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# The Maritime Medical News,

A MONTHLY JOURNAL OF  
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VOL. III.—NO. 8.

AUGUST, 1891.

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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 end of the first week in July.

The fifty-eighth 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 Bed-side, and the Student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

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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 ward, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories 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.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be 21 years of age, have 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 examinations.

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### OPINION OF THE PROFESSION.

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On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect.

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# Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

HALIFAX, N. S., AUGUST, 1891.

No. 8.

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## Original Communications.

### PRESIDENTIAL ADDRESS OF DR. WILLIAM BAYARD,

*At the Meeting of the Maritime Medical Association, held in St. John, N. B., July 22nd and 23rd.*

GENTLEMEN,—Yesterday I had the pleasure of verbally thanking the members of the New Brunswick Medical Society for the honour conferred upon me by being placed in their chair; this morning it is my duty, and it is my pleasure to sincerely thank the members of the combined societies for electing me as the first President of this the Maritime Medical Association. Circumstances prevented me from attending your meeting last year, consequently my appointment was as unexpected as it is flattering, and I accept it as a mark of your confidence and good will.

During my long career it has been my good fortune to have met in consultation many professional men in each Province, and I now declare, as I have many times declared, when called upon to refer to them, that they compare favourably with those in any other locality. Therefore I have reason to be proud to represent such a body of gentlemen.

My gray hairs have doubtless aided my selection, but while my life has been identified with St. John I may claim to be a Nova

Scotian, having been born in that Province. I am strongly in accord with those who approve of this union, our interests and our aspirations are similar, combination means power, and what little we possess is individual, none collectively, and I hope that this combination may prove the first step towards that influence which means power.

My second duty is to welcome you to the city of St. John as members of this Association. For, believe me, meetings of this kind tend to cultivate the heart as well as the head, and to promote good will and genuine brotherhood among their constituent members. They also tend to promote the study of medicine. Our mutual intercourse, criticisms, and discussions, form "at once a school and an ordeal," teaching us to become more rigid observers of the medical phenomena occurring in our practice, more careful in our classification of these phenomena, and more perfect in our deductions from them. I am far in the evening of my life, having been an humble worker in our noble profession for upwards of fifty years, during which time wonderful progress has been made in every department of human knowledge, and we can proudly assert that medicine in all its branches has bountifully shared in that progress. The mechanical inventions of the day have conferred vast benefits upon mankind; luxuries are within the reach of the poor that were formerly unobtainable by monarchs. But these benefits and luxuries are small when compared with the diminution of human suf-



fering produced by the discovery and application of "anæsthetics," and the saving of life consequent upon the more rational methods which have prevailed, and are daily extending themselves over the whole range of modern medicine and surgery.

Revolving in my mind to find a subject upon which to address you that will command your interest, I think I cannot do better than give a brief epitome of the advances and improvements that have taken place in the theory and practice of medicine and surgery since 1837, when I received from my "alma mater" at Edinburgh, legal authority to kill or cure as best I could. With my degree in my hand I was vain enough to think that I was ready for any emergency; but I was not long at work before I found I had much to learn, and that my real study was only then commencing. Had I rested content with what I then knew, I should not have obtained the confidence you have so kindly reposed in me, or that of those who have trusted me for so many years. I do not mean to imply that we should read all the medical literature that is extant, for when we reflect that it comprises about "one thirtieth" of all that is printed, it could not be accomplished in the ordinary period of a life. But he who wishes to keep abreast of the ever-advancing knowledge of the day, must not be idle.

In 1837 the doctrines of Broussais had spent their force. The disturbing influence produced by Hahneman and Broton, Gaul and Spurgheim, had come and gone, and men turned from the dogmas of authority to close observation and the study of *facts*. Consequently a revolution has followed in the theory and treatment of many diseases. At that period the *Lancet* was in the hands of every practitioner, in daily, and I might almost say, hourly use. To treat a case of inflammatory disease without the abstraction of blood, would have incurred censure. But it was not long before observation, guided by the vascular theory of Cohnheim, and the cellular theory of Virchow, taught the medical world that rest, cold or hot applications at certain stages of the disease, together with aconite, opium &c., and supporting diet should take the place of the loss of the vital fluid, and with such results that bleeding is now one of the rare surgical operations, though some contend that its disuse has been carried too far. Milk has largely taken the place of stimulants in the treatment of fevers, and all diseases attended with febrile debility.

Materia medica, with the aid of chemistry and botany, has greatly advanced. Many new remedies have been added to the Pharmacopœa, and some have properly been expunged from it. Experimental research has taught us the therapeutic value of many, others unjustly vaunted, have been dropped, not bearing the test of clinical investigation. In these days of progress there is a rage for new things, and among the rest, for new medicines, but we should pause before we accept the statements of chemists regarding their action, until their toxic effects have been established by bedside experience. And this experience should be carefully weighed, it is not sufficient to quote a number of recoveries after the exhibition of a remedy, we also want a control list of the failures. Bacon's advice should be followed,—to "observe patiently, experiment cautiously, and generalise slowly." The practitioner of the present day has the means of exhibiting some of the most useful and powerful medicines in a concentrated form, not in the shape of large powders, nauseous tinctures, infusions, and decoctions, but in the form of alkaloids, extracts, elixirs, capsules, &c. We have a valuable list of hypnotics and analgesics, some fulfilling all that is claimed for them, others not. But none of them possess the combined properties of producing sleep and relieving pain equal to opium and its alkaloids. But the unguarded use of them too often causes an unconquerable appetite for, or dependence upon the drug. It is true Alexander Wood in 1858, gave us by means of his Hypodermic syringe, power in a measure of controlling this baneful appetite, still they with all other hypnotics, should be prescribed with caution.

Modern research has, I may say, established the use of digitalis and strophanthus as heart tonics, the nitrite of amyl and nitro-glycerine in angina pectoris, the salicyl compounds in acute rheumatism, antipyrin and antifebrine as febrifuges. And since 1848 electricity has been much used as a therapeutic agent. Chemical analysis has arrived at such perfection that poisons can be detected in various parts of the body years after death from them. Pathological chemistry is daily adding to our knowledge. Through it and with the aid of the microscope, Pasteur, Tyndall and others have established the fact that living organisms are constantly floating in the atmosphere, and when planted in a genial soil multiply and produce fermentation and decomposition, a discovery which has so revolutionized our

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**TO DOCTORS.**


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# LIQUID PANCREOPEPSINE

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Containing Pancreatine, Pepsin, Lactic and Muriatic Acids, etc. The combined principles of Indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

Dose.—A tablespoonful containing 5 grs. Pepsin, after each meal, with an Apeient Pill taken occasionally.

This preparation contains in an agreeable form the natural and assimilative principles of the digestive fluids of the stomach, comprising Pancreatine, Pepsin, Lactic and Muriatic Acids. The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

The value of **Liquor Pancreopepsine** in this connection has been fully established, and we can recommend it with confidence to the profession as superior to pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

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This preparation combines in a pleasant and permanent form, in each fluid drachm, the following :

℞ Acid. Salicylic, (Schering's), grs. v. Potass. Iodid., - grs. iss.  
Cimicifuga, - grs. ij. Tr. Gelseminum, - gtt. i.

So prepared as to form a permanent, potent and reliable remedy in

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This preparation combines in a pleasant and agreeable form:—Salicylic Acid, Cimicifuga, Gelseminum, Sodii Carb. and Potass. Iodid. so combined as to be more prompt and effective in the treatment of this class of diseases than either of the ingredients when administered alone.

This remedy can be given without producing any of the unpleasant results which so often follow the giving of Salicylic Acid and Salicylate of Sodium, viz., gastric and intestinal irritation, nausea, delirium, deafness, nervous irritability, restlessness, and rapid respiration; on the contrary, it gives prompt relief from pain, and quiets the nerves without the aid of opiates.

Elixir Salicylic Acid Comp. has been extensively used in private practice for several years with almost unvarying success and better results than any other mode of treatment yet suggested.

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual in the cure of one of the most stubborn classes of disease.

The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case. Each teaspoonful contains five grains of Salicylic Acid.

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere.

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(TO DOCTORS ONLY.)

### ALTERATIVE, RESOLVENT, APERIENT, TONIC

COMPOSITION:—Phytolacca Decandra, Stillingia, Salvia, Lappa Major, Corydalis Formosa, ña grs. vi. Xanthoxylum Fraxineum, Potassil Iodidum, Cascara Sagrada, aa grs. ij, in each dessertspoonful.

**Syr. Phytolacca Comp.**, the composition of which has been given to the profession, has been known and used by physician, myself and others of my acquaintance, and found superior to other alterative compounds now in use. It has been used with great success in the treatment of Lupus, Herpes, Psoriasis, Acne, Glandular Enlargements, Strumous Affections, Granular Conjunctivitis and Eczema. As a remedy for Syphilitic Diseases of the skin and mucous membranes it has proved to be specially valuable in my hands in a large number of cases where all the usual remedies had failed to improve their condition, and when **Syr. Phytolacca Comp.** was administered the improvement was very prompt and satisfactory.

It will be seen that **Syr. Phytolacca Comp.** contains the best alterative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

I usually prescribe it in doses of a teaspoonful, which may be increased to a tablespoonful four times a day, the frequency of the dose to be diminished if bowels become too active.

CHARLES W. BROWN, M. D.

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Please mention **THE MARITIME MEDICAL NEWS.**

# For the Cure of Nervous Headaches.

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## BROMO SODA.

(WARNER &amp; CO.)

R.—Caffein 1 grain, Brom. Soda 30 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

DOSE AND COMPOSITION.—A heaping teaspoonful, containing Brom. Soda 30 grs., and Caffein 1 gr., in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

## BROMO POTASH.

(WARNER &amp; CO.)

R.—Caffein 1 grain, Bromide Potash 20 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain the same by ordering or prescribing Bromo-Potash (WARNER &amp; Co.), the composition of which is: Brom. Potash 20 grs. Caffein 1 gr.

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4½ MINUTES.

### Pil: Sumbul Comp.

(DR. GOODELL)

R—Et. Sumbul.....	1 gr.
Affafetida.....	2 gr.
Ferri Sulph. Exs.....	1 gr.
Ac. Arsenious.....	1-30 gr

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-soda. One or two pills taken three times a day.

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Each Pill contains:

R—Sulphite Soda.....	1 gr.
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DOSE—1 to 3 Pills.

Pil: Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of Food.

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3 Grains. DOSE—1 to 3 Pills.

Ferri Sulph. Fe SO <sub>4</sub> .....	Ferri Carb. Fe CO <sub>3</sub> .....
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The above combination on which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of the Protoxide of Iron [Ferrous Carbonate] in a quickly assimilable condition.

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Please mention **THE MARITIME MEDICAL NEWS.**

ideas of the causes of many diseases as to justify the belief that in the near future we may be able to combat diseases now classed as incurable.

Ingenious mechanical inventions have greatly assisted us in the diagnosis of diseases. The vaginal speculum and the stethoscope were in use in my early days. The ophthalmoscope, foreshadowed by Babbage in 1847, and perfected by Von Helmholtz in 1851, stands pre-eminent as having given us a knowledge of the secrets of the eye. It has taught the oculist that he is not now obliged to class a number of deep-seated diseases of that organ under the head of "Amaurosis," a condition where the patient saw nothing, and the doctor also nothing. The microscope has vastly aided experimental research. Through it Virchow worked out the cellular pathology. The germ theory of disease owes its existence to it and chemistry. The blood and almost all of the tissues, secretions and structures of the body are being daily studied through it, with advantage. Indeed, that instrument has become as necessary to the practitioner of the present day as was the lancet in my early day. The laryngoscope, the otoscope, the endoscope, with many others, followed in quick succession. The thermometer, first introduced by Bourhaave, was little used until the clinical researches of Traube in 1856, established its value. It will now be found in the pocket of every medical practitioner. The incandescent electric lamp, recently devised by Stein, of Moscow, as an anodyne, is claimed by him to have produced almost "magical results" by reflecting the light upon the pained part.

The most distinguishing features of the period under review, from 1837 to 1891, have been *Anesthetics*, *Antiseptics*, and the *Germ Theory* of disease. The brilliant discovery enabling the surgeon to wrap his patient in a painless sleep while subjected to the horrors of the operating table, is one of the greatest blessings ever conferred upon mankind. It is also a boon to the operator, whose feelings are no longer harassed by the wailings and suffering of his patient. He can now perform his work with calmness and deliberation, thereby ensuring a happier result. Indeed, this power has paved the way to surgical operations, the performance of which would have been considered criminal prior to the discovery. Most of you are too young to have passed through the ordeal to which I allude; I can call to mind instances, where more than one was required to hold

the sufferer, and his cries could be heard in the street. Though we occasionally witnessed the display of the "lion heart." When removing a man's arm at the shoulder joint, he ground his teeth shockingly. I asked him why he did so? he looked at me coolly and said, "well, Doctor, which shall I do, grit my teeth or squeal? I said to him, by all means grit away. The effort to deaden pain when under the surgeon's knife, can be traced to remote antiquity. Various anæsthetics were suggested, but none of them could be relied upon to produce the effect required. Sir Humphrey Davy was on the verge of a discovery when he inhaled "nitrous acid gas" for tooth-ache. But it was reserved for Morton, a dentist in Boston, who, in October, 1846, by his courage and perseverance established the fact that "Sulphuric æther" fulfilled nearly all the requirements. The next year Sir James Simpson introduced "Chloroform," which, on account of its small bulk, its pleasant flavour, and its rapid effect, soon superseded the use of "Sulphuric ether" in England and largely on the continent of Europe. But recent experience, establishing the fact that the deaths from chloroform are far more numerous than those from æther, has produced a reaction in favour of æther. This is so marked, that when in London in 1874, I saw nothing but chloroform used as an anæsthetic in the hospitals; when there 5 years ago, I did not see chloroform used once.

The cause of death from the administration of anæsthetics is a vexed question. The members of the Hyderabad commission contend that under chloroform the respiration always fails *before* heart syncope appears; hence the breathing should be watched, not the pulse. Others contend that the heart may and often does fail first. If it were established that the respiration always failed first, it would greatly relieve the mind of the anæsthetist, for by artificial respiration he would generally save his patient. If the heart fails first, he is almost powerless. That deaths take place with little or no warning to the anæsthetist, while every precaution has been observed, is a fact and a source of anxiety to him. Consequently he is justified in asking the question, which is the best and safest anæsthetic to be selected? and what rules should govern its exhibition.

There are various anæsthetics in use, chloroform, æther, methylene bichloride, A. C. E. mixture, ethyl bromide, and nitrous oxide. The first may be selected for prolonged

operations, the last two for brief ones. Before making a selection I may say a word about the comparative mortality from chloroform and æther, the two anæsthetics in common use. A recent report to government in Paris gives the mortality from chloroform as 1 in 1236, and that from æther as 1 in 13581. During the last 3 years 41 deaths have been reported in England from chloroform, and 3 from æther. Surgeon-major Lawrie informs us that he has given chloroform 40,000 times in India without a death from it. The climate must influence the mortality, or he is a very fortunate man. It has been contended with much force that chloroform should be given to children, to aged people, to alcoholics, to excessively obese persons, and in operations where the actual cautery is employed. In all other operations I think it decidedly safer to make use of æther. Knowing that deaths may take place during the exhibition of *any* anæsthetic, the anæsthetist cannot be too careful, *his finger should be ever on the pulse and his eye on the breathing.* Neglect of this precaution has doubtless caused many deaths. The moment he detects heart failure he should remove the anæsthetic,—should the breathing fail do the same, draw out the tongue and resort to artificial respiration. Every thing about the patient should be loose, he should lie in a horizontal position, and preferably on his back, and his stomach should contain little or no food. *On no account should he be allowed to inhale the drug while struggling.* If forced upon him when taking a deep inspiration, he may receive into the lungs a poisonous dose. I wish to emphasize this precept. Though this precept has been recently combatted by Dr. Kirk of Glasgow, who declares that the anæsthetist should use the drug freely, and contrary to the general belief, he accepts pallor as an indication for more chloroform. And the operating surgeon should never administer the anæsthetic; he cannot watch its effects and do his work.

When Hippocrates recommended that wounds should be dressed with water having been previously boiled, he foreshadowed the antiseptic treatment. But it must be acknowledged that the "germ theory" of disease, gave rise to the brilliant experiments and teachings of Sir Joseph Lister, which have so revolutionized the treatment of wounds. For however much his theory and the details of his system may be disputed, it must be acknowledged that the mortality from wounds has been vastly lessened as a result of his

teaching. Believing that putrefaction in wounds is caused by the germs that are constantly floating in the atmosphere, he devised a system to exclude the access of air from them, to drain them, and to disinfect every thing that can come in contact with them. While his antiseptic theory dominates surgical practice the world over, and the great necessity for thorough cleanliness, sterilization of hands, instruments, field of operation and dressings is universally recognized, there exists a wide difference of opinion as to the means of sterilization. The approved antiseptic of to-day may be superseded to-morrow. Sir Joseph has recently given us a new one, in the double cyanide of mercury and zinc incorporated with starch.

Every surgeon of experience must have seen wounds heal by what is called the "first intention," prior to the introduction of the antiseptic treatment of them. I can call to mind instances after amputation of the thigh, excision of the breast, and the operation for strangulated hernia, in which not a drop of pus was seen. Nor is it contended that microbes have not been found in wounds under antiseptic dressing, but this is largely the exception to the rule. The germ theory of disease inaugurated by Pasteur, Tyndal and Carnot, and made practically applicable to the therapeutic treatment of disease by Pasteur, Lister, Koch and others justifies the belief, that in the near future brilliant results will be achieved. It has been contended, and I think justly, that many diseases are caused by certain bacilli. While the microbe of rabies has not been discovered, Pasteur, working upon that line, "by the inoculation of attenuated virus of the rabies," has, it is claimed, reduced the mortality of that dread disease from 15 per cent to 1.36 per cent.

Koch, the discoverer of the tubercle-bacillus of consumption, and the comma-bacillus of cholera, working upon the line of Pasteur, has recently startled the world with his "*remedy for tuberculous diseases,*" which consists of "*a glycerine extract from pure cultivations of the tubercle bacilli,*" a brownish clear liquid insoluble in alcohol, which must be largely diluted and given hypodermically. The dilution recommended makes the dose so infinitesimal and gives it such a Hahnemannian ring, as to sorely tax one's credulity. But from authentic sources we have the statement that between 3 and 6 hours after its introduction under the skin, the following symptoms appear,—pain in the limbs, nausea, exhaustion, inclination to cough, followed by ague,

vomiting, rapid and difficult breathing, increased frequency of pulse, and rise of temperature,—these symptoms last about 12 hours, followed by more or less lassitude for a few days. It is asserted that this reaction is sometimes so great in tuberculous individuals as to cause death. But when introduced under the skin of one having no tuberculous bacilli, little or no reaction follows. Hence if their statement should prove correct, we may hope that it will aid in forming our diagnosis in the early stage of tuberculous disease. It is claimed that it does not kill the germs, but acts only upon living tuberculous tissue which it kills, thereby driving the germs from the tissue or starving them. It is asserted by some good authorities that "its power over lupus is almost marvellous and beyond precedent." Virchow on the other hand declares that "there has not been a single case proved of tuberculosis having been cured by the remedy." The doubt regarding its employment in pulmonary tuberculosis is more strongly expressed. In the face of such statements, time and experience alone can decide the question.

Tuberculosis being the most terrible of all diseases, standing second as the cause of mortality, and killing annually one-seventh of the human race, it is not surprising that the hopes and fears of mankind induced the acceptance of Koch's announcement with rapturous applause. It is true that the mortality from phthisis in England declined since 1847,  $3\frac{1}{2}$  per cent.—this may, in some measure be attributed to improved sanitary measures, and perhaps assisted by the just belief in its contagion, still 44,284 persons died from it in 1888, and 18,434 from all other tuberculous diseases. Hence if half that is claimed for his "remedy" should be fulfilled, the name of Koch should stand beside that of Jenner. I may also refer to Pasteur's treatment of anthrax, fowl cholera and diseased silk worms, as illustrations of what may be expected from a knowledge of germ causes of disease.

Surgery owes its recent progress largely to anæsthetics and antiseptics. Prior to 1870 the surgery of the brain was confined to external traumatic lesions. It is true the trocar had been occasionally used in hydrocephalus, but the interior of the cranium was a "dark continent" which none dare explore. It is widely different in the present day. Aided in his diagnosis by the sensory and motor phenomena locating the lesion, the surgeon does not hesitate to open the cranium

and remove tumours, matter and extravasated blood. He also taps the mastoid cells for the removal of matter. The same may be said regarding diseases and injuries of the spinal column. The successful operations of Macewen, Horsley, Godlee &c., are examples encouraging us to follow in their line. Ophthalmology has largely advanced. With the aid of cocaine and improved instruments the various operations upon the eye are more easily and more successfully performed. Coming to the throat we have intubation of the œsophagus and intubation of the larynx, as a substitute for tracheotomy and œsophagotomy. The larynx has been successfully removed. Many cases of tuberculosis of the larynx have been cured by the application of lactic acid and cauterizing. New and improved tracheotomes have much assisted the surgeon in the operation for tracheotomy.

The advance in thoracic surgery has been remarkable. The aspirator has enabled us to remove fluids from the pleural cavity and even to invade the "citadel of life" by penetrating the pericardium with its needle. Portions of necrosed ribs, sternum and lung have been successfully removed, the surgeon irrigating the cavity of the pleura with antiseptic solutions.

When we turn to the surgery of the abdomen, it is there that the greatest success has followed the knife of the modern surgeon. It is true that McDowall in 1809, opened the road to ovariotomy, having operated up to 1830, 13 times with a mortality of 7. But he had few followers until Sir Spencer Wells in 1858 commenced his series of cases, having up to 1884 performed the operation 1000 times, with 231 deaths. It is now practiced in every civilized country in the world, yielding about 75 per cent of recoveries, instead of a mortality of 50 per cent as formerly. The surgeon no longer dreads the effect of his knife upon that delicate membrane, the peritoneum. Indeed he attacks every viscus in the abdomen with it. He opens the gall-bladder for the removal of calculi, and even extirpates that organ. Portions of the liver have been successfully removed. He does not hesitate to open the stomach for digital divulsion of the cardiac, or pyloric orifices for the removal of foreign bodies, to cut open the pylorus for cicatricial stenosis of that passage; or with the aid of Senn's decalcified approximation bone plates, he creates an artificial connecting canal between the jejunum and the stomach. He has successfully removed 22 inches of the colon. He does not hesitate

to resort to the knife for the removal of matter within the cavity of the peritoneum. The kidney and the spleen have been successfully removed. The radical cure for hernia is one of the modern operations. Gunshot wounds, penetrating the viscera of the abdomen, yielded a mortality of 85 per cent, until it was reduced by early laparotomy to 25 per cent.

Lithotrity was a novelty in my early day, but Sir H. Thompson by removing the calculus at one sitting, with the aid of Bigelow's aspirator, has established it as the operation for all stones of less weight than two ounces. He has also revived the "supra-pubic" operation for large calculi and for the removal of vesical tumours. Uterine surgery has kept pace with the rest. The surgeon does not hesitate, should the existing disease demand it, to remove the wound with its appendages. The ovaries, I fear, too often come under his knife. He has the advantage of improved supports for the various displacements of the uterus. The operation for "vesico-vaginal fistula" should be named as a modern improvement, and the galvano-caustic battery has been brought to his aid. While portions of the nerves had been removed for the relief of neuralgia, nerve-stretching, nerve-grafting and suturing their ends when they have been divided, had not been done in my early day. Also skin-grafting and tendon suturing.

Formerly the tourniquet was the instrument used for arresting hæmorrhage during amputations. As a consequence the blood contained in the removed limb was lost. Esmarch's bloodless method is now generally adopted, though it is contended that it causes sloughing of the flaps and secondary hæmorrhage, by unnaturally augmenting the blood in the body. Simpson's acupuncture needle has not accomplished that which was claimed for it. Hot water has taken the place of cold as a hæmostatic. The drainage tube is another improvement. Sayre's plaster jackets and the various mechanical appliances devised by him and others for the support of the diseased spinal column are well worthy of mention. Orthopædic surgery has made great strides. The excision of joints, especially that of the hips—so popularized by Sayre—as a substitute for that formidable and fatal operation, the removal of the entire limb, with its mortality of 60 per cent, while that of the removal of the joint and leaving a tolerably useful limb, is about 20 per cent, and the subcutaneous divisions of tendons is worthy of mention.

And now, gentlemen, it may be asked, what has this progress in medicine and surgery done towards lessening the general mortality? for it will not be disputed, that upon the saving of life and human suffering, depends the value of our work. The mortality in England has steadily decreased since 1841; it now stands between 21 and 22 per 1000. In some towns, as for example, in Hastings in England, it has recently been quoted as low as 11 per 1000. The death rate in the army in England is only two-fifths of what it was before the Crimean war, in India one-third, and in the West Indies one-tenth. The span of individual life for women in 1854 was 41·9; for males 39·9. Now it is for women 45·3, and for men 41·9. This is largely due to the various sanitary laws that have been enacted since that period, and to the better observance of those laws. While the enforcement of them at first caused more or less friction, communities are being educated to the fact that it is more costly to provide for sickness, than to prevent it. But when we give credit to the observance of sanitary laws, we must bear in mind that those laws emanated from the workers in the medical profession. And when we investigate further, we find that the laws would be a dead letter upon the statute book, were it not for the gratuitous support given by that body, therefore we are justified in arriving at the conclusion that to them belong nearly all the credit.

Let me remind you of "ovarian dropsy," a disease which runs its fatal course in a very large majority of cases, without operation, in from 2 to 5 years. Here we have an example of the triumph of modern operative surgery, now 75 per cent are saved, and it has been computed that in Great Britain and the United States alone, ovariectomy has within the last 30 years directly contributed more than 30,000 years of active life to women, all of which would have been lost, had the operation never been performed. Every successful operation upon the brain may be credited as having saved a life. Very many lives have been saved by modern thoracic and abdominal surgery, also by the excision of the hip joint instead of that fatal and formidable operation for the removal of the entire limb. The antiseptic treatment of wounds with the observance of hygienic laws, have reduced the mortality from amputations, 20 per cent. The same may be said of all serious wounds.

That devastating scourge, typhus fever, consequent upon over-crowding, impure air

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Each fluid ounce of this Syrup contains 6.675 grains Hydrionic Acid, which represents 6.66 grains Iodine, or is equivalent to 8.69 grains Iodide Potass.

This Syrup will be found to produce very good results in the treatment of **Hay Fever, Chronic or Acute Rheumatism, Lupus, Asthma, Catarrh, Pneumonia, Goitre, Eczema, Scrofulous Diseases, etc.**

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We have reduced the price of Wyeth's Syrup of Hydrionic Acid as follows

Per Demijohn, 28 fl. oz.....	from \$ 8.00 to \$5.00
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AND ITS COMBINATIONS.

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It forms an important constituent of nervous tissue and has for many years been employed in cases of nervous debility, neuralgia, wakefulness, paralysis, locomotor ataxia, and impotency,—it acts as a powerful and general stimulant to the venereal organs. Perhaps there is no remedy more generally applicable to all diseases attended with prostrations of the vital powers, in sexual exhaustion, in failure of mental powers from similar causes; and in all forms of exhaustion of the nerve centres, when no organic lesion has occurred, its value seems unquestionable.

Phosphorus has not, however, met with that general favor from medical men it so richly deserves, on account of the difficulties of administering it, and the uncertainty of results from many of the various compounds and preparations offered, their liability to become inert in time, and the irritation and distressing effects often attending their use through careless manipulation. We can assure our friends of the profession that in **Wyeth's Sugar-coated Compressed Tablets**, each and all of these objections have been overcome, and as now presented to them, afford a means of administration not before equalled—not only as regards their convenience, permanency, and freedom from irritating after-effects, but also the absolute accuracy, of dose, speedy solubility, and therapeutical excellence.

The following list embraces, not only **Wyeth's Tablets of Free Phosphorus** of varied proportions, but also its combinations with various other vehicles that have from time to time, and from eminent sources, found much favor with physicians:

	Per 100		Per 100
Wyeth's Pill Phosphorus, 1-100 grain.....	\$0.30	Wyeth's Pill Phosphorus et Ferri et Quin. et Strychnia...	75
" " Phosphorus, 1-50 grain.....	30	Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain,	
" " Phosphorus Compound.....	25	Quinia Sulph, 1-2 grain, Strychnia 1-60 grain.	
Phosphorus 1-100 grain, Extract Nux Vomica 1-6 grain.		Wyeth's Pill Phosphorus et Ferri et Quinia Sulph.....	75
Wyeth's Pill Phosphorus Compound et Ferri.....	50	Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain,	
Phosphorus 1-120 grain, Ferri Carb, Sacch. 1 grain,		Quinia Sulph. 1-2 grain.	
Extract Nux Vomica 1-8 grain.		Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Comp. 95	
Wyeth's Pill Phosphorus et Damiana Compound.....	60	Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain,	
Phosphorus 1-100 grain, Extract Damiana 1-2 grain		Quinia Sulph, 1 grain, Acid Arsenious 1-50 grain.	
Extract Nux Vomica 1-8 gr. Ferri Sulph, Exsic 1-2 gr.		Wyeth's Pill Phosphorus et Ferri et Quinia Sulph.	
Wyeth's Pill Phosphorus et Ext. Coca Compound.....	80	Compound et Strychnia.....	95
Phosphorus 1-100 grain, Extract Coca 1 grain, Extract		Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain,	
Nux Vomica 1-4 grain, Vallet's Mass 1 grain.		Quinia Sulph, 1 grain, Acid Arsenious 1-50 grain,	
Wyeth's Pill Phosphorus et Ext. Coca Comp. et Quinia.. 100		Strychnia 1-60 grain.	
Phosphorus 1-100 grain, Extract Coca 1 grain, Extract		Wyeth's Pill Phosphorus et Ferri et Strychnia.....	45
Nux Vomica 1-4 grain, Vallet's Mass 1 grain, Quinia		Phosphorus 1-150 grain, Ferri Carb Sacch. 1 grain,	
Sulph. 1-2 grain.		Strychnia 1-60 grain.	
Wyeth's Pill Phosphorus et Ferri.....	\$0.50	Wyeth's Pill Phosphorus, Nux Vomica et Damiana....	60
Phosphorus 1-100 grain, Ferri Carb. Sacch. 2 grains.		Phosphorus 1-100 grain, Extract Nux Vomica 1-8 grain,	
		Extract Damiana 1-2 grain.	

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Please mention THE MARITIME MEDICAL NEWS

and contagion, with its mortality of 40 per cent, has been very nearly banished, since Sir Wm. Jenner in 1840, pointed out the difference between it and typhoid fever, and the mode of guarding against it. The present death-rate from fever in England amounts to about 385 per 1000 of all deaths, formerly it was 539. The death-rate of women in London from child-birth and its consequences, is one-third of what it was 50 years ago.

Without going into further detail, I think enough has been shown to justify the claim, that to the medical profession belong the credit for annihilating pain when under the surgeon's knife, for largely reducing the mortality from surgical operations, and for lessening the general mortality; results, which in their effects upon the well-being of mankind, have never been equalled by any body of men. Men, who contrary to their pecuniary interests, are ever found initiating and supporting modern reforms which aim at the prevention of disease, pointing out the consequences of intemperance, improper hygienic surroundings, and other transgressions of nature's laws. In fact, devoting their lives to the benefit of their fellow-men, and nobly giving any discovery they may make to the world, asking no reward save "Heaven's well-done"; and I would not have it otherwise. It is well that the charm of the profession lies in the variety of its work, in the sympathy for the sick and in the scientific interests in its pursuits, not in the shadowy prospect of honours. But it may be asked why the doers of all this good have received and continue to receive such scant recognition from the State, and I may add, from those who are daily reaping the benefit of their work, and who accept the gift as a right, ignoring or forgetting the donor? Indeed, were he to retain any discovery he might make, for his individual benefit, he would be "soundly denounced." This neglect has been exemplified in our own little province. It is not long since I, with other medical men, signed a request that a worthy physician in the North, should take the place of a senator who had recently died in that district. Our request was "tabled," notwithstanding there is not a member of the profession in the senate, from this province. It is true that the doctor had not been made eligible for office by rejection at the polls.

Let us contrast their position with that of a general commanding British soldiers, and directing them against a semi-savage horde,—himself keeping without the range of shot or

shell—killing hundreds to avenge some wounded pride, or to satisfy some craving demand; he receives the thanks of Parliament, is presented with a large donation in money, and created a lord or an earl. While a "Jenner" who, it is estimated has saved more lives than have been destroyed by the sword and gun-powder since the time of Marlborough,—received no mark of distinction. It is true the paltry sum of £10,000 was voted for him, and 40 years after his death a monument was placed in Trafalgar Square to his memory, but with shame be it said, it has since been relegated to an obscure corner at the far end of the Serpentine, to be admired by nurse-maids engaged in keeping erratic children from falling into its stagnant water,—a disgrace to the nation claiming the honor of his work. Again, compare the work of the general with that of Simpson, Lister, Wells and others, whose highest distinction has been a baronetcy, and then only when they had private means sufficient to support the title. The clergyman has the bishop's mitre, the lawyer the bench, as a goal looming in the distance. The medical man has no such goal to stimulate his ambition, yet he perseveres in his good work, and I maintain that he is equally deserving.

It may be asked, what is the remedy for this state of things? I think we have the remedy in our own hands,—by combination, by a determination to: stand shoulder to shoulder, by strictly observing that golden rule, "to do to our conferes as we wish our conferes to do to us, by sinking all differences of opinion for one grand object, the elevation of the standard of our profession, so that when we speak, our united voices may carry weight in the community. The members of the profession in the army and in the navy have shown us a good example, by such action they have obtained large concessions from the government. Differences of opinion will exist, but in 90 cases out of 100, an explanation of five minutes between men wishing to act honorably, will heal the breach and silence that odious remark "Doctors differ."

In conclusion gentlemen, let me say to you that I have by no means exhausted my subject; it covers such a wide field that the time allotted me will only permit a sketch, but I hope enough has been said to remind you that the science of medicine has kept pace with other sciences in the march of improvement. Accept the concluding remarks, not necessarily a part of my subject, as expressions

from one, who though "his day is far spent," sincerely wishes to see his profession take the position it should command, and hopes that every member may continue to deserve the eulogium passed upon the "good physician" by our aged confrere, poet and philosopher, Oliver Wendell Holmes, who is alike an honor to the profession and to the country claiming him as her son.

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### REMARKS ON MONOMANIA.

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BY JAMES T. STEEVES M.D.,

*Supt. Asylum for the Insane, Fairville, N. B.*

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There are perhaps few terms or words in the English language better known, or more clearly understood than the word Monomania. It is derived, as explained by the student, from monos (single) and mania (madness), and construed by the whole world for many years past to mean Insanity in which the subject was at fault mentally only in a single line of thought, or upon a limited group of subjects. It has been designated Partial Insanity, in contradistinction to General Insanity, in which class the incoherence is complete or practically so. It has been allowed by general consent to have a signification a little wider than its philological derivation, by strict or narrow lines, might indicate.

Notwithstanding these facts concerning this innocent and popular word, you will be surprised to learn that there is a scientific onslaught being made upon it with the avowed object of blotting out its very existence—a herculean task, I trow.

But in the language of Dr. Walter Channing, and quoted by a no less distinguished authority than Clarke Bell himself, it, that is, monomania, has already been relegated by the Saratoga Conference to brackets. What sort of a purgatorial region that is we are not informed, but we are told by the same authority in prophetic language that its next abode will be in oblivion—lost!

It is perhaps bold to give expression to the thought, but I fear that the good doctor's prophecy may miscarry, and it occurs to me that it might so happen that this much abused term may survive in prose and song, as also in law and medicine, many long years beyond the period when some of its warlike pursuers have passed the stage of relegation

to brackets, and on to that other stage named by Dr. Channing.

As stated at the outset this term is distasteful and objectionable to a large number of alienist physicians, and many authors in this department of medicine have so expressed themselves.

Dr. Blandford, in Quain's Medical Dictionary, says: "This term Monomania is falling into disuse on account of its vagueness, and because it has been employed by various writers to denote different kinds of insanity. Some have used it to denote an insanity which is indicated by some one particular delusion, the mind remaining clear on every other point. Others mean by it an affective or impulsive insanity, the essence of which is the absence of delusion and the so-called integrity of the intellectual portion of the mind."

This setting forth of the situation may seem conclusive against the use of the word, but on the other hand to the authors and thinkers who applied this term Mono, it did seem applicable to different kinds of insanity, inasmuch as in both classes they possessed the distinctive quality of the mono or partial. The one class having the peculiar delusions affecting the intellect, and the other the emotions, with apparent integrity of the intellectual portions of the mind.

Philosophically it may be true that there is a unity in the operations of the different faculties of the mind, and that one cannot be disturbed without affecting more or less the others, still this is not conclusive.

Professor Verga subdivides monomania into two classes, intellectual and emotional, affirming his adhesion to the doctrine that there is a mono-intellectual insanity and also a mono-emotional insanity.

Within a recent period the term Paranoia has been substituted to a considerable extent for that of monomania especially by younger writers on mental diseases. But, as Dr. Parsons claims, the objections to the term Paranoia as a substitute, are as forcible and strong as to the use of the term Monomania itself, because if the meaning of Monomania is too narrow for the purpose required, that of Paranoia is too broad, and he adds that the term is too definite for the designation of something different from its evident meaning, viz.: distraction, craziness, insanity, (para, contrary to, and nous, understanding,) Paranoia, as the synonym of folly, retains its original signification and has nothing in com-

mon with the meaning to be conveyed by the term Monomania.

Ewell, in his late work on medical jurisprudence, appears to think that this substitution is a settled question, as witness the following definition: Monomania, says he, as it has hitherto been called, or Paranoia, is a chronic form of insanity, based on an acquired or transmitted neuro-degenerative taint, and manifesting itself in anomalies of conceptional sphere which, while they do not destructively involve the entire mental mechanism, d(en)ominate it.

It has been proposed by some able European continental authorities to bracket monomania and use instead the term Chronic Delirium. How the adoption of such a proposition would help existing complications I am not advised, nor am I able to conjecture.

Dr. Hack Tuke, a famous alienist writer, objects to the use of the term monomania. He expresses the wish heartily that the word had never been introduced into the psychological nosologies. One is tempted to suggest that it had been better to wish that no such malady had ever been introduced to mankind; the realization of such a wish would have accomplished much more good, and have more effectually done away with the confusion and perplexities complained of. Dr. Tuke objects on etymological grounds, and because of the various morbid mental conditions it is made to include by different writers, also on account of the confusion that ensues.

Dr. Pliny Earle objects upon almost identical grounds. He writes, "I would reject the term Monomania chiefly because, 1st. I have never seen a case in which the delusion was confined strictly to one subject, although I have seen many in which it was limited to a class of subjects, or to one central subject and all or many other subjects related to, or connected with it; and 2nd, because it has been extensively used in this country, as a cover for cases not only of Delirium Tremens and Alcoholism, but in a multitude of instances of habitual inebriety." If we dared to utter a thought out of consonance with the expressed views of so distinguished an authority as Pliny Earle of Northampton, we might suggest that the logic of his 2nd. because is new as well as difficult of comprehension—because forsooth the respectable mantle of Monomania is stolen to hide the stains of the inebriates and paroxysmal drunkards Monomania must suffer itself to be put to death.

Another famous alienist writer of large and extensive experience, writing upon the subject of Monomania made the following, perhaps I might say, extraordinary statement viz.: "that the objections to the term Monomania are such that many physicians engaged in the care of the insane do not use the term at all." I submit with deference, whilst Dr. Parsons doubtless expresses his honest convictions from his own experience, that he gives alienist physicians credit for a reticence upon the subject of Monomania to which they are not entitled.

From my not very limited observation it is a favorite theme—partly because of the claim of ambiguity urged against its use—the severe criticisms upon the term generally, and especially because of the great interest that attaches to certain of the subjects of this malady, now much spoken of under this new synonym Paranoia; well known examples of this class are Guitteau, Louis Riel, Harvey, Dailey, &c., &c., also individuez: who are said to have "a screw loose," or "are cracked," who "are all right except."

It is noteworthy that Dr. Parsons waives if he does not ignore the objections made by Drs. Hack Tuke and Pliny Earle; for he says that the objections to the term, however, do not lie in the fact that its literal meaning, and the signification attached to it by learned writers on the subject, fail to correspond, but in the fact that its literal meaning is so well defined and so easily understood, that it involves within itself an idea at variance with its real scientific meaning; and hence that its literal meaning is understood, instead of the real one, by most persons who see or hear the term.

The eminent Clark Bell, Esqr., editor of the *Medico-Legal Journal*, President of the Medico-Legal Society of New York, &c., has recently submitted through the *Medico-Legal Journal* an able review on the subject of monomania; he quotes the opinions of many able writers on the subject, and he arrives at the conclusion that the disease, or rather the term for the disease under consideration has forfeited its right of existence—or more correctly that it never had the right of a birth or a christening, and therefore that it must suffer death. For he says, "From what has been said it is quite apparent that the term monomania should be *dropped* (the italics are ours) from the nomenclature of mental diseases."

This apparent finale of the whole matter presented by Mr. Bell may be conclusive; it

may be that the extinction of the term from psychological nosologies may avoid the many perplexities that are consequent upon its presence; it may be that it is practicable to include under other terms with less objectionable features all the physical conditions now attempted to be compassed by the term *Monomania*; and it may be possible to coin a new term that will not have the same possibilities for evil and misunderstanding.

But upon these questions there remains a reasonable doubt. For the term has been so thoroughly interwoven, not only in medical and legal literature, but in the prose and verse of English writings that its extinction is well-nigh impossible.

From a purely medical point of view, and possibly from a medico-legal point, its expulsion from classification in mental diseases may be a boon—especially in the decision of medico-legal questions—not, however, without the full consent of the legal profession and the judiciary, as well as that of the leaders in medical science.

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### RETAINED FOETUS AND PLACENTA.

BY A. D. MCGILLVRAV, *Sydney, C. B.*

(*Read before the N. S. Medical Society.*)

Mrs. K—, mother of three children. Menstruated Feb. 18th, 1890. Health good, except that she suffered more than usual from nausea. On the 2nd of June she was much stouter than with any other of her children at four months. On the evening of this date while walking across the back yard she stepped into an open well, but saved herself from falling down into the well by stretching out her arms. The water was not at all near the surface. On recovering herself she found her underclothing wet to saturation, she felt some soreness in the stomach, after a night's rest she felt quite well.

From that time she rapidly decreased in size until she attained her normal condition. Neither during the accident or at any time afterwards did she lose any blood, in fact there was no vaginal discharge of any kind until the 4th of September, when there was a very slight yellowish discharge. About the first of August her health began to fail, she had chills or rather trembling turns lasting for several hours.

On the 5th of September I saw her for the first time, found her very nervous and her system generally run down. On making a conjoined examination I found some enlargement of the uterus, the cervix was small and hard, could find no tenderness. Not being able to account for the condition of affairs, I put her on a quinine and iron tonic for a few days, first, to build up my patient and secondly to give myself time to study up the case. As the result of my deliberations I resolved to explore the uterine cavity, so on the 13th I passed a uterine probe, I found the cavity six inches in length, could also detect an adherent body, but nothing free in the uterus. My examination was careful and thorough, but I did not find what I expected to find. There had been no hemorrhage at the time of my examination. A few hours afterwards uterine contractions came on, with marked regularity, which continued all night. In the morning, after an unusually severe pain, the accompanying foetus was passed accompanied by a gush of blood. The pains ceased immediately, and although put on *Fl. Ext. of Ergot*, no pains came on till the following day, when they set in again; after six or seven hours this mass was expelled; on vaginal examination I found this membrane filling up the cervical canal, which I removed with my placenta forceps. From this time the patient improved steadily for six or seven months, since that time her health has not been so good. The menstrual flow has been regular and normal, the flow coming on some six weeks after the foetus was expelled.

This case has been utterly regardless of the laws of Theory or Practice. Why the contents of the uterus was not expelled within a short time of the accident I don't know. Why this foetus should be so small, and the placentae so large and solid. I don't know, and what the membranes were for, three months after the amniotic liquid was discharged, I don't know.

The theory that part of the amniotic fluid was retained won't hold good, had it been so I would have discovered its presence during my examination with the sound, and had part been retained there would have been a larger foetus. Please account for this condition of things.

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A MONTREAL branch of the British Medical Association has been formed.

## Correspondence.

### LETTER FROM LONDON.

LONDON, JUNE, 1891.

Dear M,—Many changes have occurred in the technique of antiseptic surgery since I left London thirteen years ago, and nowhere are these more striking than in the practice of Sir Joseph Lister himself. As you know, he has given up the use of the spray entirely, and the old-fashioned carbolised gauze has also vanished.

The dressing used now is the "double cyanide gauze"; the antiseptic employed is a double cyanide of mercury and zinc, which was fully described some time ago in a clinical lecture by Lister, which appeared in the medical journals. The first specimens of the gauze were undyed, but it was found advisable to color it, and it is now made of a pale magenta color. This serves to distinguish it from plain gauze, or from gauze simply sterilized by heat and unimpregnated with any antiseptic, which is used to a large extent in some hospitals. But it is a curious fact that the dye is useful in another way. It has an affinity for the gauze on one hand and for the double salt of zinc and mercury on the other, so that it helps to fix the latter in the gauze and has overcome one defect in it, viz., a tendency for the salt to fly off as a fine dust from the gauze when dry. In addition, the gauze is kept slightly damp: it is squeezed out of a solution of carbolic acid (the old 1 to 20 solution) and wrapped in mackintosh cloth. This gauze is never moistened in a mercurial solution. It has been ascertained that the ordinary solution of perchloride of mercury forms a sort of triple salt with the double cyanide, and this new compound is quite inert as an antiseptic. This then is the method now followed of dressing an operation wound:—the sutures having been inserted and drainage tube fixed in place, a layer of the gauze, freshly soaked in a 1-20 solution (5% sol.) of carbolic acid, is laid over the area of operation, then several layers of the gauze, simply damp as taken from its mackintosh wrappings, and finally a bandage. The skin before operating is cleansed with the "strong solution," that is, a solution of carbolic acid 1 to 20, to which perchloride of mercury has been added in the proportion of 1 to 500. The solution used for irrigating the wound, which is usually done by squeezing sponge upon it, is a weak solution of 1-1000 of the perchloride of mercury.

Sir Joseph speaks very highly of the use of Barker's "flushing gouge" in treating chronic abscesses, as those connected with the bodies of the vertebrae. The results of its use in his wards have been very satisfactory; the duration of the convalescence being greatly diminished. Sir Joseph remarked in discussing tuberculosis, that in his own practice he has seldom witnessed the generalisation of tubercle of the operation, as for instance meningitis occurring in a child after removal of a tubercular joint, still there could be no doubt it occurred; and great care should be taken to remove the disease completely. He spoke very highly of the application of undiluted carbolic acid to the walls of small abscesses, or to the serrated surfaces of bones in cases of tubercular disease, where complete removal by knife or sharp spoon was doubtful. He has adopted a slight modification of the method of administering chloroform: it is dropped, *guttatim*, continuously, from a drop bottle upon the folded towel. I may perhaps be mistaken, but I fancy there is a reaction setting in from the almost wholesale condemnation of chloroform, and equally foolish over-laudation of ether. The example of the Scottish schools which have gone calmly on administering chloroform *ad libitum*, with a minimum of accident, is not without effect. I saw very many things of much interest in the practice of Sir Joseph Lister, of which I cannot write now and to me it was a very great pleasure to go round the wards again with my old chief, whose beautiful enthusiasm; clear scientific insight, and benign sympathy for the poor and suffering are still the same as when one, who owed much to him, well sang:

"We held him for another Herakles  
Warring with Custom, Prejudice, Disease  
As once the son of Zeus with death and hell."

I must not take leave of King's College Hospital without remarking upon the excellent work done there by Watson Cheyne, whose name is familiar to us all as among the foremost of the younger European pathologists, but who also has demonstrated his ability as a brilliant operative surgeon. Mr. Cheyne's clinic is among the most valuable in London, and his class is a very large one. His methods are characterised by great simplicity, and nothing in the shape of an operation seems to stagger him. He is still continuing his researches on Koch's method, and is to read a paper at the forthcoming meeting of the British Medical Association, which I think, will be of great interest.

The trouble in London is an *embarra de richesses*. There are so many hospitals and so many distinguished men. But my visit was not for hard work, and London in May has pleasanter places than the hospital. Still, my friend Dr. Muir and I managed to see a good deal of interest. The Queen Square Hospital, where Hughlings Jackson, Ferrier and Horsley have done such extraordinary work, was extremely fascinating. The Gt. Ormond St. Hospital for Children, near by, is one of the most valuable resorts for the professional man in London. It is being greatly enlarged. Mr. Knowsley Thornton has given up his work at the "Samaritan," which many will be sorry to hear. He tells me that his health is not satisfactory, and that his private engagements have made it impossible for him to devote time to hospital work.

To any medical man visiting London, and who may be a member of the British Medical Association, I can recommend the "reading room" of the Association, at 429 Strand. It is a cosy, quiet, well-furnished room, where one may read and write in comfort, and also have a "wash and brush-up," very grateful on these hot and dusty days.

### Selections.

PHARMACOLOGY AND THERAPEUTICS.—(97)  
*Aristol in Venereal and Cutaneous Diseases*.—Professor Breda, of Venice (*Revista Veneta di Sc. Med.*, November, 1890) has tried aristol extensively in his practice with the following results: Aristol undergoes visible changes on exposure to light; it is odourless, always dry, extremely divisible and light; it is easily distributable with the brush and insufflator on the skin as well as in the nasal and laryngeal cavities. No patient presented the slightest sign of any disagreeable, much less of an irritating or toxic, action. In some of the cases traces of iodine were to be expected in the urine, but it could not be detected. In herpes, in erosive balanoposthitis, in inducing cornification in dysidrosis, in intertrigo, and in burns, the remedy acted promptly and satisfactorily. In venereal ulcers it was efficacious, especially after destruction of the virulence of the focus. The surface of the ulcer, whatever the nature, seat, or size, kept itself dry and clean, and in general reacted better than under iodoform. According to this observer aristol possesses in a high degree the power of causing cicatrization of ulcers and other solutions of

continuity after previous destruction of their virulence.—*British Medical Journal*.

ABDOMINAL SECTION FOR ACUTE INTESTINAL OBSTRUCTION.—Jordan Lloyd (*London Lancet*) after giving the details of eight cases reaches the following conclusions:

1. In acute intestinal obstruction our attention should be primarily directed to the strangulation of the walls of the bowel rather than to the faecal current. When strangulation exists immediate operation is demanded.
2. The ordinary text-book distinctions between obstruction in the large and small bowels are not always to be depended upon.
3. In all obstructions above the rectum calling for operation, median abdominal incision is the proper primary procedure.
4. When the abdomen is open the examination of its contents should be systematic and expeditious, the hand being introduced into the peritoneal cavity, if necessary, and if the obstruction is not quickly discovered, the most distended coil should be fixed to the skin and opened at once. If the large intestine is the part involved, the caecum or sigmoid should be brought through a special opening made in either groin.
5. With proper precaution a few feet of bowel may be withdrawn from the peritoneal cavity, and returned without difficulty and without serious risk.
6. Rapidity of procedure with a minimum of disturbance are the essentials of operative procedure.
7. The number of lives saved by abdominal section will increase, as earlier and more accurate diagnosis comes to be made.—*Med. and Surg. Report*.

BROMIDE IN EPILEPSY.—The most satisfactory results are obtained by combining the bromides with some vegetable agent for producing cerebral anæmia (*Kansas Med. Jour.*). The combination also tends to produce tolerance. Among the best agents are the calabar bean, belladonna and cocculus indicus, or their active principles. Combining the bromides tends to prevent brominism, while it increases their physiological action; and while the potassium salt produces diarrhoea the sodium constipates. A very good formula, increasing the salts as required, is:

R.—Brom. of ammonium.....gr. v.  
 Brom. of sodium.....gr. v.  
 Brom. of potass.....gr. x.  
 Tinct. belladonna.....gtt. x.  
 Aromat. elix.....ʒij.  
 Pure water.....ʒj.—M.  
 Sig.—Three times a day.—*Can. Lancet*.

# Maritime Medical News.

August, 1891.

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THE inaugural meeting of the Maritime Medical Association in St. John, was a distinct success. The New Brunswick representation was a thoroughly satisfactory one. There were several strong reasons why the representation of Nova Scotia and P. E. Island should be numerically small. In both provinces the provincial societies had already met, thus forestalling the maritime association; and, especially, the programmes and arrangement for the provincial meetings, had antedated those of the maritime, so many men had committed themselves to an attendance at the Nova Scotia and P. E. Island societies, some of whom at least would otherwise have attended the larger gathering. As it was, the opening meeting, under the presidency of Dr. Wm. Bayard, was seen at first glance to augur well for the future success of the Association. Much time was of necessity occupied in the framing of and adoption of a constitution and code of by-laws, and in the election of officers &c., and the scientific department of the meeting was not so exten-

sive nor the discussions so general as will doubtless hereafter be the case. But some papers were presented of first rate interest, by men of authority in their subjects. The president's address would have done justice in its energetic scope and liberal attitude of mind to the youngest enthusiast present, while it embodied the thoughts and conclusions founded upon an experience of upwards of half a century. The meeting next year will be in Halifax, on the day following the opening date of the Nova Scotia Medical Society. It will perhaps then be found possible to open up some of the questions in which this association should prove a valuable instrument, as for example, the adoption of a uniform curriculum on the part of the medical boards of the three provinces, &c., &c. The weather in St. John was delightful, and the courtesy and hospitality of the St. John medical men combined to make the visiting members delighted with their semi-scientific, semi-social holiday.

## Society Proceedings.

### MARITIME MEDICAL ASSOCIATION.

THE first annual meeting of this newly organized association was held in St. John, N. B., on July 22nd and 23rd, Dr. William Bayard, (St. John), President, in the chair. The opening meeting presented one of the finest gatherings of medical men, and one of the most representative held in any of the Maritime Provinces.

The fact of the Association—at the time of the first meeting—not having been definitely organized, and the fact that the Provincial Societies of the sister Provinces (N. S., and P. E. I.) had already met, accounted for the limited number of delegates from Nova Scotia and P. E. Island. There can be no doubt but that in the future each Province will have a good representation.

#### MORNING SESSION.

July 22nd.

The session began with the reading of an address by the venerable and untiring President Dr. William Bayard, of St. John. The address will be found printed on another



page. At the conclusion of the session on all sides were heard comments evidencing the admiring and sincere appreciation of the freshness, clearness, open-mindedness and interest of the address.

Dr. Farrell, of Halifax, moved a vote of thanks to the President for his admirable address, remarking that his presiding upon this occasion augured well for the success of the Association.

Dr. Brown, of Fredericton, seconded the motion which was tendered by the Vice-President, Dr. Walker of St. John.

A committee consisting of Drs. Walker, Farrell and McLeod (Charlottetown) was on motion appointed to draft and report a constitution and by-laws.

Dr. Bayard took the opportunity to invite all the medical men present with their wives and families to a conversazione at his house on that evening.

Very shortly the committee referred to above made its report and a draft of a constitution and by-laws was read by Dr. Walker, and then discussed clause by clause and with some slight amendments adopted. Included within the constitution are the following:

ARTICLE II.—All registered Practitioners in the Provinces of N. B., N. S. and P. E. I. shall be eligible for membership in this Association.

ARTICLE III.—*Sec. 1.* The regular meeting of this Association shall be held alternately at St. John, Halifax and Charlottetown.

*Sec. 2.* The annual meeting shall be held on the day following the date of the opening meeting of the Provincial Society of the province in which said annual meeting is held.

Included among the bye-laws are the following:

2. Only those members signing the roll and paying the annual fee of one dollar shall be entitled to vote and take part in the meeting.

8. There shall be appointed at each meeting a committee of arrangements for the next meeting. The members of said committee shall be residents of the city where such meeting is to be held. It shall be the duty of such committee to make all necessary arrangements for the meeting.

The following gentlemen signed the membership roll: W. Bayard, St. John; T. C. Brown, Fredericton; J. T. Steeves, Fairville; G. E. DeWitt, Halifax; J. H. Gray, Fairville; W. S. Harding, St. John; J. M. Jonah, Eastport, Me.; Foster McFarlane, St. John; Wm. M. Caldwell, Lake

George, N. B.; Lau. Maclaren, St. John; J. Z. Currie, Fredericton, H. G. Addy, St. John; W. M. Deinstadt, St. Stephen, N. B. A. F. Emery, St. John; J. A. Simon, do.; Walter W. White, do.; J. A. E. Steeves, do.; E. T. Gaudet, St. Joseph, N. B.; M. F. Bruce, St. John; O. N. McCully, Moncton; Matthew L. Macfarland, Fairville; P. R. Inches, St. John; W. Babbitt, Parrsboro; W. Tobin, Halifax; J. Clarence Sharp, Marysville, N. B.; J. E. March, St. John; G. R. Crawford, do.; J. H. Casswell, Gagetown, N. B.; G. T. Smith, Moncton; F. C. Blair, St. Stephen; G. A. R. Addy, St. John; H. D. Johnson, Charlottetown, P. E. I.; S. F. Wilson, St. John; D. B. Myshrall, Calais; S. R. Jenkins, Charlottetown; F. H. Wetmore, Hampton; B. A. Marven, Hillsboro; D. E. Berryman, St. John; F. L. Kenney, do. (west); R. Harrison, do.; James Hutchison, do.; B. N. McCleery, do.; J. E. Hetherington, do.; Jas. McLeod, Charlottetown; Jas. Christie, St. John; D. D. McDonald, Petitcodiac; E. A. Kirkpatrick, Halifax; Thomas Walker, St. John; F. G. Esson, do.; G. A. Hetherington, do.; W. Christie, do.; Edward Farrell, Halifax; H. C. Fillmor, St. Martin's; J. Berryman, St. John; W. S. Morrison, do.; J. E. ———, Fairville; C. H. L. Johnston, St. John; John B. Gilchrist, Greenwich; J. Whiteside Bridges ———; J. W. Daniel, St. John; J. J. Samson, Norton Station; A. Morrow, Halifax; Murray MacLaren, St. John; L. A. McAlpine, do.; E. Moore, Salisbury, N. B.; D. C. Allan, Amherst, N. S.; John Wier, Doaktown, N. B.; J. D. White, St. John, West.

#### AFTERNOON SESSION.

Dr. J. T. Steeves, Superintendent of the asylum at Fairville, being called upon by the President read a paper entitled "Remarks on Monomania." This was a very short and concise paper and was listened to with much interest as coming from an authority upon the subject. We publish it in this issue.

Dr. Wm. Christie exhibited a case of excision of the elbow joint resulting in a perfectly useful limb, with pronation, &c., very satisfactory. Dr. Christie was complimented on the result.

Dr. Hutchison and McCurdy spoke on Dr. Steeves' paper, the latter stating his belief in true monomania, i. e., insanity upon one subject only.

# SYR. HYPOPHOS. CO., FELLOWS

**CONTAINS THE ESSENTIAL ELEMENTS** of the Animal Organization—Potash and Lime;

**THE OXIDISING AGENTS**—Iron and Manganese;

**THE TONICS**—Quinine and Strychnine;

**AND THE VITALIZING CONSTITUENT**—Phosphorous; the whole combined in the form of a Syrup, with a **SLIGHT ALKALINE REACTION.**

**IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGGUS 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 stimulant, 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 these, **FINDS THAT NO TWO OF THEM ARE IDENTICAL,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, **IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION,** and in the medicinal effects.

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

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

FOR SALE BY ALL DRUGGISTS.

## DAVIS & LAWRENCE CO., Ltd.

MONTREAL,

WHOLESALE AGENTS.

Please mention THE MARITIME MEDICAL NEWS.


From the "New York Medical Journal," May 18th, 1889 :

# A TONIC FORMULA.

By AUSTIN FLINT, M.D., LL.D.,

Professor of Physiology in the Bellevue Hospital Medical College, New York; Visiting Physician to Bellevue Hospital.

In the NEW YORK MEDICAL JOURNAL for July 31, 1886, Professor Allard Memminger, of Charlestown, S. C., published a short article on Bright's Disease of the Kidneys successfully treated with Chloride of Sodium." The salt is given in doses of ten grains three times daily, the doses being increased by ten grains each day until they amount to fifty grains each. It is then diminished to sixty grains in the day and continued. I employed this treatment in a few cases, but did not meet with the full measure of success noted in four cases reported by Professor Memminger, although in some instances there was considerable improvement. The suggestion by Professor Memminger, however, and his theory of the mode of action of the sodium chloride, pointed to a possible deficiency, in certain cases of disease, in the saline constituents of the blood. Under this idea, I prepared a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. I first used this preparation in the form of powder, giving ten grains three times daily, after eating. It was afterwards put in gelatine capsules, each containing five grains, but these absorbed moisture so that they would not keep well in warm or damp weather. The preparation is now, in the form of sugar-coated tablets, all under the name of saline and chalybeate tonic. I usually prescribe two tablets three times daily, after eating. In a few cases, six tablets daily have produced some "fulness" of the head, when I have reduced the dose to one tablet three times daily.

 Messrs. Wyeth are now Manufacturing these Pills, both plain and sugar-coated. Their extensive use would seem to confirm all the claims made for them by Dr. Flint. In ordering please specify Wyeth's Tonic Chalybeate Tablets.

TONIC CLALYBEATE (FLINT'S). Per Bottle of 100 Tablets, - \$0.35.

Sodii Chloridi (C.P.) 3 drachms, Potassi Chloridi (C.P.), 9 grs., Potassii Sulph. (C.P.) 6 grs., Potassii Carb., 3 grs., Sodii Carb. (C.P.) 36 grs., Magnes. Carb., 3 grs., Calc. Phos. Precip., 30 grs., Calc. Carb. 3 grs., Ferri Redacti Merck., 27 grs., Ferri Carb., 3 grs., M et ft. Pil. No. LX.

DAVIS & LAWRENCE CO., Limited,

GENERAL AGENTS, - - MONTREAL.

Please mention THE MARITIME MEDICAL NEWS.

Dr. Edward Farrell read a paper entitled: "The Danger of Delay in Surgery," which will be published.

Dr. Daniel thought there was another side to this question, and that there was such a thing as hurrying on to an operation before a due trial of less severe measures, which often were successful.

Dr. Steeves thought that Dr. Farrell rather minimised the risk in operating upon strangulated hernia, when he stated that 99 cases out of a hundred would recover if the operation was early. The 3 or 4 cases which Dr. Steeves had operated in were all successful, but he regarded this as accidental.

Dr. McLeod endorsed all Dr. Farrell had said and hoped all would take to heart the references to delay in cases of mammary cancer, &c.

Drs. Kirkpatrick, Gray, McCurdy, DeWitt, Jas. Christie, Jonah, Gaius Smith and Tobin, took part in the discussion, most fully agreeing with Dr. Farrell's views, one or two recommending hesitation in some cases in which the modern surgeon has proved himself too ready to operate, as, e. g., in the removal of limbs, &c.

Dr. P. R. Inches read a carefully prepared and discursive paper on "Croup and its relation to Diphtheria." Dr. Inches gave a resumé of the history of this question with the different views of various authorities. The paper will be presented in full in another issue.

Drs. McCurdy, DeWitt, McLeod, Jonah, Steeves, Bayard, (by request,) and Wm. Christie, discussed the paper, there being the proverbial difference of opinion as to the identity of the two diseases.

Dr. Jonah referred to the value of the smell of the breath as a diagnostic sign between Diphtheria and Croup.

Dr. Wm. Christie thought he had noticed the smell spoken of by Dr. Jonah, but by no means constantly.

Dr. McLeod did not know of the occurrence of albumen in the urine in true croup, *i. e.*, before tracheotomy was done. He did not think an attack of Diphtheria conferred immunity.

Dr. Bayard being asked for his opinion said that he could not form a positive opinion between the two diseases, but he thought the bulk of authority was in favour of two distinct affections. If he were called to a case of inflammatory croup in a locality where Diphtheria existed, he should suspect it to be Diphtheria.

Dr. Inches replied to various criticisms. He explained the much greater swelling in Pharyngeal Diphtheria as compared with Laryngeal, to the smallness and less number of glands, about the larynx, and trachea; authorities shirked the question of immunity. Jacobi says a person having had an attack is more liable to a second, &c. Others say it is to some extent self protective. As to the infrequency of Laryngeal Diphtheria as compared with Pharyngeal, the small surface of the larynx was to be remembered.

## MORNING SESSION.

July 23rd.

The election of officers was the first business and resulted as follows:

President.....	HON. DR. PARKER, of Halifax.
	DR. BROWN, Fredericton.
Vice-Presidents }	" FARREL, Halifax.
	" McLEOD, Charlottetown.
Treasurer.....	" DEWITT, Halifax.
Secretary.....	" MORROW, Halifax
Local Committee of Arrangements for Next Year's Meeting in Halifax.—DRS. TOBIN, WICKWIRE, J. F. BLACK, SLAYTER.	

The accounts for printing, &c, were then presented and by resolution ordered to be paid.

The programme was then resumed and an interesting paper on "Pills" was read by Dr. D. B. Myrshral, after which the meeting adjourned.

## AFTERNOON SESSION.

Dr. Kirkpatrick, of Halifax, read a paper entitled: "Diseases of the Naso-Pharynx in relation to Ear and Throat Diseases." The paper dwelt upon the propriety of early and radical treatment and removal of adenoid vegetations.

Drs. Tobin, Bruce and Crawford complimented the writer. Dr. Bruce thought that the class of cases were not investigated as thoroughly as they should be. He was sorry that Dr. Kirkpatrick had not described his method of removing the growths. He had experience of the necessity of great care in the use of the cautery, having seen a case of disease of the middle turbinated bone, when after the use of the cautery the patient almost bled to death.

Dr. March reported a case of Empyema describing the method of opening and draining, and the very satisfactory result.

After a little miscellaneous business the Association adjourned with the prospect of a good meeting in Halifax in July, 1892.

## P. E. ISLAND MEDICAL ASSOCIATION.

THE Annual Meeting of the Prince Edward Island Medical Association was held at Charlottetown, July 8th and 9th. The President, Dr. McLeod, of Charlottetown, occupied the chair. The attendance was fair. The 1st session held Wednesday evening was devoted to business and election of officers.

The following officers were elected for the ensuing year:

DR. D. G. MCKAY, of Summerside, *President*.  
 " F. P. TAYLOR, of Charlottetown, *1st Vice-do.*  
 " ALEX. MCNEIL, of Kensington, *2nd Vice-do.*  
 " PETER McLAREN, of Brudenell, *3rd Vice-do.*  
 " S. R. JENKINS, of Charlottetown, *Secretary*.  
 " RICH. JOHNSON, of Charlottetown, *Treas.*

### Executive Committee.

DR. J. GILLIS, Summerside.  
 " ALEX. MCNEIL, Kensington  
 " WARBURTON, Charlottetown.

### Reception Committee.

DR. I. H. McLELLAN, Summerside.  
 " J. SUTHERLAND, Bedeque.  
 " P. McN. BEARISTO, Summerside.

A committee was appointed to draft a resolution of condolence with the family of one of our late members, Dr. Kenneth Henderson, of Clyde River, who died recently at his residence.

The resolution as read was adopted and a copy ordered to be sent to the deceased members family, and also to be entered in the minute book of this Association.

The following resolution, moved by Dr. K. McNeill, Stanley, seconded by Dr. Robertson, Crapaud, was carried:

*Whereas*, the legislation necessary for the medical profession of this province requires to be placed in charge of an active committee whose duty shall be to act as a medium of reference and explanation between the members of the profession and the legislature:

*Therefore Resolved*, that a committee consisting of Drs. Macleod, Jenkins, Conroy, Warburton and Beer be appointed with full powers to act in the interval and during the next session of the legislature, and to prepare an act in accordance with the provisions already laid down by this Association, and such further suggestions as this Association may deem necessary."

Dr. Myshral representing Parke Davis & Co., was elected an honorary member for this meeting.

The second session was held on Thursday morning. The members met at 10.30 a. m. Dr. D. G. McKay, the newly elected president in the chair. Dr. James McLeod, the retiring president delivered his annual

address which was well received and favourably commented upon. A hearty vote of thanks was tendered Dr. McLeod for his highly interesting address, and for the able and impartial manner in which he filled the chair for the past year. The address was on motion ordered to be printed in the MARITIME MEDICAL NEWS.

Dr. John McKinnon, of Missouri, being present was elected an honorary member for this meeting.

The next paper, that of Dr. R. Johnson, was read, "Maternal Impression." This highly interesting paper was illustrated by numerous cases, some taken from the doctor's own practice, with diagnosis and specimens.

Dr. McNeill, of Stanley, also reported the case of a compound fracture of tibia, in which there was delayed union, treated by plaster of Paris, the doctor strongly urged the necessity of at once treating such cases by plaster of Paris.

The 3rd session of the annual meeting of the Society was held on Thursday afternoon. Dr. D. G. McKay, President, in the chair.

Dr. John McKay, of Stanley, read his paper on the complications of typhoid fever. Quite an interesting discussion followed taken part in by Dr. McNeill, Stanley; Dr. McLeod, Charlottetown; Dr. Robertson, Crapaud; Dr. R. Johnson, Charlottetown; and Dr. Conroy, Charlottetown.

The next paper was Dr. Warburton's, Charlottetown, Two cases of "Spina Befida." This paper was interesting and called forth remarks and recital of cases from a number of members present.

Dr. Leinway's paper on "Assimilation and Nutrition," was read by the author, and showed that a great deal of care and time had been spent in its preparation. The doctor illustrated it by interesting diagrams drawn from views under the microscope.

Some discussion then took place on the subject of the new Medical Bill to be introduced at the next session of the legislature.

Dr. McNeill, of Kensington, exhibited the foot of a woman who had a short time previously been struck by lightning. The woman's foot was injured severely 3 wounds being inflicted, three flesh wounds. The patient otherwise was not injured. The foot was torn into shreds and was found some distance with the metal entirely gone. The foot was presented to the Society and ordered to be placed in the museum of the Society, of which Dr. Johnson was appointed curator.

The meeting adjourned to meet at Hotel Davies at 8.30 p. m. when a dinner was held, given by the city members to the visiting brethren, a very pleasant evening was spent and some very interesting speeches made. After singing Auld Lang Syne the meeting adjourned *sine die*.

### Notes and Comments.

DR. WM. BAYARD entertained the members of the Maritime Medical Association on the evening of the opening day, at a large conversation at his handsome residence. Several hundred guests were present. A very pleasant evening was spent.

OHIO shines with the effulgence reflected from her numerous Presidential sons, and also from her lights in the medical profession. To show what capacity is inherent in the Ohio doctor, it is stated that one alone conducts a complete medical college, he filling all the chairs, lecture, and demonstratorships, from dean to janitor. And yet he is not much of a doctor for Ohio, having a bias towards irregularity.—*Times & Register*.

REPRESENTATIVES of Messrs. Wyeth & Co., and of Parke, Davis & Co. were in attendance at the Maritime Association meeting with fine samples of the many elegant preparations produced by both these firms. Messrs. Wyeth & Co. had the best location this time, the members having to pass through the exhibit each time of entering or leaving the place of meeting. Dr. Myrshrrall was there too, however, and maintained his reputation as a popular representative of his firm.

Now commences or has commenced the havoc among children of the dread summer complaint. "Dread" mainly because left too long before efficient measures are taken to arrest it; the physician often being employed only when much strength and weight have been lost.

The sulpho-carbolate of zinc and the salicylate of bismuth are two drugs worth keeping in mind, one half grain of either being used as a dose, (in conjunction with pepsin or lacto-pepsin usually,) for a very young child.

Bovine is worth trying; it has been found serviceable; the small amount of whisky contained is an advantage.

## New York Post-Graduate Medical School and Hospital.

### TENTH YEAR—SESSIONS OF 1891-92.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is beginning the tenth year of its existence under more favorable conditions than ever before. Its classes have been larger than in any institution of its kind, and the Faculty has been enlarged in various directions. Instructors have been added in different departments, so that the size of the classes does not interfere with the personal examination of cases. The Institution is in fact, a system of organized private instruction, a system which is now thoroughly appreciated by the profession of this country, as is shown by the fact that all the States, Territories, the neighbouring Dominion and the West India Islands are represented in the list of matriculates.

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 those branches in our own Hospital.

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

#### FACULTY.

*Diseases of the Eye and Ear.*—D. B. St. John Roosa, M.D., LL.D., President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.  
*Diseases of the Nose and Throat.*—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight, M. D.  
*Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M.D.  
*Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.  
*Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D.  
*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D.  
*Surgery.*—Lewis S. Picher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.  
*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 Dwight Chapin, M. D., Joseph O'Dwyer, M. D., J. H. Ripley, M. D., Aug. Cahill, M. D.  
*Hygiene.*—Professor Edward Kershner, M. D., U. S. N.  
*Pharmacology.*—Professor Edward Bague, Ph. B.  
*Electro-Therapeutics.*—Wm. J. Morton, M. D.

For further information please call at the school, or address

CLARENCE C. RICE, M. D., Secretary,

F. E. FARRELL, Supt.

226 East 20th Street, New York City.

**A FIVE YEARS' MEDICAL COURSE REQUIRED IN CANADA.**—The Medical Council of the College of Physicians and Surgeons of Ontario recently passed the following resolution: "On and after July 1, 1892, every student must spend a period of five years in actual professional studies, except as hereinafter provided, and the prescribed period of studies shall include four winter sessions of six months each, and one summer session of ten weeks; the fifth year shall be devoted to clinical work, six months of which may be spent with a registered practitioner in Ontario and six months at one or more public hospitals, dispensaries, or laboratories, Canadian, British or foreign, attended after being registered as a medical student in the register of the College of Physicians and Surgeons of Ontario; but any change in the curriculum of studies fixed by the Council shall not come into effect until one year after such change is made."—*Med. Record.*

**A CASE OF POISONING BY CALOMEL.**—A woman suffering from angina simplex remained constipated for three days. Enemas and other remedies refused to act, and finally 6 grs. of calomel were prescribed; 3 grs. to be taken at once,  $1\frac{1}{2}$  grs. after two hours, and the rest after one and a half hours. At the same time a sour diet was forbidden, to prevent the action of acids on calomel. After taking  $4\frac{1}{2}$  grs. of calomel the patient complained of intense abdominal pains and great thirst. Soon diarrhoea and vomiting commenced. The stools were watery and bloody. Evening temperature was  $38.5^{\circ}$ , pulse 110, small and soft. The next evening the temperature rose to  $40.0^{\circ}$ , while the violent diarrhoea, with tenesmus, continued. Coated tongue, swollen gums, and sensitive, swollen abdomen were the next signs apparent. During the night the patient appeared to collapse. The following days the gums were reddish and partially covered with a gray deposit, the swelling still continuing; the submaxillary glands were enlarged and painful. The lower part of the abdomen showed dullness on percussion. The incisors were loose, and on the mucous membrane of the cheek a deep ulcer surrounded by erosions was visible. Temperature  $39.8^{\circ}$ . On the next day the diarrhoea ceased, the nausea and abdominal pains lessened. The patient then began to improve, leaving her bed on the tenth day, fully recovered four days later. The treatment consisted of ice-water and milk followed by hourly doses of laudanum

internally, and frequent mouth washes of hypermanganate of sodium, with painting of equal parts of tinct. rhatany and tincts. of gall. The calomel was examined and found to be perfectly pure, especially the absence of sublimate was proved.

—Pollack, in *Therap. Monatsheft.*

**GREENISH DIARRHOEA OF BABES.**—The *Med. Record* gives the following:

R.—Zinci sulpho-carbolas. . . . . gr. ijss.  
Lactopeptine . . . . . gr. xij.  
Bismuth subnit . . . . . gr. xvij. — M.  
Et. divide in chart No. xii.

Sig.—One every two hours until relieved; then increase the intervals and give as necessary to control the bowels.—*Can. Lancet.*

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## Personals.

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DR. W. S. MUIR has returned from Europe.

DRS. BAYARD and MARCH of St. John, have gone to London to attend the Hygiene Congress as representatives of N. B.; DR. FARRELL has gone in the same capacity from N. S.

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# CANADIAN Medical Association.

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## TWENTY-FOURTH ANNUAL MEETING,

16th, 17th and 18th September, 1891.

The Twenty-fourth Annual Meeting of the Canadian Medical Association will be held in Montreal, on Wednesday, Thursday and Friday, 16th, 17th and 18th September.

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

Arrangements are being made with the various Railway and Steamboat Companies whereby Members can obtain Return Tickets at considerably reduced rates.

H. S. BIRKETT, SECRETARY,  
123 STANLEY ST., MONTREAL.

# PHYSICAL EXHAUSTION.

## Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. COWLES, Camden, Me., says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of PROF. N. E. HORSFORD, by the

**RUMFORD CHEMICAL WORKS, PROVIDENCE, R. I.**

Beware of Substitutes and Imitations.

CAUTION: Be sure the word "Horsford" is printed on the label. All others are spurious. Never sold in bulk.

## CHAPMAN'S



SURGICAL

SUPPLY DEPOT.

### KING'S BLOODLESS TRACHEOTOME.

With KING'S COMBINED, INSTANTANEOUS, TRACHEOTOME, TROCAR and ASPIRATOR, Bloodless Tracheotomy can be performed in five seconds without the aid of knife, anæsthetic or assistance, rendering an EARLY OPERATION possible. Circulars supplied on application.

Harvard Operating Chairs, King's Suture Needle, King's Pocket Amputating Case, O'Dwyer's Inhalation Sets, Outerbridge's Dilators for Sterility, "Empire" Elastic Bandages.

A full line of best quality, new and standard surgical instruments always on hand.

References by kind permission: The McGill Medical Faculty.

**J. H. CHAPMAN,**

2294 St. Catherine Street, Corner of McGill College Avenue, MONTREAL.

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## WHEELER'S TISSUE PHOSPHATES.

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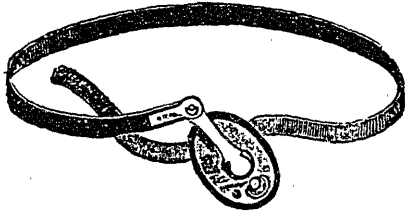
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