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Vol. XI.

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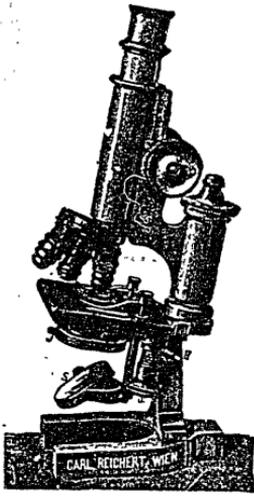
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The Annual Meeting will be held in Charlottetown, P. E. I., on Wednesday and Thursday, July 12th and 13th.

Extract from Constitution.

"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association."

All who intend to read papers at this meeting will kindly notify the Secretary as soon as possible.

R. McNEILL,

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Hon. Secretary,

HALIFAX, N. S.

— 1899 —

The New Brunswick Medical Society

The Nineteenth Annual Meeting will be held at FREDERICTON on TUESDAY and WEDNESDAY, JULY 18th and 19th.

Those who intend to read papers or report cases kindly notify the Secretary not later than June 1st next.

A. B. ATHERTON, M. D.,
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31st ANNUAL MEETING

— OF THE —

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JULY 5th and 6th

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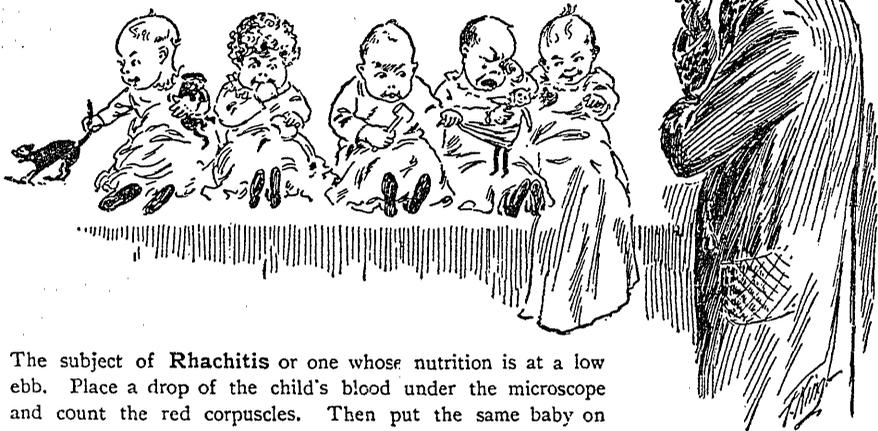
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CONTENTS FOR JUNE, 1899.

ORIGINAL COMMUNICATIONS.

- Tuberculin—Its Value as an Aid in the Early Diagnosis of Tuberculosis—*D. A. Campbell* ... 181
- Abstract on the Prevention and Treatment of Cancer of the Uterus—*A. Laphorn Smith*.... 186

CLINICAL NOTES.

- A Case of Pericarditis with a Curious Symptom—*Andrew Halliday* 188

SELECTED ARTICLE.

- An Unusual Case—*M. R. Adams*... 189

CORRESPONDENCE.

- Letter from Berlin and Vienna—*Edward Farrell* 192

EDITORIAL.

- Bacteriologist for New Brunswick.... 197
- Medical Society of Nova Scotia.... 197
- Maritime Medical Association 198
- Memorial to the Government Concerning the Care of the Consumptive Poor 199

SOCIETY MEETINGS.

- St. John Medical Society .. 202
- Nova Scotia Branch British Medical Association 205

OBITUARY.

- Dr. W. H. Weeks 209

MATTERS PERSONAL AND IMPERSONAL.. 210

BOOK REVIEWS..... 213

NOTES 215

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THE
MARITIME MEDICAL NEWS,
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VOL. XI.

HALIFAX, N. S., JUNE, 1899.

No. 6.

Original Communications.

TUBERCULIN—ITS VALUE AS AN AID IN THE EARLY
DIAGNOSIS OF TUBERCULOSIS.*

By D. A. CAMPBELL, M. D., Halifax.

Koch's discovery of the specific micro-organism has enriched our knowledge and changed many of our conceptions respecting tuberculosis.

The presence of the bacillus is now generally regarded as being a sufficient criterion to establish the nature of a doubtful lesion, and we can affirm that where the tubercle is there is tuberculosis, no matter how diverse the clinical manifestations or varied the anatomical appearances may be.

Tuberculosis now includes many conditions which were formerly regarded as distinct though closely allied diseases,—scrofula for example, and also embraces many diseases which were not even suspected to hold any relationship, such as lupus and Addison's disease. Furthermore, the identity of human and animal tuberculosis has been clearly established.

The trend of all recent research on tuberculosis has been to make us more hopeful about the prevention and successful treatment of this wide-spread and destructive scourge. To obtain success in treatment it is most essential that it shall be adopted before the disease has made much headway. Early recognition of the disease is therefore of supreme importance, and any method that will afford aid in doing so, will surely be welcomed by the profession.

* Read at N. S. Branch British Medical Association, March 22nd, 1899.

It is generally conceded that in the very early stages of pulmonary and even in the more advanced stages of glandular, bone and joint, serous membrane and genito-urinary tuberculosis, symptoms and physical signs rarely warrant a positive conclusion. In some cases a careful and repeated search for bacilli, or an X-ray examination where practicable, will afford decisive indications; but there still remains a fairly large percentage of cases where such methods are of no avail, and some other decisive test is required.

This want is supplied by the tuberculin test which has proved so marvellously successful in leading to the detection of the disease among cattle.

Koch insisted strongly upon the value of tuberculin as an aid in the diagnosis of tuberculosis, but no doubt the total failure and possible dangers of the tuberculin treatment led to a wholesale condemnation of the use of the agent for any purposes in human beings.

It has been shown, however, by a few careful and judicious observers in Europe and on this continent, notably Trudeau, of Saranac Lake, that tuberculin may be given to human beings without any risk whatever and with decided advantage for diagnostic purposes.

Good clinical observers have not been slow in taking advantage of these researches, and in many quarters, especially in the United States, there is abundant evidence that the use of tuberculin is growing in favour. At the present time it is freely used by eminent practitioners in that country, notably by Shattuck and Williams, of Boston, Whittaker of Cincinnati and Osler of Baltimore. During the last two or three years the tuberculin test has been freely used in such well known institutions as the Boston City Hospital and the Johns Hopkins Hospital of Baltimore.

In view of the growing popularity of the use of this wonderful test, I thought it well to call your attention, briefly, to some of the chief points of interest in connection with the subject.

First, I will refer to the nature of tuberculin, and the chief features of the reaction it induces in tubercular individuals.

Tuberculin is a glycerine extract obtained from old cultures of the tubercle bacillus. It contains 40 to 50 per cent of glycerine which keeps it aseptic, and some complex proteid bodies not well understood, but which represent its active principle. It keeps well and preserves its activity indefinitely. It is somewhat variable in strength. It possesses very interesting properties. When injected subcutaneously into healthy

persons, tuberculin has no appreciable effect, but when similarly used in tuberculous individuals, a marked febrile reaction follows, with at the same time, the occurrence of decided congestion round and about tubercular foci. The fever ensues for 6 to 12 hours after the injection and lasts a varying time—in some cases 24 hours, in others 48, or even longer. The rise of temperature is usually considerable, from three to five degrees F., and is accompanied with malaise, headache, muscular soreness and loss of appetite.

The duration and intensity of the febrile reaction do not depend upon the extent of the tuberculous lesions, but is even more marked when these are slight than in advanced cases. In advanced cases the presence of fever masks the reaction to a very large extent. In early cases the general reaction is marked and the local reaction is slight, whereas in advanced cases the local change is marked, the general reaction slight.

The extraordinary effects produced by tuberculin at once suggested its employment as a diagnostic aid in obscure cases of tuberculosis, and for a short time it was extensively used in this way. As I have already said, it quickly fell into disrepute, being universally regarded as too dangerous an agent to administer to human beings. It was shown that its continued use in a case of tuberculosis led to dissemination of the disease, so that whereas at first, the disease may be limited to the lungs, after a course of tuberculin the patient may die with disseminated lesions in various organs of the body.

Extensive experiments by careful observers have clearly shown that no such risk is to be apprehended from the employment of small doses of tuberculin in limited lesions and in the early stages of the disease. So far no ill result has been met with by those who tried the test in recent years. There is no dissentient voice in this respect. Other objections of a more or less serious character have been raised and these deserve careful consideration.

It is claimed that quiescent lesions may be awakened into activity by the use of tuberculin. This objection is largely theoretical, so far no evidence being adduced to support the assertion.

It has been asserted that distinct reactions have been obtained by the use of tuberculin in perfectly healthy individuals. The evidence in favour of this claim is rather shadowy in character, and the results subject to other interpretations.

It is said that distinctive reaction may be obtained in other morbid conditions, notably old standing cases, syphilis and leprosy. Whatever the meaning of these results may be it does not seriously impair the value of the test.

The claim that persons suffering from well marked tuberculosis occasionally fail to respond to the test, is well founded. As we have already observed, the more advanced the disease the greater the chance there is of failure.

The foregoing considerations show that the test is not an absolutely certain one, but yet of great value and practically free from danger.

In the administration of tuberculin the following points require attention :—

The use of the agent should be strictly confined to cases where other methods fail to confirm a strong suspicion of the existence of tuberculosis. Tuberculin should only be used in non-febrile cases or when the fever is very slight in amount.

The patient should be carefully prepared for the test, and observations of the temperature made for a day or two preceding the trial and quite frequently after the injection.

A thoroughly reliable preparation of tuberculin should be obtained and the necessary dilution made with scrupulous care.

Any form of hypodermic syringe which admits of being easily and effectually sterilized can be employed.

Probably the best locality for making the injection is the site originally recommended by Koch, the skin of the back between the shoulders. The skin about the site of injection should be made sterile by any of the usual methods. With these precautions there is no risk of local mischief.

As to the dose all observers agree that from $\frac{1}{2}$ to 10. milligrammes is sufficient for a test, and without risk.

Koch uses from - - - - 1 to 10 milligrammes.

Sears " " - - - - 1 to 5 "

White " " - - - - 10 "

Whittaker uses from - - - 5 to 20 "

Trudeau " " - - - $\frac{1}{2}$ to 2. "

In all the trials I have made I have found 5 milligrammes quite sufficient to obtain a definite reaction. If minimum doses are given it may be necessary to repeat the test, which is desirable. Therefore, most observers recommend one trial with a dose of from 5 to 10 milligrammes.

In respect to the time of administration the dose may either be administered at an early morning, or a late evening hour. When the dose is administered in the evening the reaction is usually slower in setting in and more prolonged, and perhaps less intense.

What rise of temperature should be regarded as a reaction? Starting with a normal temperature a sharp rise to $102^{\circ}5$ F. or 104° F., or over, accompanied with malaise, headache, muscular soreness and anorexia, may be regarded as a well defined and characteristic reaction.

My personal experience with the tuberculin test extends over several years, and while not embracing a very large number of cases has been very satisfactory. So far I have only resorted to the test in suspected cases of serous membrane and genito-urinary tuberculosis.

In concluding these brief observations on the use of tuberculin for diagnostic purposes, I desire to draw your attention to the testimony of Prof. Osler to the value of the test. In the last edition of his well known text-book on the Practice of Medicine, in referring to the diagnosis of tuberculosis, he says:

“The recognition of the disease usually rests upon the macroscopical and microscopical appearances of the lesions and the presence of the characteristic bacilli. Of late an important additional diagnostic agent has been introduced in the form of Koch's tuberculin. For many years Trudeau has insisted upon the harmlessness of its use in the diagnosis of obscure cases.

During the past few years it has been employed extensively at the Johns Hopkins Hospital, both on the medical and surgical sides, with the most satisfactory results, and so far as I know without any harmful effects.

In obscure internal lesions, in joint cases, and in suspected tuberculosis of the kidneys, the use of tuberculin gives most valuable information. I may mention for example an instance of Addison's disease in a young, very muscular man without any sign whatever of visceral tuberculosis. The reaction (as, indeed might have been expected) was very characteristic. We have used the tuberculin kindly furnished from the Saranac Laboratory which is made on Koch's original plan. In adults a milligramme is employed, and if this has no reaction a larger dose of two or three milligrammes is employed in two or three days. There is often slight local irritation following the injection, and within from 10 to 12 hours the febrile reaction begins, the temperature rising to from 102° to 104° F.”

AUTHOR'S ABSTRACT ON THE PREVENTION AND TREATMENT OF CANCER OF THE UTERUS.*

By A. Laphorn Smith B. A., M. D., M. R. C. S., England; Fellow of the American and British Gynecological Societies; Professor of Clinical Gynecology, Bishop's University, Montreal; Gynecologist to the Montreal Dispensary; Surgeon-in-chief of the Samaritan Free Hospital for Women; Surgeon to the Western General Hospital.

In the author's opinion cancer of the uterus is not a hereditary disease, because in more than half of his cases the family history was absolutely free from it for three generations back. This may shock those who have been brought up to believe in the tradition of its heredity, just as it did those who believed in the heredity of consumption, when they were told that it was a contagious disease as every one now admits it to be. Cancer of the uterus has been proved by numerous experiments to be a contagious disease, probably due to a microbe which does not flourish on healthy tissues of low vitality, such as cicatrices, or on women whose vitality is below par.

Its prevention. The author has noticed that it is frequent and increasing in countries where little or no attention is paid to laceration of the cervix, while it is becoming quite rare in countries where these lacerations are promptly repaired. The author makes it a practice at his clinics and hospitals to repair every lacerated cervix that comes before him with the result that out of over five thousand cases of which he has a complete history, there are at present less than twenty five with a marked laceration unrepaired. If we believe, as Emmett has conclusively proved, that cancer of the cervix almost always begins in the cicatricial tissue in the angle of the wound, then by removing the cicatricial tissue and repairing the laceration we would put a stop to this dreadful disease. Moreover, if it is contagious, as it must be if due to a microbe, physicians and nurses should take greater precautions to disinfect their hands after touching a cancerous patient. The author knows of three cases of cancer occurring in nurses attending patients who died of cancer and there was no trace of cancer in the family history of

* Read before the American Medical Association at Columbia, June 6, 1899.

any of them. When its contagiousness is fully recognized it may yet be possible to stamp it out by isolation of the patients.

Its Treatment. If the disease were always detected early while still limited to the angle of the tear or to the mucous membrane of the uterus, total extirpation would in most cases be followed by cure. Unfortunately the majority of these women do not consult their family physician during the early stage; while in the cases in which he is consulted in good time he often fails to recognize the disease or else he fails to do the right thing promptly, viz., to send her to a specialist for vaginal hysterectomy. If the hundred thousand physicians of this continent would each make one hundred and fifty mothers understand that irregular hæmorrhages at the change of life are not natural but on the contrary constitute one of the earliest and strongest symptoms of cancer, then vaginal hysterectomy would be performed much earlier and the results would improve in proportion. Provided that the organ is freely movable, even if the disease has invaded the whole of it, vaginal hysterectomy with ligatures gives good results. If less movable, the clamp method is more feasible. If firmly fixed and the disease has extended to the broad ligaments, the author prefers to make a thorough curetting and apply pure carbolic acid freely to the cervix. Before closing up the flaps it is well to sear them lightly with the cautery to destroy the microbes. This has in the author's experience prolonged life from two to five years. In all cases care should be taken to disinfect all cut surfaces.



Clinical Report.

A CASE OF PERICARDITIS WITH A CURIOUS SYMPTOM.*

By ANDREW HALLIDAY, M. B., C. M., Shubenacadie ; Lecturer on Biology,
Halifax Medical College.

Mr. A. B. came to me Aug. 7, 1897, and gave the following history :
On July 20 he first felt severe pain under the shoulder blade, which gradually appeared in front and got worse, with greatest intensity over præcordia. Went to medical men and got medicine which somewhat relieved pain, although it continued most of the afternoon and left some soreness. Applied mustard and pain gradually disappeared next day. After this he had a faint feeling on walking, felt most in epigastrium. Start or shock increased it. This feeling got worse and he went back to physician, Aug. 2nd. Next two days had another attack of pain much like the first.

Physician diagnosed cardialgia. Patient has nervous temperament ; did not smoke or drink.

When he came to me Aug. 7th, the following was his condition :

" Patient complains of pain in præcordia and epigastrium ; avoids deep inspiration and sudden movements of the body, which intensify the pain. Has anxious, worried look ; pulse variable, temperature 99.5. Area of dullness down right border of sternum across lower border of third rib and down almost in the nipple line and going somewhat backwards. Apex beat in the epigastrium ; none in the præcordial region.

The most curious symptom was a loud creaking sound like that of new leather (or movement of a well starched shirt front) not like the ordinary friction ; it accompanied the second cardiac sound, did not disappear on holding the breath, but could be influenced by the position of the patient, being best heard when he sat upright with shoulders thrown back and especially when he lay on the left side. The murmur, if I may call it so, was of double rhythm accompanying the second sound in time. It was *perfectly audible to the patient* and had been since July 31st. It could be heard with perfect distinctness anywhere from *eight to ten feet from the patient*. Dr. Murray and I had him undress and measured the distance, so that I am positive on the point. It could be heard three or four feet from him with clothes on.

There was no endocardial murmur, but a soft ventricular systolic has developed since.

Our diagnosis was pericarditis, but what physical conditions produced such a sound as that described ?

* Read at N. S. Branch British Medical Association, Feb. 8th, 1899.

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Selected Article.

AN UNUSUAL CASE.

By M. R. ADAMS, M. D., Statesville, N. C.

In submitting the following report of a case that recently came under my observation it is not inappropriate to remark that the singularity of the case and the absence of any parallel recorded in any of the medical authorities which I have had an opportunity to consult, suggests the skepticism with which it may be received by the fraternity. I therefore desire to preface this brief report by stating that three well known physicians of this community will substantiate the facts herein set forth in regard to this case. I am especially indebted to Dr. W. J. Hill, who very kindly gave me his notes in the case. Eliza C., a bright mulatto, aged forty-seven, married, mother of five children, has uniformly enjoyed good health. Sometime during the winter of 1891-'92 she ceased to menstruate, the exact date could not be ascertained. As there was a gradual and progressive enlargement of the abdomen together with other symptoms that usually accompany pregnancy, she very naturally thought she was pregnant, and later on when the movement of the child was distinctly felt, her surmises were confirmed. The case progressed favorably without any special event up to the following August, when symptoms of labor set in and a *midwife* was sent for. After having the usual prodromal symptoms of labor for ten or twelve hours, and not being satisfied with her progress her husband sent for the family physician, Dr. E. A. Hall, on August 17th, 1892, and after making a careful examination, general and vaginal, he decided she was not in active labor, but was satisfied that the symptoms would induce labor at an early hour and left her in charge of midwife, this being satisfactory to all parties concerned. Nothing more was heard from the case until the following October 7th, when again the family physician was called in, and to his surprise found patient with all the objective signs of advanced pregnancy and apparently in labor, with all the prodromal symptoms present, as found on his first visit, August 17th, but on vaginal examination no softening or dilatation of the os uteri was found.

On account of the peculiar features of the case, a consultation was suggested and held after which no active measures were taken. The

patient being in general good health was advised to wait further developments. About, or a short time after this date, at irregular intervals, probably every month or six weeks, there was a decided flow from the womb simulating the menstrual flow, in fact she regarded in as such. Patient continued to improve and got so much better that she was able to resume her domestic duties, and felt as well as ever, in fact her friends regarded her as being fully restored to health. There was no material change in patient's condition until November 7th, 1898, when a fever of a continued type developed, and later on she became very much emaciated, with marked anorexia, persistent nausea and vomiting, diarrhoea, the loss of weight from 160 pounds to a mere skeleton, pulse much accelerated, 100 to 120, with a temperature usual in septic troubles. The urine was free from albumen. As there was no improvement whatever in the case, Dr. W. J. Hill was called in consultation on Jan. 20th, 1899, and after ascertaining the above history, determined on an operation, believing there was a condition that could not be relieved in any other way, and selected the following method of procedure. The patient being given the best possible preparation for the operation, January 24th, 1899, was decided upon as the date for same.

Doctors W. J. and M. W. Hill, E. A. Hall and the writer being present. After a consultation the line of procedure was fully endorsed. After the usual antiseptic precautions in preparing the field of operation with green soap solution, bichloride of mercury and alcohol and the use of Arnold's Sterilizer in the preparation of instruments, the patient was placed on operating table.

After thoroughly anæsthetizing with chloroform and ether an incision was made in median line from an inch above umbilicus to within 1½ inches of pubic bone down to the peritoneum, when extensive adhesions were encountered. Then an incision was made through peritoneum into abdominal cavity, a rubber sheet having been prepared to protect the abdominal contents from general infection. The adhesions were then carefully broken up from around the uterus. The incision was carried four inches in a vertical line into the cavity of the uterus. Here we found and removed the osseous framework of a child fully developed, though entirely disarticulated, which was surrounded by a green, gangrenous, offensive fluid in quantity one quart or more. After the contents of the womb were removed, it was irrigated with a mild bichloride of mercury solution.

The womb at this stage of the operation presented the appearance of what had been my conception of the womb in performing its function in normal labor. The interior of the womb presented an abnormal appearance. As expeditiously as possible the womb was sutured with silk-worm gut, drainage being maintained through the os uteri below. The peritoneal cavity being carefully washed out with a hot normal saline solution, the abdominal incision was then closed and treated in the usual aseptic manner. The patient passed through the operation without any marked event.

It might be well to state, however, at this point that patient lived thirty hours after operation. The operation was completed within an hour. This case is not reported on account of any peculiar surgical features that it may possess, but merely on account of the singularity of the case as was remarked in the beginning. The extraordinary fact of a child remaining in its mother's womb for the long period intervening from the time the child is believed to have reached maturity August 17th, 1892, to date of operation January 24th, 1899. Approximately six years and five months without the mother who was a domestic, laboring woman, having scarcely lost a day from her usual work until about two months prior to operation. From the standpoint of the general practitioner this is an interesting case as to its relative merits in the management of labor and the puerperal condition generally.

—*North Carolina Medical Journal.*



Correspondence.

LETTER FROM BERLIN AND VIENNA.

BY EDWARD FARRELL, M. D.

Vienna, June 5th, 1899.

The Dominion Government having been invited by the German Government to send a representative to a Congress at Berlin to discuss and study the subject of Tuberculosis, the Government did me the honor to ask me to be their representative at the Congress, and it has occurred to me that your readers might be interested to hear an account of a medical trip which included a visit to some of the large hospitals of Berlin and Vienna and also to a sanatorium for the treatment of tuberculosis by the modern "open air" method.

In company with Dr. Kirkpatrick, I left New York May 10th, on the steamer "Teutonic." We had a pleasant voyage across the Atlantic, reached Berlin the day before the opening of the Congress and met there the first fine weather we had since our arrival on this side of the water; rain and fog being plentiful during our two days stay in London.

The Congress was essentially German in character, the foreign delegates being guests of the German Government invited to take part in the proceedings, so that all the papers which were read (and there was only time for a small number of those that were submitted) were by the more prominent medical men of Germany. It was a real treat and worth coming all the way to Berlin to see and hear such men as Virchow, Franckell, Pfeiffer, Flugge and Löffler, names that are so familiar to us in the modern literature of medicine, and which are so intimately associated with the progress medical science has made through their original work in the departments of pathology and bacteriology.

The Congress was held in the hall of the Reichstag, the parliament building of the German Empire. The building is quite new having been finished only five years ago. It is a grand structure and quite in keeping with the imperial ideas of the present Emperor.

It was of especial interest to me when Virchow ascended the tribune—to speak from the tribune of the Reichstag was not new to him, for not

only does he occupy the highest position in his profession in Germany but he is a distinguished parliamentarian as well, having been for some years a prominent member of the Reichstag. I was most anxious to see and hear him as I can well remember over thirty years ago, as students, how our investigations in pathology were disturbed by the publication of his great work on "Cellular Pathology" which marked an epoch in the history of that subject.

Of all the speakers, Franckell was by far the most forceful and effective. He is a rapid speaker and impresses his hearers as a man who knows his subject well and can handle it vigorously. He seemed quite a young man.

The Congress lasted three days but only part of each day was devoted to work. The subject was considered under three heads:—etiology, prophylaxis and treatment, one day being given to each part. On the day set apart for treatment an excursion was made to one of the largest sanatoria for the "open air treatment" of tuberculosis at Grabowsee, about an hour's ride by rail from Berlin.

There were a large number of foreign delegates present. Great Britain was represented by Rt. Hon. Sir Herbert Maxwell and Dr. Pye-Smith on behalf of the British Government, and by Sir Grainger Stewart of Edinburgh, Malcom Morris and Dr. Hillier of London, Dr. Cockburn of Australia and Mr. Reeves of New Zealand. On meeting the British delegates, when Sir Grainger Stewart heard that your correspondent was from Halifax, he asked most earnestly and kindly for his "dear old friend" Dr. Parker.

The work done at the Congress, while it brought out nothing new to the professional man, will have the effect of calling public attention to the subject of tuberculosis and of making a point from which a fresh start can be made in the campaign against this most destructive disease.

Within the past four months as most of your readers have seen in the columns of the *British Medical Journal*, a National Society for the prevention of tuberculosis has been started in England. It is beginning to attract public attention and will soon result in effective work being done. I could not help feeling a sense of pleasure in the fact that Halifax and Nova Scotia were not behindhand in this matter. Indeed I think our movement in Halifax was probably the first in Canada. It was done last winter by a series of resolutions submitted to the Nova Scotia Branch of the British Medical Association by Dr. Murray on behalf of a committee, in which the attention of the Government and the people was

called to the importance of dealing with tuberculosis by modern methods both of prevention and cure.

The Congress had its social as well as its scientific side. Her Majesty the Kaiserin was graciously pleased to open the first day's proceedings. The entertainments were on a very elaborate scale and everything was done to add to the enjoyment of the visitors; the garden party of Prince Hohenlohe being the most pleasant and enjoyable. A beautiful day with the gentle warmth of spring in the air, the pretty grounds, the presence of the ladies in their summer costumes, together with the strains of beautiful music made you forget for a time the cares of life and the intricacies of scientific research and induced one to rest satisfied in the enjoyment of a poetic hour. Rhein wien and beer were very much in evidence but neither are so pleasant to take, that we were tempted from our ordinary beverage which reasonable temperance principles had taught us to value at home. A large proportion of the people of Berlin seem to live on beer, wine and cigars, garnished with music and military uniforms, and yet though the cafés are always crowded it is a most uncommon thing to meet a drunken man.

The hospitals in Berlin or Vienna do not strike you at first sight in appearance, neither externally or in internal arrangements as the homes of asepticism. The buildings are old and have a dingy look while they are often crowded for air-space about them. The small amount of wood used in their construction has much to do I think with the good results they obtain and the absence of lurking infection. The operating-rooms however, have all been modernized and are constructed both in their walls and furniture of stone, iron and glass.

The antiseptic methods differ in no way from those we are used to at home; just the simple but necessarily thorough details with which we are all so familiar, one finds carried out in all well ordered hospitals. Most operators depend upon producing a condition of asepsis before the operation begins, and avoiding the use of antiseptics to the cut tissues. Dry wads of gauze are used exclusively to clean the wound during the operation. Sponges are discarded.

In the Berlin hospitals ether and chloroform were both used, but ether most often, while in Vienna chloroform seemed to be the favorite anæsthetic. In Berlin morphia was always given before the anæsthetic. The principal hospitals are the Klinik and Charité; there we found Von Bergmann and König. Operations are performed very frequently. Von Bergmann is a more rapid operator than König who is more deliberate

and careful, but neither seemed to operate as rapidly as surgeons on our own side of the water. A skin clinic by Lesser was also found interesting. The superabundance of clinical material in all departments gives the teachers here many advantages in illustrating their subject.

In Vienna we confined our attention solely to the large general hospital, the Allgemeines Krankenhaus. Prof. Gussenbauer and Albert are the surgeons now operating. The operations were not extraordinary, the most important being a large sarcoma of the chest wall and pleura, excision of the knee, Bassini's operation and a tumor of the abdominal wall. This hospital is one of the largest and oldest in Vienna and is particularly noted for its work in special branches, so that our friend Dr. Kirkpatrick was able to follow the practice of some of the leading men in his specialty; Politzer, Fuchs, Hajek and Chiari having daily operative clinics. Indeed most of the work followed by foreign students in Vienna is in the special departments of the eye, ear, nose and throat. There were seven cataract extractions in one day by Fuchs while we were here.

We are indebted so much to the careful research and original work of the medical scientists of Europe for the vast strides we have made in our profession in the past few years, that you come here prepared to do homage to these great men who have done so much for humanity and one should certainly do so, for the work begun by Pasteur and continued by others, in bacteriology especially, laid the foundation upon which we build the improved practice of to-day. In the sciences of pathology and bacteriology they have excelled and do certainly still retain a first place. They are philosophers patiently and laboriously investigating the causes and progress of disease, but in the practical application of the truths they discover, in clinical work, in medicine, surgery or therapeutics as an art, I have seen nothing which impressed me very much. In the matter of carrying out the details of an antiseptic technique, they did not seem to exercise the same care which we recognize as necessary, though they claim excellent results.

I ventured to express the general opinion that the practical work on our side of the water would compare favorably with what I had seen in Europe, to some American and Canadian medical men who had spent many months in the clinics in their medical centres, and to my surprise they stated that they believed it would not only compare favorably, but it was much better.

In this connection I should mention a most complimentary reference to Osler whom we at home delight to honor as a distinguished Canadian, made to me by a very prominent medical teacher of London. He said "I look upon him as the best physician in the world to-day. He has the widest knowledge of medical literature, he has been a pioneer in many branches of original work, one of the best of our medical authors and a practitioner as well. You will find," he said "other great men here and there who are perfect in their little bits, but Osler seems to lead in all and as I said in the beginning he stands at the head of the profession of the world to-day."

We leave here to-day and hope to spend a few weeks in London before returning home.



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Editorial.

BACTERIOLOGIST FOR NEW BRUNSWICK.

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Our sister province has at last brought an important question to a termination by appointing a provincial bacteriologist. Dr. G. A. B. Addy, of St. John, has received the position and it is needless to state that a better choice could not have been made.



MEDICAL SOCIETY OF NOVA SCOTIA.

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We wish to remind our readers once more of the approaching meeting to be held at Truro on the 5th and 6th of July. The Society will be honored with the presence of Dr. T. G. Roddick, M. P., Professor of Surgery at McGill. Not only is Dr. Roddick known as one of Canada's foremost surgeons, but his indefatigable labor towards securing inter-provincial registration and thus bringing the profession of the Dominion into harmonious union, is well known to every practitioner. The discussion in Surgery, the subject of which has not yet been announced, will be opened by Dr. Roddick.

Among the papers to be read are the following :—

President's address—"Does our Educational System tend to produce the Highest Type of Manhood in the Youth of the Country," by John McMillan, M. D., Pictou.

"Grave's Disease," by R. Cox, M. D., Upper Stewiacke.

"Internal Secretion," by W. H. Hattie, M. D., Halifax.

"Aphasia following Uræmic Convulsions," by J. G. McDougall, M.D., Amherst.

"A Case of Congenital Hernia," by D. A. Murray, M. D., River John. The discussion in Medicine—"Dyspepsia Acute and Chronic," will be opened by Dr. M. A. B. Smith, of Dartmouth.

A copy of the complete programme will be received by every practitioner in the province, the discussions and papers already referred to being those first forwarded to the Secretary. There should be a big representation from Halifax, as Truro can be reached by several trains daily. It is to be hoped a large gathering will assemble at the coming meeting where all will hear many things for their mutual advantage and be received with cordiality by their brother practitioners in Colchester County.



### MARITIME MEDICAL ASSOCIATION

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The meeting of the Maritime Medical Association at Charlottetown, July 12th. and 13th. promises to be one of more than usual interest. Several distinguished surgeons and physicians from New York, Boston and Montreal have signified their intention of being present, and taking part in the proceedings.

We might mention the names of Dr. Robt. L. Morris of New York, who will read a paper on "Peritoneal Adhesions"; Dr. John Homans of Boston, who will discuss this and other allied subjects; Dr. Geo. Armstrong of Montreal, who will give a paper on "Surgery of the Stomach;" Dr. Elder of Montreal, who will speak on "Diseases of Gall Passages, and their Surgical Treatment"; Dr. W. F. Hamilton, also of Montreal, who will contribute a paper on "Enteroptosis, and its Relation to Disease;" these medical and surgical subjects all relating to the abdominal viscera should prove very attractive.

Dr. James Bell, Professor of Clinical Surgery, McGill University, will give an address on some Surgical Subject, and Dr. H. D. Hamilton of Montreal, who always favors the association with something of interest will read a paper on "Papillomata of the Larynx." Such an array of distinguished visitors and a programme so interesting should guarantee a most successful meeting. Of course the members of the association will have other papers and addresses of equal importance. All who can make it at all convenient should attend this meeting, and enjoy a day or two in the "Garden of the Gulf."

## MEMORIAL TO THE GOVERNMENT CONCERNING THE CARE OF THE CONSUMPTIVE POOR.

At the meeting of the Nova Scotia Branch of the British Medical Association held on April 5th, Dr. C. D. Murray introduced the following resolution :

“That the Nova Scotia Branch of the British Medical Association appoint a committee to draw up a memorial for presentation to the Government of Nova Scotia, drawing their attention to the inadequacy of the provision for tubercular disease in the province and the danger to other patients arising from the admission to the Victoria General Hospital of persons suffering from pulmonary tuberculosis. And to urge upon the government the advisability of the early provision of such accommodation and other means as may be necessary for the proper care and treatment of those suffering from pulmonary tuberculosis.

That the committee further prepare for submission to the government a scheme for the proper care and treatment of those suffering from pulmonary tuberculosis.”

Dr. Murray in moving the resolution clearly pointed out the desirability of some action being taken.

A committee of seven was appointed, consisting of the President (Dr. Chisholm) and Drs. Murray, Trenaman, Farrell, M. A. B. Smith Jones and D. A. Campbell, to consider the question and take such action as they deemed advisable and report at next meeting.

At the following meeting held on April 20th, Dr. C. D. Murray read the memorial which the committee had prepared as follows :—

*To the Honorable Executive Council of the Province of Nova Scotia,—*

GENTLEMEN :—The Nova Scotia Branch of the British Medical Association desire respectfully to call the attention of the Government of Nova Scotia to the following :—

(1.) The inadequacy of the provision at present existing for the proper care and treatment of the consumptive poor of the province. The government by the regulations of the Victoria General Hospital provides that there shall be admitted to that institution any poor person suffering from disease capable of cure and suitable for hospital treatment, thereby assuming responsibility for the treatment among others of those suffering from consumption (otherwise called pulmonary tuberculosis), as that disease has in recent times been shown to be in very many cases capable of cure by proper care and treatment.

All medical authorities are agreed that the best and most successful treatment of such cases cannot be carried out in the general wards of a general hospital such as those in which these patients are at present accommodated.

The large number of applicants and the limited capacity of the Hospital render it impossible to retain in that institution for a sufficiently long period, even those who show improvement under the necessarily imperfect system of care and treatment at present practised there and consequently they come far short of receiving such benefit as modern medical research and experience would, under more favorable circumstances, be capable of affording them.

(2.) The danger to other patients in the Victoria General Hospital arising from the presence in the general wards of those suffering from consumption.

This disease is now universally admitted to arise through infection by a specific germ or bacillus which is capable of easy demonstration. These germs, whose principal seat is in the lungs, are discharged by millions in the sputum of consumptive patients. This sputum when dried forms a dust which by inhalation may easily infect with the disease anyone suffering from other lung disorders or in a condition of convalescence or even lowered vitality from any cause. Such cases have occurred within the knowledge of some members of the association who desire to bring the circumstances most emphatically under the notice of the government.

(3.) The necessity which exists for the provision within the province of a sanatorium or other hospital for the reception, care and proper treatment of such poor as may be suffering from pulmonary tuberculosis in a stage of the disease at which it may be considered in the light of modern experience curable.

At least one-tenth of our population die of consumption, and one-third of all autopsies show evidence that at one time or other the subject suffered from consumption, pointing out the fact that many cases are cured—the disease often not having been discovered during life.

Many of those dying from the disease are highly trained professional or business men and skilled mechanics, a distinct economic loss to the province. Many are breadwinners whose dependents become chargeable to the province, a distinct economic burden. The result of modern methods as practiced in sanatorium and special hospitals for consumptives show a large proportion of cures in early cases as high as 25 and 50 per cent., while even in very advanced cases of the disease life can be greatly prolonged and suffering alleviated. The matter there becomes one of economic as well as social urgency.

(4.) The association would respectfully submit the following schemes by which the necessary provision could be made. Should the Government desire detailed information with regard to the advantages or disadvantages of the respective plans, the association would be glad to appoint a committee to lay before them such information as they possess.

*Scheme 1.*—The provision of two wards in the Victoria General Hospital capable of accommodating ten or more patients each; with suitable appliances for treating and ventilation and the building of suitable verandahs and shelters on the grounds.

*Scheme 2.*—The building in the grounds of the Victoria General Hospital of two cottages capable of accommodating ten patients each. The buildings to be structurally adapted to the modern treatment of consumption. These two schemes would necessitate no changes in the administration of the institution—management, medical treatment, drugs, nursing, food, and laundry being supplied in connection with the V. G. Hospital.

*Scheme 3.*—The building of a sanatorium or cottage in the vicinity of the Park and Young Ave., where the proximity to the Park and the sheltered situation would be of immense advantage. This scheme would entail, in some degree, separate administration.

*Scheme 4.*—The building, equipping and supporting of a modern sanatorium in some more remote part of the province where local conditions might be peculiarly desirable. This scheme would entail the provision of separate administration and special arrangements for medical direction.

*Scheme 5.*—That the Government pay for the board and treatment at any suitable sanatorium within the province of twenty or more poor consumptives. This scheme would enable private individuals to raise capital to build and equip a sanatorium to which paying patients might also be admitted."

A committee consisting of Drs. Chisholm, Murray, Farrell, Jones and Trenaman were appointed to present the whole matter to the government and urge the points contained in the memorial.

It is quite unnecessary for us to dilate on this exceedingly important question, which should appeal to the profession throughout the province and give their hearty co-operation in furthering the movement so fully explained.

Owing to the recent absence of some members of the government, and just now that of the Premier, the presentation of the memorial has been postponed until Mr. Murray's return.



## Society Meetings.

### ST. JOHN MEDICAL SOCIETY.

Dr. G. A. B. Addy, President, in the chair.

April 5th.—A case of cleft palate was exhibited by Dr. J. R. McIntosh. The subject was a man aged 20. The inferior turbinate bones which were greatly hypertrophied and polypoid were demonstrated by the rhinoscope. The cleft was limited to the soft palate. Dr. McIntosh pointed out the importance of recognizing hypertrophied turbinates and of their treatment, as non-union following operation may result from the presence of this condition.

Dr. Melvin gave the notes of a case of malingery. A young girl aged 15. Complained of oozing of a red fluid from the index finger; later the hand and forearm became discoloured and were said to be similarly affected with the oozing. An examination of the cotton wrapping that had been worn was very suggestive of some staining having been applied after the dressings were in place.

Dr. Ellis read a note on the Pictou cattle disease.

The President exhibited a specimen of tubercle bacilli from the urine of a patient who had tubercular disease of the bladder.

April 12.—Dr. McAlpine read a paper on "Some Obstetrical Experience" and reported cases of, (a.) Central placenta prævia. (b.) Precipitate labour. (c.) Post-partum hæmorrhage. In the last case the application of vinegar on absorbent cotton to the interior of the uterus was effective when external and internal manipulation failed. (d.) Breech presentation, (e.) Puerperal septicæmia.

The subject of the Victorian order of nurses was again brought up for discussion and finally a resolution was passed (not unanimously) approving of the order.

April 19.—Pathological specimens.

The President exhibited a portion of the jaw of an ox affected with actinomycosis. The fungus, however, had not been found.

It was decided that the government be again interviewed and urged to appoint a bacteriologist. Such an appointment was considered to be most necessary.

April 26.—Dr. McIntosh showed a man suffering from a gunma in the ciliary region of the left eye, accompanied with iritis. There was both a rheumatic and syphilitic history. About two weeks ago there

was itchinness and slight pain of the eye. Later a perforating swelling appeared through the sclerotic about one-eighth of an inch in size and pigmented. Since then it had increased in size.

"Notes on Midwifery Cases" was read by Dr. Scammell, in which special reference was made to the separation of the recti muscles and perforation of the head.

May 3rd.—Sloughing after the injection of cocaine. Dr. Scammell showed a young girl who had a tooth extracted eight days ago. Cocaine had been injected at the time of extraction. On the day following there was a good deal of pain and finally a large slough came away and exposed an area of necrosed bone.

Dr. McIntosh reported that the case exhibited by him at the previous meeting was showing marked improvement under the administration of iodide of potash and calomel.

Two cases were reported by Dr. Hetherington. (a.) A man aged seventy-two suffering from chronic mania, had a carbuncle four by seven inches in size below the angle of the right scapula. The carbuncle was successfully treated by poultice and later listerine dressings. (b.) Tape worm. For this, three drachms of turpentine in a solution of starch was given, followed by castor oil. Dr. Hetherington had found this method successful in several cases.

Dr. James Christie and Dr. Burnett discussed the use of turpentine in this condition and referred to cases where dangerous symptoms arose from the administration of large doses, such as one ounce. Dr. Burnett referred to one case which had proved fatal from the giving of two ounces of turpentine.

Dr. W. W. White was congratulated by the society upon his election as a non-resident representative of McGill University for the Maritime Provinces and Newfoundland.

May 10.—Dr. Scammell, Vice-President, in the chair.

A report of a case of upward dislocation of the acromial end of the clavicle in a young man, was read by Dr. James Christie. The anatomy of the joint, the rarity of the injury and the treatment were discussed. Holmes was quoted to the effect that this dislocation frequently does well even with some little deformity persisting.

May 17.—Dr. G. A. B. Addy, President, in the chair.

The evening was devoted to a discussion of a report of a committee recommending various changes in the constitution of the Society. The

more important recommendations were the appointment of a Curator of Museum. This was with the view of founding a museum in connection with the society, and the extension of the summer vacation to four months, the meetings to begin on the first Wednesday of October and end the last Wednesday of May. The report was referred to the annual meeting for final adoption.

May 31.—Dr. Scammell, Vice-President in the chair.

The society placed itself on record as being opposed to the practice of parents and guardians permitting children's eyes to be treated by opticians and spectacle vendors.

Dr. McIntosh exhibited a case referred to on April 26th and May 3rd. The eye was greatly improved and vision was returning under antisyphilitic treatment.

Dr. Ellis exhibited specimens of tubercle bacilli and smegma bacilli.



ANNUAL MEETING.—June 7.—Dr. G. A. B. Addy, President in the chair.

Pathological specimens.

A tubercular testicle was exhibited by Dr. T. D. Walker, and a mammary cyst by Dr. Murray MacLaren.

The revised constitution was adopted.

The report of the secretary stated that there had been 39 meetings during the year, that two new members had been elected and that the average attendance at the meetings was 12.6.

The number of papers read were 17, report of cases 21, numerous pathological specimens, clinical cases and instruments were exhibited and there had also been several discussions and important reports. The following officers were elected for the year 1899-1900.

*President.*—Dr. J. W. Scammell.

*Vice-President* —Dr. J. R. McIntosh.

*Secretary.*—Dr. W. L. Ellis.

*Treasurer.*—Dr. Jas. Christie.

*Librarian.*—Dr. G. G. Melvin.

*Curator of Museum.*—Dr. J. W. Daniel.

The following were appointed Room Committee: Drs. T. D. Walker and S. Skinner. After the adjournment of the last meeting of a very successful year the members were entertained by the incoming President.

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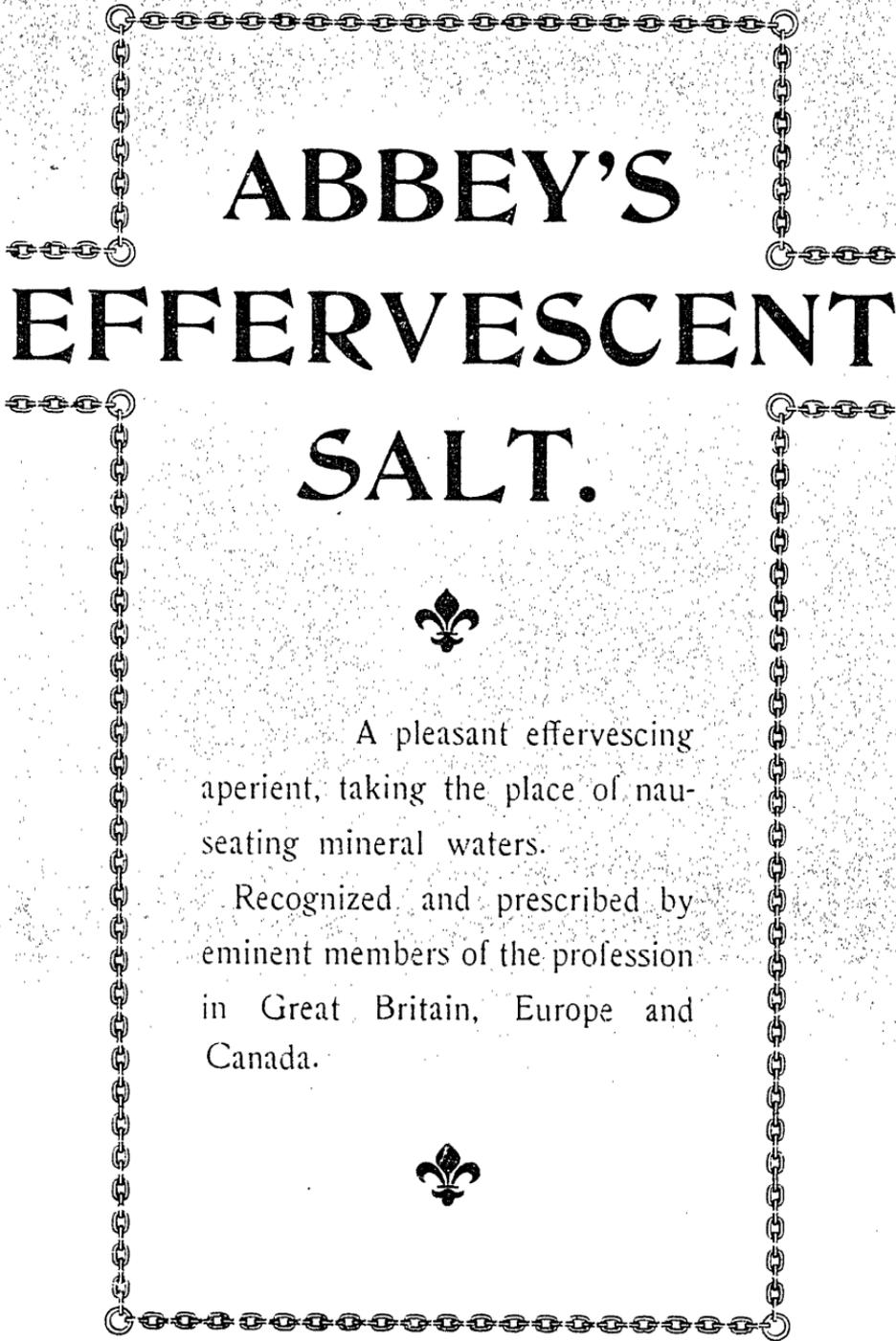
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## NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

April 5.—Dr. Murdoch Chisholm, President, in the chair.

Dr. Kirkpatrick gave an account of a case of syphilitic ulceration of the larynx in a young woman aged twenty, and then exhibited a case of conical cornea, and also one of exophthalmic goitre.

Dr. Kirkpatrick, on being asked the pathology of conical cornea, replied that it was due to thinning of the cornea. It generally began at the age of sixteen, its frequency was the same in both sexes. The condition was generally not amenable to glasses or operation; cauterizing the centre of the cornea or iridectomy on the inner side was sometimes resorted to. It was a rare condition.

Dr. Walsh asked if Dr. Kirkpatrick was satisfied with thymus treatment. He had used it in one case which had been exhibited to the branch and considered he had done good.

Dr. Goodwin spoke of the conditions he had seen in a post-mortem on a case of exophthalmic goitre. The orbits were packed with fat, also fat on valves of the heart, and the thymus was persistent. Treatment in London often consisted of digitalis and belladonna. Dr. Hector McKenzie had used thymus gland in twenty cases with the conclusion that it did no good. Dr. de Haviland Hall always considered it a "grave" disease and held the prognosis to be generally bad.

Dr. Ross spoke of the phosphate of soda treatment. He had seen two cases under Dr. Byron Bramwell's care which improved greatly by this remedy alone.

Dr. D. A. Campbell said the results of treatment were generally not good. He got the best results from the use of digitatis. He used glycerophosphates in conjunction with it. He thought thymus aggravated the condition and thyroid also he found no good. Surgical ligature of the thyroids or removing a portion and also section of cervical sympathetic were also referred to.

Dr. Lowerison in referring to the case of conical cornea, said the condition was that of an exaggerated myopia. A concave glass would be expected to do good, but strange to say a + 5, 6, or 7 sometimes gives good vision.

Dr. M. A. B. Smith, then read a paper on "New Remedies." The first drug referred to was "Methylene Blue." It belongs to the coal tar series. There is another drug allied to it—pyoktanin, which is intended

for external use. Methylene blue imparts a dark blue tint to the urine which action sometimes lasts four days after it is discontinued. The cornea, saliva, fæces also may become bluish but not the epidermis or mucosa. It stains the tongue and lips unless given in cachets. It was first used as an analgesic in 1890. In 1891 Ehlich of Berlin, finding that methylene blue was the best stain for malarial organisms, conceived the idea that the drug might be useful in destroying the plasmodium malarie, and it has since been found equal to quinine in the treatment of this disease. Its use in specific urethritis as advocated by Dr. Horwitz of Philadelphia, was then referred to. Dr. Horwitz considers it of great value in acute urethritis due to the presence of gonococcus. It does not abort the disease but lessens its duration and tendency to complications. The dose prescribed is one grain three times a day increased to two grains if the remedy can be borne. It may be combined in capsules with santal oil and copaiba. Methylene blue has also been used as an anodyne in all neurotic conditions and in rheumatic affections of the muscles, resembling in its action antipyrin. In Bright's disease, both acute and chronic, it has been used and is said to greatly increase the flow of urine. Some writers speak favorably of the remedy in nephritis of a hæmorrhagic type. In doses of two grains three times a day it is claimed the blood disappears from the urine, the albumen greatly diminishes and the patient's general condition much improved. On account of its antiseptic action and its influence on digestion, it has been favorably spoken of in cancer of the stomach.

In a report quoted in the *Lancet*, the treatment of 275 cases of malarial fever by this drug is mentioned. In these cases ten to twelve grains were given to adults, eight grains to younger patients, six grains to children, and one to two grains to infants. These large doses may be required in malarial fever, although the ordinary dose is not over two grains for an adult. It is well to warn the patient that it will turn the urine green or blue in a short time.

Pyoktanin (pus-killer) is the name given to a group of substances which have been found advantageous as germicides. The name has been restricted to the leading member of the group. There seems to be some confusion between this and methylene blue. There is pyoktanin blue and pyoktanin yellow. The name pyoktanin is applied to remedies similar in some respects to methylene blue but used only for local applications. Pyoktanin blue is used in surgery, in ophthalmic practice, in gonorrhœa, leucorrhœa, varicose ulcers, burns, wounds, etc. It is used

pure or 1—100 to 1—1000. It has the disadvantage of staining the tissues blue, but the stain may be removed by soap; rubbing well and then washing with alcohol. Pyoktanin yellow is intended for use in eye and skin diseases when the color produced by the blue would be objectionable. It is soluble in water and considerably weaker than the blue pyoktanin.

Dr. Smith then referred to "Taka-Diastase." The statement has recently been made in one of our leading journals that "it is probable that in a very high percentage of cases described as dyspeptics, the starch conversion is mainly at fault, and consequently the case shows no improvement under pepsin treatment." If this be true, then there is not enough attention paid to the means at our disposal for the artificial digestion of the starchy elements of our food. The symptoms of this form of indigestion were then referred to. Constipation, or less frequently diarrhoea, which may be fermentative; if there is diarrhoea it alternates with constipation; flatulence two or three hours after meals. As to how much of this is due to proteid indigestion the presence of indican in the urine and the occurrence of sulphuretted hydrogen rather than the marsh gas series of carbohydrate origin will give some indication. Heaviness, tenderness and abdominal discomfort. Flatulence is more marked if of starchy origin, more fullness, tenderness, change in percussion note. Ptomaines are as injurious as the ptomaines from nitrogenous food. Lassitude, habitual malaise, general debility, insomnia, heart symptoms, headache and muddy complexion.

Starch ferments may be divided into two kinds, according to their source.

(1.) Those prepared from glands (ptyalin from salivary and amylopsin from pancreas.)

(2.) Vegetable or diastatic.

The preparations of the first group are too difficult to obtain and are unstable, so we come to the vegetable. Of these there are malt extract and taka-diastase. The latter, as is well known, was discovered by a Japanese chemist—Takamine. It is prepared by boiling ordinary wheat, and after cooling mixing it with a Japanese fungus. From recent experiments by Wingreve, of London, it seems that of the commercial starch or diastatic ferments, the most powerful and the most reliable is taka-diastase. An investigation of Professors Stone and Wright demonstrated the superiority and peculiar excellence of taka-diastase, both on account of its therapeutic effect and the rapidity of its action.

Dr. Goodwin then read a paper on "New Remedies" in which he referred to the most important recent changes in the British Pharmacopœia. He also gave an account of some new remedies including formalin, glutol, urotropin, the new silver compounds, etc. Camphoric acid for the night sweats of phthisis was spoken of; also glycerophosphoric acid as a nerve tonic, osmic acid for neuralgia, picric acid for burns, permanganate of lime as a powerful disinfectant; Unna's paste for leg ulcers, and spermin as a nervine.

A short discussion followed the reading of the papers.

April 20.—Dr. E. A. Kirkpatrick, Vice-President, in the chair.

Surgeon-General O'Dwyer, was elected as representative on the General Council and also on the Parliamentary Bills Committee.

Dr. Farrell then gave an account of a case in which he had trephined for traumatic epilepsy. Three operations had been performed at different times. After Dr. Farrell operated the first time, patient remained free from seizures for fifteen months. At that time he introduced a silver plate to prevent the skin from adhering to the dura mater. About six weeks ago—which is some six years after Dr. Farrell operated on him—an abscess formed around the plate and this day he operated and took the plate away. Granulations had formed underneath the plate. He now proposed to put in a bar in place of the plate and fasten it to the bone on each side. Was considering how he could fasten the bar to the bone.

Dr. Murphy thought ivory pegs would be the best to fasten with. If the case were his, however, he would try putting in a piece of calcined bone to fit the opening exactly. He had heard of an egg-shell being used.

Dr. Murphy then gave an account of a case in which he performed circumcision for phimosis. Cocaine was used as an anæsthetic and bichloride of mercury as an antiseptic. In twenty-four hours gangrene was present in spots. The strength of cocaine used was 4 or 5 per cent. Schleich's method would be better.

Dr. Lowerison said that many authorities thought bichloride and cocaine were incompatible and dangerous when used together.

Dr. Murray related a case of a man who had circumcised himself, bathed the parts with crude carbolic acid and tied a cord around the penis to stop hæmorrhage. The corona became gangrenous to a slight depth.

Dr. MacLaren preferred Schleich's method. The solution can be boiled. He had seen bad effects from strong solutions of cocaine.

Dr. Murray MacLaren, of St. John, being specially invited to read a paper before the branch, was then called upon. He first read the history of a most interesting case, entitled "Report of a case of Extraction of Ligatures from Bladder following Operation for Removal of Pyosalpinx, with Cystoscopic Illustration," and afterwards a second paper on "Posterior Displacements of the Uterus." (We hope to publish these papers in a subsequent issue of the NEWS.)

A vote of thanks was passed unanimously to Dr. MacLaren for his valuable papers.



## Obituary.

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Dr. W. H. WEEKS.—The death occurred at Dartmouth on May 25th of Dr. W. H. Weeks, who practised in that town for many years. Dr. Weeks was born in Sydney sixty-two years ago and was one of five brothers, all of whom gained distinction in the professions of law and medicine.

Dr. Weeks always took an active interest in the development of the mines of the province and few men were better versed in mineralogy than he. He was a public spirited citizen of Dartmouth and held the office of Mayor for three terms, 1876 to 1879.

Dr. S. M. Weeks, of Brooklyn, Hants Co. and Dr. Chas. Weeks, of Rose Blanche, Newfoundland, are brothers. The mother of the deceased is hale and hearty at the advanced age of ninety-seven years.

## Matters Personal and Impersonal.



DR. PETER A. MACINTYRE,  
Lieut.-Governor of P. E. Island.

Dr. Peter A. MacIntyre, of Souris, P. E. I., has received the appointment of Lieut. Governor of the Province of Prince Edward Island in succession to Hon. Geo. W. Howlan.

Dr. MacIntyre was born at Peter-ville, P. E. I., in 1840 and was educated at St. Dunstan's College, the Quebec Seminary and Laval University, and received his degree in medicine from McGill University in 1867. We heartily congratulate Dr. MacIntyre on his elevation to the highest position which is attainable in any province of the Dominion.

Dr. Murray MacLaren of St. John has left for Europe and will be away about two months. Most of his time will be spent at Berlin and it is also his intention to attend the meeting of the British Medical Association which will be held at Portsmouth early in August.

Dr. W. W. White, of St. John, has the honor of being elected non-resident representative of McGill University for the Maritime Provinces and Newfoundland.

The usual number of June weddings have taken place and the medical profession has been well represented. On the 1st inst., Dr. A. I. Mader of this city, and Miss Eva Waddell daughter of Mr. W. H. Waddell of this city were married at Fort Massey church by Rev. Dr. Morrison, assisted by Rev. A. C. Chute. The bride has been favorably known as a worker in many good causes and also as an elocutionist of more than ordinary ability.

At St. John's Church, Lunenburg, on the 7th inst., Dr. Henry K. McDonald and Miss Bessie King were united in the holy bonds of matri-

mony. A large gathering was present to see the happy event, both bride and groom being very popular in the shire town of Lunenburg.

St. Mary's cathedral was the scene of a happy event on the morning of the 14th inst. when Dr. William D. Finn led Miss Alice M. Downey to the altar. The bride was well known as one of the most efficient teachers in the town of Dartmouth while the groom is the energetic medical examiner for this city.

The marriage of Dr. H. H. McNally, of Fredericton, N. B., to Miss Mary Ada, daughter of James K. Pinder, Esq., took place at St. Luke's Church, Temperance Vale, on the 31st of last month.

The hearty congratulations of the *News* is extended to all our confreres who have recently launched on the sea of matrimony.

The first graduating ceremony in connection with Aberdeen Hospital New Glasgow, occurred on the evening of the 6th inst. The graduating nurses were two in number, Miss White and Miss Frazer, both young ladies of Pictou County. Appropriate addresses were delivered by Rev. Mr. Woodruffe and Rev. Dr. Bowman and Dr. John W. McKay. Mr. J. M. Carmichael, who acted as chairman, alluded to the untiring zeal of Rev. James Carruthers in the matter of the building of the hospital, and said to him more than to any other man, was the credit due for the establishment of Aberdeen Hospital.

Five graduates of the Nova Scotia Hospital for the Insane School of Nursing received their diplomas on the 14th. inst. The ceremony was the first public one, a large number of representative ladies and gentlemen being present. An outline of the course was given by the superintendent, Dr. Hattie, while a history of the School and an appropriate address to the graduates was delivered by the former superintendent, Dr. Sinclair. Able addresses were also given by the chairman, Hon. C. E. Church, Rev. Dr. Black, Drs. Curry, Parker and Messrs. George Mitchell and George Troop.

The American Electro-Therapeutic Association will hold its next meeting at Washington, D. C., on September 19th, 20th, and 21st. The members of the Association are necessarily extensive users of electrical apparatus and for the mutual benefit of both the members and of the dealers in electrical supplies, a large hall has been secured for the exhibition of apparatus pertaining to this branch of medicine.

The William F. Jenks Memorial Prize which is the fifth triennial Prize of five hundred dollars, will be awarded to the author of the best

essay on "The Various Manifestations of Lithæmia in Infancy and Childhood, with the Etiology and Treatment."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia.

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay which must be written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to the College of Physicians of Philadelphia, Pennyslvannia, U. S. A., before January 1, 1901, addressed to Richard C. Norris M. D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

## Book Reviews.

AN EPITOME OF THE HISTORY OF MEDICINE.—By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second edition. Illustrated with Portraits and other Engravings.  $6\frac{1}{2} \times 9\frac{1}{4}$  inches. Pages xiv—370. Extra cloth, \$2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

A second edition of this interesting book has been called for within a year, which speaks in terms more strongly than we can pretend to do, of its value and appreciation with which it has been received by the profession. A chapter of over twenty pages on "Iatrotheurgic Symbolism" has been added to the present edition which further enhances its worth. We can only reiterate our favorable opinion entertained in the revision of the first edition and again commend this work, the subject of which it treats having already received a genuine interest by a large proportion of the profession.

INTERNATIONAL CLINICS.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia. Volume I., ninth series, 1899. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street. Montreal.

The last volume of this welcome publication contains the usual number of valuable lectures. "The Treatment of Chronic Bronchitis by Means of the Ipecacuanha Spray," is an interesting article by Dr. Arthur T. Davies, Physician to the Royal Hospital for Diseases of the Chest, London. Dr. Davies is favorably impressed with the line of treatment referred to, which some years ago was advocated by Drs. Ringer and Murrell. The second article on the "Treatment of Chronic Constipation" is continued by Prof. Theodore Rosenhein, of Berlin. "The Treatment of Tuberculosis," this being the fourth lecture by Professor J. Grancher, Professor of Medicine in the Faculty of Medicine of Paris, concludes an admirable contribution on an all absorbing subject. Most of the chapters deserve more than a passing notice but space will only permit us to mention a few in the different branches of medicine and surgery. Such are, "The Treatment of Brain-Fag Insomnia by Static Electricity," by Dr. John L. Howard; "The Treatment of Burns," by

Dr. Wm. C. Dugan; "Treatment of Acute Laryngitis in Children," by Dr. G. Variot; "Pyopneumothorax," by Dr. W. F. Hamilton, of Montreal; "Hernia in Children. A Plea for Radical Cure as Routine Practice," by Dr. Robert W. Parker, of London; "Detection and Removal of Foreign Bodies in the Eye," by Dr. Thomas R. Pooley; and "Lupus Vulgaris," by Professor Edmund Lesser, Berlin. The present volume contains nine excellent plates and figures illustrating different articles.

**THE NEWER REMEDIES.**—Including their synonyms, sources, methods of preparation, tests, solubilities, incompatibles, medicinal properties, and doses as far as known, together with sections on Organo-Therapeutic agents and indifferent compounds of iron. A reference manual for physicians, pharmacists, and students. By Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., etc., Professor of Chemistry and Physics in the New York College of Pharmacy; Author of "Handbook of Pharmacy;" member of the Chemical Societies of Berlin and London; Fellow of the Societies of Chemical Industry, etc. Third edition revised and very much enlarged, 1899. 150 pages. Octavo. Cloth. Price \$1.00, net. Published by P. Blakiston's Sons & Co., Philadelphia.

The first edition of this book was published in April, 1895, the second in April 1896, and now a third one is before us. This speaks well of its reception by the profession and has encouraged the author to enlarge it and thus increase its usefulness. The drugs are arranged alphabetically, and a brief account of the properties and therapeutic uses of each make the work one of value for ready reference. Most of the remedies are not found in any text-book and consequently a work of this kind keeps the physician informed of every new agent and the particular affection in which it has proved serviceable.

**THE SECOND EDITION OF THE CANADIAN NEWSPAPER DIRECTORY.**—Published by A. McKim & Co., Montreal.

It would be no easy task to mention any business which is not now-a-days dependent, to a very large extent, for its success upon newspaper advertising.

Remembering the great importance of securing thoroughly reliable and up-to-date information we welcome gladly the second edition of the Canadian Newspaper Directory which has just been published by the old and well known Advertising Agency, A. McKim & Co., of Montreal. This is their second venture as publishers of a directory; they issued their first edition in 1892, which was acclaimed throughout the Dominion as being far ahead of anything which had appeared up to that time. This 1899 Directory is really first class in every respect. The book itself, considered merely, is very fine. Well and handsomely bound,—containing over 430 pages printed on fine paper with new type which we are informed was bought for this special purpose. The work seems to place before the advertiser everything that he wants to know about each and every publication in Canada, in the shape of a newspaper or magazine,

and in various forms, so that the special information desired may be turned to at once.

There are also beautiful lithographed maps, of each province, setting forth conspicuously every newspaper town in Canada; one sees at a glance the density or sparseness of newspaper publications in any district.

The Directory also contains some well thought out articles on advertising, some very useful information about customs tariff, as affecting newspapers and publications generally, the law regarding libel etc., etc. The circulation of this Newspaper Directory among advertisers throughout Great Britain and the United States as well as at home, will certainly be of great benefit to the Canadian Press. It is a work much needed and fulfils in a marked degree the expectations we should have of any work issued by this enterprising and successful firm of advertising experts.

**UTRO-OVARIAN PAIN.**—Prompt relief, unaccompanied by habit or untoward after-effect, is what the up-to-date practitioner desires most in these cases. If the pain is over the lower border of the liver, or lower part of the stomach or in short, be it headache, sideache, backache or pain of any other description caused by suppressed or irregular menstruation, it will yield to five grain tablets of antikamnia. This dose may be repeated in an hour or two, if needed. For very prompt relief, it is advisable to crush the tablets and swallow them with a little wine, diluted with whisky or toddy.—*Ohio Medical Journal*.

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JNO. R. PAPIN, M. D.

**AN OLD WESTERN HÆMATHERAPIST.**—Dr. Albert Dunlap, Creston, Iowa, from a private letter: "I had used bovine for about nine years, but only internally. Now, I use it internally and externally; so it is my 'Alpha and Omega.' Eighteen years ago, I had a large number of serious cases of bowel complaint in children, such as diarrhœa, dysentery, cholera infantum, etc. I had no 'bovine' but I used raw beef, scraped and beaten up in cold water with an egg-beater, and saved every case.

Disease is debility; hence, bovine comes in as an essential factor in every case; while in many cases it is the sole remedy needed. This is a broad cranky assertion, perhaps. But in several cases of ulceration of the stomach I have just followed the principles of "Hilton on Rest and Pain," and ordered rest to the alimentary canal for a month. The improvement was rapid and the recovery complete, on bovine in milk every two hours; no other nourishment, except to keep the liver acting and bowels regulated. In catarrh, I use Birmingham douche, with glyco-thymoline, or solution made with Siler's tablets, or Dobell's solution, followed by bovine locally by spraying; or where patients cannot afford a sprayer, diluted bovine applied with a medicine dropper: using seven parts bovine to one part of saturated solution of sodium chloride. Under this statement, improvement is very rapid. The general idea of it was brought to my notice by your journal, but I have modified your plan somewhat, to suit my practice. In cystitis, hæmorrhoids, chronic constipation—in fact, in any form of inflammation of the mucous membrane—the first thought is bovine; then, whatever else is necessary. But in the wasting diseases of

children, we have a place for bovine which gives it a stronger claim upon our notice.

A Bovine Scare.—A child two months old was brought to my office, a skeleton, head thrown back, eyes vacant, had not slept since birth except from exhaustion, and appeared to have spasm of spinal muscles—reflex. I ordered bovine, ten drops every two hours. In an hour or two, the woman came hurriedly to know if I was certain I had not given an overdose of the "medicine," said the child had been given one dose and had dropped asleep at once, and had been sleeping ever since! Her eyes had a vicious snap in them (she was a total stranger), and things looked rather dubious for my face, for she twisted some sharp-looking finger nails in an uneasy way. To assert or argue or explain would have been useless. I told her to go home and give the whole bottleful to her baby, and it would not hurt it. In two weeks, she brought the child back to show it, well and bright as any child could be. Last summer another skeleton was brought to me twelve miles, on a pillow; the most miserably emaciated child I ever saw; no facial resemblance to a human being; limbs dwarfed, and mere stems; crying constantly since birth, and with a history of abscesses from the same date, one after another, as big as half an egg. I ordered bovine, ten drops every two hours in milk and water. The child went right on to recovery, and is a big, fat, healthy child today. The mother is a mere child yet, herself, and was in today for treatment of chronic eczema.

If you had not already had this treatment so often and constantly proved to be able to do all these things and more, I would not dare attempt to tell of them.

I am now trying bovine for incontinence of urine in a boy who has been through the medical mill for about eight years, and has tried every line of treatment known to medical men. I have placed him on bovine, four times a day in milk or water, and ten drops German tincture of belladonna at bedtime. My theory is that this big overgrown boy, thirteen years old, needs more strength and vitality, more stamina; bovine will give him new direct nourishment of nerve power, and in that way will cure him.

I am very slow to take up with any new remedy: I use and trust very few, and hardly look at the "ads" of wonderful new cure-alls, that are now so freely paid for in medical journals, and which the medical profession must read and respond to, or the proprietors would soon quit advertising. I have added but one remedy to my outfit, in two or three years—formalin. I find it valuable, and am using it in asthmatic cases, with success, in a 2 per cent, solution, with sprayer.

The old man Hogencamp whose arm was crushed to bits eighteen months ago, I happened to meet at a bank a few days since, and made him strip then and there to show up. He showed a good serviceable arm and hand; supination and pronation both perfect; but the bones, radius and ulna, are rough as the bark of a black jack oak. You can count a dozen knobs of once fractured bone, in the radius alone; fragments that could not be accurately fitted together end to end and kept in place for union; yet the *vis medicatrix Nature*, with bovine supplied blood on the spot as material for her use, brought that arm smashed to jelly, through all right. If I had another case like it, and could have it under my daily observation and control, I believe I could do still better, as I would ligature the tendons together, and could work with more confidence and ease.

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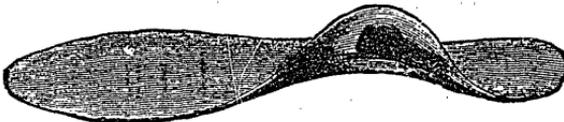
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The regular winter session begins on Monday October 2nd, 1899, and continues for about 8 months.

Attendance upon 4 courses of lectures is required for graduation.

Students who have attended one or more regular courses at other accredited Medical Colleges, are admitted to advanced standing on presentation of credentials, but only after examination on the subjects embraced in the curriculum of this College.

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Full information in regard to examinations and conditions for admission to advanced standing; the circular for the supplemental session of 1899 and the annual circular giving full details of course, requirements for matriculation, graduation and other information, (published in May 1899), can be had on application to DR. EGBERT LEFEVRE, 26th Street and First Avenue, New York City.

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