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A MONTHLY JOURNAL OF  
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VOL. III.—NO. 7.

JULY, 1891.

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

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

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

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

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

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

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the ward, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

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### OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed, "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N. Y. Medical Record*, October 13, 1888). Extract:


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

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# Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

HALIFAX, N. S., JULY, 1891.

No. 7.

## Contents.

	PAGE		PAGE
ORIGINAL COMMUNICATIONS :		SELECTIONS :	
Hygiene. By A. P. Reid, M.D.....	117	On the Treatment of Breech Presentation .....	123
A Case of Hydramnios with Triplets. By James Macleod.....	119	Arsenic as a Drug.....	123
Tobacco Amblyopia. By E. A. Kirkpatrick, M. D.....	120	Abuse of the Provident Principle.....	129
CORRESPONDENCE .....	121	Temptations of Quackery.....	130
SOCIETY PROCEEDINGS :		A Chairvoant Outwitted.....	130
Twenty-Third Annual Meeting of the N. S. Medical Society.....	123	Foreign Medical Degrees in Illinois.....	130
EDITORIALS :		NOTES AND COMMENTS :	
Meeting of the Maritime Medical Association .....	125	The Ownership and Right of Renewal of Prescriptions.....	132
Meeting of the Nova Scotia society.....	125	Canadian Medical Certificates.....	132
Military Rank.....	125	Seasonable Remedies.....	134
Prohibition.....	127	Antisepsis in Scarlatina.....	134
Decision of Judge Alley.....	127	PERSONALS.....	134

## Original Communications.

### HYGIENE.

By A. P. REID, M.D., &C.

*Superintendent N. S. Hospital for Insane, Prof. of Hygiene and Med. Jurisprudence, Halifax Medical College.*

#### CHAP. II.—SURVEYING THE TERRITORY.

In assuming possession of a territory it is desirable to explore it as thoroughly as may be, and the writer was conscious of the necessity of doing so in the case of one with a range so great that he could not readily grasp it. He called to his aid the scientific telescope, and observed on a historical eminence a column, the inscription on which he could with difficulty make out. It looked like Hygiene, and had an appearance of stately proportions, but was so surrounded with a forest of theories, and encumbered with scientific debris that it could not be properly examined.

As the stalwart explorer wields the axe freely in opening up a territory, so the writer was not deterred from a free use of the axe of *Doubt*, in working his way to the point of attraction. When finally arrived there, he discovered a stately column enough, but it was very plain, and the inscription was *cleanliness*. At this point he had reached in the preceding chapter. The reader likely breaks in mentally with the expression, "The moun-

tain laboured and a mouse came forth,"—we have heard enough of this,—spare our time. —printer's ink and the English language. The writer can only answer *peccavi* to the first two counts, but to the last one,—*no, never*. There is an immense quantity of the language to be wasted, and he insists on his right to waste his share.

Again, some labours are not even so productive as this one, and though the *mouse* may be small now it may develop, and we can put it under the fostering care of time, which will develop it either out of existence, or to a sturdy adult. The territory was found to be so large that it included the whole of animated nature, and to explore it properly, adequate means was required. So far it was supposed that two very powerful *fetiches* had been secured, a *white* irradiator with the legend cleanliness, and its converse in *black* inscribed *dirt*, as "matter out of place." With these fetiches, (theories is the more generally used term,) what more was needed to go on a voyage of discovery, when aided by the telescope referred to.

Stationed on the vantage ground of science and illuminating the field with the white fetich, no dark spot was noticeable in the whole range of animated nature. On dimming the brightness with the other fetich, away off in the distance appeared "a patch a little off colour," which proved to be the very small and almost miserable spot allotted to the *genus homo* in the Economy of Nature. Thinking there must be some error, and



learning that it was assumed by many that the German scientific mountain gave a more extended and precise view, the observer went thither. It was necessary, however, to be equipped with the best scientific apparatus, so a carefully fashioned long focus *Bacteriological object glass* was obtained and fitted to the telescope, which was further perfected with a beautiful *microbic eye piece* nicely surfaced and of the *Koch* pattern. The whole was a beautiful instrument and much was expected of it, and in this there was no disappointment. On repeating the preceding observations no difference was at first discernible, other than increased detail, but since it had great magnifying power it revealed so much in the bright part of the field that the observer is inclined to describe it at great length. There was no *dirt* or matter out of place in the whole economy, with the exception above referred to. *Macroscopically* as well as *microscopically* the view was most interesting, but our remarks will only refer to the latter class of objects. Countless hordes of Bacteria and Microbes with their spores surged back and fore through the atmosphere, and at first glance they appeared to fill no useful place. They were shapeless, dry shrivelled up specimens carried hither and thither by the wind, now up, now down. But closer examination disclosed their duty. A tree had been blown down and its usefulness gone, it was at once invaded by these microscopic entities and reduced to its chemical elements, while at the same time setting free fresh crops of microscopic germs to be carried about by the winds. The carcass of an animal was desecrated and close examination disclosed a similar army of scavengers of many different species reducing the *defunct corpus* to its ultimate elements—which elements were again in position to fill their roles in the round of varied life.

Ordinary observation long since disclosed the fact that animal life subsists directly or indirectly on vegetable life, and conversely that vegetables live on the waste of animal life—or in fact any waste, but their pabulum must be reduced to inorganic elements. All along Biologists have been satisfied with the general term, *decomposition*, to bridge over the chasm between animal detritus and its elementary composition without quite clearly understanding, or at least defining, what *decomposition* implies. The more correct definition would be the debris of animal, or in fact any form of life, gives sustenance and

a continuous life to a host of microscopic beings, of whose life history we know but little, but by their aid effete *organized* becomes again *inorganic* matter. This grade of life is very nearly allied to what we designate animal life, because they do not like vegetables, living on inorganic material. Each species no doubt has a very limited function, and one begins where another leaves off in their work of disorganization or splitting up of elements. A common illustration would be that the "torula" splits sugar up into simple combinations  $\text{CO}_2$  and alcohol, that then the "Penicillum" splits the alcohol into acetic acid, &c., and so on down the list until the sugar finally becomes C. H. & O. as simple inorganic compounds.

The reader may well ask what bearing has this on Hygiene? It has every bearing—which will be illustrated as we go on. At present it may be simply intimated that though the great mass of microbial life is quite harmless to animal life, yet all are not so, and bad hygiene means microscopic life that we must study out, for our knowledge of it is very limited.

However, to return to our general observations. The horde of microbes so far were harmless—what about the others we have too much reason to fear are especially malevolent, for example—Tubercle Bacillum. Careful examination disclosed nothing of the kind. No doubt they were there, but conditions were unfavorable for their development and they could not be detected. They and their kindred flourish amongst the genus homo. Animated nature as governed by divine intelligence alone was, as regards Hygiene, perfect.

Defective Hygiene is a fixed factor in human life, and to it let us repair and bring all our knowledge to bear in its elucidation. What a revelation, the conflict of two intelligences—the divine, trying to manage, as in other parts of animated nature just described, and the human, trying unsuccessfully to thwart the divine. Dirt or matter out of place is almost the rule in the whole territory under man's control. Close examination showed certain sections as pure and clean as possible, and the explanation, a humanity low in type as in numbers, and without sufficient intelligence to thwart nature's laws. The darkest places were in the shadows of our largest cities, finest mansions, largest colleges, and most numerous churches. They surrounded the centres of wealth, education and intelligence, with

## TO DOCTORS.

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(TO DOCTORS ONLY.)

## A REMEDY FOR INDIGESTION.

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

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

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

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

## RHEUMATISM.

## Elixir Salicylic Acid Comp.

(WM. R. WARNER &amp; CO.)

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

R. Acid. Salicylic, (Schering's),	grs. v.	Potass. Iodid.,	grs. iss.
Cimicifuga,	grs. iʒ.	Tr. Gelsemium,	gtt. i.

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

## RHEUMATISM, GOUT, LUMBAGO, ETC.

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

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

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

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

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

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

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## SYR: PHYTOLACCA COMP.

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(TO DOCTORS ONLY.)

## ALTERATIVE, RESOLVENT, APERIENT, TONIC

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

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

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

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

CHARLES W. BROWN, M. D.

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# For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE.  
**BROMO SODA.**

(WARNER & CO.)

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

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

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

SEDATIVE. EFFERVESCENT ANODYNE  
**BROMO POTASH.**

(WARNER & CO.)

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

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

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

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4 1/2 MINUTES.

## Pil: Sumbul Comp.

(DR. GOODELL)

R—Et. Sumbul. .... 1 gr.  
 Assafetida ..... 2 grs.  
 Ferri Sulph. Ens. .... 1 gr.  
 Ac. Arsenious ..... 1-30 gr.

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

## Pil: Antiseptic Comp.

(W. R. WARNER & CO'S.)

Each Pill contains:

R—Sulphite Soda ..... 1 gr.  
 Salicylic Acid ..... 1 gr.  
 Ext. Nux Vomica ..... 1-8 gr.  
 Powd. Capsicum ..... 1-10 gr.  
 Cone't Pepsin ..... 1 gr.

DOSE—1 to 3 Pills.

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

## Pil: Chalybeate.

(W. R. WARNER & CO'S FERRUGINOUS PILLS.)

3 Grains. DOSE—1 to 3 Pills.

Ferri Sulph. Fe SO<sub>4</sub> | Ferri Carb. Fe CO<sub>3</sub>  
 Potass. Carb. K<sub>2</sub> CO<sub>3</sub> | Potass. Sulph. K<sub>2</sub> SO<sub>4</sub>  
 Carbonate of Protoxide Iron.

The above combination which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of Iron [Ferrous Carbonate] in a quickly assimilable condition.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

## Pil: Chalybeate Comp.

(W. R. WARNER & CO'S.)

Same as Pil: Chalybeate, with 1-5 gr. Ext. Nux Vomica added to each pill to increase the tonic effect.

DOSE—1 to 3 Pills.

## Pil: Aloin, Belladonna, and Strychnine.

(W. R. WARNER & CO'S.)

R—Aloin ..... 1-5 gr.  
 Strychnine ..... 1-60 gr.  
 Ext. Belladonna ..... 1-8 gr.  
 Medical properties, Tonic, Laxative. DOSE—1 to 2 Pills.  
 Try this pill in habitual constipation. One pill three times a day.

## Pil: Antidyspeptic.

(FR. FOTHERGILL.)

R—Pulv. Ipecac. .... 2-3 gr.  
 Pulv. Pip. Nig. .... 1 1-2 gr.  
 Strychnine ..... 1-20 gr.  
 Ext. Gentian ..... 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil: Anticonstipation.

## Pil: Arthrosia.

(W. R. WARNER & CO'S.)

For cure of Rheumatism and Rheumatic Gout.

Formula:

Acidum Salicylicum ..... Ext. Colchicum.  
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Almost a Specific for Rheumatism and Gouty Complaints.

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darkness gradually shading off as we approach the primeval conditions. This was most astonishing and should be impossible, yet it is *true*, nay more *sad*, and why?

In plain language let us analyze this subject that we may understand it. *Instinct* is no doubt superior to *judgment*, and it is an error to assume that man is not endowed with instinct, but it is not allowed to exercise control owing to the assumed superiority of judgment, for many reasons that space will not allow us to discuss.

Let us extend our enquiries, "Has there ever been any plague or epidemic amongst animals solely governed by instinct—Yes and No.

Yes.—From geological down to modern times there have been indications of wholesale destruction of life of every kind, but they were generally the result of some catachysm of nature, volcanic or meteorological, or in later times, contact with mankind in so far as it removes them from natural conditions, imposes disease, with this similar result be they our contemporaries of the animal or vegetable kingdoms.

No.—The balance of nature is so accurate or rather flexible and adjustable that there is no incongruity. The favoring and the inimical agencies under which *life* flourishes are so balanced that libration is limited.

As an illustration permit the writer to introduce another of his instructors, when he was in the North-West. At regular times the rabbits (arctic hares) would be exceedingly numerous and then gradually disappear, to again gradually increase, and so forming a cycle of from 7 to 10 years that could be anticipated. The explanation as given by the Indians, and no doubt the correct one, was (giving a free translation to their language) "that foxes and the many other carnivora that lived on rabbits (or that chiefly depended on them for food), as their food became more abundant, increased very greatly in numbers, so that the rabbits became overpowered and destroyed by their enemies. With the diminution of their food the carnivora diminished greatly in numbers; with the removal of their enemies rabbits began to increase again to be followed by increase of the carnivora, and so on indefinitely.

The writer trusts to be excused for thus taking up time, but he desired to illustrate one of the most general laws in the economy of nature—from wolves and foxes down to the bacilla of typhoid and tubercle, laws to which frequent reference will be made.

Life and death are not only the common lot of all, but also the necessity for all—man included. He lives by the death of his co-temporaries, animal and vegetable, and conversely they derive their support as the result of his death in common with the rest.

The object of these papers is not to prevent the death of mankind, but to shew how it need not be hurried up by preventible insanitary conditions. If the above reasoning be correct, then is the highest order of created intelligence, the "Shrine of the Mighty," so called, the *Murplot* in the economy of nature. It is so—should it be so? How can it be remedied?

The remedy is: 1st. Correct Knowledge, and 2nd. Careful application of it.

There is much to be discovered, but there is sufficient known, or may be known, which, correctly applied, would greatly obliterate the darkest spot in nature's economy, and to obtain this result is our object.

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### A CASE OF HYDRAMNIOS WITH TRIPLETS.

BY JAMES MACLEOD, *Charlottetown.*

Mrs. M——, after her third confinement in August, 1889, suffered from metritis and pelvic cellulitis and made a slow recovery. Since then her menses were irregular; the periods varying from two to six weeks. These ceased about the middle of November, 1890. On the 23rd January, 1891, she was seized with severe bearing-down pains, which continued for two or three weeks, during which time she passed fifteen masses, varying in size from that of a small placenta to that of a goose egg. Both she and her attending physician, Dr. Robertson, of Crapaud, described these masses as being quite as firm as liver tissue, in color, some a mottled grey, others a dark blue. There was no hemorrhage, and the abdomen rapidly increased in size, notwithstanding the expulsion of these large masses. I saw the patient on the 21st of last April. She was then unable to stand or lie down, and was propped up in a semi-prone position. Upon examination I found a soft fluctuating tumor extending a hand's breadth above the umbilicus. By a quick stroke or plunge of the finger displacing an inch or two of fluid, a solid substance could be detected about four inches to the

right of the umbilicus. The breasts showed signs of pregnancy. The cervix uteri was enlarged and the os quite dilatable. The patient stated that she felt life about the first of April. Owing to the history of the extrusion of so many large masses from the cavity of the uterus which did not appear compatible with the theory of the continuance of normal pregnancy, and also to the fluctuating nature of the abdominal tumor, extra-uterine foetation was suspected. On June 6th the patient was brought to the P. E. I. hospital, and a consultation of the staff held. The large fluctuating tumor now occupied the whole abdomen, and foetal motion could be felt immediately below the ensiform cartilage. The patient suffered from frequent distressing and suffocating attacks. The lower region of the abdomen was excessively painful and tender to the touch. The urine contained a large percentage of albumen. The cervix uteri was much enlarged and the os quite patulous. Still in view of the position of the foetus, the cyst-like character of the tumor and the history as already described, extra-uterine foetation seemed to be the most probable solution of the case. On the 13th June, labor pains came on, and on the evening of the 14th a membrane could be felt high up through the os. The membrane was in due time ruptured with a uterine sound, when a very large quantity of fluid escaped, followed by the delivery of a male child, breech presentation. A second membrane was discovered and punctured as before, and again a very large quantity of fluid escaped, when a second male child was delivered, breech presentation also. The pains continuing one placenta was expelled, but its membranes remained attached, and the second placenta was partially extruded through the os. Upon attempting to remove this latter a third membrane was found, and this again having been punctured a vertex presentation and a third child, female, still-born, was delivered. The second placenta to which were attached two cords was now expelled, and its membranes were found to be attached to those of the first.

This case of Hydramnios with triplets, with gestation so strangely surviving the discharge of so many semi-organized clots at the end of the second month, so closely simulated extra-uterine foetation that a positive diagnosis was impossible until labor had solved the difficulty. The mother is making a good recovery, and her two male infants bid fair to thrive and prosper.

## TOBACCO AMBLYOPIA.

By E. A. KIRKPATRICK, M.D., *Halifax.*

Central toxic amblyopia and tobacco amblyopia may be considered as synonymous, though cases of central toxic amblyopia do occur when it is doubtful whether tobacco is the cause, especially under circumstances when a very small quantity of the weed is indulged in, and in cases where the use of tobacco has been given up long ere the oncoming of any defect of vision. Very similar symptoms are produced by bisulphide of carbon, but in a very large percentage of cases of central toxic amblyopia, tobacco is the cause.

It is still doubtful where the lesion is situated which produces this peculiar amblyopia. By some authors it is thought to consist of a chronic inflammation of the central bundles of the optic nerve, a short distance from the eye, while by others it is believed that the poison exerts its influence upon some part of the brain—a portion which includes the central terminations of the papillo-macular fibres. This form of amblyopia and amaurosis was originally pointed out by Mackenzie, and since that time many cases have been reported, and much has been written by oculists upon this affection, now considered quite common. The following case which came under my care last autumn is a typical one. R. M., male, aged 45, married, grocer, formerly a teacher, consulted me Oct. 18, 1890, because of visual defect. Previous to February, 1890, he had always considered his vision very good, and never had any evidence of inflammation in his eyes. His health is and always has been good. In the month of February, 1890, he noticed that he could not see so clearly as formerly, and any prolonged effort at reading or writing caused the eyes to feel strained. Not getting any relief from glasses bought of a pedlar, but rather gradually growing worse during the summer, he came to Halifax in October, and placed himself under my care. His condition was as follows: Inability to use the eyes for near work longer than two or three minutes,—especially in a strong light.

R. V.  $\frac{20}{20}$ ;  $\frac{20}{20}$  with weak concave glasses.

L. V. ditto.

The lids, conjunctivæ, media, and retinæ appeared healthy, the retinal vessels of normal calibre, but the optic nerves presented a grayish aspect, with their nutritive vessels much diminished in size. The field of vision was carefully tested, and while no positive

defect for form could be made out, a well marked scotoma for red and green was traced, corresponding to the region between the macula and the optic nerve. The ocular muscles performed their functions in perfect harmony. The pupil responded readily to light and darkness, and the power of accommodation was good. Inquiry into habits of life, revealed the fact that the patient had been an excessive smoker for many years. He smoked at all hours, including before breakfast and late in the evening. The patient used liquors very sparingly and had no other injurious habits. No specific history was eliminated nor any evidence of it found. His habits of life had in no way been changed previous to the oncoming of the visual trouble, neither were there any other deleterious influences at work, such as mental anxiety, impaired health, etc. The absolute disuse of tobacco was insisted upon, and strychnia in  $\frac{3}{32}$  gr. doses prescribed. The patient returned to his home in the country, where he faithfully carried out instructions. On April 25th he again presented himself for examination. The condition of his eyes had improved very considerably.

R. V. =  $\frac{2}{80}$ ;  $\frac{2}{60}$  with weak concave glasses.

L. V. = ditto.

The patient states that his eyes are stronger, being able to read without discomfort. The scotoma referred to is less marked, in fact a general improvement has taken place during the six months.

The prognosis of this disease is good if detected early in its course, and in cases when the failure of vision has been rapid. In long standing cases all that can be expected is arrest of progress. The age of the individual, the general health, the degree of visual defect and the use or non-use of alcohol will govern us in our prognosis of individual cases.

TREATMENT OF RED SORES.—Billroth is stated (*Columbus Medical Journal*) to apply the following treatment for bed sores: Upon the appearance of reddening of the skin, he applies a lotion of vinegar or lemon juice. If excoriation is present, he applies nitrate of silver, and protects the part by zinc ointment or soap plasters. When gangrene comes on, antiseptic compresses are to be applied, the wound being cleaned by the use of chlorine water, or carbolated oil may be used with care as the phenomena of intoxication may appear. Internally, he employs supportive treatment with wine acids, quinine and musk.—*Canada Lancet*.

## Correspondence.

YORK, June 12, '91.

Dear M——: It is now nearly two months since my arrival in England, and I must delay no longer in fulfilling my promise to write. The truth is, I have been so busy traversing to and fro this realm of Albion that I have had no time to write. I have devoted a great part of this time to visiting old college friends in various parts of the country, and I need scarcely say it has been a most delightful holiday to me.

After a very pleasant passage in the "Sarnia," the most comfortable ocean trip I have ever had, I arrived in Liverpool on the 21st April, and the same evening reached Edinburgh, the terrestrial "Mother, dear, Jerusalem," of many thousand medical men all over the globe.

Thirteen years have, of course, brought some changes with them, and these chiefly I think to the University and to its medical school, with which of course are associate the New Royal Infirmary. This, one of the finest hospitals in the world, is pleasantly situated on the border of a large open space of green meadow, with fine trees, almost in the heart of the city. It is built on the pavilion system, and can accommodate over 800 patients. The "fever house" is the only part of the old infirmary still in use as a hospital.

The new university medical buildings are nearly completed; in fact the only part remaining to be finished is the Macewen Hall, a very fine wing, which is to be devoted to graduation, and other ceremonies. These new medical class rooms are within a few paces of the infirmary, and so no time is lost in going from the class-rooms to the wards.

Mr. Chiene, whose course on surgery I took out when he was an extramural lecturer, has held the chair of surgery in the university since the death of Prof. Spence. Mr. Chiene has not changed in the least since I saw him, and he welcomed me quite in his old manner. He appears to be as great a favorite as ever among the students, and no doubt many among your readers know his kind smile and genially sarcastic rallies.

He is in a state of great expectation at present over his first trip to America, which he hopes to make in August, and I believe he intends visiting one or two of his old friends and fellow students in Edinburgh who practice now in St. John.

On the day of my first visit to the infirmary I saw him perform two operations, removal of the tongue and division of an ankylosed hip-joint.

In removing the tongue he prefers Syme's method of dividing the jaw, and completes the operation with scissors, ligaturing vessels as required. He then sutures the divided edge of the dorsum of the tongue to the floor of the mouth, thus covering in the stump. A very important point in the after treatment is frequent irrigation of the cavity of the mouth with weak Condy's fluid. Mr. Chiene also remarked that it would be a good plan to practice irrigation of the mouth for some time previous to operation, to secure as clean a surface as possible. In dividing the ankylosed hip he made use of the anterior incision, cutting down to the bone, and dividing it with a Macewen's chisel.

Carbolic acid (1 to 20) is used for the instruments, sublimate solution for irrigating wounds, and sublimate gauze and "wood-wool" for dressings. Iodoform is also freely used.

Professor Chiene has had an operating theatre constructed from plans of his own; it is remarkably well-fitted and lighted, and in it he sees his out-patients, before a large class of students and visiting medical men, lecturing on each case as it comes. This is one of the most valuable and interesting hours which an old graduate revisiting Edinburgh can spend.

He has also fitted up and maintains at his own expense a pathological laboratory in connection with his wards, in which all tumours and morbid fluids are thoroughly examined, and where cultures are made of the various organisms met with in discharges. This department is managed by Dr. Stiles, through whose courtesy I had the opportunity of seeing many things and many methods new to me, among others his own method of preparing sections of the mamma, which has excited considerable interest; but of this I hope to write again.

Professor Chiene has attracted about him a goodly band of earnest workers, conspicuous among whom is Mr. Francis Caird, his assistant surgeon in the university wards. His name is already familiar as the joint author with Mr. Cathcart—another of the younger generation of Edinburgh surgeons—of a surgical hand-book, certainly the best thing of the kind ever published. A new edition—the fourth—is shortly to appear.

Mr. Caird also lectures on surgery in the Extramural school, and has an unusually large class. He has the gift of being at once terse and lucid, and handles the crayon with skill and rapidity in illustrating his lectures. But I should be transgressing the bounds of a valued personal friendship if I were to say all I think of him, and will only add that those who know him best have the highest hopes of him.

While in Scotland I paid a visit to the Highlands, where I found the mountains still covered with snow, and where the weather was still inclement, even in May. It may be interesting to the climatologist to know that while the weather in England was so exceptionally severe last winter, it was mild and pleasant in that low and fertile belt of country, which lies just south of the Moray Firth, and is called the "Lairg o' Moray." Indeed this district is one of the mildest and earliest in Britain, and while the great western trains in Devonshire were snowed up several feet deep, ordinary farm work was uninterrupted here.

After spending some time in Scotland I journeyed to London, having been joined by my companion, the genial Secretary of our Provincial Association, who had gone directly to Aberdeen from Liverpool, and who, I believe, is to give you his impression of Prof. Ogston's work.

We took rooms together and devoted ourselves to seeing London, never more beautiful or interesting than at this season of the year, and to visiting the hospitals. And chiefly we attended King's College Hospital, and the clinics of Sir Joseph Lister.

Of our London impressions I shall write in a further communication.

Since leaving London I have spent some time in a very beautiful part of Somersetshire; a rich pastoral country, full of interesting historical remains. I visited the cathedral of Wells, and the remarkable ruins of Glastonbury Abbey, round which cluster so many memories of the early days of Christianity in Britain, and so much of Arthurian legend.

The ancient chroniclers have it that to this spot came Joseph of Arimathea and his companions to preach Christianity, about the year 64, A. D.

Apart from traditional fancies, it is matter of history that the first Christian church in Britain, a small building of wicker work and mud walls stood here at a very early time, and other churches were built

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## Compound Syrup of White Pine.

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

Each fluid ounce represents the following ingredients: White Pine Bark 30 grains, Wild Cherry Bark 30 grains, Spikenard 4 grains, Balm Gilead Buds 4 grains, Blood Root 3 grains, Sassafras Bark 2 grains, Morph. Sulphas 3-16 grain, Chloroform 4 minims.

DOSE.—In recent coughs, from one to three teaspoonfuls are required. In chronic cases, three or four times daily, or as the attending physician may direct.

Price per Doz. Bottles of	16 fluid oz.	.....	\$9 00
“ “	Winchester “ 80 “ “	.....	3 50
“ “	Demijohn “ 128 “ “	.....	5 00

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## COMPRESSED TABLETS

—OF—

# SODA MINT AND PEPSIN.

Bi-Carb. Soda 4 grs., Carb. Ammon. 1-4 gr., Oil  
Peppermint 1-6 drop, Pure Pepsin, 1 gr.

In this combination are embraced all the antacid, stimulating, and carminative properties of Wyeth's Soda Mint Tablets, together with the powerful digestive agent, Pepsin, in its most concentrated form. In cases of weak and impaired digestive powers, nausea, headache, excesses in eating or drinking, one or two tablets will almost invariably give speedy relief. They may be taken every two or three hours if the attack is not relieved, but it is rarely that two of the tablets are not sufficient.

Adult dose, one or two tablets, to be repeated every one or two hours if necessary.

In Screw Cap Watch Shape Bottles, price 25c. Per dozen, \$2.25.

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It is especially adapted for administration to nursing mothers, and children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly, to those unable to digest starchy food.

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GENERAL AGENTS, - - - MONTREAL.

Please mention THE MARITIME MEDICAL NEWS.

about it. These were destroyed by fire in Norman times, and then the great Abbey was built. The total length of the building, as I paced it, is nearly two hundred yards. It was finally broken up and destroyed by that brutal monarch, King Henry VIII. It is the "Mystic Vale of Avalon" so loved by Tennyson.

In Bristol I was taken by my friend, Mr. Penny, through the wards of the Bristol General Hospital. I travelled through Hereford and Shrewsbury to Chester, perhaps the most mediæval town in England; exceedingly interesting in antiquarian relics.

I saw something of practice in the great manufacturing centres of Lancashire and Yorkshire, of which I hope to say something at a future time, and when in Bradford visited the new children's hospital there, in which the wards are built on the circular system. Each ward has twenty-five beds, arranged round the wall. The windows are about four feet apart. The walls are of enamelled brick, white, relieved by bands of brown. In the centre of the ward rises a six sided column, on three sides of which are fire places (Teale's grates), and between these are cupboards, or sideboards. The whole building is well-lighted and ventilated, and most tastefully furnished, and I came away with a very high opinion of the circular ward system. J. S.

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### *Society Proceedings.*

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#### **TWENTY-THIRD ANNUAL MEETING OF THE N. S. MEDICAL SOCIETY.**

The 23rd annual meeting of the Medical Society of Nova Scotia was held at Baddeck, July 1st and 2nd. Space will not permit us to give more than a very brief summary of the proceedings in this issue.

The sessions were held in the Court House, a handsome building recently completed, and a credit to the County. The first session opened on July 1st, at 11 a.m., with Dr. Stephen Dodge, vice-president, in the chair. In a few well chosen remarks he referred to the splendid meeting held at North Sydney a few years ago, which gave a great impetus to the work of the Society, the splendid scenery and great natural advantages of the island, the general feeling of regret at the absence of the president, Dr. J. A. Coleman, who was unable to be present

through illness, and the indefatigable secretary, Dr. W. S. Muir, who is now taking a post graduate course in Edinburgh. He trusted the meeting would be both pleasant and profitable. After the report of the local committee and reading of the minutes was disposed of, Dr. Coleman's address was read in excellent form by Dr. T. C. Lockwood, of Lockeport. The subject, Antiseptics as applied to the management of lying-in-cases, was very ably presented.

Dr. A. C. Page, of Truro, moved a vote of thanks, and criticized the address in his usual happy style. This was seconded by Dr. S. G. A. MacKeen, of Baddeck, and after some remarks by Dr. Wm. Norrie, was passed unanimously. The remainder of the session was devoted to general business, and a number of important matters disposed of. A communication from the Cumberland County medical Society, dealing with inadequate remuneration given by governments, municipal councils and other authorities for professional services, gave rise to considerable discussion, and was referred to a committee comprised of the following members: Drs. Bethune, H. H. McKay, D. N. Morrison, C. A. Webster, and D. A. Campbell. The President named Drs. Page, McKinnon, Webster, McGillvray and Campbell, as the nominating committee.

The second session opened at 3 p. m. The nominating committee reported as follows: Officers for the years 1891-92.—*President*—G. E. Buckley, Guysboro; *Vice-Presidents*—A. D. McGillvray, Sydney, T. C. Lockwood, Lockeport; *Secretary-Treasurer*—W. S. Muir, Truro. Next place of meeting, Halifax, Local Committee—W. Tobin, W. N. Wickwire, M. A. Curry, W. D. Finn, M. Chisholm,

#### STANDING COMMITTEES.

*Medicine.*—Drs. McKinnon, McKay, Robinson, Perrin, Collie.

*Surgery.*—Drs. Stewart, Black, Kendall, McKay, McKeen.

*Obstetrics.*—Drs. H. B. McPherson, Curry, Fox, Norrie.

*Therapeutics.*—Drs. C. A. Webster, W. McLeod, H. R. Munro, Kennedy, Moore.

*Sanitation.*—Drs. Bethune, Stoddard, Trenaman, Jacques, McIntosh.

#### *Delegates to Canada Med. Association:*

W. Tobin, H. B. McPherson,  
H. H. McKay, H. B. Webster,  
A. Morrow, Alternate.

The scientific business was then taken up. Dr. G. C. Sinclair read a paper on "Cerebral

Localization," which was well received. Papers were then read, by Dr. Campbell on "Aphasia," and Dr. M. Chisholm on "Empyema," the latter giving rise to an interesting discussion, taken part in by Drs. Kennedy, Finn, McKay, McGillvray, Norrie, Kendall.

At the evening session papers were read, by Dr. M. A. Smith of Dartmouth, on "Lavage," Dr. H. S. Jacques on the "Use of Manganese Salts," Dr. J. F. Black on "Halifax as a Surgical Centre," Dr. C. A. Webster, on "Three Cases of Gangrene," Dr. Cameron, a lengthy paper on "Tumours," and Dr. A. D. McGillvray, on "Retained placenta." Short practical discussions followed the reading of each paper.

Thursday morning at an early hour, the party boarded the s.s. "Magnolia," and steamed for Whycocomagh, a beautiful village in the heart of Cape Breton. Some of the party climbed Salt mountain to view perhaps the finest scenery in the Maritime Provinces. Others plied the stream with rod and net with a measure of success. The members gathered in the ladies cabin on the return, and attentively listened to papers, by Dr. Wm. Norrie on "Vital Statistics," a very able production; Dr. Thos. Stoddard on the Health Act of 1888, a subject which afforded free scope for his sarcastic pen; a brief well reported case by Dr. Finn, on "Dislocation of the Carpus," and a letter from the secretary, Dr. W. S. Muir, who tersely described some of his experiences in the hospitals of Aberdeen and London.

At the concluding session, excellent papers were read, by Dr. Dodge on a case of "Cerebellar Abscess," and Dr. Bethune on "Cremation." The customary votes of thanks were extended to the railway companies, and Bras d'Or Navigation Co., secretary and president, when the meeting adjourned after one of the most enjoyable gatherings held for years.

(555) RUPTURE OF TUBAL PREGNANCY AT THE FIRST WEEK.—Dr. Bröse (*Centralbl. f. Gynäk.*, Jan. 3rd, 1891.) exhibited, at a meeting of the Berlin Obstetrical and Gynecological Society, a tubal sac ruptured at the first week (*sic*, 7 months) of pregnancy. The patient was 34; she had borne two children and aborted twice. In 1887 Dr. Bröse treated her for gonorrhœa, with perimetritis. On November 11th, 1890, she suddenly became acutely anæmic. The period, due on October, 12th, did not appear. On October

18th a "show" was observed; it lasted 14 days. From November 1st to 10th she felt well. The pallor on November 11th was attributed to rupture of a tubal cyst, and she was admitted into hospital. The weak pulse improved. Early on November 14th severe vomiting set in. The abdomen, slightly distended on admission, became enormously swollen, tympanitic, and tender. No flatus passed even after enemata. Abdominal section was performed at noon. The peritoneal cavity was full of clots and dark fluid blood, and the intestines, especially the colon, tense through distension with gas. The gut lay so much in the way, even when the body was inclined with the head downwards (Trendelenburg-Weit position), that much of it had to be raised out of the abdominal wound. No trace of peritonitis could be detected, nor was there any mechanical obstruction. On gentle pressure of the colon, air escaped from the rectum: the tympanites was, therefore, attributed to paralysis of the intestine. A rent, one inch long, was found in the thickened right tube, near the uterine end. The ovum was found in a collection of clot in Douglas's pouch. The rent in the tube was covered by coagula, but it no longer bled. The patient died of collapse two hours and a half after the operation. At the necropsy no evidence of obstruction, peritonitis, or sepsis could be found. The precise cause of the paralysis of the gut following the acute anæmia was not certain: perhaps it was toxic, through re-absorption of some of the effused blood.—*Brit. Med. Journal.*

At a public dinner in Edinburgh recently, a very amusing story was told of James Payn, the novelist. Mr. Payn, as is well known, is the editor of the "*Cornhill Magazine*," and next door to his office a medical journal has, or had till recently, its sanctum. One day Mr. Payn's door was cautiously opened, and a pale-faced, long haired gentleman entered.

"I have brought a little thing about sarcoma and carcinoma," said the visitor.

"Very sorry, sir," said Mr. Payn, politely, "but we have all the poetry we want."

"This isn't poetry," exclaimed the visitor "it is an essay on two varieties of tumor."

"Oh, I beg your pardon," said Payn, "I thought they were a pair of Italian lovers."

The long-haired man was a well-known medical professor, who had entered the wrong office.—*Tit-Bits.*

# Maritime Medical News.

July, 1891.

EDITORS:

D. A. CAMPBELL, M. D. . . . . Halifax, N. S.  
 ARTHUR MORROW, M. B. . . . . "  
 J. W. DANIEL, M. D., M. R. C. S. . . . . St. John, N. B.  
 MURRAY MACLAREN, M. D., M. R. C. S. . . . . "  
 JAMES McLEOD, M. D. . . . . Charlottetown, P. E. I.  
 JOHN STEWART, M. B. . . . . Pictou, N. S.

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DR. MORROW,  
 ARGYLE STREET, HALIFAX.

**B**EFORE another issue of this journal the first meeting of the Maritime Medical Association will have taken place, and we shall know whether such a society is likely to meet the expectations of its promoters.

As far as the intellectual portion of the programme is concerned, a sufficient number of papers has been promised to make it a success, so that there need be no fear in that respect. It must not be forgotten, however, that it is the first and organizing meeting; a constitution and bye-laws will have to be adopted or arranged for, and it is to be hoped that those attending will think these matters over before they come, so that knowing their minds less time will be taken up in the discussion of these particulars.

There is no doubt that this association may be made the means of greatly advancing the interests of the profession if it is followed up and loyally supported, and for this purpose we bespeak for it a rousing attendance from the three provinces, in order to launch it

into existence with an *éclat* that will be prophetic of a prosperous and useful career.

**T**HE Baddeck meeting of the Nova Scotia Society will be long remembered by those who were fortunate enough to attend. The splendid weather afforded every one the opportunity of taking in the scenery of the island, or indulging the piscatorial pastime. To those familiar with or indifferent to both, the various papers presented afforded enjoyment.

The paper of the meeting was that of Dr. Sinclair on Cerebral Localization. Students accustomed to his excellent delivery can easily understand how he held for nearly an hour the attention of his hearers.

Dr. William Norrie's paper on Vital Statistics was a very able effort and much appreciated by those who heard. The great feature of the meeting was the excellent papers presented by the younger members and the prominent part they took in discussions. Dr. Kendall, of Sydney, obtained an attentive hearing whenever he spoke. It may be safely predicted that no future meeting of the Society will be devoid of interest.

**F**OR some years the medical officers of the English army have been laboring under serious and irritating disabilities owing to the uncertain position they occupied with regard to rank. On account of some unexplained, or unexplainable reason, they found themselves deprived of many courtesies due their position, and even of privileges in connection with sick leave always accorded to their combatant brethren. It was believed by them and the members of the profession in civil life, that the only remedy for this unpleasant state of affairs was the granting to army medical officers of definite army rank and titles, thus giving them an assured and positive status in an organization in which rank counts for so much. The cause was

championed by the British *Medical Journal*, the Royal Colleges of Physicians and Surgeons, and medical members of Parliament, and a Royal Commission was appointed to take evidence on the subject. The evidence given by some of the "military" witnesses was surprising, as much by the weakness of their reasons for refusing substantive rank, as by the ill-concealed animus which inspired some of their testimony. No less a personage and able a soldier than General Redvers Buller, in his evidence related as true what is known as the "camel" story, at the expense of and for the purpose of casting ridicule on a prominent medical officer. He afterwards found out that the story was a pure fabrication, and wrote to the medical officer in question a letter of apology. H. R. H. the Duke of Cambridge, to whom the army doctor has always apparently been a *bete noir*, on being asked the reason of his opposition to the granting of substantive rank to medical officers, could only reply that it was entirely opposed to his "military instincts." Sir Andrew Clark in his interview with the Secretary of War rightly characterized such "military instincts" as merely military prejudices. On the other hand, there was valuable testimony from tried officers of rank who had not only military instincts, but military experience, to educate their instincts, in favor of granting the demand. The result has been a substantial victory for the medical staff as the following letter will shew:—

WAR OFFICE, May 26th, 1891.

Dear Sir Andrew Clark.—In continuation of the correspondence which has passed between us, and in reference to the conversation which I recently had with you relative to the status of the medical officers of the army, I now have the pleasure to inform you that I have given directions for the preparation of a Royal warrant conferring the following privileges upon the officers in question:—

1. The following substantive ranks to be granted, such ranks to carry precedence and other advantages (except military command, as laid down in present regulations) attaching to the rank indicated by the military portion of the title:

Surgeon-Major General, Brigade-Surgeon Lieutenant Colonel.

Surgeon-Colonel, Surgeon Lieutenant Colonel.

Surgeon-Major.

Surgeon-Captain.

Surgeon-Lieutenant.

2. Medical officers to be granted sick leave on the same conditions as those which apply to combatant officers.

I trust that this will bring to an end the controversies that have recently prevailed, and which personally I have much regretted.

Thanking you for the assistance which you have given in arriving at a settlement,

I remain, yours very faithfully,

E. STANHOPE.

In our Canadian militia there are upwards of two hundred medical officers. The force has not been on active service sufficiently to test its medical system and regulations, but we know that it does not take the medical officer very long to find out, after he joins his first camp, that "relative" rank is no rank at all, but a delusion and a snare, a fraud of the most patent description, conferring no military status of any kind whatever. It seems nothing less than cruel to clothe a man with badges of rank, to buckle a sword to his side, and then to tell him the one is bogus, and on no account must he draw the other. Either give the rank or take away the uniform, one is much better off without the latter if he has not got the former. Medical officers do not want military command, except the command of their own department, and that they are entitled to.

In the United States army they are commissioned with definite substantive rank, they command in their own department, and the system works well. There is no doubt that the present regulations concerning the rank of medical officers in the militia will have to be changed if the force is called out long enough for them to find out exactly where they stand. These regulations are not satisfactory, and contain invidious distinctions solely affecting the medical staff, for which there can be no sufficient reason.

We hope the minister and the general officer commanding the militia will not

wait to have this matter forced on their attention, but will, of their own motion, accord substantive rank to the medical officer, so that he may be able to wear his uniform without wounding his self-respect or feeling that he is sailing under false colors.

We commend this subject to the attention of medical officers, who may meet together in the various camps this summer.

THE question of prohibition has been discussed during the present session of the Dominion Parliament. With regard to its economic or political aspects we do not concern ourselves. Whether the petitions were numerous enough signed to warrant the conclusion of some that the time is ripe for prohibition, or whether the fears of others were well-grounded that a revulsion of public opinion would follow, such legislation is not the question here. In reading over the discussion we notice an absence of all reference to the danger that a compulsory deprivation of their customary stimulants would lead many people to resort to the substitution of other and more dangerous narcotics, such as opium, cocaine, ether, Jamaica ginger, etc. During the McKenzie administration similar petitions were submitted to the House of Commons. The Hon. Alex. MacKenzie speaking on the subject thought it would be in the public interest to ascertain whether or not it was a fact that the consumption of these narcotics was largely on the increase in communities where prohibition prevailed.

The ether habit in Ireland would appear to be a case in point. The causes for this habit are variously attributed; by some to the total abstinence movement since the days of Father Matthew — the "new drink" being resorted to to enable one to get drunk without breaking the pledge, by others to the suppression of illegal distilling, the high excise duty enhancing the cost, and the comparative cheapness of methylated ether. It is but too true that the use of other stimulants and

narcotics than alcohol is alarmingly on the increase in America. Is this owing to nerve over-strain, or is the partial enforcement of prohibitive liquor laws which take no account of the craving for stimulants inherited or acquired by so many people, and also that unwritten code which puts a social ban, especially among women, upon the drinking habit, responsible to a large degree for the increasing use of the more pernicious narcotics? It is strange that during the recent discussion at Ottawa this aspect of the question should have been overlooked. It surely behooves the temperance reformer to contemplate this complicated question with a wider range of vision than this discussion would indicate, and to recognize the fact that appetites and passions cannot be eradicated by an act of parliament, that men cannot be made "moral, good and wise" by legal enactments. The man in the fable who stood on the seashore with thoughts intent upon the dangers of the deep, and regarded not the monster approaching from behind which devoured him, was merely a prototype of many a sincere though illogical reformer of the present day.

IN reference to the decision of Judge Alley, of Charlottetown, in the case referred to elsewhere, we think it only right for all to keep in view the difficulty presented at times in the diagnosis of typhoid fever. This is especially true when a doctor has to rely upon his own judgment exclusively, from being beyond the reach of convenient consultations. Moreover, it will be recognized by all that it is easy to be too hasty in coming to a diagnosis of an infectious case, leading to alarm and trouble that turns out to have been unnecessary.

But with all this in view, and a ready sympathy with a country medical man in the many difficulties of his position, it is nevertheless clear that it is wise in any doubtful case to mention to one responsible and concerned person one's doubts as to the nature and ultimate

course of a case. It is well at the same time to recommend due precautions and to throw the responsibility of adopting them on the proper shoulders.

### *Selections.*

#### ON THE TREATMENT OF BREECH PRESENTATION.

Winter (*Deutsche Medicinische Wochenschrift*, February, 1891) contrasts the different line of treatment to be adopted in breech and foot presentations, and the more favorable prognosis offered by the former variety. Expectancy is the attitude to be adopted in footing cases, but interference is necessary if in breech presentation delay becomes dangerous to mother or child. The indications for bringing down a foot in breech cases and completing delivery are complications endangering the life of mother or child, such as slowing of pulsations in the cord, impending asphyxia, hæmorrhage, septicaemia, &c. In prolapse of the cord, eclampsia and contracted pelvis, this method of procedure may also have to be adopted. The writer quotes the opinions of various authors as to the particular form of contracted pelvis in which the operation can be performed with beneficial results. He considers that in normal conditions it is wrong, because it is unnecessary, and while not entirely harmless for the mother may be very detrimental to the child. In eighteen cases where delivery speedily followed drawing down of the foot, seventeen of the children survived, while in nine cases, where delivery was more tediously accomplished, four of the children were lost.

The writer advocates bringing down a foot in preference to traction with the fingers, loop or blunt hoop, all of which are either tedious or dangerous. If these were so safe an instrument for the breech as forceps for the head, there would be no necessity for bringing down the feet. All the breech forceps invented have been failures.

If the foot cannot be brought down, the author recommends traction with the finger, inserted between the thigh and abdomen of the child, and if this be unsuccessful, a skein of worsted or silk may be employed; but this is often difficult or impossible of application. Poppel advocates introducing it by means of a Bellocq's sound. Winter strongly recommends an instrument invented by Bunge, and called a "loop carrier." It con-

sists of a curved metal staff, grooved on its concave surface, and containing a thick hempen cord covered with gutta-percha, and about eighteen inches long. The latter is passed by means of the staff between the thigh and abdomen of the child, the staff is withdrawn, and the loop can then be used as a tractor.

His conclusions are:—(1.) Normal cases to be treated by the expectant method. (2.) Bring down a foot in case of prolapse of the cord, eclampsia and contracted pelvis, but not, as a rule, before the os is well dilated. (3.) Complete the labor in breech cases where desirable by bringing down a foot, and proceed at once to extraction of the child. If the breech is too low in the pelvis for this operation, use the finger as a tractor, and should this prove unsuccessful, employ Bunge's instrument or a skein of wool.—*Dublin Jour. Med. Sci.*

#### ARSENIC AS A DRUG.

There are certain forms of skin disease against which arsenic appears to possess specific power; for instance, pemphigus diutinus or persisting pemphigus and allied disease. In connection with the liberal administration of this drug I have had repeated opportunities of observing its effects upon the palms and soles. It makes these itch, burn and perspire. In the instance of the soles, the profuse perspiration has on several occasions caused the epidermis to peel. In the treatment of common psoriasis, although the effect of arsenic is quite as definite and certain as in pemphigus, it is not nearly so immediately curative. In the large majority of cases it will in the end, if well pushed, cause the eruption to disappear, the patches sometimes becoming congested and irritable. It seldom, however, brings about a complete cure. I believe that both its efficiency and its safety are in ratio with the youth of the patient. My experience as regards the effect of arsenic in lichen planus has not been uniform; some cases improving, and others doing better under tartar emetic. In regard to the value of arsenic in eruptions of the eczematous type, my impression is that if given in anything like full doses it usually makes the eruption worse. In cases of common eczema, sycosis (non-parasitic), and various other chronic affections of the skin, I often add small doses of arsenic to the other remedies used. Arsenic

is supposed to brighten the complexion, make the skin more transparent, and give glossiness to the hair. If it really effects this, which I have doubt, it does so only when used sparingly. The effect of the drug as a direct tonic I think is due to and depends on the smallness of the dose. In elderly persons, unless the disease imperatively demands it, I never prescribe this drug. Very few persons have an idiosyncrasy for arsenic and the young bear full doses well. Arsenic is an undoubted cause of peripheral neuritis, and it is noted by Christison that local and unsymmetrical forms of paralysis are caused by its continued use. During its medicinal use numbness and tinglings are frequently observed. Herpes zoster is also sometimes caused by arsenic. Neilsen, of Copenhagen, found that in 520 cases of psoriasis in which arsenic was prescribed 18 cases had herpes. As to the effect of arsenic on the general health when administered during long periods, my impression is that when given in small doses its effects are inappreciable, and there is no danger of a cumulative influence. The toxic symptoms of arsenic when given medicinally are numbness, and tingling of the palms and soles, loss of flesh, irritation of the conjunctiva, diarrhoea and gastric symptoms, and sometimes extreme irritation of the bladder. A number of cases have been noted where arsenic has caused death, when used in large doses for long periods of time, with paraplegic symptoms. The effect of arsenic upon the skin in persons previously in health are that (supposing the doses to be large) the skin becomes dry, harsh, brown and muddy looking, though there may be perspiration on the palms and soles. In extreme cases scaly patches may form, and in some parts, in addition to dryness, corns may form, very rarely degenerating into epithelial cancer. Arsenic will also cure recurrent herpes. Whilst I think that that our clinical knowledge of this powerful and most important drug has much advanced during the last twenty-five years, we cannot claim to have made any discovery as to its mode of action. We know that it will cure some diseases, and cause others; that it has some peculiar affinity for nerve tissue, and some peculiar influence upon nerve function, but further than this we cannot go. Recent observations leave us the creed that while we may, as heretofore, avail ourselves freely of its services we must closely watch its effect, and be prepared, if need be, to forbid its use. —Hutchinson, *British Med. Jour.—Times and Register.*

## ABUSE OF THE PROVIDENT PRINCIPLE.

ATTENTION has recently been directed in these columns to the growing abuse of the provident principle in this country, and correspondents have given some striking examples from recent experience. Although the evil has reached larger dimensions in this country, it exists and has begun to attract serious attention in the United States. Thus, in the May number of the *Occidental Medical Times* we read an address, largely devoted to the consideration of the evils of society practice, by Dr. W. R. Cluness, of Sacramento, President of the Medical Society of the State of California. His remarks were founded upon a statistical inquiry, and referred to towns scattered through most of the States of the Union, both east and west. In New Orleans, where the system appears to have reached the most extreme development, it only originated about twenty-five years ago. The societies, he states, are there numbered by hundreds, and the position of the medical practitioners who hold these appointments is further degraded by the necessity of making an annual canvass for these positions; in general they go to the lowest bidder, and the canvass, according to Dr. Cluness, is "quite as eager as in political office-seeking." Every evil feature of the system to which correspondents have called attention in this country appears to have grown up in the States; thus Dr. Cluness tells us that "in one of the prosperous California cities persons who enjoy an income of more than a thousand dollars a month are base enough to take such society benefits, thus pauperising themselves and impoverishing their doctor." In the task of finding a remedy for this "society-mongering" our trans-atlantic cousins do not appear so far to have been much more successful than ourselves; but at New Orleans an attempt was made to combine for mutual protection, but came to an ignominious end owing to the refusal of a very few to co-operate. These few made an abundant harvest of the "societies abandoned in the enthusiasm of reform." In New York a Medical Practitioners' Association has been formed with the object, among other things, of abolishing "medical clubs, lodges, and societies of any kind paying the medical attendant a stipulated fee per member or stipulated amount per annum by contract." The association, however, only numbers at present 75 members out of a total number of 3,000 practitioners. Whether it



will be able in the future to achieve greater success than has hitherto awaited it it is impossible to foresee with any certainty, but we have before us the failures in Birmingham and in New Orleans. Dr. Cluness, at the end of all his study and thought, comes to the conclusion that relief is only to be had in a natural reaction among the class of people who compose these societies. The inevitable result of cheapening the medical service will be "deterioration in the quality of service rendered by 'society' doctors, until in time its value will approximate to its cost." The *New York Medical Record* takes a somewhat similar view; it deprecates (May 16th) "strikes or organised resistance; it is better to teach people the injustice they do and the harm it works upon themselves, and also to teach physicians that they had better leave a profession which offers no adequate recompense."

TEMPTATIONS OF QUACKERY.—Say the *Med. Rec.*: A woman physician of this city is said to have expressed the following views: "It takes a deal of conscientiousness to keep a physician from becoming a quack. It's such an easy thing to quack when you know your patient wants you to, and that because the patient wants it, it would perhaps be beneficial in the end. By quacking I mean resorting to clap-trap and unscientific methods, such as the faith cure and its like. No one but a physician has any idea how great a demand there is for this among intelligent people. They don't want the honest, straightforward exhibition of the action of drugs on the body. They want a mystery about it, an exhibition of healing as a divine force—something that appeals to the imagination. And because it is a subject for the imagination the demand comes not from the ignorant and unthinking, but from the most intelligent and best informed people. I have known some of the most logical and clear-headed people in this city to offer such a resistance to scientific rational measures in medical treatment and insist so strongly upon some some illegitimate and inadequate course, as to put the honest physician's patience to its last resorts. It isn't quite that they like to be humbugged. They don't know it for that, though the physician does. They want something for the imagination to work on. And that's the stronghold of the quack practitioner. It takes an honest man or woman to practise medicine honestly."—*Canada Lancet*.

A CLAIRVOYANT OUTWITTED.—A correspondent sends us the following newspaper anecdote: "The faith of certain Bangor believers in the powers of the so-called clairvoyant physicians has been shaken by a recent incident. It is one of the boasts of these physicians, that if a patient sends them a lock of his hair they can prescribe a proper treatment. In order to test this point a number of wags in a near-by town cut a few locks of fine hair from a dog's tail and sent it by mail to a well-known Bangor clairvoyant, signing a lady's name to the letter. After a few days a reply came from the doctor, declaring she had some serious internal trouble, which could be cured only by placing herself under his care or that of his wife. He further said that allopathic malpractice had caused her trouble. The young men who practised this imposition are now having a good deal of fun at the doctor's expense."—*N. Y. Med. Journal*.

A NATURAL THERMOMETER. — *Anxious Mother*: "I wish, Susan, when you give baby a bath you would use the thermometer so as to ascertain whether the water is at the proper temperature." *Susan*: "Oh, don't you worrit about that, mum; I made no 'mometers. If the little wan turns rid, the wather's too hot; if it turns blue, it's too cold; that's all there is about it."

In Toronto the newly appointed medical officer is stirring up the dry bones of the authorities and inaugurating some useful reforms. He has been investigating the milk supply of the city, and has found a much worse state of affairs than has been suspected. It is stated that there are cases where milk is sent to the city from cows in the last stage of tuberculosis.

FOREIGN MEDICAL DEGREES IN ILLINOIS.—The Illinois State Board of Health has decided that in future no foreign diploma shall be recognised that does not confer the right to practise medicine in the country in which it was granted. This rule applies to the holders of Austrian, German, Russian, or Swiss diplomas who have not passed the State examination required in their respective countries, and to the holders of Canadian diplomas other than the licences of the Colleges of Physicians and Surgeons of Ontario and Quebec.

# SYR. HYPOPHOS. CO., FELLOWS

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

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

**THE TONICS**—Quinine and Strychnine;

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

**IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGOUS PREPARATIONS;** and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

**IT HAS GAINED A WIDE REPUTATION,** particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

**ITS CURATIVE POWER** is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

**ITS ACTION IS PROMPT;** it stimulates the appetite and the digestion, it promotes assimilation and it enters directly into the circulation with the food products.

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

## NOTICE—CAUTION.

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

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

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

FOR SALE BY ALL DRUGGISTS.

## DAVIS & LAWRENCE CO., Ltd.

MONTREAL,

WHOLESALE AGENTS.

Please mention THE MARITIME MEDICAL NEWS

# TO THE MEDICAL PROFESSION.

We quote the following from an article on "The Value of Laxatives in Small Doses," (by Q. C. Smith, M. D., Austin, Texas), which appeared in *Gallard's Medical Journal*, for October, 1889 :

"Although want of time will not permit us to speak of the many various laxative medicines either vegetable or mineral, yet the importance and wide application of usefulness of *sulphur* constrains us to give it at least a passing notice. As you know, it is a very ancient remedy, and one in which the public has long had great faith, and uses on frequent occasions. That it should be a valuable medicine when properly administered we would presume, when we remember that it is one of the important normal elements which enters into the composition of the tissues, the fluids, and secretions of the body. Therefore, being a basic alimentary substance, and so nearly related and intimately associated in physiological chemistry and the assimilative process with such important and active substances as oxygen, phosphorus, iron and manganese, we can readily see that by proper preparation and administration, it might become a most important remedy for many diseased conditions. And so we find in practice that it is. But we are now permitted to speak of it only as a laxative, for which most useful purpose it is wonderfully well adapted. And as it is necessary that laxatives should be taken regularly for long periods of time, and as it is difficult to induce patients to persevere in the prolonged use of inconvenient or unpleasant remedies, we have taken a hint from Professor Garrod, and requested MESSRS. JOHN WYETH & BROTHER to prepare a compound sulphur lozenge (samples of which we here show you), which are stable in composition, pleasant to the taste, convenient to take, and we believe superior in therapeutic action to the plain sulphur. We have suggested that in future there be added to the present formula (given below) a small portion of some suitable lime-salt—perhaps the bi-sulphate of lime—believing that this addition will increase the solubility and usefulness of the remedy. Besides, the addition of arsenious acid and bi-sulphate of lime will tend to prevent sulphuric eructations, which are liable to occur in some cases, while these basic substances are also valuable stomachic remedies themselves.

After a more extended use, and close observation of the therapeutic effects of the Compound Sulphur Lozenges, Dr. Smith finds his previous estimate of their value and usefulness increased and confirmed. When prepared according to the foregoing formula, he finds them admirably adapted to the relief of chronic pulmonary and hepatic diseases, cutaneous eruptions, and gastric and intestinal indigestion ; and well suited as a pleasant laxative (not *purgative*) to relieve or cure chronic sluggish alvine functions.

Messrs. Wyeth & Bro. prepare two combinations, both of which have been largely used, and with most satisfactory results, in the form of Compressed Tablets, and will add others from time to time as may be suggested.

## COMPRESSED TABLETS OF SULPHUR AND POTASS. BI-TART.

(Formula of SIR A. B. GARROD.)

Sulphur, 5 grains : Cream Tartar, 1 grain.

Put up in bottles containing 100 tablets, price 35 cents.

## COMPRESSED LOZENGES OF SULPHUR, COMPOUND.

(Formula of Q. C. SMITH, M.D., Austin, Texas.)

Sulphur, 5 grains ; Cream Tartar, 2 grains : Ext. Ipecac, 1-100 grain ; Ext. Capsicum, 1-500 grain ; Acid Arsen., 1-1000 grain ; Calcium Bi-Sulphite, 1-8 grain.

Put up in 1 lb. bottles . . . . . per lb. \$1.25

Put up in nickel screw cap bottles each containing 30 lozenges,

Per dozen bottles, \$2.80

## DAVIS & LAWRENCE CO., LIMITED.

General Agents,

MONTREAL, CANADA.

Please mention THE MARITIME MEDICAL NEWS.

## *Notes and Comments.*

THE new Health Act for Halifax does not yet appear to have realized an ideal state of affairs. We are of the opinion that the act in its present form cannot be regarded as likely to be long-lived.

OUR readers will notice the blue slip sheet inserted in each copy of this issue. The article advertized, "Ale and Beef Peptonized," is, we believe, a good combination. It has had a large sale in the United States during the past nine months and the physicians there speak very highly of it. It certainly is a great boon to the profession to be able to get a good malt preparation at so low a price. We bespeak a large sale for Ale and Beef Peptonized, both on account of its merits, and because the price allows a physician to prescribe it for his poorer as well as his more well-to-do patients.

WE occasionally receive marked newspapers containing evidence of unprofessional conduct in medical men, the sender sometimes adding a request that some notice be taken of the matter in the NEWS. When, however, we have nothing but an unauthenticated paragraph in a newspaper, the name of the sender even not being furnished, we hardly feel justified in criticising by name. We have, before now, sufficiently strongly condemned the intruding of one's name and cases in the lay press as seems to have been evidenced in a paper lately sent us from an enterprising town.

FROM Charlottetown newspaper reports it appears that Judge Alley recently gave judgment against a medical man under circumstances that are of interest to the profession generally.

It seems, in brief, that "while in the house of William Seller, at Mount Stewart, John Coffin fell ill and obtained the professional services of Dr. Toombs. It transpired in the course of time that the disease was typhoid fever. Some of Seller's family took the fever. Seller sued the doctor for damages on the ground that he had not been informed of the nature of the disease and so had taken no precautions."

Dr. Toombs' contention seems to have been that he was not under any duty to tell Seller the nature of Coffin's complaint, and therefore incurred no liability for negligence; that the statement he made to Seller (early in the course of the illness) that he had liver

and stomach complaint was true at the time he made it; and that as no contract existed between him and Seller he was not obliged to inform Seller of the change in Coffin's complaint.

"Judge Alley's decision was based upon the rule of law that when ever one person is by circumstances placed in such a position with regard to another, that everyone of ordinary sense who did think would at once recognize that if he did not use ordinary care and skill in his own conduct with regard to those circumstances, he would cause danger or injury to the person or property of the other, a duty arises to use ordinary care and skill to avoid such danger. Applying this principle to the case, Judge Alley said that while Coffin was sick as a visitor in the plaintiff's house and the defendant was attending him, the plaintiff and defendant had equal rights to go in and out of the house. The plaintiff had the right, as owner of the house, to oppose the right of the defendant to enter there if he saw fit; and hence, a duty was cast upon the defendant to exercise care towards the plaintiff in the discharge of his duty towards his patient. A medical man should use more than ordinary care. The law demands greater care when a person has, or professes to have, skill, and when the law deems it for the public good to demand a greater amount of care. As to the contention that Dr. Toombs' statement that Coffin had liver and stomach complaint was true at the time it was made, Judge Alley quoted the law as follows:

"If a person make a representation to another with a reasonable belief in its truth, but afterwards discover it to be false, and after discovering his error suffer the other party to continue in error and to act upon the faith of the representation, it, from the time of the discovery of the truth, becomes a fraudulent misrepresentation, although it was not so originally."

AMONG the members of the medical profession in foreign countries who have recently died are Dr. Francisco José Salustiano de Mesquitor, of Lisbon, formerly Secretary of the Sociedade das Sciencias Medicas, and a well known medica-legal expert, who had latterly fallen on evil days owing to advancing age (70) and failing sight—he had kept silence as to his straitened circumstances, and calmly poisoned himself with a narcotic of some kind, having previously sent for a friend to attest his death.

## THE OWNERSHIP AND RIGHT OF RENEWAL OF PRESCRIPTIONS.

MAY 8TH, 1891.

*Editor Bulletin of Pharmacy:*

During the last year I have been interested in the articles that have appeared in several medical and pharmaceutical journals, relative to the ownership and right of renewal of prescriptions. In common with most doctors, I have suffered in pocketbook, and perhaps in reputation, from the renewal of prescriptions by not over-conscientious druggists.

I am led to the following conclusion in the matter:

To make them entirely plain, I will suppose a case.

A patient comes to my office in an anæmic state, and I suggest, after the diagnosis, that he take for his relief some medicine which I will have mixed for him, at his or my druggist's place of business.

I write on a piece of paper, which, for the convenience of the patient, has printed upon it the business card of the pharmacist:

R Liq. potassi arsenitis..... ʒ1  
Dose.—Twelve minims three times daily  
in a little water.

Signing my name as an evidence of authority for prescribing the poison.

I perhaps reason that, arbitrarily, there are 480 drops in an ounce of Fowler's Solution. The whole quantity will last, say, two weeks before it is all taken, after which it will be necessary for him to report to me. The medicine is taken, probably, with excellent results; so much so, that the patient says he will take another bottle before seeing the doctor. In this he is wrong, but in a measure irresponsible; but still he gets a renewal, takes it, and has toxic symptoms, which may or may not be permanently serious. Who is responsible for them; the pharmacist, doctor, or patient? If there was a well recognized law of equity in the matter, the onus would rest on the druggist.

My answer is thus: The patient pays me for my diagnosis, and asks for medicine; but I, not dispensing it, send a confidential, written (or verbal) communication to the druggist, who puts up what I order, delivers the same to his customer, not his patient, gets his pay, files the prescription away for reference or protection, and the business part of the transaction ends right there, so far as the dispenser is concerned.

He cannot honestly or safely renew this or any other order for medicine without specific orders from the prescriber.

Briefly, then, the renewal of any prescription is a gross breach of professional confidence and courtesy, unless under explicit orders from the doctor. The patient owns only what he has paid for. He paid for the diagnosis, he paid for the medicine; he did not pay for the paper or ink which entered into the composition of the order on the druggist,—*ergo*, the patient does not own the prescription.

Can druggists blame us if we have the desire to control special formulæ, the products of our own brains and the results of years of experience? Can they blame us for going into a small dispensing business in face of these facts? I do not as yet dispense, but after ten years of effort to keep up the dignity of both professions, I am bound to say that the temptation is great to meet the druggist on his own ground and get what profit there may be in the endless task of putting up one's own prescriptions. Will some druggist answer my questions squarely?

WILLIS CUMMINGS, M.D.

*Bridgeport, Ct.*

CANADIAN MEDICAL CERTIFICATES.—The College of Physicians and Surgeons of the Province of Québec has, with the earnest cooperation of the universities, been endeavoring to get its certificates recognized in Great Britain on the principle of reciprocity. The terms of the Act of 1886 require, however, that before foreign or colonial diplomas can be recognized in England they must be recognized in the country in which they are obtained. Qualifications gained in Québec are only recognized in the province of Québec. Canada herself in other provinces does not recognize the certificates of the province of Québec. In great questions this partial application of legislation provincialises and belittles; and it will have to be modified if countries with strong central Governments are to recognize those where local restrictions prevail.—*Med. and Surg. Report.*

### A BURNING QUESTION.

Press me closer, all mine own,  
Warm's my heart for thee alone.  
Every nerve responsive thrills  
Each caress my being fills;  
Rest and peace in vain I crave,  
In ecstasy I live, thy slave;  
Dower'd with hope, with promise blest,  
Thou do'st reign upon my breast;  
Closer still for I am thine,  
Burns my heart, for thou art mine;  
Thou the message, I the wire;  
I the furnace, thou the fire;  
I the servant, thou the master—  
Roaring, red-hot mustard plaster.

—*Burdette.*

THE  
Annual Meeting  
OF THE  
NEW BRUNSWICK  
MEDICAL SOCIETY,

WILL BE HELD AT

ST. JOHN,

On TUESDAY, the 21st of July, 1891, at 10 A. M.

A full attendance is requested in view of the meeting of the Maritime Medical Association on the following day.

A. F. EMERY, M. D.,

W. BAYARD, M. D., *Secretary.*  
*President.*

The usual arrangements will be made with railways and steamboats, so that those attending these meetings will obtain the reduction in fares generally granted.

CANADIAN  
Medical Association.

TWENTY-FOURTH

ANNUAL MEETING,

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

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

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

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

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

New York Post-Graduate Medical School and Hospital.  
NINTH YEAR—SESSIONS OF 1891.

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

In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in those branches in our own Hospital.

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

FACULTY.

*Diseases of the Eye and Ear.*—D. E. St. John Roosa, M.D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. E. Emerson, M. D.

*Diseases of the Nose and Throat.*—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight, M. D.

*Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M.D.

*Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.

*Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D., A. D. Rockwell, M. D.

*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D.

*Surgery.*—Lewis S. Pilcher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.

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

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

*Diseases of Children.*—Henry Dwight Chapin, M. D., Joseph O'Dwyer, M. D., J. H. Ripley, M.D.

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

*Pharmacology.*—Professor Edward Bague, Ph. B.

For further information please call at the school, or address

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

F. E. FARRELL, Supt.

226 East 20th Street, New York City.

SEASONABLE REMEDIES.—Among seasonable remedies, which are supplied by Parke, Davis & Co., are the following :—

Chlorandayne, which is an excellent antispasmodic and anodyne in diarrhoeal disorders, gastric troubles and intestinal colic. It combines the therapeutic virtues of morphine, *Cannabis indica*, chloroform, capsicum, hydrocyanic acid, alcohol, glycerin, and oil of peppermint. It is an improvement upon Chlorodyne, a patented preparation, widely dispensed as an anodyne and antispasmodic.

Liquid Acid Phosphate, the action of which is to relieve symptoms of nervous exhaustion, depression, sleeplessness, melancholia, and increase the vitality. This action is so well recognized that the Acid Phosphate is in considerable demand as a stimulating beverage.

The ordinary dose of the Liquid Acid Phosphate is one-half to one fluidrachm, in a glass of water, sweetened or not, according to taste. With carbonic acid water and any suitable syrup, it forms a refreshing and agreeable beverage.

Lime Juice and Pepsin is a grateful refrigerant and anti-scorbutic. It is a prophylactic against many disorders prevalent in the summer months.

DR. L. W. WHITNEY, of Chicago, has been arrested on a serious charge. A man is said to have called at his office with a wound of the forehead. After sewing up the wound Dr. Whitney asked for his fee, which was not forthcoming; whereupon the doctor is said to have cut the stitches, and re-opened the wound. Should this report be true, the doctor will doubtless receive the legal penalty for his inhumanity. But does not this case speak volumes of the straits to which the medical profession is reduced, when such things are possible? All sorts and conditions of men are free to call on the doctor for his services, and common humanity requires him to use his best endeavors to relieve his suffering fellow-citizens. But neither the common law or the common humanity secures to the doctor his due recompense. The patient may simply ignore his obligations, and not in one case out of twenty does the law afford an available remedy. If the butcher had cut off Dr. Whitney's supplies, and the bailiff had seized his household goods for rent, there would be some excuse for desperate methods on his part to secure his lawful fees. And if this were not the case with him, it is so with other physicians who are struggling to be honest, and at the same

time merciful. In other countries these things are remedied, and could be easily made right here, by legislation similar to that enforced in Germany. — *Times and Register*.

ANTISEPSIS IN SCARLATINA.—The treatment adopted in the scarlatina ward at the Hôpital des enfants is described by Hutinel in the *Jour. de med. et de chir. prat.* The author believes that the micro-organisms which cause the disease enter the system through the tonsils and nasopharynx. The disinfection of these parts is therefore the chief object in treatment. The mouth and pharynx are irrigated three or four times daily with a solution of boric acid or naphthol. The tonsils are brushed with a boric-acid solution. The children are kept in bed for four weeks and are guarded carefully against cold. An exclusive milk diet is enforced. Under this treatment nephritis of a serious nature does not occur.—*N. Y. Med. Jour.*

THE Austrian Government has introduced into the House of Deputies a Bill dealing with the sale of food. It provides among other things, for the establishment of laboratories where not only public authorities but private persons can have articles of food examined by skilled analysts.

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### Personal.

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DR. GEO. E. BUCKLEY, of Guysboro, is the newly elected president of the Nova Scotia Medical Society.

AN interesting letter from Dr. John Stewart, of Pictou, at present in Europe, will be found in the correspondence column.

THE following new appointments have been made to the staff of the Halifax Medical College :— N. F. Cunningham, M. D., to be adjunct Professor of Surgery; Geo. M. Campbell, M. D., to be Demonstrator of Histology, and Assistant Demonstrator of Anatomy; H. S. Jacques, M. D., to be Class Instructor in Clinical Medicine; W. D. Finn, M. D., to be Demonstrator of Pathology; F. U. Anderson, M. D., to be Assistant Demonstrator of Anatomy; W. A. P. Ternan, L. R. C. P. & S. Ed., to be class instructor in Clinical Surgery; A. H. McKay, B.A., B.Sc., to be Lecturer on Bacteriology. G. Carleton Jones, M.D., M.R.C.S., retains the Demonstratorship of Anatomy, and becomes Lecturer on Diseases of Children.

# PHYSICAL EXHAUSTION.

## Horsford's Acid Phosphate.

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

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

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

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

Prepared under the direction of Prof. N. E. Horsford, by the

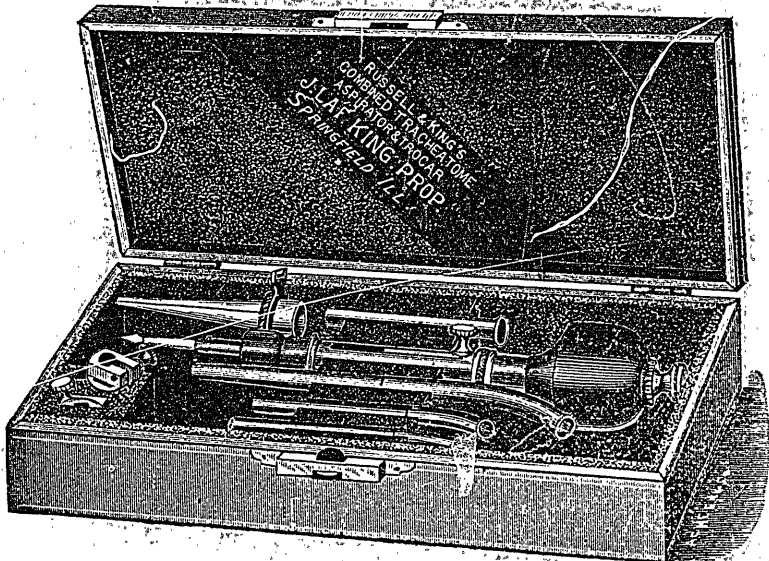
**RUMFORD CHEMICAL WORKS, PROVIDENCE, R. I.**

Beware of Substitutes and Imitations.

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

## CHAPMAN'S

SURGICAL



SUPPLY DEPOT.

### KING'S BLOODLESS TRACHEOTOME.

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

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

A full line of best quality, new and standard surgical instruments always on hand. References by kind permission: The McGill Medical Faculty.

**J. H. CHAPMAN,**

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

Please mention THE MARITIME MEDICAL NEWS.



# WHEELER'S TISSUE PHOSPHATES.

**Wheeler's Compound Elixir of Phosphates and Gallsaya.** A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation contains in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone-Calcium Phosphate  $\text{Ca}_3\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of therapeutists.

**NOTABLE PROPERTIES.**—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the *perfect digestion and assimilation of food*. When using it, Cod-Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good-will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

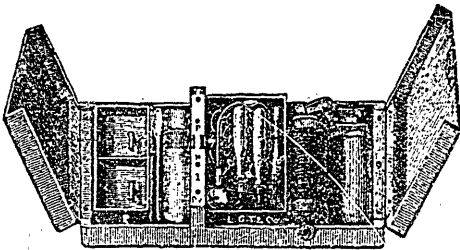
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