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# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA)

A MONTHLY JOURNAL OF

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VOL. V.—No. 6.

JUNE, 1893.

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## RHEUMATISM.

**Dietetic Note.**—A fruit and vegetable diet is most favourable for patients with chronic rheumatic trouble.

**ALLOWED.**—Beef and mutton in moderation; with horse radish as a relish; fish and eggs, green vegetables, and fruit especially lemons. The skimmed milk diet has been advocated by some authors.

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---

# MARITIME MEDICAL ASSOCIATION.

The Third Annual Meeting of the Association will be held in Charlottetown  
**July 12th and 13th, 1893.**

All registered medical men in the Maritime Provinces are invited to attend and to become members of the Association.

Gentlemen who intend to read papers are requested to forward at once the titles of the same to the Acting Secretary.

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

The sixtieth session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments in Bacteriology carried on.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 10,000 volumes, a museum, as well as reading-rooms for the students.

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

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

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

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

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# The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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## CONTENTS.

### ORIGINAL COMMUNICATIONS:

- Notes on Progress in Medicine. By H. S. Jacques, M. D. .... 81  
A Case of Gastric Disturbance. By R. H. McCharles, M. D. .... 83  
(Selected)—Legal Responsibility, &c. By Wm. L. Marcy, Esq. .... 84

### CORRESPONDENCE:

- Medical "Free Trade," By R. H. MacNeill, M. D. .... 87

### EDITORIALS:

- Maritime Medical Association Meeting. .... 90  
Provincial Board of Health. .... 90

- Dr. MacNeill's Letter. .... 91  
July Issue of News. .... 91

### OBITUARY:

- Dr. Thomas D. B. Dimock ... 91  
Dr. D. G. Mackay ... 91

### BOOK NOTICES:

- Materia Medica. By John V. Shoemaker, M.D. 92  
Physical Diagnosis. By Alfred L. Loomis, M.D. 93

### SELECTIONS:

- Obstetrical Don'ts: Death of Lady Lister; &c. 93

### NOTES AND COMMENTS:

- Charlottetown Meeting; Fares; &c. .... 96

## Original Communications.

### NOTES ON PROGRESS IN MEDICINE.

BY H. S. JACQUES, M. D.

I send you a few notes I have collected during the winter relating to progress in medical science.

#### MEDICINE.

The last few years appear to be most eventful ones in the history of medicine. Many active minds are engaged in devising methods of examination as aids to diagnosis, compiling work of previous years, and from this drawing conclusions of a more positive and definite nature than heretofore. Very important is the work done in Bacteriology, by establishing beyond a doubt that certain micro-organisms are the specific cause of certain diseases. Important to the practitioner as an aid to diagnosis, and adding one very important link in the chain of evidence to establish the above fact. The work done by Koch and his pupils in 1883, demonstrated beyond a doubt that tuberculosis was an inoculable disease, and that the tubercle bacillus could

be separated from tuberculous tissue and cultivated outside the body—the cultivated organism having all the characters of the organism found in the tissues—and that when introduced into certain animals, this organism was capable of producing tubercular disease, the organism in turn being again demonstrable in the new tubercular growth. Following autopsies from day to day one is struck with the frequency of the presence of tuberculous masses in the human body. In suffering from and dying of some other disease, in whom the presence of the product of this micro-organism would never be suspected. You so often see these familiar nodules, treated by nature, they may have formed the starting point for a localized pleurisy or some other trouble. The seed "Tubercle Bacilli" had fallen where "they had no deepness of soil and because they had had no root they withered away, had they fallen into good ground, such as an inherited or acquired weakened resistance they would have brought forth even an hundred fold. Such is the frequency of this condition that one German author has stated that we all have more or less tubercle.



The infectuousness of this organism has been clearly demonstrated by the extended researches of Dr. George Cornet, on infection in Hospitals and rooms where phthysical patients were treated. He also found bacilli in the streets and open spaces in a certain proportion of cases where tuberculous patients were gathered together. These results have the greater value from the fact that in no case did he consider his experiments complete unless the dust with which he had been experimenting when inoculated into animals produced the disease. It follows from this that infection, as the result of inhalation of the dried virus, is one of the most common forms with which we have to contend. Introduction through the alimentary canal is probably the next most important channel of infection. I will not add much more to this subject only to state as this disease has been proven so definitely to be infectious, it should be treated as such, and easy means to prevent infection adopted.

#### EXAMINATION OF HUMAN BLOOD IN DISEASE.

Much work has and is now being done in detecting the changes in the blood in different diseases, so that a valuable aid to diagnosis is being gradually developed. The subject is getting to be an extensive one and I shall only speak of Spleno-Myelogenous Leukæmia, in which the number of white blood corpuscles are generally increased in number more than under any other circumstance. Cases have been recorded in which the proportion of white to red corpuscles was as one to three or even one to two. The most important feature being the presence of myelocytes—these are found (in adults) barring an occasional exception only in this form of Leukæmia. The difference between the amount of leucocytosis in typhoid fever and pneumonia and the marked change in the morphology of the red blood corpuscles in

primary pernicious anæmia are all important aids to diagnosis.

#### URINE.

Simpler methods of quantitative analysis that will be within the possibility of a practicing physician are such that a relatively correct estimate for all practical purposes can now be made of albumen, sugar, urea and the chlorides. Esbach's Albuminometer is a very simple but useful instrument. Doremus' Ureameter and Einhorn's Saccharometer are simple and cheap instruments, and can be had in New York. With these a physician can in a few moments make both a qualitative and quantitative examination of albumen, urea and sugar.

Ehrlich's solution for testing the urine of patients suffering from typhoid fever, gives a very characteristic reaction and is of considerable value in the diagnosis of that disease. For those who have not seen the formula, I will give it :

(1) *Solution* Acid sulpho-anilic 12  
 Acid hydrochloric 50  
 Aqua ad. q. s. 1000

(2)  $\frac{1}{2}$  of 1 % sol. nitrite of sodium.

Take of (1)  $\bar{v}$ x.

“ “ (2) min. xv.

Add  $\bar{v}$ v. of this to  $\bar{v}$ v. of urine in a test tube, shake, and allow min. v. of aq. ammonia to flow down the side of the tube, and during the first three weeks of typhoid fever you will get from eosin to garnet red reaction; if this is not characteristic enough dilute the above five to six times with water in a clean porcelain dish and you will get a salmon color very characteristic.

#### SURGERY.

Operators are so bold now that every organ of the body with the exception of the heart is operated on, and even that is punctured with impunity. It is now no uncommon thing to see a kidney, portion of liver, some part of the intestine removed, and all this without an alarming death rate. Much has been written on surgical dressings

and the past few years have seen as many different styles as you would find on a Parisian fashion plate. Some require glove fitting dressings, others enormous pads and puffs. I am inclined to think that there has been and is now considerable energy not to say money wasted in this direction.

This winter I have seen the following dressing used. First and most important you want an aseptic wound then apply,

- (1) Two layers of sterilized gauze.
- (2.) Seal with celloidin.
- (3.) Compound powder of iodoform and boracic acid.
- (4) Several layers of sterilized absorbent cotton.
- (5.) Bandage.

I think the above commends itself as one, effective, simple and not expensive. It is sufficiently protective and absorbing, and is especially useful in wounds when the edges are closely approximated. In suppurating wounds you omit (2). This dressing can be used in private as well as hospital practice. In closing wounds a subcutaneous suture is frequently used. It has two advantages, first lessens danger of infection from the skin and leaves a smaller scar than the old method of passing the suture through the skin. Some use interrupted subcutaneous sutures, these being left in the wound; others an uninterrupted suture which can be removed after the wound heals.

#### GYNECOLOGY.

In this specialty good work is being done, improved aseptic technique is reducing the mortality of laparotomies, and careful examination of all cases under complete anaesthesia is leading to more accurate diagnosis and rendering exploratory operations less frequent. Suspending the uterus to the anterior abdominal wall in retroversion of the uterus is taking the place of the operation of shortening the round ligaments and the operators claim good results from

the former procedure. Dilating the os uteri and curetting the uterus is quite a frequent operation. I have not seen the sound or any repositior used in reducing versions of the uterus and pessaries rarely heard of. Comparatively few if any bad results follow dilating and curetting, but you must not infer that it is done in any other but a strictly aseptic way, something very difficult to obtain without the greatest care in preparing, patient, operator and instruments. The after treatment requires rest in bed, good diet and the vagina kept packed with iodoform gauze, and patient catheterized. The catheter used is made of glass which can be kept clean very easily.

BALTO, May 3, 1893.

#### A CASE OF GASTRIC DISTURBANCE.

DUE TO THE PRESENCE OF A FROG IN THE STOMACH.

BY R. H. McCHARLES, M. D.

I have under my care a patient whose ailment is one of a most unique character. Following is a brief history of the patient and his illness. Mr. — farmer, over 60 years of age, previous to September '91 enjoyed very good health. One day of that month he was engaged in supplying an engine of a threshing machine with water. The water was taken from a slough near at hand. The day being warm Mr. R. drank freely of the water. That night he began to feel unwell. Could not refer his trouble to any particular organ—merely felt weak and miserable. As time went by he continued getting weaker. He began to experience peculiar sensations in his stomach. At times there seemed to be "a lump at the pit of the stomach." Occasionally this "lump" seemed to rise up into his throat and cause a choking sensation. At times was more or less peevish. Had occasional attacks of vertigo.

When walking he often experienced some difficulty in coordinating the movements of his feet.

His condition gradually getting worse he thought it advisable to consult a physician. Three medical men were consulted. The first admitted his inability to understand the nature of his trouble, or even to say what organ was at fault. The second after a second visit pronounced it cancer of the liver. The third was as much in the dark as the others. On one point they all agreed, that Mr. R. had no chance of recovery. Indeed at that time no one expected he could live long.

But to the surprise of all Mr. R. began to show signs of improvement in March '92, and ere very long was able to be up and about. But though much improved he was far from being the strong healthy man he had been before. At this time he was inclined to be very melancholy. He would sometimes cry without any apparent reason.

In November '92, I was called to see him. He was at that time suffering from an attack of acute bronchitis. While making an examination, I discovered he had some gastric affection. At this time he minutely described his old—yet new trouble. I diagnosed it as some gastric trouble, but I was not able to determine the exact nature of it. After recovering from his bronchial affliction, he went to visit his old home in Ontario. While there he felt very unwell, he consulted two physicians, both of them told him he had "heart disease."

On his return in last March I was called in to see him, I found him suffering from both cardiac and gastric ailments. I directed my treatment to the heart, expecting to treat him for the other ailment later on. But as he felt he was improving he did not send for me again. About the first of this month the stomach trouble returned, or rather became worse, for he was never free from it. On the eighth he

felt unusually miserable. The choking sensations were very troublesome. He felt as if he were going to die. During one of those choking spasms he made a strong effort to clear his throat of the "lump." Judge his pleasure and surprise on succeeding in throwing up a lively frog. Its body was about one and a half inches long. Its color at first was pale and gelatinous looking but now it is much darker, is gradually assuming a more natural color since it has been exposed to the light.

It is needless to say that Mr. R. feels more comfortable than he felt since September '91, up to the 8th inst. CYPRESS RIVER, MAN.

[SELECTED.]

### The Responsibility of Physician to Patient, (Considered from a Legal Point of View).

BY WILLIAM L. MARCY, ESQ., Buffalo, N. Y.

The learned professions have nothing to gain by surrounding their practice with mysteries; the legal profession has been slowly discarding old wigs and gowns, forgotten words, and obsolete practices; no lawyer could ever tell why the penal clause in every bond you sign with a mortgage on your house is made in double the sum that is agreed to be paid. You will not regard this allusion as personal, for in this real estate age every man has a lot and every lot has its mortgage. What is the reason for this penal clause? It has only a poor feminine excuse—it is so, forsooth, because it is so. After years of uselessly treading this path our fathers trod, some legislator with a thought under his cap will write a law on the statute books burying this foolishness and marking on its tombstone "*obsolete.*" Yet, all professions are slow to change and jealous of innovations. The elders want not to unlearn and forget, to acquire new habits of thought and speech, and so new truth makes slowly. But change

we must, and he who is past learning a better way is surely past the meridian of his usefulness. The attorney does not fear the simplification of practice and procedure, the weeding out of useless words and phrases. That handy volume, "Every Man His Own Lawyer," has evolved an adage which works out a solution, for it has also found a fool for a client. And is it not pardonable if I ask of this very intelligent body of men, what good pills and *aqua pura*. Would not a cheery word of encouragement, a vigorous pat on the back or chuck under the chin serve quite as well? Poor humanity is so credulous, it loves so to be humbugged, yet I like my doctor to be truthful.

Law is an evolution; each discovery injects a new problem into the social organism. With the introduction of railroads, for instance, a new factor came upon the scene of action; from that day until the present, thousands of cases have been tried in the courts, presenting an infinite variety of situations and questions that have necessarily arisen in the development of that great industry. New rules had to be made and applied; partly in the courts this branch of the law has grown into copious proportions. It is not always perfect or harmonious, but, on the whole, it has developed and will develope into a just and wise system. In the main, law is impressed upon an industry by those who are not engaged in its pursuit; it is an intelligent effort to follow in the line of justice and equity, and do that which common sense and common prudence say are right and reasonable. Truth and justice must be in every law. When the history of our day and generation is written, it will be mainly from our laws and their enforcement that this civilization will be judged. Candidly, do you think our children's children will look down upon us and wonder at some of our Egyptian practices?

Now, to talk to my text, I have been requested within the limit of fifteen minutes, to make clear and plain what measure of justice has been doled out to the doctors, what rule of responsibility your patients in court and legislature, have imposed. The legal principles involved have no exclusive application to the department of surgery, but it doubtless happens that in the other departments of medicine the results of the physician's error are not so readily discoverable, and, hence, are not often the subject of litigation,

The patient gets well, and he is glad enough to get out, or, if he dies, the tombstone covers, at the same time, occasion, cause, and effect.

With surgery, however, the patient can look at the mutilated member. There is a certain community of misery and sufferings which brings the good neighbour in to visit and to gossip, and which prompts the kindly offer of home-made remedies. It leads inevitably to a critical analysis of the case in particular, and a comparison with all others known, and soon the patient is told how Dr. Jones performed the same operation successfully on Mrs. Smith. When your patient recovers, and finds that his arm is stiff and he cannot use it, or that the injured leg is two inches shorter than its brother, he inquires into the situation, and his inquiries lead, occasionally to the lawyer's office. How will he be advised there? That is the question. The first inquiry is, Did the attending physician possess that reasonable degree of learning and skill which is ordinarily possessed by men engaged in the practice of that profession? This query is, generally, easy of answer. In cities, where the tendency in the profession is into specialties, the general practitioner rarely treats surgical cases, and the reputation of the doctor among his fellows is readily ascertainable. The law requires him to possess, not the highest, not the best qualifications but

ordinary professional skill. The reason for this is obvious. No question depending upon mere opinion can be exact, and no given number of men would agree as to what constitutes perfect skill. A diploma is almost *prima facie* evidence of competency, so that the measure of responsibility, in this respect, is liberal to the extreme. But in the country, where the physician is called upon to treat diseases and disorders in both physics and surgery, the comparison of skill with ordinary skill in the profession may involve more hazard to the doctor. The shrewd attorney will inevitably make this comparison with the skilled, practiced specialist. There is an element of unfairness in this. While our courts have not definitely held that such a comparison of skill must be made with the ordinary skill which a particular locality offers, when a case is presented where the doctor is called upon to act in an emergency without opportunity being given to call in consultation a more experienced practitioner, the measure of responsibility will, doubtless, be modified to meet such a condition. But where there is ample time for deliberation and preparation, then the number of similar surgical cases treated by the country physician, his knowledge and application of improved methods, may enter into and make the question of his skill one of fact for the determination of a jury. In a case cited in the law reports, the doctor was led, on his cross-examination, to say that he did not consider himself an expert in surgery. If this take the form of an admission, or be fairly deducible as an inference from his want of opportunity to treat similar cases, and a failure to apply and use the more modern treatment and approved methods, then the question may become one that must be left for the decision of a jury.

The next question is, Did the attending physician exercise his best judgment and use reasonable and ordinary

care and diligence in the exercise of his skill? A bad result is not sufficient of itself to create liability. A physician or surgeon does not guarantee the result of any treatment. He undertakes to possess ordinary professional skill, to exercise this skill with reasonable diligence and care and the use of his best judgment, and this being done, his whole duty is discharged. A bad result may be some evidence of improper care or faulty treatment, but proof must be given of the lack of ordinary professional skill, or a failure to observe reasonable care and diligence or the exercise of sound judgment producing this result.

As stated by our courts the rule is :

A physician assumes to have, and is required to possess, at least, ordinary professional intelligence and skill, and with his best judgment to exercise it in the treatment of a patient. He is not required to insure results or to guarantee that the consequences will be beneficial. While the responsibility of the medical practitioner and surgeon is great, and care proportionally should be observed in the exercise of his professional employment, when his errors are those of judgment only, if he keeps within recognized and approved methods he is not liable for their consequences.

Mere error in judgment, as disclosed by consequences, produces no liability when there is no departure from a professionally approved line of action. By this is not meant that every skilled member of the profession would or should necessarily adopt precisely the same remedy for a like condition. Such an arbitrary rule would have the effect to unduly qualify the right of exercising judgment required by attending circumstances, temperament, and physical condition of patients, and the complication of diseases and physical troubles involved, but in the main, he should observe and take the benefit of the past experience and learning of the profession and adopt them as the

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rule of action when practicable rather than new and experimental methods. Much must necessarily rest in the judgment of the attending physician.

The difference of opinion in respect to the propriety of a specific treatment may be one of judgment rather than skill, and, therefore, insufficient to present the question of liability upon the charge of malpractice as one of fact, else it would be difficult to find a cause of unfavorable results from medical treatment which would not furnish a question in that respect for the jury.

To establish negligence, as a rule, there must be a comparison of the diagnosis, history and result of the case in controversy with other similar cases reported, and with the common experience of others learned in the profession and recognized in professional literature. There may be some conspicuous act of carelessness, like a bandage or splint improperly applied; but the doctor is, after all, the judge of his fellow-practitioner—in the capacity of an expert witness, he gives an opinion as to the commonly accepted and accredited methods of treatment and his judgment of the expected result. And where trustworthy opinion is advanced that there is some neglect or fault, the question ceases to be one of law and becomes a controverted question of fact, which must be submitted to a jury.

I have been frequently asked why, if these cardinal principles are shown to have been sedulously observed by the doctor, his case is not decided by the judge, as a matter of law, and not submitted to the uncertainties of the jury. If this question comprehended all in the case, that would be the inevitable result. The patient and plaintiff must show an infraction of these well-settled principles, in order to establish any liability, and it is only where the result produced is shown by some evidence to have been occasioned either by lack of skill or want of proper care and judgment that the issue

becomes a question of controverted fact and renders liability possible.

It is also to be observed that the same rules and principles apply when the service is gratuitous, and the physician who has undertaken a case may not leave his patient without giving full and ample opportunity to call in some other when he retires.

A novel situation may arise in the future when learned Christian scientists may attempt to justify their treatment of a patient by resorting to the rules of ordinary professional skill; he will have to search diligently outside of the Scriptures for the faith that lies within him. Professional courtesy has shielded many a bungler, but we are all conscious that no man has risen to eminence in the medical profession without years of service and probation, in which there not only may have been, but undoubtedly were, many errors and mistakes; and in remedying the errors and mistakes of the past, the physician has grown to the full measure of his power. It is only by a tolerant, a liberal, a beneficent policy that the medical profession has given to the world its Gross and its Hamilton, and in your midst has produced a Park and a Mynter.—*Buffalo Med. and Surg. Journal.*

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### Correspondence.

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#### MEDICAL "FREE TRADE."

To the Editor of Presbyterian Witness:

DEAR SIR,—In your issue of the 22nd inst, under the above caption, you favor us with your further views in a lengthy editorial. With your denunciation of quackery I agree: from your views regarding our laws and that of Ontario as "unjust" and a "monopoly" I must dissent. The importance of the subject to the people as well as the profession, and the further need of legislation in the various provinces of this Dominion demand that not only the press but the public



should grasp the subject in its true light. I regret to notice that you lean to the idea that the laws enacted in Ontario and this Province are unjust and exclusive because they require that those who practice medicine shall pass an examination as provided for by law. Under the existing state of morals it is impossible for any law but to be exclusive—you must exclude and differentiate between the good and bad. There can be no question that the various provinces have an undoubted right under the British North American Act to legislate upon all questions pertaining to education, and the question of higher medical education comes within that sphere. An unbroken line of authorities have held that the legislative bodies of any country may exercise such police powers as are co-extensive with the natural right of self-protection. It is you will readily admit, the duty of the State to demand in the case of the death of each of its citizens, that the death really occurred and that it was due to natural causes. It is required to protect the lives and property of its citizens properly, because in the transmission by inheritance, to prevent fraud and crime. In the great majority of cases such evidence must be a physician's certificate, and is it unreasonable that the State should demand satisfactory proof that the signer thereof is competent to judge concerning the matter? There is abundant evidence to show that the possession of a degree or diploma does not afford such proof. Passing over and leaving the ability of the examiners of the College of Physicians and Surgeons of Ontario in abeyance as compared with the eminent examiners of England and Scotland, there is abundant cause why favoritism should not be shown to one more than the other. It is a mistake, therefore, to assume that the possession of a diploma or degree ought to constitute a legal right to practice anywhere. "That so-called legal right places or puts all so-called doc-

tors," regulars or irregulars, men of learning or charlatans, wise practitioners ready and competent to use every rational means and method in the never ending combat with disease and death, or Christian scientists, faith curers, hydropaths, electropaths, and all the other humbugging "paths" on the same level before the great mass of the people, who always assume that the possession of a degree or some euphonious title implies not only an authority to practice but the *ability* to practice. Higher medical education is in the true interests of the people and the profession, and I fail to see wherein it can be regarded in any case as a "monopoly." The term is surely *infra dig* applied to a learned profession. Let us look at the profession of law. Is it not exclusive also? The church, when a candidate, for the ministry applies for license, requires an examination, yet there is no complaint, it is accepted as a matter of fact and all right. Why not advocate free trade in the ministry and legal profession?

For years in this province we had no law, and were made the dumping ground for the rejected material of schools and councils, until an effort was made to pass a law requiring a certain standard of qualifications.

In European countries the development of the environments of medicine and medical men has been so entwined with the conditions of the different periods of medical life that there exists a greater differentiation in medical degrees, with a wider separation of duties than is seen in this country. The college, like its fellow, is not a teaching institution, being an examining body chartered to grant diplomas.

The college of Physicians and Surgeons of Ontario is not a teaching institution, and their curriculum requires five years studies—with a curriculum as good (if not better) as any college in Great Britain and Ireland, yet because the English laws will not re-

reciprocate with them, nor admit colonial graduates on the same level with English graduates, is one reason of the apparent friction between the two qualifications. In the matter of tariff required you say they charge \$200.00. I have before me the announcement of the College of Physicians and Surgeons of Ontario for the academic year of 1892-3, and the fees, after 1st July, 1889, are as follows :

(a) Registration of matriculation	\$20 00
(b) Primary examination...	30 00
(c) Intermediate and final including registration..	50 00

What is required is uniformity and fusion of standards in the various provinces of this Dominion—their reciprocity by the various councils so that a man who has spent years in practice in Nova Scotia can carry credentials with him that will be accepted in Ontario or British Columbia, or any other province. The possession of the diplomas of England or Scotland is no barrier to quackery, and in this Dominion the existing laws have done much good in the suppression of quacks and quackery, but there is great deal to be done yet. We require your assistance and that of every intelligent man to set legislatures and the people right in this matter. Cease from calling our efforts a "monopoly," but advocate higher and uniform laws regarding medical education, so that all inter-provincial friction in these matters will cease and be a thing of the past. Then the doctor who desires to go to the Pacific coast will have a passport from the Nova Scotia council that will admit him as readily as a demit from the church to another church.

You see that the tendency is in every country to confine the colleges to teaching and instruction and conferring degrees as evidence of their curriculum, but the authority to practice is placed in different hands.

Times change, Mr. Editor, and we must move on apace or be left behind. The Maritime Medical Association for the Maritime Provinces will meet this year at Charlottetown—this question may come before it and much may be done by it to disseminate sounder views on the changes and modifications required in the medical laws of the three provinces.—A conjoint application to the different legislatures should receive the united support of the press, because we are not monopolists or speculators, but men believing in a code of ethics that requires a high state of morality to carry it into effect. I fear I trespassed on your space too much, but knowing you to be a man of fair play I know you will grant the privilege asked for.

I am truly yours, R. MACNEILL.  
*Stanley Bridge, P. E. I., 25th April, 1893.*

**A GASTRIC JUNK SHOP.**—In making a post-mortem examination of the remains of a female lunatic who died lately in the Key Asylum, the doctors had an extraordinary experience (*Etc.*). They found in the woman's internal organ's three German silver teaspoons, which had been missing for a month prior to her death, as well as a piece of iron used to connect the handles of a door lock, and two triangular pieces of glass. It also transpired that three days previously another surgeon had abstracted a flat piece of steel five inches long and nearly an inch wide from the throat of the diseased. Yet none of these strange articles of diet had anything to do with her death, which was caused by disease of the brain.—*Med. Review.*

**REMEMBER.**—To prevent the disagreeable after-taste after taking salicylate of sodium, place a little common salt on the tongue before administering.

Strychnine and bromides may be given in combination, provided alcohol is added. Otherwise the strychnine is precipitated.—*The Apothecary.*

# Maritime Medical News.

JUNE, 1893.

## EDITORS.

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

We invite the particular attention of our readers to the third meeting of the Maritime Medical Association to be held in Charlottetown on the 12th July next, as elsewhere advertised. We would like to see as large a representation of the profession of the three provinces at that meeting as possible. But the *possible* and the *actual* attendance at such gatherings have always been hitherto sadly disproportionate. It must be admitted that while making due allowance for such as are prevented from unavoidable causes—no such excuse or explanation can be made for the greater number of absentees. Many fail from lack of interest, having never attended a Medical Association, and not realizing that the benefits to be derived would more than counterbalance any loss pecuniary or otherwise, which such attendance could possibly

entail. Isolation means monotony and weakness, while the stimulus of co-operation and the interchange of ideas is inspiration. Conflict of opinion, the friction of mind with mind, quickens the intellect and will incite to a more careful diagnosis of cases and to a clearer insight as to treatment or conversely to a greater confidence in one's own previous methods. On the other hand, the relaxation of mind and the relief from the dull routine of every day practice thus afforded, also the social relations formed, the feelings of fraternity engendered and the generous and liberal sentiments awakened, as well as, perhaps, in a few cases the petty and local jealousies uprooted are advantages which no member of the profession can well afford to forego. By the mutual knowledge and confidence which such gatherings alone are calculated to inspire, an action concerted and effective be taken to secure legislation in the near future, having for its object reciprocity of registration throughout the Dominion, as well as many other needed reforms.

We therefore trust that the meeting in July will be even more largely attended than its predecessors. We know that the managing committee in Charlottetown will spare no pains to give all a cordial and hearty reception, and as the "tight little Island" will then look its loveliest we can assure not only a profitable but also a pleasant holiday to as many as can possibly attend.

At the recent session of the Nova Scotian legislature provision was made for a Provincial Board of Health, a long felt want in our sanitary system

The Board is to be composed of the Provincial Secretary, Attorney-General, Commissioner of Mines and Works, the Superintendents of the Provincial Lunatic Asylum and Victoria General Hospital and four medical practitioners. It is understood that Dr. A. P. Reid will be Secretary of the Board—a most judicious selection. We trust that the government will exercise care in the selection of medical members, as upon them will mainly depend the efficiency of the Board. We congratulate the Hon. Mr. Fielding for this very necessary piece of legislation.

WE direct the attention of our readers to the very important letter of Dr. McNeill published in this issue. This letter forms part of a correspondence that Dr. McNeill had with the Editor of the Presbyterian Witness, and is a reply to a lengthy Editorial under Medical "Free Trade" in the Witness of April 22nd. We hope that the subject may come up for discussion at the Maritime Association meeting and that some practical action may be taken in the matter. As a first step let us strive to obtain a uniform medical law for the Maritime Provinces. Once having gained this, we should not stop short of a common standard of Medical Education for the Dominion.

WE hope to have the July issue of the NEWS in the hands of our subscribers by the 1st of July. Our subscribers and advertisers will please note this.

## Obituary.

The death of Dr. Thos. D. B. Dimock took place suddenly at his residence New York, on Friday, May 12th. He had an attack of "Grippe" two years previously, from which he never properly recovered. This was the indirect cause of death. The direct cause was a pulmonary hemorrhage. He was a native of Truro, N. S., being a son of the well-known minister, the Rev. D. W. C. Dimock. He removed to New York while quite young. He graduated from the College of Physicians and Surgeons in 1882. He had a very large practise though only young in the profession. He was a member of the Academy of Medicine, the Medico-Legal Society and the Neurological Society. We extend to his widow our deep sympathy in her great bereavement.

We regret to announce the death of Dr. D. G. McKay, which took place at his residence Summerside, P. E. I., on Tuesday morning, May 16th. From the *Summerside Journal* we glean that the deceased was a son of the late John Mackay, of Earltown, N. S., and was born at that place in 1841. He graduated from Bellevue Hospital Medical College, New York, in 1866, and practised at Little Glace Bay, C. B., until 1879, when he removed to Prince Edward Island, and has since been one of the leading physicians in the province. On Good Friday last he drove to Lot 16, over a rough road, to visit a patient, and has ever since been confined to the house. On the 8th inst., an operation was very skilfully performed, by a

number of the Charlottetown and Summerside physicians, when the trouble was located, but the doctors in attendance did not feel justified in tampering with it. Symptoms of septicæmia developed and death followed. In 1869 Dr. Mackay married Miss McKeen, of Baddeck, C. B., who, with four sons and two daughters, survive him, and who have the heartfelt sympathy of the community in their great affliction. He was a brother of Rev. Neil Mackay, Chatham, and of Dr. William Mackay, ex-leader of the Opposition in the Nova Scotia Legislature. He was a Royal Arch Mason, being a member of Prince of Wales Chapter, No. 10, North Sydney, C. B., and was also a member of Court Chataqua, No. 202, I. O. F., an elder in the Presbyterian Church, and a prominent member of the Y. M. C. A. He was an ex-President of the Medical Society of Prince Edward Island.

He took a warm interest in the *Maritime Medical News*, and contributed several articles to its columns. The Charlottetown *Guardian* has the following obituary notice :

"To know the deceased was to admire and esteem nature's own nobleman. Few people have panegyrist in life. Good deeds must be as a general rule crystalized by the touch of death before we feel safe in keeping of them. There is so much of human interest running through them, we prefer leaving the chaff and the grain together, during life. Not so with Dr. Mackay. He had his admirers and panegyrist in life, for there was no mistaking the sterling qualities of his noble soul, and now dead, the whole town and country around, wherever he was known, with one accord, young and old, rich and

poor, Catholic and Protestant, unite in one glorious chorus in telling of the good deeds of this remarkable man. He had but one motive, and it was to spend his life for the suffering humanity. It may without any irreverence be said that he followed in his Master's footsteps, "going about doing good."

He was pre-eminently the friend—father would be the better word—of the poor. He was deeply Christian—Christian in every fibre of his being. We find his life a reflex of his beautiful soul.

As a citizen he took a leading, interested and intelligent part in all things that concerned the town, and did not a little in elevating the moral tone of the community by his uncompromising fearless but always well-timed advocacy of temperance."

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### Book Notices.

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- A Practical Treatise on MATERIA MEDICA AND THERAPEUTICS, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Second edition. Revised. In two royal octavo volumes. Volume I., 353 pages; devoted to pharmacy, general pharmacology, and therapeutics and remedial agents not properly classed with drugs. Volume II., 680 pages; an independent volume upon drugs. Volume I., in cloth, \$2.50 net; sheep, \$3.25 net. Volume II., in cloth, \$3.50 net; sheep, \$4.50 net. Philadelphia: The F. A. Davis Company, publishers, 1914 and 1916 Cherry Street.

The appearance of a second edition of this work is the best evidence of its value. The first edition received full notice from us, and we need only add that a glance over the volumes reveals many improvements.

LESSONS IN PHYSICAL DIAGNOSIS. By Alfred L. Loomis, M. D., LL. D., Professor of the Practice of Medicine and Pathology in the University of the City of New York. Tenth edition, revised and enlarged. Octavo. Illustrations, some in color. 240 pages, extra muslin, price \$3 00. New York: William Wood & Company.

The author's name should be sufficient recommendation for any work. A tenth edition shows with what favor it has been received. It is one of the best works of its kind and should find a place in the study of every practitioner. The addition of a new lesson on Clinical Microscopy adds greatly to the value of the work.

### Selections.

OBSTETRICAL DON'TS.—(For Beginners.) 1. Don't indulge in the routine practice of administering ergot after every labor; only give it where there are indications of impending hemorrhage. 2. Don't give vaginal injections prior to the parturient act; it may do very well in hospital practice, but it is often the means of conveying infection in private practice. 3. Don't allow the mother or nurse to dictate your management of the case. 4. Don't use pads, cloths or binders that have been used before, unless they have been thoroughly boiled and immersed in bichloride solution; it is better not to use them at all. 5. Don't leave your patient until all danger of *post-partum* hemorrhage is over. 6. Don't fail to have your hands, body and clothing clean, and always thoroughly wash your hands and arms before touching the patient. 7. Don't allow your

desire to save time cause you to use forceps. 8. Don't indulge in too frequent vaginal examinations. 9. After the completion of the third stage of labor don't touch the parts again so long as the patient continues to do well, save for cleanliness and removal of pads, and trust this to the nurse. 10. Don't fail to instruct the nurse to burn all clothes and pads immediately after removal from the patient. 11. Don't allow the nurse to use old pieces of linen, etc., as vulval pads, unless they have been previously boiled and soaked in bichloride and dried before being placed upon the patient; the best pads are made by inclosing a piece of absorbent cotton in bichloride gauze of proper size and fastening to the binder behind and in front by means of safety pins; wood-wool pads are also very good. 12. Don't use chloroform except when necessary to allay the severity of the pains, or where forceps are indicated; it should then be given to complete anesthesia; its use always increases the danger of *post-partum* hemorrhage.—*American Practitioner and News*.

DEATH OF LADY LISTER.—It is not often that we feel justified in noticing in our columns the domestic grief of even the most eminent members of our profession. But the death of Lady Lister from acute pneumonia, whilst travelling with Sir Joseph Lister in Italy, is an event so unexpected and so sad that we feel constrained to make it an exception. Lady Lister was not only the devoted wife of a most distinguished surgeon, but was also the daughter of one of the greatest leaders in modern surgery—the late Mr. Syme, of Edinburgh. In public gatherings Sir Joseph and Lady Lister were seldom far parted, and they were equally together in their times of rest and in remote places. How far Lady Lister assisted her husband in his great labors is not for us to inquire, but those who enjoyed the

benefit of his correspondence will guess that she was indeed his true "helpmeet." We cannot under such circumstances withhold from Sir Joseph Lister the expression of our sincere sympathy, which we are sure will be echoed by the whole profession not only of Great Britain but throughout the world.—*Lancet*.

THE diagnosis of early ectopic gestation may be assisted by remembering Smolsky's observations (noted in *N. Y. Polycl.*), that at about six weeks the ectopic sac is the size of a pigeon's egg; at end of second month, the size of an English walnut; at two and a half months, as large as a hen's egg; at three months, the size of the fist. As a crucial test, make examinations under anæsthesia. If still in doubt, explore the uterine cavity with a curette, submitting the curettings to microscopical examination, since Ayeis has demonstrated that the decidua of normal pregnancy can readily be distinguished from the pseudo-decidual membrane of ectopic gestation.

RESPONSIBILITY OF SURGEONS IN USING ANÆSTHETICS.—Dr. Passet (*Munch. Med. Woch.—International Journal of Surgery*) says:

The induction of anæsthesia should be preceded by a careful examination of the patient, especially of his respiratory and circulatory organs.

If chloroform is administered, it should be admixed with a sufficient amount of air.

The anæsthetic should be discontinued as soon as intolerance is established, or disturbances of respiration and circulation occur.

The circulation and respiration should be constantly observed during the narcosis, and disturbances of these functions calmly and vigorously combated by appropriate measures. Even if appearances of death manifest themselves, attempts to revive the patient

by artificial respiration and other procedures should be kept up for a sufficient length of time.

No anæsthetic should be administered during the process of gastric digestion. Constricting clothing and artificial teeth should be removed before the induction of anæsthesia.

The anæsthetic should be absolutely pure.—*American Lancet*.

#### CHLOROFORM AS A HÆMOSTATIC.—

As a general hemostatic for the controlling of external bleedings, arterial, venous, or capillary, chloroform is most valuable. Applied on a dossil of lint or cotton wool to the bleeding surface, it promptly stays the blood, acts as a direct stimulant to the patient, and leaves no blood crust to fall off and recommence the bleeding. It is peculiarly suitable for all abdominal operations, as it has no tendency to excite inflammation either in the part to which it is applied or to any of the surrounding tissues.

As an antiseptic application it is more powerful than bichloride of mercury solution. The addition of gum resins has been suggested, but they would detract from the value of the application instead of increasing it, for the reasons which will occur to any person familiar with use of solutions of gum resins.—*Med. Press*.

A DANGER TO SURGEONS.—An interesting observation made by professor Albert on himself emphasizes the importance of caution on the Surgeon's part in the use of poisonous antiseptics, especially corrosive sublimate solutions. At a recent meeting of the Vienna Medical Society, the Professor stated that for some time he had suffered from dyspepsia, for which no cause could be assigned by the physicians he had consulted. Lately the condition had become very troublesome, and the thought had occurred to him that the constant and free use of corrosive sublimate in his operations might hav

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**T**HERE is hardly any household remedy for coughs and colds more popular, or more generally prescribed by medical men, than the old-fashioned Brown Mixture. It has for many years held its supremacy in spite of all the new remedies and innovations of modern practice. The only objection urged in its disfavor is its unsightly appearance, and liability to decompose or turn sour when kept for any length of time. It was for these reasons that we were led to devise the manufacture of the same ingredients, in exactly the same proportions, in the form of a Compressed Lozenge, which not only secures permanency and unalterability, but renders the preparation really more effective, as the gradual dissolved local action of the lozenge on the irritated organs is calmative and stimulating, while at the time, the soothing and expectorant action is thereby accelerated. In this form, it has met with almost universal favor, and is fast superceding the liquid form, so favorably and universally known.

Each lozenge contains one hundred drops of the mixture, equal to one and a half teaspoonfuls or the proper dose for a child of from four to eight years of age. This dose can be repeated every two or three hours. For an adult, a lozenge can be taken every hour or two during the day, or when the cough is distressing.

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

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some share in the causation of the dyspepsia, by reason of the absorption of small amounts of this drug. Accordingly he had his urine examined by Professor Ludwig, the entire quantity passed during twenty-four years being tested. The examination revealed the presence of iodide of mercury in quantities comparatively large, if the manner of absorption of the substance be considered. While Professor Albert is not positive that his dyspepsia is due to chronic mercurial poisoning, he thinks that the fact that his finger nails have lately become softer, and that he has lost three healthy teeth, seem to point in this direction.—*International Journal of Surgery*.

**STUDY OF POST-DIPHTHERITIC PARALYSIS.**—Dr. Baginsky (*International Med. Mag.*) believes that the more intense the diphtheritic process in the pharynx, the earlier does paralysis follow. Paralysis of the soft palate is the most usual, and appears consecutively with albuminuria or well-delivered nephritis. The heart is often affected early, and the children die with symptoms of heart weakness.

Paralysis appearing later and with slower onset, is associated with non-gangrenous or non-septic processes. Generalization of the paralysis, or especially its localization to the diaphragm, is dangerous. Paralysis of the diaphragm is of more frequent occurrence than is generally believed. This is characterized by almost complete aphonia, cough, difficult and copious expectoration, foamy, viscid mucus, dyspnoea with thoracic respiration. The affection is usually fatal, death occurring slowly with asphyxia, bronchitis or broncho-pneumonia, or suddenly with complete cessation of respiration.

The heart manifestations are manifold, varying in diminution in arterial tension, with symptoms of stasis. On auscultation, the first sound is absent, both sounds indistinct or first sound reduplicated. Accompanying this may

be a rapid and extensive swelling of the liver. This is of grave prognosis. Cheyne-Stokes respiration may occur. Recovery may take place after all these symptoms have appeared.

The best results in treatment, obtained by Baginsky, have been from the subcutaneous injection of sulphate of strychnia, one-twentieth to one-fortieth of a grain a day, in three injections. Camphor hypodermically has also given good results.—*Medical Brief*.

**THE OLDEST PRESCRIPTION IN THE WORLD.**—In the course of a deeply interesting lecture, delivered by Professor A. Macalischer, M. A., M. D., F. R. S. (Professor of Anatomy, Cambridge), at Eirth College, Sheffield, on "Studies in Ancient Egyptian Literature," some of the earliest medical writings were referred to and explained and translated by the Professor (*National Druggist*). Photographs of soiled and seared papyri, together with the photographs of the mummified monarchs and magicians who wrote them, were depicted on the screen. Among the earliest prescriptions shown by the professor was one for a "hair wash" for "promoting the growth of the hair," for the mother of King Chata, second king of the first dynasty, who reigned about 4000 B. C. It is as follows:

Pad of a dog's foot, . . . .	1 part.
Fruit of date palm, . . . .	1 part.
Ass's hoof, . . . . .	1 part.

Boiled together in oil in saucepan.

Directions for use: Rub thoroughly in.

Considering the non-hirsute nature of the ingredients used, one would imagine that homeopathy was in those bygone days carried even to a greater extreme than in later times.—*St. Louis Med. and Surg. Journal*.

**HARD TO PLEASE.**—*Buyer*—"This doesn't seem to be a very good fit."  
*Dealer*—"Vot do you expect for two tollars and a helluf? An attack of ebilepsy?"—*Brooklyn Eagle*.

## Notes and Comments.

The next meeting of the Maritime Medical Association at Charlottetown promises to be very successful and interesting. The Secretary has already received the titles of ten papers, and wishes to hear at once from any other medical gentlemen who will contribute towards the success of the meeting. The programme must be published early in June, so any one who wishes his name on it, will please not delay in writing.

Dr. H. D. Johnson, of Charlottetown has been appointed Secretary *pro tem*, vice Dr. A. Morrow, of Halifax, who has resigned from that position and all communications may be sent to him.

It is hoped that a large number of Doctors will take advantage of the opportunity of seeing the "Garden of the Gulf" in its July dress; and at the same time get some new ideas at the Convention. Full particulars as to special rates, &c, will be given in the programme, which will be sent if possible to every Medical man in the Provinces.

The Association of Southern Medical Colleges was organized November 16th, 1892. At a meeting held at Nashville, 20th April 1893, the following resolution was unanimously passed:

Resolved, That the colleges of this Association will not recognize the tickets of colleges, issued after 1893-4, which require only two courses of lectures for graduation.

We call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.

We take pleasure in placing the Woman's Medical Journal on our Exchange list. It is published at Toledo, Ohio.

The two French Canadian Journals—the *Union Medicale du Canada* and the *Gazette Medical De Montreal* have become under the former title. Dr. J. B. A. Lamarche retains the management.

The Medical Faculty of McGill University has reason to rejoice. Mrs. Dow bequeaths \$10,000 to the general fund of the Faculty. J. H. R. Molson gives \$60,000, to be devoted to necessary additions to the medical buildings. Lastly, Sir Donald Smith presents \$100,000, to be devoted to the endowment of chairs of pathology and hygiene.

Dr. Edward C. Mann of Brooklyn, N. F., Medical Superintendent of Sunnyside Private Hospital for diseases of the nervous system, alcoholism and the opium habit recommends the following pill as a good tonic and sedative in Dipsomania, having a good effect on the stomach, and tending to antagonize both the degenerative changes in the brain and the effects of alcohol on the structures of the body:

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—Bulletin of Pharmacy.

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools that are attached to these Institutions.

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*Diseases of Women.*—Professors Bache McEvers Emmet, M. D., Horace T. Hanks, M. D., Charles Carroll Lee, M. D., LL. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.

*Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.

*Diseases of Children.*—Henry D. Chapin, M. D., August Caille, M. D.

*Hygiene.*—Edward Kershner, M. D., U. S. N.

*Pharmacology.*—Frederick Bagoe, Ph. B.

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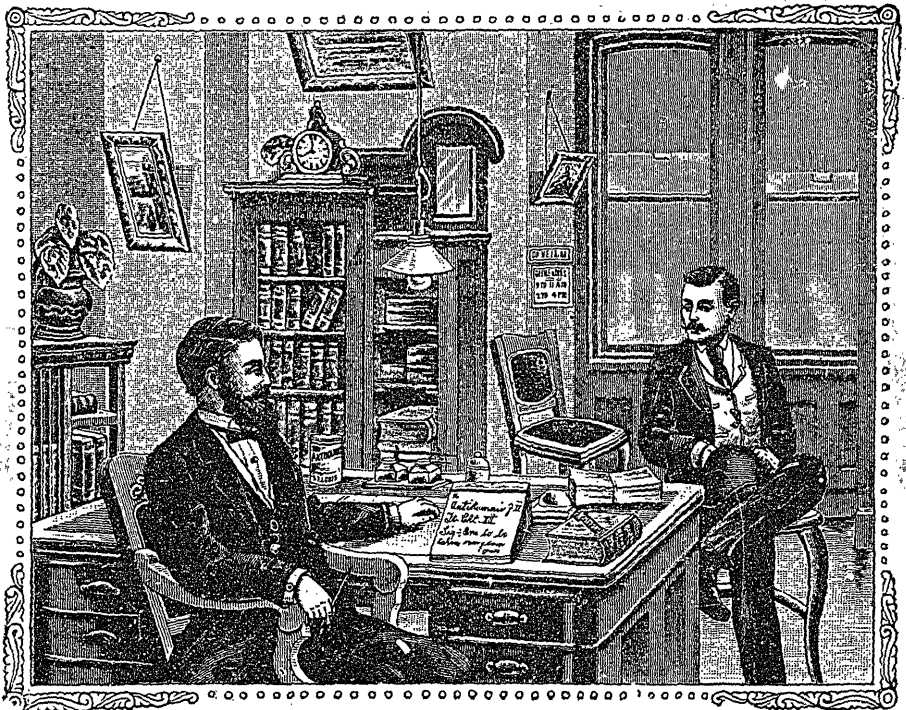
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FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

THIS combination, containing the finest quality of *PORTER* imported from the Messrs. A. Guinness, Son & Co., Limited, of Dublin, together with *PEPSIN* (the digestive power of 10,000 grains of albumen to the bottle), *EXTRACT OF MALT* and *DANDELION*, appeals to the understanding of the Profession as being well adapted to a numerous class of cases.

In 1400 bottles given to medical men, as samples, positive *GOOD RESULTS* can be given from over 200 answers received from those by whom *Malto Peptonized Porter* has been thoroughly tested and used. There has *NOT BEEN ONE SINGLE FAILURE* reported, but all pronounce that it is the most perfect *concentrated liquid food, tonic, and antidyspeptic* preparation ever put before them.

*In no single instance has it been rejected by the most delicate stomach.*

Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach retaining food.

In the many cases in which *Malto Peptonized Porter* may be indicated are the following

- (a) Convalescence from acute diseases—such as typhoid fever.
- (b) Atonic Dyspepsia.
- (c) In persons of consumptive tendencies. Here it has been found to be a most perfect substitute for Cod Liver Oil—the malt giving the fats producing elements necessary to the supply of the wasted tissues, with the other ingredients furnishing the tonic and stimulating effect required.
- (d) In the treatment of cases of Alcoholism. In all cases in which it has been used it has answered admirably in allaying the irritation, vomiting, and consequent desire of stimulants of an unhealthy nature.
- (e) In wasting diseases of children.
- (f) For administration to nursing mothers.
- (g) Where there is sleeplessness from flatulence, over-taxed brain and nervous system.

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

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## Physiological Remedies: Desiccated Thyroids, Cerebrin.

As a result of the well-known investigation of Dr. Brown-Sequard and other eminent therapists, materia medica has recently been largely extended by resort to the use of products representative of certain glands or tissues of the animal economy.

As we have always made the manufacture of the digestive ferments a specialty, and enjoy every facility for the preparation of products of this character, we will undertake to supply some of these new remedies, of which we now have ready:

### DESICCATED THYROIDS

In the form of an impalpable powder, representing in permanent form the thyroid glands of sheep. This product is of such strength that 15 grains represent one gland of average size. It is highly recommended in the treatment of Myxœdema.

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Prepared after the formula of Dr. William A. Hammond. Put up in glass-stoppered ounce vials.

[While Dr. Hammond has recommended maceration of the brains for six months, we have modified his method in such manner that we are enabled to thoroughly extract the crude material in as many days.]

One serious drawback to the use of these products has been the difficulty in getting the necessary crude material, and the disagreeable character of the work involved in their preparation.

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The well-known reputation of our house is a guarantee of our ability and intention to fulfill every requisite. We do not doubt that many interesting results will follow the application of these new physiological remedies.

It is our purpose to extend this list from time to time. Descriptive literature of those announced will be supplied on application.

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