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THE

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Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriologycarried on.

Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating-room for a smaller number. There is also a Library of over 10,000 volumes and a museum, as well as Reading-rooms for the students.

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

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CONTENTS.

NOTES OF SOME UNUSUAL CASES OF DISEASE, INVOLVING PRIMARILY, THE SKIN COVERING THE MAMMARY GLAND.

BY D. McN. PARKER, M. D., *Halifax, N. S.*

MANY years ago I met with a case of mammary skin disease possessing rare characteristics, which interested me at the time and gave me some trouble to know where to place it, pathologically. It exhibited some of the prominent external features of Idiopathic Cheloid, and had a general resemblance in its early stages to the two cases of this disease to which I shall presently call your attention. A few years later I met with a second case commencing much in the same way, with very similar conditions and symptoms. In both superficial ulceration was present; peculiar in appearance, erratic, and slow in its progress.

In the last case this ulcerative process spread itself over a larger area of skin than that covering the gland, and was occasionally attended by troublesome hemorrhages. I have no notes of these cases, and my memory does not sufficiently serve me to enable me to enter into minute details, but I recollect that the only work in which I could find anything approaching a correct representation of their anatomical characters was "Paget's Surgical Pathology." The article which deals with the subject is more accurately descriptive of the appearance and progress of the first than of the second case.

I now quote the paragraph in full; it occurs in the chapter relating to cancer of the breast. "A second series of hard cancers, deviating from the usual forms, consists of cases in which the nipple and the skin or other tissues of the mammary gland are peculiarly affected." I omit his statement relating to the nipple, and give you the words he uses in connection with the skin. "In other cases we find the skin over and about the mammary gland exceedingly affected. In a wide and constantly, though slowly, widening area, the integument becomes hard, thick, brawny, and almost inflexible. The surface of the skin is generally florid or dusky with congestion of blood; and the orifices of the follicles appear enlarged, as if one saw it magnified—it looks like leather. The portion thus affected has an irregular outline, beyond which, cord like offshoots, or isolated cancerous tubercles are sometimes seen, like those which are common as secondary formations. The mammary gland itself in such cases may be the seat of any form of hard cancer; but I think that at last it generally suffers atrophy, becoming whether cancerous or not, more and more thin and dry, while the skin contracts and is drawn tightly on the bony walls of the chest, and then becomes firmly fixed to them."

In connection with these two cases I have only to add that I declined to operate and both died after prolonged illnesses. My impression is that at the period of death they were from 40 to 45 years of age.

The cases now about to be the subject of remark differ materially from those just referred to. These also, are rare, and as I do not find this special form of disease included in our medical nomenclature I shall take the liberty to designate it for the time being with a name, which will at once suggest its anatomical character, nature, and termination, viz., *Malignant Cheloid.* The variety of cheloid with which we are most familiar, is the Cicatrical or Traumatic, which frequently follows burns, scalds, certain eruptions, and local strumous affections It is, however, to the more rare variety, the *Idiopathic or Spontaneous,* that I would now ask your attention for a few minutes. This very interesting skin disease has but seldom crossed my path, and I have had but limited opportunities of studying it clinically, consequently I hesitate to take ground which seems to be opposed to the teaching of several recognized authorities. But, being persuaded that there is a type of the disease which, beyond all doubt is malignant, I deem it my duty to give expression to that opinion. The profession generally appear to have been impressed with the belief that it is comparatively unimportant, and is exempt from danger. Distinguished dermatologists and others assume this attitude in relation to the question. For example Erasmus Wilson says: "Cheloid rarely gives rise to much inconvenience, or attains any considerable magnitude, and when left to itself progresses very slowly, or

remains stationary for a number of years, or for life, and we have known it to disappear spontaneously. Its subjective symptoms are of no great severity, being limited to itching, tingling, and smarting, and more or less uneasiness in moving the limbs, or from pressure when sitting or lying in bed. It has no tendency to desquamation or ulceration."

Squire says: Spontaneous Keloid once developed is apt to continue. Sometimes, although rarely, its color may become altered, and the swelling subside, but some traces of it always remain. The Cicatrical variety generally disappears completely of itself. The disappearance or diminution of keloid tumors is effected by interstitial absorption; they have no tendency to ulceration. Neither variety of keloid exerts any perceptible influence on the general health."

The lessons taught by the cases about to be submitted to the Society, have forced me to arrive at very different conclusions, and, I think when you have considered the testimony and the facts connected with these cases you will be disposed to adopt the idea that there is a type of Idiopathic Cheloid, which is not only serious in its nature, but very dangerous to life.

In Ziemssen's article on Keloid, Virchow is referred to as entertaining the opinion that there are varieties of the disease which must be considered malignant. I give the quotation as it appears in the text. "In close connection with the symptoms of keloid is its diagnosis, for we often encounter difficulties in the correct determination of both morbid processes on account of the numerous and manifold relationships of the idiopathic and cicatrical tumor. Virchow, in view of the observation that some tumid formations termed keloid are of cancroid, (cancerous), others again of fibromatous or sarcomatous and even syphilitic nature, has proposed to separate from keloid altogether all growths springing from cicatrices, and to apply this term only to the formations of spontaneous origin or arising from certain pathological processes. Microscopic examination, however, failed to bear out this view in the sense desired, inasmuch as the same structure was not always found in keloids of spontaneous origin, and according to the results obtained, keloid had sometimes to be included among the fibromatous, sometimes among the sarcomatous tumours. For in the one case the formation is mainly composed of connective tissue, in analogy with the fibroma; in the other cases again the great tendency to relapses, the intractability of the affection, and the exceedingly profuse cell proliferations of the neoplasm are factors which pointed to a relationship with sarcoma." From this extract it will be evident to you that Virchow and the writer of the article in Ziemssen, while differing on some histological and microscopic points, are in accord as to the existence of a variety of cheloid, which pathologically is the very opposite of "innocent."

Let me now refer to a very instructive case occurring in the practice of Dr. Gossip of Windsor, which I saw in consultation with him, in December, 1886, and subsequently in April, 1887. Dr. Gossip had closely watched its progress in the interval between these dates and had come to the conclusion that it approached nearer in character to cheloid, than any other form of disease known to him. It certainly had all the anatomical features of the idiopathic variety. But, as on the occasion of my last visit, it was evident it was running its course to a fatal termination, (and I had not then read the article in Ziemssen.) I found it difficult to reconcile this fact with such statements as I have quoted from recognized authorities, the more so because of the apparent absence of any other form of disease than that which was tangible and visible, seated in the skin, and subcutaneous tissue of the thorax. I have before me a letter from Dr. Gossip giving a brief history of this case, the contents of which I now submit to the Society.

He says: "I first saw Mrs. C—— with the disease in question, about the beginning of December, 1886, and a few days after you saw her in Halifax. As far as I can ascertain there was no spot on the breast until a few days before I saw it, but, as far back as the April previous, (about 8 months,) Mrs. C—— was continually complaining of a numbness and coldness of the left arm, from the shoulder downwards. I may say that this anaesthetic condition of the arm seems to have left her after the disease became established in the breast. The disease when we first saw it was limited to the upper part of the left breast, which was of a thick, leathery consistence evidently affecting the whole skin and cellular tissue, but I don't think at any time it extended to the true glandular substance. The skin affected was covered with a deep, erythematous blush, or rather something more permanent and pronounced than a blush, and the colour was not effaced on pressure. On palpation the feeling conveyed to the touch was that of handling a piece of sole leather, even to the sense of crackling when pressed or kneaded. The disease at first spread very gradually and continually, but afterwards more rapidly, extending to the abdominal parietes over the stomach and under the arm to the back. During the later course of the disease, the increase was not continuous, as at first, but isolated patches would appear in advance, which would coalesce and then join the parent body. At the time of death the left breast, chest, side, and back, and also the right mamma were affected. At no time was there a sign of pus forming in any cavity, but the cutis vera, over the the left mamma, (the part first attacked,) took on a sloughing condition, but the ulceration never extended through the whole thickness of the skin. During the entire progress of the disease Mrs C—— suffered but little. Occasionally she would have some pain of a neuralgic character in the back and down the thigh. There was no particular constitutional disturbance, but she gradually lost strength, and towards the last a drowsiness which gradually deepened into coma intervened.

I could not say that there were any complications; no paralysis, no albumen in urine, slight anasarca of the feet and ankles, no symptoms of cardiac disease that I remember. Mrs. C—— died June 9th so that the duration of her disease was about 7 or 8 months."

The succinct and valuable description of the case here given by Dr. Gossip well depicts the main features and symptoms of spontaneous cheloid, and I submit it rather than my own notes, because I saw the case but seldom and had no opportunity of watching its progress as it pursued its course to a fatal issue.

On the 1st day of May last a lady, (sent by Dr. Primrose of Annapolis county,) called at my office to consult me. She was tall and rather stout. Her weight was about 180 lbs. Age 56. She married rather late in life and had two children. Her family history was good. There was no record of either strumous or malignant disease. A few years since she suffered from a sharp attack of cystitis, which readily yielded to treatment. This was the only form of pelvic disease she had had. The stomach and digestive organs were acting satisfactorily, as were the other abdominal organs, as far as could be ascertained. The appetite was good. She stated she had for several years a bronchial cough attended with a limited amount of expectoration of mucus. The principal inconvenience connected with this affection was shortness of breath, which was becoming increasingly

NOTICES OF MEDICAL JOURNALS :

From the Lancet Analytical Records.—"Fellows' Syrup contains the hypophosphites of iron, quinine, strychnia, manganese, lime and potash—the strychnia amounting in a dose of one drachm to one sixty-fourth of a grain. The preparation therefore includes a number of powerful nervine tonics. The reaction of the preparation is practically neutral—an advantage in many cases where the acid solutions of quinine and iron are objectionable or inadmissable. The compound is skilfully prepared, and the difficulties of keeping the remedies which it contains in solution, and in a form in which they are not liable to change, have been very successfully overcome."

troublesome, even on slight exertion. The shoulders were high and round. The upper part of the right posterior chest was, however, much more prominent than the left. There was emphysematous respiration most marked in the right lung, where the percussion note, was clear, in contrast with that of the left in which the dullness was most distinct over the middle and upper portions, front and rear; moist râles were heard in both lungs. There was a very noticeable contraction of the left half of the chest, and the expansion of the upper and middle portions of this lung was very much impaired. It was evident that this lung, (the left,) was the site of extensive fibroid degeneration. The heart's sounds were normal but weak, and were heard most distinctly about the central portion of the sternum. There was nothing abnormal observed connected with the nervous system, special or general. The skin as a whole was inactive and dry. The diseased spot in that portion covering the left mammary gland first attracted attention about the last of September, 1888, in consequence of a slight irritation and itching which became localized there.

On exposing the front portion of the chest I was struck with the increased size of the left breast when compared with the right, and the peculiar appearance of the skin covering it. There was a fixed erythematous redness over the surface of this skin equal in extent, to the area of the gland. The colour was a deep red hue and disappeared, but only for an instant, on pressure. The diseased skin was considerably but evenly elevated above the line of that which was healthy. It was slightly wrinkled and to the touch dense and firm. The subcutaneous cellular tissue was hypertrophied and very intimately connected with the corium; but the mammary gland was apparently uninvolved. Manipulating the part produced neither pain nor discomfort. The nipple, as in Dr. Gossip's case, was healthy, not retracted, although such was apparently the case, but this was due to the elevation of the skin around it. There was a deep furrow between the two elevated portions of cellular tissue and skin, running from the margin of the breast into the left axillary region. At the bottom of this "furrow" the skin, (in shape like a narrow ribbon,) was undergoing the same overgrowth of its connective tissue which marked that covering the breast. She said the affected part had never received any injury or bruise beyond that which may have been caused by the pressure of the steel busk of her corsets. The general glandular system, as far as could be ascertained, was quite free from disease.

My diagnosis was idiopathic cheloid, complicated with pulmonary fibroid degeneration. I declined to interfere surgically and gave an unfavourable prognosis. She had been taking arsenic before I saw her, and although, personally, I had seen no success following the use of "Chian turpentine" in the treatment of malignant disease, I advised Dr. Primrose to try it and to use externally "Pond's Extract," (*i. e.* Hamamelis,) and if after trial no improvement resulted, to administer the perchloride of mercury, and apply the local remedies suggested by Wilson in his brief article on cheloid in Quain's Medical Dictionary.

I saw this lady a second time on the 13th of June. Her pulse was 100 and the temperature 99½, the same as on May 1st. The breathing was shorter and more difficult. The only other change worthy of note was the extension across the sternum to the margin of the right breast, of a network of capillaries, giving the surface of the skin there the same red tint to which I have already called your attention. This condition extended also under the arm and transversely across the left chest to the angle of the scapula, but hypertrophic changes in the skin were not observable to any marked degree.

In Dr. Primrose's correspondence connected with this case he informed me that several years ago he had under his charge a woman aged 50 similarly affected. The disease first attacked the right breast, crossed the sternum to the left, and from thence extended to the left side and arm. The latter became greatly swollen and painful. There was no ulceration. Its course was rapid and terminated in death at the expiration of 12 months.

The anatomical characters of cheloid and the nature of its developement are clearly and well stated by Erasmus Wilson, as follows:—"At its first developement cheloma occupies the fibrous portion of the corium. As it increases in bulk it pushes the vascular layer outwards and stretches the corpus papillare, obliterating the capillary network more or less completely. In its aggregate form, when it presents itself as a flat plate raised for a quarter of an inch above the level of the adjoining skin, and sinking to a similar extent into the corium, it has the appearance of being tied down by strong cords or roots at either end and frequently overlaps the healthy skin along its borders. In this state it is seen to be composed of strong, fibrous bands closely interlaced with each other, and enveloped by a smooth, transparent, pinkish layer, in which may be detected a scanty vascular plexus converging to venules which sink between the meshes of the fibrous structure. Around the circumference of one of these larger, flattened tumors, such as is commonly met with on the sternum, and measuring several inches in diameter, there will generally be observed a few scattered knots. These are developed in the fibrous sheath of the arteries at a short distance from the mass, and being thus linked to the central growth are subsequently drawn into the focus of the tumour. And the developement of the so-called roots is explained by the propagation of the proliferating process, by the coats and sheaths of the blood vessels communicating with the central tumour."

I have not had the opportunity of observing the disease in all its phases, or of watching its progress at short intervals, as the cases I have seen came from a distance, and almost immediately returned to their homes, but the anatomical characters and process of developement just quoted from Wilson closely and accurately correspond with the main *external conditions* noticed by myself occasionally, but frequently by the gentlemen under whose immediate care they were.

It is stated that there is no tendency to ulceration in this disease. You will remember that in Dr. Gossip's case it was present but was superficial, not extending through the cutis vera.

The impression is conveyed by several writers on the subject of cheloid, that the skin immediately over the sternum, (where there is but a limited amount of cellular tissue intervening between it and the bone,) is the point where the disease generally has its origin, and very occasionally only allusion is made to its connection with the skin covering the mammary gland in females. The cases I have seen have been in women, and in all the site of its first appearance was over the breast, as it was in the woman who died under the care of Dr. Primrose. The respiratory movements and the prominence of this organ in the female, subject it not unfrequently to irritation from pressure and friction, and to other injuries from without. And in a system pre-disposed to "fibrosis" this would seem to be a favourable site for its first appearance. In the cases which I have submitted for your consideration the disease was evidently

constitutional—not local—not the result merely of a perverted condition of the nerve and vascular supply of a limited area or areas of skin, connected for the most part with the thorax, but these external conditions were beyond doubt "the local expressions of a constitutional disease."

In none of the cases seen by me did the unyielding and unelastic surface affected appear to materially interfere with chest expansion, and although fully recognizing the intimate relations existing between the skin, the respiratory, and circulatory systems, I cannot conceive that so small a portion, (small when compared with the whole cutaneous covering of the body,) could, *per se*, produce results so serious as sometimes at least supervene on the invasion of this disease. We must look within the body and to other organs or systems for the additional factors concerned in effecting such fatal results as are here recorded.

In the case last mentioned the hyperplasia of the skin was, in all probability, long preceded by a fibroid condition of the pulmonary connective tissue, and, in this individual case I do not think it will be assuming too much to suggest that there is a connection between them, or in other words, that the same conditions which produced the pulmonary fibrosis were instrumental also in effecting the fibroid change in the skin of the thorax. (In this relation it will be well to remember the fact that in neither Dr. Gossip's nor Dr. Primrose's fatal cases were there symptoms of this or any other form of lung disease.) From the facts and statements which I have thus very imperfectly submitted to the society, I think it will be apparent to you that the matter is of sufficient importance to demand further and closer consideration, and it would be very gratifying to me if some of the gentlemen before me who are specially interested in pathology and histology should avail themselves of any opportunities that may offer to more thoroughly and exhaustively examine and report on this subject. Finally, let me add that one of the objects I have in view in thus taxing your time is to sound a note of warning in relation to prognosis. Some of my confreres present may not have met with "malignant cheloid," and, should it fall to their lot to come in contact with mammary cases of the disease in women who have passed the mid-period of life, I would say they should view the outlook as dreary and dark and anticipate little advantage from any form of treatment.

MALIGNANT KELOID.

A. C. PAGE, M. D., *Truro, N. S.*

I AM indebted to the excellent paper on "Malignant Cheloid," read by Dr. Parker, for additional knowledge of the pathology and history of this rare manifestation of malignant disease. I was particularly interested on account of the light thrown upon a painful case that recently came under my own notice. In November, 1886, an unmarried lady, aged 58 years, consulted me about a tumor of the left breast of two years' standing. It was not larger than a duck-egg, but very hard. The nipple had disappeared, and the areola was eczematous and discharging a thin irritating matter. There was much adipose tissue about the gland. On the 2nd day of December following, I removed the whole mass—gland, tumor, adipose tissue and all, with enough skin to include the eczematous areola. The mass was dissected out from under the skin, and the wound came together easily without strain on the sutures. The glands in axilla were not diseased. She made a good and rapid recovery and remained well for fifteen months, when the left arm began to swell and get numb and stiff. Very little unfavorable progress was made for three months more, when the skin about the upper left angle of the wound began to thicken, and the arm became oedematous. The thickening of the skin spread until it involved the whole chest from the diaphragm to the neck, back and joint, including the tops of the shoulders, *but did not include the neck*—reminding one forcibly of the relation between the tortoise and its shell.

The chest-walls were immovable. The breathing altogether abdominal. The tissues were hard and appeared about three-quarters of an inch thick. She looked and felt, as she expressed it, as though she was encased in a thick plaster jacket.

The left arm became immensely swollen, and was punctured in many places with great relief. The original cicatrix ulcerated and discharged freely. After great suffering, which was only relieved by opium, she died October 7th, 1888, just twenty-two months and five days after the first operation.

TWO CASES OF HIP-JOINT DISEASE.

GEO. G. MELVIN, M. D., *Alma, N. B.*

I.—Sept. 4, 1888, was called to see Annie K., aged 14, a brunette, well nourished, and of a nervous, almost hysterical, disposition. Patient complained of pain in pelvis, radiating through left thigh, and as far up as crest of ilium. Pulse and temperature about normal. On palpation of affected region, could detect nothing abnormal. Directed parts to be rubbed with alcohol and water, equal parts, and gave internally a small Opiate, to be followed by Pot. Bromid. and Tr. Valerian. In fact came to the conclusion, in the course of three or four subsequent visits, that the trouble was largely emotional. Did not suspect Morbus Coxarius. Patient said she felt better moving around than when lying still. Had no lameness, except a very slight stiffness when leaving bed in the morning. She expressed herself as better in a few days, and I felt convinced that my diagnosis had proved correct, and that the trouble had been largely dependent upon a slight derangement of the sexual system, to which she was somewhat subject.

Nov. 5, 1888. Was again called to see her. Now complained of pain in left knee, and as she walked refused to put the heel to the ground, stepping on the toes. As before, she said she felt as well, or better, moving about than when in a recumbent position. Noticed, when patient "stood at ease," affected limb was slightly flexed on pelvis, the gluteal crease or fold was partly obliterated on the affected side, and that the hip joint was sensitive to pressure applied over the anterior part. On placing patient on back on hard surface, with limbs extended, and flexing thigh on pelvis, noticed that, during part of the movement, the pelvis moved with the limb, showing fixation of joint by contraction of muscles, which contraction was partly involuntary on part of patient, and designed to resist movement in joint on account of pain produced by extreme motion. Finally, applying gradual and steady traction to the affected limb, I found gave immediate relief from pain.

I, therefore, diagnosed the case as one of hip-joint disease in the first stage. Put patient to bed, and applied extension by means of weight and pulley. There being no deformity, I was enabled to apply the extension at once in normal line of the limb. The patient expressed herself as perfectly comfortable, "the first real relief," as she put it,

that "she had experienced for two months." Her mother informed me that in the interval since my last visit in September she had never ceased to complain, although she had attended school part of that time.

I at onced ordered a Sayre's Long High Splint from J. Reynders & Co., New York City, keeping patient meanwhile in bed, with extension applied During the period of confinement to bed she greatly improved in health, her mother informing me that she had not been so well, as she then became, for a period of two years.

I applied splint early in January, and she was at once able to walk across the room and down stairs to dinner, without feeling the slightest sense of pain. She has contined to wear the instrument up to the present date, and is enabled comfortably to pursue her ordinary duties, such as going to school, and taking music, etc.

To any who would doubt the correctness of my diagnosis I would say, that immediately on the extension being removed, the pain in the knee returns, and is only to be overcome by the application of the instrument or weight, as the case may be.

Of late, however, the pain is not nearly so severe on such occasions, and I hope for a total cessation in the course of six or eight months, when the splint can be discontinued, and the patient discharged from treatment.

In this case I anticipate a complete cure, without deformity or shortening, owing to treatment being begun during first stage, before joint had become seriously involved.

II.—A. E. Aged 9. Male.

History:—Two and a half years ago, while "coasting," received a "bruise" on right hip. Some time after began to show signs of lameness, and complain of pain in region of hip and knee. Pain and stiffness most severe in morning, when getting up. During the day the distress would disappear, and the joint would "limber up." On patient growing worse, the father sought advice, and was ordered to blister and give the boy absolute rest. Whether this was carried out or not, I cannot determine, but the boy continued gradually to grow worse, and to suffer severe pain, until finally he was obliged to go about on crutches, the limb being so flexed that it swung clear of the ground. The slightest movement in the joint gave him the most exquisite agony, and he became very much reduced. In this condition, in June, 1888, the father took him to St. John, N. B., where he placed him under the treatment of Dr. ——, an experienced and deservedly popular physican and surgeon of that city. Dr. —— pronounced it hip-joint disease, and encased the right pelvis and thigh in their then position in Plaster of Paris bandage, thus immovably fixing the joint and relieving, to a great degree, the pain, but, unfortunately, confirming the deformity. He thus remains moving about on crutches, the limb being totally clear of the ground until November when I was requested to see him.

On questioning the father, he stated that up to the time of his injury he had been a healthy and robust boy, and had never been seriously sick. This I was prepared to believe, as both parents and other children presented every appearance of health.

I found patient to be very much reduced, pale and anaemic, irritable in disposition, and in short, in what *seemed* to be a "cachectic" condition. His pulse and temperature were both somewhat elevated. In removing the plaster of paris, found thigh to be flexed on pelvis at about an angle of 60° to line of body, with leg considerably flexed on thigh.

When I attempted to move joint in any direction he screamed with pain, but I found that by making steady traction in line of deformity I could get slight movement without causing much distress.

This encouraged me to hope, that by judicious management the limb might ultimately be brought in line with the body and without shortening. Expressed to parents this opinion, and that patient might have a fairly useful limb, but that he would undoubtedly have some deformity at the hip. I, however, gave them to understand that it was, at most, but a "forlorn hope," though if he were not treated, even if he survived the suppurative stage, which seemed at that time extremely doubtful, it would be with a bad deformity and extensive shortening of the limb. They therefore authorized me to proceed.

I at once put him to bed and applied extension as in Case I., but this time in the line of deformity. I gave directions for the pully to be lowered slightly day by day in order if possible to reduce the flexion and bring limb in line with body.

On returning the second day found patient to have been in pain, pretty severe, ever since my last visit. The pain was referred to the knee. Here, thought I, at last, is a case of Morbus Coxarius which extension does not relieve. But upon manipulating the limb, I found that by making traction *above* the knee the patient was made comfortable. I therefore reversed my hasty verdict, and discovered that it was my *practice*, and not the principle of extension that was at fault. The knee, it is to be remembered, was considerably flexed on thigh, and had been retained in that position so long that slight anchylosis had been set up. Hence when traction was made from the ankle the tendency was to extend the knee; this, of course, caused the distress, the pain not only being *referred* to the knee, but residing actually in it, and produced by the too rapid breaking up of the anchylosis. I therefore caused extension to be made from above the knee instead of from the ankle, and put a double inclined plane, with a hinge in the middle, under the limb. I gave directions as before, to gradually lower the pully, at the same time flattening to a slight extent the plane underneath. This arrangement I found to work admirably; the limb gradually, even quickly, straightened out at the knee without pain, and soon allowed extension again to be made from the ankle. In the course of a couple of months the thigh was brought down into normal position, and the whole limb was straight as the other, and of equal length

The limb was quite capable of being moved painlessly by the operator in any direction, but the patient himself had no such power. Long non-usage of the muscles had so atrophied them that they were capable of almost no voluntary movement. The limb, also, was considerably everted.

I ordered a Sayre's long hip splint, with rotation screw, and applied it early in May. Patient, owing to weakness of muscles, was only able to move slightly at first, but in a few weeks, thanks to continued effort, the muscles began to assume some of their former vigour, and at present the boy is able to walk fairly well, and without the aid of crutches or cane.

Not more surprising was the improvement in the limb than was the improvement which took place in his general health after being put to bed. From being a weak, puny, irritable subject, he became fleshy, good-tempered and rosy-cheeked. With the exception of one or two occasions, when his temperature ran up to 101° or 102°, he made a steady gain, and soon lost all signs of "hectic," notwithstanding that he was confined to bed over four months.

Remarks: I am afraid, Mr. Editor, that I have taken up too much space already, but I feel I cannot conclude these notes without offering a few remarks. And first of all, what strikes me as most peculiar is the apparent infrequency, in this Province at least, of Sayre's method of treating hip-joint disease. One has not far to go in any community in this country without seeing striking proof of this in the shape of the shortened limbs, and sometimes frightfully distorted bodies, of the victims of this terrible malady who have survived the horrors of pain, abscess, and enforced confinement, which this disease without such treatment entails. But, perhaps, in this view I am in error, and it is much more widely practiced than I suppose. This may easily be the case, as I am but young and have not the advantages of an extended personal acquaintance with my professional brethren. I would be greatly interested to hear from some of them on this point.

I fear in the foregoing notes there will be found many points which will appear obscure to the reader, but I can only offer in excuse my desire to condense and take up as little room as possible in your interesting and valuable journal. I have purposely omitted nearly all details of the application of the bed extension, and of the construction and application of the splints, (points which are exceedingly important,) for the same reason, viz., to economize space. Should any gentleman wish further details, I shall be most happy to supply them.

There are many other points in connection with these cases I should like to notice, such, for instance, as the cost of Sayre's instruments,—the enormous duty which our paternal government in its far-seeing wisdom levies upon them,—the difficulty, and yet the possibility, of pursuing such treatment in a country practice,—the great importance of an early diagnosis, with a view to prevent deformity,—the inefficiency and disastrous consequences of the treatment by fixation, thereby entailing deformity, suppuration, shortening, and destruction of the joint,—these and many others, are all interesting, but will have to be omitted, as I feel I have trespassed already and am taking space that could be more profitably filled by another.

ALMA, NEW BRUNSWICK, 26th Sept., 1889.

ACUTE DIFFUSE MASTOID OSTEITIS; TREPHINING.

Read before St. John Medical Society Aug. 21st, 1889.

BY C. A. MCQUEEN, M. D., M. R., C. S., ENG.

MR. PRESIDENT AND GENT.—Having had only a short notice that I was the victim for this meeting, I have not had time to prepare you a paper, but if you will excuse these unconnected remarks I will attempt to give you the outline of an operation for opening the Antrum, in Acute Diffuse Inflammation of the Mastoid, with a trephine which every surgeon has at hand, viz.,—a common carpenters gimlet. It is a disease which perhaps cannot be called common, yet is far too frequently encountered. Many cases are doubtless due to the neglect of parents and others, and, we fear, far too often of the busy practitioneer who is quite satisfied with having diagnosed a "Scarlet Fever Ear," and only too willing to leave the case to nature, and without impressing the gravity of the disease upon the parents.

Custom still leads us to speak of diseases of the Mastoid process as if they were separate and distinct from those of the middle ear; while as a matter of fact the two groups of diseases are inseparably connected. So that it is in those cases in which the symptoms pointing directly to this region and outweighing the others that we designate it "disease of the Mastoid. But we shall limit ourselves to talking of only one of these which bears the long but scientific term of "Acute Diffuse Mastoid Osteitis," or what is equally intelligible to the ordinary intellect, Acute Inflammation of the Mastoid. Before attempting to portray this class of cases I must ask you to bear with me while I briefly go over some of the more important anotomical features of this region which are so well known to you all, but are of importance in relation to our subsequent remarks.

In infancy the mastoid process contains but one cell of material size, viz.,—the Antrum, which is separated from the external pericsteum by a very thin wall of bone. After puberty we have the other cells developed, and this thin layer of bone becoming more dense and firm till adult life, when it will be found to vary not only in hardness, but also in thickness, in different individuals.

Not far from the centre of the mastoid cells, but nearer their inner than outer limit lies the Antrum. It opens Anteriorly into the Tympanum, its floor being on a somewhat higher level. Its walls present a honeycombed appearance due to the presence of numerous openings leading into the surrounding cells. The distance from the posterior extremity to the groove for the lateral sinus which is from $\frac{1}{8}$ to $\frac{1}{4}$ inch, is necessary to be kept in view, as we shall see when we come to trephine.

The operation is indicated in cases which present the following clinical history :—The patient, a young adult, has been laboring for some time from a purulent catarrh of the middle ear. The pain however never shows a marked tendency to persist, is often excessive and referred to the mastoid and occipital regions. If in addition on examination we find tenderness with redness, and pitting on firm pressure, it indicates inflammation of the mastoid cells. But unfortunately it does not tell us how far the inflammatory action has progressed. But the degree of redness and swelling of the upper and posterior cutaneous wall of the auditory canal in the neighbourhood of the Membrana Tympani, furnish us with a fairly safe guide to the activity of the inflammation in the antrum. If we have here decided redness and swelling together with well marked periostitis, and pain behind the ear for a period of not less than a week, and in addition such constitutional phenomena as increase of temperature, rigors, etc., we may be sure that we have to do with a case of Suppurative Inflammation in the Antrum, and probably adjacent cells, which if it does not find an exit externally, by caries we are sure to have some additional complications such as Thrombosis of Lateral Sinus, Abscess of Brain, &c., &c. It might be of interest here to state that abscesses, after the third year are generally situated in the Cerebellum, before that age in the Cerebrum, a fact first pointed out as you know by Mr. Tonybee, and which helps us in localization.

I shall not stop to discuss the disputed point whether or no in the majority of these cases the pus finds an exit externally by caries, as held by many excellent authorities. But this I certainly can say, we are not justified in waiting to see, and I so pass on to the treatment

We should first see that we have a free exit for the discharge by the External Auditory Meatus, by removing granulation or polypi if they exist, or if necessary enlarging the opening in the membrana tympani. Now if the inflammation has not yet gone on to the formation of pus, we can trust to the application of leeches behind the ear, followed by fomentation. But if this fails to relieve, we should then

make an incision half an inch behind the ear and on a level with the upper wall of the meatus down to the tip of the mastoid process, incising the skin and periosteum, the incision which bears the name of that celebrated Dublin surgeon—Wilde. Now if the case was a child, and even if it had gone on to the formation of pus, we should probably get relief from this alone. For as we said in speaking of the anatomy of the part, the bone being soft and only a thin plate, if we did not open the antrum with the scalpel, which we probably do, in the majority of cases we should not have the least difficulty in doing so with any sharp instrument. Not having yet relieved our adult patient, and having decided that we have to do with a case of suppuration in the mastoid antrum, the bone now being hard and ivory-like, we proceed to open it with a common gimlet, entering it just at the top of Wilde's incision, if we have previously made it, if not, at a point half an inch behind the ear and on a level with upper wall of meatus. It is not necessary to place much weight on your trephine, and you steady it with the fore finger which should rest firmly against the bone, remembering that you have only to go about half an inch. A safe way is to mark ½ inch on your gimlet before commencing, so that you may know the distance you have drilled, for the antrum should be reached at a distance not exceeding ¾ inch. You bore in the direction of the petrous bone, viz.,—inwards and forward—if you also take the trouble to put a small pencil in the external meatus it gives you the exact direction; the necessity for caution of course being the proximity of the Lateral Sinus, which is about ⅛ inch from the proper line, and the other self evident risk of placing even a common gimlet in the middle ear.

The subsequent treatment consists in putting in a drainage tube, and the daily washing out with a solution, as Boracic or Carbolic acid, and covering the wound together with the ear, with some Antiseptic dressing. In a number of cases which I saw operated on, the most striking thing perhaps was the immediate relief given, the patients in a few days being able to leave their beds, though the subsequent progress in many cases was slow, a sinus remaining for a long time.

In conclusion there are two points that I have purposely left till now to consider:—

1st. Is the gimlet superior to other mastoid drills? I believe it is, since it is desirable to trephine with as little destruction of the cells as possible, and it has certainly this to recommend itself—it is always at hand and possesses the requisite shape to do this.

2nd. Is it necessary to open the Antrum, or will opening any of the cells do as well? It being a disputed point, I with deference submit my opinion—that I believe it essential to open the Antrum—knowing that I may have been prejudiced by my teachers, and so Mr. President prefer to leave it to you and the gentlemen present to decide for yourselves.

Dr. Stuver, in the *Medical News*, claims that *white lead* is more prompt and efficient in erysipelas than any other remedy he has tried, more satisfactory even than the treatment with sulph-ichthyolate of ammonium and lanolin. His preparation consists of white lead ground in oil, and thinned to a proper consistency with Japan dryer.

Dr. Stuver has found that—(1) white lead paint promptly relieves local pain and tenderness; (2) it limits the spread of the disease; (3) by forming an impermeable coating, it prevents dissemination of the disease germs, and consequent infection of abraded or unsound surfaces.

Hospital Practice.

CHARLOTTETOWN HOSPITAL.

Notes by Dr. Conway.

Amputations at Hip-Joint.

Case 1.—Dr. Taylor operating:

E. C., age 18, farmer. Diagnosis, Osteo-sarcoma of Femur,—circumference of tumour 32 inches. Amputation at the hip-joint was performed after the following manner: A strong Saddler's collar needle fitted to a handle was passed under the femoral as that vessel passes over the pubes, and the circulation was cut off by a strong loop of silk wound around the needle. A longitudinal incision was then made over the Trocanter and the bone exposed. The tissues were then separated from the bone on the inside of the femur and a piece of strong rubber tubing was passed through and made to encircle the soft parts completely. A circular incision was then made through the soft parts as near as possible to the rubber tubing, and the vessels were isolated and tied without trouble. Dislocation of the bone was then effected, the flaps were suitably shaped, and the needle removed. No hemorrhage of any account took place, although there was great shock after the operation and almost fatal collapse while the patient was still on the table. A good recovery took place in the course of six weeks and the patient was discharged cured.

Case 2.—Dr. Macleod operating:

J. M., age 18, farmer. Admitted to hospital May 9, 1889. Diagnosis, tuberculous ostitis of femur. Patient gives pronounced family history of tuberculosis. In this case there were a number of discharging sinuses through which the diseased bone could be felt. The toes were in a state of gangrene, the knee joint was ankylosed, and the patient's condition of health extremely bad. The temperature on the day of the operation, and for several weeks before, stood at 102°. There was diarrhœa and night sweats. Amputation at the hip joint was determined on as a last resort, and was carried out after the same manner as in the preceding case, except that the femur was sawed off a few inches below the trocanter, thus allowing more freedom for the manipulations required in the dislocation of the bone. Patient rallied well after the operation and his condition of health steadily improved, although he has not regained much strength. At this date patient is still in hospital and the wound is not yet entirely healed. The tuberculous diathesis of this patient renders his ultimate recovery extremely doubtful. The examination of the limb after removal showed the same condition of disease in the knee joint and in the tarsal bones.

Extirpation of Inverted Uteri.

Case 1.—Dr. Taylor operating:

Mrs. A., age 25, when admitted to hospital was almost exsanguinated from continued loss of blood. Examination revealed an inverted uterus dating from a confinement three years previously. Several attempts were made to reduce the organ but without success and extirpation was determined on. A strong loop of hemp was placed around the organ as high up as possible by means of Gooche's canula, and the circulation was effectually cut off. The loop was tightened twice during each day, and the 5th day the organ came away without any difficulty and without any loss of

blood. Patient was discharged and is now in the enjoyment of excellent health.

Case 2.—Dr. Taylor operating:

Mrs. J. P., age 29, entered the hospital with the same history and under the same conditions as the preceding case The same operation was performed in the same manner, and with the same result No anaesthetic was used during the operation in either case, and there was no complaint of pain then or during the after treatment. This patient is also in the enjoyment of excellent health and menstruates regularly.

Foreign body in Larynx.

Dr. Conroy operating:

Z. B., age 12, while in the act of whistling through a piece of tin, two inches square, folded on itself, the tin was drawn down in the larynx where it remained fixed. Severe attacks of dyspnoea and coughing threatened to suffocate him at any moment. Three weeks after the accident he was admitted to the hospital. The foreign body was located with the laryngoscope. The patient was put under chloroform and laryngotomy was performed. A laryngeal tube was then introduced. The anaesthesia was suspended for a while and the patient allowed to breathe freely through the tube. Then chloroform was again given through the tube, and by means of a pair of long curved laryngeal forceps passed down into the larynx the presence of the tin could be felt. It was then seized and extracted with the use of considerable force. Patient discharged cured.

Foreign body in Pharynx.

Dr. Macleod operating:

M. L., age 35, accidentally swallowed a partial set of artificial teeth. The plate became lodged in the oesophagus on a level with the upper end of the sternum. This being a case of great urgency from extreme suffering, oesophagotomy was performed after night and the teeth removed. The patient was artificially fed for some days and was discharged well.

GENERAL PUBLIC HOSPITAL, ST. JOHN.

NOTES BY DR. F. G. ESSON, *House Surgeon.*

Case.—J. B., admitted to G. P. Hospital, Aug. 30th, 1889. Exam.—An irregular depressed bullet wound, ½ inch longest diameter, over fourth rib, left side, ½ an inch to sternal side of nipple; no fracture of rib found nor foreign body. Dullness at base of left lung. Air passed from wound. Small amount of emphysema around wound. No cough nor haemoptysis. Haemorrhage slight Patient restless, thirsty and pain in left side on breathing. Clear in mind. Left lung collapsed.

Treatment—Wound dressed, side bandaged. Morph Sulph, gr. ½, given to relieve distress and pain from breathing. During next few days breathing very labored, some cough and slight haemoptysis, considerable pain which was relieved by morphia. Cough and haemoptysis disappeared in a few days and patient steadily improved in condition. Breathing returned in left lung.

Sept. 12th—Patient complained of soreness and pain in region of lower end of scapula on left side. On examination a slight projection was noticed at the inferior angle of the scapula, which when cut down on revealed a bullet of 32 calibre.

Patient recovered fully and was discharged Sept. 24th.

Society Proceedings.

ANNUAL MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

Banff, August 12th, 1889.

THE twenty-second annual meeting of the Canadian Medical Association was called to order by Dr. Ross, at 11 a. m.

Dr. Hingston, a past President, was invited to a seat upon the platform.

The following members by invitation were introduced by Dr. Ross:—Drs. Whittaker and Wigging, of Cincinnatti; Drs. Bulkley and Gibney, of New York; Dr. Marcey, of Boston; Dr. F. S. Conner, of Cincinnati; Dr. Gordon, of Quincy, Mass.; Prof. Barker, of Philadelphia; Dr. Hannan, of Hoosac Falls; Dr. Lathrop, of Dover, N. H.

Dr. Brett, of Banff, on behalf of the citizens of Banff, presented an address of welcome.

The following gentlemen were next elected permanent members, the President having declared an adjournment of ten minutes to allow the candidates to send in their names and pay the annual fee to the Treasurer.

Proposed by Dr Roddick, seconded by Dr. I. H. Cameron, that the following gentlemen be elected members of the Association:—Dr. Spencer, Brandon, Manitoba; Dr. J. W. Smith, Galt, Ontario; Dr. G. A. Kennedy. McLeod, N. W. T.; Dr. W. A. Ross, Barrie, Ontario; Dr. H. B. McPherson, North Sydney, Nova Scotia; Dr. Geo. Riddell, Crystal City, Manitoba; Dr. A. J. Rutledge, Moosomin, Manitoba; Dr. H. L. McInnis, Edmonton, N. W. T.; Dr. D. Young, Selkirk, Manitoba; Dr. G. Fleming, Chatham, Ontario; Dr. W. J. Mitchell, London, Ontario; Dr. Lewis Johnston, Sydney Mines, C. B.; Dr. Samuel Webster, Norval, Ontario; Dr. W. P. Chamberlain, Morrisburg, Ontario; Dr. Alex. Thompson, Strathroy, Ontario; Dr. John J. Farley, Belleville, Ontario; Dr. P. Robertson, St. Andrew, Quebec; Dr. G. Loughoed, Petrolia, Ontario; Dr. S. Selby, Haultaine, Maple Creek, N. W. T.; Dr. W. J. Lindsay, Calgarry, N. W. T.; Dr. P. Aylin, Calgarry, N. W. T.; Dr. James Hayes, Simcoe, Ontario; Dr. D. Eberta, Nanaimo, British Columbia; Dr. G. A. Praeger, Nanaimo, British Columbia; Dr. S. J. Turnstall, Kamloops, British Columbia; Dr. Fagan, New Westminster, British Columbia; Dr. R. J. Bentley, New Westminster, British Columbia; Dr. F. H. Newburn, Lethbridge, N. W. T.; Dr. A. Oliver, Medicine Hat, N. W. T.; Dr. Reginald Henwood, Brantford, Ontario; Dr. A. Jukes, Regina, N. W. T.; Dr. I. Harkness, Iriquois, Ontario; Dr. Webster, Kentville, Nova Scotia.

The Committee on Reciprocity of Registration was not prepared to report.

Dr. Ross reported on behalf of the Committee on Revision of By-laws, The report was referred to the special meeting at 8 p. m. for discussion.

The following gentlemen were appointed as a nominating Committee:—Dr. Stewart, Pictou, Nova Scotia; Dr. Armstrong, Montreal, Quebec; Dr. Roddick, Montreal, Quebec; Dr. LaChapelle, Montreal, Quebec; Dr. Henderson, Kingston, Ontario; Dr. H. Wright, Toronto, Ont.; Dr. Grasett, Toronto, Ont.; Dr. Chown, Winnipeg, Manitoba; Dr. O. C. Edwards, Qu'Appelle, N. W. T.; Dr. Lefvere, Vancouver, British Columbia; The President and Secretary *ex officio.*

The Secretary then announced the programme to the meeting, explaining why there was no printed programme prepared.

Dr. Wright, the President, then read his inaugural address, after which the meeting adjourned until 8 p. m. for discussion of the amendments to the By-laws.

Banff, August 12th, 1889, 8 p. m.

After a long discussion on the By-laws of 1874, certain amendments were adopted.

Dr. Trenholme, of Montreal, gave the following notice of motion:—"That the Nominating Committee shall be appointed by and for each Province by the members present thereof at the annual meeting."

Banff, August 13th, 1889.

The meeting was called to order at 9.30 a. m., Dr. Wright presiding.

The minutes of the previous meeting were read and confirmed.

Mr. Niblock, Assistant Superintendent of the Western Division of the C. P. Railway, was introduced by the President, and addressed the meeting on behalf of the new hospital now being built at Medicine Hat.

Drs. F. W. Campbell and T. A. Rodger, of Montreal, gave information on behalf of the Committee on Reciprocity of Registration.

Dr. Campbell expressed the view that it would be impossible to secure reciprocity between Canada and England under existing circumstances

The Committee was continued.

Without dividing into sections, the reading and discussion of Papers was then proceeded with.

(1). The first paper was read by Dr. Wright, on Hæmatoma of the Vagina and Vulva.

Discussed by Drs. Jas. Ross, Muir, Marcey, Roddick, Trenholme, Sloan, and Stewart, of Pictou.

Dr. Wright spoke in reply.

(2). Dr. G. A. Kennedy, of McLeod, next read a paper on The Climate of South Alberta, with special reference to its advantages to those suffering from pulmonary complaints.

Discussed by Drs. Oldright, McInnis, Praeger, Bentley, Henderson, McLellan and Spencer.

Dr. Whittaker spoke on this subject, dealing chiefly with the origin of tuberculosis.

Dr. Ross reported a case in which he had discovered the gross evidences of tubercular disease in an eight months' foetus, which died soon after delivery.

Dr. Kennedy replied.

(3). Dr. V. P. Gibney apologised for not having his paper with him, but opened a discussion upon the subject upon which he had intended to write—"The Management of Hip-Joint Disease." He proposed to call the disease "Tubercular Ostitis" of the hip-joint, and recommended absolute immobilization. The American idea of traction with motion had become obsolete. Axillary crutches with spica plaster bandage, including pelvis and calf, or if a splint is desirable a crutch splint from the perineum.

Discussed by Dr. P. S. Connor, who stated that 95 per cent. of all cases of hip-joint disease were tubercular. For treatment he recommended in early disease immobilization; in later stages of the disease he recommended arthrectomy, excision, or amputation, the essential principle being the complete removal of the tubercular matter.

Dr. Strange did not favor excision. He considered traumatism a common cause.

Dr. Roddick agreed with the previous speakers, and suggested traumatism as a special cause in addition to the ordinary cause, tuberculosis. He believed in extension.

Dr. Oldright related two cases.

Dr. Praeger related a case caused by a blow upon the left hip.

Dr. I. H. Cameron recommended the American plan of treatment. Recommended Buck's extension until rigidity of the muscles was overcome, then splints and movement.

Dr. Shepherd drew a distinction between the treatment of hospital cases and those who have the means of resorting to climatic and other hygienic conditions.

Dr. Gibney replied.

The meeting then adjourned till 2.30 p. m. for lunch.

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(4). The first paper read after lunch was by Dr. Buller upon "Preventible Deafness."

Dr. Reeve spoke upon the desirability of keeping the post nasal and pharyngyneal cavities clean and healthy.

(5). Dr. Grassett read a paper upon Colles' Fracture, dividing the subject into three sections.

(a). Those in which the fracture is complete.

(b). Where there is great displacement which is hard to reduce.

(c). The form occuring in old people.

This was discussed by Drs. Roddick, Sloan, McLellan, Geikie, I. H. Cameron, and Stockwell.

Dr. Grassett replied.

(6.) Dr. Ross read a paper upon "Empyema successfully treated by Free Incisions."

No discussion.

(7). Dr. James Stewart read a paper upon Sulfonal.

Dr. Whittaker corroborated the remarks of Dr. Stewart in his paper. He considered Sulfonal and Paraldehyde are the greatest Hypnotice we have, and are harmless.

(8). Dr. Reeve, of Toronto, read a paper on "The Relief of Pain in Eye and Ear Affections."

(9). Dr. Whittaker read a paper upon Varicella.

Discussed by Drs. Geo. Ross and Bulkley.

(10). Dr. Shepherd read a paper upon Nephro-Lithotomy.

Discussed by Drs. Connor, Dupuis, Bell and Roddick.

(11). Dr. Bulkley read a paper on "The Early Recognition and Treatment of Epithelioma," dealing with the subject from a clinical standpoint. He deprecated the use of mild caustics, such as nitrate of silver, and recommended soothing and mildly stimulating applications in early cases, and in the more advanced cases either excision, curetting or cautery, claiming good results from Marsden's Paste, which consists of arsenious acid and gum acacia in equal parts by measurement.

Discussed by Drs. Muir, Dupuis, Chamberlain, Wright, of Ottawa, Shepperd, Roddick, and Connor.

Dr. Bulkley replied.

The meeting then adjourned until 8.30 p. m.

The meeting was re-opened at 8.30 p. m. by the reading of a paper by Dr. I. H Cameron on Hernia, in which he gave the views of Mr. Lockwood.

Discussed by Drs. Marcey, Gardner, and H. P. Wright, Dr. Cameron replied.

(13). Dr. Praeger narrated several surgical cases.

(14). The President then announced that Dr. Jukes had withdrawn his paper on "The Endemic Fever of the North-West Territories."

(15). Dr. Dupuis was called upon to read his paper, "Some Improvements in Medical and Surgical Instruments." As the hour was late he contented himself with showing and explaining the instruments without reading his paper.

The following papers were then declared read by title, the authors not being present:—

1. Mineral Springs, by Dr. H. B. Small, Ottawa.
2. Vertigo,—an eye and ear symptom,—by Dr. J. W. Stirling, of Montreal
3. "A Common and Preventible Cause of Retro-displacements," by Dr. A. L. Smith, Montreal.
4. "A case of Necrosis following a Compound Fracture," by Dr. John Campbell, Seaforth.

Dr. Stewart, of Pictou, moved, seconded by Dr. Roddick, that the President nominate a committee to confer with the Provincial and Local Societies, and approach the Provincial and Local Governments with a view to reducing the tariff on surgical instruments. Carried.

Dr. P. S. Connor, on behalf of the American visitors, in a happy manner thanked the Association for having invited the American delegation.

Cheers were given for the American delegates.

The Treasurer's report, audited by Drs. Buller and LaChapelle, was received and adopted by motion.

The Treasurer reports as follows:—

TREASURER'S REPORT.

Canadian Medical Association.

Meeting at Banff, August 12th and 13th, 1889.

Fees received by Acting Treasurer from members (82).....$164 00

LIABILITIES.

Balance due Dr. Sheard, former Treasurer	$ 2 07	
"Times" Printing Company, Hamilton	13 00	
Somerville, Ballack & Co, Montreal	52 50	
Secretary—P. O., Stamps, Stationery, &c	30 75	
Moulton's Theatre Co	20 00	
Burland Lithograph Co	2 75	
		$121 07
Balance		$42 93
Reduction in charge for use of Theatre		5 00
		$47 93

Audited and found correct,
(Sgd.) F. BULLER,
E. P. LACHAPELLE.

Dr. Stewart, of Pictou, Convener, reported on behalf of the Nominating Committee as follows:—

1. Place of meeting—Toronto.
2. *President*—Dr. James Ross, Toronto, Ont.
   Secretary—Dr. James Bell, Montreal, Que.
   Treasurer—Dr. W. H. B. Aikins, Toronto, Ont.

Vice-Presidents: For British Columbia—D. E. Berts, Nanaimo, B. C.; for N. W. T.—Dr. Brett, Banff, N. W. T.; for Manitoba—Dr. R. Spencer, Brandon, Man.; for Ontario—Dr. Bruce Smith, Seaforth, Ont.; for Quebec—Dr. E. P. LaChapelle, Montreal, Quebec; for New Brunswick—Dr. Holden, St. John, N. B.; for Nova Scotia—Dr. L. Johnston, Sydney Mines, C. B.; for Prince Edward Island—Dr. McLeod, Charlottetown, P. E. I.

Local Secretaries: British Columbia—Dr. Fagan, New Westminster, B. C.; North West Territory—Dr. Rutledge, Moosomin, N. W. T.; Manitoba—Dr. H. Higginson, Winnipeg, Man.; Ontario—Dr. J. J. Farley, Belleville, Ont.; Quebec—Dr. J. Elder, Huntingdon, Que.; New Brunswick—Dr. Raymond, Sussex, N. B.; Nova Scotia—Dr. W. S. Muir, Truro, N. S.; P. E. Island—Dr. Warburton, P. E. I.

The following Standing Committees were appointed:—

1. *Necrology*—Drs. Hingston, A. H. Wright and Geo. Ross.
2. *Medical Education and Literature*—Drs. Dupuis, Kingston; Cameron, Toronto; Mullin, Hamilton.
3. *Prize Essays.*—Moved by Dr. Bell, seconded by Dr. Stewart, Pictou, that no committee be suggested this year as there are no prizes offered. Carried.
4. *Climatology and Endemic Diseases*—Drs. Oldright and Bryce, Toronto; Campbell and LaChapelle, Montreal; Parker, Halifax; Jukes, Regina; Robillard, Ottawa; Patterson, Winnipeg; Milne, Victoria; Kennedy, McLeod, N. W. T.
5. *Ethics*—The President and President-elect, and the eight Vice-Presidents.
6. *Committee on Arrangements*—Drs. James Ross, W. B. Geikie, Oldright, Graham, Strange, Grasett, A. H. Wright, O'Reilly, and W. H. B. Aikins, (Toronto).
7. *Publication Committee*—Drs. A. Morrow, Halifax; James Stewart, Montreal; Dr. Sheard, Toronto.

The report was adopted, and the above-named officers and committees declared elected for the ensuing year.

The following resolutions were then proposed, seconded and carried:

Moved by Dr. Buller, and seconded by Dr. Charles O'Reilly: "That this Association has great pleasure in conveying to the Canadian Pacific Railway its most cordial acknowledgements for the facilities that have been accorded in coming to Banff; for the civility and kind attention they have received from all the employees of the Company with whom they had to deal, as well as for the superb accommodation and the great enjoyment they have derived from their sojourn in the world-renowned Banff Springs Hotel.

Taking into consideration the length of the journey, the season of the year, and the unavoidably imperfect information as to the location and numbers of those who formed the main body of the excursion, the arrangements as carried out by the Company have been such as to excite the admiration and grateful recognition of the Association. The thanks of the Association are especially due to Mr. William Whyte, General Superintendent of the road for his exceeding kindness in accompanying them from Winnipeg to Banff, and giving his personal supervision in all matters concerning their safety and welfare."

Motions of thanks for attention and kindness were tendered to the citizens of Banff; to His Honor Dr. Schultz, Lieutenant-Governor of Manitoba; to the Grand Trunk Railway Company.

Moved by Dr. Oldright, seconded by Dr. LaChapelle,—That the Canadian Medical Association do respectfully submit to the Government of the Dominion, that it is highly desirable in the public behalf, as well as in the interest of medical science, that the profession should be in possession of reliable statistics of the climatic conditions of Banff and other resorts in the North-West Territories, as well as of the chemical composition of the soil and waters of the district, in order that we may act with greater confidence in sending patients to these resorts, and that the Association do further memorialize the Government to establish a signal station at Banff, with branches at such other points as may be found necessary, a competent person being appointed to superintend the observation at such station or stations.

Moved by Dr. W. S. Muir, Truro, N. S., seconded by Dr. Shepherd, Montreal,—That the Local Provincial Secretaries be requested to ascertain the feeling of the Medical Societies of their respective Provinces on the subject of affiliation with the Canadian Medical Association.

Vote of thanks to the Medical men of Winnipeg,—moved by Dr. W. S. Muir, of Truro, N. S., seconded by Dr. Geikie.

Moved by Dr. LaChapelle, seconded by Dr. Oldright,—That this Association hereby declares its opinion that it is

the duty of all practitioners to loyally comply with the regulations in force in the different Provinces, and to report cases of contagious disease to their respective local authorities so as to enable these authorities to give suitable advice, and take such measures as might be required in order to prevent the spreading of contagious diseases and prevent epidemics.

Moved by Dr. Strange, seconded by Dr. Henderson,—That the cordial thanks of the Medical Association be tendered to the Manitoba and other clubs of the city of Winnipeg for the privileges conferred upon its members.

Proposed by Dr. Shepherd, seconded by Dr. LaChapelle,—That the thanks of the Association be conveyed to Mr. Lalonde for his great care and attention and unfailing kindness to the members during the trip from Banff to Montreal.

The thanks of the meeting were tendered to Dr. Wright, the President, for the impartial and business-like way in which he had conducted the business of the Canadian Medical Association; and to Dr. Bell, General Secretary, for the able and courteous manner in which he has performed the large amount of work which has of necessity fallen to him in organizing what has been the most remarkable meeting in our history.

The following letter was received from His Honor Lieutenant-Governor Schultz, of Manitoba:—

GOVERNMENT HOUSE, WINNIPEG, MAN.,
August 12th, 1889.

My Dear Sir:

In answer to the wish expressed by the officers and many of the members of the Association that I would be present at your Banff meeting, I regret to say that I find other duties will, for a time at least, call me in another direction, though I will make an effort to meet you all somewhere in British Columbia before your return. Kindly allow me to say to the Association, through you, how gratified I am personally, and how pleased I know the profession here to be, at the choosing of a place in the North West for the meeting of the Association this year. To my mind Banff is particularly appropriate, for it is one of our national sanitariums. There are questions of medical and other scientific importance which may be better observed and discussed there than almost anywhere else in Canada. You are on a range of mountains memorable with recollections of several great medical men. Dr., and afterwards Sir John Richardson, followed their course down our mighty northern river till their grand heights slowly descended to the flat plain which forms the shore of the Arctic sea. This worthy companion of the great Arctic Voyageur, whose dust is sepulchured in the snows and ice of the Arctic Archipelago, first gave to the world the knowledge of Arctic and sub-Arctic flora, and much of their knowledge of the animal life of the great northern wilds. Dr. Hector gave most valuable information in the same direction, and of the diseases of the Indian tribes, when, with Captain Palliser, he explored the Rocky Mountain passes to the south of the one in which your meeting is now being held. Dr. Cheadle, Surgeon to Lord Milton's party, wrote that most interesting book, "The North West Passage by Land," describing one of the passes to the north of where you now are; and I feel sure that so many men learned in the profession, to which I am proud to belong, when discussing in council cannot fail to throw light upon many of the questions which will naturally present themselves for solution,—such as, for instance, whether the high temperature of these springs is due to the disintegration of the sulphites and sulphates, or is the result of vulcanic action, and whether, if from either of these causes, the temperature varies, and the proportion of chemical constituents changes from the published analysis; the effect of high altitudes upon the bacillus of pthisis and upon other disease germs, and the effect of large areas of non-absorbable granite rocks upon the life of such bacteria as may be found at these elevations; and I would ask my learned confreres, when the discussion of more scientific questions shall have been completed, to pause and reflect for a moment that they are where for economic purposes, Canada is widest and no longer a mere arable strip on the banks of the St. Lawrence, where on the east (and northward from the boundary line) Canada measures thirteen hundred miles of arable and pastoral land, and to the west nearly an equal north and south width of one of the richest mineral districts in the world.

I am, dear sir,
Very faithfully yours,
(Sgd.) JOHN SCHULTZ.

To the Secretary of the Canadian Medical Association,
Banff, Alberta, N. W. T.

As the meeting had been concluded, it was decided by the President and Secretary to acknowledge the receipt of the letter, and to request the various medical journals to publish it in full in their next issues.

ST. JOHN MEDICAL SOCIETY.

REGULAR MEETINGS of this society were held Sept. 18th and October 2nd.

At the former meeting the president exhibited a small calculus which had been expectorated and was supposed to have come from the air passages. He also read notes of cases during the last month in which there was a great similarity of symptoms; the patients being seized with chills accompanied with high temperature, as high as 105°, temperature keeping up for seven days and then rapidly becoming normal. He thought symptoms very like those of malaria.

Most of the members present took part in the discussion which followed, and while similar cases had been generally met with the general consensus of opinion did not favor the malarial origin of the disease.

The significance of diplopia as a symptom of disease was next brought up, and three or four cases were related in which it was a prominent symptom; a very interesting discussion ensued which, however, did not altogether elucidate the question.

At the latter meeting held on the 2nd inst., Dr. Jacques, House Surgeon of Victoria General Hospital, Halifax, was introduced and welcomed.

Dr. J. D. White read a paper on "Uterine Hemorrhage." The paper was a careful review of cases occurring in his own experience of some 3,000 midwifery cases, and was listened to with marked attention by those present. The discussion which followed was general and many practical points in the prevention and treatment of this affection were brought out

F. G. ESSON, M. D., *Sec'y.*

PRINCE EDWARD ISLAND MEDICAL ASSOCIATION.

A MEETING of the medical men of the province was held on Wednesday evening, October 2nd, 1889, for the purpose of forming a Medical Association.

Dr. R. Macneil, Stanley Bridge, was called to the chair. Dr. S. R. Jenkins was appointed secretary, *pro tem.* There were about twenty-five medical men present.

After a few remarks by the chairman, as to the object of the meeting, a motion was passed forming a Medical Association for the Province of Prince Edward Island.

The officers of the Association for the ensuing year are:—

President,	DR. R. JOHNSON, Charlottetown.
1st Vice-President,	" McLAREN, Brudenell.
2nd Vice-President,	" McKAY, Summerside.
3rd Vice-President,	" McLEOD, Charlottetown.
Secretary,	" S. R. JENKINS, Charlottetown.
Treasurer,	" F. D. BEER, Charlottetown.

A committee of five was appointed to draft a constitution and bye-laws for the Association.

The qualification for admission is—"All medical men who are now, or who have been engaged in actual practice, holding a diploma from any accredited college of Great Britain, Canada or the United States, are eligible to membership of the Association by paying the initiation fee of ($1.00), one dollar.

A committee on credentials was also appointed.

Also a committee on legislation consisting of (15) fifteen members, (5) five from each county, to draw up a medical act and to secure its passage through the legislature at its next session.

The next meeting is at the call of the President

The meeting adjourned *sine die*.

S. R JENKINS, M. D., *Sec'y*.

Correspondence.

SANITATION IN CHARLOTTETOWN.

To the Editor of the Maritime Medical News:

SIR,—One year ago the first number of the MARITIME MEDICAL NEWS saw the light. In that issue I expressed a hope that public sanitation would form a prominent feature of the new journal—that the successes or failures of one locality, duly recorded, would prove a stimulus or warning, as the case might be, to other localities

In this city, while much progress has been made in directing public attention to sanitary matters, we have to chronicle a retrograde movement in some very important particulars, notably in the tacit suspension, on the part of the authorities, of the bye-law regulating the keeping of swine within the city limits during the summer season. While Huxley makes merry over the "bedevilment of pigs' in the Gadarine story, we cannot but deplore the "bedevilment" of our city fathers, who have the fear of the pig owners continuously before their eyes. Again, a pure and abundant water supply having been secured, the problem, in the absence of a system of sewerage, of how to get rid of the waste and fouled water has forced itself upon the public attention. Many citizens have solved the question to their own satisfaction by boring wells or using old ones as receptacles for their fouled and waste waters. It goes without saying that this, in the first place, renders the use of the remaining wells, for drinking purposes, highly dangerous. But it is not so clear to the average citizen that, in order to maintain the health of the city, the surface must be kept unbroken, and the ground air and the ground water kept free from every possible source of contamination. How can these two factors at such considerable depths from the surface, they ask, possibly affect the public health? They forget, or do not know, that owing to the slow movements of the ground waters they cannot carry off, with sufficient rapidity, the supplies received from sinks and wells, and that the level of the ground water rises and falls according as the season is wet or dry; also, that the ground air, (thus polluted and saturated with noxious gases,) which always follows the water movement, is, as the water line rises, expelled to the surface of the ground, and into cellars, and from thence finds its way to the very garrets of the houses.

I have ascertained, on the very best authority, that the surface of the city does not exceed on an average thirty-one feet above the mean sea level, while in many quarters it is much less. Our wells will also average about that depth, and these, forsooth, are relied upon to drain the city! The citizens have been asked, through the public press:—"If deep sinks and blind wells or surface drainage are safe conduits to carry off befouled water and other waste, why do corporations the world over find it necessary to expend thousands and millions of dollars in the construction of various systems of sewerage?" But no reply has been vouchsafed. They have also been reminded that the essential causes of diarrhœa and all intestinal diseases reside, ordinarily, in the superficial layers of the earth, and that the chief aim, in prophylaxis, is "to prevent fouling of the soil with matters out of which the material of diarrhœa can be produced; to secure domestic cleanliness, dryness and cleanliness of soil, lowering of ground water, prevention of rise of ground air, etc., etc." But, notwithstanding these warnings, the pernicious and dangerous experiment is being tried almost universally, and, the greater the pity, because the pollution of soil thus effected in one year is more than nature, with all her resources, can undo or remedy in a score of years. And when, sooner or later, the citizens recognize the mischief they have done they will be powerless to undo it. The reason why one city is healthy and another unhealthy, in the same country, owing, not to a difference of climate or atmosphere, but to the ground soil, will then be practically but sadly demonstrated.

Scarlet fever has been prevalent during the last spring and summer, with a very serious death rate. So far as is known, this epidemic owed its origin to an imported case. This fact would seem to point a moral in regard to the necessity of a Federal, if not indeed of International, legislation. But we must walk before we run, and it emphasizes the necessity at least of a Dominion [illegible] such cases. The disinfection of the premises and of the persons and clothing of persons recovering from scarlet fever is too much neglected in all our cities, and such patients are in the habit of removing from town to town, and from country to country, without let or hindrance. This evidently is a matter for federal, rather than local, legislation. Is this country ripe for a Minister of Public Health, to whom would be assigned the supervision of all subjects which relate directly to the public health? Are we prepared to relegate to a health department not only advisory, but compulsory power? We do not object to inspectors of the revenue, etc., whose powers are almost absolute. Is the public health a matter of minor importance? Do not the facts I have given of the wanton pollution of the soil of one of the hitherto healthiest cities of the Dominion indicate that some intelligent authority should be constituted, and clothed with ample powers to indict the perpetrators of such a crime against not only this, but future generations? What of a Dominion Medical Association composed of delegates from the various Provincial Associations, as a preliminary step towards such federal legislation?

I am glad to be able to report that the medical men of this Province have at length formed a Provincial Association, and that their intention is to secure such legislation as will put the profession in this, as in every respect, on an equal footing with our brethren of the other provinces. I intended to refer to our annual visitation of typhoid fever with the bearing of our water supply thereupon, and other matters, but your space must not be too much encroached upon. I will merely add that Dr Johnson, the City Health Officer, is making a brave fight for sewerage; but in the meantime much harm, I know, will accrue to the city from its short-sighted and suicidal policy of attempting drainage by means of deep sinks and blind wells. J. M.

CHARLOTTETOWN, Oct. 21st, 1889.

The Maritime Medical News.

November, 1889.

ONE of the most dreadful crimes ever conceived was perpetrated on the evening of October 1st, in St. John, when someone posted packages of candies impregnated with strychnine to four clergymen of the city, and caused the death of the wife of one of them, a lady very widely known and held in the highest esteem. The crime in its conception and execution was marked by such a reckless disregard of human life, as to make it very difficult to believe it to be the work of any one in full possession of his reason. The evidence given at the inquest left no doubt in the mind of any that the death of Mrs. Macrae was caused by strychnine; the medical testimony showed that the symptoms present before death were those of strychnine poisoning, and the chemical analysis of the stomach and its contents enabled the analysist to show an appreciable quantity of crystals of strychnine obtained from that source, and which he tested before the jury. Strychnine was found in large quantities in and about the candies. As to who might be the perpetrator of the crime the evidence is not so explicit, although the jury felt themselves justified in bringing in a verdict of wilful murder against an employe in a large drug establishment. The chief grounds on which the verdict was based appear to be that the boxes in which the candy was sent could only be duplicated at this store,—that a bottle of strychnine was missing from a package which was in an under tier and not in the way of being used,—that the young man came to the store after hours when he was not required and had a key made for the purpose of admitting himself,—that he had been an inmate of the Asylum,—that there was a similarity in the formation of some of the figures on the addresses of the boxes sent to the clergymen to those on boxes in the store known to be written by Mr. McDonald, and that one of the clerks suspected him. It is strongly to be hoped that if McDonald be the guilty party, some more direct and explicit testimony will be forthcoming when he stands his trial before the Supreme Court than has so far been brought out. Our readers will be more particularly interested in the medical aspects of the case.

The time which elapsed between the swallowing of the poison and the death of Mrs. Macrae was between 25 and 30 minutes, as near as can be judged. At the post mortem the heart and other organs were healthy and no natural cause for death could be found. The brain and spinal cord were not examined. The heart, liver, one kidney, stomach and its contents with about fifteen inches of duodenum were removed and sent to Mr. W. F. Best, Analytical Chemist, for examination.

NOTES FURNISHED TO THE "MARITIME MEDICAL NEWS" BY MR. W. F. BEST, PUBLIC ANALYST, ST. JOHN, ON THE METHOD PURSUED FOR THE DETECTION OF THE POISON.

In examining the viscera for strychnia the analyst employed a method based on Stas's Method for the detection of Strychnia. The contents of the stomach were removed and the cavity carefully washed out with pure alcohol. All the fluids in and around the liver, kidney, heart, and stomach were collected in a glass jar with a considerable quantity of alcohol. This was allowed to stand over night, and part of the clear portion of the liquid was then siphoned off—a small amount of acetic acid added and the liquid allowed to stand. Half of this clear liquid was then placed in an evaporating dish and allowed to stand over Sunday. On Monday morning three or four small and somewhat irregular crystals were found near the bottom of the vessel, from which the greater part of the alcohol had evaporated. These crystals after being washed were tested by the sulphuric acid and manganese binoxide method and the characteristic colors (first blue, to violet, to red and finally amber) obtained.

Part of the tissue of the stomach, liver and kidney was next cut up into small fragments and digested in alcohol for some time. The liquid portion was then separated from the solid matter, and this liquid was added to the fluid matter obtained from the stomach and from in and around the other organs. This was evaporated till the contents of dish would be about four ounces. This was then filtered and neutralized with ammonia, a slight excess of the alkaloid being added. Three times its volume of ether and a small amount of chloroform were added and the whole shaken in a high and narrow glass bottle. It was allowed to stand and the clear liquid standing over the turbid residue was removed by means of a pipette. The clear solution was next evaporated. To the small amount of solid residue left in the evaporating dish a few drops of strong C. P. Sulphuric Acid were added, which would clear the organic matter present. A little distilled water was then added and the solution filtered. The clear solution was then neutralized with ammonia and a small amount of ether added. On the evaporation of the ether about thirty small

needle-like crystals were found which on being tested proved to be strychnia.

It is a matter for congratulation that no victim was found in the other houses to which the candy was sent, although in all, the escape was a very narrow one. With regard to the question of responsibility of the accused we may have something to say on a future occasion.

THE unusual dryness of the past summer has been followed in many parts of the lower provinces by a very considerable outbreak of typhoid fever, and this disease is at the present moment prevalent in the cities as well as the smaller towns and rural districts of this part of Canada. Defects in sanitary appliances and conveniences which may give no sign of their presence in ordinary seasons, will, under the pressure of such favoring circumstances, call down certain vengeance on the health and purse of the citizen who is careless or parsimonious in these important matters. In the treatment of typhoid, and with a view to the prevention of its further spreading, the use and choice of proper materials for the complete disinfection of the discharges are of the first importance.

In connection with this subject, the experiments of Dr. Charles J. Foote of New Haven, Conn., made in the laboratories of the Yale Medical School, to determine the comparative value of various substances and solutions in the disinfection of foeces are worthy of note. He used the following solutions, (Amer. Jour. Med. Sc., Oct, 1889,) viz.:

℞ Corros. Sublim. . . 3ss
Water . . . . . Cℨ

℞ Chloride of lime . . ʒss
Water . . . . . Cℨ

℞ Sulphate of iron. ʒx
Water . . . . . Cℨ

℞ Corros. Sublim. . . 3ss
Tartaric acid 3x
Water . . . . . Cℨ

℞ Hydrochloric acid. 3x
Water . . . . . Cℨ

℞ Carbolic acid (5p.c.) 3 L
Water . . . . . Cℨ

℞ Corros. sublim. . . 3ss
Potass. permang . 3ss
Water . . . . . Cℨ

The results obtained showed that the mixture of bichloride with Tartaric acid, of the bichloride with potass. permanganate, and the solution of chloride of lime, were the best and most reliable disinfectants, but that it is very necessary that the chlor. lime solution be fresh. Five per cent solutions of carbolic acid and two-tenths per cent solution of bichloride are unreliable. Sulphate of iron showed itself "totally inefficient, both as a disinfectant and deodorizer;" in fact Dr. Foote says it developed an odor "considerably more disagreeable than that of the mixture of feces with sterilized water." This latter statement is interesting in view of the fact that the Provincial Board of Health of New Brunswick recommend this solution of sulphate of iron for use in privies and water closets and as an excellent disinfector of foul drains.

The bichloride solutions would injure lead pipe if used for any lengthened period, and where prolonged use is required the solution of chloride of lime is recommended. The experiments referred to were made with normal stercoraceous matter, and as the bacillus typhosus and common bacillus are less resistant than some spores which are ordinarily found in this excretion, it follows that the comparative value of these disinfectants in typhoid fever or cholera would be the same as shown above in the sterilization of foeces.

It will be seen that the stand-by chloride of lime still holds a first position as a disinfectant, and though it is rather paradoxical to call a substance which has such a villainous smell of its own, a deodorizer, still the fact remains that it is one of the best for destroying noxious odors though unfortunately substituting its own.

A DESIRE has been very frequently expressed by leading men in our ranks for the oganization of a Maritime Medical Association. It is generally felt that the Canadian Association has not come up to the expectation of its founders in drawing a large and representative gathering of men from the several provinces which compose our Dominion, owing chiefly to the great distances to be traversed in reaching an appointed place of meeting. Certainly the two meetings held in the Maritime Provinces were complete failures in securing an attendance from either Quebec or Ontario. Such an objection would not apply to a maritime organization. as the facilities of communication are now so numerous and satisfactory that no great difficulty would be experienced in securing a large and representative gathering at any of the large centres of our population.

It is with pleasure therefore we note that the New Brunswick Medical Association have appointed a committee to confer with the Association in Nova Sootia and Prince Edward Island about the subject. The advantages of such an organization are so obvious that we do not propose to refer to them. We trust however that the Nova Scotia and P. E. Island

Provincial Medical Societies will at the earliest possible date take action in the matter corresponding with the initiary steps taken by the N. B. Society.

NO professional man we are sure, doubts the value and importance of the services that can be rendered to the public and the profession by a representative body such a Provincial Medical Board. We say *can* be rendered. Because, whether they are rendered will depend largely :—

First, upon the intelligence with which the body of the profession exercises its duty of electing as their representatives suitable, well-balanced men. Every registered medical man *may* through the provincial society exert his influence on these elections by casting his vote for the man of his choice, so that if an incompetent Board were elected the fault of such a state of affairs would rest solely with the profession.

But no such misfortune has befallen our N. S. Provincial Medical Board, which it would probably be impossible to replace by the same number of better men.

If, then, fault be found (and complaints have been made) and it be asserted that the Board has not done what *should* have been done in respect to certain interests of the public and the profession, it will perhaps be found that such *has* not been done because it *could* not be done with the means at the disposal of the Board.

Because, the services which the Board can render depend.

Secondly, upon the means at the disposal of the Board. So true is this that with no means, save the bodies and minds of the members, the Board can do little or nothing in enforcing the law against quackery and unlicensed practitioners. We know of several unlicensed men practising in different parts of the province; but it would be childish to urge the Board to proceed against them when it has not means with which to pay the legal expenses. Since, though the Board win the case, the defendant will probably be found to have no money or to swear that he has no money with which to pay the fine and costs which have been imposed upon him by the court.

The simple and evident remedy if the profession is to have an active and efficient representative Board, is to have a small annual tax of one or two dollars, payable by every registered medical man in the province, this to be made law by addition to our medical acts.

We hope that next summer's meeting of the Provincial Medical Society will see this modest yet important step accomplished so far as the decision and approval of the profession are concerned. It will then only be necessary for the government to give due legal authority to the measure.

WE congratulate the profession of P. E. Island upon the successful formation of a Provincial Medical Society. The report of the first meeting and names of officers elected for first year will be found on another page. We are glad to see that it is the intention to push for a Medical Act and we wish them all success in securing this public and professional benefit; beneficial to both by insuring and maintaining a high standard of professional education and social dignity and estimation.

WITH the resumption of the full Medical Academic course at the Halifax Medical College, we look forward to a period of usefulness and prosperity exceeding that of any time in its past history. Of the capabilities of the college as evidenced and developed in past years the teaching staff have reason to be proud.

Now let us see a vigorous policy pursued, that paying little heed to difficulties except to overcome them, will make known throughout the provinces the determined virility and development of the institution; and that shall bring home to the minds of government, civic councils and citizens that they may well take interest and pride in a college which may attain a brilliant future.

In the United States the cities are alive to the value of such institutions, not only in the material wealth brought into the place, but in the prestige and general interest associated with the possession of a well equipped and suitably supported college.

The college deserves and will, we trust, receive the cordial support of the profession generally in the efforts to discharge efficiently the duties of medical education in Eastern Maritime Canada; for in Eastern Canada such an institution will be demanded and must be provided.

WE have not been guilty of allowing financial matters to encroach upon the editorial columns of the journal. But, in beginning the second year of the NEWS, we take the opportunity of asking subscribers or intending subscribers kindly to be

prompt in remitting their subscriptions. The number who have recently sent in their subscriptions for the first two years, shows us that there are some intending subscribers from whom we have not yet heard, simply because of procrastination on their part. This has led us to provide a sufficient number of copies of this issue to enable us to supply those who not having received a copy may, on remitting subscription, wish the back number to be sent to them.

Reviews and Book Notices.

THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS—By D. W. Cathell, M. D., Baltimore, Md. F. A. Davis, Philadelphia, Publishers. Ninth Edition.

This book, at present and long since popular, treats of the doctor in his personal and business relations with his patients and the world in general, talks frankly of the temptations, faults and difficulties that are specially associated with, or specially affect our profession, and contains much sound advice and many suggestive statements which are well worth consideration. It is hardly to be expected that the reader will agree with all the views of the author. But almost every one will find much to lay to heart, and much that he would do well to follow out.

The author touches upon the question of location, office, outfit, companionship, details of conduct in early years of practice, manner and a thousand other matters of importance in a professional life.

"When called to attend a case previously under the care of another physician, especially if the patient and friends are dissatisfied with the treatment, or if the case is likely to prove fatal, be carefully just. Do not backbite or disparage the previous attendant by expressing a wish that you had been called sooner, or criticise his conduct or his remedies; it is cowardly and mean to do either. Remember in all such cases to reply to the questions of the patient, or his inquiring friends, that your duty is *with the present and not with the past.*"

"Probably one of the greatest powers you could possess is that of discovering who are the *ruling spirits* in a family, and honestly securing their faith and keeping them satisfied wfth you and your services."

"In giving certificates, it is best to certify, 'In my opinion, &c.' The fact that it is your belief or opinion, no one can dispute, even though it should prove erroneous."

There are some unmistakeable expressions concerning the relations between physician and pharmacist in which there is we agree room for much improvement in point of dignity and other ethical regards.

The author gives many very valuable hints as to the manner, time, &c., of collecting bills, favouring the frequent issuing of accounts in a large number of cases.

The price of this book is $2.00 net. It is certainly interesting reading, and we believe, will by most be found profitable.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES—5 volumes. Issue of 1889. F. A. Davis, publisher.

We endorse our former high opinion of this work as one to refer to for recent advance in the different departments of practice and science. Many improvements have been made in this edition.

The weight and measures are expressed by the standards generally in use in this county as well as in the metric system.

An index has been added to each volume besides the complete triple index at the end of the entire work.

The therapeusis colume contains 48 pages more matter than the first issue. There are other important extensions and two departments added—"Examination for Life Insurance," and "Railway Neurosis." The volumes have been made less clumsy.

This is a good work for the practitioner who wants to place himself *generally abreast of the times.*

Notes and Comments.

JAPAN has 13 schools of medicine.

DR J. F. BLACK, of Halifax, has recently added one to the growing list of successful ovaritomies in Nova Scotia.

NEW YORK CITY employs forty physicians to visit the poor in the tenement houses and pays them too.

THE latest coroner's jury's verdict is by a Pennsylvania jury; an embankment caved in on some railroad laborers and the verdict runs: "Died of gravel."

IT is becoming a question much discussed by life insurance men as to whether the rectum should be explored when examining an applicant for life insurance. Several instances have lately occurred wherein parties pronounced good risks have died shortly afterwards from cancer of the rectum.

THE St. Louis Medical and Surgical Journal says that a saturated solution of chloride of tin will readily remove rust from surgical instruments. The instruments are to be immersed in the solution, and retained there over night.

WETTENDORFER, by accident, struck upon the plan of *abdominal compression in the treatment of dyspepsia.* He has since used abdominal compression, in the shape of an elastic bandage about twelve inches wide, in a large number of cases of dyspepsia, flatulency and torpid digestion with great success.—*Medical News.*

SPECIAL NOTICE—The American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M. D. All recipients of both degrees, literary and medical, are requested to forward their names at once to DR. R. J. DUNGLISON, Secretary, 814 N. 16th Street, Philadelphia, Pa.

DR. MIKHALOFF, of Sophia, Bulgaria, highly recommends the internal administration of Iodoform in three-fourths of a grain doses five times daily, as an excellent remedy in haemoptysis, haematuria, menorrhagia, metrorrhagia, flooding after abortion, intestinal hemorrhage (including that of typhoid fever and tubercular ulceration of the bowels), bleeding from hemorrhoids, etc. He publishes a long list of instructive cases thus treated, and suggests a trial of Iodoform in dysentery, in which both the haemostatic and disinfecting powers of this drug might prove beneficial.

WE take the following from the *Philadelphia Medical News:*—

"A Maritime Medical Association.—At the last annual meeting of the New Brunswick Medical Society, held at St. John, a plan was favorably considered for the bringing about of a union between the societies of the Provinces of Great Britain lying eastward from Quebec Province. A committee of conference was appointed and another year will probably see the formation of a strong and influential Maritime Medical Society, combining the membership in Nova Scotia and New Brunswick, (and P. E. Island, Ed.,) and attracting to it many physicians who have not hitherto associated themselves with any organization.

FAITH CURE.—It is with some satisfaction that we call attention to the fact that at an inquest on the body of a woman who died of typhoid fever, in New York, on Sept. 12th, in consequence of having been given over to some faith

cure people, the jury brought in a verdict stating that her death was due to criminal negligence, and calling the attention of the grand jury to the vicious practices which are carried on by members of the organization to which deceased belonged. What the outcome of this action may be it is too soon to predict, but it would be a great thing if, in some way some one should be punished by the authorities for this act of negligence. One thing at least will be gained, and that is a notoriety which is likely to have some influence in restricting the extent of its senseless and dangerous practices. —*Ed. Med. and Surg. Report.*

THERE is no other exhibit of the class in the United States section to rival that of Wm. R. Warner & Co. From the globe-advertising Philadelphia merchant comes an exhibit which the native pharmaciens can look at with both admiration and wonderment. The display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and than those Frenchmen there could not be a people with better taste for the proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description, in detail of the Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, &c. Suffice it to remark that at the Paris Universelle their exhibit is thoroughly representative, comprises all the maker's fabrications, and is decidedly an honor to the concern.—*Pharmaceutical Record.*

THE DOCTOR'S PORTRAIT.—"After his death a physician's outstanding bills are rarely collectable. Many a one, with a large practice dies, and his estate is found to be not worth administering on. According to Dr. Jarvis' tables, the average age of the lives of physicians is fifty-six years. If you begin practice at twenty-four, your active life prospect will be thirty-two years, and from a thousand to fifteen hundred dollars will represent your average yearly income. Now, were you (through God's mercy) to practice these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but $93,440. Deduct from that amount your expenses for yourself and your family, your horses, carriages, books, periodicals and instruments; your taxes, insurance, and a multitude of other items for the whole thirty-two years, (11,680 days), and then, so far from being rich, even after this long and active life of usefulness in this most important and honorable profession, after a whole life-time of scientific work, mental toil and slavery to our unrelenting taskmaster, the Sick Public; from the days of the dirty, unwholesome dissecting-rooms, through all life's phases, to old age; with not even the 1,564 Sabbaths to call your own—you would have but little, very little, left to support you after you naturally reach the down-hill of life, or are broken down in health with faculties deteriorated, and in need of a physician yourself, through worry, anxiety and fatigue in the discharge of your duty."—*Dr. Cathell in last Edition of Physician Himself.*

A VERY interesting discussion on tonsillitis took place at the Leeds meeting of the B. M. A. It was not conclusive in regard to the etiology of the disease, though it marked the termination of that period in the history of clinical medicine, in which tonsillitis has been regarded as a local affection. Henceforth, follicular or lacunar tonsillitis will be regarded as an acute infectious disease, and in this sense will naturally fall into the group of the fevers, a position sustained by the sudden onset, marked constitutional disturbance, high fever, critical fall of temperature irrespective of the action of drugs, the occurrence of local epidemics, and the spread of contagion, which are established phenomena of the disease.

What the essential relationship between the form of tonsillitis under consideration and rheumatic fever may be, has not as yet been satisfactorily determined. Our own experience is decidedly against the view that the rheumatic or gouty diathesis, or some combination of the two, is a factor of importance in the majority of patients subject to lacunar tonsillitis, which view, too, is not sustained by the usefulness of the salicylates in the treatment of the disease. The weight of opinion among those engaged in the discussion (C. W. Haig Brown, M.D., Archibald E. Garrod, M.D., M. R. C. P., Lennox Browne, F. R. C. S., Ed., R. Hingston Fox, M. D., M. R. C. P.) seems, however, to have been in favour of the view that tonsillitis is, in a majority of cases, of rheumatic origin. The form referred to is follicular tonsillitis. It would appear that true quinsy, or suppurative tonsillitis, is regarded in England as an essentially different affection. This view does not appear to us to be sustained by the facts; indeed, we hold that the boundary line between these affections is not in all cases absolute.—*Extract from Ed. in Medical News.*

Society Proceedings.

HALIFAX BRANCH, BRITISH MEDICAL ASSOCIATION.

ANNUAL MEETING FOR THE ELECTION OF OFFICERS.

AT the annual meeting for the election of officers, held on Sept. 14, 1889, there were present Drs. Wickwire, Slayter, Tobin, DeWitt, Black, Fowler, A. M. D., Goodwin, Almon, and Morrow.

The following officers were elected:

President.—DEPUTY-SURGEON-GENERAL MCDOWELL, C. B., (re-elected.)

Vice-President.—DR. TOBIN.

Treasurer.—DR. TRENAMAN, (re-elected.)

Secretary.—DR. MORROW.

Members of Council.—Officers, *ex officio*, and DRS. WICKWIRE, FOWLER, BLACK, BROWN, and CAMPBELL.

ORDINARY MEETING OF BRANCH, OCT. 10TH, 1889.

Present were: Dr. Parker, (chairman,) Drs. Milsom, Campbell, Chisholm, DeWitt, Almon, Crawford, Goodwin, Farrell, and Morrow.

A vote of thanks was unanimously tendered to Dr. Parker for his kindness in allowing the Society to use one of his rooms for their meetings.

Dr. Campbell read notes on an uncommon case of Malformation of the Vagina. A resume of this paper will be given at another time.

Dr. Goodwin having met with a case of Ventral Hernia in a large, stout, middle-aged woman, asked for the experience of other gentlemen in regard to this complaint.

Dr. Farrell mentioned its occurrence after abdominal operations, and after the application of plaster of Paris jackets, due in the latter case to the confinement of the chest, throwing the pressure of coughing, &c., upon the abdomen.

Dr. Campbell spoke of its occurrence during pregnancy and after child-birth from separation of the recti.

After some discussion over matters of business and the mode of conducting the meetings, the Society adjourned.

Pamphlets Received.

PRACTICAL NOTES ON URINARY ANALYSIS—By Wm. B. Canfield, A. M., M. D., Chief of throat and chest clinic, and lecturer on Normal Histology, University of Maryland.

This is a very handy little practical manual of Urine Analysis. In pamphlet form, of 38 pages, well printed, and the subject clearly and conveniently classified, we have not met with a better practical resumé of the subject.

It deals first and shortly with the general characters of the urine, quantity, color, transparency, consistency, reaction, sp. gravity, &c., mentioning the causes of variations in these particulars.

Next come the normal constituents of the Urine, inorganic and organic, their tests and the circumstances in which they become increased and diminished.

Then follow the abnormal constituents, tests and pathological conditions in which found.

Lastly comes a useful suggested list of reagents and apparatus, and an outline of the order of a systematic analysis.

The pamphlet can be read through in 20 or 25 minutes, there is thus no unnecessary material.

We have at times wished for such a convenient concise guide, and this is just the one to hang up near your test tubes for ordinary qualitative analysis.

It can be obtained from the Journal Publishing Co., 209 Park Avenue, Baltimore, Md., for 25 cents.

SUSPENSION IN THE TREATMENT OF AFFECTIONS OF THE SPINAL CORD—By Alex. B. Shaw, M. D., Professor of Diseases of the Mind and Nervous System, and Electro-Therapeutics, Beaumont Medical College, &c.

"The fact that suspension is beneficial in the treatment of locomotor ataxia, was discovered by Dr. Motchowkowsky, a Russian Physician, in 1883, while treating a patient for spinal curvature, who was then suffering from ataxic symptoms."

"Up to April 1st, 1889, Charcot reports over 800 suspensions with varying degrees of success, but in the vast majority walking is improved after the first suspension."

Dr. Shaw details the technique, duration, &c., of suspension, refers to papers and reported cases, and records his conviction, (supported by a consensus of opinion), of the value of the method in tables dorsalis, Friedereich's disease, neurasthenia, impotence, paralysis agitans, transverse myelitis, spastic spinal paralysis and amyotrophic lateral spinal sclerosis.

A YEAR'S EXPERIENCE WITH APOSTOLI'S METHOD, WITH REPORTS OF CASES—By A. Lapthorne Smith, B. A., M. D., Lecturer on Gynecology, Bishop's College, Montreal, Surgeon to the Women's Hospital.

Dr. Smith first mentions a number of technical improvements upon the apparatus originally used by Apostoli.

He claims strong therapeutic powers for Apostoli's method as is evidenced in such statements as the following: "Certainly in the case of small fibroids the continuous current never fails to remove them."

We are glad he takes an opportunity of emphasizing what, we agree with him, can hardly be too often repeated, namely, that *constipation is one of the prime factors in the majority of cases of diseases of women.*

Again, "there is one thing about Apostoli's treatment which every one who has given it a trial is agreed upon, and that is that it never fails to arrest haemorrhage in fibroids and metritis. Now this is all that Mr. Tait claims to do by removal of the appendages, and although this operation in Mr. Tait's hands is almost devoid of danger, that does not make it easy or safe in the hands of the general practitioners under whose care the patients come."

"Before the 9th International Congress I stated that electricity was useful in every disease of the female generative organs, with the exception of ovarian tumours and malignant disease. But I believe that at the next congress I will be able to remove epithelioma from the list of exceptions, having recently had sent to me a hopeless case of cancer of the uterus, on which I determined to try the continuous current, and in which half a dozen applications of the positive current have made such a difference in the whole aspect of the case that the patient believes that she is cured in spite of my assertions to the contrary, and I am almost convinced myself that the disease has been arrested.

"In dysmenorrhoea from stenosis of the internal os, the softening and dilating influence of the negative pole has been thoroughly established." In this last condition we are tempted to think that the use of a rapid dilator would leave less doubt of a cure.

Dr. Smith certainly shows himself to firmly believe in and energetically to practice Apostoli's method. We should be glad if it finally appears, as it may, that the method is worthy of such extended practice.

Personals.

DR. MILLER has removed from Canning to Freeport, Digby County.

DR. MORRISON, late of Freeport, is practising in Oxford, N. S.

DR. GRANT, graduate of Kingston University, has opened an office in Halifax.

DR. AIME LEBLANC, of Arichat, C. B., was married on October 22nd. We extend our congratulations.

DR. F. U. ANDERSON, late of Yarmouth, has left for Great Britain and the Continent where he intends spending a year amidst the rich clinical advantages of those countries.

DR. KIRKPATRICK, late of Canning, is attending the New York Polyclinic and various Hospitals devoting himself exclusively to the eye and ear. He intends to spend a year at clinical work.

DR. CARL KOLLER, who has achieved such world-wide renown in the discovery of the application of Cocaine as a local anæsthetic, has been appointed Instructor in Ophthalmology at the New York Polyclinic.

A NEGRESS of much experience in the nursing capacity, summed up her duties in this wise:—"It ain't much trouble to look after sick pussens; most on 'em don' want nothink, an' if they do they don' get it." The concluding part of the sentence is pithy.

POSSIBLY TRUE.—Oculist—(examining patient's eye).—"Yes, there is a foreign substance on the retina."

Patient.—"That may be true, sorr, for I came from Oireland only last wake, sorr."—*Med. and Surg. Report.*

A FOREGONE CONCLUSION.—Young Doctor—"Well, I've got a case at last."

Young Lawyer—"Glad to hear it. When you get him to the point where he wants a will drawn, telephone over."—*Life.*

TWINS.—Mrs. O'Finnegan—"This, mum, is me twin bye, Mickey."

Mrs. Worthington—"Indeed; where is the other one?"

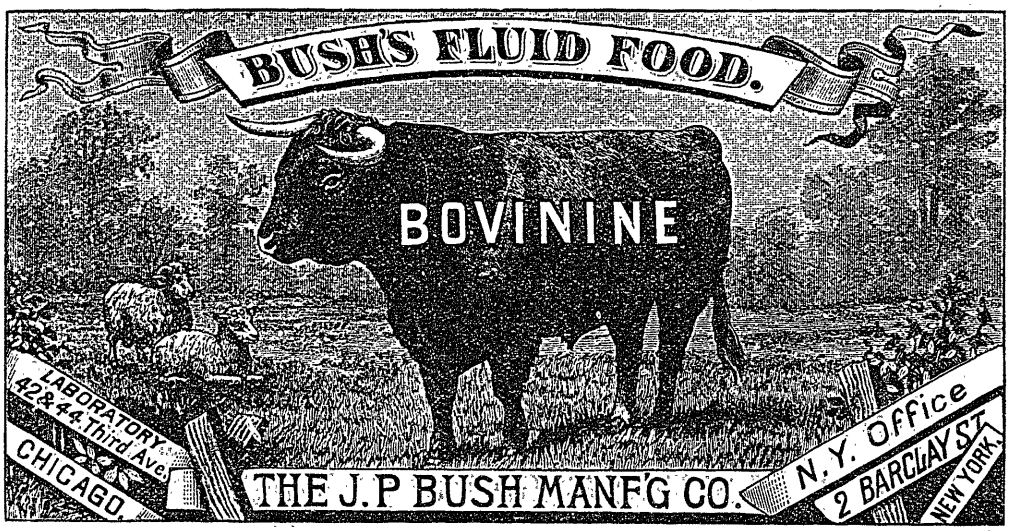
Mrs. O'Finnegan—"Shure he's over to his mother's house, Mrs. Tool's. Her Jimmy and me Mickey was twins,—born on the same day, mum."

THE WINE AGREED WITH THEM.—Young waiter (at a recent medical dinner)—"Them doctors use a lot of wine, but I s'pose they kin stand it."

Old waiter—"Dunno about that; I'm thinkin' they're gettin' pretty tight already."

"They don't look so."

"No; but they're beginnin' to agree."—*Record.*



"Nutrition is the Physical Basis of Life."

This axiom, formulated by the lamented Fothergill, conveys a world of meaning to the intelligent physician. If a food can be obtained containing all the elements necessary for the nourishment and support of the body and which can also be readily assimilated under every condition ef disease, an immense advantage is obtained in controlling symptoms and restoring wasted tissues. Mal-nutrition and mal-assimilation are potent factors in a long train of severe illnesses. **Bush's Fluid Food, Bovinine,** combines in a concentrated form all the extractive or albuminous properties of uncooked beef together with its stimulating salts.

Dr. Geo. D. Hays, of New York Post Graduate School, in an exhaustive paper on Artificial Alimentation thus alludes to Bovinine: "Of the preperations of raw food extracts one has a clinically proved value It is rich in nitrogenous substances and phosphates. It is readily digested and absorbed and can be relied upon for the entire sustenance of the body for a considerable period."

The blood corpuscles which carry such a wealth of vitalizing power, are found in Bovinine intact, as revealed by the microscope in countless thousands.

B. N. Towle, M. D., of Boston, in a notable paper on Raw Foods, read before the American Medical Association at Washington, D. C., May 6th, 1884, thus refers to Bovinine: "I have given it to patients continually for months with signal comfort especially in complicated cases of dyspepsia attended by epigastric uneasiness arising from inervation, and in nervous debility of long standing. Raw food is equally adapted to acute lingering diseases"

PALATABLE TO THE MOST FASTIDIOUS TASTE.

Samples to Physicians on Application.

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Lecturer on Dentistry.

S. G. MINER, M. D.,
Lecturer on Physical Diagnosis.

A. P. BIDDLE, M. D.,
Demonstrator of Anatomy.

REGULAR SESSION opens on Wednesday, September 25th and continues six months. During the Session the Professors will take special pains to examine the students upon the subjects of the previous lectures.

FEES.—Matriculation Fee, **$5**; Fees for Regular Session, **$50**; Hospital Fee, **$10**; Graduation Fee, **$30.**

For further particulars, and for College Circular, mention **this** JOURNAL in applying to

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