night she flowed pretty badly and had considerably severe pains. When seen 18 hours after delivery she was still flowing some and experiencing some discomfort from a distended bladder. I passed a catheter, drew off about a quart of urine and gave her one and a half drachms of fld. ext. ergot, as the uterus seemed unusually large, though firm, and I suspected a large blood clot. In about 20 minutes a painful contraction took place and in a few minutes a blood clot about the size of an ordinary placenta came away. She then felt quite comfortable. During the next two days she got along very well, not flowing much and not having much pain, but in the morning of the 17th about 80 hours after delivery she found she could not pass water and while attempting to do so began straining and forced a large mass from the vagina. Subsequent condition good.

The tumor is ovoid in shape and flattened from side to side. Dimensions as follows: Extreme length, 5½ inches; breadth, 4½ inches; thickness, 2 inches; weight, 25 ounces. The torn surface of separation is at one angle and about 2 inches long by ¾ inch wide.

She gives a history of menorrhagia for 12 or 15 years. Three years ago she had a baby and flowed very badly some time afterward. At that time they say placenta was adherent and removed manually. If so, I do not see how the growth very well escaped detection, as I should not imagine it had started since then. Since then she has had 3 miscarriages, and with one of them about a year ago is said to have nearly died from subsequent hemorrhage.

As far as I am aware, similar cases are quite rare. One would hardly think she could carry a child to full term with a thing like that in the uterus as well, but she did and was fortunate to get rid of it and the child at pretty nearly the same time.

THE

Maritime Medical News.

VOL. VIII. JUNE, 1896. No. 5

Editorial.

INTEPROVINCIAL REGISTRATION CONTINUED.

In our last reference to the subject of interprovincial registration, the difficulties met with by the various committees of the Canada Med. Association were referred to, more especially these offered by Ontario. One of the results of the meeting last held, and one of the most important, was the statement by Dr. Pyne, Registrar of Ontario and the other members of the committee from Ontario, that they were willing to accept the four years of nine months each as equivalent to their course of five years. This would seem to bring matters within an appreciable distance of adjustment.

The time of study required by the various Provinces, so far as we have been able to obtain the information is as follows: viz, British Columbia three years, Ontario five years, the other Provinces four years. In all these Provinces in addition, except in Nova Scotia, there is required an examination by the Medical Council. If, therefore, the

term of four years of nine months each should be adopted as a minimum, the greatest change would be required in B. Columbia, and we think the other Provinces now have legislative authority to change from a six months to a nine months course if they wish. Nova Scotia would require to obtain power to examine all candidates for registration.

The next difficulty would be the obtaining of an uniform standard of matriculation, and an uniform method of examination for the whole Dominion. With regard to the first, little difficulty should be experienced, the standard of the Council of Med. Education of Great Britain might be adopted, and indeed this standard is now practically adhered to.

An uniform method of examination would be somewhat more difficult to obtain, but is not at all unattainable. The simplest method would of course be, to have one central examining board and compel every candidate to appear before it. In this country of magnificent distances, however, this would entail too much hardship and expense on students, and some modified scheme must be adopted. It might be possible to have one central examining board on which each Province should be represented, who should prepare the examination papers and send them to the various councils, who should hold the examinations, and return the answered papers to the Central Board for final disposition and judgment. Or, again, there might be a Central Board who should have the right and duty of examining all the answered papers of the candidates and advising the various councils if their standard of examination was not efficiently maintained; the latter notification taking with it the penalty of refusal of interprovincial registration. Or, again, the Central Board might consist of a certain number of Inspectors, one or more of whom should be present at all examinations held in the various provinces, either with power to supplement any examination they might consider weak, or simply to report to the various councils their opinion on the examinations, leaving it with the other to take punitive action. There are plenty of methods by which an uniform standard of examination may be obtained, but the best can only be decided on after debate by a competent committee.

It is an encouraging and noteworthy fact, that our neighbours to the south are becoming every year more alive to the necessity of dealing with the subject of medical education and practice in such a way as to make it more and more difficult for uneducated and ignorant men to obtain an entrance into the profession. In that country, although a few years ago there was practically no legal restriction on the practice of

medicine, now, more than half of the States and Territories have laws on the subject, dealing with it, of course, in various degrees of completeness. But the tendency among them all is to place the licensing power in the hands of State Boards, and thus reduce the power, frequently for evil, of the shadowy pretensions of a mere diploma, and require the possession of knowledge as well as a sheepskin. It is also very gratifying to know that the matter of extending the medical curriculum in that country to a four year's graded course is steadily gaining ground, and that the number of medical colleges which make this term necessary for graduation is constantly increasing.

There is also in the United States, an Association of State Medical and Licensing Boards, who meet once a year in "National Conference."

The following propositions which were carried at their meeting last year, show that their object is very similar to what we are now discussing in Canada:—

1. "That as the system of state medical licensers has been adopted in a number of states, and there being a decided probability that the system of state control, in some form, will eventually be adopted by all the states, it is *necessary* that the several State Examining Boards should *at once* take measures for approximating, as nearly as possible, *substantial uniformity* as to ratings and standards of requirements.

2. That there should be at once established a system of *reciprocal inter-state action* on the part of state examining boards, under which licentiates may be able to acquire a legal statue, on removing from one state to another, without re-examination.

3. That measures be at once instituted for largely increasing the powers and influence of the National Conference, by which it may be placed more nearly in touch with the members and representatives of state examining boards, in order that its advisory and semi-judicial decisions and orders may gain increased force and corresponding effectiveness."

Like ourselves, this 'National Conference' is endeavoring to obtain inter-state registration, and is working along the same lines. It is more than likely that the conference of delegates at the next meeting of the Canada Med. Association will be able to evolve a scheme so generally satisfactory, that it will meet with the approval of all the provinces.

SYR. HYPOPHOS. Co., FELLOWS,

CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime.

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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 exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

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

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

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

WHOLESALE AGENTS.

RHEUMATIC CONDITIONS.

WYETH'S ELIXIR
SALICYLATE OF SODA COMPOUND.

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

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

Each fluid drachm contains 3½ grains Salicylic Acid, 1 grain Black Cohosh, 1 grain Gelsemium, 1 grain Iodide Potassium and Soda Bicarb., q. s.

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

JOHN WYETH & BROTHER.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

GENERAL AGENTS.

RELATIONS OF MEDICAL EXAMINING BOARDS TO THE STATE, TO THE SCHOOLS, AND TO EACH OTHER.

Dr. William Warren Potter, of Buffalo, president of the National Confederation of State Medical Examining and Licensing Boards chose this title as the subject of his annual address at the sixth conference of this body held at Atlanta, May 4, 1896.

He said there were three conditions in medical educational reform on which all progressive physicians could agree—namely, first, there must be a better standard of preliminaries for entrance to the study of medicine; second, that four years is little time enough for medical collegiate training; and, third, that separate examination by a state board of examiners, none of whom is a teacher in a medical college, is a prerequisite for license to practise medicine. It is understood that such examination can be accorded only to a candidate presenting a diploma from a legally registered school.

He further stated, that a high school course ought to represent a minimum of academic requirements, and that an entrance examination should be provided by the state for those not presenting a high school diploma or its equivalent.

He did not favor a National Examining Board as has been proposed, but instead thought all the states should be encouraged to establish a common minimum level of requirements, below which a physician should not be permitted to practise; then a state license would possess equal value in all the states.

In regard to reciprocity of licensure, Dr. Potter thought it pertinent for those states having equal standards in all respects to agree to this exchange of inter-state courtesy by official indorsement of licenses, but that other questions were of greater moment just now than reciprocity. Until all standards were equalised and the lowest carried up to the level of the highest, reciprocity would be manifestly unfair.

He urged that the states employ in their medical public offices none but licensed physicians. This, he affirmed, would tend to stimulate a pride in the state license, and strengthen the hands of the boards.

He denied that there was antagonism between the schools and the boards, as had been asserted. He said that both were working on parallel lines to accomplish the same purpose, that there could not possibly be any conflict between them, and that they were not enemies but friends.

The medical journals of standing from one end of the country to the other, he affirmed, were rendering great aid to the cause of reform in medical education, and the times were propitious.

He concluded by urging united effort by the friends of medical education, saying that "the reproach cast upon us through a refusal to recognise our diplomas in Europe cannot be overcome until we rise in our might and wage a relentless war against ignorance, that shall not cease until an American state license is recognised as a passport to good professional standing in every civilised country in the world."

On August 26th, 27th and 28th next the Canadian Medical Association will hold its Annual Meeting at Montreal. Already the Montreal men are working up the meeting and the probability is that it will be one of the best, if not the very best, that has ever been held. Prof. Adam's of Montreal will deliver an address on Bacteriology. Doctor Osler of John's Hopkins is to be on hand, and our own Doctor Stewart has promised to contribute the address in Surgery. There are already a large number of papers from other prominent men promised, and the outlook was never so bright.

The committee on Interprovincial Registration will probably meet with the delegates from the various Medical Councils on the evening of August 25th, when it is hoped that something definite may be accomplished in connection with this much talked of matter. The General Secretary will be glad to hear of any intending to be present, etc., etc.

The twenty-eighth Annual Meeting of the Medical Society of Nova Scotia, will be held in Sydney, C. B., July 1st, 1896. The meeting will be opened at 9 a. m. Those going from Nova Scotia will have to leave on Tuesday, June 30th. Special rates and special tickets are arranged for. Notice of every detail will be given in the official programme which will be issued about June 5th. The following papers are promised already:

1. "Quacks and Quack Tactics." By Wm. Norrie, M. D.
2. "Alcoholism." By Andrew Halliday, M. D.
3. "The food of our working people." By A. S Kendall, M. D.
4. Report of a case of Hydratidiform Mole. By S. J. McLennan, M. D.

5. "Varicose Ulcers."
"A case of misplaced and imperforate urethra in a female infant." By W. G. Putman, M. D.
6. "Diseases of the eye in relation to Geneal Diseases." By E. A. Kirkpatrick, M. D.
7. "Puerperal Eclampsia." By D. N. Morrison, M. D.
8. "Preventative Medicine." By I. F. McDonald, M. D.
9. "A case of Placentia Previa."
"A case of Hour Glass Contraction." C. J. Morris, M. D.

Discussion on "Medicine." Opened by Dr. D. A. Campbell.
Discussion on "Obstetrics." Opened by Dr. M. A. Curry.
Discussion on "Surgery." Opened by E. Farrell, M. D.
Skin Clinic. By James Ross, M. D.

THE sixth annual meeting of the Maritime Medical Association will be held at Charlottetown, July 8th and 9th. Arrangements for one first class fare for return trip have been made with the railways and steamboat companies. This arrangement includes medical men, wives and families.

This meeting offers to visitors from the neighbouring provinces a pleasant trip by water across the straits of Northumberland, at the eastern end, leaving Pictou about noon they will arrive at Charlottetown about 6 p. m., coming by the steamer St. Lawrence, whilst at the western end they will leave Pt. du Chene at noon or thereabouts, arriving in in Summerside about 5 p. m. after an enjoyable sail of three hours by the handsome steamer Northumberland, thence the trip to Charlottetown is by rail through a farming country which is second to none in the Dominion of Canada, this trip occupies ten hours.

The Island of Prince Edward offers no magnificent or grand scenery, such as exists in Cape Breton and parts of Nova Scotia or New Brunswick, but can show to visitors and tourists a truly rural scene that is not seen anywhere but in Old England.

Charlottetown, the capital of the province and place of our meeting, is situated on a magnificent harbour formed by the junction of three rivers, forming one of the finest harbours for boating, etc., in Canada.

The ferry boats and river boats that ply up and down and across these rivers offer a very pleasant outing to those fond of the water. Excellent sea trout fishing can be obtained at numerous points about the Island, some of the most favoured being the Morell, Nudgell, Brudenell and Dunk Rivers, also Fortune Bay.

As is well known, there are many very pleasant and picturesque drives in different directions around the suburbs of Charlottetown.

We assure intending visitors that our Charlottetown brethren will spare no pains, but on the contrary, will consider it a pleasure to make them acquainted with all the beauties of their Island Home, the Garden Gem of the Gulf.

In order to sustain the interprovincial character of these annual meetings, a large and generous representation from the other provinces is absolutely necessary. If in the past they have failed to fulfill the object of their being, it has been for a too small representation from the provinces, in which, for the time being, the meeting did not take place. Much good has nevertheless been accomplished since the formation of the Maritime Medical Association.

They have materially helped to foster a higher education (Medical) also in placing the medical profession on higher status, free reciprocity having been accomplished mainly through the means of the Maritime Medical Association and its organ the MARITIME MEDICAL NEWS. A question of larger reciprocity has already become a live issue, viz:—one for the whole Dominion. It is to be hoped that the representatives from the Maritime Provinces will duly consider that larger question, and come to an understanding for mutual action and thus make their influence felt at the Dominion Medical Association which meets in Montreal about the end of August next.

We extend a cordial invitation to all the medical men of the Maritime Provinces as well as to their wives and families, and hope to see a large and representative meeting at Charlottetown on July the eighth and ninth.

In addition to the address of the President, Dr. Conroy and that of Dr. R. McNeill of Stanley, on "Higher Medical Education and one Qualification for Canada," the following papers have been promised:

"Some chips from 36 years."
By J. M. Jonah, M. D., Eastport, Me.

"A case of Extra Uterine Pregnancy."
By W. H. Dougherty, M. D., Cape Traverse.

"Diphtheria."
By A. Ross, M. D., Vernon River.

"Two cases of Brain Surgery."
By Alex. McNeill, M. D., Kensington.

"Obstetrical cases illustrating the importance of Asepsis."
By A. G. Carmichael, M. D., Margaree.

"Paranoia."

By G. L. Sinclair, M. D., Supt. Asylum for Insane, Halifax.

"Typhoid Fever."

By Dr. McLellan, Summerside.

"Abdominal Surgery, conservative and otherwise."

By F. P. Taylor, Charlottetown.

Titles of papers to be read by Drs. Slayter, Jones, McKay, Smith, Chisholm, and MacLaren Ross have not yet been received.

There will be discussions as follows:

Dietetics.	Opened by Dr. McLeod.
Treatment of Tuberculous Joints.	Opened by Dr. Farrell.
Summer Diarrhœa of Children.	Opened by Dr. W. S Muir.
Puerperal Eclampsia.	Opened by Dr. M. A. Curry.

Official programmes will be issued about June 15th.

It is with regret that we learn that Dr. Murray MacLaren of St. John has had Acute Rheumatism from which he is convalescing very slowly. We hope to see Dr. MacLaren at the Charlottetown meeting entirely recovered in health.

We are pleased to note that Dr. James Ross son of the Hon. Wm. Ross has opened an office on Hollis St. Dr. Ross has been very successful in his post graduate work in London. He will devote his time and energy to Skin and Genito-Urinary Diseases. We wish Dr. Ross a large measure of success.

The indefatigable secretary of the Nova Scotia Medical Society has secured a paper from Dr. Stewart of New York for the Sydney meeting. Dr. Stewart is one of the rapidly rising young surgeons of New York. He is a Nova Scotian of whom we may all feel proud.

Again we would advise all to try and attend the Sydney and Charlottetown meetings. Tickets of those going to Sydney are good until July 11th. which covers the time of the Charlottetown meeting. Most medical men will require a vacation then to recruit from arduous political and professional work.

MEDICAL PROGRESS.

NOTES, ABSTRACTS, SELECTIONS.

For Asthma.

℞ Chloroform ..... ℥i.
Ether ..... ℥jss.
Syrup Acaciæ ..... ℥iv.
Tinct. Cardam Co ..... ℥iss.

S. One teaspoonful in water every half hour until relieved.

℞ Ammon Iodid ..... ℥iss.
Ext. Grindel Robust Fluid ..... ℥ii.
Tinct. Lobeliæ ..... ℥ii.
Tinct. Belladonnæ ..... ℥jss.
Syrup Pruni Virgin ..... ℥jss.
Aq. ad ..... ℥ij.

S. One teaspoonful three times a day.

Another combination which will sometimes abort an attack of Asthma is:

℞ Syrup Ipecac ..... ℥iv.
Spirit Ether Co ..... ℥iv.
Sodii Bromid ..... ℥iv.
Tinct. Belladonnæ ..... ℥ij.
Aq. Laurocerasi ..... ℥ij.
Aq. ad ..... ℥jv.

S. Two teaspoonfuls at the beginning of an attack; to be repeated every fifteen minutes if required.

Another perscription is:

℞ Liq. Potass. Arsenit ..... ℥xxxij.
Tinct. Nucis Vomic ....5iij.
Tinct, Belladonnæ .... 5iij.
Elixir Cinchonæ ad .... 5iv.

M. S. A teaspoonful three times a day before meals, to be carefully increased by 5 drops instalments, if required, until the dose is doubled. —*The Practitioner.*

The Man Midwife.

The following is taken from "Life of Sir Simon D'Ewes:"

"The same Tuesday night, May 12th, 1629, about twelve of the clock, did Queen Mary fall in labour of her first child, and was delivered at Greenwich about four of the clock next morning, of a son, which lived about an hour, and was baptized by Dr. Wilson, one of the King's Chaplains, and named Charles. He was born in the seventh month, near upon eight weeks before the due time, yet had nails and hair, and might in all probability have lived, had he not been turned in the womb, and so spoiled by the man midwife, in the very birth, whom the Queen was forced to use for her own safety. This mischief happened to the Queen and Royal babe on her return from London the day foregoing by water where she had been at mass: for the boat she was in shooting the bridge was suddenly lifted up so high with the water, as, in the swift and sudden falling again thereof, she was disseated, and fell down on the bottom of the boat; by which it was conceived the child was turned and dislocated in her womb."

—Roswell Park *(Medical News* quoted in *Medical Record)* finds a spray of five-per-cent. solution of antipyrine made up in sterilized water a useful STYPTIC IN SURGICAL OPERATIONS, especially in parenchymatous oozing. He considers a combination of antipyrine and tannic acid still more useful, as it precipitates a thick, gummy, cohesive substance which is an ideal styptic for certain purposes. An alcoholic solution of tannic acid may also be taken and antipyrine added until it forms a precipitate of the required consistency. This is useful in hemorrhage from bone, as in operations upon the cranium. The only difficulty connected with it is the difficulty of detaching it. Sometimes it is necessary to wait for the formation of granulations and separation by natural methods.—*Coll. and Clin. Record.*

CLEANING RUSTY INSTRUMENTS.—Brodie gives the following as an effective method of cleaning rusty instruments *(Jour. Brit. Dent. Assoc.)*. Fill a suitable vessel with a saturated solution of chloride of tin in distilled water. Immerse the rusty instruments and let them remain over night. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness.

THE JENNER CENTENARY.—On May 14th it will be just one hundred years since Edward Jenner performed the first vaccination on the person of James Phipps, then eight years old. During the course of the next twenty years Phipps was inoculated with small-pox some twenty times without any effect. It is pleasant to know that Jenner looked after him, and in 1818 built him a cottage and laid out a garden which was stocked with roses Jenner's own shrubbery, under his personal superintendence. It is remarkable that the centenary of that first vaccination is to be celebrate with appropriate pomp and circumstance in Germany, in Russia, in the United States—but not, as far as I know, in England. This is surely a particularly striking example of a prophet being without honour in his own country. Jenner was not only one of the greatest benefactors of the human race, but his name will live to the last syllable of recorded time as one of the glories of British medicine. Is it not something of a disgrace to the medical profession and to the people of Great Britain that while public health societies and learned bodies abroad are organising festivals in honour of Jenner, an event which graces our rough island story far more than "spoils of Trafalgar" should be allowed to pass without public commemoration here? I well remember Pasteur, at the London International Medical Congress, bursting into tears when, at the end of his address on "Vaccination in Relation to Chicken-pox and Splenic Fever," he spoke of his own work as being an extension of that of Jenner, and of the happiness it was for him "to glorify that immortal name on the very soil of the noble and hospitable city of London." Why should we leave it to foreigners to glorify our great men? Jenner in his lifetime could make the great Napoleon give up prisoners, but he could not obtain a similar favour from the Government of his own country; indeed, so slender was his influence with it that, as he once said himself, the only thing he ever got for anyone was a place for an exciseman. When he died, the project for a national memorial to him was, owing to the apathy of the profession, a failure, and it was with considerable difficulty that money enough was collected for the erection of a statue in Gloucester Cathedral. Yet on man was

ever more truly honoured by his own profession, and no discovery since the first dawn of science ever commanded such general and thorough-going and, it may be added, immediate assent. After all, the best memorial to Jenner is the fact that the name of small-pox, which used to bulk so large in the old Bills of Mortality, has been almost blotted out of the Registrar-General's Reports. Were it not for the perverse folly of a small but noisy band of faddists, the disease would be as extinct in this country as the plague.—*Practitioner.*

—*Post-partum hemorrhage* is treated by external abdominal manipulation and by the administration of drugs. The physician should find the uterus and make pressure in the pelvic axis, at the same time applying light and rapid massage. A gallon of water, 100° F., should be used as a vaginal injection; the fluid extract of ergot may be injected deeply into the subcutaneous tissues at the sides of the abdomen. Strychnia may also be injected in $\frac{1}{30}$ grain doses.—*(Davis.)*

The Treatment of the Nose and Throat During Measles and Scarlet Fever.—The objects to be accomplished are to thoroughly cleanse the mucous membrane, to render the secretions alkaline, to render inert the bacteria which may be present, and finally lubricate the mucous membrane and protect it from too rapid evaporation. In cleansing the nares, use a simple one-bulb atomizer, which is coarse and free, in order not to blow a lot of air into the nostrils, or it may be poured from a teaspoon, a dropper, or a Dessar's nasal douche cup. Cleansing solution: Seiler's antiseptic tablet, one tablet; cocaine, four grains; and water, two ounces. Oily protective: liquid albolene or hydrastol, a preparation hydrastis with oil of cinnamon and other aromatics, one ounce; menthol, thymol, or eucalyptol, one grain; and spirits of chloroform, one-half drachm. One-half per cent. cocaine may be added by first dissolving it in oleic acid (one grain of alkaloid to the minim of the acid).

For acute zymotic coryza of children: Eucalyptol, six minims; cocaine, five grains; oleic acid, five minims; chloroform, one drachm, and hydrastol, two ounces; or thymol, two grains; terebene, five grains, and hydrastol, one ounce. For catarrhal laryngitis: Chloroform, one-half drachm; menthol, five grains; camphor, ten grains, and hydrastol enough to make one ounce—spray down into the larynx several times daily. If a powder is desired as a protective, use the compound stearate of zinc combined with boric acid, ten per cent.; menthol, two per cent.; cocaine, four per cent., etc. If there is a croupous exudate, use peroxide

of hydrogen, preceded by a spray of one per cent. solution of cocaine, and followed with an oily protective. For epistaxis, the application of peroxide of hydrogen is excellent. The inhalation of warm, medicated steam is valuable, and one-half to one drachm of any of the following mixtures may be added every two or three hours to the boiling water: Tar, one ounce, and alcohol, four drachms. Or, carbolic acid and cresoline, of each two drachms; and eucalyptol and balsam Peru, of each four drachms. Or, gum camphor, one drachm; menthol, two drachms; oil pine needles, two drachms; and oil of tar enough to make two ounces. Or, eucalyptol and thymol, of each one drachm; carbolic acid and benzoic acid, of each thirty grains; and terebene, enough to make two ounces.—*Coll. and Clin. Record.*

Remedy for Insect Stings.—A paint for the stings of insects, in which ammonia is kept in close and prolonged contact with the affected part, is prescribed as follows:

℞ Aq. ammoniæ.....min. cl.
Collodion.....gr. l.
Acid salicylici.....gr. v.

A few drops to be applied to each bite or sting.—*Medical Chronicle.*

Selections.

THE TREATMENT OF BURNS.—The Lancet for February 22nd, contains a report of a recent meeting of the Leeds and West Riding Medico-chirurgical Society, at which Mr. W. H. Brown read a paper on this subject. At the present day. he said, the treatment of burns was unsatisfactory. The death-rate from burns of all degrees in the Leeds Infirmary was identical with that of twenty years ago.

The causes of death were shock and septicæmia, and the author recommended morphine to allay the former and to allow the parts to be carefully cleansed and dressed. To keep the patient warm and to protect the burns from the air, he advocated the continuous use of a warm bath rendered antiseptic with boric acid. He thought that carbolic acid and mercury were too easily absorbed to be used. To lessen or to prevent septicemia, he suggested that, where it was possible, after the administsation of ether, the surgeon should cut or scrape away the tissue that appeared to be destroyed beyond a chance of recovery, and then apply on ordinary surgical dressing. At present, Mr. Brown said, he used eucalyptus oil, which was not toxic or irritating.

Mr. J. W. Teale stated that he had used chloroform when he applied the dressings, and thought that he decidedly lessened shock.

Mr. Pridgin Teale thought that carbolic acid combined with the sloughs and formed a kind of protecting covering which would be comparatively harmless.

Dr. Chadwick and Dr. J. B. Hall, were strongly in favor of the method employed in Vienna—that of using continuous warm baths throughout the treatment.

Mr. Littlewood said that some time ago atropine had always been given to allay shock. He thought that the warm bath treatment was the best. He believed that carbolic acid was not safe for the dressing of large burns, owing to its ready absorption.—*New York Medical Journal.*

TREATMENT OF PNEUMONIA IN CHILDREN.—*Archives of Pediatrics* devotes considerable space in the April number to this subject. Drs. Geo. M. Swift, L. Emmet Holt and W. P. Northrup, of New York: Dr. J. P. Crozer Griffith, of Philadelphia; Dr. E. M. Buckingham, of Boston; and Dr. Samuel S. Adams, of Washington, contribute articles giving briefly the treatment followed in the various childrens' hospitals which they attend. The treatment on the whole is strikingly uniform. The following may be taken as representing the average:

1.—In all cases attention is given to hygiene—warm, airy, well-ventilated rooms, careful attention to regulation of nutrition and digestion.

2.—For the relief of pain, counter-irritation, opium if needed.

3.—For cough, inhalations; in some hospitals the croup tent: opium if needed. So-called expectorants, except chloride of ammonia, are almost entirely discarded.

4.—Fever *per se* is not considered as requiring treatment. If the nervous symptoms demand, antipyretic measures are used, preferably hydrotherapy, the means employed being sponge baths, warm or cold, tub baths, the cold pack and ice bags. Antipyretic drugs are employed by some.

5.—Stimulants are used as indication arises. Those to which all give prominence are alcohol in the form of whisky or brandy, strychnine, which children bear well, and nitroglycerin, in some cases extremly valuable. Stimulants may be given hypodermatically.

6.—So far as specific remedies are concerned, but one is suggested, the chloride of calcium, which is given by Dr. George M. Swift, in lobar pneumonia in from two to five-grain doses every two or three hours.

DROPSY.—For obtaining cases of dropsy (cardiac), when digitalis, combined with other diuretics, fails to start the secretion of urine, and the case is going on from bad to worse, I have found that in the presence of coca the diuretics take powerful effect. The urine is secreted abundantly, and the swollen legs and other parts are reduced to their usual size in two or three days. In a case of ascites, where there was much edema also of the legs and scrotum, I drew off the abdominal fluid, but the enlargement of the abdomen returned in a few days. It was such a desperate case that it seemed hopeless; but the above treatment removed not only the dropsy in the extremities, but also the ascites. This was about eight months ago, and, rather to my surprise, there has been no return.—*Med. World.*

SURGICAL HINTS.—Operations about the rectum are very frequently followed by retention of urine which calls for catheterization.

In pinning a bandage in place when the patient is under an anesthetic, be sure that the dressing is not pinned to the skin. This accident is far from rare.

Operating with chloroform anesthesia in a small room in private practise, be sure to remove caged birds or other small household animals. Even when but little of the anesthetic was used, canaries have been killed by the fumes.

Never depend upon styptics, tight dressings or packing with gauze in treating hemorrhage from any vessel not capillary. Stop every bleeding point with a ligature—a fine one is best if it is strong enough—and you will enjoy the repose contributed by a clear conscience.

Never perform even a trivial operation upon the rectum without carefully considering the advisability of stretching the sphincter. Few, indeed, are the surgical procedures in this region which should not be preceded by thorough stretching. It clears up a doubtful diagnosis and prevents, in great measure, agonizing post-operative pain.

Irrigation of wounds should never be performed with a rubber fountain syringe which has ever been used for the giving of an enema. Rectal peristalsis during the administration of the enema often forces fecal matter through the rubber tube and into the bag. This may easily be demonstrated by giving an enema with a glass irrigator bottle, when feces may be seen to enter the bottle and mix with the water therein contained. A new nozzle or tip is not, therefore, a sufficient guaranty of asepsis. Always use a new syringe.

If a male patient with gonorrhea complains of frequent and difficult micturition, the deep urethra is involved. If such a patient has a chill and no swelling in the organs in his scrotum, do not ascribe the chill to malaria without most carefully eliminating abscess of the prostate. Examination, by rectum, will show the tender, enlarged and hard, but elastic body, which had best be opened through the perineum before waiting too long. Perforation into the rectum is especially to be shunned because of the danger of urethro-rectal fistula.—*Int. Jour. Surgery.*

CREOSOTE AND GUAIACOL IN PHTHISIS.—Creosote was advocated for phthisis by Reichenbach in 1833, and was revived by Bouchard and Gimbert in 1877, since which time it has been tried and approved by a long list of authorities, including Jaccoud, Dujardin-Beaumetz, Dieulafoy, Germain See, Sommerbrodt, Von Brun, Guttmann, Douglas Powell,

Burney Yeo, J. Solis Cohen, Austin Flint, Beverly Robinson, and many others, who all agree as to its utility, though differing as to its mode of action, dosage, and the methods of administration. The number of cases dealt with by some of these observers is so considerable that there is at least strong *prima facie* evidence in favor of the utility of this drug and its derivatives. Bouchard reported 93 cases at first and more subsequently: Sommerbrodt's report included over 5,000, his observations extending over nine years; and Von Brun dealt with 1,700 cases in his paper on the subject. Guttmann had shown experimentally that tubercle bacilli could scarcely be cultivated in sterilized serum containing the one-four thousandth of its volume of creosote, and that the culture entirely failed when the solution was a little more concentrated. He believed that it was impossible to administer sufficient cresote to enable the blood to contain the above proportion, which would mean more than 20 grains therein at one time. Professor Sommerbrodt contends that it is possible to administer the quantity necessary to inhibit the growth of the bacilli, and believes that he did so in many cases. He had, however, the most gratifying success with this medication, and according to his experience the more creosote the patient could bear the better was the result. Of late years the tendency has been to administer *Guaiacol*, one of the ingredients of creosote in place of the latter: and during the last six years many clinicians have administered both these drugs hypodermically with very satisfactory results. LEPINE uses creosote dissolved in oil, and finds that a much larger quantity may be used in this way than can be tolerated by the stomach. PICOT injects a mixture of sterilized olive oil and vaselin containing 1 per cent of iodoform and 5 per cent of guaiacol, beginning with 1 ccm. of the mixture and increasing to 3 ccm. He states that no swelling or other local reaction follows this injection. BURNEY YEO has used the same method with a more concentrated formula.—*Pacific Med. Jour.*

FATE OF A FAMOUS HEALTH RESORT.—Forty years ago Mentone was a healthy village in France, where lived peasantry happy in their farms and their superb physical state, conditioned by the climate. It was discovered that the region was a most healing one for consumptives, and it became the Mecca for the unfortunates of Europe so stricken. The inhabitants abandoned their farms to wait upon the strangers. The strong, healthy women forsook their dairies and became the washerwomen of the consumptives' clothes. No precautions were taken: the disease was not then understood as now, the tubercle baccillus not

having been discovered. The place to-day is bacillus ridden, a pesthole death itself. The hitherto strong inhabitants are emaciated, a coughing, bleeding people filled with the germs of consumptson. The soil and the air are both contaminated with them. It is no longer a resort. The same fate, it is believed, awaits many other similar health resorts unless active means are taken to destroy all germs. This will be a most difficult task, because consumptives themselves, as a rule, are not thoughtful of the danger they spread, or of the rights of others. They should bear in mind that if all others had been careful, they too, might have escaped —*The Journal of Hygiene.*

CARE OF THE EAR DURING THE EXANTHEMATA.—Dr. Walker Downie, of Glasgow, writes to the *Journal of Laryngology, Rhinology and Otology* regarding 460 cases of otitis media in children, the cause of which in about 60 per cent. was fairly determined to have been measles, scarlet fever, whooping cough, mumps or teething. From the very beginning of the illness, where there are any catarrhal symptoms, the patient should be directed to use the handkerchief frequently and strongly, the object being to clear the nose and nasopharynx of mucopurulent products, and to prevent them from settling and decomposing around the Eustachian orifices, through which infection of the ears takes place. If the child can not do this effectually the Politzer inflation bag should be used. The quantity of secretion dislodged and thrown into the mouth by this means is astonishing. When there is dullness of hearing or pain in the ears, resort to inflation should never be delayed. When the pain in the ears is acute, and should immediate relief not be obtained from inflation, and especially if there is a sudden rise of temperature without other explanation, the tympanum should be punctured without delay. Have the head securely held; have the membrane brightly illuminated; use an arrow-shaped paracentesis knife with a shoulder; puncture the tympanic membrane in its lower and posterior part. The operation not only relieves the immediate pain, but saves the deeper structures of the ear and prevents the misery of a chronic otorrhea with its attendant risk.

HYPODERMIC USE OF MAGNESIUM SULPHATE.—Wade has used (*Hospital*) subcutaneous injection of magnesium sulphate in 46 cases. A 2 per cent. solution of the salt was employed, and quantities of it representing from about 2 to 4½ grains of magnesium sulphate were given. Two small doses at short intervals were more active than a single large

dose. The injections were made under the skin of the arm, and never produced general or local disturbance. Out of 100 injections, 67 purgations occurred; one evacuation of the bowels took place 53 times, and two evacuations 10 times. The shortest time between administration and purgation was 3 hours: the longest 14 hours. This method of giving saline cathartics would probably prove of value in gastritis, unconsciousness, or where one did not wish to irritate the mucous membrane of the bowel.—*St. Louis Med. and Surg. Journal.*

EXAMINATION OF VIRGINES INTACTAE.—The bimanual examination of *virginis intactae* should always assume the form of a recto-abdominal palpation. There is no need in these cases of a vaginal examination: the finger in the rectum will teach us all we wish to know concerning uterus, tubes, and ovaries. The only difficulty to be overcome is to indentify the cervix: a little practice will enable us to master this detail.—*Edebohls.*

1896.

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