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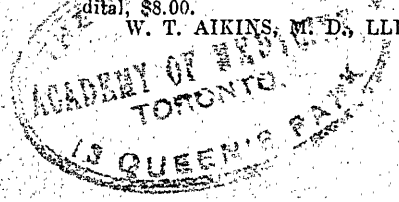
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The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July to be taken after the third Winter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

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

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

One of the distinctive features in the teaching of this School, and the one to which its prosperity 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.

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

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

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

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large 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. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

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

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VOL. VI.

HALIFAX, N. S., SEPTEMBER, 1894.

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Original Communications.

ANNUAL MEETING DOMINION MEDICAL ASSOCIATION, ST. JOHN, N. B., AUG. 22nd and 23rd, 1894.

President's Address:—Dr. Harrison,
Selkirk, Ont.

Gentlemen of the Association:—

My first duty as well my pleasure is to thank you for the honor you have done me in placing me in this position; an honor as unexpected as it was unsought. In fact I might well have great misgivings as to my ability to fill it, for I need not tell you the mantle of my many predecessors has not fallen on my shoulders and I should not have accepted it had I not felt that I could rely upon your assistance and indulgence.

The subject of my address has been one of grave consideration. I might have taken the history of medicine or surgery but it is trite, and has been worn thread-bare. The history of the developments and improvements dur-

ing the last one, two or three decades in this age of books and journals is the property of the whole profession, especially of those who take enough interest in its progress to attend this meeting. It was with a good deal of difficulty that I took as my theme my personal experiences and observations in medicine extending over upwards of half a century.

Over fifty-seven years ago with my father, the late Dr. Harrison I settled near the shore of Lake Erie. The country at that time was an unbroken forest with merely a thin and scattering fringe of settlements on or near the lake. The soil was heavy clay and the surface very gently undulating. The water supply mainly derived from the rainfall. The water courses were more or less obstructed by the debris of the forest so that the swamps held their moisture all summer or until dried by slow evaporation or percolation. At this time miasmatic diseases were so prevalent that very few passed a summer without an attack of ague, and bilious fever was common

and sometimes fatal among the unacclimated. It was not uncommon to find during the hot weather of summer cases of ague or remittent in every house in a settlement, and frequently every member of a family would be attacked at once. Unacclimated persons who were healthy and vigorous sometimes passed the first summer without being attacked, but the fact that they developed it early the next year shewed that the poison though dormant was still present and had preserved its virulence through the long period of winter ready to shew itself on the first occasion of the lowering of the powers of life. When the system became saturated with the miasmatic poison, the patient was generally attacked every summer as soon as the weather became warm and it stuck to him either continuously or with intervals of apparent convalescence until the approach of cold weather. This would go on for perhaps from three to five years, when the susceptibility to the disease seemed to be worn out, but it left the patient with a constitution so shattered that it took years to recuperate, and left him an easy prey to the first serious attack of disease.

The miasmatic poison was so omnipresent that it complicated almost every other disease. I remember my father saying that he had scarcely seen an uncomplicated case of pneumonia and the man who ignored its presence had little success in treatment. Quinia would check it as certainly, and I think in much smaller quantities than we now require it. From 10 to 12 grains in 2 grain doses rarely if ever failed to stop the ague for at least seven to fourteen days.

At the same time there was a peculiar and very fatal disease among cattle. It had the local name of Murrain. The animal was seen to be ailing. The eyes became sunken. The extremities cold. In a short time a bloody diarrhoea and haematuria ensued and the animal died in from

twelve to twenty-four hours. A case of recovery was almost unknown. This disease was so prevalent, that scarcely a herd escaped and a farmer frequently lost from one-fourth to one-half his stock of horned cattle. Horses and sheep were not affected. In the next township to the west of us, the soil was porous sand, well watered with springs and spring streams, and here, though ague was not uncommon this disease of cattle was unknown.

Contrary to an opinion frequently advanced the presence of malaria was not accompanied with the absence of typhoid, which I think was as prevalent as it is now.

When my father settled here there was not a doctor nearer than a days ride, and the medicine was entirely domestic. Charms and incantations were largely depended upon in cases of ague and hemorrhage, but in cases where remedies were used they were pushed with a vigor that would take the breath of the modern patient. Whiskey was the universal remedy, and had the advantage of being indicated in all diseases in all their stages and in all conditions of the patient. It was a *sine qua non* in midwifery. I remember when a boy riding with two old settlers through the woods and while passing a log house many miles from the nearest neighbor a woman rushing out hailing one of the men with "Have you any whiskey." He slowly and hesitatingly acknowledged that we had a bottle, "Just enough to take us through the woods." "You will have to give it to us, says the old woman, "Here's a woman sick and no whiskey. Did you ever hear of such a thing?" My friends took a parting drink, and then with a "longing lingering look" at the departing spirit handed the remainder to the midwife.

A disciple of Thompson had carried his peculiar ideas into the settlement and the beautiful simplicity of the doctrine "Heat is life and cold is death," and that you had only to throw

off the cold phlegm with lobelia and keep up the treatment with red pepper to cure your patient had gained many followers, and I know of at least two deaths caused by the lobelia.

Bleeding was resorted to on the slightest provocation, and there was scarcely a neighborhood that did not boast of a man who could open a vein with a dexterity that would shame the majority of the graduates of to-day, and the enormous bowls of the various infusions and decoctions that were poured down the patient would go far to convince the observer that, as in the case of New York's historian, they intended to drive out the enemy by inundating the seat of war. Some of their medicines were nauseous enough to have been derived from the pharmacopeia of the dark ages, the Chinese, or the homeopaths. An infusion of the excrement of the sheep was commonly prescribed for measles and that of the cat—a bad substitute for *asafoetida*—was considered the sovereignest thing on earth for fits.

My father was the first in the neighborhood to treat diseases *secundum artem*, but in those days the principles of medicine as taught by Sydenham and Cullen had not become obsolete; and he never hesitated to use contrastimulants or the lancet in inflammations, in what was called inflammatory fever, or stheniocosis of disease with hyperaction where he considered that the patient's constitution would endure the treatment.

It was in this school that I learned the first rudiments of medicine, and in the first years of my practice I used the lancet with more or less freedom, and though the doctrine of Hughes Bennett and his followers has largely affected my practice I am by no means convinced that the disuse of the lancet has been an unmitigated blessing. As there were brave men before Agamemnon so there were skilful and successful physicians before we were thought of, or a bacterium discovered. It was

certainly a dangerous mode of treatment for the mere routinest, who bled, blistered and salivated each patient as a matter of course; but was a powerful weapon for good in the hands of the careful observing physician, who understood the course and effect of disease, and carefully and intelligently studied and watched those of his remedies. And while our modern treatment saves patients who would have died under the old regime, I am convinced that the vigorous treatment of our fathers saved many who would have been allowed to die under the expectant treatment so fashionable a few years ago.

Diphtheria reached us before railways had opened up the country, and I repeatedly saw it on isolated farms surrounded by woods and where it could not possibly have been carried from without, and where the land had been so recently redeemed from the forest that it could not have been derived from some previous but forgotten case. This has seemed to me to prove that the origin of the Klebs Loeffler bacillus requires further investigation. We also had cases of cerebro-spinal meningitis, and I was much interested in a paper read by Dr. (now Sir James) Grant at the first meeting which I attended of this Association, in I think the year '69. It was on cerebro-spinal meningitis, or as he termed it "Purpurio fever," as it appeared in the Ottawa Valley. It had appeared with us at the same time and changing the locality and names his paper would have fairly described my cases and their results.

The country became rapidly and thoroughly cleared and drained, and it is so completely rid of the cause of miasmatic disease, that I have scarcely seen a case of ague in twenty or twenty-five years, nor a case of old fashioned remittent in my own practice of some forty years, and it is so long since we have had a case of murrain among our cattle that it has ceased to

be a tradition. We have occasional cases of typhoid, but though for years there was no attempt to isolate the patient, it is very seldom we have had a second case in a neighborhood. We have a German settlement near us, where it is considered to be the duty of every one within reach to visit the sick, which they do without the slightest precautions, yet I never saw it communicated. In the township adjoining where the soil is very porous the opposite obtains. There an isolated or single case is the exception. Time and time again I have seen a case of typhoid fever followed by one, two or three others in the same house or in the immediate vicinity, the only difference between the localities is in the soil and the water. Their water is spring, and from either springs, wells or streams, is bright sparkling and good tasting, while ours is far from being clear and is contaminated with clay, lime, magnesia and sulphur. But while our soil is heavy and impervious, their's is as porous as a sponge, and I feel sure allows the poison from the patient and his dejecta, to find its way into the wells. These facts seem to me to go far to shew that if we disinfect or take care of the dejecta from our patients, there is little danger of spreading the disease.

For a long time in my earlier years I had no medical friend within easy reach, so that I had frequently to operate without assistance, and I have more than once amputated the leg or thigh with only the aid that a resolute neighbor could give, and I have been so used to perform all the operations required in obstetrics without medical assistance, that I never think of asking for a consultation. But this state of affairs has its disadvantages. While it has a tendency to make a practitioner self reliant and resourceful, and has bred in Canada a host of practical men, perhaps second to none, it has a tendency to make a man opinionative and obstinate. In the language of

Pasqueir he is apt "to think there is nothing left for him to learn; he entertains oftentimes the most absolute confidence in himself, and the most profound disdain for all who do not share the ideas, the opinions, he has already conceived unto himself." Or else he is apt to get into a rut and to develop the mere roughest.

After my father's death, I particularly felt the necessity of meeting other medical men at least equal to myself, and with greater and more varied experience, and as soon as this Association came within reach of me I attended and joined it. I think that this was at its second or third meeting, and I have attended most of its meetings since. When the Ontario Medical Association was formed I was one of the first to join, and have been an active member from that time, and I attribute any measure of success I may have achieved to these circumstances. I hold it to be the duty of every live medical man in Canada to support these Associations to attend their meetings, and that the man who has an opportunity to attend and does not, fails in his duty to his profession, to himself, and to his patients. It is not enough to belong to his local society, and it is not correct or fair to hold that the Provincial Association takes the place of, or is in any way the rival of the Canada Medical. The Provincial Societies should be its feeders, for while the Provincial Associations are necessary to unite and to promote the brotherhood of the profession of each Province, it is the Canada Medical that is the common bond of the profession of the Dominion, that knows no provincial boundaries, and united the medical men from the Atlantic to the Pacific. But here we find an anomaly which it seems to me is a disgrace to the profession. Any medical man of good standing in his own Province is eligible for membership of this Association, and can attend its meetings anywhere, but if he wishes to practice the

moment he crosses the imaginary line which bounds his own Province, he is met by a shibboleth, both vexatious and humiliating. A man who for a quarter of a century or upwards has practised with credit and success, is on entering another province required to pass the examination of a student. The examiners, perhaps men without a tittle of his experience or ability; men perhaps unborn when he entered the profession. Surely this state of affairs should not, and need not exist. Its inconvenience and unfairness must be manifest to all, and it should be the duty of this Association to remove the anomaly. It has been several times brought to its notice, I remember hearing it discussed in I think the year '69 by the president Dr. (now Sir. Charles) Tupper, but so far we have done nothing. The different standards of matriculation and education, the varying width of the portals to the profession in the different Provinces is I think the main obstacle and one can easily see the unfairness of asking a Province where the standard is high, the period of study required long, the examination rigid, and where the University degree gives a man no right to practice, to admit on equal terms men who qualified in Provinces where they are admitted on much easier terms, and where the University degree of M. D. is all that is required to obtain a license or to register. One can see that the result would be "a beggarly account of empty" benches in their colleges, while their students would go in crowds to the Universities in the provinces where they found a royal and easy road to practice.

The only way to accomplish this is to establish a common curriculum, a common standard, a common portal to the profession for all the provinces in the Dominion, and when a man has once entered he should be entitled to register in any of them, and his medical education like the Roman Eagles cannot be allowed to retrograde, the

requirements to practice should be based upon those of the provinces where these are the highest, and where the examinations are the most rigid. This can work no injustice; our standards are none of them too high. A few days ago Mr. J. Greig Smith, in the address on surgery, before British Medical Association, says;—Are we to lower the standard of surgery, so that our brains may not be strained, or are we to strain our brains that surgery may be raised?—and he answers—Let surgery rise if brains fall. Let the weak, the lazy, or the impatient, fall out, but do not let us lower our standard because some men cry it is too high; it cannot be too high. I think this sentiment will be endorsed by this Association, and I think no man competent to give an opinion will say that in any of the provinces we have too high a standard.

We can only assimilate our varying standards by a joint action of all the provinces, and as this association is the only body which contains or should contain representatives from them all, I think we must depend upon the Canada Medical to achieve that result. It has been for a long time held in abeyance, but the growth of our country, the increase in population, and importance of many provinces and territories which were not in existence when this subject was first brought up and discussed, and above all the enormous and continuing increase in the number of medical men render its consummation more necessary than ever; and although I am an old man, and in the course of nature not likely to practice much longer, and although it would not affect me personally, still as a member of a profession, that has descended to me in a direct line through surgeons, some of whom existed more than a century before I was born, and which I have transmitted to my eldest son, I am deeply interested in this question, and if I can feel that I have done anything to help to throw down

these barriers and unite the profession of our whole Dominion, I shall consider my time well spent, and that I have not for so many years been a member of this Association in vain.

THE PREVENTION OF TUBERCULOSIS.

By P. Robertson Inches, M. D., St. John.

Read before Canadian Medical Association, St. John, August 23rd.

The question as to the infectiousness of tuberculosis, but more especially of its pulmonary form—phthisis, has like many other scientific problems been affirmed and denied in successive periods of time. In the early part of this century perhaps only fifty years ago, the popular notion in respect to consumption, that it was infectious, prevailed, and that it was unsafe to occupy a room in which the disease had been present, unless it had been well purified, and even then that it was dangerous for long afterwards. Subsequently and down to a very late date, about twelve years ago, the disease was not considered infectious, either from locality or by association, with those suffering from it. Recently, however, since the demonstration of Koch's bacillus-tuberculosis the doctrine of the infectivity of the disease has been taught and generally accepted although not without protest against it by men thoroughly familiar with its every phase.

It is asserted that the disease is propagated by the bacilli through the air everywhere, but especially by proximity to those suffering with it and to the dwellings which they occupy. Also by the milk and meat of animals suffering from the same disease. The evidence of its propagation by inhalation rests principally upon the reports of experiments by Cornet in Germany, who inoculated guinea-pigs and rabbits with dried sputum from human beings

and with scrapings of dust from the walls of apartments and clothing of the sufferers, some obtained from these sources months after places were occupied. The guinea pigs usually developed tuberculosis within a limited time afterwards.

Dust taken from railway sleeping cars has been collected where there was evidence of expectoration and inoculated into guinea pigs. Some of these creatures died soon after of tuberculosis.

Experiments made with dust from an hospital for consumptives only, where some measures were taken for prevention still showed a rate of two per cent. infected of these inoculated.

In a family of nine persons, healthy and without any tuberculous history, living in a house occupied ten years previously by two tuberculous persons three members manifested symptoms of tuberculosis after having slept in the rooms used by the former occupants. On examination, tubercle bacilli were discovered in the paper removed from the walls and it was found that these had retained their vitality.

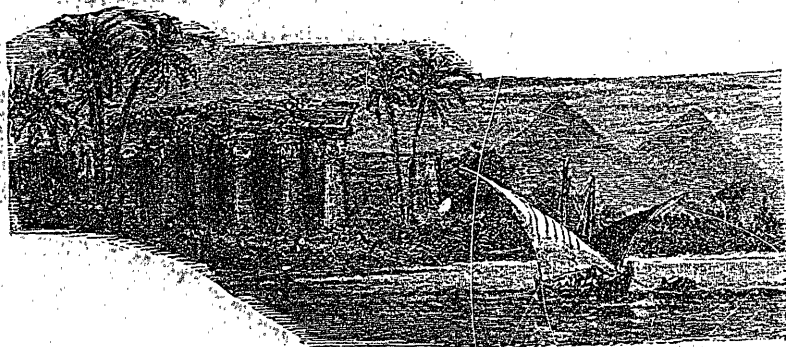
In dried sputum the vitality of the bacillus has been proved to be unimpaired after 140 days.

These are only a few illustrations of the many which have been published of the manner in which the infectiousness of the disease has been observed. It is supposed that the tuberculous infection is inhaled and transmitted to the blood from the bronchi, possibly collected in the bronchial glands, from which it finds its way into the pulmonary circulation.

The statistics of the Paris Morgue show that in fifty per cent. of the subjects there examined tubercle bacilli were present in the air passages, and in a large proportion of these had effected lodgment; and the autopsies have shown that the bronchial glands had acted as filters when the lungs had not as yet become infected.

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During Lactation **WYETH'S LIQUID MALT EXTRACT** not only supplies strength to meet the unusual demands upon the system at that time, but it improves the quality of the milk.

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LIQUID MALT EXTRACT

Is strongly recommended by Physicians to those

Who are run down.

As it is a very valuable tonic.

Who have lost appetite.

As it produces a decided relish for food.

Who have difficulty after eating.

As it is an excellent digestive agent.

Who suffer from nervous exhaustion.

As it will be found very beneficial.

Who are troubled with chilliness.

As it effectively promotes circulation.

Who have tendency to consumption.

As it fortifies and strengthens the system.

Who are in later stages of consumption.

As it re-supplies in a measure the waste of strength.

Who are unable to digest starchy food.

As it will correct this very effectively.

From my own observation I am aware of a series of cases which would seem to show a common factor of infection from the same dwelling in families quite unconnected with each other in any other way.

Its propagation by food, that is, by meat of tuberculous animals, and by milk; especially to children by the latter, is possible and may account for the forms of tuberculosis in glands and other structures. The prevalence of tuberculosis in cattle in European states ranges from a quarter of one per cent. in all the animals in some countries to sixty, and seventy in others. In some herds in New York 98 per cent. of the cows have been found infected. The milk and meat of such animals, however slightly they are infected is always a source of danger and its use should be condemned. It is asserted also, that the milk and meat of these animals are affected by the toxic secretions of the bacilli and the continued use of food is unhealthy even if the disease itself is not communicated.

But while the disease is thus infectious, that is, communicated from those suffering from it to the well, it is certain that many are more liable to incur the disease than others, being predisposed to it by inheritance, and especially by unhealthy conditions of living, dampness of locality and dwellings, poor food, above all by overcrowding the most deadly — pre-breathed air.

The vital statistics of some of the religious houses of Europe show that seventy per cent. of the mortality has been caused by consumption. I believe we would not have to cross the ocean or go very far away to find some similar statistics. It is well known that the mortality among inmates of prisons, lunatic asylums and other institutions where they are generally kept closely confined together in a limited space, is largely due to pulmonary consumption.

But it would seem that these conditions will not initiate the disease without the presence of the infectious agent. Like all infectious diseases, the soil being congenial, the seeds germinate readily when otherwise they would remain inert and die. We may go a point beyond this and say that a perfectly healthy person cannot be infected, in fact, he will resist the bacillus effectually under all circumstances when he is well. Those who are susceptible are always defective whether by heredity or acquirement. Then when exposed to infection they do not resist it.

If then, tuberculosis and prominently its pulmonary form, consumption can be communicated from those infected to those who are not, and its virus exists everywhere:— in dwellings, in travelling conveyances of all kinds, in food, on clothing, on bank notes even, but more dangerously than all in, and around people who are moving about and in intimate communication with others, it is no wonder that it is now classed as an infectious disease, and that measures are proposed and partially put in force for its limitation and prevention.

As yet, these measures have not been generally enforced, and I believe in the great majority of cases—not at all. In many communities no notice has been taken of its infectiousness or of measures advocated for its prevention.

To discuss very shortly what these measures should be or what are practicable is the object of these remarks.

Assuming it proved that tuberculosis is propagated as stated, one would say that perhaps the same measures should be taken to prevent the disease as in the case of other infectious disorders, as small-pox, scarlatina, cholera, or typhoid, but as phthisis, although often an acute disease, is usually of a chronic character, lasting for years, and for the most part only giving off infectious germs when in the stage of softening,

the conditions are different from those obtaining in violent diseases, which run their course in a short limited time. The first and great practical measure to enforce, is personal cleanliness, especially in respect to the sputum. Beyond advising this to patients, and impressing its necessity on them, not much has been accomplished. Then the sufferer should be isolated as far as possible, but it is difficult even among people who live amid wealth and comfort, to carry out this course for years. How much more so among the poor, and this is the class in which the disease exists in the greatest degree.

The poor contract, suffer and die of consumption, because they cannot protect themselves by isolation and proper care. The healthy ones are infected and follow the same course as the diseased. How painful and sad it is to all of us, when we are called to see a poor hard working labourer or mechanic, commencing to suffer from consumption, to feel and foresee the course of events. Not unlikely the patient is the supporter of a numerous family, crowded together in two or three rooms, in winter only one of these warmed, and the sufferer compelled to breathe the confined air of the unventilated apartment, and the other members of the family to breathe the air he is expiring. There is seldom much attention given to destruction of the sputum there, but it is generally distributed around on the floor, where it dries. What wonder when the disease is propagated in the way before mentioned, that in this family within a few years other members follow the first, and the cause is satisfactorily accounted for, by saying that "it runs in the family." In families in which almost anything that might be purchased with money could be obtained for a consumptive, I have tried to get fresh air and isolation, but without success. I fancy we seldom will do so at any rate in private practice, for the ties which unite friends will always

over ride any thought or dread of personal danger.

How then can isolation be carried out in consumption? In the first place, by the establishment of special hospitals, for the treatment and care of consumptives alone, and secondly by notification and registration of those affected. Every sufferer would not go to these hospitals, but the greater number would be glad to do so, if the opportunity were given them, for the disease flourishes as has been said among the poor and needy, and experience shows that these will avail themselves of the boon.

Every city should have an hospital for consumptives, as at present those suffering from such a disease are virtually excluded from a general hospital, being considered incurable at the stage in which they generally apply for admission. It is true that hospitals cost a good deal of money, and as there are not many votes controlled by them, constituencies and legislators do not regard them in the same light as Railways, Canals or Elevators. We have been recently told on high authority, that nine (9) millions of dollars are annually raised in Canada as revenue from the sale of Alcoholic drinks, and surely some of this might well be bestowed on hospitals, for the care of sufferers from a disease, by which at present about one-eighth of all who die in this country perish, a large proportion of them prematurely, and at an age when their lives are most prized, and most value to their families. At the same time these hospitals would be the most effectual means of preventing the disease from being propagated. If this were done, not many generations would pass before the necessity for such hospitals would greatly cease to exist. Such a course is not without example. It is on record that in Italy, the prevalence of this disease in the last century, was very materially diminished, by the establishment of such

hospitals and compulsory disinfection. And it is a striking illustration of this that while in the southern part of Italy where the measures were enforced the mortality became very low, in the northern part of the country where compulsory measures were neglected the mortality continued high. In England, and almost there alone some special hospitals have been established for consumptives, by private benevolence, and it is contended, have lessened to a material degree, the death rate from the disease. There is no doubt of the diminished death rate there of late years, but we must wait for more information yet, to be sure that it is due to preventive measures alone. A private gentleman in Scotland has announced his intention of founding an hospital for the purpose, giving seven thousand pounds to begin with, and it is stated this will be the first of the kind in Scotland. Efforts are being made in some large communities in Europe and America, to stir up compulsory action by the health authorities, and to attempt to control the disease.

Resolutions have been passed by medical bodies like this one, asking that tuberculosis be classed as an infectious disease, and treated as one. At a very recent meeting of the Climatological Association held in New York, resolutions of that purport were introduced. Not much has yet been done except that in New York, and Michigan, notification and registration have been made compulsory, but apparently not yet successfully carried out. In Canada, I do not know of anything of the kind, nor of a special hospital for the disease. But even before such hospitals could be established over all the land, effectual measures should be taken by the authorities, for disinfection and cleansing of infected dwellings, public conveyances, or places contaminated by expectoration, &c. Such should be attended to as carefully as if the disease

were small-pox. This course should only be effectually executed by a system of notification of cases of the disease, by those who discover them, and registration of the locality and person, and the enforcement of sanitary measures and means, as well as isolation as far as practicable. The last proposition may well give use to much thought and discussion as to its propriety. Sufferers who are not confined to bed or the house, and their friends would certainly consider themselves harshly used, at being publicly put under a ban and shunned, being made objects of isolation. The early positive diagnosis of phthisis, and even of later stages, when there may be softening, is too often so doubtful that great injustice might be done. An office connected with the Board of Health might be established, where more positive proof of the disease could be determined by bacteriological experts by whom examinations would be made in any suspected case, at public expense, for it would be only on convincing proof of the necessity of compulsory measures, that they would be tolerated in this country.

A beginning should be made, and as the people get educated to the necessity of practical measures being enforced for their own protection, more stringent regulations could afterwards be introduced as experience would show were effectual. No such sanitary proceedings were ever perfected in their method of operation, all at once.

It is only by notification and registration, that proper observation of the disease, collection of facts, and statistics relating to it can be obtained, and sound principles regarding its treatment formulated.

In view of the objections, many have to compulsory notification of all cases of tuberculosis, a partial form of it might be established, to report all cases in which preventive measures are not carried out when advised and instructed by the physician. Then

the health authorities could compel such to be done.

Lastly, the members of the profession should take every means to awaken the attention of the people to the necessity of preventing the propagation of the disease, by favoring the distribution of information on the subject, invoking the aid of the press, and influencing the representative legislative bodies both individually and collectively, as to what we believe to be just and necessary measures to diminish the disease, by methods such as indicated, or by others, while at the same time all other sanitary measures are not neglected, as improving the dwellings, preventing over-crowding, dark sunless apartments, and bad drainage, so that the soil for infection shall be rendered sterile. The matter of the prevention of consumption, has been engaging the attention of the profession lately very prominently, but it is only by keeping it before ourselves and the public, that the extreme necessity of following out the required measures will be successfully impressed, and the lessening of the disease promoted.

I will conclude by expressing the sentiment of a writer in a late medical periodical, who says:—

“I hope that the time will come, when either the state in its generous provision for charitable institutions, or else private philanthropy, which seems never to tire of establishing new hospitals in cities, will turn a pitying eye upon the tuberculous patient, so that he may have the purest air under Heaven, and the same careful and sympathetic treatment that are so generously given to others.”

REPORT OF THE CANADIAN MEDICAL ASSOCIATION.

The Canadian Medical Association after a lapse of twenty years returned to the old city of St. John, N. B., to

hold its annual meeting. The proceedings were presided over by Dr. T. S. Harrison, of Selkirk, Ontario.

After the routine business of opening and presenting of delegates Dr. Hattie, of Halifax, was called upon to read the first paper, in which he discussed the causation of Epilepsy. After discussing the nature of convulsions generally as occurring in different brain levels, he advanced the theory that instead of so much importance being paid to the question of heredity, he inclined to the belief that it occurred *de novo*—that what is ordinarily signified by epilepsy was a group of symptoms indicative of systemic disease. This was the result of mal nourishment consequent on insufficient removal of the toxic material, which as an irritant, tended to instability of the cerebral cells. He reported his results of an interesting series of experiments he had made upon the epileptics in Halifax hospital for insane. This consisted in the record of the number of fits occurring using KBr with an intestinal antiseptic, the improvement over the use of KBr alone, being marked.

After the discussion of this paper by Drs. Cameron, of Toronto, and Wright of Ottawa, Dr. Muir, of Truro, N. S., reported the history of a case of local tuberculosis of the arm which had been cured after the accidental inoculation of erysipelas. The patient was a female, aged 39, who had been suffering from the disease 14 years, the arm between the elbow and the wrist being very much swollen, brawny and riddled with sinuses which were discharging most offensive pus. Under chloroform these sinuses were scraped out and antiseptic and deodorant dressing applied. There was little improvement in the symptoms until the wound became infected with the erysipelatous germ. The result was that the arm became completely better. The paper was discussed by Dr. Daniel, Dr. Shepherd, Dr. Bulkeley, Dr. Cameron,

Sir Jas. Grant, Dr. Muir closing the discussion.

The following gentlemen were appointed as members of the nominating committee: Drs. Hingston, Shepherd, I. H. Cameron, O'Reilly, Christie, McLaren, Tobin, Dienstadt, MacLeod, and Johnson.

WEDNESDAY, P. M.

The president of the association took as the subject of his address his experience in medical matters during the last half century. That long ago he settled in the early wilds of Ontario near Lake Erie. Those were the days of ague, bilious remittent fever, murrain in cattle, and other diseases which now, since the country is cleared up, have become almost extinct. He gave a graphic clinical history of these various diseases and the different forms of treatment employed, both before the Dr. arrived in the settlement, and after; by those who sought to charm the disease away and those who sought to treat it according to the tenets of Thompson. Whiskey in these days was considered by the people to be the sovereign remedy. Some of the Drs. bled, blistered and salivated. The president told of difficult experiences he had had alone far removed from medical help in various kinds of operations major and minor. The latter part of the paper was an advocacy of the establishment of uniform examinations for all who wish to practice in the Dominion, and that the standard should be that of the highest provincial standard.

The president was accorded a hearty vote of thanks, moved by Dr. Bayard, of St. John, seconded by Dr. Hingston, of Montreal, Dr. Wright, of Ottawa, moved, seconded by Mr. I. H. Cameron, of Toronto, that a committee be appointed, representing the various provinces, to consider the suggestions made in the president's address with regard to the question of inter-provincial reciprocity.

Dr. Jas. Bell, of Montreal, read a paper on Appendicitis. It was a review of his work in the Montreal General Hospital during the past eleven months in connection with the surgical treatment of this disease. He had had 48 cases: 40 were operated upon; 8 were not; all recovered except 3. He advocated that appendicitis should receive treatment at the hands of the surgeon from the first of the attack. In the great majority of cases, he believed as soon as the diagnosis was completely established operations should be resorted to. The interesting reports of his cases seemed to bear out his view in this respect. Dr. Hingston, of Montreal, took the conservative side of the question. He had prevented the operation about thirty times and only regretted that he had not operated in one case. He did not want the younger members of the association to go away with the idea that operation was the thing in every case they had. Dr. Bell was a distinguished surgeon, first; and second, the cases he saw were the worst types.

Sir James Grant reported two cases of appendicitis, one the gouty form, the other, rheumatic. He found it difficult to know when to operate and he knew of no more perplexing point in surgery. It required great observation, discrimination and judgment to know how to deal with them. He did not believe the trouble was due to concretions found in the organ. He attributed its causation to the insufficient time taken to masticate food, and allied causes common to the rush of to-day.

Dr. Shepherd pointed out that the surgeons get the worst cases; so it was difficult to say just what the proportion of cases was which were operated on. Someone had spoken of unloading the caecum at the beginning of the attack; he had never found or heard of anything being found in it at the p. m. table. He advocated operating in the interval as the safest time. In regard

to McBurney's point he thought the tenderness was due, not to the appendix, but to the inflamed condition of the mesenteric gland.

Dr. Strange believed in non-interference till there was evidence of pus; and then to open the abscess, as one would any other abscess. He leaned to the conservative treatment from his experience with the disease.

Dr. Cameron was in favor of the conservative line of treatment. In the majority of his cases he had not operated at first, and had found his results to be as good as those in which the operation was performed in every case early. He thought it unfortunate that the experience of a hospital surgeon of skill should determine the matter one way or the other. With regard to the gangrenous form due to embolism of the appendiceal artery, one should operate. He agreed with Dr. Shepherd that the interval was the time to operate. The difference was, Dr. Shepherd operated before pus formed and closed the cavity; while he (the speaker) did not operate till pus formed, and he did not close the cavity.

In replying to the discussion on his paper, Dr. Bell made a strong plea in favor of his statement—"one should always operate." It was generally agreed that no one knew when to operate. If the patient were left at any moment perforation might take place. However, in the 40 cases he had operated on 30 were perforated and abscess was present at the time of operation. In three the appendix was wholly gangrenous. And here he said one could not wait for the tumor formation or the abscess, because there was none. In two the appendix was bound down: in three the appendix was not perforated, but gave rise to urgent symptoms, yet there was no abscess found. He used to follow the waiting treatment, but found it unsatisfactory. The mortality was much greater than that of his eleven months of the new

plan. The greatest mortality statistics for the operation only amounted to from two to three%. The operation as a rule was not difficult. He considered the plan of waiting for pus not the best surgery. The very mild cases, where the symptoms passed off in say 12 hours, he would not interfere with; they were probably only cases of caecitis.

Dr. Morrison, of St. John, read a paper entitled Eye-strain Headaches. It had been alleged that 90% of all headaches were due to eye-strain. This he believed to be true. Many of such were attributed to other causes, as biliousness, "womb trouble," nervousness, masturbation, over-work, etc., when the real cause was overlooked; an over-worked condition of the muscle of accommodation—ciliary muscle. This condition of the delicate muscle was brought about by attempts to correct varying degrees of astigmatism. No cornea hardly had perfect curvature in every direction; and it was these slight degrees of curvature, often overlooked, even by the specialist, that lay back of these headaches. The use of cylindrical glasses with low dioptric power always relieved the muscle and consequently, the headaches. Constitutional treatment was also advocated, and the avoidance of those conditions of life that tended to increase the trouble.

Dr. Laphorn Smith, of Montreal, followed by a paper on the treatment of diseases of the ovaries and fallopian tubes. The subjects of gonorrhoeal and tubercular salpingitis, tumors of the ovaries, ovarian congestion and neuralgia, were elaborately referred to, their most prominent symptoms pointed out and also their treatment. The paper was practical inasmuch as numerous histories of cases were recited and pathological specimens shown.

THURSDAY, A. M.

After the opening the nominating committee brought in the following re-

port: President, Dr. Bayard, of St. John; General Secretary, F. N. G. Starr, of Toronto; Treasurer, H. B. Small, of Ottawa. Provincial officers, Ontario: Vice-president, Dr. Shaw, of Hamilton; Secretary, Dr. Fenwick, of Kingston, Quebec; Drs. Armstrong and Campbell, of Montreal. N. B.—Drs. McLaren and McNally. N. S.—Drs. McKeen and Hattie. Man.—Drs. Blanchard and Nelson. N. W. T.—Drs. Haultain and Macdonald. P. E. I.—Maclaren and McNeil. B. C. Drs. Edwards and Richardson.

"The use and abuse of the various caustery agents in the treatment of nasal affections," was treated by E. A. Kirkpatrick, of Halifax. He referred first to the delicacy and importance of the nasal mucous membrane, and said that too often it was the subject of too harsh treatment to soften. Caustics were used perhaps more in hypertrophic rhinitis than for anything else, and often too severely. Of the caustics he used chromic acid, tri-chlor-acetic acid and the electro-caustery were the principal. The chromic acid he used in anterior applications, the caustery for the posterior applications. By the injudicious use of caustics he had seen the mucous membrane destroyed. And in some cases he had seen very serious sequelae follow in connection with the ear; such as loss of hearing, and mastoid disease.

The address in medicine was delivered by Dr. Bayard, of St. John, N. B., subject: The influence of the mind on the body. This was, he claimed, a subject of growing importance in this rushing age. Most authorities were agreed that surgery and medicine were rapidly advancing; but it was also agreed that nervous diseases were on the increase, particularly insanity and neurasthenia. This was largely due to the energy, competition, worry, compulsory education, sensational novels, newspapers, speculation and unrest that characterizes the last part of this

century. Another cause was the migration from the country into the town, where the strife for existence was greater and sanitary surroundings bad. Relief from this condition of affairs was largely through the instrumentality of educational reform and the employment of preventive measures generally.

The committee appointed to report on the president's address reported on the matter of inter-provincial registration. It was adopted. Dr. Daniel moved, seconded by Dr. Powell that a committee be appointed in which each of the provinces shall be represented to draw up a form of medical act, which after being adopted by this association, shall be presented to each provincial legislature to be by them passed into law; and that the committee that brought in the report be asked to name such committee.

Dr. Buller moved, seconded by Dr. Laphorn Smith that a committee be appointed with power to add to their number, to consider the best means of obtaining a uniform standard of medical education for the Dominion of Canada; and that said committee report at the next meeting of the association. This carried. The discussion over the above question was long and animated and taken part in by several of the men from the different provinces represented at the association.

"Functional derangements of the Liver" was the title of a paper by Dr. J. E. Graham, of Toronto. Little was known of the liver and its functions until comparatively recent years; but new light was being constantly thrown on its pathology since the discovery of its glycogenic functions, the peculiarity of its circulation, and its work of manufacturing urea. The term "renal inadequacy," characterized by deficiency of urea, and subjectively by susceptibility to cold, slowness in the repair of wounds, and inability to stand ordinary surgical operations, with no

apparent structural change in the kidneys, would be considered, be more properly designated if called "hepatic inadequacy," as all the symptoms could more easily and reasonably shown to be the result of hepatic rather than renal disorder. When the hepatic function of producing glycogen was impaired the hepatic cells lost their power of arresting poisons from entering the general circulation. The poisons which acted deleteriously upon the hepatic cells might be classified.

1. Those introduced from without, as arsenic or poison from decomposing meats, etc.
2. Poison the result of the action of bacteria as found in fermentation of the stomach.
3. Toxines produced in infective diseases.
4. Poisons from the intestine.

Dr. Hingston, of Montreal, reported four cases of brain operations, two of which were for epilepsy. A third was for the relief of a young man who had received a skull injury some twenty years before, which had resulted in paralysis of certain of the muscles of the arm, and spasm of certain of the muscles of the face. Operation afforded almost complete relief. The Dr. showed the kind of trephine he used, being one two inches in diameter. He pointed out its advantages over the smaller ones.

Dr. F. J. Shepherd, of Montreal, reported a case of "inter-scapulo thoracic amputation," the first he believed that had been performed in Canada. It was in a stout woman for a chondrosarcoma surrounding the shoulder joint, which was causing serious pressure symptoms and inability to use the arm. The Dr. described the technique of the operation. The principal point of difficulty was in reaching the subavian. He left the scapula intact.

He also reported the removal of a large enchondroma of the pelvis, which appeared as a continuous growth with the ilium. He (the patient) had been refused operation in New York and

Philadelphia. Upon dissection it was found to be sub-gluteal and only having two attachments. Its removal was comparatively easy. The reader of the paper presented photographs of the cases. He also reported the removal of a cirroid aneurism which gave him a great deal of trouble in trying to check the bleeding.

Dr. Buller, of Montreal, read a paper on the "The present Status of Asthenopia."

Dr. Inches, of St. John, N. B., read a paper on the prevention of Tuberculosis. He pointed out the danger of infection from diseased animals in their meat and milk, stating that in herds of cattle sometimes as high as 98 % of the animals were affected. Then there was the great danger from the sputum of the tuberculous patient. Of course, suitable soil was necessary for the growth of the bacillus. He stated that in the perfectly healthy individual it could not propagate itself, or was not likely to; but in very many the general health was lowered either by hereditary disposition or through unsanitary surroundings. For its prevention the first thing to be attended to was the necessity of perfect cleanliness as regards the sputa on the part of the infected patient. The second was the establishment of special hospitals for this class of patients. These patients who belonged to the wealthy classes might be treated otherwise, but for the great majority of the cases separate hospitals were exceedingly desirable. In Italy their establishment had lessened the mortality very greatly.

Some practical points in the treatment of diseases of the skin was the subject of a paper by Dr. Bulkeley, of N. Y. He emphasized the necessity of the most careful examination and note taking in these cases at every visit of the patient, and the necessity also of continued patient treatment. In eczema, he said to be careful about the

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And the Vitalising Constituent—Phosphorus ; the whole combined in the form of a Syrup, with a slight alkaline reaction.

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

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

Its Curative Power is largely attributable to the 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 healthful flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

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

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

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

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WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

WYETH'S RENNET makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet it is always light and easy of digestion, and supports the system with the least possible excitement.

PRICE 25 Cents PER BOTTLE.

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BISMUTH SUBGALLATE, 5 GRAINS.

Dr. Austin Flint says:—In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence.

PRICE PER BOTTLE OF 100, \$1.00.

WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calnative in all bronchial or laryngeal troubles.

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.

Wyeth's Glycerole Chloride of Iron.

(NON ALCOHOLIC.)

THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

NOTE—We will be pleased to mail literature relating to any of Wyeth's preparations, particularly of the new remedies.

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AGENTS FOR CANADA FOR

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use of new remedies. He was much amused at the indiscriminate use of arsenic. He recommended the use of the alkalies to combat the acid state of the blood found in eczema. Acetate of potash was what he used. Externally the custom was to use too irritating ointments. One of his favorite prescriptions was :

ac. carbol.....one-half dram.
calamine preparata....one dram.
zinci ox.....two drams.
glycerin.....three drams.
aq. calcis.....four drams.
aq. ros e.....four ounces.

But he had found that the correction of some fault in diet or habit of the patient, and the administration of hygienic and tonic treatment of the greater importance. The Dr. also went into the subject of acne and other common troubles, and gave the members present some very valuable points.

Dr. Laphorn Smith gave a very interesting exhibition of the use of the galvano-cautery in which the street lighting current is used. He showed how simple it was, and how far superior it was to the old battery arrangement. The cost was trifling.

Dr. MacDonald, of Hopewell, N. S., addressed the association on the prevention of Tuberculosis in which he drew attention to the fact that of 67,688 deaths in the Dominion 7,490 were from consumption. His object was to draw attention to means for its prevention. This consisted in destruction of the bacillus-laden tissue or sputa. He referred to what had been done in the way of prevention in Pennsylvania, Nova Scotia, and other places; he was anxious that the profession would urge upon the state the necessity of progressive action in the way of notification, registration and the establishment of sanitarium, both for the sake of the patient and the safety of his friends.

Dr. H. D. Hamilton read a paper on the adhesions of the soft palate and their treatment.

Dr. J. T. Steeves, of St. John lunatic Hospital read a paper entitled, "A medico-legal romance." It was discussed by Drs. Muir, Macdonald, Morrison, Christie, Hattie and Travers.

Dr. Fenwick then presented a paper on Hysteropexy.

After the customary votes of thanks the meeting closed. The next meeting of the Association will be held in Kingston, Ontario.

MARITIME MEDICAL ASSOCIATION.

The annual meeting of the Maritime Medical Association was held Tuesday evening, August 21st, in the Common Council chamber.

The matter of the payment of expenses of the meeting was left to the secretary and treasurer, with power to act in conjunction with the secretary and treasurer of the New Brunswick Medical Society and the Canadian Medical Association.

Drs. Walker, McLeod and Campbell were appointed a committee to complete by-laws and report at the next meeting.

Dr. Daniel made a verbal report of the action that had been taken by the medical councils of New Brunswick, Nova Scotia, and Prince Edward Island, with regard to reciprocal registration.

The following are the names of the officers elected:—Dr. Edward Farrell, of Halifax, N. S., president; G. E. Coulthard, vice for New Brunswick; G. E. Buckley, vice-president for Nova Scotia; R. McNeill, vice-president for P. E. I.; G. M. Campbell, of Halifax, secretary; G. E. DeWitt, Halifax, treasurer.

Votes of thanks were passed to the common council for the use of the council chamber.

Congratulations were tendered Dr. Bayard on having attained his 80th birthday.

NEW BRUNSWICK MEDICAL ASSOCIATION.

Minutes of adjourned meeting of fourteenth annual meeting of New Brunswick Medical Society, held in St. John Aug. 21st at 3 p. m.

Dr. M. G. Bruce, 1st vice-president, in chair.

Minutes read and adopted.

Dr. Harrison, president of Canadian Medical Association, introduced,—

Moved and seconded, That the Council N. B. take steps in bringing about reciprocal registration with Maritime Provinces, North-West Territories, Manitoba, British Columbia.

(Carried.)

Audit Committee's report:—

Balance on hand.....	\$128.80
Received from Sec'y... ..	34.00
	<hr/>
Paid out (bills).....	\$162.00
	50.00
	<hr/>
Balance.....	\$112.00

Election of officers:

President.....Dr. M. G. Bruce.
1st Vice.....Dr. John Benson.
2nd ".....Dr. J. B. McInerney
Secretary.....Dr. G. A. B. Addy.
Corres. Secretary...Dr. Fisher.
Treasurer.....Dr. F. McFarlane.

Trustees:—Drs. B. Travers, Daniel, W. W. White.

Next annual meeting to be held in St. John.

Drs. Geo. A. Hetherington and Jas. Christie were appointed delegates to Maine Medical Association.

Meeting adjourned at 5.45 p. m.

G. A. B. ADDY,
Secretary.

Correspondence.

HEIDELBERG,

Monday, July 23, '94.

My dear C.—I thought my next letter to you would be from Hamburg, but my friend and I were disappointed to learn, while at Bonn on our way

north, that Professor Schede was just about to leave for a five weeks holiday. So we gave up our Hamburg trip, and remained for a week in Bonn, attending the clinics of Trendelenburg and of Fritsch; and then I journeyed south again and have taken up quarters for a time in this picturesque city.

I find Heidelberg so interesting that it is with difficulty I refrain from giving all my time to visiting its quaint buildings and exploring its romantic neighbourhood. The ruins of the fine old castle are especially attractive, whether one admires from the valley below its walls and towers of warm red sandstone rising from the dark wood of the mountain side, or pacing its ancient battlements, looks down on the roofs and spires of the city, the narrow valley of the Neckar and the vast plain beyond, rich in towns and villages, and variegated with cornfields and wood, where, far off, the Rhine shimmers in the sunlight, and further away still one may descry the rugged outlines of the Vosges.

But the splendid ruins of the castle have a competitor in interest in the plain, unassuming buildings of the university. Founded in 1386 by Rupert I., Elector Palatine, it is third in seniority of the twenty or more German universities: Prague and Vienna being older. The quin-centenary was observed with great pomp in 1886. Three hundred years ago it was at the zenith of its history; it was perhaps the principal seat of learning in Germany, especially effective in science, and students flocked here from all parts of the world. But the disastrous time of the Thirty-Years' War wrought havoc in Heidelberg and her university, and it was only in the early part of this century that this famous school began to take its place again as a centre of light. In honour of its founders, and of its later benefactor or re-founder, Charles Frederick of Baden, it is named the Ruperto Carola Univer-

sity. Among the more famous names of its present professors in the medical faculty are those of Gegenbaur, in anatomy; Arnold, in pathology; Czerny, in surgery; Leber, in ophthalmology, and Erb, in diseases of the nervous system.

I have found Professor Czerny very kind and affable, he is evidently a favourite with the students and with the townsmen, and I think their cordial relations have been strengthened by his recent refusal to leave Heidelberg for Vienna, where, as you are aware, the chair of surgery, vacant through the death of the illustrious Billroth, was offered to him. The evening after my arrival here the students had a fine torchlight procession in his honour, and there was a "reception" in the new operating theatre, just finished.

Work begins at half-past eight and continues until twelve or one o'clock. There is a large proportion of abdominal cases; and goitres, though not so frequent here as in Switzerland, are still quite numerous.

The first case in which I saw Czerny operate was one of pyloric stenosis, with great dilatation of the stomach, and large gall-stones. He exposed the gall bladder, incised it, and removed the gall-stones, and then sutured the opening, returning the gall bladder; then he performed a gastro-enterostomy: the pyloric stricture was apparently non-malignant. This patient did very well. In another very interesting case, where the diagnosis was obscure, he found on cutting down upon the gall bladder, that it was adherent to liver, duodenum and colon, and that in addition to a perfect "quarry" of calculi in the bladder, there was a large one in a pouch in the common duct. These were all removed, and then further exploration revealed the presence of a contraction of the ascending colon close to the caecum. This was treated by making an ileocolostomy, and this patient also has done very well.

Professor Czerny's methods differ somewhat from those of Kocher. For instance, in nearly all his wounds he places a few strands of soft thread, looking very like soft worsted or "Berlin wool," sterilised and saturated with iodoform. This affords drainage, but the consequence is that none of his wounds so treated heal by first intention like Kocher's.

The lotions employed are weak mercurial solutions, and sterilised normal salt solution, "Koch-salz" as they call it. In some cases too lysol is used, and iodoform is freely used. The instruments are sterilised by boiling in a one per cent. solution of soda, and during operation they lie in trays containing a solution of half this strength.

I had an opportunity of seeing Prof. Czerny remove the uterus by the method of which he himself is the author, the so-called vaginal hysterectomy. It was a somewhat complicated case with many adhesions, and required the best part of an hour.

It was here in Heidelberg that Gustav Simon planned and carried out successfully the operation of nephrectomy; and I recollect Prof. Lister, on his return from his German tour in 1876, telling us of Simon's wonderful dexterity in manipulation, especially of his skill in catheterisation of the ureters. And, as might be expected, his immediate successor, Czerny, has kept up the traditions of the hospital in regard to renal surgery. His experience in this department is probably unrivalled.

One of the few recorded cases of ligature of the abdominal aorta was one in which the hæmorrhage, occurring during the removal of a large soft, rapidly growing tumor of the kidney, could only be controlled in this way. The patient lived ten hours.

These unusual and, so to speak, colossal operations are apt to engross our attention; but, after all, the cases that come to us in every day work may be as severe a task. The most difficult

and tedious operation I have seen Czerny do was one, to-day, for tubercular glands in the neck. It was an exceedingly troublesome case, and took him about an hour and a-half. It is unnecessary to say it was thoroughly well done.

BRISTOL, Aug. 5.

The meeting of the British Medical Association is nearly over, in fact almost the only business for to-morrow is excursions of various kinds.

It has been a very good meeting in all respects. The address in medicine, by Sir T. Grainger Stewart, and that in surgery, by Mr. J. Greig Smith, were both admirable, and many of the discussions in the various sections have been most instructive. One of the best was that on diphtheria, in which the two sections of laryngology and children's diseases met and discussed the subject together.

A very interesting paper was read on the treatment of diphtheria by its "antitoxin," following the lead of experiments which have been carried on for some time by Ehrlich, and also by Yersin, in Pasteur's laboratory. It would seem that in this antitoxin we are really likely to have an antidote to this terrible disease.

Careful experiments have been made for some time in the British Institute of Preventive Medicine, by Ruffer and others; and I may say that when I was in London in June I found that the very highest authorities on the subject in this country are sanguine as to the results. One curious fact about it is that there is no reaction after the inoculation. The duration of the period of protection is also not yet determined, but even if it lasted only for a few weeks it would be invaluable.

The discussions on abdominal and on spinal surgery were also very interesting. But why should I take up time with them, are they not all written in the British Medical Journal?

It was a great pleasure to me to meet friends from Canada here: Drs. Stewart, Roddick and Armstrong, of Montreal, were present; also Drs. McPhedran and Reeve of Toronto.

It may interest you to know that an attempt will be made to have a meeting of the British Medical Association held in Canada. Next year's meeting will be held in London, but some of us hope that that of 1896 will be in Montreal. I believe that a definite proposal to this effect will be laid before the Council of the Association within a few weeks.

At the annual dinner Dr. Osler, of Johns-Hopkins, hinted at it, and the suggestion was well received.

It is time I brought this long and rambling letter to a close, and so for the present *adieu*. S.

CONTRACT MEDICAL PRACTICE.—The London (Ont.) Medical Society has been deliberating on the question of contract or lodge practice, and offers the following suggestions looking to its abolition or restriction: "1. Apply for legislative authority to prohibit contract practice. With the prevailing contract rates at \$1 and \$1.50 per member, this prohibition might be shown to be in the interest of the public as well as the profession, inasmuch as indifferent service is a natural result of inadequate remuneration; or, 2. Apply for legislative power to fix a minimum tariff of contract rates. A Toronto medical journal in December, 1893, claims, on the authority of a distinguished actuary, that the proper remuneration for contract practice in Canada is \$4 a year per member; or 3. Apply to the Legislature for power to frame and enforce a code of medical ethics, with a view to control the evil; or, 4. Address an appeal to every registered practitioner to discountenance the system. The influence of such an appeal coming from the representative body of the profession would tend to bring the practice into disrepute."—*N. Y. Medical Record*.

Maritime Medical News.

SEPTEMBER, 1894.

EDITORS.

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

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

DR. G. M. CAMPBELL,

9 Prince Street, Halifax.

We have to thank many of our subscribers for a prompt remittance. There are still some to hear from.

THE late meeting of the Canadian Medical Association was one of the best it has ever held, and in number of members in attendance, which was one hundred and nineteen, has, we believe, only been excelled by that held in Montreal three years ago, when one hundred and thirty-five registered. The profession of St. John welcomed heartily all those from a distance, and made them feel at home. It was a pleasure to see present the ever welcome and distinguished Dr. Hingston, of Montreal, the eloquent Sir James Grant, of Ottawa, and the respected president, Dr. Harrison, of Selkirk, among the older men; while among these

younger were many who are to-day the leaders in their respective lines in Canada. The utmost good feeling and even enthusiasm prevailed all through. The meeting also taught its own lessons. In the first place it was noticed that the division into medical and surgical sections was so unpopular it had to be abandoned. It is probable that the principal reason for this was that the majority of those present were general practitioners, and so equally interested in both medical and surgical subjects. If the division had been made at the commencement, and the papers had been thus placed on the programme, the arrangement would have been more popular, as individual members could pick out those papers they wished to hear. It certainly would have given more time to the presentation and discussion of papers. The second lesson taught was, that the time (two days) was altogether inadequate to do justice to the many subjects brought before the meeting. This was especially noticeable where the matter referred to, as in Dr. Bayard's address, had reference to questions of public interest, such as the education of the children of the Dominion, and the effect of the prevailing method on the health and future well-being of the rising generation, particularly the young girls. At the close of this address, a resolution condemning the methods in vogue was offered, but fortunately for the reputation of the association was not passed in the form offered. It was too much like a snap-shot with a kodak, taking in very little of the range of the subject, and so would have placed the association in a false position. But the fact

of its being offered only emphasizes the statement that the time at the disposal of the meeting was too short to do justice to a subject of this magnitude without robbing the rest.

Of the papers generally it is not too much to say that they were excellent, altho' some of them might have been curtailed without injury to their subject matter. The majority of them were, however, truly educational in character, and a benefit to those who had the privilege of hearing them.

The address of the president was well received, his remarks were presented in well chosen language, sometimes humorous, always interesting. This veteran in practice presided with great good judgment, and kept the meeting well in hand, a feat that shows his years sit lightly on him, and have not absorbed his mental and physical vitality, while his geniality and pleasant manner went far in keeping the meeting harmonious and in good temper. The address in medicine by the president elect, Dr. Bayard, who only a few days ago reached his 80th year, was able and well written, as all his papers are. His subject, "the effect of mind on disease," is an important one. Much has been written on it, and much will be written on it without exhausting its possibilities. What Dr. Bayard had to say he said in a lucid manner, gave some humorous instances of his subject, and handled it generally in such a way as to call forth a hearty vote of thanks.

The paper of Dr. James Bell, of Montreal, on the present fashionable disease, appendicitis, was very good, giving his last year's experi-

ence in the treatment of this affection. It was the more valuable as it stated exactly what he found in the cases in which he operated, and was thus able to prove that his use of the knife was not only good practice but necessary to save life. He gave the impression of being not only a good operator, which everybody knows, but that he also exercised good judgment in the treatment employed, and was not merely trying to make a record.

Our talented colleague, Dr. Muir, of Truro, who sets all of us lower province men such a good example by his constant attendance at our meetings, and by his never coming empty-handed, gave a very interesting case in practise, viz: a case of tuberculous disease of arm of long standing cured by erysipelas. The Dr. was able to prove the presence of the tubercle bacillus, and so set at rest any doubt there might be as to the diagnosis. To give the case a true scientific value, however, it would be necessary to shew the presence of the bacillus erysipelatosus; whether this was done was not stated, nor was the point brought out in the discussion.

Dr. Hattie received warm praise for his note on epilepsy, and justly so, as it shewed he was an original investigator, careful in the scrutiny of his facts and his deductions therefrom; and it is gratifying to know that he has further communications to give in the near future on the same subject. Anything of an original nature always finds a sympathetic audience in our medical gatherings.

Reference to the other papers we must leave for future issues, and hope to be able to publish several of them so that our readers may judge for themselves.

WE congratulate the Medical Profession in St. John upon the very pleasant and entertaining manner of their social reception of the members of the Association.

The reception and dance, held in the assembly rooms on Wednesday evening, was a brilliant affair, and the enthusiastic manner in which the visiting doctors indulged in the pleasures of the evening was evidence of their appreciation of the unexcelled hospitality of their St. John brethren.

This form of entertainment was a more liberal and unselfish one than the usual custom of giving a dinner, at which the ladies are always excluded. In addition it gave an excellent opportunity for the visitors to become acquainted with the various members and friends of the doctors' families. Small dinner parties were numerous, and the "club" was practically thrown open to the profession.

On Wednesday evening, previous to the reception, Dr. Bayard, the president elect, entertained at dinner the following gentlemen:—Sir James Grant and Dr. Wright, of Ottawa; Doctors Hingston and Laphorn Smith, of Montreal; Cameron and Starr, of Toronto; Buckley, of New York; Murray McLaren, of St. John; McLeod, of Charlottetown; and M. A. Curry and E. A. Kirkpatrick, of Halifax.

Dr. Thos. Walker, the retiring president of the Maritime Association, invited a number of gentlemen to luncheon on Wednesday. Sir James Grant, Drs. Bayard, MacLeod, Coburn and Laphorn Smith were among those present.

Dr. Murray MacLaren also entertained a large number of visitors on Thursday.

Various hospitalities were tendered by citizens.

Altogether the meeting, from both a scientific and social aspect, was universally considered to be one of the best ever held, and demonstrated the fact that a successful convention of the Canadian Medical Association can be convened in the Maritime Provinces.

THE APPLICATION OF DIPHTHERIA ANTITOXINE SOLUTION OF DR. HANS ARONSON.—For immunizing purposes of adults and children the following instruction may be of advantage to the practitioner:

1—For the protection of inmates in affected dwellings.

2—For the protection of inhabitants in localities or districts where diphtheria epidemics occur.

The preventive dose should be for

children under 2 years... 1 c.c.

from 2 to 10 years... 2 c.c.

Older children and adults... 3 c.c.

The injection is made subcutaneously by means of a Pravaz syringe which has previously been sterilized by alcohol and a 3 per cent. carbolic acid, or better 1 per cent. Trikresol solution.

The injections are made deep into the subcutaneous tissues behind the shoulder blades or into the arm or upper part of the thigh.

If the outbreak of the disease has not passed over after three or four weeks the injection, which is absolutely painless and free of reaction, may be repeated.

For the treatment of cases of diphtheria a three or four-fold dose of the solution for immunizing purposes will be required.

When the diphtheria antitoxine solution is applied for therapeutic treatment 10 c.c. are to be injected in the first stage, or first day of the disease. When the malady, however, has already taken root, or on the second, third, or fourth day, more powerful doses of the solution for immunizing purposes, namely upwards from 40 to 50 c.c. are required.

These instructions, it is well to observe, apply specifically to the diphtheria antitoxine solution made in Schering's factory under the direct supervision of Hans Aronson, M. D., and it will be well to require this solution to be supplied.—*Medical Times and Reg.*

THE ACID TREATMENT OF JAUNDICE.
—Dr. M. Alivia, of Viterbro, at the recent meeting of the International Medical Congress at Rome, read a paper on this subject. He based his treatment principally upon the fact that there is present in jaundice a general diminution of acidity in all the fluids of the body. The contents of the stomach show generally an alkaline or neutral reaction, and contains very little, if any, hydrochloric acid. The urine is often alkaline, and contains more chlorides and aromatic products, but less urea, than normal urine. The acids of the bile are reduced, which occurrence probably depends upon stasis of bile in the liver. Under acid treatment the stomach contents and urine soon regain their normal reaction, while the chlorides and aromatic compounds are reduced, with a corresponding increase in the quantity of urea.—*Medical and Surgical Reporter.*

THE BRITISH MEDICAL ASSOCIATION AND ITS WORK—During the past few days, says the *Morning* of August 8th, the papers read at the annual meeting of the British Medical Association have added more to the public stock of knowledge and done more to promote the welfare of the masses than the deliberations of Parliament for a twelvemonth. Take, for example, small-pox and influenza, and the mode of propagation of these diseases. Has any deliverance from either of the front benches since the election of the present Parliament equalled in practical importance what Dr. Priestly and Sir T. Grainger Stewart have had to tell us upon these subjects? Which is the more fraught with public advantage and happiness—a mumbling of the dry bones of the Newcastle programme, or the assurance that both influenza and small-pox are contagious diseases, and that their spread from person to person can absolutely be checked by proper sanitary measures?

THE "VERMIFUGE APPENDIX."—We believe this is what Mrs. Amicus called it in a recent contribution by her spouse, and this disorder is becoming a decided fad. Dr. Clark Bell, the well-known physician, has written some very clever verses in relation to this distressing yet fashionable disease:

Have you got the new disorder?
If you haven't, 'tis in order
To succumb to it at once without delay.
It is called appendicitis,
Very different from gastritis,
Or the common trash diseases of the day.

It creates a happy frolic,
Something like a winter colic,
That has often jarred our inner organs some.
Only wrestles with the wealthy
And the otherwise most healthy,
Having got it, then you're nigh to kingdom
come.

Midway down in your intestine,
Its interestices infest in',
Is a little alley, blind and dark as night,
Leading off to simply nowhere.
Catching all stray things that go there,
As a pocket it is simply out of sight.

It is prone to stop and grapple
With the seed of grape or apple,
Or a soldier button swallowed with your pie.
Having levied on these chattels,
Then begin internal battles
That are apt to end in mansions in the sky.

Once located, never doubt it,
You would never be without it,
It's a fad among society that's gay;
Old heart failure and paresis
Have decamped and gone to pieces,
And dyspepsia has fallen by the way.

Then stand back there, diabetes,
For here comes appendicitis,
With a brood of minor troubles on the wing.
So, vermiform, here's a-hoping
You'll withstand all drastic drooping,
And earn the appellation, "Uncrowned King."

—*Ex.*

Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "*Treatment of Cholera*," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate**. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate**, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

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

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

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