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Sept. 21st, 22nd & 23rd, 1892.

THE Twenty-fifth Annual Meeting of the Canadian Medical Association will be held in Ottawa, on Wednesday, Thursday and Friday, 21st, 22nd and 23rd September, 1892.

Members desirous of reading papers or presenting cases will kindly communicate with Secretary as to the title of paper or nature of case, as early as possible. Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby members and delegates may obtain return tickets for one fare and one-third.

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

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

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

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

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting-room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well-stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating 75 students at work at a time.

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

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

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

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

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

REQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, have studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

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Original Communications.

CASE OF SUPRA-PUBIC LITHOTOMY.

BY JOHN STEWART, M. D., PICTOU.

T. D., aged 53, a carpenter, and native of Pictou County, began to suffer five years ago from incontinence of urine with difficulty in micturition. He was at the time resident in California, where he had worked for some years.

He took various medicines, without any benefit. Pain became a prominent symptom, and two years ago he was treated for cystitis by injections into the bladder. Owing to continued pain and loss of rest his health became much impaired, and he returned to Nova Scotia.

In May, 1891, he entered the Halifax Infirmary, where Dr. Farrell crushed and removed a stone. This operation gave great relief and his general health improved, until November, when the symptoms returned. During the winter he was seen by Dr. Robertson, of Hope-well, who recognised the presence of a

calculus, and found the urine turbid and ammoniacal. The patient was averse to further operation, and Dr. Robertson prescribed injections of boracic acid solution, also of nitrate of silver, and gave lithiated hydrangea, which appeared to give some relief.

I saw the patient with Dr. Robertson on April 27th. He complained of pain at the neck of the bladder; and also at a point half an inch behind the glans.

There was frequency of micturition, urine being passed every two or three hours, day and night. The urine was pale, turbid and alkaline, with free ammonia, and small crumbs of phosphatic matter were frequently passed. Only once or twice had blood been noticed in the water, and this was after the passage of a larger mass than usual of the calculus. There was a small quantity of albumen, probably derived from the pus present. No casts were discovered, but there was a large quantity of pus, some large mucus cells and bacteria.

On introducing a sound a stone was detected lying on the right side of the base of the bladder. It gave a distinct but not high-pitched click on being

tapped with the beak of the sound. The diameter was made out to be one inch and a half.

The finger introduced into the rectum found the prostate much enlarged.

After the sound was removed, a soft rubber catheter was passed and fifteen ounces of urine drawn off, although the patient had passed water two hours previously.

The patient was anæmic and flabby, very despondent, a confirmed hypochondriac, and his conversation was an incessant commentary on calculous diseases, cystitis and hyperthrophies of the prostate.

On the 4th of May, assisted by Dr. Robertson of Hopewell and Dr. Keith of New Glasgow, I performed suprapubic lithotomy.

The patient's bowels had been cleared out by an enema, and he had had a light breakfast. The pubes and hypogastrium were shaved and thoroughly scrubbed with a 1 in 20 solution of carbolic acid.

Chloroform was then administered by Dr. Keith, and the patient took it remarkably well. A soft rubber catheter was passed into the bladder and about four or five ounces of urine drawn off. The patient had tried unsuccessfully to empty the bladder a short time before. The catheter was now connected by rubber tubing with a half-gallon can filled with a warm saturated solution of boracic acid and held at a height of about three feet above the level of the patient's pelvis. By raising and lowering this can, and disconnecting the tube, the bladder was thoroughly irrigated until the lotion came away clear. The can was finally raised and boracic lotion allowed to flow in until the bladder could be felt bulging forward in the hypogastrium. As the catheter tended to slip out, it was kept in place by a ligature round the penis. The rectum was not distended. An incision about 3 inches in length was now made through the skin and fascia, the recti-muscles were separated, the transversalis

fascia picked up and divided to the extent of the skin incision.

The clip on the rubber tube was now relaxed and a little more lotion allowed to flow into the bladder, which at once bulged forward in the wound. The loose fat was easily pushed aside, and a little dissection revealed the longitudinal fibres of the bladder. The peritoneum was neither seen nor felt.

A sharp hook was inserted into the upper part of the exposed bladder, which was then incised downward, and the contained lotion gushed out. On introducing the finger the stone was felt lying behind the right lobe of the prostate and somewhat adherent to the mucous membrane. It was seized with a pair of bullet forceps, but was too large to extract through the opening in the bladder, and, being very friable, was broken into fragments, which were removed piecemeal. The floor of the bladder was carefully scraped with the finger-nail, and a quantity of *débris* removed with the scoop-shaped blade of the bullet forceps. The bladder was then again thoroughly irrigated. As the urine was alkaline and purulent, suturing of the bladder was not attempted, but it was secured by a suture at each side to the fascia in the abdominal wound. Iodoform was then rubbed into the wound, two or three sutures inserted at the upper and lower parts of the incision, a short drainage tube introduced, and the wound dressed with iodoform gauze and absorbent wool.

The patient passed a restless evening: he had two or three slight chills and complained a good deal of pain, which was relieved by a quarter of a grain of morphia. The temperature at 9 p. m. was 101° and the pulse 112°, but both soon became normal.

The after-treatment was carried out by Dr. Robertson, and the patient has done very well.

The whole of the urine came away at first through the wound. Twice a day the bladder was irrigated with warm boracic lotion, through a soft catheter

and siphon tube, until the lotion came away clear.

Within a week the patient was able to sleep well all night, and could retain his urine for five or six hours.

Six weeks after the operation I saw him. The wound was healed with the exception of a small granulating area about half an inch across, through which a few drops of urine still oozed occasionally at intervals of a day or two. No inflammatory redness or eczema had ever developed about the wound. The patient was able to eat and sleep well, and was quite free from pain. The urine was still alkaline, but improving under the use of benzoic acid and continued irrigation of the bladder.

On examination of the calculus it was found to consist of an irregularly shaped brittle mass, composed of granules and short spicules, and of a dirty white colour, surrounding a central nucleus of harder, whiter, and much finer grain. The entire calculus was estimated to be about the size of a large walnut, and when dried weighed about 200 grains. Chemical analysis revealed the presence of lime, ammonia, magnesia, phosphoric and oxalic acids, but the calculus was not fusible.

FRACTURE OF THE PATELLA.

BY W. S. MUIR, M. D., TRURO.

To the general practitioner there is probably no form of disease that will bring our reputation and skill more into question than that of a bad result after a fracture. If you do not know your anatomy and remember it you need never expect to have success as a surgeon or a bone-setter. To reduce a fracture and keep it in position is simply all that is required; fracture of the patella is not an exception to this rule. Fracture of the patella is generally the result of muscular action, and hence it is almost always transverse; however, the fracture may be stellate compound or comminuted; most of the

fractures that are not transverse are due to direct violence, the most common cause of compound being a kick from a horse. In this paper it is my intention to deal with simple transverse fracture of the patella, as there seems to be no two opinions as to the procedure in compound fracture of the patella. Transverse fracture is, as I said before, generally due to muscular action, and this is quite plain if we remember the anatomical relations of the parts. To explain this I can do no better than to quote from "Moullin," "where the knee is flexed, the lower half of the patella rests upon the prominent portion of the condyles of the femur, and the upper is entirely unsupported, and the plane of the bone is almost at right angles to the direction of the quadriceps. If this muscle suddenly contracts the whole strain falls upon one spot, and the bone gives way just as when a stick is snapped across the knee." Now we have our patella fractured, what occurs next,—displacement of the fragments, and upon the amount of displacement depends our treatment. Displacement of the fragments is due to four things: *First*, to contraction of the quadriceps extensor femoris muscle; *secondly*, to contraction of the ligamentum patellæ; *thirdly*, to distention of the knee joint by blood and serum; and *lastly*, the amount of separation of the fragments is due to the amount of pre-patellar aponeurosis and fascia torn. If the fascia is not torn or very slightly torn we will have little or no displacement of the fragments and bony union the result. Delayed union, non-union and ligamentous union may in many fractures be due to constitutional or local conditions, but in no fracture do the same local conditions so uniformly interfere with the union of bone as in fracture of the patella. When the patellar fascia is not torn the diagnosis is not so easy, but not difficult. The effusion is not so great and not so rapidly absorbed as when the displacement of the fragments is greater. This is owing to the fact that the contraction of the muscle is not so continuous and is followed by a

state of rest and the effusion is rapidly absorbed. The amount of displacement and effusion is not an important factor in cases of non-union. McEwan, of Glasgow, was the first to point out this most important feature in non-union in fracture of this bone. He demonstrated the fact that you cannot have bony union on account of the aponeurotic structure interposing between the fragments, and here I may state that there is little use in wiring a patella. This interposition of fragments is not thoroughly picked and cleaned out. I hope I may not be considered bold or aggressive when I say that all ordinarily treated fractures of the patella when the fascia is ruptured and where it is attended with any degree of displacement cannot be considered at this day to be successfully or scientifically treated unless you have osseous union as a result; and to get osseous union must be our object in the future. Ligamentous union does not insure a limb as perfect functionally as before the fracture. How often do we hear of the same person having his patella fractured once or twice, and many cases are recorded where the same patella has been wired in two or three different places at different times; the surgeon in cutting down finding the old fracture as strong as any part of the bone, and the bone fractured in another place. I saw a case of this kind in Sir Joseph Lister's wards, King's College Hospital, last year. After seeing the wonderful results of this operation I must say I became impressed with the idea that in all cases where we cannot get the fragments in direct apposition we should cut down and wire the bones. Most writers, especially the older ones, consider this operation unnecessary and unwarrantable. I cannot see it in that light, as if we believe in antiseptic surgery and practice it to the letter of the law the danger should be no greater than that of any other ordinary operation. In making your incision, make it long enough to give you plenty of room. It should at least be two and a half

inches long; open the joint freely; all effused material should be squeezed out; the joint thoroughly irrigated with carbolic solution; the holes drilled obliquely from the cutaneous to the fractured surface, so as to avoid the cartilage. After the joint has been thoroughly irrigated the bones are brought together with soft strong silver wire, taking care that every bit of tissue is from between the fragments. Then carefully sew the aponeurotic structures together with cat gut or silk worm gut. Lister does not pay much attention to this, but McEwan lays great stress upon it. Lister buries his large silver wire suture while McEwan brings his out, and removes it in 5 or 6 weeks time. Lister does not remove the wire suture at all unless it causes irritation or becomes troublesome. McEwan dresses his wound with iodoform and rubs it freely into every crevice with his finger. In five or six weeks time he begins passive motion and it is truly wonderful the results he has. Lister, of course, uses his double cyanide gauze, and puts his leg up in "Gouche" splinting and does not begin passive motion nearly so early. Most text books will tell you to use drainage tubes, but unless you are very particular about your antiseptics it is better not to use them. I noticed this more particularly in Mr. Watson Cheyne's wards, he having almost entirely dispensed with drainage tubes in all operations.

I know I will be freely criticised, as there are many dissenters from antiseptic surgery, and many who think the risk of converting a simple fracture into a compound too great, but with the strictest antiseptic precautions and aseptic procedures that mode is the ideal of surgery in fracture of the patella, for it restores the functions of the limb and joint perfectly.

GREAT BRITAIN obtains a revenue of \$98,500,000 annually from its stamp-duty on patent medicines. Thirty years ago the income from this source was \$210,000.

CONSERVATISM IN MIDWIFERY.

BY C. J. FOX, M. D., PUBNICO.

When asked by our Secretary for the title of the paper that I had intended to prepare for this Society, I sent the name "Conservative Midwifery," but on second thought decided that that expressed too much or too little; too much since it implied that midwifery might be other than conservative in its aims and too little in that it did not necessarily include that which I had specially in view, a conservatism on the part of the practitioner, but not a looking on policy that will allow a patient to succumb for fear of doing something that possibly may not be successful. Parturition is necessarily a conservative process, having been performed in much the same fashion from the foundation till the present time.

We, as obstetricians, are apt, I think, to get a little restive in viewing the rapid strides being made in the departments of general medicines and surgery within the last few years, failing to remember that our field is physiological rather than pathological and that the process established by nature is essentially a perfect one; hence in the greater number of cases we must consider ourselves simply as attendants, waiting patiently for the fruition of nature's efforts or for the occasion to arise when we may assume the roles of assistants; and in the meantime avoid all mischievous interference.

I have no doubt that in theory we all accept this as our faith; but do we carry our belief into practice? if not the sooner we do the better methinks for that part of suffering humanity represented by the lying-in woman.

I would not like to be understood as thinking that all innovations come under the head of meddling midwifery; but I think that the over enthusiasm with which new measures are embraced by some lead to abuse and consequent discredit of what might, in suitable

cases, prove an inestimable boon to patient and physician as well.

Because the method of delivery of the placenta by expression, the Crède method, is useful in many cases, especially where hemorrhage is threatened, it does not follow that it is advisable to follow it as a routine measure. I can remember our professor of obstetrics bringing it forward as the then new method, and directing us to apply a force of from twenty to fifty pounds, as might be required; and I of course applied it to every case, much to the discomfort of my patients. Fortunately for me I was sufficiently in earnest to impress them with the idea that it was necessary, though I am persuaded that in nine out of ten cases this was not so; but simply added to the patient's distress without any corresponding advantage.

Amongst all the advances made in midwifery there has perhaps been none greater than the introduction of the forceps; and yet it goes without saying that these instruments have been productive of a large amount of injury when used under circumstances where they should not have been, or for purposes for which they were not intended, and often by those who had better have learned their use on the cadaver or manikin. It is well to remember that no operation is devoid of risk and none should be attempted without the probability of equivalent benefit accruing therefrom.

I will not presume to instruct you as to whether forceps should be employed further than this; let it be solely for the patient's good without thought of personal convenience or eclat. A lacerated perineum or ruptured uterus is too heavy a price for the woman to pay that the physician may gain an hour or two to attend to other work. I may just say that my most frequent indication for the use of the forceps has been a condition of comparative inertia of the uterus; where the pains are short and inefficient, no progress being made, and the os fully dilated.

Another agent, which I fear is, in some cases, abused, is chloroform; and

while it is indeed many times a God-send, I would deprecate most strongly the routine practice of employing anæsthetics in every case, as I am persuaded that the tendency is to retard labor even when confined to what is called obstetrical anæsthesia or analgesia, and when pushed beyond that, to produce stupor, it may even suspend uterine action; and has provoked grave symptoms, though I believe there is only one case on record where death has occurred under chloroform in labor.

There seems to have been some years ago a great diversity of opinion as to the propriety of using anæsthetics in labor, but with that we have nothing to do at the present day. The use of chloroform has come to stay, and the question now is, under what circumstances and to what extent shall it be employed? As regards the circumstances, no hard and fast rule can be laid down except the general one of being assured that it is for the patient's benefit. I would use chloroform where the pains are remittent rather than intermittent; and in these it gives the patient a clear interval of comparative ease, thus allowing a chance for recuperation. Where there is excessive suffering, humanity would prompt us to employ some means to alleviate this, and in this case I would administer chloroform to the extent of blunting their sensations, though here I may suggest that the amount of pain or contraction is not a gauge of the severity of the suffering, and each case must be decided on its merits.

The objection that I urge against the indiscriminate use is under some circumstances, the very reason why it should be used; that is in primiparae, where stray forcing pains are pressing the head against a firm perineum. Here we want to retard labor to give the tissues time for relaxation, and I think that nothing will do this so satisfactorily as chloroform when pushed to the extent of producing complete unconsciousness. In instrumental labor I do not find chloroform indicated in every case. In many I should consider it inadvisable

to use. In eclampsia I suppose it will be one of the first things to be thought of and used freely, or its place may be taken by chloral.

One other subject I wish to touch upon as I am aiming to merely refer to a few matters, not to treat them exhaustively.

It was not to be expected that obstetrics should escape the general antiseptic fever; and perhaps the history of the movement produces the strangest evidence of the wisdom of "making haste slowly," in the adoption of every new thing that may be proposed in connection with our work as accoucheurs. Like surgery it passed through the cycle of carbolic acid injections and carbolic spray to be followed by the period of corrosive sublimate injections, this in turn giving place to the more rational plan of applying the antiseptic where it is most needed, viz., to the attendants instead of the patient. The virtues of the latter method being that it insured cleanliness and could do no harm, while in the former the frequent occurrence of poisoning from the absorption of the agent used whether carbolic acid or bichlorides in a short time made its most earnest advocates glad to retrace their steps until we find the present status of antiseptics in midwifery to be summed up by Lusk, of New York, as follows: "The use of the vaginal douche in child-bed as a routine practice is now happily a thing of the past, and again he says: "My own opinion is that the intra-uterine douche in child-bed is not indicated except where there has been slovenly help rendered by the attendant at the time of child-birth."

For myself I think that where the douche is used it should be simply for the purpose of flushing the uterus and removing any offending substance as blood-clots or fragments of membrane; and for this I should use plain water boiled, and allowed to cool to the proper temperature.

There is no doubt that the antiseptic movement has done good in spite of the excesses to which it has been carried;

in that it has awakened a conviction on the part of physicians of the necessity of cleanliness in their own persons and in the surroundings of the patient. Even bichloride injections are better than dirty hands; but when the need of either? Let our first duty on entering the chamber be to cleanse our hands, using an antiseptic if you will, and our last one, barring the application of the binder, be to see that the placenta and membranes are removed entire. This being done, we may rest tolerably easy as regards the occurrence of puerperal fever, and avoid the necessity of using the curette for fishing in the uterus for something that we may not be sure is present, and where we are quite as likely to open new gates for the entrance of septic matter as we are to benefit the patient; and yet if there were clear evidence of the presence of clots or fragments of placenta which failed to be removed by irrigation, I should not hesitate to use the dull curette.

In conclusion I would say, let the indications as to what may be required in any case be clear; for in obstetrics there is scarcely any excuse for hap-hazard work or experimentation. Proceed in such a manner that if asked the reason why, the answer may be ready and to the point.

A MESENTERIC TUMOUR.

L. L., aged 66, was admitted to the P. E. I. Hospital Nov. 4th, 1891, suffering from an abdominal tumour, filling the whole abdominal cavity. She gave a history of having had a rupture from a fall of this tumour twice within two years, followed each time with a mild attack of peritonitis. Her temperature was 99, pulse 112; urine alkaline containing albumen in considerable quantities, but the sp. gr. was normal. She also was troubled with an obstinate constipation. On the morning of Nov. 11 a laparotomy was performed. On exposing and tapping the tumour it was reduced to about one-half its original size, but it remained still too large

to allow of its being extracted through the abdominal opening or of its pedicle being reached. The arborescent investing mesenteric membrane was carefully dissected off, and the pedicle was finally reached and found to be placed in the transverse meso-colon, with two principal adhesions, one to the crura of the diaphragm, the other to the greater curvature of the stomach. The patient never rallied from the shock, and died nine hours after the operation in a state of collapse. Upon post-mortem the left kidney was found to contain two cysts of the size of walnuts, each containing a clear fluid, and the right one was the size of a pigeon's egg, undoubtedly indicating an advanced stage of chronic nephritis. The case is worth recording, chiefly owing to the comparative rareness of abdominal tumours of mesenteric origin.

Yours truly,

JAS. MACLEOD.

Charlottetown.

Society Proceedings.

MARITIME MEDICAL ASSOCIATION.

The second regular meeting of this association was held in the hall of the Church of England Institute on Wednesday and Thursday, July 6th and 7th. The meeting was a pronounced success from every stand-point. Probably the only matter to which exception might be taken was that the large number of papers to be read in the limited time prevented as full a discussion of some of them as might have been desired. Some of the papers were of marked value and more discussion of them would have been both interesting and profitable. The following gentlemen were present:

Drs. Thos. Walker, J. F. Black, A. F. Emery, Simeon Fitch, Gaius T. Smith, G. A. R. Addy, J. W. Clarke, G. E. Dewitt, J. A. Payzant, F. N. Burgess, J. F. Macdonald, Andrew Halliday, J. D. White, C. A. Foster, R. A. H. MacKeen, W. S. Muir, H. B. McPherson, John McIntosh, A. J.

Cowie, A. J. Mader, W. Tobin, J. Christie, G. E. Buckley, F. U. Anderson, L. M. Silver, J. A. Sponagle, W. B. Moore, A. P. Freeman, Chas. J. Fox, Edward Farrell, John Somers, W. F. Smith, Thos. Milsom, D. A. Fraser, M. L. Angwin, Carleton Jones, J. W. Daniel, Boyle Travers, Jas. McLeod,—Creed, C. A. Kirkpatrick, A. C. Hawkins, G. C. W. Bliss, P. M. Jonah, J. A. Byers, J. Z. Currie, E. T. Blanchard, W. D. Finn, J. N. Mack, D. A. Campbell, J. L. Peppard, Murray MacLaren, G. M. Campbell, Chas. H. Morris, T. W. Walsh, Stephen Dodge, W. B. Slayter, J. D. Lawson, D. B. Myshrrall, A. P. Reid, G. L. Sinclair, H. S. Jacques, Fred W. Kelley, D. N. Morrison, J. Wier, F. R. Gow, M. A. B. Smith, W. N. Wickwire, T. C. Brown, J. M. Purcell, W. H. Hattie, Jas. Coleman, N. F. Cunningham, Arthur Morrow.

JULY 6TH, SESSIONS 10 A. M. AND 3 P. M.

In the absence of the President, Hon. Dr. Parker, the Secretary stated the necessity of appointing a Chairman.

Dr. Jas. Christie moved and Dr. J. W. Daniel seconded that Dr. Edward Farrell, Vice-President for Nova Scotia, should take the chair.

After the reading of the Minutes, Dr. Farrell gave a short address welcoming the visiting members to Halifax, voicing the regrets of all at the absence of the President, Dr. Parker, and then dwelling for a few minutes upon the desirability of the establishment of something in the shape of a Dominion Health Bureau and of this Association taking some steps towards impressing upon the proper authorities the importance and urgency of the matter.

After the chairman's address, the secretary read an invitation to the association from Lt.-Governor Daly to an "At Home" at Government House on that afternoon.

The scientific programme was then taken up beginning with the report of an interesting case of Hysterectomy for uterine fibroids by Dr. Jas. Christie of

St. John. The case illustrated among other things the difficulty of arriving at an accurate diagnosis in such cases until the time of operation.

In the absence of Drs. Stewart of Pictou, and Ings of New Glasgow, Dr. Jones of Halifax read their joint paper on a case of Hysterectomy during pregnancy, for uterine fibroids. (These papers and others we hope to publish in full, so a detailed account of them need not now be given.—Ed.)

Then was read by Dr. J. F. Black a paper on Porro's operation with successful case. Both mother and child were well (some weeks after the operation) the infant being exhibited to the association. Dr. Black was and may well be congratulated on this completely satisfactory result, the second case of the kind in Nova Scotia, and the first in which both mother and child were saved.

Dr. Murray MacLaren read a paper entitled, "Remarks in connection with ovariectomies performed at the General Public Hospital, St. John." This paper included a carefully prepared digest of the operations extending over several years, and in stating the mortality statistically, Dr. MacLaren discussed the various differing circumstances; such carefully prepared resumes of whole series of cases are of practical value.

Drs. Christie, Black, McLeod, Daniel, W. S. Muir, Jonah, Travers, Walker, Mackeen and Morrow, took part in the discussion of the foregoing papers.

Dr. Slayter quoted Keith as stating that not more than 5 per cent. of fibroids should be operated on by hysterectomy; that the mortality was 25 per cent. or more, and this for removal of tumours which, as a rule, have a limited course and don't shorten life. Apostoli's method had been found to relieve the pain and arrest the growth of fibroids, and should be tried first at least in most cases.

Dr. W. S. Muir thought that specialists and general practitioners were not bound by the same considerations; and that in the country, unaided by fellow

practitioners, it was sometimes the doctor's duty to perform craniotomy, when under the circumstances an abdominal operation would be unjustifiable if not impossible.

Dr. Macdonald, of Hopewell, agreed with Dr. Muir, that in the country resort to "legalized murder" was sometimes necessary. He also thought that operations were done that had no need to be, and cited several cases to support his views.

Dr. R. A. H. MacKeen spoke against delaying operations in proper cases. He referred to insanity having followed removal of the uterus and appendages.

Dr. Farrell thought too much importance was attached to the statistics of so called authorities, and referred to the advantages of the elastic ligature. Dr. Black replied, and in answer to questions said he thought there was a disposition to return to the extra peritoneal method in operating.

Dr. R. A. H. MacKeen read a paper on "Carcinoma of Kidney; hæmorrhage, nephrectomy," and Dr. Slayter a paper on "Endometritis."

The association then adjourned to the "At Home" at Government House.

EVENING SESSION, 8 P. M.

Dr. G. E. Buckley, President of the Nova Scotia Medical Society, read a carefully prepared address on "Preventive Medicine in its relation to certain diseases of animals."

Many important matters were touched upon, including the importance of further legislation in regard to the inspection and marketing of animals, animal vaccinations, &c.

It was moved and seconded that this address be published in the lay press.

Dr. Morris read a paper by Dr. Stewart of Pictou on a case of "Suprapubic Lithotomy."

Dr. J. M. Daniel read a paper entitled, "Suprapubic Cystotomy," in which reference was made to several cases and the stones extracted were exhibited.

Then was read (by Dr. Finn) a paper

by Dr. Farrell on "Cases of Lithotomy and Lithotripsy."

All of these papers were interesting and compared the advantages of the various methods of dealing with stone in the bladder, the operations of lithotripsy and suprapubic cystotomy being those most in favour, especially the latter.

Then was read, what was on the whole probably the most valuable paper offered, namely, a paper by Dr. D. A. Campbell, on "The Causation of Diphtheria." Dr. Campbell has been spending some months at the Johns Hopkin's Hospital and was able to bring to the Society information of progress in connection with the etiology and clinical characteristics of this most dreaded disease. The paper will be published in an early number and will well repay careful perusal.

JULY 7TH, SESSIONS 10 A. M. TO 1 P. M.,
2.30 TO 4, 8 TO 10.

The first business was the election of officers, which resulted as follows:

President — James McLeod, M. D., Charlottetown.

Vice-President for New Brunswick — Jas. Christie, M. D., St. John.

Vice-President for Nova Scotia — W. B. Slayter, M. D., Halifax.

Vice-President for P. E. I. — R. Johnson, M. D., Charlottetown.

Drs. G. E. DeWitt and A. Morrow were re-elected Treasurer and Secretary respectively.

Local Committee of Arrangements — Drs. Taylor, Warburton, Conroy, H. Johnson.

The Treasurer's report was then received and various bills presented and ordered to be paid.

In answer to a question from the Secretary as to what should guide him in regard to the extent to which he should give a report of the proceedings of the Association to the lay press if at all, a considerable discussion ensued and several motions and amendments were made and eventually the following

amendment made by Dr. R. A. H. MacKeen passed :

Resolved, That no paper read before this Society, or any synopsis of it, shall be furnished the lay press unless by a special vote of the Association ; and that no member shall furnish a report of the proceedings to the press except the Secretary.

Papers were then read by Dr. Somers on "A Chapter in Medical History," and by Dr. DeWitt on "The Local Application of the Principles of Hygiene," after which Dr. Campbell's paper was discussed by the following gentlemen : Drs. Travers, Walsh, Jonah, Daniel, Macdonald, Moore, T. C. Brown, W. S. Muir, Chisholm and Trenaman, several mentioning plans of treatment that had been found successful. The gist of Dr. Campbell's paper was that Diphtheria was now known to be originally a local disease originating in the point of deposit of the specific diphtheria germ. The so-called membrane was formed principally of developing colonies of the bacteria. These bacteria produce a substance or substances that being absorbed, have pronounced constitutional effects upon the heart and other tissues. The products from artificially cultured colonies have been injected in animals and the constitutional effects studied. These points were elaborated in Dr. Campbell's paper. As to treatment this was both local and constitutional, local to lessen the multiplication of germs and so lessen the source of the principal noxious products which would be absorbed, and constitutional to combat the effects of these products after absorption has taken place.

In reply to questions, Dr. Campbell said that the germ must come into actual contact with the tonsil or elsewhere. There is a condition of the throat that cannot be distinguished from diphtheria by ordinary clinical methods. There are germs capable of producing an exudate like diphtheria, but this germ under the microscope is found to be quite different from the diphtheritic germ, and the disease is not diphtheria.

Scarlet fever and diphtheria have no connections, but are entirely distinct and unrelated.

Dr. C. J. Fox read a carefully prepared paper on "Conservative Midwifery," and Dr. D. N. Morrison a paper on "A case of Gall-Stones," which were discussed by Drs. Jonah, Macdonald, MacKeen, Walker and Cowie.

Between the morning and afternoon session the association lunched at the Church Hospital, this being thought to be a favourable opportunity of making the institution known to the medical men of the province. All were much pleased with the situation and appointments.

At the close of the afternoon session the Association and friends to the number perhaps of nearly a hundred embarked on steam launches to visit H. M. S. Blake and to enjoy a sail on the harbor.

The evening session was opened by the reading by Dr. Dodge of a paper of Dr. Tobin's on "Notes of cases of Cataract, and a paper by Dr. Dodge, on "Two cases of Mastoid Disease."

Dr. Kirkpatrick read a paper on "Cataract extractions without iridectomy showing tables of cases.

Dr. W. S. Muir then read an instructive paper on "Fracture of the Patella," which is printed in this issue.

Drs. Jonah, Jas. Christie, Walker, Somers, and M. A. B. Smith, discussed the paper. Dr. Walker described a case of separation of the quadriceps extensor. The patient was 8 weeks on his back with strapping, and the result was satisfactory.

Dr. W. D. Finn related two cases intended to illustrate the subject of "Conservative Surgery of the Digits," which subject was discussed by Drs. Goodwin, Macdonald and Walker, the latter warning against any sentiment leading to the retention of fingers which should come off.

Dr. G. M. Campbell read a paper on "Recent researches relating to the Etiology of Cancer."

As the hour of adjournment had

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Each fluid drachm contains two grains of Phosphate of Iron, *one grain of Quinine*, and one-sixtieth grain of Strychnine in simple Elixir, flavored with Oil of Orange. **ADULT DOSE.**—One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed robust health. It is rendered palatable and efficient by the use of only pure alkaloids of Quinine and Strychnine, excess of acid being avoided. Attention with our Beef, Wine and Iron is recommended, for the reason that sensitive patients are rendered extremely nervous and "fidgety," by the long continued employment of Strychnine.

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The combination of Gentian with Iron in this form supplies a simple bitter with an active hematinic, free from the styptic taste of iron preparations in general. It can be taken in small doses, by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with Quinine and alternated with arsenical preparations.

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This preparation represents, combined in the most palatable form, the following ingredients: White Pine Bark, Wild Cherry Bark, Spikenard Root, Balm of Gilead Buds, Blood Root, Sassafras Bark, Morph. Sulph., Chloroform and Tar. These are combined and incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, this syrup certainly possesses exceptional merit, and in the opinion of a number of our leading physicians, has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles. The introduction of Tar is certainly of inestimable value, for it not only contributes to the moderation of the cough by the promotion of expectoration, but, at the same time, allays nausea and increases the appetite and digestive power.

Practical physicians need hardly be told how frequently ordinary cough-remedies and expectorants fail; the agents that *relieve* the cough *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough, it is of vital importance to maintain the nutrition, the value of a remedy acting as Wyeth's White Pine and Tar can be readily appreciated.

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arrived, Dr. Campbell had to condense his discussion of a very interesting subject.

This finishing the scientific programme, delegates were appointed to the Maine Med. Association. Drs. Jas. Christie, F. P. Taylor and J. F. Black were appointed. The association then adjourned to the Halifax Hotel to supper, which terminated a very pleasant and successful meeting.

NOVA SCOTIA MEDICAL SOCIETY.

The annual meeting of this Society was held in the Halifax Hotel on Tuesday evening, July 5th, Dr. Geo. E. Buckley, the President, in the chair.

The President, after the minutes had been read, addressed the Society explaining the reasons why the meeting had been called for that evening.

The Secretary read letters from a committee of the Pan-American Medical Congress inviting the N. S. Medical Society to enter into organic relations with it. The general opinion seemed to be that more information was necessary before this Society could take action on the matter, and Dr. W. S. Muir was requested to correspond further with the American Association.

The Cogswell bequest was then taken up. By the terms of the will a sum of money is left by the late Dr. Cogswell to the Medical Society of Nova Scotia in trust to be expended upon the library of the Halifax Medical College and to pay the salary of a librarian. It was, after some misunderstanding, ultimately seen that there is no confusion in the terms of the will itself, but the legal representatives of the executors get the name of the Society a little mixed up in their accompanying letter. A committee was appointed to take steps to fulfil the conditions of the bequest in regard to having a catalogue made of the books at present in the library, and then to forward the copy of the catalogue to the proper quarter.

After some miscellaneous business the nominating committee was appoint-

ed and was to report at a short meeting to be held the following morning.

The scientific programme was merged in that of the Maritime Medical Association which met on the following day.

The names of the nominating committee and of the officers-elect will be given in next issue.

The next place of meeting is Bridgewater, N. S.

SAINT JOHN MEDICAL SOCIETY ANNUAL MEETING. JUNE 1st, 1892.

The following officers were elected for the ensuing year:—

President Dr. Murray MacLaren.
1st Vice-Pres. " A. F. Emery.
2nd " " " L. A. McAlpine.
Rec. Sec'y " F. H. Wetmore.
Corres. " " T. O. Walker.
Treasurer " J. Christie.

A case of extraction of dislocated lens was reported by Dr. Crawford.

L. A. McALPINE, M. D., Sec.

FINE DIAGNOSIS.—Dr. Lauder Brunton in a recent address laid great emphasis on the necessity of care in Diagnosis and gave some amusing instances of errors in this important part of a physician's work, due to too hastily formed opinions. In one case he was among a class of students around a man suffering from heart disease, when it was noticed that the pupil of one eye was much more dilated than the other. At once numerous more or less learned suggestions were made to account for the mydriasis. Eventually the man informed them that the eye over which there was so much animated debate was a glass one. Another instance related to a learned professor who used to boast that he could tell so much concerning the medical history of his patients by their teeth. When holding forth on his favorite theory one day he was considerably disconcerted by the patient taking out the complete set of masticators, and saying: "Perhaps the gentleman would like to look at them closer."
—*Doctor's Weekly.*

M. P. P.

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FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

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In no single instance has it been rejected by the most delicate stomach.

Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach retaining food.

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- (b) **Atonic Dyspepsia.**
- (c) **In persons of Consumptive tendencies. Here it has been found to be a most perfect substitute for Cod Liver Oil—the malt giving the fat-producing elements necessary to the supply of the wasted tissues, with the other ingredients furnishing the tonic and stimulating effects required.**
- (d) **In the treatment of cases of Alcoholism. In all cases in which it has been used it has answered admirably in allaying the irritation, vomiting, and consequent desire of stimulants of an unhealthy nature.**
- (e) **In wasting diseases of children.**
- (f) **For administration to nursing mothers.**
- (g) **Where there is sleeplessness from flatulence, over-taxed brain and nervous system.**

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Please mention "The Maritime Medical News."

Maritime Medical News.

JULY, 1892.

EDITORS.

D. A. CAMPBELL, M. D. Halifax, N. S.
 ARTHUR MORROW, M. B. 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. Pictou, N. S.

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DR. MORROW,

Argyle Street, Halifax.

THE second annual meeting of the Maritime Medical Association, held in Halifax on July 6th and 7th, was a great success, and was taken by many as a further confirmation of the wisdom of the establishment of this larger association for the Maritime Provinces.

As mentioned elsewhere there was one particular in which improvement may fairly be looked for in other years, and that is in the number of papers compared with the time available for them to be discussed in. This year the number was so large, some 26, that the time was pretty much occupied in the reading of them, discussion being very limited or quite impossible. The discussion of papers is often singularly wandering, inaccurate, tiresome and profitless.

Gentlemen will sometimes engage the time of the meeting with the veriest trivialities of personal experience. But in the case of some subjects the discussion by men of experience carefully and conscientiously eager to receive, as well as prepared to impart information, is most valuable and should be encouraged and prepared for at the meetings.

The Chairman, in his opening address, alluded to a subject of great importance, namely, the desired establishment of a bureau of vital statistics and public health. It was regretted that the association through an oversight, we believe, did not take some action in the matter; the sooner the better, as both Dominion and local authorities have heard sufficient about the matter to be prepared to consider definite proposals from the proper quarters.

Dr. Campbell's paper on diphtheria was admirable and of real value. Most members of the association know more about diphtheria, its causation and pathology, since hearing the paper.

The attendance was first rate, an increase over last year, and included a fair representation from the sister provinces, though some were at the last prevented from coming. Several telegrams and letters received testified to the interest taken in the association by those unable to be present, including some who have not yet succeeded in getting

to the meetings and becoming practically acquainted with it.

We believe the members enjoyed the two days spent in Halifax, and that all present will be glad to attend the next meeting if it is possible to do so.

THE Medical profession of Prince Edward Island finding that the Medical Act in force was not suited to their wants, and at the same time being deficient in a great many ways, introduced before the Legislature at its last session and secured the passage of a Bill that is superior in a great many respects to the old one, and with clauses that bear especially upon the standard required by the Medical Council before a practitioner can present himself for examination; also a clause on infamous and disgraceful conduct in a professional respect. The Act provides that all registered practitioners shall be a body corporate under the title of "The Medical Society," who in turn elect annually a council of five members. Thus our council is a purely non-political one. The powers of the council are as an examining body.

The qualification for registration is a four year course of study with a matriculation examination equal to the College of Physicians and Surgeons, London. The matriculation must be prior to their medical studies.

Any practitioner holding a diploma from any School of Medicine

dated 1st of June, 1880, or later, before registering has to submit himself to an examination before the Council of Physicians and Surgeons. The clause which refers to the disgraceful and infamous conduct in a professional respect is similar to the one in the British and Canadian Acts, and in this way brings us into line with our sister provinces, and will enable us to exclude from our register all persons whose names have been erased or refused registration in other provinces.

Another important clause in the Act just passed will be quoted in full. It reads thus:—

"When and so soon as it appears that there has been established an examining body similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the provinces of the Dominion of Canada other than Prince Edward Island, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum is equal to that approved in Prince Edward Island, the holder of any such certificate shall, upon due proof, be entitled to registration by the Council of Prince Edward Island, if the same privilege be accorded in such other provinces to those registered in Prince Edward Island.

The Act also provides for an annual fee of \$2.00 for the purpose of carrying out the provisions of this Act.

Thus Prince Edward Island, although the last to swing into line in matters legislative, now occupies no inferior position, and is ready to extend offers of inter-provincial reciprocity.

Reviews.

TREATISE ON GYNECOLOGY: Medical and Surgical, by S. Pozzi, M. D., Professeur Agrégé à la Faculté de Médecin? Chirurg. de l'Hospital Lourcine-Pascal, Paris, Hon. Fell. Amer. Gynecol. Soc. Translated from the French edition under the supervision of and with additions by Brooks H. Wells, M. D., Lecturer on Gynecology at the New York Polyclinic, &c., Vol. I, W. Wood & Co., New York, 1891.

In introducing the treatise of Prof. Pozzi to English readers, Dr. Wells has earned the gratitude of all who are interested in this subject.

The ease and lucidity of the style, and the clearness of definition, so characteristic of French scientific writing, make the book very pleasant reading, and the abundant and generally well executed illustrations are exceedingly valuable. The book is well printed in large type and on good paper.

Professor Pozzi's acquaintance with the works of others in the same field strikes us as being unusually wide, and while he takes a pardonable pride in pointing out the precedence and superiority of his countrymen when possible, he is abundantly generous in awarding merit where it is due to others than Frenchmen.

It is needless to say that this book is up to date. This is well seen in the sections on pathology, and as a consequence in the departments of treatment calling for operative measures the instructions as to antisepsis are explicit.

He endorses Schröder's *dictum* that all inflammations of the uterus are due to microbes, and considers the strepto-

coccus pyogeni as "the cause of all the septic lesions of parturition."

Holding these views, we are not surprised at the stress he lays on antisepsis.

His rules for the disinfection of the parts previous to vaginal operations are the most thorough we have seen. His routine practice is to have continuous irrigation of the field of operation, and he recommends for this purpose a hot solution of carbolic acid (one per cent).

In dilating the cervix, and even in making an ordinary digital examination he insists on thorough antisepsis by irrigation, and points out that disinfection of the vagina is called for rather before than after an examination, for the hand of the operator, though carefully disinfected, may carry infection from the vulva to the deeper parts of the vagina.

In discussing peritoneal operations he gives a very reasonable explanation of the success of Tait and Bantock, who aver that they use no antiseptic precautions, but holds that "their practice is in error."

He quotes Delbet's observations to show that flushing of the peritoneum with hot water, impairs temporarily its absorptive power.

Carbolic acid, corrosive sublimate and iodoform are the antiseptics favoured by him. He recommends the addition of tartaric acid to solutions of the sublimate, as it was shown by Laplace that by this means the formation of insoluble albuminates was prevented. But it has been shown by Mr. D. B. Dott, analyst to Duncan and Flockhart of Edinburgh, that tartaric acid in solution with the sublimate converts the latter in process of time into calomel.

He considers cat-gut, properly prepared, the best material for suture and ligature both in general surgery and gynecology. He prefers that prepared in the oil of juniper wood.

As a general anæsthetic he prefers chloroform. "In France, chloroform reigns almost without a rival." His instructions as to its use are sound, and as a rule, in accord with the Edinburgh

School, and although he advises that a watch be kept on the pulse, he says: "note the respiration and the pupil more carefully than the pulse." He speaks highly of the previous hypodermic injection of morphia and atropia.

The chapter on metritis is particularly useful and the directions as to treatment full and clear. He urges care and caution in dilation of the uterus. "Every dilation of the uterus should be regarded as dangerous. He does not approve of Vulliets plan, proposed in 1886, of permanent dilation of the cervix. He considers that Emmett exaggerates the importance of laceration of the cervix, and considers the operation is "probably often done unnecessarily," and he prefers Schröder's operation for eversion and erosion of cervix.

As might be expected, the American editor dissents from Pozzi on this point.

The Alexander-Adams operation, to which Pozzi prefixes the name of his compatriot Alique, he regards as very useful, but still wanting in a distinct appreciation of its indications.

As to the Apostoli method of treating fibromata he finds it "difficult, even now, to pass judgment." He regards Keith's praise of it as exaggerated, but points out that most of the failures have been in cases which proved to be cystic.

The whole article on fibromata is excellent.

He gives a table of 17 cases of supravaginal amputation of the gravid uterus for fibromata and one from the second to the ninth month of pregnancy. There were five deaths. In one case at the ninth month is the recovery of both mother and child noted. This was reported by Van Ott in the *Archiv. für Gynaek.* B. xxvii, p. 88, 1890.

The Practice of Medicine by Dr. Page of New York, the receipt of which we acknowledged in the last issue of the *MEDICAL NEWS*, is in every sense what the author claims for it—a work to enable both the physician and student to obtain in brief the most practical, as well as scientific, view of the various

subjects treated of in a work on medicine. As a work of reference on physical diagnosis, as well as the most recent views of pathology and mode of treatment of disease, it cannot be excelled. The information it imparts is both lucid and compact and the treatment extremely practical and comprehensive. It should prove an invaluable addition to the library of every busy practitioner.

Notes and Comments.

The members of the Maritime Medical Association, at their recent meeting in Halifax, were favoured with a continuance of the finest weather. The absence of the President, Dr. Parker, was much regretted, and also the absence of Dr. Bayard of St. John, and others who were prevented from attending.

The final event—the supper—went off very successfully. The list of toasts was not inconsiderately short, and the speech of the Attorney-General in responding for the Government of Nova Scotia, evidenced a very satisfactory attitude on the part of the Government towards questions of public medical interest.

Dr. Jonah of Eastport made a speech which the listeners encouraged to assume considerable length, and in which the resources of this Province were portrayed in flattering terms and points given in the approaching presidential election. The proceedings closed at a non-professional hour—we mean an hour not immediately suggestive of professional moderation and dignity; but on the other hand doctors are more used to being up and about at 3 a. m. than most other men. It was only like a night call with refreshments as in the good old times.

Mr. James W. Stairs very kindly conveyed some of the members and friends to H. M. S. Blake in his steam launch the "Ulala," which act of hospitality was much appreciated by the Association.

American visitors are flocking to the Maritime Provinces this summer in greater numbers than ever. The steamship facilities have been so much increased and the route via the Annapolis Valley made so much more attractive by improved railway accommodation that all now needed is some development in the way of hotels, sanatoriums, etc. Doctors are interested in this and should lose no opportunity of encouraging such developments in their neighborhood.

THE Halifax (N. S.) Medical Society is engaged in the laudable effort of raising the fees for medical services in that colony. It is an enterprise that never succeeds. If our friends were to direct their efforts to securing the better collection of fees, it would be more to the purpose.—*Times and Register, Philadelphia.*

Selections.

SAD LESSON AS TO MENTAL OVERSTRAIN.—The *Times and Register* refers to the sad fate of an eminent medical teacher of Philadelphia: "With deepest regret we learn that the doors of the insane asylum have closed upon him! What an ending for such a life! To the very last no evidence of mental alienation appeared in his lectures or his writings. The habit of a lifetime's assiduous labor carried him along in the well-worn grooves, although outside of them his malady was easily discernible. Hard work, no rest, no Sabbath, no vacation; by such means his powerful intellect carried him to the forefront of his profession; but at last outraged Nature reached her limit of endurance, and the break down was complete."

Not a few medical men of our acquaintance no longer bear so well the fatigue of a winter's campaign, as they did a year or two ago. The strain, more particularly in the case of city dwellers, has been rendered harder to bear by some undefined malarial "constitution,"

as our forefathers used to say. Malaise and a propensity to lassitude indicate to the minds of some observers, that many a hard-worked physician may be under the epidemic influence without being sick enough to give up to it. This kind of continuity of effort, or working under protest, has done no little injury. A nervous breaking-up, like that referred to in the above quotation, has not often resulted, but much causeless suffering of a physical nature has been experienced. It is high time now for many of our city fraternity to take a run into the country. They need to invent for themselves "a spring vacation." A longer and a serener future is involved in it, for many.—*Can. Lancet.*

A PRIZE OF ONE HUNDRED DOLLARS FOR THE BEST ESSAY UPON MODERN HOMOEOPATHIC PRACTICE.—Dr. George M. Gould, in the *Medical News*, offers a prize of \$100 for the best essay on the ridiculous pretensions of modern homoeopathic practice. He desires the subject treated historically and actually. The essay should not contain over 15,000 words, and in simplicity and directness should be adapted to the commonest lay understanding. Papers should be sent to him on or before January 1, 1893, type-written, without giving the name of the author, but accompanied by a sealed letter giving the author's name, with motto or *nom-de-plume*. The essays will be given to a competent committee, and when their decision is reached the sealed letters of the authors will be opened, and the prize sent to the winner. The essay will then be cheaply but well printed in large quantities, and supplied to physicians at cost of printing.

He expects in this manner to scatter broadcast among the people accurate knowledge upon this subject, and to induce a change in public thought and action more in accord with truth and the good of the people.

This is a new deal in philanthropy. We shall hope that telling essays will be forthcoming; such as Dr. Gould could

himself write, and that the outcome will be all that his most sanguine moments could anticipate.

Of papers having a similar object written in past years, it is not clear which side of the question they benefited. Missionary work of this kind is extremely difficult of performance. To some extent it is like persuading the adherent of one religion to adopt one of opposite tenets. Most of this work is done by women. If this essay shall attract their attention, and induce them to enter upon the crusade, a great advance will be made all along the line.—*Amer. Lancet.*

THE *New York Times* quotes the following from the *Pall Mall Gazette*:

Here is a good story of a doctor and a painter's wife. The doctor's name does not appear, but the painter was Meissonier. Mme. Meissonier sent for the family physician in a great hurry. He came, thinking some illness had overtaken the artist. But it was not the artist; it was only a lap-dog. He pocketed his pride and attended the patient, who soon recovered. At the end of the year the bill came in, but there was no item for attendance on a dog. Mme. Meissonier noticed the omission and told the doctor to charge. He would not charge; he said he could not charge; he was not a vet. He was very glad to be kind to the dog, etc. The lady insisted. "Well," said the doctor, "The hinges of my garden gate are rusty. Ask M. Meissonier to bring his brush and paint them for me."

WHAT THE TOURISTS' WAVE IS WORTH TO ITALY.—The *London Lancet* estimates that British tourists leave annually in Italy ten millions sterling; American consuls in Italy have estimated that Americans leave seven more millions sterling, and the *Lancet* gives four million as the amount left by Russian French and German tourists; being the sum total of £21,000,000, which the first Secretary of Legation at Rome computes is annually poured into Italy by

the outside world. A very good thing for such a cheaply raised and easily kept commodity as climate. Climate is the largest source of Italy's income.

ILLEGITIMACY IN EUROPE.—In his excellent book Dr. A. Leffingwell brings on the following statistics, showing the illegitimate children brought into the world across the Atlantic:

Ireland, be it highly praised, has the least illegitimate births. 26 in 1,000.

Next comes Russia with 28 in 1,000. Then Holland and Germany with 32 in 1,000. England jumps up to 48 in 1,000. Sunny Italy 74 in 1,000. Protestant Scotland makes a bad showing at 82 in 1,000, and Catholic France also records 82 in 1,000. But Norway, Sweden, Saxony and Bavaria do still worse, as their illegitimacy number from 100 to 140 in 1,000. The worst place of all is Catholic Austria with 146 in 1,000!

Whilst these figures are interesting as showing the enormous number of illegitimate children brought into the world, it is probable that in these very same countries there are even more premature births that never see the light of day or the printer's ink.—*Pacific Med. Jour.*

A malpractice suit has just been tried against a physician of Fishkill Landing, New York, with the result of awarding a verdict of \$2,500 damages against him. Some time since, a drayman fell from his cart and broke his arm. The bone protruded from the flesh, and the wound was filled with dirt. It was dressed and looked after by the physician, but the patient found it necessary to enter St. Luke's Hospital, New York, after about a month, at which time the arm was swollen to double its usual size. When he left the hospital, the arm was useless and will always remain so. Suit was therefore brought for malpractice, claim being made that the wound was not properly cleansed. The damages were laid at \$5,000 and a verdict given for \$2,500.—*Buffalo Med. and Surg. Jour.*

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This caution is also very necessary when buying Beef, Iron and Wine in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

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A retention of the Suppository from 15 to 30 minutes is requisite, but a solution of the whole Suppository is not necessary to insure its activity.

Physicians may depend upon the absolute purity of the ingredients used in the manufacture of these Suppositories.

Put up in handsome nickle-screw cap bottles, each containing twelve Suppositories.

Price per dozen Bottles, \$2 40, subject to usual discounts to the trade.

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Syrup, with a **SLIGHT-ALKALINE REACTION.**

IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGOUS PREPARATIONS ; and it pos-

sesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under proiinged use.

IT HAS GAINED A WIDE REPUTATION, particularly in the treatment of Pulmonary

Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

ITS CURATIVE POWER is largely attributable to its stimulant, tonic, and nutritive prop-

erties, by means of which the energy of the system is recruited.

ITS ACTION IS PROMPT ; it stimulates the appetite and the digestion, it promotes as-

similation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ;

hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, *in the property of retaining the Strychnine in solution*, and in the medicinal effects.

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

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

FOR SALE BY ALL DRUGGISTS.

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MONTREAL.

WHOLESALE AGENTS.

Please mention "The Maritime Medical News."

BELGIUM is the first country to make hypnotizing an offence against the law of the land. The law recently approved by the Parliament in Brussels is as follows: "1. Whoever exhibits an individual hypnotized by him or by another shall be punished by imprisonment for from two weeks to six months, and by a fine of \$5 to \$200. 2. Any person, not a physician, having hypnotized an individual under twenty-one years, or one not in full possession of his mental powers, shall be punished by a fine of \$5 to \$200, even when the hypnotized individual has not been exhibited publicly. 3. With imprisonment shall be punished, moreover, every person who with the intention of cheating or otherwise injuring, causes a hypnotized individual to sign a paper containing a contract, disposition, obligation, release, or declaration of intention. The same punishment shall be inflicted also upon the person deriving benefit from such a paper."—*Ex.*

GRATITUDE.—A physician in this vicinity, (*Boston Med. and Surg. Jour.*,) was recently called to a family which he found in such destitute circumstances that he gave in addition to his prescription, a five dollar bill. Happening in the next day, he discovered that his gift had been thus spent; three dollars to the priest, and two dollars to get another doctor.

THE *British Medical Journal* says that during 1891 the people of Paris consumed 21,291 horses, 229 donkeys, and 40 mules—the meat weighing 4,615 tons. It was sold in the shops at from 2d. to 10d. per pound. Only one-third was sold fresh and undisguised, the rest being made into sausages.

ACCORDING to the *British Medical Journal* it has been discovered that the unpleasant or even poisonous symptoms which occasionally follow the local application of strong solutions of cocaine in the nasal and buccal cavities may be

entirely prevented by combining the drug with resorcin.

DR. E. G. JANEWAY has resigned the chair of the practice of medicine at Bellevue Hospital Medical College and his place on the New York City Board of Health.

INFLUENCE OF LIGHT ON THE HUMAN SKIN.—Hammer has made some observations on the above subject (*Rif. Med.*) which may be briefly summarized as follows: 1°. The action of light on the skin causes increased excretion of CO₂, and favors health and development. 2°. Light favors health and development of horny formations, and increases development of pigment. 3°. On the animal skin one can produce sensations by means of light as well as by color—in all probability by a process analogous to that taking place in the retina. 4°. Solar erythema is proved to be the action of the ultra-violet rays of the spectrum; an important cause of this disease is that the skin is unaccustomed to such stimuli. 5°. The effect of heat, without light, on the skin is absolutely different from that of light alone. 6°. Electric light, by reason of its richness in ultra-violet rays, is a powerful excitant of the skin. 7°. Materials or preparations which hinder the ultra-violet rays from reaching the skin protect it against solar erythema. 8°. In disease there are products formed which may, under the influence of light, give origin to cutaneous symptoms.

Prof. Hare said that obstinate cases of *Lumbago* may sometimes be cured by applications of moist or dry heat. The dry heat may be applied by placing a few layers of paper or cloth on the patient's back and applying a hot iron. Moist heat may be applied by means of hot fomentations.

Prof. Sir Wm. Aitkin, well-known on this side of the Atlantic as the author of a standard work on Practice, died at his home in London, June 27th, 1892.

THE BEST NUTRITIVE ENEMA.—Ewald, as a result of experiments, found that eggs, even though not peptonized, were to a considerable extent absorbed by the rectal mucous membrane. According to the *Mercure Medical* for April 1st, Huber, of Zurich, has recently repeated Ewald's experiments in Prof. Eichhorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt. The salt is well borne, and causes, as a rule, no irritation of the bowel. He considers that eggs beaten up with salt, in the proportion of fifteen grains to each egg, are the best for nutritive enema. His method of procedure is as follows: Two or three eggs are taken, and thirty to forty-five grains of salt are added. They are slowly injected by means of a soft rubber tube, carried as high up the bowels as possible. Three such enemata are given daily. An hour before each enema the rectum is cleaned out by means of a large injection of warm water.—*N. Y. Med. Times.*

DR. ROBERT F. WEIR has been appointed professor of surgery in the College of Physicians and Surgeons of New York. Dr. Charles McBurney has been appointed professor of clinical surgery.

READING NOTICES.

ONE of our contributors lately told us of a case in which five grains of Antikamnia, taken at bedtime, aborted the usual chordee. On a subsequent night, it returned slightly, but upon the patient's taking another five grain powder, it promptly left him.—*Editor Medical and Surgical Journal*, Aug., 1891.

A NEW, SAFE METHOD OF ADMINISTERING TOXIC MEDICAMENTS.—A new departure in therapeutical posology marks a recent enterprise of Parke, Davis & Co., which is in the interests of progress, economy, and exactness.

The increased knowledge resulting from research in the fields of botany, chemistry, physiology, pharmacy, and materia medica has created a demand on the part of the medical profession for the essential or active principles of drugs in preference to the more cumbersome, less definite pharmaceutical preparations which custom and authority have so long sanctioned.

Not a few alkaloidal principles of drugs have been isolated, and are now frequently prescribed. The conservative element of the profession have, however, in view of the toxicity of certain isolated medicinal principles, and the acknowledged variety of strength and activity of products of this character of different manufacture, been loath to employ them when indicated.

The doses sometimes being fractions of a thousandth or a hundredth, it is not possible for the physician to always bear them in mind, and in prescribing he is often in doubt as to what constitutes the proper therapeutical dose, and what the dangerous toxic one.

Dr. E. Trouette, in a paper read before the Paris Academy of Medicine, and published in the *Revue de Thérapeutique*, entitled, "Duodecimal Doses of Toxic Medicaments," proposes a method of obviating the difficulties hitherto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours.

The advantages claimed for this method are, first, accidental poisoning need no longer be feared. Second, dangerous medicaments may from the outset be given in efficient dose without the least risk.

Parke, Davis & Co. have prepared diurnules and Diurnal Tablet Triturates of a large number of Toxic Medicaments, and will afford the profession full information concerning this new method of posology with reprint of Dr. Trouette's article.

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in those branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

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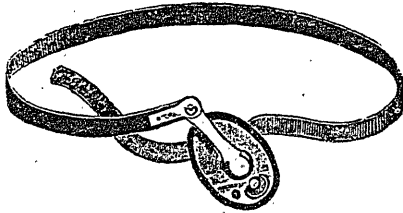
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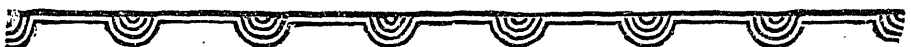
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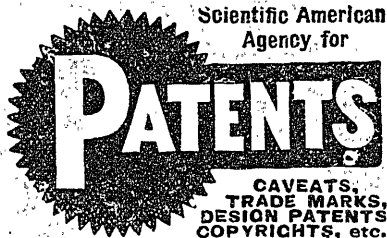
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