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The Maritime Medical News.

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF
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VOL. VII.—No. 10.

OCTOBER, 1895.

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The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1895, on Tuesday September 24th, and will continue until the beginning of June, 1896.

The Primary subjects are taught as far as possible practically, by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side, and the student personally investigates and reports the cases under the supervision of the Professors of Clinical Medicine and Clinical Surgery. Each Student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical Wards for a period of six months each, and to have presented reports acceptable to the Professors, on at least ten cases in Medicine and ten in Surgery.

About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Library, which contains over 15,000 volumes.

MATRICULATION.—The entrance examination of the Medical Boards of the different Provinces in Canada, is accepted by the University as equivalent to the Matriculation examination, which is held by it in the months of June and September.

COURSES.—The regular course for the degree of M. D., C. M., is four sessions of about nine months each. Arrangements have been made with the Faculty of Arts of McGill University, by which it is possible for a student to proceed to the degree of B. A., and M. D., C. M., within six years; the Primary subjects in Medicine, i. e., Anatomy, Physiology, and Chemistry, being accepted as equivalent for Honour Natural Sciences of the Third and Fourth years of the Arts course.

ADVANCED COURSES.—The Laboratories of the University, and the various Clinical and Pathological Laboratories connected with both Hospitals, will after April 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A Post-Graduate course for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilised for purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

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A NEW BLOOD CORPUSCLE.

WHEN Hayem announced the discovery of a third corpuscle, there was great enthusiasm among all biologists. When he later announced the relation of these corpuscles to the coagulation of the blood, the interest was greatly deepened. But when Laveran published to the world his discovery of a parasite in the blood of persons suffering from malaria, the very climax was reached. It was far greater than the discovery of a new blood corpuscle; for it told of a parasite which developed and multiplied within the red corpuscle, causing untold misery and large loss of life. We need no longer say we think a patient has malaria; for it is now possible, thanks to Laveran and the microscope, to give a positive answer. Now we know why quinine has such controlling power in this disease; it destroys the parasite and thus removes the cause. As the heel of man shall crush the serpent's head, so, definitely and positively does the alkaloid of Peruvian bark crush out the life of the malarial parasite. But how can one describe the aches and pains which form a part of a malarial attack. Shall we give an opiate and quiet the pain at the expense of locking up the secretion of the body? There appears to be but one rational method: Give a remedy, if there be one, which will quiet the pain without affecting in the slightest degree any of the secretory or excretory organs. Such a remedy exists in antikamnia. Antikamnia and quinine, therefore, are the two remedies which science has selected for the treatment of malaria and all malarial conditions. These are now prepared in the form of tablets, each containing $2\frac{1}{2}$ grains of Antikamnia and $2\frac{1}{2}$ grains of Sulph. Quinine.

The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII.

HALIFAX, N. S., OCTOBER, 1895.

No. 10.

Original Communications.

Dr. Parker's Reply to the Address of the Members of the Medical Profession of Halifax and Dartmouth, on completion of Fifty years active professional work.

Gentlemen :—

You have done me the honor to present me with an address, on the occasion of the expiration of the 50th year of my Professional life. I have listened with interested attention to your warm, friendly and courteous utterances, and have to express my heartfelt gratitude to you for these expressions of your feelings, to one, who has for a longer or shorter portion, of this half century, been a co-labourer with many of you.

If, during that lengthy period, I have been instrumental, even to a very limited extent, in advancing the interests of the Medical Profession, or the community in which I have spent the greater part of my life, I am thankful that the opportunities were given me to co-operate with you and others, not of our profession, in striving to give relief and comfort to those who required it; and to impart an education to those who have unhappily been deprived of the ordinary means of receiving instruction.

At the outset you must permit me to say, and to say emphatically, that your estimate of my career and work, is far in excess of that which I should be credited with. Kindness of heart and personal friendship have prompted you to put the case more strongly than I, (who am not infrequently in the habit of looking in upon the inner man, and surveying my past work) can subscribe to.

The nature of the occasion would seem to suggest that I should make some reference to my earlier professional life, and the environments of the men who practiced in this city and province fifty or sixty years ago; and, at the same time touch briefly on some of the changes that have occurred in the profession, and professional work, in more recent times.

As was the custom, in the days of my boyhood, I was indentured, as a Student of Medicine, to Dr. William Bruce Almon, father of Senator Almon, than whom, both as a physician and a citizen, no man in the province stood higher. He was health officer of the port and in the performance of his duty, when visiting an emigrant ship, contracted a malignant form of fever, and in 1840 died at the comparatively early age of 52 years. He fell, as years after John Slayter fell, on board the cholera ship England, in the service of his country.

Fifty years ago in July, I received the Diploma of the Royal College of Surgeons, Edinburgh, and on the first day of August, 1845, I graduated as a Physician at the University of that city. The effort to obtain the qualifications necessary to commence the practice of medicine and surgery being over—the “capping” ceremony, and annual address to the graduates—full of sound advice, and kind expressions—having been brought to a close, I was cast adrift from college life, (with a large number of young men from other lands) and thrown upon my own resources.

I well remember the reaction that followed the excitement of that day; when alone in my compartment, I discussed with myself the outlook for the future.

I had been drinking at one of the principal fountains of medical knowledge in the mother country, and, taking kindly to the work, had greatly enjoyed the opportunities there afforded me. Nothing would have given me greater pleasure, or done me more good, than to have continued under the educational wing of my “alma mater” for a longer period; and there, taken advantage of the opportunities afforded one, of pursuing post graduate studies; with the ulterior object of possibly making that city my professional home.

I was fully impressed with the fact, that notwithstanding the long coveted licensing parchments were then in my possession, I in reality had, after years of hard work, but an imperfect knowledge of several of the branches of the profession of my choice—and this prompted an ardent desire for more. But!—and how often this little word of three letters crosses the track of man and his desires—but, “I was not born with a silver spoon in my mouth” and consequently, ere long found myself on the Atlantic; and in accord with Horace Greely’s oft quoted suggestion, “young man, go west,” I came

west, returned to my own land, and promptly entered upon the active duties of my profession in this city—a general practitioner, as were all my confreres of that period. The population of Halifax, then, was only about 18,000 and of the province 250,000. The only substitute for a hospital, was the Poors’ Asylum, a large brick structure, standing near the corner of Queen Street and Spring Garden Road, and in its immediate neighbourhood, facing on Queen Street, was the old Bridewell or House of Correction, the ancient forerunner of Rockhead.

It was at this Poor House, under the direction of Dr. Almon, that I began “to learn the rudiments,” drew first blood and ere long became the Phlebotomist of the house. Those were the days when the lancet (now an almost forgotten surgical instrument) was in constant use.

It was several years after this that “Mount Hope Asylum,” for the care and treatment of the insane in Nova Scotia was commenced at Dartmouth. When its southern wing was completed, a large number of those who were most likely to be benefited by treatment, in a modern asylum, were removed from the Poor House to Dartmouth. Prior to this, the home for the poor of Halifax, was the only place within the province where the insane could be cared for and retained; and it was a happy day for these unfortunates, when the foundation stone of this much desired and longed for institution was laid.

In addition to the Poor House, there stood on Granville Street, immediately in the rear of the ground now occupied by the Bank of Montreal, a very small institution known as the Halifax Dispensary. It was in a small room, in an old and diminutive house, and its work was done on a small scale. Dr. Gregor was instrumental in establishing it, and for years was in sole charge. I was associated with him for a short time; but in such quarters, with a

grant of only £50 annually for all purposes, not much work could be accomplished, and when it was destroyed by fire the loss to the community was unimportant.

This was in time succeeded by another on the west side of Argyle Street near to Duke Street. It was better equipped, on a larger scale and did more satisfactory work; but it did not live long.

In 1845 the Poor House and Dispensary No. 1 were the only institutions connected with medicine and surgery in the city or province, and I need hardly add that the facilities for acquiring pathological knowledge, or for growth in any other department of our science were extremely meagre.

New standard works were comparatively few and medical periodicals were not then as now, poured down upon us. Post mortem examinations were rarely held because of the almost universal hostility of the outside public. The stethoscope was beginning to be used and was possessed, for practical purposes, only by the younger men.

The microscope in its relations to professional research, was not in those days an instrument in practical use in Nova Scotia.

The ophthalmoscope and other scopes for illumining and bringing into view some of the dark recesses of the human organism may have been dreamed of, but they were not then begotten.

Before my day there had been a medical society or societies in Halifax, but incompatibility in its professional material rather than lack of ability, brought it or them to an untimely end. I am glad to say that no such results have followed the more recent establishment of such organizations in our city and as far as I know the work of the county societies of our province has not been thus interrupted. Today we have a "Halifax branch of the British Medical Association." For many years past an efficient Provincial Society has existed, but a union of

this with similar institutions in New Brunswick and Prince Edwards Island has resulted in the formation of "the Maritime Medical Association" which in the two or three years of its existence has brought to the front several men of marked ability who had already established local reputations, but hereafter their names and professional standing, will be recognised over more extended areas. Many years ago a futile effort was made in this city to establish a medical periodical, but the field was too small and the staying powers of the originators insufficient to keep it afloat. But the MARITIME MEDICAL NEWS under the patronage of the Maritime Medical Association has I feel assured "come to stay," and although in bulk not larger it is really a very useful and well conducted journal and one that should be sustained by its comparatively large constituency in the three provinces.

Things are wonderfully changed since the "forties" opened upon us, not only as regards the principles and practice of medicine and surgery, but also, in the provisions made by the government and the public for the treatment, comfort and welfare of the sick of our province and city. To-day, we have one of the best equipped hospitals in the Dominion, sufficiently large for present requirements, and with unoccupied ground surrounding it, that will admit of almost any extension. Here, I am free to say, much advanced and important work is being done, by a very proficient and able professional staff.

In former years much of our surgery—difficult and complicated cases, especially—went to the United States, in consequence of the want of such an institution; but this drain has been largely interrupted by the marked success which has attended the operative treatment, of the gentlemen in charge of the surgical side of the house.

A few years since, an efficient and well managed institution, known as

the "Halifax Infirmary," was established by an organized body of Roman Catholic ladies—Sisters of Charity—in which a large number of medical, and still greater number of surgical cases have been treated with very satisfactory results. In the latter department, abdominal surgery has predominated. This private hospital has also performed quite an important part, in staying the United Statesward current in serious surgical cases; many of which, without it, would have crossed the line, in consequence of the great objection our people have to enter a *public* institution, here at home.

Again, I am glad to say that we have *now*, a well equipped public Dispensary; where valuable work in the several departments of medicine is performed within the institution; and also, in connection with it at the homes of the poor and helpless.

I have said that all the medical men in Halifax when I joined them in 1845, were general practitioners. Specialties did not exist. Many of them did their own surgical work, and in country districts, far removed from the city, they had occasionally to perform important operations alone, unaided and under the most unfavourable circumstances; as was the case with Avery on one occasion, on the eastern shore, in a hut or very small house, in the middle of the night, with only a "tallow dip" or candle to give him light to operate on a Strangulated Inguinal Hernia. The man's life was saved by the promptitude and pluck of the surgeon. Diseases of the eye, ear and throat, in short, all cases presenting themselves were treated by them.

Operations for cataract fifty or sixty years ago, when the patient could afford it, were generally performed by Guthrie of London, who is credited with saying that a man would destroy half a bushel of eyes before he became an expert and successful operator.

The late Dr. W. B. Webster of Kentville, was the first surgeon in Nova Scotia, if I am correctly informed, who successfully operated for cataract. It was in 1836.

Now, we have several oculists in the capital, and the operation is of frequent occurrence.

Operative Surgery may be said to be almost a specialty here, as the more important and serious cases are dealt with by a few men.

But few of the surgeons now living in Nova Scotia can have anything like a correct idea of the difficulties which had to be contended with in operative surgery, half a century ago. In protracted and painful operations the patient had often to be strapped to, or held on the table, by continuous muscular effort on the part of assistants.

It was soon after operating on a distressing case of this character, (which operation I was obliged to finish on the floor, as it was impossible to restrain and keep a man of his strength quiet on the table, from which he had thrown himself), that I became aware of the fact, of the discovery at Boston, of sulphuric ether, as an anæsthetic.

Lawrence VanBuskirk, a dentist, practicing in Halifax at the time, as soon as he learned that ether was being used by inhalation there in practical dentistry, with commendable enterprise, visited Boston, and familiarized himself with its use. On his return, having a case that required amputation of the femur, I went to VanBuskirk's office, and after discussing the matter fully, asked him to administer ether to me, that I might personally have some knowledge of its action, he consented; and very shortly the exciting stage was upon me, and I was floating through space, suspended or upheld like Mahomed's coffin, between Heaven and Earth. My actions alarmed him, as he was yet but a novice in its administration, and he did not carry on the experiment to its full results. The next day he, VanBuskirk, gave my

patient ether, and in two or three minutes she was unconscious and insensible to pain. The limb was amputated, the wound dressed, and the poor woman taken from the table to her bed; and while my professional friends and I were discussing the prompt and happy results which had attended the use of the anæsthetic, a voice came from the bed, "give me a little more Doctor, a little more, for I am not yet asleep." I told her the operation was over, and the limb removed. For a time, she was incredulous, but when she fully took in the situation, she was overcome with gratitude; and in a well pronounced Hibernian dialect, expressed her thanks to God; and then to the medical men who surrounded her. I too, felt very grateful, when it was thus practically demonstrated to me that exemption from suffering could be promised to thousands and millions, who in the future should seek to be relieved by the surgeon's knife. This, I believe, was the first case operated on in Nova Scotia, under an anæsthetic.

The senior practitioners in Halifax in 1845 were Robert Hume, Mathias Hoffman (both retired naval surgeons) James F. Avery, Frederic Morris, William Gregor, James C. Hume (son of Robert) and Alexander Sawers.

The juniors were Thomas Sterling, Rufus Black, Wm. J. Almon, Charles Cogswell, James R. Dewolfe, Edward Jennings and James Allan (who graduated with me at Edinburgh.) The above with one exception studied in Great Britain, 13 of them at Edinburgh, one took a partial course in Dublin and graduated subsequently in New York. When I cast in my lot with the above gentlemen, I was the junior in age and rank. Now all but Senator Almon and Dr. Dewolfe, have joined the great majority and we three only remain to tell the story of medicine in our city half a century ago.

I have referred to Great Britain and especially to Edinburgh, as the educa-

tional source from whence the capital in olden times was supplied with medical men.

The towns and larger villages in the out districts of the province derived their supply in the main from the same schools. The most of them were members or licentiates of the Royal Colleges of Surgeons of Edinburgh, London and Dublin; and among them a few came from one or other of the public services of the United Kingdom. Those coming to our new country from these several sources, were generally well educated and intelligent men and often exerted aside from their professional position and work an elevating and salutary influence on the communities where they lived and laboured. In the early history of medicine in Nova Scotia, the "regular practitioner" had to contend with Empirics to a much greater extent than in more recent times.

These men were generally illiterate, but shrewd and insinuating and would sometimes exert no small amount of influence on the simple minded settlers, prejudicing seriously the interests of the qualified men and in many instances largely reducing the already meagre incomes of the latter.

In those districts where the school master had not been much abroad—the present public school system did not then exist—the illiterate people were often led, almost to believe, that the educated man was the quack, while *he* had been born a doctor, and had received his knowledge of the healing art by intuition.

I could narrate from personal experience, many incidents—some of them amusing, and others again quite the contrary—in connection with these *outside and would-be* members of the profession, who had sought an entrance to the fold, by irregular and more than doubtful modes; but here, I will only by the way of illustration, call up, and that in a few words, a single instance.

The reference is to one of this class of illegitimate practitioners, who had obtained a diploma from a western United States manufactory, whose portals had never been darkened by his presence, but on remitting \$100.00 or \$150.00 with a commendatory letter signed by several of his neighbours, received from the authorities of the so-called medical school, the document asked for—a diploma. The application, or rather I should say, the accompanying dollars brought the required parchment, and the man became thereby Doctor ———. These facts were given me by one of the persons whose signature was attached to the letter.

Not long after this I was asked to see a patient some seventy miles from the city, who was said to be seriously ill with pneumonia. On my arrival there I found the lungs entirely free from disease. The case was one of "Herpes Zoster," the eruption occupying an intercostal space or two over one of the lungs.

I had only travelled a few miles on my return journey, when I was stopped by an inmate of a farm house, who asked me to see a young child suffering severely from a "rupture." I found on examination a retained testis, covered by a truss with a strong steel spring.

The error in diagnosis was explained, the instrument of torture discarded, and the mother and child made happy.

Both these cases were under the treatment of the man above referred to. These dupes, as well as very many others, ere long reached the conclusion that it was cheaper and better for them to discard quacks, and when necessary obtain the services of regularly qualified practitioners.

The Medical Act of 1872, and the amendments thereof, have been largely instrumental in decreasing the number of empirics. The preliminary examination and the other several parts of the curriculum demanded by this "Act," *must be complied with*; and

the result has been not only to weed out irregular practitioners, but to give to the province a better educated, and hence, a more reliable class of professional men.

It has been so long since I sat as a member of the "Medical Board," that I think I may be permitted here, without making myself amenable to the charge of egotism, to congratulate the province and profession, on the work performed in recent times by this "body," in so faithfully and judiciously carrying out the provisions of the Act, without fear or favour—always having uppermost in the minds, the public interests. I have made the statement that half a century ago, and more, Great Britain furnished by far the larger number of the duly qualified men in this province.

The statistics relating to this matter of supply are now marvelously changed.

The official "Medical Register" for the present year gives the full number on the list as 387, of these 29 graduated in England, Ireland and Scotland; 258 in the United States; 100 in the different schools of the Dominion of Canada. Included in the latter, are a few names, I think not exceeding half a dozen who were licensed to practice under special legislative provisions prior and subsequent to the passage of the act of 1872.

Of the whole number on the "Register," viz.: 387, there were practicing at the date of its issue in Nova Scotia, 335; and in other portions of British America, the United States and elsewhere 52. The places of residence of *five* being unknown. The question naturally arises, why this *decrease* in the number of British and the remarkable *increase* of United States graduates? In the consideration of this subject several matters are involved, some of which I will briefly refer to.

First. Several of the leading schools in the larger cities of the United States have in recent years risen to eminence, and now compare favour-

LIQUID BREAD.

THERE is perhaps no preparation to which the name "Liquid Bread" can be so fitly given as to Wyeth's Liquid Malt Extract, containing as it does the elements which are in the "Staff of Life," but it is much more than a bread. When bread is taken into the stomach the starch in it (wheat flour contains about 70 per cent. of starch) must be changed into sugar before it can be used up in the body, whereas our Malt Extract, owing to the process it has gone through, is at once taken up by the system without taxing the digestive organs in the least, and the active principle in it, which is called by chemists "Diastase" acts at once on other food, changing it into the form whereby it can be readily absorbed, and go towards enriching the blood and repairing the waste which is continually going on.

As the Winter Tonic "par excellence" we do not hesitate to designate Wyeth's Liquid Malt Extract; it is particularly beneficial in Winter in that it promotes circulation, assists digestion, and is in itself a grateful food to patients who can hardly tolerate other diet, as it increases vitality and aids the formation of fat to help withstand the severity of the season.

As a food for consumptives, many physicians find it to be about the only thing that some idiosyncratic patients can touch at all.

As to its advantages, during lactation this claim has been so fully substantiated by thousands of practitioners throughout America that the article has now become almost an essential requisite for mothers nursing, because of the large percentage of nutritious matter with the very small percentage of alcohol it contains; in the usual dose of a wine-glassful three or four times daily it excites a copious flow of milk, improves it in quality and supplies strength to meet the great strain upon the system at that period, nourishing the infant and sustaining the mother at the same time

Yours respectfully,

JOHN WYETH & BRO.,

per DAVIS & LAWRENCE CO., Ltd., Gen'l. Agents.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, WYETH'S BEEF, IRON AND WINE has proven more uniformly beneficial than any combination we have ever known. It is substantially a universal tonic.

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time to excite this organ to do its duty. On the other hand, again, wine stimulus, although needed, is ill borne if given by itself, producing headache, excitement and other symptoms which may be avoided by the addition of nutritious substance, such as the Essence of Beef. Iron, also, can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given.

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WYETH'S BEEF, IRON AND WINE.

To give strength after illness.—For many cases in which there is pallor, weakness, palpitation of the heart, with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. Its peculiar feature is that it combines Nutrient with Stimulus.

To those who suffer from weakness it is a Nutritive Tonic, indicated in the treatment of Impaired Appetite, Impoverishment of the Blood, and in all the various forms of General Debility. Prompt results will follow its use in cases of Sudden Exhaustion, arising either from acute or chronic diseases.

To Growing Children—Especially those who are sickly, get great benefit from this preparation. It builds up by giving just the nourishment needed, and in a very palatable form.

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To clergymen, teachers and members of other professions, who suffer from weakness, WYETH'S BEEF, IRON AND WINE is very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

For Overwork—Many men and women know that the continuous fatigued feeling they labor under is due to overwork, still they find it impossible just yet to take complete rest. WYETH'S BEEF, IRON AND WINE gives renewed vigor, is stimulating, and at the same time is particularly nourishing.

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ably with the best institutions of the kind in Europe. The country (the United States) both in area and population is large.

It has acquired enormous wealth and both private and public funds are freely and generously given that the hospitals may not be surpassed by those of other lands and that every appliance may be provided to aid in restoring the sick to health and in imparting the most advanced practical and scientific instruction to the thousands of young men who flock to these universities and schools to obtain a professional education.

In the choice of teachers the greatest care is used to select able and practical men—working men with energy and “push,” as our neighbours express it, who are progressive and never stand still.

Again the curriculum and the time required to complete it and the general educational qualifications of those who are about to commence the study of medicine in these large and more important schools have been advanced, and it is now a “*sine qua non*,” that in these respects the policy of British schools shall be carried out. The number of inferior and cheap schools in the United States is however still very large and the competition which has heretofore existed will continue and no doubt for a time will reduce the numerical strength of those which have thus added to their qualifying power, but in the nature of things, that which is *superior* must eventually *increase*, while the *inferior*—unless their ways are mended—will with equal certainty *decrease*.

In considering the subject of our Medical Register, past and present, the question of the “Flags,” seldom enters our thoughts. In the first half of the present century, the national sentiment of the loyal Province of Nova Scotia, would have “turned the scale” against the United States, if all things else had been equal.

It fell to my lot to be born nearer 1812, and 1776, than most of the profession now living within our provincial limits; and I can call to mind how strong that sentiment was sixty years ago. Then the British schools and the degrees obtained from them, ranked high, and were held in great esteem by our provincial public; while the standing of the comparatively small number of United States graduates who were then practising here; was depreciated, doubtless in some cases, improperly and unjustly.

Literature and Science however, have a tendency to break down such feelings; and their votaries are generally the first to keep in abeyance, or forget those disturbing elements within us, which, if latitude were given them, would continue personal and national hostilities for generations. In some measure then, we may attribute the diminished number of British graduates, and the strikingly large number of United States diplomas and degrees recorded on our provincial register, to the more generous sentiments, caused by the intermingling of men interested in literary, scientific, and professional pursuits.

“A fellow feeling makes one wondrous kind,”
Sometimes!

Here permit me to refer to an instance where the national sentiment to which I have referred, was officially exhibited to a distinguished member of our profession,—long years ago, a practitioner in Nova Scotia, I refer to Dr. Robert Bayard (father of Dr. William Bayard of St. John) who died in New Brunswick in 1868, in his 81st year.

He was a Lieutenant in a regiment commanded by his father, retired from the army, studied in Edinburgh, with my old friend and preceptor, William Bruce Almon, and graduated there in 1809. He was immediately appointed Professor of Obstetrics in the University of New York, where he remained

until the war of 1812, "When he received notice to quit," and with military promptitude, obeyed the order. He crossed from Portland, Maine, to St. John, New Brunswick in an open boat, practiced Medicine in Kentville, N. S. for a few years, and then removed to St. John, where he became the leader and father of the profession in that City and Province.

He was subsequently offered his old position in the University of New York, but declined to accept it. This case of Dr. Bayard's illustrates, first, the evil and prejudiced side of national sentiment, and at a later period its better and more prejudiced features; which were brought, though late, into activity, by the opposite, or neutralizing sentiment, of a scientific, and professional brotherhood.

I would here say, parenthetically, that in connection with this change in the countries selected by our Provincial young men, in which to qualify themselves for professional work, we are not to lose sight of the following consideration: the proximity of the two countries, the ready means of access, and the financial aspects of the case; the last very generally deciding the question.

I need hardly say that it has afforded me much gratification—in searching the records—to notice the large number of medical men, whose names appear on the "Register" as graduates of our own Canadian schools, some of whom, are recognized as among the ablest and best men in our provincial profession.

Another matter suggested by examining the register should not be permitted to pass without remark. It is that of the 258 who graduated in the United States, nine subsequently obtained diplomas or degrees from British schools. While of the 100 holding Canadian qualifications, eight supplemented these in the same manner. The time, labor and money thus spent in acquiring these additional

qualifications, will, I feel assured, never be regretted; and the advantage, will not be confined to the practitioners alone, but his patients will also be partakers of the benefits resulting from the increased information and practical knowledge thus obtained.

There being no necessity on legal grounds to add to the qualifications already possessed by the gentlemen above referred to, similar and almost as satisfactory results may be obtained by frequently visiting, (as I am glad to say many of our practitioners are doing), hospitals connected with the larger and more important schools in the United States and without examinations, giving as much time and attention as possible to past graduate studies. I can speak from experience on this matter for in the past it has been my habit to often visit these institutions and 20 years ago I was thus occupied at school again in Edinburgh for the greater part of 18 months.

In a word remembering the responsibilities connected with professional life, I may say that as the allied sciences of medicine and surgery are so rapidly advancing as the years go by it becomes more than ever before, a moral obligation devolving on our membership to lose no opportunity for thus adding to our store of practical knowledge.

MODES OF CONVEYANCE IN FORMER YEARS.

In the earlier years of my practice my journeys to the outlying sections of the county were made on horse back and as soon as it became an object to economise time my city work was largely performed in the saddle.

Avery and Black, perhaps more than any of my confreres of that day adopted this mode of visiting their patients. There were but three policemen in the city at that time—none of them young—who could never see so small an object as a doctor's horse when standing tethered on the sidewalk. The Senior Hume a man of more than six

feet in height and large in proportion, even when quite advanced in life very reluctantly relinquished the saddle for a carriage. I do not remember ever to have seen his large and high horse when under the saddle increase his pace beyond a walk, and when he took to wheels his "coach was slow," and the wheels revolved more slowly still when the doctor had by his side his old shipmate Lord Dundonald who for the usual term of years was admiral in command of the fleet on this station.

This prince among British sailors—bravest of the brave—was even a larger man than Hume. Both were Scotchmen of the olden time and many's the "crack" these venerable men had as they drove between Admiralty House and Barrington Street, (Hume's place of residence). The horse in the mean time taking in the situation, would "gang his gait" while the two discussed the past, the scenes and events of their early sea life. Outside the main roads leading to Annapolis, Pictou and Amherst—which were "from middling to fair," journeys were more comfortably made on horseback than in any other way. Along mail coach routes when distant places had to be reached and urgency demanded it, I quite frequently travelled in a light carriage with coach horses generally driving myself.

Greater comfort and economy of time were thus attained; but sometimes serious, and at other times amusing incidents would occur to retard one's progress, in consequence of "an evil spirit" taking possession of the strange animals given me by the grooms at the different stations. When, as was occasionally my lot for want of roads, I had to be conveyed along the shores of the coast in a whaler propelled by the strong arms, and willing hearts, of a crew of fishermen, who never hesitated to drop their work, however urgent it might be, and ship their oars in haste, that they might convey relief to a fellow fisher-

man, or any member of his family, when sickness and suffering rendered medical assistance necessary, or when riding on horseback through bridle paths in unfamiliar country districts, facing a pelting storm of rain or snow, the story of the trials of the of the veterans, who lived and laboured far from the capital, during the last of the 15th, and the early years of the present century—handed down by tradition—would be recalled, and although it was too late to sympathise with them, I would feelingly appreciate what they in their day and generation had endured. The hardships from exposure with me, were only occasional, but my brethren of these earlier dates had to face them "year in and year out." Having my face washed by salt water spray, as I sat in the stern sheets of a boat; or in a saddle, wet, and uncomfortable, had not the effect of making one "feel jolly under the circumstances," but the mentor within would suggest the contrast between *now and then*; between my general environments, and those between my professional forerunners, just referred to, who often journeyed through forests, where even bridle paths were absent, guided by "blazed" trees, and very frequently in winter long distances were covered, their feet not resting in stirrups, but encased in moccasins of moose skin, strapped to the friendly snow shoe.

With these men, society, and local educational advantages for their children, were dreamed of, but could not be realized or enjoyed. Their comforts were few, and their general surroundings undesirable.

The contrast just referred to, could but end in this conclusion; that after all "the lines had fallen unto me in pleasant places." The whole country is now intersected with roads, many of them inferior, it is true; but carriages can be driven over the most of them; and for a new and small province, with a population not exceed-

ing 500,000, the railroad mileage is large; there being not less than 842 miles in operation, exclusive of the lines employed in carrying coal, only. Within my recollection, and since I commenced my professional labours, very marked changes have taken place in nearly every county of our land, making the work for medical men comparatively safe and pleasant; so that the 335 men spread over the province may be said to be in the possession of a "goodly heritage."

In the early years of my practice, professional men seldom rested from their labors, or left their fields for change and recreation; and I believe I was the first "Medicine Man" (as the Indians were wont to call us) in this city, who adopted the plan of relinquishing work, for a longer or shorter period, annually. Three times I crossed the Atlantic, and on one of those occasions, remained in the mother country a year and a half, pleasantly and profitably occupied, as a student, without the cares and responsibilities which pertain to men in active practice. Shorter absences, enabled me to obtain much information, of a useful and practical character, connected with the Dominion of Canada and many of the States of the neighbouring Union, from the Atlantic to the Pacific.

A want of knowledge of foreign languages rendered my visits to Continental Europe less profitable both generally and professionally than they would otherwise have been. However as a consequence of these *runs away*, mental and physical rest were obtained, health was conserved, very pleasant and lasting friendships were formed; all of which will tend to enhance the enjoyment of declining years, as "by my fire side" I shall sit watching and waiting for the end to come. I refer to this subject because I consider it of no small moment to the hard worked professional man, whether he be a doctor, a clergyman, or a lawyer to periodically leave his work and obtain rest.

The preservation of health and the prolongation of life are far more important than that for which very many men are spending their strength and shortening their days.

In my experience I have seen many strong and good men fall, as if by their own hand into an early grave, from continuous over work and mental taxation, when humanly speaking had they adopted the course which I found it incumbent on me to follow even before I reached midlife, they might have lived to the allotted age of man or even beyond it.

The statistics in connection with the population of Halifax and this province and the percentage of medical men to that population in the years 1845 and 1895—half a century are not uninteresting, and I will as briefly as possible direct your attention to the matter. The census in the one case was taken about six years *after* 1845 (ie in 1851), and in the other, 4 years *before* 1895 (ie in 1891), so you will please bear in mind that my estimate of the population both at the beginning and end of the half century in question is approximate and inasmuch as we have no official data prior to 1872 that I am aware of, to guide us in relation to the number of physicians or surgeons practicing in the counties outside the capital, my estimate on this point is also an approximate one.

In 1845 there were living and working in Halifax 14 practitioners exclusive of myself.

The population of the city as given in the census of 1851 was 19,949. Remembering as I do how slow the increase was during the last sixty years I have placed it in 1845 at 17,000 which being divided by 14, (the number of medical men) would give a per capita constituency of 1,214.

Col. Sellers himself would hardly be able to say "there were millions in it" but while all lived and apparently enjoyed life the lion's share of the prac-

tice was in the hands of four or five men. All in those days, both in the city and country dispensed their own prescriptions and thus to a considerable extent supplemented their purely professional incomes. I assume that the population of Halifax since the census of 1891—when it amounted to 38,495 must ere this have reached 41,000. Now, with a working force of from 50 to 55 medical men, taking the first named and smaller number (50) as the basis of the calculation, there will be but 820 inhabitants to each practitioner.

I have compared notes with Dr. Dewolfe—my senior by a few years, and he has kindly placed on paper for my benefit, a list of the names of medical men practicing in Nova Scotia in 1845—to the best of his recollection, and together, we have reached the conclusion that there were about 100, but not more, occupying the entire field at that period.

The census of 1851 gave to the Province a population of 276,117. My starting point is six years in advance of that date; and I have assumed that 250,000 would about cover the number for 1845. This would give to each physician, or surgeon a constituency of 2500 individuals, if it were possible to make an equal division in a matter of this nature, but such a thing is practically impossible. The few will *live*, and the many will simply *exist*.

For the last twenty years, or more, there has been a wide spread tendency among the young men of North America, in choosing occupations for their life's work, to select Law and Medicine, in preference to Agricultural, Mechanical, or other employments, in which many of their fathers were engaged, to the prejudice often, of their own welfare and the interests of their country. Two years ago, I spent several weeks in a village in an

elevated and beautiful part of the state of New Hampshire, where I noticed, that nearly all the farm work and manual labor, was being performed by men advanced in years. On asking the question, Where are your young men? the reply was, "in the cities and towns, behind counters; or away from home seeking to become Lawyers and Doctors." Without adequate mental training or ability, without any natural liking, or special aptitude for either of these professions; an increasingly large number of young men is being annually added to their list of membership, until at length the fact has been established by statistics, that the due or proper proportion which should exist between these professions, and the population, has ceased to exist.

Leaving this subject, in so far as it relates to Law, to lawyers; permit me to say that I do not wish to be misunderstood on the question of Manufacturing Doctors, if I may use such an expression!

My idea is, that whenever, and wherever, a young man of good character, of mental ability and industry, has a strong and persistent desire to enter the Medical Profession, his wishes should not be thwarted, but parents and friends should do all in their power to aid him in accomplishing the object of his ambition, by giving him, first of all a liberal education; and then placing him in such a position that he can acquire as thorough a knowledge of medical science, as can be imparted in our own or other countries.

On the other hand, those who are immediately interested, would do well to advise *neutral young men*, those without energy, or "push," or the educational qualification essential to success; who look forward to a life of comparative ease, comfort and respectability; and would enter our profession to obtain these objects—to

remain at home, or look elsewhere for congenial occupation.

To conquer success in the medical profession a "bed of roses" is not to be thought of. Continuous labor both mental and physical, is essential. In the "Hive," he cannot remain a "Drone," but must be ever a working Bee.

Bearing on this subject I beg leave to call your attention to a partial synopsis of two lectures. The first delivered to the students of Pennsylvania University in 1877, and the second before the same body 16 years, later in 1893, on "Higher Medical Education" by Dr. Wm. Pepper, Professor of the practice of medicine in that University.

The statistics and other matters dealt with in this article will I know interest you, and I feel assured you will admire the decided and manly spirit in which he deals with the prominent evils and grave errors surrounding the important subject of medical education in the United States.

It is well that one of the leading medical minds and most prominent men in that country should have thus dealt with the matter. No man outside the bounds of the United States or belonging to another nationality, could have laid bare the deficiencies and lack of sound morality existing there in connection with this subject, as Pepper has done, without being charged with either national hostility or professional jealousy. While I am assured that the prominent evils—sins of omission and commission—mentioned by Pepper, do not exist in Canadian institutions. The laws on our Provincial Statute Books making it imperative that the preliminary educational standing of the student, the curriculum, and the time (4 years) required to complete the course, must be rigidly adhered to. Still I feel that this severe, but I believe just criticism may be read elsewhere and

even in our own Dominion without doing injury.

NEED OF A HIGHER MEDICAL EDUCATION.

(From the Springfield Republican.)

There is much that is instructive in the two essays "On Higher Medical Education," by Dr. William Pepper, recently published by the J. B. Lippincott Company, and they forcibly call attention to our deplorable lack of any high standard in this matter. In fact, humiliating as the truth may be, Dr. Pepper ranks the United States in regard to the education of its physicians, not simply below the chief countries of the Old World, but below many nations which we have been accustomed to look upon as only half-civilized. He lays the blame for this shortcoming at the doors of the medical colleges, which have suffered their greed and their ambition to excel in point of numbers to lower their standard so as to permit practically any one who will pay their fees to obtain a degree. This practice is not only dishonest, but in the long run unwise from a financial point of view, for in consequence of the ease with which anyone who cares to may enter upon the practice of medicine, that profession has become so over-crowded that a large part of those who undertake to practice it are unable to make a living.

Dr. Pepper estimates from the existing statistics, that taking the length and breadth of a country, urban and rural, one thoroughly qualified medical man can minister efficiently to, and in turn be fairly supported by a population of from 1,500 to 2,500 persons. The truth of this is shown by the proportion of physicians to population in the principal countries of the world. Great Britain, with about 38,000,000 has 22,000 medical men, giving one to every 1,707 of the population. Germany with 50,000,000 people, has 16,270 practitioners, or one to every 3,038 of the population. France with her 39,000,000, has 16,593 physicians, including officers of health, or one to every 2,766. In Norway there are but 502 doctors to two millions of people, or one for every 4,000; and for Russia's 115,000,000 there are 13,443, or one

for every 3,551 of the people. The ratio in other countries is as follows:—Austria, one to 3,857; Belgium, one to 2,341; Italy, one to 3,536; Netherlands, one to 2,434; Spain, one to 3,375. The United States, however, with her 62,622,250 of population, boasts of 100,000 physicians, or one for every 626 of the population.

Yet, no one would be ready to infer from this that there is twice as much sickness in the United States as in Great Britain, or four times as much in France, or five times as much as in Germany, or six times as much as in Norway. In fact, such an imputation would be indignantly resented if it were made. The only conclusion, then, that can be reached is that our country is enormously overstocked with doctors, owing chiefly to the ease with which diplomas can be procured. There are, no doubt, many bogus diplomas still in circulation, in spite of the efforts which have been made to suppress such downright dishonesty, but it is hardly necessary to purchase a spurious article when the real thing can be obtained about as cheaply, and with the expenditure of so little time and effort on the part of the candidate.

That there has been not a little improvement in the quality of the education given in the better schools, is pointed out in these lectures, which have special interest on account of the manner in which they were delivered. The first was given before the medical students of the University of Pennsylvania, in 1877, and the second before the same body just sixteen years latter, in 1893. In the first the lecturer devotes his time to showing the great decline which had come upon the medical schools of the country since 1811, in the standard of admission and graduation. In most schools, in 1877, the student was only required to attend two courses of lectures, each of less than five months duration, 115 to 120 days of actual teaching, and even this time was largely wasted; owing to the lack of any classification of the students, so that advanced pupils and those fresh from the farm had to listen to the same lectures. So easy were the examinations that the proportion of the rejected did not exceed one in fifty applicants. This was in the best medical schools, while there were

sprouting all over the country cheap institutions which gave diplomas with the flimsiest excuse for a course in instruction.

In the address of 1893, Dr. Pepper was able to point to many gratifying symptoms of improvement. Out of 143 medical schools in the United States and Canada, not less than 120 has adopted some standard of general qualifications. On the other hand, the morbid process of establishing medical schools of inferior quality has gone on with more rapidity than before, and in the twelve years from 1873 to 1890, inclusive, no fewer than 168 new schools were chartered. Ohio, which is somewhat celebrated for the number of its colleges, is not behind in this field, and has nineteen medical schools for between 2,000,000 and 3,000,000 of population. In some departments of education the small institution is fully as good as the large university, but in medicine, technical development has been so rapid of late years, that only the largest and best equipped of schools can furnish the facilities for studying to the best advantage.

It is time that the Legislatures of the several States should take this matter in hand and put a stop to the production of uneducated physicians, while the schools of medicine owe it to themselves as well as to the public to raise the standard of their education to the level required in other countries. To suppose that an adequate preparation can be obtained in less than four years is absurd, and although those who graduate earlier may become expert physicians, it is at the expense of those on whom they practice. Dr. Pepper justly says:—"It is a hardship to students who have been admitted without examination, to be dismissed after two or three years because their teachers are not able to supply the fatal defects of early study. It is a more cruel hardship to the community to have turned loose upon them ill-trained physicians, literally wolves in sheep's clothing, who by cramming or coaxing, or the cupidity of examiners whose fees will be affected by the result of the examination, have acquired an unmerited diploma."

"EVENING TELEGRAPH,"

Philadelphia, April 1st, 1895.

This undue numerical growth of the professional men in the United States, Canada and elsewhere, must ere long undergo a change. In our department, as in the general business of life, the supply, on well recognized principles, will, of necessity, be regulated by the demand; and, when from this over-growth, the struggle for existence becomes more acute than at present—"the survival of the fittest," will settle the question, as to who shall rise and who shall fall. The time is even now, at hand, when the parties more immediately interested in this important matter, should "call a halt," "stop and think," ere they finally determine the question, and select the occupations of their future life.

And, now gentlemen, I am about to say farewell to the practical work of the profession of my choice, to which I was wedded 50 long years ago. I am now in my 74th year, and am quite frequently admonished that the step I am taking is necessary; and, that the responsibilities and duties which have fallen to my lot in the years past, should be relinquished to younger men. With the regrets I experience in thus acting, there is mingled the emotion of pleasure; because I well know that I am leaving on the field, men, who are better able to fill the place than I could possibly do, were I to continue for a time longer, your co-labourer.

Very soon, "the places that now know me, will know me no more," and, while the great truth embodied in this quotation is especially applicable to those advanced in life, no class of men know better than those belonging to our profession, how necessary it is that even the youngest of us should keep these words hidden in our hearts, and ever fresh in our memories.

If 25 years constitutes what we are wont to call "a generation," I may fitly close my remarks by saying, that for two generations I have held amica-

ble and most satisfactory relations with the members of our profession in this city and province. And now, gentlemen, permit me to most sincerely thank you, for all the courtesy and kindness which I have received at your hands since we became brethren, in the great brotherhood of medicine and surgery; and, last, but not least, for the address which you have to-day done me the honor to present me with.

Mrs. Parker and my family cordially thank you for remembering them, and unitedly, we would reciprocate the more than kind utterances contained in the closing paragraph of your address.

NOTES ON A CASE OF SINUS PYAEMIA AND JUGULAR THROMBOSIS.

Mrs. B. age 64 years. Pharyngitis followed by otitis media first in left ear then in right one. Condition observed by me in first visit, patient anaemic worn out by pain and loss of sleep, temp, 102°, pulse 115, fairly good. Pain radiating over entire right side of head, tongue furred, appetite poor, bowels constipated, external ear and surrounding parts normal, no tenderness or swelling over mastoid, quite deaf in right ear. Not having reflected light did not see drum of ear very distinctly.

Treatment: The usual treatment in those cases. *2nd Visit.* Patient better, quite a discharge of pus from ear, temp. normal, pulse normal pain all but gone. Ordered ear to be syringed out several times daily with solution of hydrogen peroxide and antiseptic carbolic solution alternately.

3rd Visit. Pain returned, deep-seated and very severe, temp. 103°, pulse 126 but fairly strong, deafness returned ordered the antiseptic syringing to be continued, hot applications to be applied, gave morphia to control pain. There was no swelling or tenderness over mastoid.

FELLOWS' HYPOPHOSPHITES!

Specific Effects and Instructions for Use.

TO STIMULATE THE APPETITE.—Take half the Tonic Dose, as directed, in very cold (not iced) water, fifteen minutes before eating.

TO STIMULATE DIGESTION AND ASSIMILATION.—Take the remaining half of the Tonic Dose, during meal-time, in water.

TO INCREASE RAPIDLY IN WEIGHT.—Take the Tonic Dose, as directed, and adopt the free use of new milk in addition to the regular food.

TO SUSTAIN MENTAL EXERTION.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

TO GIVE POWER TO THE VOCAL CHORDS.—Take the Tonic Dose fifteen minutes before singing or lecturing.

Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

TO PREVENT RECURRENCE OF NIGHT SWEATS.—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat-glands.

TO PREVENT SWEATING HANDS AND FEET.—Take the Tonic Dose as directed, avoid undue excitement, and occupy the mind with pleasant unwearying pursuits.

FOR CONVALESCENCE from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

TO STRENGTHEN AND DEVELOP NURSING INFANTS.—Let the mother take the Tonic Dose as directed with the food.

TO PROMOTE SLEEP.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

DOSES.

TONIC.—One teaspoonful at each meal in a wineglassful of water (cold). For CHILDREN, the dose should be regulated according to age, viz.: from 9 to 12, one-half. From 5 to 9, one-third. From 1 to 5, one-quarter.

To secure the full remedial effect, ALWAYS dilute largely with cold water.

Employ the TONIC DOSE for sleeplessness, loss of memory, loss of voice, lack of energy, timidity, despondency, night sweats, dyspepsia, hysteria, hypochondria, palpitation, and interrupted action of the heart, weak respiration, and congenital incapacity.

NOTICE—CAUTION.

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

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

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

For Sale by all Druggists.

DAVIS & LAWRENCE CO., LTD.

Wholesale Agents, MONTREAL.

Wyeth's Saw Palmetto

(SABAL SERRULATUM.)

Preparations.

Current literature during the past year or two has furnished a number of communications relating to the therapeutic properties of Saw Palmetto, and we desire to call the attention of the profession to the fact that we are prepared to supply the remedy in the form of

FLUID EXTRACT.

Dose.—One half to two fluid drachms.

— ALSO —

COMPRESSED TABLET TRITURATES,

REPRESENTING ONE-HALF AND ONE MINIM RESPECTIVELY.

Dose.—One tablet every two or three hours.

MEDICINAL PROPERTIES.—Saw Palmetto was originally employed for the relief of Prostatic Enlargement, as it occurs in elderly persons, but more recently it has been found to possess marked aphrodisiac properties when administered in small doses at short intervals. Not infrequently it will be found to produce most salutary effects when enlargement of the prostate is associated with sexual incapacity, the exhibition of the remedy being followed, it is said, by renewed vigor of the reproductive organs. In this class of cases, however, it is needless to add, that caution should be exercised, to avoid the depression which is certain to follow over-stimulation.

Samples of these triturations will be furnished to physicians on request, with a view to obtain further reports calculated to determine more definitely the position it is entitled to occupy in therapeutics.

JOHN WYETH & BRO.,
Manufacturing Chemists,
Philadelphia.

DAVIS & LAWRENCE CO., LTD.,
General Agents for the Dominion.
Montreal.

4th Visit. No improvement, complained of pain in side of neck. On examination found a red line extending from mastoid over jugular vein almost to clavicle. The slightest touch over this line elicited marked pain. Had had a marked but not severe rigor.

5th Visit. Patient comatose had been so for twelve hours. Had but one rigor. Death ensued, the patient having been comatose for nearly twenty-four hours.

Remarks Ballance's operation would have given her a chance of recovery.

A. ROSS, M. D.

Vernon River Bridge, P. E. I.

Sept. 12th 1895.

SULPHIDE OF CALCIUM AS A PROPHYLACTIC OF INFLUENZA.

Dr. J. Sinclair Coghill has contributed a valuable paper on the prophylaxis of influenza by means of a large daily dose of quinine, which is undoubtedly one of the most valuable methods of treatment; but knowing that it is not every one who can take quinine, the author resolved, when the first epidemic visited England, to try a daily dose of 1 grain of sulphide of calcium. All his household took it, with the exception of two servants, who, for some reason or other, did not, the result being that all escaped with those two exceptions.

The next year, when the epidemic again broke out, the writer asked the authorities of the Isle of Wight Railway to supply all their employes with the pills, and all who took them regularly escaped. The manager of the Central Railway also asked me to supply his men with them; and he afterwards informed me that, so far as he could ascertain, none of the men who had taken the pills regularly had had influenza.

During the next outbreak the pills were again given, with like results;

but on the Isle of Wight Railway they were not given out to each workman as formerly, consequently but few took them, and the result was that a large number of influenza cases occurred among those who had not used the remedy.

During this epidemic the writer also had an attack, from having neglected to take the medicine until a day or two after the symptoms appeared.

He can certainly speak from much experience of the efficacy of this remedy, having ordered it to numerous patients with the most satisfactory results.

It takes about three days before the system becomes sufficiently saturated with the drug to prevent infection; therefore it is rarely of use to those who have already been exposed to it, though even then it appears to modify the attack. When a case appears he believes the 5 grain dose of quinine to be more rapid in its action than the sulphide of calcium, and therefore safer to give, but should afterwards carry on the effect with the sulphide of calcium, which is equally efficacious and much easier for many to take, as it never appears to disagree in any way, although continued regularly for many weeks.

He had a case of influenza a few days ago in a patient who had been taking 12 grains of quinine regularly every day for some weeks, and he has also seen it occur in others who have been taking daily doses of simple sulphur, with the idea of preventing influenza. Its *modus operandi* is probably that it renders the blood unfit to receive and support the influenza bacillus.—*British Medical Journal*. May 4, 1895.—*The Gazette*.

A DEAL OF TRUTH.—“A physician should give as much study to diet and cooking as to physic. It does a practitioner no harm to bear the reputation of a gourmand.”—NIEMEYER.

Maritime Medical News.

OCTOBER, 1895.

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9 Prince Street, Halifax.

EDITORIAL.

THE meeting of the Canadian Medical Association, held this year at Kingston, was a very successful one though the attendance was not as large as would be expected, still Ontario, Quebec and the Maritime Provinces sent enough to make a good meeting. Among the distinguished members and visitors were Sir Wm. Hingston, Dr. Osler, Sir Jas. Grant, with Dr. Lewis A. Sayre, Drs. Bulkley and Robinson of New York.

The venerable but active President, Dr. Bayard, read an excellent address which was received with much enthusiasm. We had much pleasure in giving Dr. Bayard's address to our readers in our last issue.

The scientific business which included papers, clinical demonstration and discussions, was carried

on with much vigor and all the speakers had an attentive and appreciative audience. There is one error in the management of large Medical Societies that was particularly noticeable at this meeting. We refer to the inordinate length of most of the papers read. When a Medical Society with so large a constituency as the Dominion Medical Association has, meets only once a year and endeavours to crowd all the general and scientific business into three days, with time to be reserved in that period for social events; it is an absolute necessity that the papers should be short—twenty minutes should be the most time allowed for any paper, with fifteen to twenty minutes for its discussion. We hope the officers of the Association will make some definite regulation on this subject.

Canadian medical men are noted for their hospitality, and we should regret very much that that qualification should ever grow less or that we should lose our reputation in this respect. We should always have a warm welcome for our fellow workers in science from any part of the world at our meetings, but the management of the meeting should be such that our own working members should have the fullest opportunity of utilizing the advantages of the Association.

We shall probably refer at length at a future time to the important subject of Reciprocal Registration, which was carefully considered by an excellent committee.

The chief social event of the meeting was an excursion among the Thousand Islands on the St. Lawrence River. The visitors were bountifully entertained by the profession of Kingston.

HOSPITAL REPORTS.

By N. E. McKAY, M. D., Surgeon to
V. G. Hospital.

I. *Carcinoma of Rectum; Operation; Recovery.*—D. F., male, age 53, was admitted to the V. G. Hospital under my care 18th July, 1893, complaining of pain and bearing down feeling in the region of rectum and hemorrhage from bowels when at stool. The following history was obtained:—Had fistula in ano twenty years ago, otherwise he always enjoyed good health. For the last two years he noticed feces stained with mucus and blood, then pain, bearing down feeling and bleeding had been much worse lately. One maternal aunt died of carcinoma.

Examination revealed a large indurated, ulcerated mass in the posterior wall of rectum involving half its circumference. Its lower edge was about $\frac{3}{4}$ of an inch from anal margin and its upper border was easily reached with the tip of the finger. The ulcer bled on the slightest touch, and the mass was moved easily from above downwards and from side to side showing that no appreciable infiltration had taken place. The glands were apparently free from infection. Patient's general condition fairly good.

Operated on the 27th July, 1893. The *technique* of operation was as follows: An incision was made from anus to coccyx and the growth was removed by an elliptical transverse incision and the cut edges of the mucous membrane were brought together by cat gut sutures. The anterior wall of rectum was left untouched. The wound was treated for the first 9 or 10 days by continuous irrigation; after this was packed with iodoform gauze which was changed as often as the circumstances of the case indicated. Patient suffered very little pain after the operation, he was discharged well on the 24th of August. He had good control over his bowels when he left

the Hospital. No microscopical examination was made of the tumor.

Dr. Stewart saw the patient early this summer ('95) and examined him and he tells me there is not the slightest evidence of a recurrence of the disease, and that the patient has excellent control of his bowels. The operation was performed two years ago last July.

II. *Cancer of Rectum; Operation; Recovery.*—G. W., male, age 52, was admitted to V. G. Hospital 3rd Oct. 1894, complaining of constipation and bleeding from rectum and slight pain. He gave the following history:—For the last 3 months he had been passing blood mixed with slimy mucus when at stool. No history of cancer in family. Had always been well until present attack began. General health good.

Examination disclosed a hard nodular ulcer in rectum, posterior wall, involving $\frac{3}{4}$ its circumference. Its upper border was reached with difficulty with the finger, and its lower edge came to within $\frac{1}{2}$ an inch of anal margin. The growth was fully movable and the lymphatic glands were not apparently involved. The pain which was lancinating in character was not very severe. The mass was much larger than in Case No 1. The ulcer bled on the slightest irritation.

Operated, Oct. 5th, '94. The *technique* of operation was the same as in the preceding case and in consequence of the larger size of the growth the cutting was much more extensive and the hemorrhage quite profuse. The bleeding was checked with difficulty. After thorough irrigation of parts with bichloride solution, 1 in 3000, the wound was packed from the bottom with iodoform gauze, a drainage tube being first inserted in back part of the wound. For the first 7 or 8 days patient suffered a good deal of pain in lumbar regions. Wound had to be irrigated and dressed, some days as

often as 3 or 4 times in 24 hours. Temperature did not rise above 99°. Patient made a good recovery and was discharged well on the 26th of November, 1894. He had good control of his bowels.

On the 16th June, '95, he consulted me at my office. On examination I found two or three small indurated nodules on anterior aspect of rectum at end of incision on either side. They were freely moveable and did not seem to be adherent to surrounding structures to any appreciable extent. Was readmitted into the Hospital on the 17th and the nodules were removed same day. He did well and suffered very little pain after this operation and was discharged well on the 27th, the 10th day after operation. He had good control of his bowels when he was discharged, but since then I have learned that he has been greatly troubled with constipation and more or less pain.

III. *Carcinoma of Rectum: Operation: Recovery.*—S. M., female, age 60, was admitted in the surgical wards of the V. G. H. on Aug. 6th, 1893, suffering from carcinoma of rectum. The following history was elicited:—Family history good; had always been well until present illness. For the past year patient has had at times bleeding from rectum and intense itching about the anus. Has had little or no pain. Examination revealed an indurated mass on anterior rectal wall, immediately inside the margin of the anus. The growth extended upwards about 1½ inches and its size transversely was about 1½ inches. It bled freely on the slightest touch, and it was firmly attached to the rectal wall and the internal sphincter. Saw the case for the first time in consultation with Dr. Cowie about a week before she was admitted.

Operated on the 20th of August in the following manner:—Made an elliptical incision from front to back of anus, along the ischio-rectal fossae and

carefully dissected the rectum from the structures in contact with it for about 2½ inches—(well up above the growth), and removed about 2½ inches of the rectum. The bleeding, which was not very free, was checked at every step of the operation. The wound was now thoroughly irrigated and cleansed with bichloride solution, 1 in 3000 and dusted with iodoform and the bowel brought down and stitched to the integument. A small drainage tube was inserted in back of wound.

For the first 9 or 10 days parts were kept clean by continuous irrigation. After this, the parts were dressed with iodoform gauze and washed with bichloride solution 1 in 4000. The dressing was changed as often as the circumstances of the case indicated. She suffered very little pain and the temperature did not rise above 99°. She made a good recovery and was discharged well on 29th Sept. She has had good control of her bowels ever since the operation. She is now (19th Sept. '95) in the Alm's House and there is no appearance of a recurrence of the growth.

Correspondence.

To the Editor of the Maritime Med. News:

It was my privilege to have attended the last Annual Meeting of the British Medical Association held in London, and I have jotted down a few items which may not be uninteresting to your many readers.

This gathering was the largest in the history of the Association, and the manner in which every detail was carried out, reflected great credit on the different Committees and the indefatigable Secretaries. I noticed in the prospectus that the Halifax Branch was represented by three members though only one put in an appearance. I was informed by Surg.-Col. Archer,

that Drs. Wickwire and Barefoot were unavoidably prevented from attending.

The addresses in Exeter Hall, delivered by Sir Wm. Broadbent in Medicine, Jonathan Hutchinson in Surgery and E. A. Schaefer in Physiology were all able discourses. Professor Schaefer's was given in a clear argumentative style, and one point very pleasing to the audience seated in that large Hall, was—every word could be heard distinctly without the slightest effort.

One of the most interesting discussions took place in the Section of Medicine, on "Diphtheria and its Treatment by Antitoxin." Most of the evidence was strongly in favor of its use. The only one who did not think its results were much above old lines of treatment was Lennox Browne, though he trusted his own conclusions would be ultimately shown to be erroneous. So far, it appears that more success is obtained from the use of Antitoxin on the Continent than in Great Britain itself. The probable cause of this was given by Dr. Lewis Woodhead, who stated that up to the present the remedy had not been used in England in sufficiently large doses. Dr. Herman Biggs of the Board of Health, New York, told in a plain, forcible manner the results he had obtained—the mortality in five hundred cases being only about 16 per cent.

He also dealt with the importance of Antitoxin in rendering people exposed to diphtheria immune, which immunising power he considered would protect the person subject to the injection, about a month. He had statistics at his finger points, not having even a note to refer to. After the conclusion of his valuable remarks, he met with very hearty applause. It is but fair to state that after listening to such a convincing address from one of so large an experience as Dr. Biggs, that the weight of evidence in favor of Antitoxin could hardly be refuted.

The Demonstration in the Section of Surgery given by Dr. Murphy of Chicago, illustrating the method of his celebrated button, attracted the attention of a good number.

He urged strongly the necessity of using an over-stitch at the mesenteric edge of the bowel to prevent its being left bare of peritoneum, and to preserve the artery which runs parallel to the edge of the gut—a vessel very important for its nutrition. This Demonstration being carefully carried out on the cadaver by Dr. Murphy and his assistant, surgeons who had made mistakes in this operation, could now plainly understand in what point or points they had erred. A good deal of discussion ensued, and it is needless to state that opinions were extremely diversified.

Several cases of enterectomy were related where after the use of the button, the patients had died: One cited by Harrison Cripps in which a few days after the operation, patient suddenly collapsed and death ensued. On post-mortem, it was found the button after separation had become caught in a pouch of the bowel some inches lower down, causing perforation and subsequent death. Mr. Victor Horsley's paper on "Laminectomy of the Cervical Spine for Caries and Injury," attracted a good deal of interest, especially as three of the patients were present and walking about. Each case before treatment had been paralyzed in all four limbs. I had the opportunity of having seen Mr. Horsley operate on two in the University College Hospital.

From the large and valuable work Mr. Horsley has accomplished both in Pathology and Surgery of the Brain and Spinal Cord, one would expect to view a man well past middle life, but this is far from correct. I was struck when first I saw him at his youthfulness; in truth he looks but thirty-seven or eight.

The social part of the programme was not at all neglected; the many excursions, garden parties, dinners and other forms of entertainment being by far too numerous to think of attending but a small proportion. One of the most enjoyable was an Evening Concert in the Botanical Gardens, where three of London's best bands were in attendance and discoursed sweet music. Two—the Grenadiers and Life Guards—played outside, while the Ladies Pompadour Band in all their splendour and powdered hair, produced sweet strains in the Conservatory. The Duke and Duchess of Teck honored the gathering with their company for a short time.

Among the noted men visiting the metropolis, I will name but a few whom I was pleased to see and hear; namely: McEwan, McCall Anderson, Allan Jamieson and Sir Wm. Stokes; also from the United States, Lusk, Keen, Murphy and Biggs. I must not forget Dr. Hingston on whom Her Gracious Majesty lately conferred knighthood. I was pleased to hear him in the discussion on the "Diagnosis and Treatment of Fractures of the Upper Third of the Femur." One could not help but regard him with esteem, standing so tall and stately, and yet he must have passed the allotted span of life. I called to mind when some few years ago in Montreal, I had admired him riding past on horseback, his bearing erect, and in marked contrast to the figure of the modern bicyclist. Dr. Jas. Stewart of McGill, was also present, looking as young as when I last saw him, and I was pleased to receive a warm grasp of the hand from my former teacher in Clinical Medicine, a man whom to know is to esteem. Dr. Armstrong of Montreal, was another of the few Canadians I met. Professor McEwan of Glasgow, is rather tall and reminds me considerably—both in appearance and

voice—of Rev. P. M. Morrison of Dartmouth.

There were other interesting discussions which I have not mentioned; but which, no doubt, from so many sources of information, your many readers have ere this perused.

JAMES ROSS.

Sept. 16, '95.

“REMARKABLE SURGICAL OPERATION.”

MR. EDITOR:

An article under the above caption appeared in the *North Sydney Herald* some time ago. The writer who at least must have written under the inspiration of a medical man undertakes to puff Drs. McPherson, MacLean and Johnson of North Sydney, at the expense of the medical staff of V. G. Hospital. The case was a sarcoma of the shoulder and on consultation of the staff it was decided that in order to prevent a recurrence of the disease and thus save the patient's life an amputation of the shoulder would in all probability be required. The patient demurred and wished to go home to see his friends first, while there the tumor was ostensibly removed by the doctors above mentioned. This feat formed the subject of an attack in the *N. S. Herald* on the staff of the Hospital. The following is the attack:

“REMARKABLE SURGICAL OPERATION.”

A remarkable surgical operation was performed in North Sydney, on Friday last by Doctors McPherson, MacLean and Johnstone. The person on whom the operation was performed is a Mr. Alexander McNeil, of Shubenacadie. An enormous tumor grew on Mr. McNeil's left shoulder from the pit of the arm around on the inside to the top of the shoulder. Mr. McNeil some time ago went to a Halifax hospital to have the operation performed, but was told by medical men connected with the Halifax institution that the operation could only be performed by first amputating the arm at the shoulder and

removing the shoulder blade and collar bone. Mr. McNeil became alarmed at the seriousness of his case and left for home. Last week he visited North Sydney and consulted Dr. McPherson, who informed him that he would undertake the operation without removing either the arm, shoulder blade or collar bone. The result is the operation was performed on Friday and the man is to-day able to get up and walk about a room. The tumor removed was a large one, and to get at it the doctors were obliged to cut into the flesh."

This case is on a par with that of Mr. Livingstone's. This man was sent to the V. G. Hospital from Boulardarie with a carcinomatous tumor in the groin. Operation was proposed by the medical staff. This was refused and the patient on going home was operated on and the tumor ostensibly removed by at least two of the same ambitious gentlemen, but as every school-boy in surgery ought to know that carcinomatous and sarcomatous growths will recur unless completely removed, and in a few months the patient paid the price of the half measures trumped up in the *N. S. Herald*. It will be remembered that the *Herald* made this case too the subject of an invidious attack upon the professional skill of the Hospital staff. The staff of the Hospital is by no means infallible, but in the McNeil case as in the Livingstone, it can afford to wait the verdict of time. The item will not deceive any gentleman in the profession.

Yours truly,

N. E. MacKay.

Halifax, August 30th 1895.

Selections.

INFLUENCE OF LAPAROTOMY ON TUBERCULOUS PERITONITIS.—Surgical intervention has profoundly modified the prognosis of tuberculous peritonitis within a comparatively short time.

From recent statistics of Roerset it seems that of three hundred and eight patients operated on, 22.5 per cent. examined one year after the operation were perfectly cured. "We have cases cured for twenty-five years" (Spencer Wells). The cases were genuine tuberculosis in those of Buzy, Conitzer, *et al.* The bacillary researches and inoculations were positive. What is the process of cure? Stehgeleff, operating on dogs in Strauss's laboratory, concludes:

1. Tuberculous peritonitis of dogs may be cured by laparotomy alone, and at the beginning of the process, twelve to fifteen days after inoculation.

2. Recovery is due to an inflammatory reaction characterized by infiltration of embryonal cells; the phagocytosis is the active development of connective tissue.

3. Curative action seems due to a variety of physical agents,—traumatism of the peritoneum, thermic influences, penetration of light and air into the peritoneal cavity.

4. The complete evacuation of the abdominal exudate is not the sole cause of recovery.

5. The dog is an animal somewhat feeble and very susceptible to tuberculosis if we use cultures of human tuberculosis.—*Journal of the American Medicinal Association*, May 25, 1895.

MASSAGE IN SPRAINS, BRUISES, AND DISLOCATIONS.—Douglas Graham, of Boston, reiterates his belief in the efficacy of massage in these cases (*Edinburgh Medical Journal*, August, 1895). In beginning the rubbing, in a recent case, the injured parts should be approached gradually, after first rubbing at some distance on the healthy tissues. The first step consists of gentle stroking or effleurage. The second step consists in kneading the part. At the end of fifteen or twenty

minutes' rubbing, gentle, firm pressure can be made over the swollen and recently tender parts, when the rubbing may be given a circular motion, with the greatest push upward. If this is done with sufficient tact, it will probably be agreeable to the patient rather than painful. At the conclusion of the rubbing a well-fitting bandage is applied. This should be repeated twice daily. It is claimed that such injuries treated in this way get well in one-third of the time that similar cases do under the usual method of rest and fixation, and with less tendency to subsequent weakness, pain, and stiffness. The author says, "Experience teaches that the sooner after a sprain massage is begun the quicker is the recovery."—*Ther. Gazette.*

1. Embryology, anatomy and physiology demonstrate that the evolution and functions of the prostate are intimately connected with those of the testicles.

2. In congenital vices of development migration of the testes the prostate is atrophied. In monorchidism and in unilateral ectopia, the corresponding lobe of the prostate is alone atrophied; the atrophy of the prostate is total in complete absence of the testicles or in cryptorchidism.

3. Atrophy of the testes consecutive to inflammatory lesions—blennorrhagic, syphilitic, or "mumps" orchitis—is accompanied by prostatic atrophy.

4. Double castration practiced on animals or on man (eunuchs) determines considerable atrophy of the prostate.

5. Double castration determines atrophy of the prostate when the gland is hypertrophied. In man this operation may become in certain cases of dysuria, curative of prostatic hypertrophy.

The author notes that this operation has been successfully done in Italy and America.—*Medicine.*

RULES AS TO TIME OF RUPTURING THE AMNIOTIC SAC IN LABOR.—1. In multipara, rupture when os is fully dilated.

2. In primipara, delay until the small parts are also dilated.

3. In cases of face and breech presentation, delay in rupturing the sac is best.

4. Where the pelvis is small, and the foetus large, delay rupturing.

5. In premature labor, with dead foetus, rupture early.

6. Rupture the sac early when the membranes are unusually thick, tough and unyielding.

7. When speedy delivery is demanded, rupture early and dilate with the fingers.

8. Rupture the sac when an excessive amount of amniotic fluid retards labor.

9. When version is necessary, and can be accomplished by bimanual manipulation perform this operation before rupturing.

10. Remember that a dry labor is always to be deprecated, hence do not rupture at all, unless for good reasons, and the case demands it.—*Times and Reg.*

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