# Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- [ ] Coloured covers / Couverture de couleur
- [ ] Covers damaged / Couverture endommagée
- [ ] Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- [ ] Cover title missing / Le titre de couverture manque
- [ ] Coloured maps / Cartes géographiques en couleur
- [ ] Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- [ ] Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- [ ] Bound with other material / Relié avec d'autres documents
- [ ] Only edition available / Seule édition disponible
- [ ] Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- [ ] Coloured pages / Pages de couleur
- [ ] Pages damaged / Pages endommagées
- [ ] Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- [x] Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- [ ] Pages detached / Pages détachées
- [x] Showthrough / Transparence
- [x] Quality of print varies / Qualité inégale de l'impression
- [ ] Includes supplementary materials / Comprend du matériel supplémentaire
- [ ] Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

- [x] Additional comments / Commentaires supplémentaires: Continuous pagination.

# MARITIME MEDICAL NEWS

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. X. HALIFAX, NOVA SCOTIA, MARCH, 1898. No. 3



IMPORTANT THERAPEUTIC USES OF

## Fairchild's Essence of Pepsine.

Fairchild's Essence of Pepsine aids the administration and remedial action of drugs and chemicals which disturb the stomach and impair digestion. It is indispensable to the continued successful use of the mercurials, iodides, sodium salicylate, etc. It is helpful also in the toleration of morphia, allays nausea and vomiting.

As an ever-ready resource for the habitual dyspeptic, for the large class of persons who, from mental work, care, anxiety and naturally delicate stomachs, are frequently subject to attacks of dyspepsia, Fairchild's Essence of Pepsine is a rational, innocent, and effective remedy.

Fairchild's Essence of Pepsine, made direct from the fresh stomach of the nursing calf, is of peculiar value in infantile indigestion, as a stomachic, antiseptic and corrective.

For these purposes Fairchild's Essence of Pepsine is found most convenient and reliable—in every way superior to any other so-called "Essence" of Pepsin.

FAIRCHILD BROS. & FOSTER,
NEW YORK.



PRINTED BY JAMES BOWES & SONS, 142 HOLLIS ST., HALIFAX.

OF THE MANY PREPARATIONS
of Codliver Oil now offered to the Physician

PUTTNER'S EMULSION,
introduced twenty years ago,

IS UNDOUBTEDLY THE BEST
maintaining its superiority over all competitors,

RICH IN OIL
partially predigested by pancreatine,

PALATABLE AND ACCEPTABLE
even to delicate stomachs,

IN LARGE BOTTLES
making it the cheapest to the patient,

ALWAYS FRESH,
being made daily in Halifax,

IT DESERVES THE PREFERENCE
of the intelligent prescriber.

---

PRIVATE HOSPITAL

FOR DISEASES OF WOMEN,

AND FOR CASES

REQUIRING SURGICAL TREATMENT,

64 ARGYLE ST. HALIFAX.

Trained Nurses, Electric Lighting, and all Modern Conveniences. Moderate charges.

For Information and Terms address

THE MATRON,
Private Hospital,
64 Argyle St., Halifax.

Or DR. SLAYTER,
76 Morris Street,

# LISTERINE.

THE STANDARD ANTISEPTIC.

LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.

LISTERINE is kept in stock by all worthy pharmacists everywhere.

LISTERINE is taken as the standard of antiseptic preparations: The imitators all say, "It is something like LISTERINE"

---

**LAMBERT'S LITHIATED HYDRANGEA**

*A valuable Renal Alterative and Anti-Lithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric iatchDss generally.*

---

DESCRIPTIVE LITERATURE UPON APPLICATION.

**LAMBERT PHARMACAL COMPANY,**
**ST. LOUIS.**

## *There is no Substitute for Cod-Liver Oil*

*BUTLER, in his new Materia Medica, makes this very clear. He says:*

*"Cod-liver oil is more readily absorbed and oxidized than any other fat. It has already been prepared by the liver and, therefore, partly elaborated."*

# Scott's Emulsion

***"The Standard of the World"***

*contains this "prepared and elaborated" oil, emulsifiea and combined with glycerine and the hypophosphites.*

***There is no Substitute for Scott's Emulsion.***

*It is the only permanent emulsion. It is not unpleasant to the taste. It keeps in any climate. It has been tested for nearly a quarter of a century.*

Two sizes, 50c. and $1.00. In prescribing, please specify unbroken package. Small size put up especially for convenience in cases of children.

***SCOTT & BOWNE,***
***Toronto***

# POST-GRADUATE COURSE.

# McGILL UNIVERSITY, MONTREAL.

## FACULTY OF MEDICINE.

The third special short course of instruction for general practitioners has been arranged the members of the Faculty of Medicine of McGill University.

This Course begins **Tuesday, May 3rd,** and closes **June 11th, 1898.**

It will consist of .—

(*a*) **EVENING LECTURES.**

Four per week on the recent advances in Medicine and Surgery, by Professors WM. GARDNER, RODDICK, STEWART, SHEPHERD, BELL, WILKINS, ADAMI, LAFLEUR, FINLEY, ARMSTRONG and others.

(*b*) **REGULAR GENERAL CLINICS.**

Four per week on groups of cases in the Montreal General Hospital Medical Wards, by Professors BLACKADAR and LAFLEUR; in the Surgical Wards by Professor SHEPHERD and Dr. ELDER.

In the Royal Victoria Hospital Medical Wards by Professor STEWART and Dr. MARTIN; in Surgical Wards by Professor BELL and Dr. GARROW.

(*c*) **REGULAR CLINICS on SPECIAL DEPARTMENTS of MEDICINE and SURGERY.**

Ophthalmology—in the Royal Victoria Hospital by Professor BULLER; in the Montreal General Hospital by Dr. J. GARDNER. Dermatology—Professor SHEPHERD. Genito-Urinary Surgery—Professor BELL. Orthopœdics—Dr. C. W. WILSON. Laryngology—Professor BIRKETT. Gynæcology—Professor WM. GARDNER and Dr. WEBSTER in the Royal Victoria Hospital, and Dr. LOCKHART in the Montreal General Hospital. These will be given once or twice a week.

(*d*) **SPECIAL DEMONSTRATIONS.**

One or more as required, on modern treatment of Diphtheria—Professor FINLEY. Pelvimetry and Aseptic Midwifery (at Montreal Maternity Hospital)—Professor J. C. CAMERON. Mental Diseases (at Verdun Asylum)—Dr. T. J. W. BURGESS. Medico-Legal Autopsy Methods, etc.—Dr. WYATT JOHNSTON. Clinical Use of Rœntgen Rays—Prof. GIRDWOOD; etc.

(*e*) **LABORATORY COURSES.**

For which a small extra fee will be charged to cover cost of material. These courses will include: Operative Surgery—Professor ARMSTRONG. Clinical Bacteriology—Professor ADAMI. Clinical Microscopy of Dejecta and Blood—Dr. J. C. MARTIN. Clinical Chemistry—Professor RUTTAN. Post-Mortem Methods —DR. WYATT JOHNSTON; etc.

(*f*) **LABORATORY DEMONSTRATIONS.**

Morbid Anatomy—Prof. ADAMI. Medical and Surgical Anatomy—Dr. McCARTHY. Microscopical Methods—Dr. GUNN. Urinalysis—Prof. RUTTAN. Serum Diagnosis of Typhoid, etc.—Drs. WYATT JOHNSTON and MARTIN.

The morning of each day will be devoted to demonstrations in the College and Special Clinics; the afternoons to the Hospitals.

The above Course of Instruction is given wholly apart from the regular Lectures, Clinics, etc., for undergraduates in Medicine.

**The Fee for the Full Course, including Hospital Fees, - - - $50.**
**The Fee for the Course of 24 Lectures alone (Evenings) - - $10.**
**For any Set of Six Lectures, - - - - - - - - - - - - - - - $ 5.**

Practitioners who propose attending this Course may obtain time-tables and fuller details on application, after end of March, to

**PROF. R. F. RUTTAN, M. D.,**
**Registrar, Faculty of Medicine.**

1898.

# Maritime Medical Association.

## EIGHTH ANNUAL MEETING.

The Annual Meeting will be held in Halifax, N. S., on Wednesday and Thursday, July 6th and 7th.

Extract from Constitution:

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

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

**D. A. CAMPBELL. M. D.,**
*President,*
HALIFAX, N. S.

**GEO. M. CAMPBELL, M. D.,**
*Hon. Secretary,*
HALIFAX, N. S.

---

# The Maritime Medical News

IS THE . . .

Journal of the Medical Profession of the Eastern Canadian Provinces.

***SUBSCRIPTION IS ONLY $1.00 PER ANNUM.***

Advertising Rates may be had upon application to

**DR. JAMES ROSS,**
**87 Hollis Street,**
**HALIFAX.**

# REICHERT'S MICROSCOPES

are the best sold in the Dominion.

Used by **McGill College** in the Pathological, Botanical and Histological Laboratories, also in

The Royal Victoria, Montreal General, St. John, N. B., Winnipeg General, Co. Carleton General Hospitals and many other Institutions throughout Canada.

**Reichert's Haemacytometers** are the standard for this line.
Price $10.50.

**Fleischl's Haemometer** is the only correct Haemometer made.
Price $22.50.

*FULL LINE OF MICROSCOPE ACCESSORIES.*

—— AGENTS FOR ——

Dr. Geo. Grubler, Staining Materials.

F. & M. Lantenschlager Sterilizers and General Bacteriological Apparatus.

E. Adnet, Autoclaves, Incubators, Etc.

Surgical Chairs and Cabinets, Operating Cases, Batteries and a Complete Line of Surgeons High-Class Instruments.

CARL REICHERT, WIEN

## *PATERSON & FOSTER,*

*21 PHILLIPS SQUARE, MONTREAL.*

---

# C. G. SCHULZE,

PRACTICAL WATCH and CHRONOMETER MAKER,

—— Importer of ——

**Fine Gold and Silver Watches, Clocks, Fine Jewelry and Optical Goods,**

Chronometers for Sale, for Hire and Repaired.
Rates determined by Transit Observation.

All kinds of Jewelry made at shortest notice. Special attention given to repairing Fine Watches.

**105 BARRINGTON STREET, . HALIFAX, N. S.**

---

# NOVA SCOTIA FURNISHING CO., LIMITED.

**COMPLETE HOUSE FURNISHERS.**

The largest establishment of the kind in the Provinces.
Send for Catalogue and Price List.
Buy from the largest dealer and save money.

WAREROOMS—72 to 76 Barrington Street,

**HALIFAX, N. S.**

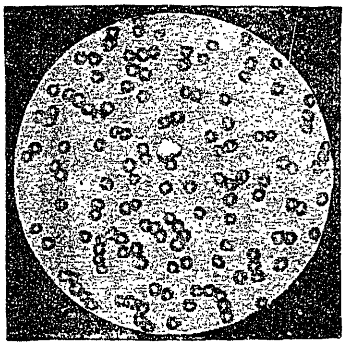
*"The greatest therapeutic discovery of the age, and of the ages, is that where we cannot produce good blood we can introduce it."*

# What is Hæmatherapy?

A New Thing—and a New Name which, though literally translated (Blood Treatment), may not convey to every one a definite idea. It is a treatment which consists in opposing to a condition of disease the very power—good and sufficient Blood—that would naturally prevent it, that would still cure it spontaneously, and that actually does cure it spontaneously, wherever the blood-making work of the system is perfectly efficient; and therefore also *will* cure it, if a deficiency of the vital element be supplied from without, under proper medical treatment.

That Blood is such a power as here described, is an undisputed physiological fact. Its transmission from one animated organism to another, for the purpose of supplying a defect in the latter, is the substance of the Blood Treatment; and How to Do this, in different cases, is the form or description of the same. Blood may be taken from a healthy bullock (arterial blood—elaborated with due scientific skill); or it may be obtained in the well-attested living conserve known as bovinine, from any druggist; and may be introduced into the veins of the patient in either of four ways, that may be most suitable to the case: viz.: by the mouth and stomach; by injection, with one-third salt water, high up in the rectum; by hypodermical injection; or by topical application to any accessible lesion.

A FILM OF BOVININE: Showing the Blood-corpuscles Intact.



Micro-photographed by Prof. R. R. Andrews, M.D.

THE CURE OF PULMONARY CONSUMPTION

is one of the latest and most wonderful developments of Blood Power—introduced mainly by the mouth, and sometimes also by spraying bovinine into the trachea by an atomizer. Every week of judicious internal blood treatment, with proper medical and hygienic care, has resulted in steady improvement as to all symptoms, with scarcely an instance of check, much less of relapse, until complete apparent cure, and that in the more advanced stages of the disease. As further examples, may be mentioned: Anæmia, Cholera Infantum, Typhoid Fever, Hæmorrhagic Collapse, and many other of the most dangerous and aggravated diseases.

IN SURGERY: A CHRONIC ULCER,

of no matter how long standing or obstinate and aggravated character, can be cured with certainty—at least, the first instance of failure has yet to be heard of—by constant application of bovinine to the wound with proper surgical treatment and sterilization. Such cases are usually cured in from four to six weeks. So of traumatic injuries of all kinds; carbuncles, fistulas, abscesses, and even gangrene

NUMEROUS CLINICAL REPORTS

of well known Physicians and Hospitals, where the Power of Supplied Blood is constantly relied on as a cardinal factor in the cure of disease and support of surgery, are at the service of every practitioner who desires to keep up with the progress of his profession, and may readily be obtained (including, of course, the technique and subsidiary treatments pursued) by applying to

THE BOVININE COMPANY, 75 West Houston Street, New York.

# BLOOD——

# ——POVERTY

MEANS a diminution of the number of the fundamental red corpuscles; a reduced percentage of oxygen-carrying haemoglobin, and as a consequence, a diminished resisting power against more serious disease.

## Pepto Mangan ("Gude")

Supplies these deficiencies. It furnishes **Organic Iron** and **Manganese** to the blood elements, **increases the haemoglobin,** and restores to the blood its normal germicidal potency. Pepto-Mangan "Gude" literally "**builds blood**" in cases of

**ANÆMIA, CHLOROSIS, AMENORRHŒA, RICKETS, BRIGHT'S DISEASE, Etc.**

Send for samples and reports of "blood counts," etc.

**To assure the proper filling of your prescriptions, order Pepto-Mangan "Gude" in original bottles (℥ xi). It's never sold in bulk.**

**M. J. BREITENBACH COMPANY.**

LABORATORY,
LEIPZIG, GERMANY.

Sole Agents for United States and Canada,
56-58 WARREN ST., NEW YORK.

**Gude's Pepto-Mangan can be had of all Druggists in Canada at the regular price as charged in the United States.**

THE

# MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS.

D. A. CAMPBELL, M.D. ............... Halifax, N.S.
J. W. DANIEL, M.D., M.R.C.S. ...... St. John, N.B.
MURRAY MACLAREN, M.D., M.R.C.S. . St. John, N.B.
JAMES MACLEOD, M.D. ....... Charlottetown, P.E.I.
JOHN STEWART, M.B ................. Halifax, N.S.
W. H. HATTIE, M.D. ................ Halifax, N.S.
JAMES ROSS, M.D. ... ............. Halifax, N.S.

*Communications on matters of general and local professional interest will be gladly received from our friends everywhere.*

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

*All manuscript and literary correspondence to be addressed to*

DR. W. H. HATTIE,
*11 Spring Garden Road, Halifax.*

*Business correspondence to be addressed to*

DR. JAMES ROSS,
*87 Hollis Street, Halifax.*

## CONTENTS FOR MARCH, 1898.

*ORIGINAL COMMUNICATIONS.*

Acute Intestinal Strangulation with Report of Two Cases—*N. E. McKay* ... 73

Malpractice—*A. J. Murray* ... 85

*THERAPEUTIC NOTE.*

Orthoform, New Local Anæsthetic—*Profs. Einhorn and Heinz* ... 90

*EDITORIAL.*

Maritime Medical Association ... 95

*SOCIETY MEETINGS.*

St. John Medical Society ... 96

Westmorland Medical Association ... 99

Moncton Medical Society ... 99

OBITUARY ... 100

MATTERS PERSONAL AND IMPERSONAL .. 101

*MATTERS MEDICAL.*

Bacteriological Researches concerning a Fatal Case of Rheumatism—Cautions by Prof. Neumann—Prolonged Diphtheria—Disinfection of Sleeping Apartments ... 103

*THERAPEUTIC SUGGESTIONS.*

Saline Injections After Flooding—Lacunar Amygdalitis — Habitual Constipation—Uncontrollable Vomiting—Orchitis, Ovaritis, and Cystitis ... 106

LOCALS ... 108

**The Subscription Rate for the Maritime Medical News is $1.00 per annum.**
**Advertising Rates may be had upon application to Dr. JAMES ROSS, 87 Hollis Street.**

# Wine of Creosote.

(SIMSON'S)

This elegant pharmaceutical preparation is manufactured by us with especial care as to the purity of its constituents and the methods of its compounding.

In its preparation, Merck's finest Beechwood Creosote is used, in combination with the purest sherry wine obtainable.

The well known antipathy which most patients have to taking Creosote often prevents its being used where most desirable. This objection is largely combatted by the employment of **Simson's Wine of Creosote**, which neither nauseates nor irritates, and which to a large extent conceals the taste of the Creosote itself.

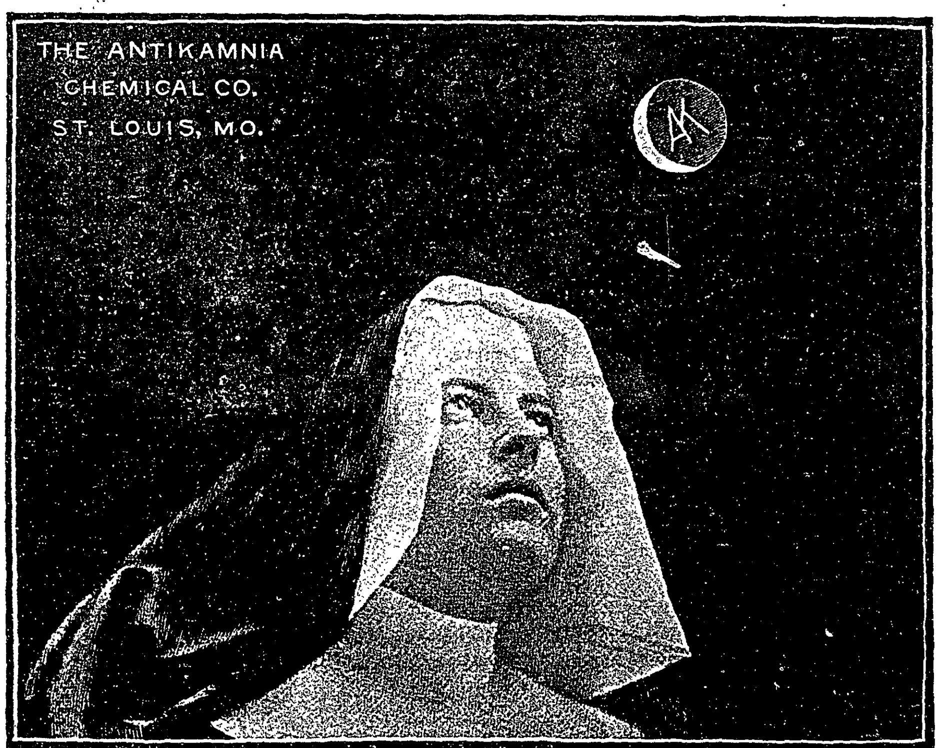
Strength—4 minims to the ounce.

---

# SIMSON BROS. & CO.

Manufacturing Chemists, - Halifax.

---



THE

# MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. X. HALIFAX, N. S., MARCH, 1898. No. 3.

## Original Communications.

### ACUTE INTESTINAL STRANGULATION, WITH REPORT OF TWO CASES.*

By N. E. MACKAY, M. D., M. R C. S., Surgeon to the Victoria General Hospital, Halifax.

We are all fond of reporting our successful operations at meetings of this kind. Our unsuccessful ones are not very frequently heard of. Perhaps it would not be out of place to break this monotony by reporting two unsuccessful cases of acute intestinal obstruction I had in my practice last summer. We often learn more by our failures than by our successes.

Let me suppose that a person is taken ill with acute intestinal obstruction. He presents the following symptoms:

While in the enjoyment of perfect health he is suddenly seized with intense colicky pain in the abdomen. The pain may be so severe that he is doubled up and rolling on the floor in agony. The pain may be constant, but is liable to periodic exacerbation. This is the case when the occlusion of the gut is complete; or it may be intermittent, in which case the obstruction is partial. Constipation is, as a rule, absolute. In the course of three or four hours he is taken ill with copious vomiting. The vomited material is composed of ingesta at first, but it soon assumes a bilious character, and in a short time it becomes stercoraceous. This is followed by intense nausea, which is unrelieved by the act of vomiting. Tenesmus is absent. There is as a rule severe prostration.

Symptoms such as these may depend upon the following different forms of acute intestinal strangulation, viz.:—1st, strangulation by

* Read at meeting of Nova Scotia Branch, British Medical Association, Jan. 28, 1898.

isolated peritoneal bands or adhesions; 2nd, by omental cords; 3rd, by Meckel's diverticulum; 4th, by normal structures abnormally attached or by adherent appendix or Fallopian tubes; 5th, strangulation through slits and apertures of various kinds; 6th, by volvulus or twist of the intestine; 7th, acute intussusception; 8th, obstruction by foreign bodies, e. g., biliary calculus, false teeth, etc.

It is not my intention to discuss in a short paper like this the various pathological conditions which may produce acute intestinal strangulation, but shall confine my observations to the pathological conditions present in the two cases I am about to report.

The first case is one of volvulus of the small intestine. The following is the history of the case as sent to me by Dr. H. H. Mackay, of New Glasgow, whose patient he was:—

"I was called on May 5th 1897 to see W. R., aged about 20. He complained of cramps in his stomach and constipation. He had been out with his father fishing three or four days previously; it was pretty cold and on his way home after eating a cold lunch he complained of cramps in his stomach. When he came home his mother gave him a dose of castor oil. This he vomited. She gave him another dose which he retained longer, but ultimately vomited. There was no tenderness on pressure over abdomen. I was called on the third day after he began to complain of cramps. I gave him calomel and soda, which he vomited in a short time, after which he felt relieved. Then, I gave him an enema of warm water, which caused his bowels to move a little, and he felt very much better. I then gave him a high enema of glycerine, after which he had a large soft motion of the bowels and he thought he was all right.

"This improvement continued for a whole day, but the next day he began to feel sick again; there was a sore, sick feeling in his stomach which was followed by fæcal vomiting. This gave him relief for several hours, when he felt all right, but then the vomiting would come on again. Gave him another enema of glycerine, but there was no further movement of the bowels.

"There was no abdominal tenderness or tympanites during the whole course of the disease. His pulse kept at about 60, and his temperature at one time was as high as 99 $\frac{2}{5}$° F, but that was only for part of a day.

"His pulse and temperature were normal, which I think was due to the thorough cleaning out of the bowels and stomach. The obstruction was marked. I could not get them to come down to an

operation as they thought he was not sick enough, and he appeared to be altogether well after the first motion of his bowels after the glycerine enema. This condition lasted for a whole day.

"On May 11th you operated. Began operation at 2.30 p. m. finished 4.15 p. m. His bowels moved twice naturally during the night, but in the morning he began to sink and died at 2.30 p. m. May 12th. He was bright and rational until shortly before he died. His pulse was failing all the forenoon.

"The mistake that was made was in delaying the operation so long. He was cleared out from both ends so that there was little or no ptomain poisoning for several days, and he became so weak from want of nourishment, that he had not strength enough to rally from the operation.

"If I had another case I would not try so hard to get the bowels to move, so that severe symptoms might come on before the patient's strength would be exhausted, and then you might be able to get an operation when there would be some chance of success. His strength failed very much the last two days before the operation."

On the evening of the 10th May last I was sent for by Dr. H. H. Mackay, of New Glasgow, to operate on the foregoing case. Saw the patient in the Aberdeen Hospital—for the first time on the 11th of May, the 9th day of his sickness. At the time the patient's pulse ranged from 130 to 140, and it was small and thready. His tongue was dry and glossy in centre and on either side it was covered with brown fur. He had a very anxious countenance, with eyes, somewhat sunken and surrounded with bluish rings.

Assisted by Drs. Miller, H. H. Mackay and Catherine Mackay, of New Glasgow, I performed an enterectomy at 2.30 p. m. the 11th May, 1897.

On opening the abdomen, which was done by the median incision, the presenting coils of gut were considerably distended and very congested, and of a dark purple colour. I then passed my hand into the abdomen and searched for the non-distended loop of intestine and traced it up to the seat of obstruction. The lesion was a volvulus or twisting of the bowel on its mesenteric axis. As soon as I introduced my hand into the abdomen a few of the distended coils emerged through the wound, but they were immediately wrapped up in warm sterilized towels and given in charge of an assistant. The volvulus was easily located. On raising the obstructed portion of the bowel out of the abdominal cavity, I at once returned the protruded coils, but no sooner had I done

this than a quantity of fæcal matter escaped through three or four perforations which existed in the diseased loop of intestine. These openings were closed by a thin delicate membrane which broke as soon as the bowel was lifted from the peritoneal cavity. The parts of the volvulus which were in contact were bound firmly together with inflammatory adhesions. The bowel above and below the seat of lesion being clamped I excised the diseased section and removed a V shaped piece from the mesentery, the base of which corresponded with the section of intestine excised and the apex to the root of the mesentery. The divided ends of the bowel were now brought together with Murphy's button and the cut edges of the mesentery closed by catgut sutures, and to doubly guard against the escape of fæces I also used a row of Lembert's suture, particularly in the region of the mesenteric attachment, where the greatest danger of leakage exists. The whole operation was done with the strictest aseptic precaution. Sterilized towels and sponges were packed in and around the wound, they were frequently changed so as to guard against any possibility of sepsis entering the abdominal cavity. The toilet of the peritoneum was attended to in the usual manner, and the abdominal wound was closed with a double row of sutures. The further progress of the case is contained in Dr. H. H. McKay's report, already read.

My second case was one of Meckel's diverticulum. The following is Dr. Hamilton's report of the case whose patient he was:

"I was called first on 10th Sept.; found patient on the floor writhing with pain. He told me he had been taken with diarrhœa about twelve hours previously (had eaten two or three apples the night before). After one or two motions the bowels had ceased to move but the pain had continued during the day, at times very severe. Pulse 94. Temperature normal. Expression anxious and worried. Examination of abdomen negative, except that pressure relieved the pain. Had passed flatus during the night.

"Sept. 11th.—Had passed a fairly comfortable night but had not slept. Pulse and temperature as before. Had vomited during the night after drinking freely of water. Vomited material—water and a little bile-stained ingesta. Examination of bowel negative except for slight tympanites. Had passed flatus but no stool. Urine abundant and clear. He was up and walking about the house part of the time. Almost the only symptoms were the severe paroxyms of pain and the anxious almost hypocratic countenance.

"Sept. 12th.—Pulse 96. Had vomited once or twice. Vomited material as before. Symptoms more marked, otherwise no change. Large enema brought away fæcal matter equal to about one third of normal stool. It was soft and fresh looking, a natural yellow, partly in small elongated pieces, giving one the impression of having passed a narrowed orifice.

"Sept 13th—Had not vomited during night—Tympanites more marked, otherwise no change. Pain severe in paroxyms, but less severe than at first. (He was getting moph. sulph. gr. $\frac{1}{4}$ to $\frac{3}{8}$ each 24 hours.) Pulse over 100. Tympanites marked. Enema brought away fæcal matter equal to $\frac{1}{5}$ or $\frac{1}{6}$ normal stool.

"Evening.—Pulse over 100. Tympanites marked. Enema brought away one apple seed, a few flakes of feculent material. Serious nature of case explained to friends and a consultation suggested.

"Sept. 14th.—Large quantity of stercoraceous material vomited during night. Patient easier; pulse 96: tympanites much less; no result from enema morning or evening.

"Sept. 15th.—Stercoraceous vomiting had continued at somewhat long intervals. Tympanites again increasing, otherwise patient apparently not much worse. No result from enema. Again asked for consultation and those concerned having agreed, sent for Dr. W. E. Jenkins of Lunenburg. We decided that patient's best chance lay in his entering the V. G. Hospital.

History taken from the hospital records. It was written by Mr. Morton, clinical clerk.

"1.—N. E., age 20. Single. Was admitted to the V. G. H. on the evening of Sept. 16th, 1897, suffering from acute intestinal obstruction.

"2.—History of patient.—Patient born in Lunenburg Co. and has always lived in Nova Scotia. Has been going to sea for a few years. Has always been a healthy young man. During last summer has been fishing on the banks of Newfoundland.

"3.—History of present attack.—Last Friday, 10th Sept., patient awoke at 3.30 a. m. with pain in abdomen of an intensely sharp character. Had no appetite in the morning and was unfit for work. Had a slight motion of his bowels. Since then he has passed nothing save a small quantity resulting from enema. He gradually became worse, his pains increasing and his abdomen becoming more distended. Came to hospital on evening of the 16th. Conveyed from wharf in ambulance. Had been vomiting strecoraceous matter for three or four days, which was still

going on. On entering he was immediately given a hot bath and put to bed. An enema of soap suds and turpentine was given at once, but it was not retained. His abdominal pain increased and hot applications were applied over epigastrium. At 3 a. m. the following morning he was much worse and was given enemata of soap suds and turpentine every hour with Tr. Opii ♏ 10. At 8 a. m. consultation held and an operation determined upon. Anaesthetized with chloroform; incision made in median line about six inches in length, extending from two inches above pubes upwards. The small intestine was much distended and congested. Large intestine seemed to be normal, except a slight adhesion above the caecum. It was nearly empty. About 18 inches above there was a diverticulum of the small intestine about five inches long and the distal end was attached to the peritoneal lining of the abdomen about an inch below and to the right of the umbilicus. Over this the intestine was looped and strangulated. Diverticulum was hollow, communicated with the bowel and was full of faecal matter. It was cut from the abdominal wall and the peritoneum stitched carefully over the parietal end. Then it was cut from intestine at the other end and the opening thus made in wall of gut was carefully closed with double line of Lembert sutures. Bowel was washed with antiseptic solution, replaced, and the incision closed in usual manner.

" After treatment.—After coming out of chloroform, patient was given calomel grs. 2 every two hours. Was quite restless through the following afternoon and night.

" Sept. 18th.—Given an enema of soap suds and ox-gall at 8 a. m., and shortly after had a fairly large movement of the bowels. Pulse 104, temperature 98. Seemed easier and at 5 p. m. had another enema with fairly large motion. Still continued restless, however. Slept very little during the day. During evening was much worse, abdomen more distended and tympanitic. Persisted in flinging his arms and legs about and in kicking clothes off the bed. Was perfectly conscious. At 9. p. m. was given another enema without result. Ordered hypodermics of strychnine nit. $\frac{1}{30}$ gr. every four hours. Had been having nutrient enema during the day with occasional sips of milk, broth and beeftea. At 9.30 p. m. was given moph. sulph. gr. $\frac{1}{4}$ with atrop. sulp. gr. $\frac{1}{150}$ after which he slept for an hour.

" Sept. 19th.—At 4 a. m. abdomen more distended and an evacuant enema of hot soap suds was given, which was returned in a few minutes without fæces accompanying. At 7. 30 a. m. vomited a little. Pulse 106,

temperature 99. Continued noisy and continually tossing about. At 8 a. m. given another warm water enema without result except passage of flatus; 9.30 a. m. olei ricini ℥i; 12 noon temp. 98.6, pulse 115. At 2 p. m. abdomen much more distended; enema of warm water, no result; vomited occasionally since noon. At 2.30 p. m. pulse suddenly became almost imperceptible at the wrist, and he ceased tossing about. Gave strychnine gr. $\frac{1}{30}$ with tr. digitatis ♏ 15, hypodermially, and brandy and artificial heat to head, heart, feet and axilla. No effect. At 3.30 given intra-venous injections of normal salt solution and pulse revived for a few minutes. At 4, stitches in abdominal wall removed and peritoneal cavity opened up and faecal matter and flatus escaped in abundance. The wound in the bowel was found to be intact. An attempt was made to cleanse the abdominal cavity with saline solution, but patient was sinking fast and further operation was needless. Died at 5. p. m.

"Sept. 20th.—Post mortem. Enlarged incision in abdominal wall; cavity full of faecal matter; part of intestines where operation was performed looked perfectly healthy. No perforation at that point. About 2 or 3 feet above this however, the intestine was much congested and in places gangrenous—two or three perforations were found here. This part of bowel together with parts about seat of operation were excised and preserved."

I have to add to this P. M. report that slight evidence of circumscribed peritonitis existed in the region of caecum, and that a gangrenous loop of intestine was found within the pelvis which was adherent to neighbouring structures. This loop was mottled with black spots the size of a ten cent piece.

I had three objects in view in ordering enemata to be given on the 19th and to be repeated every 4 or 5 hours, viz: First, to relieve the over-distended bowels of flatus; secondly, to completely rid the bowels of their putrescent contents, which from the symptoms I was satisfied had not been done; and thirdly, to allay the distressing thirst. It will be observed that although the bowels had moved twice on the 18th it did not relieve the abdomen of distention or the patient of discomfort. On the contrary these symptoms continued to increase gradually in intensity. I realized something radical had to be done to save my patient, so I ordered an ounce of castor oil to be given by the mouth and the enema to be repeated every four hours.

The extreme restlessness of the patient I attribute to the absorbtion of toxic agents—call them ptomaines if you please—formed by the

decomposition of the contents of the bowels or by some other chemical changes going on therein. In support of this view allow me to refer you to the proceedings of the "Clinical Society of London" as contained in *B. M. J.* of Dec., 1897. At a meeting of this society held on the 10th Dec., '97, the president, Mr. Langton, and Messrs. A. Pearce Gould, Barker, Young and Dr. W. S. Colman each reported a case of acute intestinal obstruction which showed unmistakeable evidence of ptomain poisoning. Dr. A. P. Gould's case died comatose on the 7th day after the operation. Indican was present in urine, but it was not examined for micro-organisms. Mr. Barker's case died on the 12th day from the effect of poisonous substances absorbed from the bowels. The president's patient became comatose on the 3rd day, but as soon as the bowels were cleared out thoroughly she quickly recovered consciousness and became quite well. In Dr. Colman's case the cerebral symptoms were in the direction of excitement, and the patient was very restless. My patient was very restless the time he was in the hospital. His intellect was perfectly clear and he answered questions intelligently when spoken to, although he was unconscious at times. No examination was made of the urine for indican nor for micro-organisms. It was evident from the symptoms that the safety of my patient depended on the speedy and complete cleansing out of the bowels and so get rid of the source of infection (their putrescent contents). But this could not be done. The paresis and textural changes produced in the muscular wall of the intestines by prolonged over-distention and hyperæmia could not be overcome in a day or two, and although the mechanical obstruction had been removed by the operation, the obstruction arising from the intestinal paralysis was not.

To overcome the paralysis of the bowels I ordered strychnine to be given hypodermically every 4 hours, but without avail.

The calomel and soda bicarbonate were not given till 12 hours after the operation, although the report indicates that they were given immediately after the patient recovered from the anæsthetic.

This case became my patient on the morning of the 17th September, 1897, the eighth day of his illness, and about an hour before I operated. At the time he was very restless and looked very anxious. He had a sunken appearance about his eyes. His pulse was about 100, but small and wiry. His tongue was very dry and covered with a thick, brown coating, and his abdomen was moderately distended, tenderness on pressure was not well marked. On opening the abdomen, which was done

by the median incision and with the usual aseptic precautions, the conditions present were much as given in the hospital report. To this report I may add that the distended bowels were considerably engorged and of a dark purple colour. The search for the obstruction was conducted in the manner to be described further on.

This is the first case I have had in my practice of acute intestinal obstruction caused by Meckel's diverticulum. It is therefore of great interest to me.

Meckel's diverticulum is the unobliterated remains of the omphalo-mesenteric or vitelline duct. It is usually attached to the ileum at a point from 18 to 36 inches from its termination. In this case it arose at a point about 18 inches above the caecum, and as is generally the case, it sprang from the bowel at a point opposite to the attachment of the mesentery. At its origin it was nearly as large in calibre as the ileum. It was cone shaped and about four inches in length. At a point right opposite to the attachment of the diverticle to the gut, a firm cord, the size of a goose quill, stretched from the root of the mesentery and between its folds to the brim of the pelvis, where the opposite end was attached. This band was about two inches long. It fastened down the intestines in the caecal region, and not till this cord was divided could the lower ileum be lifted from the abdominal cavity. Leichtenstern believes that this band "represents that part of the omphalo-mesenteric vessels that extends between the bowel and the main bloodvessel at the root of the mesentery." It will therefore be seen that the pathological conditions present in this case were most favourable for acute obstruction of the bowel. It is obvious that the least traction on the diverticle would produce occlusion of the bowel in consequence of the counter traction exerted by this unyielding and shortened cord. I am satisfied that both these patients would have been saved had an operation been resorted to in time.

Having then decided on an operation the median incision should be as a rule the one to be selected. After exposing the distended coils of intestine in the bottom of the wound, the first question which suggests itself to the operator is, Ought I to puncture the distended bowels with a fine trocar so as to relieve the distension and thus facilitate further procedure?

Mr. Treves in his work on "Intestinal Obstruction" recommends puncturing the distended bowel with a fine trocar to relieve the distension, and so make further procedure simpler and easier. I must confess I am not very favourable to this preliminary puncturing of the gut, as

it does not accomplish the purpose for which it is intended to any very appreciable extent. It has been my experience that liquid fæces does not escape through a fine trocar readily and neither does flatus, for obvious reasons. I tried this operation once and it did not lessen the distension of the intestine to any extent. Then there is the danger of sepsis which should not be lost sight of.

The next question is, Which is the best method to conduct the examination with a view to locate the seat of obstruction?

Some surgeons allow the distended bowel to protrude from the abdomen for the purpose of more readily finding the obstruction. This practice is absolutely bad and should not be entertained as such protrusion very seriously compromises the success of the operation.

In searching for the seat of occlusion various methods are employed. I shall briefly refer to those most frequently resorted to.

1. To lift up some of the distended coils from the abdominal cavity and wrap them up carefully in warm sterilized towels. Then search for the seat of obstruction. This method should be condemned.

2. To examine the gut in the bottom of the abdominal wound inch by inch till the seat of obstruction is reached. The objection to this method is the lack of precise knowledge of the loop of bowel exposed without which the examination may be in the opposite direction to the seat of lesion and the surgeon may find himself in the end, after a tedious examination, at the duodenum.

3. Dr. Rand's method (Liverpool): He advises an examination of the root of the mesentery as a means of recognising any given section of the bowel. The root of the mesentery is only 6 inches in length and it passes in front of the spinal column from the second lumbar vertebra on the left side, to the right sacro-iliac synchondrosis. Dr. Rand recommends the examination of the messentery of the exposed piece of bowel and he claims that it is possible in this way to determine which is the upper and which the lower end of the coil, and also whether it belongs to the higher or to the lower end of the lesser bowel. This plan may succeed in a few instances but in many it would be of little use, e. g., in adhesion, volvulus, and shrunken mesentery.

4. Mr. Hulke's method is the one I use myself and I think it is the best. I begin my examination with the collapsed coils. On passing my hand into the abdominal cavity, I make straight for the caecum. If it is distended the obstruction is in the colon. If it is empty or only partly distended, in all probability the obstruction is in the small intes-

# SYR. HYPOPHOS. Co., FELLOWS,

**CONTAINS**

**The Essential Elements** of the Animal Organization—Potash and Lime;

**The Oxidizing Elements**—Iron and Manganese;

**The Tonics**—Quinine and Strychnine;

**And the Vitalizing Constituent**—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

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

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

**Its Curative Power** is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

**Its Action is Prompt;** it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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

---

## NOTICE—CAUTION

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

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

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

---

*FOR SALE BY ALL DRUGGISTS.*

---

# DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

## WHOLESALE AGENTS.

FOR MAKING LITHIA WATER OF A KNOWN STRENGTH WHAT CAN BE MORE SATISFACTORY THAN

# Wyeth's Compressed Effervescing Lithia Tablets.

---

## WYETH'S LITHIA TABLETS

are most convenient for the preparation of artificial Lithia Water, and the great advantage these tablets have over the natural Lithia Water is that the dose can be regulated very readily to suit the case by dissolving one or more in any desired quantity of water

## WYETH'S LITHIA TABLETS

when taken in doses of from one to two tablets, dissolved in water, and repeated two or three times daily, exerts a marked influence in cases where patients are voiding uric acid gravel, causing the formation of deposits to become less or cease altogether.

## WYETH'S LITHIA TABLETS

have been so perfected that they dissolve almost instantly in water, and a tumblerful of Lithia Water *of a known strength* can be quickly, easily and economically made by dropping one or more of these tablets into a glass of moderately cold water, producing a pleasant and palatable draught.

Price, per dozen bottles, 5 grains, 50 tablets in each, $5.00
" " " 3 " 40 " " 4 00

---

# Wyeth's Effervescing Anti-Rheumatic Tablets

## OF SALICYLATES, POTASSIUM AND LITHIUM.

(Each Tablet represents 3½ grains of Combined Salts.)

These Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble, effervesce quickly and freely, producing a pleasant, sparkling draught, and we believe, where salicylate salts are specially indicated, will have the cordial endorsement of physicians.

This combination is recognized as almost a specific in the treatment of **Acute** and **Chronic Rheumatism, Rheumatic Gout** and kindred ailments, and is an invaluable remedy in all **febrile affections** inducing headache, **pain in the Limbs,** muscles and tissues; it is also prescribed in **Lumbago, Pleurisy, Pericarditis,** and all muscular inflammatory conditions.

**Price per dozen bottles - - - $4.00**
(Each botte contains 50 Tablets.)

# DAVIS & LAWRENCE CO., LIMITED.

MONTREAL.

**SOLE AGENTS FOR CANADA.**

tines. Again if the collapsed bowel is found in the caecal region the obstruction is likely in the lower end of the ileum. If the occlusion is higher up, the empty coil is extremely apt to be found at the brim of the pelvis or within its cavity. In searching for obstruction I look for a non-distended coil in one of these regions and trace it to the seat of strangulation. In Mr. Hulke's words: "I pass in my hand and feel for an empty piece of small intestine, by tracing which I hoped to be led to the seat of obstruction."

So much for the methods employed in searching for the seat of obstruction.

Treatment—Paliative and curative—paliative methods to be employed only till a diagnosis is made.

Absolute and entire rest should be enjoined. The lower bowel should be emptied by an enema. No attempt should be made to administer food by the mouth as every mouthful swallowed is apt to aggravate one of the most distressing symptoms. Even if we suppose that food can be retained it cannot be digested or absorbed. It is not improbable that the stomach is occupied by material regurgitated from the bowels which has undergone or is undergoing putrefaction. The small intestine above the seat of obstruction is congested and distended and is filled with putrifying material and flatus, and is therefore not in a condition to absorb food material that may reach it from the stomach. It is quite obvious, therefore, that it is worse than useless to give food by the mouth. The system should be kept up by nutrient enemata.

The distressed thirst should be allayed by giving bits of ice by the mouth, and by copious douches administered per rectum. To relieve pain and minimize the danger of severe shock, morphia should be given hypodermically. It also relieves the vomiting. This drug should be administered guardedly, as it is apt, when pushed too much, to mask serious symptoms and thus mislead the surgeon by giving him an erroneous idea of the gravity of the case.

Once a surgeon is certain of his diagnosis, temporizing with the case with electricity, massage or enemata is positively mischievous. The only thing to be done to cure the patient is a laparotomy and the sooner it is performed the better the chances of success. Spontaneous cures, although possible in a few cases, are extremely improbable. It ought to be remembered that the gut in intestinal obstruction is in precisely the same condition as it is in strangulated hernia. In a hernia, no surgeon, after taxis had failed, would think of delaying kelotomy until he had

tried enema, massage, electricity and metallic mercury and like measures. He would at once have recourse to operative procedure. The same rule should obtain in cases of acute intestinal strangulation. Kelotomy is in itself a simple operation. It is only serious when it is delayed. Its success depends not so much on the technique of operation as on the condition of the gut. Cases of internal strangulation are even more urgent than are those of strangulated hernia, since no taxis can be resorted to in the former to remove the constriction and in them relief can only be obtained by surgical interference. Laparotomy should therefore be resorted to as soon as a diagnosis is made, and if possible within twenty-four hours of the onset of the attack. In a doubtful case recent experience in abdominal surgery would favor an exploratory incision. A simple cut into the peritonal cavity, when done with proper precautions, cannot be so disastrous a circumstance as an unreduced strangulation, or even an intestinal occlusion treated in the dark. It should be borne in mind that the average duration of these cases is only six days. As in strangulated hernia, the success of the operation depends not so much on the kind of operation, or on the modus operandi, or on the age of the patient, or on the site of operation, as on the condition of the intestines. If, therefore, treatment is to be adopted at all, it should be resorted to at once. Surgical interference should not be the last resource, as unfortunately it too often is. On the contrary it should be the first resource especially as it is the only resource.

Allow me to close this paper by quoting from Treves' work on Acute Intestinal Obstruction, on the importance of early laparotomy, with every word of which I entirely concur. He says:

"An examination of the recorded cases show very clearly that in proper instances, and especially in those where the operation is undertaken early enough, laparotomy is by no means so very fatal a procedure. The one great fault that affects the issue of the operation is not so much the age of the patient, nor the seat of the obstruction, nor the period in the disease when the procedure was carried out but the state of the gut; and since pathology can give us precise teaching upon this latter point, there is no reason why laparotomy for intestinal obstruction should not be rescued from the somewhat ignominious position it now occupies in surgery."

"There is no reason why in the future, with a fuller knowledge of the technical details essential to the operation, with a surer acquaintance with the clinical aspect of obstruction, and with the exercise of a sounder judgment in the selection of cases, the procedure of laparotomy should not have a mortality but little higher than that of the operation for the relief of strangulated hernia."

# MALPRACTICE.*

By A. J. MURRAY, M. D., Fredericton Junction, N. B.

Too often the physician gets his first eye-opener in civil malpractice, his first practical lesson in forensic medicine, in the court room, when he himself or some equally unfortunate brother is the victim. The law does not set forth specific rules formulated to direct the duties of the physician. It is true that some general rules of law will apply, but it can be readily seen that no matter how well defined or precise the common law or the different statutes may appear, it would be altogether impracticable to adjust rules and regulations for the guidance and control of medical and surgical practice. For the circumstances and conditions of many cases are unfavourable from the outset, and the medical man, acting under a sense of duty, grapples with the inevitable, not for the sake of gain or glory, but to lend his help in the struggle against the ravages of disease, which must always be considered our greatest public enemy.

The law touching civil wrongs is relevant to the physician. Judge Cooley decides as follows: One may become liable to an action as for *tort*.

1st. By actually doing to the prejudice of others something he ought not to do.

2nd. By doing something he may rightfully do, but wrongfully or negligently doing it by such means or at such a time or in such a manner that another is injured.

3rd. By neglecting to do something which he ought to do whereby another suffers injury.

The two latter wrongs are those of negligence, and herein lies the responsibility which must be assumed by the medical practitioner, namely to show the absence of any act of neglect or want of care. In order to make a good defence in an action for malpractice, the physician or surgeon should so conduct the treatment in every instance that if called in question he may be able to show that he has used due care and judgment in the selection of remedies and in the general management of the case. He must be able to prove that he has an *ordinary degree of skill*.

The term *ordinary* skill is used because the science of medicine and surgery covers such a wide area of human thought, and there are so

* Read before York Co. Medical Society, August, 1897.

many difficulties to overcome, that the law *will* not and *does* not expect impossibilities.

Proof of a bad result is of itself no evidence of negligence or want of skill. It must be shewn that the defendant *was* negligent or that his treatment was improper before the defendant can recover damages. The law clearly sets forth this point: "A jury cannot draw the conclusion of unskilfulness from proof of what the result of the treatment was, but that it must be shown by the evidence that the treatment was improper, and, further, that no presumption of the absence of proper skill arises from the mere fact that the patient does not recover or that a cure was not effected."

Thus the ground of an action for malpractice is unskilful work on the part of the physician, whereby the health or general comfort of the patient has sustained injury. It matters not whether the tort is due to *wilfulness*, to *carelessness* or to *ignorance.*

The physician, in holding himself out to the world as such, gives expression to the general inference that he possesses ordinary skill in the practice of his profession.

"It is his duty, therefore, to exercise all reasonable care in the manner and performance of treatment, for he contracts to use his best judgment and also promises ordinary skill and diligence. In fulfilment of these he discharges his legal duty."—(Cooley on Torts, p. 647.)

"A physician when exercising reasonable and ordinary care is not liable for a mere error of judgment. There are always differences of opinion, and to hold a physician liable for an error in discretion or judgment made in his practice would seriously interfere with and hamper him in pursuance of his calling, and would deprive the general public of the benefit of his services. But when established principles of treatment have been neglected, and when it can be shown that the defendant was not possessed of ordinary skill, such as would be consistent with the usual methods of procedure. and when such means were employed in the treatment as to incur a bad result, whether from ignorance or neglect on the part of the physician or surgeon, the plaintiff may recover damages."

When a person volunteers his services and is not possessed of special qualifications, and who does not hold himself out to the public as a physician, he can only be required to exercise that degree which would be consistent with the intelligence and understanding usually bestowed by persons of like qualifications. The rule is clearly stated by Judge

Cooley, who says, "that where there is no undertaking for skill, the want of it can create no liability." The foregoing would seem to cover the case of the "bonesetter" and the midwife.

The matter of compensation is not material. Gratuitous service does not render the physician free from liability. His duty remains clear to exercise reasonable care whether in the particular case he has received a fee or not.

It is a well settled rule that the mode of treatment in any case must conform to the recognized and usual methods of the particular school to which the physician belongs. The law will not uphold a practitioner in making experiments on his patients. If he does so to their injury he is liable for damages. A part of the implied contract is the duty of the patient to co-operate with the physician, for if contributory negligence of the plaintiff can be shown to have caused the injury, no recovery can be had. But if lack of co-operation on the part of the patient has merely tended to aggravate the result of the treatment, then recovery may not be debarred, but the misdemeanour on the part of the plaintiff will tend to mitigate the damages. It has been held that when a patient has sustained an injury through negligence of his physician and refuses to allow an operation by another physician to repair the injury, he is not guilty of *contributory negligence* unless it can be shown that there was every assurance of a successful operation or final result. The burden of proof will rest on the defendant to show contributory negligence.

The general rule, barring statutory changes, regarding malpractice suits, is that no action will survive the death of either party.

In this province there is no statute of limitations touching actions for malpractice, except such as refer to all civil actions, which is six years. In none of the Medical Acts of Canada is there a statute of limitations except those of the Province of Manitoba and Ontario, and the North West Territories. It is to be hoped that at the earliest possible opportunity there will be incorporated into the New Brunswick Medical Act, the following, or its equivalent: "No duly registered medical practitioner shall be liable in any action for negligence or malpractice by reason of professional services requested or rendered, unless such action be commenced within one year from the date when, in the matter complained of, such professional services terminated."

Now as to the matter of amount of damages. It is precisely the same as for personal injuries. The jury may consider the bodily pain

and mental suffering which have occurred or are likely to occur in the future, in consequence of the wrong inflicted, as well as the loss of time, expense of medical or other attendance, and the diminution of ability to earn money.

We all know that in the practice of medicine and surgery there are many occult and latent influences brought to bear which human foresight and understanding are unable to anticipate, and, also, results may ensue which are entirely different in character from those which had been confidently hoped for. If the physician has committed a wrong it is only just and right that he should not escape punishment, but the peculiar nature of his calling should be considered, its multitudinous cares and responsibilities, far beyond monetary compensation. The practitioner many times responds to a call for medical and surgical aid from a sense of duty alone—without assurance or hope of reward, and assuredly without intent on his part to commit an injustice. In view of this it does seem fitting and proper that the public should zealously guard their benefactors and enact such laws as will serve for their protection.

It sometimes happens that a cunning litigant gets a physician to inadvertently pass an opinion damaging to the reputation of a brother practitioner, and then informs him that he will be expected to tell this on the witness stand in an action for malpractice. Whoever secures an opinion after this Indian fashion should be firmly and not over-politely told that if he intends to parade the secrets of the consulting room in the courts he will find the physician a very reluctant witness. While it is very aggravating and perplexing to the physician to be called as a witness before a court of justice against a brother practitioner, it is "Paradise Regained" when compared to the embarrassment experienced by the physician who is called upon to defend himself from the charge of malpractice.

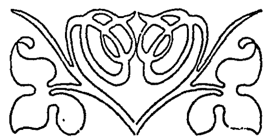
As a matter of legal right every man is presumed to be of good repute until the contrary is shown. This would appear reasonable and just in many instances, and, were it applied only in actions of a *criminal* nature, the defendant even though *guilty* might profit by the rule, for if conviction failed, through technicalities alone, he would escape punishment and would be presumed by the law to be innocent. Again in a civil suit for damages, as in an action for trespass or breach of contract when the plaintiff fails to prove his case the defendant remains in a state of *statu quo*. But in the case of the physician or surgeon a most cruel

and lasting hardship results, for he depends upon his reputation and professional standing to gain a livelihood for himself and family, and when his reputation has been assailed and called in question an irreparable loss has been sustained. He has been struck in a vital spot, and no matter how ably he defends his cause or how successfully he may meet the issue, the charge which could not be sustained in law has circulated outside of and beyond the jurisdiction of the trial-court to work its subtle influence against his character, integrity and professional attainments.

The true spirit of the medical profession is essentially altruistic. The thoughtful, conscientious practitioner helps to lighten the burden of others, and, like the Divine Master, he goes about doing good, and for no other reward than a sense of having performed a duty—save such compensation as the patient may have the desire or ability to pay. Few physicians ever receive adequate return for the services they have given to their fellow men, and were they to expect it and work with that end and that end only in view, the noble profession would soon be characterized as a *trade*, and the generous impulse which has so often inspired man to face death in order to relieve the sick and suffering, would be dimmed and darkened in obscurity.

There is yet one antidote to malpractice suits left, there is still one "balm in Gilead." Let physicians stand true to one another. We have a code of ethics to guide us, but the Golden Rule is code enough and ethics enough.

> "Follow light and do the right,
> For man can half control his doom;
> Follow you the star that lights
> A desert pathway, yours or mine;
> Forward till you see the highest—
> Human nature is divine."



# Therapeutic Note.

## ORTHOFORM, THE NEW LOCAL ANÆSTHETIC.

By PROFS. EINHORN and HEINZ.
Translated by G. R. J. CRAWFORD, M. D., St. John, N. B.

Local anæsthetics should at least possess the two following characteristics: 1st. They should be free from any toxic or poisonous effects; 2nd. They should be slow or difficult of absorption. Cocaine does not fill either of these conditions. On account of its poisonous action it can only be used with the greatest care; on account of its solubility it is very rapidly absorbed: this while adding to the danger of systemic poisoning shortens the duration of its anæsthetic action to the very narrow limits of between fifteen minutes to half an hour. These two circumstances restrict the domain of its application very much, especially as a local pain relieving agent.

Professors Einhorn and Heinz, of Munich, report in one of the August numbers of the *Munchener Medicinische Wochenschrift*, the discovery by them of a local anæsthetic which meets those two conditions, possessing as it does most valuable local anæsthetic properties and at the same time being free from the risks and dangers hitherto inseparable from agents of this nature. The drug presents itself as a fine white powder without taste or smell.*

It is very slightly and very slowly soluble in water, and in this quality perhaps, depends its superiority over all other local anæsthetics. It dissolves just sufficiently to unfold its anæsthetic action, and so slowly and gradually that only small quantities are removed by absorption, and thus the effect is kept up for many hours, sometimes for days.

The name given to the preparation commercially is Orthoform. The chemical name given to it by the distinguished chemists who discovered the drug, is p. amido-m-oxybenzöesaure methylester.

There are two forms of the drug. Orthoform. (the base): Orthoform, (salt.) The latter is formed by combination of the base with muriatic acid. The two preparations, orthoform and muriate of orthoform are alike in their anæsthetic qualities. The soluble salt is, how-

* I can't quite agree with the statement that it is *without* taste; I certainly, as well as other gentlemen present, could easily detect a peculiar taste, not very marked, and perhaps impossible to describe.

ever, acid in *reaction*, and, therefore, more irritating to very sensitive *mucous* membranes *such as the conjunctiva*, than the powder. The salt, however, on account of its solubility is specially applicable to internal wounded or diseased surfaces, such as the stomach, lower bowel, bladder and urinary passages.

Experiment with the drug was first made upon sensitive mucous surfaces, such as the conjunctiva. The basic *salt* (orthoform muriate) is never applied to such a sensitivet issue as the ocular mucous membrane. Its decidedly *acid* reaction produces too much irritation. The powder itself, the base, has been applied to the conjunctivæ of dogs. For a few minutes the animals showed signs of irritation—winking and slight reddening of the membrane; but in a very few minutes those symptoms subsided and complete anæsthesia was the result. If the powder is put upon the tongue, on account of its difficult solubility there is at first no effect; but after the lapse of a few minutes its anæsthetic action will be well marked.

The first experiment as to the reaction of the drug upon wounded or injured tissue was most satisfactory. A patient had been four times operated upon for the purpose of closing up a large surface by transplantation. Each time the patient suffered intensely from the denuded surface from which the graft was taken for hours after the operation. A fifth operation being required, this time before the patient had recovered from the effects of the general anæsthetic, orthoform salve was applied as a dressing over the denuded surface which was as large as the open hand. The patient, to his surprise and delight, this time suffered no pain during the entire healing process.

The above and similar cases may be regarded as typical illustrations of the local action of this drug, viz.: *Its beneficial* action is confined almost entirely to cases where it is brought into *immediate contact* with nerve endings; hence it has no effect upon burns of the first degree, where there is merely congestion; but in burns of the second and third degrees where there is more or less destruction of tissue, orthoform as a pain relieving agent has no equal. A comparison was made as to the relative values of boracic acid and orthoform salves. The case was one of severe burn of both hands. On the right orthoform salve was used; on the left boracic acid salve. In the right hand the pain vanished in a few minutes; in the left the pain continued. The next day the dressing was changed. The right was treated with the ordinary salve; the left with orthoform. The pain in the left hand immediately vanished, after some time the pain returned to the right.

Orthoform was next tried in a case of intensely painful cancerous ulceration of the face. For many days and nights the unfortunate patient could neither sleep nor rest. After the application of orthoform salve the pain entirely disappeared for twenty-four hours, and afterwards a daily application of the dressing was sufficient to keep him entirely comfortable. This patient used on an average daily from one ounce to one ounce and a half. Its use in this case, besides establishing its great anodyne properties, also proves that it can be used in large quantities without injurious effects. Internally doses from one half to one dram have been given to dogs several times daily without any poisonous effects. Orthoform apart from its powerful anæsthetic action possesses the very important and necessary property of being in a high degree antiseptic in its nature. It prevents putrefaction and fermentation, and if this condition is already present in wound or disease, it exercises a marked inhibitory influence upon the process.

In secreting wounds it has a drying up effect; always after the removal of orthoform dressing a noticeable decrease in the discharge is observed. Antiseptic, anæsthetic and nontoxic in its effects, it has no competitors as a dressing for painful wounds. Besides its applicability in the treatment of painful wounds, burns or ulcers, extensive in their character, it is very useful in those painful lesser lesions such as fissures of lips, anus and mammæ, excoration of tongue and lips.

Perhaps, of all the painful conditions and diseases in which it has been applied, its most marked and satisfactory effects have been observed in ulcerative conditions of the larynx, especially occurring in tuberculosis and carcinoma. Test experiments with orthoform in those diseases have been most gratifying. The results are given below of six cases of tubercular disease of the larynx with advanced ulceration of the epiglottis, causing the most intense suffering, especially during the act of deglutition.

1st Case.—3 grs. of the powder was insufflated. After about ten minutes the patient was entirely free from pain and could swallow without any discomfort. There was no return of the pain or dysphagia for 20 hours. A second insufflation, (this time the salt, muriate of orthoform, was used). After this application the pain was entirely relieved and the patient could swallow without difficulty for from 36 to 40 hours.

2nd Case.—After insufflation of the same quantity of the powder, complete relief of pain and dysphagia for 7 hours.

3RD CASE.—Entire freedom from pain. No discomfort in deglutition for 9 hours.

4TH CASE.—Three applications of 3 grs. were made. After the first insufflation the pain and dysphagia were relieved for two hours and a half. After the second the relief continued for three and a half hours. After the third insufflation the symptoms did not return for five hours.

5TH CASE.—Three grains of the powder was used. All the symptoms disappeared for eighteen hours.

6TH CASE.—In this case two applications by insufflation were made. The quantity used was the ordinary dose, 3 grs. After the first insufflation the pain and dysphagia subsided for four hours. The patient used solid food without any discomfort. The effect of the second application lasted the whole day.

Almost as favorable have been the results obtained from the use of orthoform in the relief of pain attending ulcer of the stomach.

Four cases of stomach ulcers attended with great pain were treated with solutions of muriate of orthoform, 3 to 7 grains in 3 to 6 drams of water.

In the first case the pain and other symptoms were relieved for four and a half hours. In the second case after the administration of about 7 grains well diluted, the pain for a few minutes seemed to be increased, but after ten minutes complete relief was obtained which lasted for fourteen hours. In the third case the patient was treated for some days with internal doses of muriate of orthoform varying from 3 to 15 grains in solution. The relief obtained lasted from 6 to 14 hours. The larger dose (15 grs.), and indeed, the ordinary 3 gr. dose always caused, for a few minutes after taking, a smarting or burning in the stomach. This unpleasant effect soon passed away and the patient was soon perfectly comfortable. In the fourth case of ulcer of the stomach, the patient, a few minutes after taking a dose of from 3 to 5 grs. was relieved of the pain, vomiting and discomfort for a period of from 18 to 22 hours.

On the other hand there were no favorable results obtained from the use of this drug in cardalgia, catarrh, dilatation, etc. In those cases the mucous membrane is generally intact. This preparation has no effect in cases of the kind. The drug must be bought in direct relation with naked sensitive nerve endings. This fact just mentioned is very important from a diagnostic point of view. If after the use of solution of orthoform of from 3 to 15 grs., no anæsthetic effect is obtained, the

diagnosis of ulcer or cancer may be positively excluded always of course, presuming that this latter disease has gone on to ulceration.

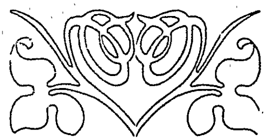
In cancer of the tongue the pain was completely arrested for from 3 to 6 hours by the use of orthoform in powder in the usual quantity of from 3 to 6 grains.

In syphilitic condyloma 10% solution of the muriate of orthoform pencilled over the part gave complete relief for about 7 hours.

In a case of ulcerative stomatitis insufflation of the powder gave relief for 16 hours.

Orthoform has been used with advantage in traumatic lesions of the urethral mucous membrane, and in cases where the passing of a catheter gave great pain. After an injection of a 5% solution of muriate of orthoform the urine may be voided without the slightest pain. In chronic cystitis with stricture, the passing of a bougie for dilatation is very difficult and causes great pain long after the operation; a 5% solution of the salt in sterilized solution of boracic acid relieves the suffering in a few minutes.

Orthoform is yet in its probation state, but enough evidence has already been brought forward to establish its reputation as one of the best and safest local anæsthetics yet discovered.—*Munchener Med. Wochenschrift.*



# WYETH'S LIQUID MALT EXTRACT

**WYETH'S MALT EXTRACT**

contains all the nutritive virtues of the best malt liquors in a much higher degree than any other product with which it can be compared, and the least amount of alcohol (3 per cent.) of any like preparation which avoids the distressing consequences experienced from the use of spirituous liquors, or malt extracts containing a large amount of alcohol.

**WYETH'S MALT EXTRACT**

is agreeable to take, and is a valuable nutrient, tonic and digestive agent, containing a large amount of extractive matter. Those of the medical profession who have given the subject of malt extracts careful study are unanimous in endorsing all the claims that are made for it.

**WYETH'S MALT EXTRACT**

is especially adapted to nursing mothers and children, to those suffering from nervous exhaustion, chilliness, and to those unable to digest starchy food. It also acts as a roborant in all cases of debility, and is a most valuable addition to the treatment required in convalescence.

**WYETH'S MALT EXTRACT**

is practically a liquid bread that is partly digested. It has for its prime object the production of nutriment, and the entire process of manufacture is devised for the purpose of attaining that end.

**WYETH'S MALT EXTRACT**

is a purely pharmaceutical preparation, and we would caution physicians when ordering to specify "Wyeth's," as it is well known that there are a great many so-called malt extracts in the drug stores which contain such an amount of alcohol that it is not safe to leave the choice to the discretion of the patient, who might be prevailed upon to purchase an inferior article on account of its being a little cheaper.

*Free sample bottles of Wyeth's Liquid Malt Extract will be sent to any practicing physician in Canada upon application.*

**PRICE, $3.50 PER DOZEN BOTTLES.**

**DAVIS & LAWRENCE CO., LIMITED,**

SOLE AGENTS FOR CANADA, **MONTREAL.**

# WYETH'S ELIXIR TERPIN HYDRATE.

There seems to be little or no doubt from recent investigations and the flattering results of the internal exhibition of this derivative of Turpentine, that it plays a very important part in the therapeutics of the profession. In the treatment of Chronic and Obstinate Cough, Bronchitis, etc., it has proven almost a specific. The eminent authority, Lepine, says unequivocally, and with emphasis, that "it is the best expectorant in existence." This, also, seems to be the impression it has made upon a number of our own medical men most familiar with the treatment of diseases and ailments of the lungs and throat.

**Per dozen Pints, - $12.60.**

---

# WYETH'S ELIXIR TERPIN HYDRATE AND CODEINE.

This combination will, we think, prove most acceptable, embracing the expectorant and calmative properties of these two most valuable remedies. The experience of those who have already used this latter elixir, has proven it to be eminently successful in allaying the distressing cough following Influenza and other Bronchial affections, without disturbing the stomach by creating nausea or loss of appetite.

TERPIN HYDRATE .. .. .. .. .. .. .. 1 grain.
CODEINE SULPHATE .. .. .. .. .. .. 1-8 grain.

**Per dozen Pints, - $15.00.**

As compressed by MESSRS. JOHN WYETH & BRO. in the form of Tablets, it affords the most convenient, agreeable and efficient mode of administration.

---

# WYETH'S ELIXIR UTERINE SEDATIVE SPECIFIC

**Viburnum Opulus** (CRAMP BARK), **Hydrastis Canadensis** (GOLDEN SEAL),
**Piscidia Erythrina** (JAMAICA DOGWOOD), **Pulsatilla** (ANEMONE PULSATILLA).

The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs, so varied in their character and such a drain upon the general health and strength.

It is most valuable in cases of Dysmenorrhœa. Never fails, and is equalled only by opium, without having any of the dangers of that narcotic.

It possesses very remarkable antispasmodic properties. It also acts as a nervine tonic, astringent, and is a useful remedy in Diarrhœa and Dysentery, and is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise.

**Per dozen Pints, - $11.40.**

---

**DAVIS & LAWRENCE CO., LIMITED,**

Sole Agents for Canada, **MONTREAL.**

THE
# MARITIME MEDICAL NEWS.

VOL. X. MARCH, 1898. NO. 3.

## Editorial.

### MARITIME MEDICAL ASSOCIATION.

The attention of our readers is particularly directed to the announcement elsewhere of the Maritime Medical Association meeting which will be held at Halifax in July. It should be the aim of the profession throughout this province to send a large representation and particularly so, since the Medical Society of Nova Scotia meets at the same time and place to carry on its business programme, the scientific portion being amalgamated with that of the Maritime Association. It is certain that New Brunswick will be represented by a very large delegation—if we can judge from the promises made last year by a goodly number who attended the meeting at St. John. It also goes without saying that Prince Edward Island will more than make amends for the lack of representatives at last year's meeting, particularly as there will be no provincial election to take up the attention of our island brethren this summer. Now gentlemen—and ladies also—decide at once that you will "go to Halifax" in July and make the coming meeting the most successful in the history of the Association. Any information required will be gladly given by the Secretary. Do not procrastinate, but send the titles of your papers to him as early as possible. The entertainment part of the programme is in excellent hands and we know the committee will faithfully carry out the part entrusted to them.

# Society Meetings.

## ST. JOHN MEDICAL SOCIETY.

DR. W. W. WHITE, President, in the chair.

Dec. 22nd, 1897.—A case was exhibited by Dr. T. D. Walker, showing a good result from external and internal urethrotomy. There had been complete retention of urine from stricture of the urethra. There were two strictures; the posterior was divided by external and the anterior by internal urethrotomy.

Dr. T. D. Walker also gave particulars of a number of operations, which he had recently witnessed.

Jan. 5, 1898.—A case of splinter of steel in the crystalline lens was exhibited by Dr. McIntosh. The foreign body could be distinctly seen in the upper and outer part of the lens. A portion of the lens substance had absorbed and cataract had formed in the remainder.

Dr. MacLaren reported a case of suprapubic lithotomy. A mulberry calculus weighing five drachms and fifty grains was removed. The incision through the bladder wall was closed with a continuous catgut suture, complete recovery ensuing in six weeks.

Dr. Daniel exhibited four large phosphatic calculi and gave notes of the cases. A discussion on the relative merits of litholapaxy and lithotomy was fully dealt with by the members present, both operations having their supporters.

Jan. 12.—A specimen of fibrinous cast of bronchi was exhibited by Dr. Inches The cast showed the various bronchial divisions and subdivisions in a beautifully clear manner. It was coughed up by a young subject suffering from bronchitis.

Dr. Thos. Walker showed an ovarian cyst removed from a girl. It had been of rapid growth.

Dr. Scammell read a paper on Shock. (This paper was published in the last issue of the NEWS.) During the discussion, the President referred to the importance of attention to the general condition of the patient before operation and to the importance of avoiding prolonged time at the operation.

Dr. Morrison spoke of the advantage in having the operating table warm.

Jan. 19, 1898.—Dr. G. A. B. Addy, Vice-President, in the chair.

The following resolution was adopted :—Resolved, that this society has learned with profound regret and sorrow of the recent death of Dr. Joseph O'Dwyer, of New York. It might have been expected from a man of his character and accomplishments, had he lived longer, still greater achievements in the domain of science.

That in Dr. O'Dwyer's death the profession in America has lost one of its brightest ornaments and one of its scientific heroes, who by his steadfastness of purpose and persevering labour, initiated, demonstrated and popularized the surgical proceeding known as intubation of the larynx for the relief of laryngeal stenosis, a procedure which has been phenomenally successful in rescuing from certain death tens of thousands of patients annually.

That in the great galaxy of brilliant names which the closing century presents to the century about to dawn, there is none deserving of a more honoured place than that of Joseph O'Dwyer.

And further resolved, that this society desires to convey to his family, his immediate circle of friends, and to the medical profession in New York its sincere and heartfelt sympathy in the great loss which they have sustained in his early removal from a sphere of great usefulness and activity.

Dr. J. H. Morrison appropriately moved the resolution, and Dr. Inches in seconding referred to his personal friendship with Dr. O'Dwyer, having been a fellow house surgeon at the Charity Hospital, New York, and attended him through an attack of typhus fever. Dr. Inches considers him to have been one of the best types of medical men.

The subject of "Aural and Nasal Polypi" was taken up by Dr. Morrison. He said that the causes, treatment and consequences of these two classes of polypi are similar. The symptoms of aural polypi are constant discharge, deafness and vertigo. Inflammatory action is always present and where there is constant discharge, polypi are almost sure to be found somewhere in the tympanic cavity. They begin as granulations and may be situated on the membrane, canal, upper part of tympanum and canal to antrum. The varieties are fibrous, mucous and adenoid. The first indication of treatment is removal, afterwards search for dead or denuded bone. Operate under an anæsthetic and use a snare or curette. Then irrigate and pack with iodoform powder. Curetting must be done carefully on account of the proximity of the tympanic roof to the cranial cavity. Many of the cases are tubercular. Polypi may lead to cerebral

abscess, meningitis or mastoid disease. Abscess of Shrapnell's membrane or of attic may simulate polypi.

All that may be said of aural may be said of nasal polypi. They start from orifices of ethmoid, frontal and sphenoidal sinuses, and are due to inflammatory action caused by the erosion of discharge. Removal alone is not sufficient; the cells should be curetted, irrigated and swabbed with silver nitrate. The ethmoid cells need to be scrapped. Polypi should not be removed by twisting out but by the snare.

Jan 25.—Dr. W. W. White, President, in the chair.

Dr. Wetmore read a paper on "Injuries of the Pelvis." Their importance like those of the skull are chiefly due to injuries to the soft parts. The signs and symptoms of fracture were given and special reference made to the injury of bladder and urethra. He referred to a case of dislocation of the right sacro-iliac synchondrosis complicated by thrombosis of the right iliac vein. There was complete separation of the bones; nine days after the injury, swelling of the limb was noticed. The patient made a good recovery. The obstruction of the vein was attributed to the swelling of the parts in the vicinity.

Feb. 2nd.—The society was presented by the N. B. Historical Society with a copy of "The History of the first fifty years of Medical men in St. John."

On the motion of Dr. McIntosh, a resolution was adopted stating that it was desirable that practitioners should be allowed the alternative of becoming permanently registered by the payment of a composition fee. Several members held that to pay a registration fee every year was a nuisance.

Dr. Stewart Skinner read a paper on the "Use of Pessaries in Gynæcology." He discussed the relative values of operative measures and compared them with the use of pessaries. Pessaries still are much used and frequently of advantage.

"Feb. 9th.—Dr. Wheeler read a paper dealing more especially with the Symptoms, Diagnosis and Treatment of Typhoid Fever." The important guides in diagnosis are the gradual rise in temperature, the enlarged spleen and the serum test.

Dr. G. A. B. Addy referred to a recent case in which the eruption was pustular.

The members present referred fully to the pressing need of a trained bacteriologist in the community, and it was decided that information be obtained about the arrangements made in other cities to provide for such an official.

## WESTMORLAND COUNTY MEDICAL ASSOCIATION.

A large number of medical men from different parts of the county met in Moncton recently for the purpose of organizing a county medical society. The meeting was called to order by Dr. C. A. Black of Baie Verte. Dr. Botsford was requested to act as secretaty and to explain the object of the meeting. The meeting then proceeded to the election of officers as follows:

| | |
|---|---|
| Dr. C. A. Black, Baie Verte, - - | President. |
| Dr. Fleming, Petitcodiac, - - - | 1st Vice-President. |
| Dr. Calkin, Sackville, - - - - | 2nd Vice-President. |
| Dr. Belliveau, Shediac, - - - | 3rd Vice-President. |
| Dr. Botsford, Moncton, - - - | Secretary. |
| Dr. McCully, Moncton, - - - | Treasurer. |

The President in a few well chosen words thanked the meeting for the great honor they had bestowed on him by electing him President of this society. He stated that he had been within a few months of 40 years in the medical profession, and therefore considered himself in this respect one of the oldest; but if any of the younger members would like to take a back hold with him be would accommodate them. Forty years of professional work, rolling along in the "Medical Chariot," was a long time to stand in the ranks but he intended to still continue his calling.

After adopting constitution and bye-laws and finishing other business, the society adjourned to meet in Moncton on the third Thursday in March.

Before adjournment a vote of thanks was passed to the Mayor and city council for the use of the council chamber.

## MONCTON MEDICAL SOCIETY.

The regular monthly meeting of the Moncton Medical Society was held on Feby 11th at 8.30 o'clock.

There was a large attendance of the local medical fraternity. After the regular opening routine of business the following officers were elected

| | |
|---|---|
| Dr. C. T. Purdy, - - - - - | President. |
| Dr. G. T. Smith, - - - - - | Vice-President. |
| Dr. R. L. Botsford, - - - - | Secretary. |
| Dr. F. J. White, - - - - - | Treasurer. |

The President in a few remarks thanked the meeting for the great honor they had bestowed on him by electing him President of this Society.

During the evening Dr. White read a carefully prepared and very instructive paper on "Constipation" which was discussed by Drs. Ross, Bourque, Smith, Purdy, Steeves, Botsford and Myers.

After the meeting adjourned the President entertained the society to supper at his residence, Church Street. After justice had been done to the good things provided, toasts to the host and hostess were heartily given and responded to by Dr. Purdy on behalf of himself and Mrs. Purdy.

---

# Obituary.

Dr. John Somers, whose death occurred on the thirteenth of March, was one of the best known of Halifax physicians. He was born in St. John's, Newfoundland, fifty-four years ago, but came to Nova Scotia in his infancy. After graduation at Bellevue in 1866, he became attached to one of the Vermont regiments and served as a surgeon during the American civil war. At the close of the war he returned to Nova Scotia and began practice in Halifax, and soon established an extensive practice.

For a year or more he had been unwell, but it was only within the past two months that he permitted himself to throw off the harness.

Dr. Somers led a life of great activity, and engaged himself in many matters of public and social interest. Thus he was, at different times, found upon the staffs of the Halifax Dispensary and Victoria General Hospital, was a member of the provincial charities commission, a member of the city school commission, etc. But undoubtedly his principal work was done as professor in the Halifax Medical College, of which institution he was the truest of friends. There he was connected successively with the chairs of botany, physiology and medicine, and to each subject he devoted himself diligently and conscientiously. His interest in botany never flagged, and he was always looked upon as an authority upon that subject.

To Mrs. Somers and the children, the NEWS extends sincere sympathy in their great bereavement.

# LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine." —*The Medical Times and Hospital Gazette.*

**Can be ordered through any Druggist. Samples free to Medical Men.**

NEW YORK PHARMACAL ASSOCIATION,

88 WELLINGTON STREET WEST, TORONTO.

# Free for a Postal.

Desirous that every physician may have opportunity to make trial of

## DUNCAN, FLOCKHART & CO.'S CAPSULES

I am instructed by MESSRS. D., F. & Co., to send working sample to every physician making application for same. Full List of Capsules will be forwarded on request.

R. L. GIBSON, 88 WELLINGTON STREET WEST, TORONTO.

**☞ Prices on these Capsules have been materially reduced. ☜**

**The Standard Nerve and Nutrient Tonic.**

# MALTINE WITH COCA WINE

Dr. C. H. BROWN, of New York, Editor of the *Journal of Nervous and Mental Diseases*, says:

"Maltine with Coca Wine has served me well in cases of Neurasthenia from any cause. It "serves as a most excellent sustainer and bracer. Besides these two essential qualities, we "are forced to believe in another element in this combination, and that is the sedative quality "which makes it a most valuable therapeutic desideratum. This action does not depend entire- "ly upon the Coca, or the Coca in combination with wine. My conviction is that the Maltine "plays a leading part in this triple alliance."

*SAMPLES SENT PHYSICIANS ON APPLICATION.*

MALTINE MANUFACTURING COMPANY, TORONTO.

# EFFERVESCENT SALT.

A pleasant effervescing aperient, taking the place of nauseating mineral waters.

Recognized and prescribed by eminent members of the profession in Great Britain and Europe.

## Matters Personal and Impersonal.

Dr. A. P. Reid, after more than twenty years of hospital life in the service of the Nova Scotia government, is to retire from the superintendency of the Victoria General Hospital on the first of May next. For nearly fifteen years he was superintendent of the Hospital for the Insane, but when, late in 1892, a superintendent was needed for the Victoria General Hospital, he expressed the desire to be transferred to that institution, although it meant a considerable financial loss to him. During his long term of service, Dr. Reid has ever been a faithful, conscientious worker. In appreciation of his services the parliament of Nova Scotia has granted him a generous retiring allowance, and he will also carry away with him the most kindly will of all who have been associated with him on the hospital staff.

Dr. Reid is one of those singularly fortunate men who never make enemies. Possessed of a cherry, genial, obliging disposition, he has the power of making everyone feel that he is their personal friend. He has always been an omniverous reader, and a practical experimenter. He has quite a reputation as an inventive genius, and his scientific attainments are many and varied, making him an especially entertaining conversationist. As a teacher he has been a pronounced success, and the Halifax Medical College will find his severance from the teaching staff a serious blow to the institution.

Some years ago, Dr. Reid purchased a valuable farming property at Middleton, and there he purposes to make his home. We understand, though, that he will meet physicians in consultation, which will be pleasant news to the physicians of the Annapolis Valley.

The NEWS regrets very much that Dr. Reid is to be practically lost to Halifax, to the Halifax Medical College, and to our local medical association. We trust though that luck may follow him, and that he may have a long, active and useful life.

After the retirement of Dr. Reid, we are informed that a lay superintendent will be appointed to the Victoria General Hospital. The name of Mr. Wallace Kenny has been associated with the position, and it is generally believed that he will receive the appointment. Mr. Kenny is well known as a good business man, a thorough accountant, and a

gentleman of unblemished character. Doubtless his appointment will meet with general commendation, and will prove to be a wise and worthy choice.

THE recent session of the Nova Scotia Legislature has amended the Public Health act by eliminating the clauses relative to the salary of members of the Provincial Board of Health, and by making meetings of the board subject to the call of the chairman—instead of requiring quarterly meetings, as formerly. The health of our province, it appears, has been unusually good of late and the government felt safe in economizing at the expense of the Provincial Board of Health. We trust that Providence will continue to shew us favor, as we cannot but feel that we are in a rather defenceless position at present, and a sudden outbreak of infectious disease might rapidly lead to a widespread and terribly fatal epidemic.

---

DANGERS IN LEAN MEAT.—Practical experience, as well as theoretic considerations, lead to the conclusion that a lean meat diet continued for any length of time is incompatible with health. Leading medical teachers in France are sounding the note of warning against the use of an exclusive meat diet in diabetes, a disease of which lean meat was formerly supposed to be almost a panacea. A close study of the history of these cases has shown that an exclusive meat diet is not infrequently a cause of death, through the accumulation of so great a quantity of ptomains within the body that the kidneys are unable to cope with them. Professor Boofelt says: "It is the duty of the physician who places his patient upon a lean meat diet to inform him of the fact that he is living close to the border line, and that his situation is like that of a man walking along the brink of a precipice; that he must on no account submit himself to the influence of an anæsthetic without first undergoing a few days' preparation, including an entire change of diet; and the truly wise physician will further instruct his patient that it cannot be safely adopted as a continuous dietary without the risk of constitutional injury."—*Public Health Journal.*

# Matters Medical.

BACTERIOLOGICAL RESEARCHES CONCERNING A FATAL CASE OF FEBRILE RHEUMATISM, COMPLICATED WITH ENDOCARDITIS, PERICARDITIS AND CHOREA.—At a recent meeting of the Paris Academy of Medicine, a report of which is published in the *Indépendance Médicale* for Nov. 24th, M. Triboulet and M. Coyon made the following communication: At the autopsy of a child they had procured some blood from the inferior vena cava, a segment of the mitral valve, and one of the spinal cord, with which they had obtained, in sterilized milk, anaërobic cultures of a special microbe, accompanied by sparse chains of streptococci. After sowing again, the cultures were obtained in a state of purity. The microbe in question caused the fermentation of the milk which it coagulated and separated into a serous lower layer, and a frothy upper layer bearing large, firm bubbles of an alveolar appearance; the culture gave out a butyro-cheesy odor which was not at all fœtid. The medium was strongly acid. On sheets the presence of a large bacillus was recognized; it was of a variable length, sometimes short, sometimes a little longer, with rounded extremities. This microbe coloured well with the different reagents, and tolerated Gram's stain. Inoculated in doses of from two to three cubic centimeters in the muscular mass of the thigh of a guinea-pig, the cultures caused death in from twenty-four to thirty hours, and gave rise to the formation of a large sero-sanguineous collection in the fold of the groin. The microbe was met with again in a state of purity in this serous liquid.

The morphological characteristics, and better still, the reaction of the cultures in the anaërobic sterilized milk, and also the results of the intra-muscular inoculation in the guinea-pig, formed a mass of details which absolutely corresponded to that which Thiroloix had described several times in regard to bacteriological investigations made with the blood of living rheumatic subjects. It was shewn from that, by the authors, that the microbe isolated by them thirty-six hours after death should not be considered as a common microbe of putrefaction.

The observation presented, aside from the ascertaining of a possible specific pathogenic microbe, was open to considerations of another order. The child had presented during its life, evident symptoms of chorea.

The cultures of a segment of the spinal cord having given pure cultures of the microbe in question, it was allowable, the authors thought, to suppose that the presence of even this microbe in the nervous centres was probably the exciting agent of the abnormal movements.—*New York Medical Journal.*

PROF. NEUMANN'S CAUTIONS.—In an article upon "Excessive Treatment in Disorders of Infants," the specialist in pædiatrics, Neumann, of Berlin, gives the following warnings:

1. Do not bathe the infant and thus remove the vernix caseosa, which is, itself, aseptic. The first bath should be given *after the navel wound has healed.*

2 Avoid too much cleansing of the mouth of the infant by rubbing and scrubbing it out.

3. Refrain from scarifying the gums with the idea that dentition is a pathologic process.

Attention is called in a contemporary to the duration of vaccinal immunity. After stating the views of several writers, the conclusion is reached that this immunity may disappear at the end of two years, even in the adult. From that time vaccination may "take," and, what is more, variola may develop. If this is true, then the custom usually followed by insurance companies of considering the presence of a pronounced vaccinal scar upon the body of an applicant as all-sufficient proof against small-pox is not good insurance protection.—*Health.*

IN Tokio, Japan, Dr. Kitasato is in charge of an institute connected with the Sanitary Society of Japan for the study of infectious diseases. It contains laboratories for original research where anti-diphtheritic serum, anti-cholera serum, typhoid and erysipelas serums are manufactured. A practical course in bacteriology is given to students. They have a studio for micro-photography equipped with Zeis' complete apparatus. The wards hold fifty patients, and only those suffering from contagious diseases are admitted; cholera and smallpox being excluded.—*Exchange.*

PROLONGED DIPHTHERIA.—Jessen describes a case of prolonged diphtheria, which is now and again observed, in which deposits and inflammatory irritation, accompanied by the virulent Loeffler bacilli, existed for five months. No important constitutional symptoms were present. Syphilis had been excluded.—*Centralbl f. Innere Medic.*

DISINFECTION OF SLEEPING APARTMENTS.—Professor Konig, of Gottingen, relates that at one time, while he was practicing medicine in Hanau, he discovered that his bed room was inhabited by bugs. A friend assured him that he could easily get rid of the pests by fumigating the apartment with corrosive sublimate. This method was duly resorted to, and when the room was opened the dead bodies of various kinds of insects were seen strewn about the floor. As a result the same plan was tried in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia, with "most satisfactory results." Since adopting this method, Konig has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in which the patient had been confined. About two ounces of the corrosive sublimate is put on a plate over a chafing-dish, and the windows and doors of the room are then closed. At the expiration of three or four hours the windows are opened and the apartment is thoroughly aired—a very necessary operation. Persons entering the room are, with good reason, advised to take the precaution to hold a sponge or cloth over the mouth and nose in order not to inhale the vapor. On the following day the windows are again closed and some sulphur is burned in the room in order to neutralize *(sic)* any of the mercurial fumes which may linger about the furniture and other articles. After the room has been again aired and cleansed, it is said to be ready for occupation. Whether any cases of mercurial poisoning have occurred is not stated, but the risk of this would appear to be considerable.—*Pharmaceutical Journal and Transactions.*

AMONG the papers read before the national conference of mayors and councilmen, held at Columbus, Ohio, during September, was one on "The Influence of a Pure Milk Supply on the Death Rate of Children," by Nathan Strans, of New York, the founder of the depots for the supply of sterilized milk to the poor. Mr. Strans said, in part, as reported by the journal of the American Medical Association: "There is practically no milk delivered for general consumption in cities that is fit to be fed in its natural state to young children. I think I have fairly demonstrated the proposition that many thousands of infant lives are annually sacrificed by the neglect to supply, for the nutriment of children milk which has been sterilized. I hold that neglect to be criminal, and I leave it to you."

## Therapeutic Suggestions.

SALINE INJECTIONS AFTER FLOODING.—Amillet (L. OBSTETRIQUE) insists that after grave hæmorrhage, in pregnancy or labor, a saline intravenous injection is the best method for encountering acute anæmia. A one per cent. solution of chloride of sodium is the only available mixture which has no evil influenee on the corpuscles. At least 1,500 to 2,000 grams must be injected. In less serious cases two hundred grams can be injected under the skin; more than one dose may be required. Amillet recommends an intravenous saline injection or a subcutaneous injection before any obstetrical operation is performed on a woman exhausted by loss of blood. When the patient has clearly been revived by these means she must, in any case, be closely watched, as sometimes the good effects do not last. The injections must be repeated if necessary, till all danger has passed away.—*British Medical Journal.*

A GARGLE FOR LACUNAR AMYGDALITIS.—We find the following formula in the *Presse Medicale:*

Beech creosote............8 gtt.
Tinct. of myrrh.
Glycerin............aa 900 grs.
Aq..................1,800 grs.
M. *N. Y. Med. Jour.*

VINEGAR FUMES FOR NAUSEA AFTER ANESTHESIA.—It is said that if the patient is allowed to inhale vinegar after an operation, while coming out from the anæsthesia, the nausea and vomiting will be prevented. Pour it on the mask or towel and let it be inhaled as ether is.

HABITUAL CONSTIPATION.—The causes of habitual constipation are: Heredity; the habit of suppressing the desire; unsuitable diet—too abundant, deficient in water, too easily absorbed, or insufficient in variety; sedentary habits (although obstinate habitual constipation may occur even in those who lead an active life); disturbances in the circulation (heart disease, mechanical pressure, pregnancy); displacement of the bowel; intestinal adhesions. The treatment is given as follows: (1) dietetic, (2) physico-mechanical, (3) medicinal. In the first method, such foods should be given as are known to increase peristalsis. The

"physico-mechanical" includes suitable massage (often of great value), electricity and enemata. The disadvantage of enemata is that ultimately small quantities of fluid do not suffice, and large quantities over-distend the intestine and become useless. Regular attempts at defecation with slight pressure are recommended. Medicinal treatment is discussed under two groups, mild and more powerful purgatives. An efficient rhubarb preparation is very useful. Calomel is very useful in children. Castor oil is unsuitable for constant use. Large injections of olive oil are of value.—*Berlin Klinik.*

TREATMENT OF UNCONTROLLABLE VOMITING.—The *Journal des Practiciens* (Jan. 9, 1897) recommends the following treatment:

℞ Menthol, gr. ij.
Hydrochlorate of cocain, gr. iv.
Alcohol, ℥ ij.
Syrup, ℥ j.

A small teasponful every half-hour until several doses are taken.

The following may also be used in the case of the vomiting of tuberculosis:

℞ Menthol, gr. iv.
Syrup, ℥ v.

Shake well before using and give from two to three teaspoonfuls at short intervals after each meal.

According to Ferrand, in some cases of spasmodic vomiting it is useful to apply the following solution to the pharyngeal wall by means of a cotton compress:

℞ Bromide of potassium, gr. 75.
Glycerin, ℥ ij.

Such an application should be made after each meal to diminish the sensibility of the pharynx.—*St. Louis Clinique.*

ORCHITIS, OVARITIS AND CYSTITIS.—Pulsatilla is of value in orchitis, whether idiopathic, traumatic, specific or metastatic. Give two drops of the tincture every two hours. I have found the best results by giving one-drop doses every fifteen minutes for one or two hours, then every half hour for one or two hours longer, then every hour until a cure is effected. This is equally valuable in ovaritis. I have had considerable experience leading me to the belief that it is of especial value also in inflammatory affections of the kidneys, bladder and urethra of both sexes.—Tucker, in *Medical Standard.*

NEURECTOMY FOR TIC-DOULOUREUX.—Bernays' "Report of a Surgical Clinic," complimentary to the Members of the Mississippi Valley Medical Association, contains the following, in reference to his patient's condition and treatment before neurectomy for tic-douloureux was decided upon:—

"Case V.—The patient, aet. 50, white, female. Family history: Has one sister who suffered from emotional insanity; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporaily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain; moderate heat produced a soothing effect. After two months, the pain became continuous, and four molars were extracted without in any way relieving it. On the contrary, the pain increased in severity until October when it ceased entirely for a period of two weeks, and then returned as severely as before. Another tooth was sacrificed, but without relief; the pain became continuous until last June when it again subsided for a period of six weeks. A recurrence then took place together with an involvement of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenuously avoided the use of narcotics, but during the more active periods of pain, antikamnia in ten grain doses was found to be an efficacious obtunder." After describing the neurectomy, Prof. Bernays says: "Eight weeks have now elapsed since the operation, and no recurrence of the trouble has taken place."

SANMETTO A STANDARD REMEDY IN GENITO-URINARY DISEASES.—I have prescribed sanmetto in a large number of cases of genito-urinary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy.
Alma, Mich. J. F. SUYDAM, M. D.

DOCTOR:

Your library is not complete without the HYPNOTIC MAGAZINE. Cost of this handsome monthly, including premium book on SUGGESTIVE THERAPEUTICS, is only One Dollar ($1.00) a year. Send for sample copy.

THE PSYCHIC PUBLISHING Co., 56 5th Avenue, Chicago.

WANTED.—Trustworthy and active gentlemen or ladies to travel for responsible, established houses. Monthly $65.00 and expenses. Position steady. Reference. Enclose self-addressed stamp envelope.

THE DOMINION COMPANY, DEPT. V., Chicago.

# A UNIVERSAL REMEDY,

or as near it as any known special preparation.

# "H. V. C."

# Hayden's Viburnum Compound.

For the Relief of Pain, and the most reliable and safest

## ANTISPASMODIC

known to the medical profession. Highly recommended in the **Ailments of Women and Children**, particularly in cases of **Dysmenorrhœa, Amenorrhœa, Menorrhagia, Dangerous Flooding, Threatened Abortion, Sterility, The Menopause**, and in all stages of labor it is indispensable.

"H. V. C." has been in the hands of the profession for thirty-two years with great approbation. Perfectly safe in any and all cases, and can be relied upon in emergencies.

Physicians should be assured of the genuine and that no substitute is employed. Send for our special illustrated hand book, free.

## NEW YORK PHARMACEUTICAL COMPANY,

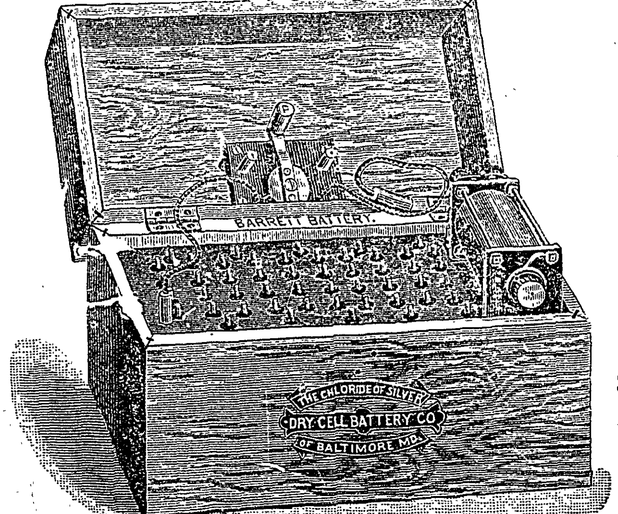
**BEDFORD SPRINGS, Mass.**

Sole Manufacturers of Hayden's Viburnum Compound.

---

# Special Offer.

We now offer at a great reduction the following CHLORIDE OF SILVER DRY CELL BATTERIES, which are fitted with Stationary Cells.



GALVANIC BATTERY.

| | | CASH. |
|---|---|---|
| 16 Cell | Special Price. | $11.00 |
| 50 " | | 25.00 |

COMBINATION BATTERY.

Galvanic and Faradic.

| | | CASH. |
|---|---|---|
| 32 Cell | Special Price. | $27.00 |
| 50 " | | 34.00 |

**LYMAN SONS & CO.**, 380-386 St. Paul St., MONTREAL.

# SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

# MAXWELL'S

ARE SHOWING

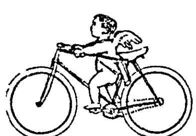
New Spring Goods.

Make your selection early.

*HIGH CLASS TAILORS,*

*PHONE 869.* *132 GRANVILLE STREET, HALIFAX.*

# Say, Doctor!



Don't you want a good Bicycle?

We have the best and will make you special prices. Write for Catalogue.

The W. H. JOHNSON CO., Ltd. ♥ ♥ Granville Street, Halifax, N. S.

# MEDICAL BOOK STORE,

139 Hollis Street, Halifax, N. S.
W. E. HEBB, Proprietor.

HAVING made special arrangements with the leading publishers of **Medical Books** in the United States and London, Eng., we are able to supply all the LATEST PUBLICATIONS at catalogue prices.

Any books reviewed in this journal can be supplied at **short notice.**

We also do all Kinds of Printing for Professional men, such as Prescription Blanks, Note Heads, Bill Heads, Visiting Cards, etc.

# WHEELER'S TISSUE PHOSPHATES

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach:* Cone-Calcium, Phosphate $Ca_3\ 2PO_4$ Sodium Phosphate $Na_2\ HPO_4$, Ferrous Phosphate $Fe_3\ 2\ PO_4$ Trihydrogen Phosphate $H\ PO_4$ and the active Principals of Calisaya and Wild Cherry.

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

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

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

**Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, P. Q.**

☞ To prevent substitution, put up in bottles only, and sold by all Druggists at ONE DOLLAR.



# BELLEVUE HOSPITAL MEDICAL COLLEGE, City of New York.

## SESSIONS OF 1898-99.

The Session begins on Monday, October 3, 1898, and continues for thirty-two weeks. For first-year and second-year students, attendance on four courses of lectures is required for graduation. Third-year students are admitted under the three-years' system. Graduates of other accredited Medical Colleges are admitted as third-year students. Students who have attended one full regular course at another accredited Medical College are admitted as second-year students without medical examination. Students are admitted to advanced standing for the second or third years, either on approved credentials from other Medical Colleges or after examination on the subjects embraced in the curriculum of this College.

The annual circular for 1898—9, giving full details of the curriculum for the four years, the Regents' requirements for matriculation, requirements for graduation and other information, will be published in June, 1898. Address Austin Flint, Secretary Bellevue Hospital Medical College, 26th Street and First Avenue, New York City.



**The North American Life Assurance Co.,**

Head Office, Toronto Ont.

Managing Director, Wm. McCabe, L.L.B.; Medical Director, Jas Thorburn, Esq., M. D.; President, John L. Blaikie, Esq.; President of the Nova Scotia Board of Honorary Directors, Hon. A. G. Jones, P. C. Agents in every town in the Maritime Provinces. The North American Life Assurance Company is one of the strongest institutions in Canada conducting the business of Life Assurance.

Offices, Union Bank Building, Halifax, N. S.

GEO. E. LAVERS, Provincial Manager.

E. LE ROI WILLIS, Proprietor.

**King Square, St. John, N. B.**



# H. P. BEZANSON.

—— IMPORTER OF ——

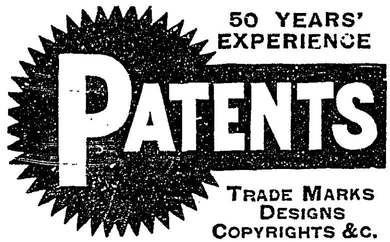
**Gentlemen's Furnishing Goods and Boys' Ready Made Clothing.**

CUSTOM SHIRT MAKER.

Shirts Re-Collared and Re-Cuffed.

**144 Granville St., Near Cor. Duke, Halifax, N. S.**






TRADE MARKS
DESIGNS
COPYRIGHTS &C.

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. Handbook on Patents sent free. Oldest agency for securing patents.

Patents taken through Munn & Co. receive *special notice*, without charge, in the

# Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, $3 a year; four months, $1. Sold by all newsdealers.

**MUNN & Co.** 361 Broadway, **New York**

Branch Office. 625 F St., Washington, D. C.



# WANTED.

Trustworthy or active gentlemen or ladies to travel for responsible established house.

Monthly $65.00 and expenses. Position steady. Reference.

Enclose self-addressed stamped envelope.

**The Dominion Company,**

**Dept. V., Chicago.**

# HALIFAX MEDICAL COLLEGE.

## HALIFAX, NOVA SCOTIA.

## Twenty-Ninth Session 1897-98.

### THE MEDICAL FACULTY.

ALEX. P. REID, M. D., C. M.; L. R. C. S. Edin.; L. C. P. & S. Can. Emeritus Professor of Medicine and Professor of Medical Jurisprudence.
WM B. SLAYTER, M. D.; M. R. C. S. Eng.; L. R. C. P Lon.; F. O. S. Dub.; Emeritus Professor of Obstetrics and Gynæcology.
EDWARD FARRELL, M. D., Professor of Surgery and Clinical Surgery.
JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
GEORGE L. SINCLAIR, M. D, Professor of Nervous and Mental Diseases.
DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
A. W. H. LINDSAY, M. D. C. M.; M. B. C. M., Edin.; Professor of Anatomy.
F. W. GOODWIN, M. D., C. M.; Professor of Materia Medica.
M. A. CURRY, M. D., Professor of Obstetrics and Gynæcology
STEPHEN DODGE, M. D, Professor of Ophthalmology and Otology.
MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery.
NORMAN F. CUNNINGHAM, M. D., Professor of Medicine.
WILLIAM TOBIN, F. R. C. S., Ire, Professor of Laryngology and Rhinology.
C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine.
JOHN STEWART, M. B, C. M., Edin.; Professor of Surgery.
G. CARLETON JONES, M. D., C. M.; M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics.
LOUIS M. SILVER, M. B., C. M., Edin.: Professor of Physiology.
GEO. M CAMPBELL, M. D., Professor of Histology.
F. U. ANDERSON, L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng.; Demonstrator of Anatomy.
C. E. PUTTNER, PH. M., Instructor in Practical Materia Medica.
W. H. HATTIE, M. D, C. M., Lecturer on Bacteriology and Pathology.
WALLACE MCDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
A. I. MADER, M. D., C. M, Class Instructor in Practical Surgery.
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.
THOS. W. WALSH, M. D., Assistant Demonstrator of Anatomy.

EXTRA MURAL LECTURER.

E. MACKAY, PH. D., etc, Professor of Chemistry and Botany at Dalhousie College.

### FACULTY OF PHARMACY.

AVERY F. BUCKLEY, L PH., Lecturer on Pharmacy.
F. W. GOODWIN, M. D., C. M., Lecturer on Materia Medica.
G. M. CAMPBELL, M. D, Instructor in Microscopy.
GEORGE LAWSON, PH. D., etc., Professor of Chemistry and Botany.
ALBERT H. BUCKLEY, PH M., Examiner in Mat. Med. and Botany.
FRANK SIMSON, PH. G., Examiner in Chemistry.

The Twenty-Ninth Session will open on Wednesday, Oct. 3rd, 1897, and continue for the seven months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital, have increased the clinical facilities, which are now unsurpassed, every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

The following will be the curriculum for M. D., C. M. degrees:

1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medical
(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
(Pass Final M. D., C. M Exam.)

Fees may now be paid as follows:

| | |
|---|---|
| One payment of | $250 00 |
| Two of | 130 00 |
| Three of | 90 00 |

Instead of by class fees. Students may, however, still pay by class fees.

For further information and annual announcement, apply to—

**G. CARLETON JONES, M. D.,**
**Secretary Halifax Medical College.**

Established LEITH HOUSE. 1818.

# KELLEY & GLASSEY

(SUCCESSORS A. McLEOD & SONS.)

## Wine and Spirit Merchants,

IMPORTERS OF ALES, WINES AND LIQUORS.

Among which is a very superior assortment of

**Port and Sherry Wines, Champagnes, Bass's Ales, Guinness's Stout, Brandies, Whiskies, Jamaica Rum, Holland Gin,** suitable for medicinal purposes; also **Sacramental Wine,** and pure Spirit (65%) for Druggists.

WHOLESALE AND RETAIL. Please mention the MARITIME MEDICAL NEWS.

---

# VACCINE VIRUS.

PURE AND RELIABLE

## ANIMAL VACCINE LYMPH,

FRESH DAILY.

LIBERAL DISCOUNT TO DRUGGISTS. - - - - - - SEND FOR CIRCULAR.

10 Ivory Points, double charged, - - - - $1 00
10 Quill-Slips (half-quills), double charged, - 1 00

ORDERS BY MAIL OR TELEGRAPH PROMPTLY DISPATCHED.

# NEW ENGLAND VACCINE CO.,

CHELSEA STATION, BOSTON, MASS.

C. WM. CUTTLER, M. D. J. F. FRISBEE, M. D.

# Chocolate-Coated TABLETS.

## One Hundred and Fifty-four of the Most Popular, Staple and Quick-selling Formulæ Added to Our List—A True Chocolate Coating—Beautifully Finished, Readily Soluble, and Strictly Faithful to Label.

The line of chocolate-coated tablets recently added to our price list, and now awaiting the orders of the profession, comprises a carefully selected list of standard formulæ. In point of external finish the new line challenges comparison with the most beautiful products of American and foreign laboratories. At a glance the physician will be struck with the thin coating and small size, the latter being reduced to the last limits consistent with good pharmacy.

The quality of these products is in every respect as unexceptionable as that of our regular lines of compressed and triturate tablets. The ingredients are of the finest material; the excipients carefully chosen; the solubility as nearly perfect as the formulæ will permit.

Our line of chocolate-coated tablets comprises many ill-tasting and malodorous substances which are now perfectly disguised by the chocolate investment.

The new tablets cannot fail to meet with the admiration of all who give due weight to pure materials, conscientious manufacture, and exquisite finish. Samples and price list furnished on request.

**Parke, Davis & Company,**

**WALKERVILLE, ONT.**