

## 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.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- 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.

THE  
**Maritime Medical News**

A MONTHLY JOURNAL OF  
**MEDICINE AND SURGERY.**

Vol. XVI. HALIFAX, NOVA SCOTIA, FEBRUARY, 1904. No. 2

**FAIRCHILD'S ESSENCE OF PEPSINE**

presents the vital principles  
of the gastric juice, and is therefore of positive and peculiar value  
in treatment of all disorders of digestion.

**FAIRCHILD'S ESSENCE**

contains the pure rennet ferment  
and with good fresh milk makes wholesome junket and whey—accept-  
able and nourishing foods for the sick, in invalids, dyspeptics, and delicate  
children; the whey also as a food for infants in cases of “difficult”  
feeding, and in cholera infantum, etc.

**FAIRCHILD'S ESSENCE**

as a vehicle  
for the iodides, bromides, mercurials, etc., and for “tonics” and medi-  
cines of various kinds, conveys the remedy in the most agreeable form  
and promotes its effect.

**FAIRCHILD'S ESSENCE**

has been doing good work in medical practice  
for a quarter of a century, and the prescriber may continue to  
use it with the assurance that it is to-day a better preparation than  
ever, that it will be kept up to the standard, and improved if possible,  
with each succeeding season.

It is important to specify **FAIRCHILD'S ESSENCE**

PRINTED BY T. C. ALLEN & Co., 124 GRANVILLE STREET, HALIFAX, N. S.  
ACADEMY OF MEDICINE  
TORONTO

13 QUEEN'S ST.

# BOVININE

## in ANÆMIA

**B**OVININE overcomes *Anæmia* logically, rationally and radically, for several substantial reasons:

1. Because it supplies the starving organism with the requisites for immediate reparation.
2. Because it needs no preparation or transformation at the hands of the vital machinery before it can be assimilated and converted into living force. Scores of theoretically excellent foods lack this vital condition, and are therefore appealed to in vain.
3. Because the condition called *Anæmia* results from a form of malnutrition which is not caused by lack of any nutritive element, but by the absolute inertia of the digestive function.

**BOVININE** comes to the rescue by supplying a vitalized and perfectly compounded pabulum that calls for no chemico-vital effort or expenditure whatever.

Have we made the contrast between **BOVININE** and all the rest of the prepared foods distinct enough?

If not, please apply the crucial test—clinical use—at our expense, and convince yourself that our claims are neither extravagant nor exaggerated, but are strictly based on science.

**The Bovinine Company**  
**75 West Houston Street, NEW YORK.**

# Listerine

**A Non-toxic, Non-irritant, Non-escharotic  
Antiseptic.**

**ABSOLUTELY SAFE, AGREEABLE AND CONVENIENT.**

Listerine is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use, and to make and maintain surgically clean—aseptic—all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application. : : ; : : : : : : : : :

For diseases of the uric acid diathesis :

**LAMBERT'S LITHIATED HYDRANGEA**

A remedy of acknowledged value in the treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing :

**Lambert Pharmacal Co., St. Louis, U. S. A.**

Be sure of genuine Listerine by purchasing an original package.

We cannot too strongly impress upon the profession the importance of prescribing Scott's Emulsion at this time. Whenever cod liver oil is indicated, Scott's Emulsion should be recommended as against any other preparation of cod liver oil. The great scarcity of the pure oil itself and the consequent adulteration and mixture has filled the market with an endless number of worthless preparations. Scott's Emulsion, however, remains absolutely unchanged and its quality and purity are the same and will continue the same as for the past thirty years. Scott's Emulsion is the best because it is safe, reliable and effective.

**SCOTT & BOWNE, Chemists, Toronto, Ont.**

# McGILL UNIVERSITY, Montreal.

Faculty of Medicine, Seventy-Second Session, 1903-1904.

## OFFICERS AND MEMBERS OF THE FACULTY.

WILLIAM PETERSON, M. A., LL. D., Principal.  
C. E. MOYSE, B. A., LL. D., Vice-Principal.  
T. G. RODDICK, M. D., LL. D., Dean.

J. G. ADAMI, M. A., M. D., Director of Museum.  
F. G. FINLEY, M. B., Lond., Librarian.  
E. M. VON EBERTS, M. D., Registrar.

## EMERITUS PROFESSORS.

WILLIAM WRIGHT, M. D. L. R. C. S.

DUNCAN C. MacCALLUM, M. D., M. R. C. S. Eng.

G. P. GIRDWOOD, M. D., M. R. C. S. Eng.

## PROFESSORS

Thos. G. RODDICK, M. D., Professor of Surgery.  
WILLIAM GARDNER, M. D., Professor of Gynaecology.  
FRANCIS J. SHEPHERD, M. D., M. R. C. S., Eng. Professor of Anatomy.  
F. BULLER, M. D., M. R. C. S., Eng., Professor of Ophthalmology and Otolaryngology.  
JAMES STEWART, M. D., Prof. of Medicine and Clinical Medicine.  
GEORGE WILKINS, M. D., M. R. C. S., Professor of Medical Jurisprudence and Lecturer on Histology.  
D. P. PHILLIP, B. Sc., Professor of Botany.  
WESLEY MILLS, M. A., M. D., L. R. C. P. Professor of Physiology.  
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy.  
ALEXANDER D. BLACKADER, B. A., M. D., Professor of Pharmacology and Therapeutics.  
R. F. RUTTAN, B. A., M. D., Prof. of Chemistry.  
JAS. BELL, M. D., Prof. of Clinical Surgery.

J. G. ADAMI, M. A., M. D., Cantab, Prof of Pathology.  
F. G. FINLEY, M. B., London, McGill, Assistant Professor of Medicine and Associate Professor of Clinical Medicine.  
HENRY A. LAFLUR, B. A., M. D., Assistant Professor of Medicine and Associate Professor of Clinical Medicine.  
GEORGE E. ARMSTRONG, M. D., Associate Prof. of Clinical Surgery.  
H. S. BIRRETT, M. D., Prof. of Laryngology.  
T. J. W. BURGESS, M. D., Prof. of Mental Diseases.  
C. F. MARSH, B. A., M. D., Assistant Professor of Clinical Medicine.  
E. W. McBRIDE, M. A., D. Sc., Prof. of Zoology.  
T. A. STARKEY, M. B., (Lond.) D. P. H., Prof. of Hygiene.  
JOHN M. ELDER, M. D., Assistant Prof. of Surgery.  
J. G. McCARTHY, M. D., Assistant Prof. in Anatomy.  
J. T. Halsey, M. D., (Columbia) Assistant Professor of Pharmacology.

## LECTURERS.

W. S. MORROW, M. D., Lecturer in Physiology.  
J. J. GARDNER, M. D., Lecturer in Ophthalmology.  
J. A. SPRINGLE, M. D., Lecturer in Applied Anatomy.  
F. A. L. LOCKHART, M. B., (Edin) Lecturer in Gynaecology.  
A. E. GARROW, M. D., Lecturer in Surgery and Clinical Surgery.  
G. GORDON CAMPBELL, B. Sc, M. D., Lecturer in Clinical Medicine.  
W. F. HAMILTON M. D., Lecturer in Clinical Medicine.  
D. J. EVANS, M. D., Lecturer in Obstetrics  
N. D. GUNN, M. D., Lecturer in Histology.

J. W. STIRLING, M. B., (Edin), F. R. C. S., Lecturer in Ophthalmology.  
J. ALEX. HUTCHINSON, M. D., Lecturer in Clinical Surgery.  
A. G. NICHOLS, M. A., M. D., Lecturer in Pathology.  
W. W. CHIPMAN, E. A., M. D., F. R. C. S., (Edin.), Lecturer in Gynaecology.  
R. A. KERRY, M. D., Lecturer in Pharmacology.  
S. RIDLEY MacKENZIE, M. D., Lecturer in Clinical Medicine.  
JOHN McCRAE, B. A., M. D., Lecturer in Pathology.  
D. A. SHIRRES, M. D., Lect. in Neuro-Pathology.  
D. D. MacTAGGART, M. D., Lect. in Medico-legal Pathology

## FELLOWS.

W. THOMAS, M. D. and L. LOEB, M. D., Fellows in Pathology. | G A CHARLTON, M. D., Fellow of Rockefeller Institute.

THERE ARE IN ADDITION TO THE ABOVE THIRTY-SEVEN DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

The College Course of the Faculty of Medicine of McGill University begins in 1903, on September 23rd, and will continue until the beginning of June, 1904.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 25,000 volumes—the largest Medical Library in connection with any University in America.

**MATRICULATION.**—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

The entrance examinations of the various Canadian Medical Boards are accepted.

**FEES**—The total fees, including laboratory fees examination and dissecting material, \$125 per session.

**Courses.**—The **REGULAR COURSE** for the Degree of M. D. C. M. is four sessions of about nine months each.

**DOUBLE COURSES** leading to the Degrees of B. A. or B. Sc., and M. D., of six years have been arranged.

**ADVANCED COURSES** are given to graduates and others desiring to pursue special or research work in the Laboratories of the University, and in the Clinical and Pathological Laboratories of the Royal Victoria and Montreal General Hospitals.

**A POST-GRADUATE COURSE** is given for Practitioners during May and June of each year. The course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery and laboratory courses in Clinical Bacteriology, Clinical Chemistry, Microscopy, etc.

**DIPLOMAS OF PUBLIC HEALTH**—A course open to graduates in Medicine and Public Health Officers of from six to twelve months' duration. The course is entirely practical, and includes in addition to Bacteriology and Sanitary Chemistry, a course on Practical Sanitation.

**HOSPITALS.**—The Royal Victoria, the Montreal General, and the Montreal Maternity Hospitals are utilized for the purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the department of the Montreal General Hospital alone last year.

For information and the Annual Announcement, apply to—

**T. G. RODDICK, M. D., DEAN. E. M. VON EBERTS, M. D., REGISTRAR,**  
MCGILL MEDICAL FACULTY



# AMMONOL



THE STIMULANT · ANALGESIC · ANTIPYRETIC · ETHICAL

THE AMMONOL CHEMICAL COMPANY, Manufacturing Chemists,  
NEW YORK CITY.

Gentlemen's Outfitter.

**G. R. ANDERSON,**

—Importer and Dealer in—

English, Scotch, German and Canadian

**UNDERWEAR.**

Hosiery, Shirts, Ties, Gloves, Braces, Dressing  
Gowns, Pyjamas, Umbrellas, Waterproof Coats

105 Granville Street - - Halifax, N. S.

50 YEARS' EXPERIENCE

# PATENTS

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.

**THE CHEMISTS AND SURGEONS  
SUPPLY CO. LTD.**

818 DORCHESTER ST.

MONTREAL.

**DO NOT FORGET OUR GENERAL SUPPLY DEPOT.**

for Physicians, Surgeons, Colleges and Hospitals, which will be found to contain a full line of

Bacteriological Apparatus, Clinical Thermometers, Hypodermic Syringe, Chemical Apparatus,  
Fine Chemicals for Analysis, Microscopic Stains, Slides and Cover Glasses.

Correspondence given prompt attention. Catalogue in preparation.

TELEPHONE UP 945.

CHAS. L. WALTERS, B. A. Sc. (McGill), Manager

# HALIFAX MEDICAL COLLEGE,

HALIFAX, NOVA SCOTIA.

Thirty-Fifth Session, 1903-1904.

## THE MEDICAL FACULTY.

- Alex. P. REID, M. D., C. M.; L. R. C. S., Edin.; L. C. P.; & S. Can. Emeritus Professor of Medicine.  
JOHN F. BLACK, M. D., Coll. Phys. and Surg., N. Y., Emeritus Professor of Surgery and Clinical Surgery  
H. MCD. HENRY, Justice Supreme Court; Emeritus Professor of Medical Jurisprudence  
GEORGE L. SINCLAIR, M. D., Coll. Phys.; and Surg., N. Y.; M. D., Univ. Hal.; Emeritus Professor of Medicine.  
DONALD A. CAMPBELL, M. D., C. M.; Dal.; Professor of Medicine and Clinical Medicine.  
A. W. H. LINDSAY, M. D., C. M.; Dal.; M. B., C. M.; Edin.; Professor of Anatomy.  
F. W. GOODWIN, M. D., C. M., Hal. Med. Col.; L. R. C. P.; Lond.; M. R. C. S., Eng.; Professor of Pharmacology and Therapeutics  
M. A. CURRY, M. D., Univ. N. Y.; L. M., Dub.; Professor of Obstetrics and Gynecology and of Clinical Medicine.  
MURDOCH CHISHOLM, M. D. C. M. McGill; L. R. C. P., Lond.; Professor of Surgery and of Clinical Surgery  
NORMAN F. CUNNINGHAM, M. D. Bell. Hosp., Med. Col.; Professor of Medicine.  
G. CARLETON JONES, M. D. C. M., Vind; M. R., C. S., Eng.; Prof. of Diseases of Children.  
LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology and of Clinical Medicine.  
JOHN STEWART, M. B. C. M., Edin.; Emeritus Professor of Surgery.  
C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine.  
GEO. M. CAMPBELL, M. D., C. M., Bell Hosp. Med. Coll.; Professor of Histology and Pathology.  
F. U. ANDERSON, L. R. C. S., and L. R. C. P., Ed.; M. R. C. S., Eng.; Adjunct Professor of Anatomy.  
W. H. HATTIE, M. D. C. M., McGill; Professor of Medicine.  
N. E. MCKAY, M. D., C. M. Hal. Med. Col.; M. B., Hal.; M. R. C. S., Eng.; Professor of Surgery, Clinical Surgery and Operative Surgery.  
M. A. B. SMITH, M. D., Univ. N. Y.; M. D., C. M., Vind., Professor of Applied Therapeutics, Class Instructor in Practical Medicine.  
C. E. PUTTNER, PH. M., Hal. Med. Coll.; Lecturer on Practical Materia Medica.  
HOS. W. WALSH, M. D., Bell. Hosp. Med. Coll.; Adjunct Professor of Obstetrics.  
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.  
H. S. JACQUES, M. D., Univ. N. Y., Lecturer on Medical Jurisprudence and Hygiene.  
E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, Otolaryngology, etc.  
E. H. LOWERISON, M. D., Lecturer on Ophthalmology, Otolaryngology, etc.  
H. D. WEAVER, M. D., C. M., Trin. Med. Coll., Demonstrator of Histology.  
JOHN MCKINNON, LL. B.; Legal Lecturer on Medical Jurisprudence.  
THOMAS TRENNAN, M. D., Col. P. & S., N. Y., Lecturer on Practical Obstetrics.  
E. V. HOGAN, M. D., C. M., McGill; L. R. C. P. & M. R. C. S. (Eng.) Demonstrator of Anatomy.  
J. A. MCKENZIE, M. D., C. P. S., Boston; Demonstrator of Anatomy.  
T. J. F. MURPHY, M. D., Bellevue Hospital Med. School, Lecturer on Applied Anatomy.  
L. M. MURRAY, M. D., C. M., McGill; Demonstrator of Pathology, and Lecturer on Bacteriology.  
W. D. FORREST, B. Sc., M. D., C. M., Dal.; M. R. S. C., Eng.; L. R. C. P., Lond.; Junior Demonstrator of Anatomy.  
D. J. G. CAMPBELL, M. D., C. M., Dal.; Demonstrator of Histology.

## EXTRA MURAL LECTURERS.

- E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.  
\_\_\_\_\_, Lecturer on Botany at Dalhousie College.  
\_\_\_\_\_, Lecturer on Zoology at Dalhousie College.  
JAMES ROSS, M. D., C. M., McGill, Lecturer on Skin and Genito-Urinary Diseases.  
S. M. DIXON, M. A.; Prof. of Physics at Dalhousie College.

The Thirty-Fifth Session will open on Thursday, August 27th, 1903, and continue for the eight 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, Biology, Histology, Medical Physics (Pass in Inorganic Chemistry, Biology, Histology and Junior Anatomy.)

**2ND YEAR.**—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica. (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, Therapeutics.)

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

Fees may now be paid as follows;

One payment of . . . . .	\$300 00
Two of . . . . .	155 00
Three of . . . . .	110 00

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

For further information and annual announcement, apply to—

**L. M. SILVER, M. B.,**

REGISTRAR HALIFAX MEDICAL COLLEGE,  
68 HOLLIS ST., HALIFAX.



# The **WALKEASY** Artificial Leg

Combines all the latest improvements in Artificial Limb Construction, made with WOOD OR LEATHER LACING SOCKET, meets the requirements of all kinds and conditions of stumps. Our ILLUSTRATED ART CATALOGUE "THE MAKING OF A AN" tells all about it and is

WALKEASY

sent free

**GEORGE R. FULLER CO.**

15 South Ave. \_\_\_\_\_ ROCHESTER, N. Y

Resident Agent—

C. E. PUTTNER, Ph., M.

Branches

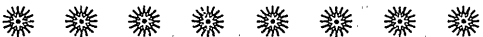
{ Boston, Mass.  
Buffalo, N. Y.  
Philadelphia, Pa.  
Chicago, Ill.

Victoria General Hospital, Halifax, N. S.

To whom all communications should be addressed

## WOLFVILLE HIGHLANDS SANATORIUM FOR THE ACCOMMODATION AND TREAT- MENT OF INCIPIENT CONSUMPTION

Situated on the highest elevation in the Town of Wolfville. Commanding a beautiful Scenery of land and sea... Verandas and Sun Parlors adapted to the Fresh Air Treatment. Water Supply the best, from an Artesian Well.



Charges Moderate

G. E. DeWITT, M. D.



# The Addition of Cow's Milk to Wampole's Milk Food

In no wise improves its efficacy, inasmuch as it already has the right amount of milk in it; besides, cow's milk contains an excess of casein, which the baby cannot digest.

By our process this excess of casein is removed, as well as the acid and other impurities which make cow's milk unsuitable for infants. Logically speaking, the baby can no more thrive on cow's milk than a calf at the breast of a woman.

## Wampole's Milk Food

Can be prepared in a moment and at any time—anywhere—in the kitchen, in the bedroom, on the cars, by the roadside, or any place where water can be obtained.

It is sterilized in process of manufacture, is thoroughly cooked, and ready for use at any time of night or day by simply adding warm water.

**Marketed only in glass containers which are securely sealed.**

**Samples cheerfully furnished without charge. Correspondence on the subject of artificial foods solicited, which will receive prompt and courteous attention.**

---

MADE BY

**HENRY K. WAMPOLE & CO.,**

**Specialists in Progressive Pharmacy,**

**Originators and Sole Manufacturers of "Wampole's Perfected and Tasteless Preparation of the Extract of Cod Liver Oil."**

**Main Offices and Laboratories, PHILADELPHIA, U. S. A.**

**Branch Office and Laboratory, TORONTO, CANADA.**

# **THE GREASE OF A COD FISH'S LIVER**

---

Is of no more value than any other grease. The virtue of Cod Liver Oil lies in the fact that it contains curative principles that are not grease nor greasy.

Only these active principles are contained in **WAMPOLE'S PERFECTED AND TASTELESS PREPARATION OF THE EXTRACT OF COD LIVER OIL**, which in solution are combined with equal quantities of Liquid Extract of Malt, the Compound Syrup of Hypophosphites, and Fluid Extract of Wild Cherry.

It is as palatable as Curaca, a delight and relish to patients—not an abhorrence as crude Cod Liver Oil or its emulsions.

Command us to send samples—the only expense to you will be the energy and time to try same.

---

## **HENRY K. WAMPOLE & CO.,**

**Specialists in Progressive Pharmacy,**

**Main Offices and Laboratories,**

**PHILADELPHIA, U. S. A.**

**Branch Office and Laboratory,  
TORONTO, CANADA.**

# Antiphlogistine

PROPERLY APPLIED, IS UNQUESTIONABLY THE STRONGEST THERAPEUTIC FORCE IN SUCCESSFULLY WAGING THE MUCH TALKED OF

## CRUSADE AGAINST PNEUMONIA.

ANTIPHLOGISTINE IS A SCIENTIFIC PREPARATION HAVING A DEFINITE PHYSIOLOGICAL ACTION, AND THAT ITS REMEDIAL VALUE MAY BE FULLY REALIZED, IT SHOULD BE USED WITH CAREFUL ATTENTION TO DETAIL.

## ANTIPHLOGISTINE

APPLIED WARM AND THICK TO THE ENTIRE THORACIC WALLS, FRONT, SIDES AND BACK, AND COVERED WITH A CHEESE-CLOTH COTTON-LINED JACKET

### Produces Immediate Results

BY INDUCTION OF CUTANEOUS HYPERÆMIA (FLUSHING THE SUPERFICIAL CAPILLARIES), IT BLEEDS BUT SAVES THE BLOOD. THUS, ALL THE DISTRESSING SYMPTOMS ARE AMELIORATED. THE OVERWORKED HEART, THE CONGESTION, THE PAIN, THE DYSPNŒA, THE RAPID AND DIFFICULT BREATHING ARE PROMPTLY RELIEVED. THE PULSE IMPROVES, THE TEMPERATURE DECLINES, AND REFRESHING REST AND SLEEP ARE INVITED.

THE PATIENT RECEIVES ANTIPHLOGISTINE IN PERFECT CONDITION WHEN THE PHYSICIAN PRESCRIBES ORIGINAL PACKAGES.

MARKETED ONLY IN FOUR SIZES—  
SMALL, MEDIUM, LARGE AND HOSPITAL—  
NEVER IN BULK.

## THE DENVER CHEMICAL MFG. CO.

DENVER.

LONDON.

NEW YORK.

*Kasagra*  
 THE ORIGINAL  
 STEARNS' CASCARA AROMATICS

*Kasagra*  
 THE ORIGINAL  
 STEARNS' CASCARA AROMATICS

*Kasagra*  
 THE ORIGINAL  
 STEARNS' CASCARA AROMATICS

A good  
 thing to  
 prescribe  
 every  
 day in  
 the year

FREDERICK  
 STEARNS  
 & COMPANY  
 WINDSOR  
 ONTARIO

Clinical experience every day continues to produce evidence in support of our assertion that

# Stearns Streptolytic Serum

Is the only Antistreptococcic Serum

that can be relied upon to successfully combat the ravages of the Streptococcus, by antagonizing this infection

RECENT LITERATURE CHEERFULLY SUPPLIED

## Frederick Stearns & Company

BIOLOGIC LABORATORIES

DETROIT, MICHIGAN

WINDSOR, ONTARIO

Write Department "Q" for our

# NEW CATALOGUE

(JUST PUBLISHED)

Cystoscopes, Urethroscopes,  
Current Controllers, and an extensive  
line of Electrical Instruments.  
We supply Lamps, Batteries, etc., for  
any make of Diagnostic Instruments.

**Rochester Surgical Appliance Co.**

No. 17 ELM ST., ROCHESTER, N. Y., U. S. A.

A Step 

in advance of all others.



R Emul. Ol. Morr. et Hypophos. c  
Guaiacol, (*Parks*)

MANUFACTURED

BY

**HATTIE & MYLIUS,**

HALIFAX, N. S.

Price 50c. of all druggists.

**Park's**  
**Perfect**  
**Emulsion**  
**Cod Liver**  
**Oil**

With the Hypo-  
phosphites of Lime  
and Soda with : :  
Guaiacol.



# HEREDITARY BLOOD

or blood tainted with syphilitic virus, tubercular diatheses transmitted through the blood, predisposition to Carcinomatous blood, Scrofulous diatheses are all cases continually met with. If the blood can be maintained at the proper standard, the predisposition to the so-called hereditary conditions will disappear. Allow the blood to become poor in quality and immediately family characteristics of disease and degeneracy appear.

New blood, rich blood, healthy blood will keep the body pure and less liable to be attacked by the insidious foes which devastate entire families.

## Pepto-Mangan ("Gude")

if given in incipient tuberculosis and all wasting diseases, will build up the system by building up the condition of the blood. The patient gains in weight and strength and the body is better able to ward off the impending disease.

Pepto-Mangan ("Gude") is ready for quick absorption and rapid infusion into the circulating fluid and is consequently of marked and certain value in all forms of

**Anæmia, Chlorosis, Bright's Disease,  
Rachitis, Neurasthenia, etc.**

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

**M. J. BREITENBACH COMPANY,**

Laboratory,  
Leipzig, Germany.

53 Warren Street, NEW YORK.

SAMPLES AND LITERATURE UPON APPLICATION.

# 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.	JOHN STEWART, M. B. .... Halifax, N.S. W. H. HATTIE, M. D. .... Halifax, N.S. R. MACKELL, M. D. .... Charlottetown, P. E. I. 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 on white paper.*

*All manuscript and business correspondence to be addressed to*

DR. JAMES ROSS,  
59 Hollis Street, Halifax.

## CONTENTS FOR FEBRUARY, 1904.

### ORIGINAL COMMUNICATIONS.

The Prevention of Insanity—W. H. Hattie.....	41
Some Observations on Paretic Dementia—J. A. MacKenzie.....	49
The Profession of Medicine for Women—Geo. G. Corbet.....	54
Simple Methods by Which a Blood Examination May be Carried Out by the General Practitioner—F. E. Lawlor.....	59
A Case of Sub-Clavicular Dislocation—Frank Middlemas and Arthur Birt.....	64

### SELECTED ARTICLES.

Misonicismus. The Deeply Rooted Inclination of Mankind to Combat New Ideas—A. Rose.....	65
Correspondence.....	69
<b>EDITORIAL.</b>	
Value of Water in the Treatment of Typhoid Fever.....	72
The Physician in Court.....	73
<b>SOCIETY MEETINGS.</b>	
Lunenburg-Queens Medical Society..	75
Programme of N. S. Branch British Medical Association.....	76
Personals.....	76
Obituary.....	77
Book Reviews.....	78
Notes.....	80

The Subscription Rate for the Maritime Medical News is \$1.00 per annum.  
Advertising Rates may be had upon application to DR. JAMES ROSS, 59 Hollis St.



# PINOCODEINE

(FROSST)

## FORMULA

<i>Codeine Phosphate,</i>	1.8 gr.
<i>Prunus Virginiana,</i>	4 grs.
<i>Pinus Strobus,</i>	4 grs.
<i>Sanguinaria Canadensis,</i>	$\frac{1}{2}$ gr.
<i>Populus Balsamifera,</i>	$\frac{1}{2}$ gr.
<i>Chloroform</i>	$\frac{1}{2}$ min.

To each fluid dram.

USES.

RECENT AND CHRONIC COUGHS,

ACUTE AND CHRONIC BRONCHITIS

and allied affections of the respirator tract.

**Dose:**—One to two teaspoonfuls, as necessary, three or four times a day. Children according to age.

An admirable preparation that stops coughing, allays irritation and assists expectoration. It does not nauseate or constipate, and can be given with perfect safety to a patient of any age.



# AA

ANTI-KAMNIA  
& HEROIN  
TABLETS

FOR

WETTING COUGHS  
THROAT, BRONCHI,  
LUNG AFFECTIONS

# THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

---

---

VOL. XVI. HALIFAX, N. S., FEBRUARY, 1904. No. 2

---

---

## Original Communications.

### THE PREVENTION OF INSANITY.\*

By W. H. HATTE, M. D., Medical Superintendent Nova Scotia Hospital, Halifax.

Consideration of the means by which the prevalence of insanity may be lessened demands, as a pre-requisite, consideration of the causes of this most deplorable affliction. These are many and various, but an eminent English authority, Dr. Chas. Mercier, sums them up as "heredity and stress." Stress, of course, includes many conditions which act adversely upon the highly organized nervous tissues so as to disorder function at least, and doubtless structure also in most instances.

The statistics of the Commissioners in Lunacy for England and Wales afford perhaps as accurate information concerning the ascertained causes of insanity as are anywhere available. These statistics show that in the five years 1897 to 1901, inclusive, there were admitted to the various English and Welsh asylums an annual average of 9,444 male and 9,938 female patients. An hereditary influence was ascertained in 18.8% of the men and in 24.6% of the women. Congenital defect was reported in 5.8% of the male and in 3.9% of the female admissions. In 23.1% of the men and in 9.6% of the women, a history of intemperance in drink was given. Domestic trouble (including loss of friends), adverse circumstances (including business anxieties and pecuniary difficulties), mental anxiety and worry (in other words the so called "moral causes,") accounted for 15.7% of the cases occurring in men, and 18.2% of those in women. All other

---

\* Read at meeting of Halifax Branch, British Medical Association, January 6th, 1904.

causes, including many which are commonly supposed to have a potent influence in disturbing the mental poise, such as religious excitement, disappointment in love, the physiological epochs, sexual abuse, etc., etc., each contributed a very small proportion of the total admissions. There stand out, therefore, in exceedingly bold relief, heredity and intemperance as the two most powerful factors in the causation of insanity. And the greater of these is heredity,

While it is quite generally conceded that "men do not gather grapes of thorns, nor figs of thistles," the full meaning of the phrase, in its application to human heredity, is fully appreciated by few. Family traits and even national characteristics are explained in a vague way by inheritance, and yet the intensity with which heredity bears upon the physical and psychical character of the individual receives scant recognition. I have no intention of going into the theories of heredity, but desire merely to call to your attention some of the evidences of the part played by heredity in the production of mental disorder.

Probably no statistics which have yet been collected can be considered to correctly represent the actual influence of heredity upon the occurrence of insanity. Ignorance of people about their own family history, wilful suppression of knowledge actually possessed, misinterpretation of what has been observed—these are but the commonest causes of vitiation of statistics, and there can be no doubt but that insanity exists in the forebears of a much larger percentage of insane patients than present statistics would indicate. But a direct inheritance of insanity is not necessary in order to predispose one to mental disorder. We have formed the habit of using the term loosely, and we do not, of course, mean that it is insanity itself which is inherited, but a tendency thereto, and this tendency is transmitted, though doubtless less strongly, by neurotics and eccentrics, by drug habitues and by those of criminal tendencies, as well as by those who are insane. Recent work in criminology, as is well known, demonstrates a very intimate association between crime and degeneracy. Moreover some excellent authorities have of late been arguing that debilitating conditions in the parents, such as tuberculosis and more especially arthritism, have an influence in determining a lack of vigor in the nervous organization of the offspring. Again certain sociological factors are of importance, such as youthfulness or extreme age of parents, disproportion in the age of the parents, and con-

sanguinity, although this last does not have so marked an influence in producing mental disorder as is commonly believed.

Further complexity is added to the subject by the knowledge that one generation may escape inheritance of undesirable characteristics from the immediate forebears while those of the second generation are not so fortunate. This atavistic hereditary influence has been supposed by Bevan Lewis to be particularly noticeable in the case of the recurrent insanities, but the recent investigations of E. Fitcher throw doubt upon the correctness of Lewis's teaching. Nevertheless the importance of the atavistic tendency is not to be underestimated.

We have thus far taken into account only the most evident of the conditions which make for a bad heredity. The environment, the associations, the natural disposition, the habits with reference to work, exercise, food, etc., in fact everything which influences the mental and physical health of the individual has also an influence upon the descendants. The subject is therefore one of amazing intricacy, but must be dismissed with this imperfect discussion.

And so when we come to consider the possibility of reducing the prevalence of insanity by any means which will ensue to future generations a better heredity than they are likely to have unless improvement is made on present methods, the magnitude of the undertaking at once appals us. We have not only to combat the silly sentiment which is at present the main determinant of the parentage of future men and women; but effort must also be made to impress upon all the wideness of the subject of heredity and the various conditions which influence it. It must be admitted that but a small measure of success need be expected at the outset, and it will take centuries for a full realization of the good which is to be accomplished by judicious application of common sense to the marriage contract. But there might be a desirable something accomplished at once.

A few days ago, I was written to concerning a young man for whom admission to the hospital was sought. From the letter, which was written by a layman, I quote as follows:—"Last evening I was sent for from T— to take the statement of J. R. Sr. in relation to his son, J. R. Jr., who was supposed to be insane. I found J. R. Jr. confined in jail for some scrap on the street. I found also two brothers and one sister "non compos mentis," the father and mother, natives of Cape Breton, are away down in the scale of humanity;

everyone of them just a few removes from idiocy. I found insanity on the side of the father and mother away back for generations.

“It was indeed the most lamentable case I ever took hold of. This family came from Cape Breton eight years ago and are now saddled on this county.”

After the reading of such letter, a thoughtful physician cannot but give emphatic assent to a statement largely advertised a few years since by one of our great Canadian manufacturers, “Matches are made in Hull,” paraphrasing the quotation to the extent of altering a single vowel. Which suggests a writing of the self-made merchant to his son, with which we must all be in hearty and sympathetic accord, to wit :—

“Marriages may be made in heaven, but most engagements are made in the back parlor, with the gas so low that a fellow doesn't really get a square look at what he is taking.”

Dr. G. Alder Blumer, in a recent address before the American Medico-psychological Association, well said :— “The myth that marriages are made in heaven has brought infinite disaster in its mendacious wake ever since the lie was first uttered. Marriages, altho' some of them may have the divine sanction, are of the earth, earthy ; and it is nothing less than sacrilege for erring men to hold Almighty God answerable for their blind folly while they run to cover under a make-believe aegis of heaven.”

It has been many times said in effect that a stock raiser shows infinitely more intelligence and forethought in the siring of his horses, cattle and swine than in the siring of his grandchildren. This is surely a sufficiently scathing comment upon the common methods of arranging marriages. The reason for such evident carelessness in the mating of human beings is easily discovered. Much of it is doubtless the result of “blind folly,” but much also is the result of ignorance. The first stirrings of that peculiar sense of unrest and want which we nominate “love” are nearly always accompanied by an awakening of the altruistic tendency, and begin at the period when impressionability is a marked characteristic and education is most successfully undertaken. At such a time, the youth of the land should be dutifully taken in hand and reverently instructed in the full meaning of the relations which naturally follow upon the hunting expeditions of Cupid. The sacrifice of self as opposed to the sacrifice of offspring should be argued as a matter of vital importance. And while youth is a period

proverbial for its thoughtlessness, there are a sufficient number of exceptions to the general rule to make the teaching of this doctrine well worth a trial.

More than moral suasion is necessary to any measure of success, however, and there is good sense in the efforts which some law-makers are putting forth to prevent promiscuous marrying and to place some restriction upon the marriage of the unfit. Such action in a limited locality, though, can have but an educative influence, and it is only when general action by the whole country is undertaken that a really successful result may be anticipated. There is nevertheless a certain class which may be taken in hand by any community, and which for charity's sake, apart from other motives, should be dealt with by the state. I refer to the weak minded, the imbecile. In this class heredity plays an especially conspicuous part. In the statistics of Dr. Martin L. Barr, of the Pennsylvania Training School for Feeble-minded Children, 3050 cases are considered. In 64.85% the condition was the result of causes acting before birth. The average imbecile is not of much use as a citizen. He is usually at least in some degree extra-social if not anti-social. But he is capable of procreating his kind. It is a mercy to protect him from the world; it is a folly not to protect the world from him, and there is great need of an institution for the feeble minded in our province. Dr. A. W. Wilmarth, Superintendent of the Wisconsin Home for Feeble-minded, states that the offspring of degenerate families are more numerous on the average than of families of ordinary intelligence. Kiernan gives similar testimony, saying that the average number of children in ninety degenerate families, which came under his observation, was eleven, and that multiple births were disproportionately common in comparison with normal families. Commenting on these facts, Blumer says: "Thus it appears that that while nature tends to check increase in the case of gross bodily infirmity, it is otherwise when only the higher faculties are involved in the degenerative process. And in these days when presidents of republics and of universities and emperors are exhorting to marriage and singing paeans to frequentative maternity, it is well that they ponder these things." It is surely an unwise policy which encourages the multiplication of the unfit. While here in Nova Scotia we may not be actually encouraging such an undesirable thing, until a proper institution for the feeble minded is provided, we cannot be credited with discouraging it.

Intemperance in alcohol is commonly thought of only in its effect upon the mental constitution of the individual. It is indeed one of the most active of the determining causes of insanity. But the effect of alcoholism transmitted from parent to child, while not so generally recognized, is not of less importance. According to Lui, out of 1500 patients admitted to the provincial asylum of Brescia, 12% were the children of alcoholic parents. Lui also calls attention to his experience which indicates a heredity of alcoholism to be most evident in insanities of the degenerative type and in idiots and epileptics. This is quite in accord with the teaching of Ferel, who maintains that "parental alcoholism is an important agent in the production of degeneracy". We have to consider what constitutes intemperance. This is largely a matter of individual susceptibility. An extremely small quantity of alcohol may effect a very sensitive brain quite as seriously as a large amount would effect a brain less delicately organized. The question of susceptibility is quite indeterminate for statistical purposes.

The tremendous influence of direct heredity, and the part which alcoholism plays through inheritance in the production of insanity, being thus demonstrated, the desirability of having the marriage problem controlled to the greatest feasible extent by legal enactment needs no argument. But what is to be done to save those now existent whose heredity is defective and who are consequently strongly predisposed to mental breakdown?

The causes of insanity are heredity and stress. Heredity is but a predisposing cause. An exciting cause is necessary to precipitate an attack. And an exciting cause may be anything which in any measure bears too strongly upon the reserve of nervous energy which the individual possesses. Of these, alcoholism in the individual, ill-health from any cause, and overstrain are most potent. From these a predisposed person should be most carefully guarded, a natural life should be enjoined, and any illness from which the individual may suffer should be treated most carefully, the danger of mental failure being kept constantly in mind. Especial care should be given during the developmental years and every effort made to assure normal and healthy growth. And at the various physiological epochs, all causes of excitement, worry, or strain of any kind should be carefully eliminated.

The statistics of our hospital show that more than 25% of all cases

admitted were in the third decade of life, and very nearly another 25% of those admitted were in the fourth decade. That is to say, nearly one half of all persons admitted were between the ages of 20 and 40, just the years in which the struggle for existence is most intense. Many writers attribute the marked increase of insanity within recent years to the extraordinary demands which the strenuous life of these modern times make upon us. It cannot be doubted but that many who might, under easier conditions, pass through life in spite of what Maudsley terms the tyranny of a bad organization, break down under the strain of the fierce competition which wages between those who seek to attain to a sphere of affluence and influence. This applies particularly to those in whose forebears the processes of evolution have made slow headway. A very striking illustration of this fact is found in the negro race in the United States. Before the abolition of slavery, insanity was very rarely seen in the negro. In slave days he had certain duties to perform, and in some instances was doubtless subjected to cruel treatment, but he had the certain assurance of a shelter, clothing and the necessaries of life. He had to take no thought of the morrow. With the close of the war, however, he found himself thrown absolutely upon his own resources. Ignorant of anything except the simple duties to which he had been accustomed to perform under the direction of his masters, quite unused to the ways of the world, without means, without the faintest conception of what the support of self required, he was thrust out to do for himself among a people impoverished by a long war and embittered against his race because of the part he unconsciously played in working their ruin. When full account is taken of the utter state of unpreparedness of the negro for such a change, one cannot but admire the potentialities of a race which has made such wonderful progress in the forty odd years which has elapsed since the abolition of slavery, under peculiarly unfavourable and discouraging circumstances. We are indebted to them for a most striking object lesson in evolution. But at what cost? From the condition of almost absolute immunity to mental disease which he enjoyed scarcely half a century ago, the negro of the southern States has shown steadily increasing susceptibility to insanity until now the proportion of occurring cases of insanity in negroes is greater than that in whites. Could any more telling example of the ruinous influence of the strain of modern life upon an imperfect mental equipment be imagined?



Another important matter, well worthy of the most careful consideration, is that of education, but to this merely passing notice can be given. Suffice it to say that properly adapted educative measures may prove the salvation of many a child predisposed to insanity, whereas the usual methods are quite possibly responsible, perhaps to a considerable extent, for the rapid increase which recent years have witnessed of mental breakdown in adolescents. This is but one of many arguments which might be advanced in favour of medical supervision of our public schools.

The fact that since the opening of the Nova Scotia hospital the average annual number of admissions has much more than doubled while in the same period the general population of the province has increased but 38.7%, and this in spite of the fact that numerous county asylums now receive cases which, in the earlier years of the history of the hospital, would have come here, is surely sufficient indication of the need for something in the way of preventative treatment. In this the medical profession must take its share, and cannot deny its responsibility. The limits of my time prevent anything like a full presentation of so important a theme, but I trust that the little I have said may prove to be seed which has fallen upon good ground, and may bring forth fruit abundantly.



## New Books that every Doctor should have.

---

Organic Nervous Diseases, by M. Allen Starr ; 282 pages, 275 engravings, 26 plates in black and color, - - - - -	\$6 75
Bacteriology, by Fred. Carl Zpffe, 547 pages ; 146 engravings, 7 colored plates, - - - - -	1 75
Principles and Practice of Surgery, by George Brewer ; 780 pages, 280 engravings, and 6 plates, - - - - -	5 50
Diagnosis of Diseases of Women, by Palmer Findley ; 493 pages, 210 engravings, 45 plates in black and color, - - - - -	5 00
Refraction, by Wm. Norwood Suter, 382 pages, 101 engrav- ings, 5 colored plates, - - - - -	2 25
Ophthalmology, by Clarence A. Veasey ; 410 pages, 194 en- gravings, 10 colored plates, - - - - -	2 25
Surgical Treatment, by Cheyne and Burghard, complete work now ready, 6 cloth bound vols., - - - - -	33 00

---

**T. C. ALLEN & CO., - - HALIFAX, N. S**

## SOME OBSERVATIONS ON PARETIC DEMENTIA.\*

By J. A. MacKENZIE, M. D., Assistant Medical Superintendent Nova Scotia Hospital, Halifax.

Paretic dementia is essentially a disease about which little or nothing was known previous to the century just closed. It may be defined as a disorder characterized, chiefly, by progressive enfeeblement of the mind together with a progressive general paralysis of the whole body. The psychic symptoms present multiform phases. In addition to the characteristic progressive dementia may be found neurasthenic, hysterical, melancholic, maniacal and paranoid symptoms. Frequently at one period or another in the course of the malady the mental symptoms assume an expansive phase with delusions of grandeur.

Mental stress, especially when associated with intemperance, venereal excesses, or other irregular habits, are often found as precedent conditions and may perhaps be regarded as etiological factors. In this form as well as in all other forms of mental disorder, heredity plays an important part, occurring, some authorities claim, in from 10 to 40% of all cases. As regards sex, it was regarded by the earlier writers on the subject that, on an average among all classes of society, twelve times as many males as females were affected. Recent investigators, however, claim that the ratio of males to females is rapidly decreasing; Kraepelin maintaining that there are only four times as many males as females suffer from this disease.

The age of onset is usually in the middle period of life—rarely beginning before the 35th, and still more rarely after the 50th year of life. Cases among children or old men are however not unknown. In short, paretic dementia may be encountered at almost any age.

That it is a disease of civilization is manifested from the fact that it is seldom observed among the native Egyptians or Icelanders. It also occurs more frequently among men of ability in professional or business life than among the ignorant or uncultured. That syphilis is above all others an etiological factor is universally accepted; as a positive history of lues is obtainable in at least 50% of all cases, and

\*Read at meeting of Halifax Branch British Medical Association, Jan. 6, 1904.

it is probable that the true relation is considerably larger. Statistics prove that the relation of syphilis to all other forms of insanity is from 6 to 7 per cent., while in dementia paralytica it is found from 7 to 10 times as frequent. The frequency with which positive histories of lues have been obtained in cases of paresis has led many modern observers to look upon it as a true parasymphilitic disease. The fact that in about 15 per cent. of the cases suffering from this disorder, no recent or remote history of lues can be obtained leads to the question, whether after all syphilis is nothing more than a contributing agent. The question may be looked at from several stand-points. First in the rather remarkable statistics of Lewin, who in 20,000 cases of syphilis which he examined, 1 per cent. of which became insane, there was not even a single case of paretic dementia found. Another careful observer found that among the Egyptians, where syphilis is one of the widespread disorders, that scarcely a single case of general paresis could be found. The same investigator visited the asylums of Cairo, where he was also impressed with the fact that he was unable to find a single case of the disease. Probably of some significance is the fact that alcoholism is rare among the Egyptians as the doctrines of the Koran interdicts its use. With such facts as these before us, it is impossible to reconcile the hypothesis, ascribing to syphilis the direct causation of paralytic dementia. Of interest in this connection may be the consideration of a recent English exposition by Dr. Frederick Mott in the Archives of Neurology, Vol. I, in which he writes that he does not consider the dictum, "No syphilis, no paretic dementia" as proven, but believes that all the evidence is in favor of the strong influence of syphilis in its production, and brings forward this evidence in a convincing way. In his study of twenty-two cases of juvenile paretic dementia occurring between the ages of 8 and 23 years, syphilis could not be excluded in any of these; it being found either in the inherited or acquired form. Again, many of the more recent observers consider that the pathological processes found in both tabes and paretic dementia are identical, and call them metasyphilitic, tabes being the same disease only affecting different parts of the nervous system.

In about 20 per cent of paretics, alcohol seems to be an important factor. Other toxic agents such as lead, tobacco, rheumatism, etc., are also believed to take an important part at times in the etiology. By some observers trauma has been considered a cause, but no well

authenticated cases are as yet on record, and until better evidence is offered, must doubt the sufficiency of it as a factor.

Every physician is quite familiar with the cardinal symptoms present in paretic dementia. In the early period of the disorder, however, there are frequently symptoms which resemble those found in neurasthenic subjects. First, mention may be made of some of the symptoms which lead to its being mistaken for neurasthenia, viz: sleeplessness, tremour, irritability of mood, hypochondriacal depression, dull headache, ophthalmic migraine, loss of appetite and digestive disorders. These manifestations may readily be misinterpreted as purely of a functional nature. It is usually only when mental symptoms manifest themselves such as little faults of memory; errors in speech or writing; the leaving out of letters syllables or words; growing indifference to the higher sentiments. loss of critical faculty, small lapses in proprieties, together with failure of interest in the more important affairs of life, that the physician realises the seriousness of the malady with which he has to deal. As these mental features advance the patient loses and mislays things, makes mistakes in money matters, errs in appointments, confuses persons and objects, forgets his way, is easily angered, etc., etc.

In this early period the patient, like the neurasthenic, is quite conscious of his own illness and observes his symptoms. As the disease progresses, however, in contrast to the neurasthenic, he loses that sense of being ill and takes no further notice of his symptoms. To the careful observer, however, even at this period there are symptoms present which are quite distinct from the neurasthenic viz:—The pupil of the paretic is usually sluggish, immobile, irregular, pin hole or unequal, while the neurasthenic's is usually large and quite active. The paretic has either diminished, greatly exaggerated or unequal knee-jerks; the neurasthenic has invariably active and equal tendon reflexes.

In the paretic there is a fibrillary tremour of the tongue, jerky, ataxic tremour of the fingers, face, tongue and occipito-frontales, while in the neurasthenic the tremour, if present at all, almost never involves the tongue and forehead and if it does occur in the fingers and eyelids it is fine and rapid in character and not jerky. The neurasthenic, as a rule, has nothing abnormal in his writing or enunciation. Neither is there any evidence of mental decay or loss of esthetic and ethical

feelings; no epileptiform or apoplectiform crises or vertiginous attacks with transitory aphasia.

In this period of the disease symptoms may be found resembling somewhat those of chronic alcoholism such as tremour, thick speech mental changes and defects, epileptiform crises, and where rudimentary polyneuritis is present there is usually lost knee jerks. The resemblance in certain cases is so great that the only means of differentiating is the great improvement or recovery which takes place in both the mental and physical condition of the chronic alcoholic on the complete withdrawel of the alcohol. Again in the alcoholic if hallucinations are present they are usually visual, and aural in the paretic dement. Perhaps the most common error in diagnosis is the mistaking of advanced paretic dementia for syphilis of the central nervous system. This to a certain extent may be excusable as both disorders have so much in common that it is only after prolonged observation throughout the course of the disease that differentiation is often possible. It sometimes, though very rarely, happens that the dementia of the paretic progresses only as a simple dementia with few, if any, of the characteristic episodes of the true disorder, thus making the diagnosis sometimes impossible. A careful and close study, however, of the various symptoms observed will usually settle the diagnosis; thus, in paretic dementia, if there is a paresis of the cranial nerves it is usually mild, slow in onset, and transitory; while in cerebrospinal syphilis the paresis is complete, sudden in onset, and stable. In paresis symptoms are found of a diffuse, general lesion, while in the other they are of multiple lesions. In paresis the tremour is jerky and ataxic; in syphilis there is no tremour, The Argyll-Robertson pupil with extreme myosis is found in paresis, while in syphilis the pupil neither reacts to light nor accomodation and extreme myosis is very infrequent. The characteristic reduplications of letters, syllables or words in writing found in paresis, has no resemblance to those observed in cerebrospinal syphilis. If any change occurs in the latter it is usually due to agraphia or dementia. If any speech disorder does occur in the syphilitic it is due to some organic aphasia of one kind or another and has no resemblance whatever to the peculiar disorder of speech found in the paretic dement. The headaches also of the paretic are transitory, vague, and seldom distressing, while those of the syphilitic are extremely severe, constant, and worse at night. The delusions of the paretic dement

are often expansive, sometimes depressed, but always characterized by enormous exaggeration in either case, while in syphilis, delusions are rarely present. In paresis there is progressive mental enfeeblement, but often only incoherence and thought inhibition are found in the victim of cerebro-spinal syphilis. There are many other symptomatic differences, but will refer to only one more in this connection, namely, that antisymphilitic remedies are useless in paretic dementia but are of marked service in syphilis.

Again a gummatous meningitis may present a typical case of paretic dementia in all its manifestations, and there are cases in which the actual lesions of paresis exist side by side with syphilitic cerebral lesions. Occasionally cases are found where symptoms of mania, epileptic dementia or paranoia exist, but the differential diagnosis offers no difficulty. The disease being inevitably fatal there is little to be advised in the way of medication save symptomatic treatment.

From the foregoing it is evident that paretic dementia can occur at any age and in either sex, that civilization tends to its increase, that syphilis if not a direct cause is at least a contributing agent, that in the prodromal period of the disease it has many symptoms in common with neurasthenia and chronic alcoholism while in the advanced stages it has many symptoms in common with cerebro spinal syphilis, and in conclusion it can be said that paretic dementia always terminates fatally.



## THE PROFESSION OF MEDICINE FOR WOMEN.

By GEO. G. CORBET, D. M. FAIRVILLE, N. B.

“If you were always thinking, because you had studied a man’s profession, that no one would think of you as a woman, do you think that would make any difference to a man that had the soul of a man in him? I don’t give up because I’m unfit as a woman, I might be a man and still be impulsive and timid and nervous. Every woman physician has a double disadvantage that I hadn’t the strength to overcome—her own inexperience and distrust of other women.”—*Dr Breen’s Practice*, by W. D. Howells.

It was only a few years ago since the idea of a woman entering the profession of medicine and graduating as a doctor was something so quixotic, if not actually absurd, that any girl who alluded to such a vocation was reasoned with and talked to as if she had contemplated moral suicide. Less than sixty years ago, when diseases were usually classed under two heads of colds and fevers, a patient who was sick enough to need medical attention was waited upon by a pompous, elderly sort of a gentleman, who brought the whole of pharmacopœia of medicine with him in his saddle bags. When he had examined the patient’s tongue, felt his pulse, and consulted an old silver fob watch, with grave and decorous air, he either bled or blistered—frequently did both, and gave copious doses of salts and senna, tincture rhubarb, and a calomel pill of colossal size. If the patient grew worse his head was shaved, and if fever ran high he was forbidden a drop of water to cool the tip of his tongue, nor could he eat anything but arrowroot and water-gruel. If it was the old typhus fever, which adults generally had in those days, the fight was a long hard one, for between the treatment and the fever, there was not much chance of life, except in the remedial art of nature.

Medical science has now discovered a number of new diseases, and developed corresponding cures. The old saddle-bag dispensary has passed out of sight (with those good old times of our grandfathers), and a fever-stricken patient is no longer depleted by phlebotomy



Among the new dispensation of the science of medicine the lady doctor takes a prominent part. What would some of our old doctors of the old regime think if they were called upon to consult with Dr. Mary Jacobi, of New York, or any other lady doctors? The utmost recognition which these skillful scientific doctors could have gained from the old time medical man would have been, "My good woman you will make an excellent nurse, you shall have my endorsement."

Yet it does not belong to this century to bestow on women the first medical diploma. In 1799, Mara Zega was a doctor of medicine in Europe, and in Padua there was a famous doctress. The universities of Europe had rare and exceptional cases of women who excelled as surgeons and were highly esteemed for their skill. The first lady who was ever granted a diploma in the medical profession in America was Elizabeth Blackwell, who in 1855 was admitted to the hospital of St. Bartholomew, in London, as a walking physician. Ten years later she gave medical lectures in that city, which challenged the attention and respect of the whole medical fraternity. Dr. Blackwell founded the New York Infirmary, where 6000 patients were treated in one year. We have many other successful women doctors. The following colleges opened their doors to women to study medicine: College of Physicians of Dublin, 1876; London University, 1877. In 1873 a ukase was published in Russia admitting women to all its medical schools. Berne University, 1873, and in 1876, the fifteen universities of Italy, were in like manner thrown open to ladies, and in 1873 a lady graduate took her degree in Pisca, and in 1870 the Vienna University admitted women to the medical degree. In 1875 the College of Physicians and Surgeons, of Toronto, Ont., gave its first degree to a woman.

In medicine women have the same course of study and examinations as men. Women as well as men will make mistakes, in the name of science, for medicine is a progressive science; to-day it is not what it was twenty years ago, and twenty years hence it will be different to what it is to-day, (for the half has not yet been found). We have many ills and many cures to-day what shall we have twenty years from now? To-day it is almost impossible for those studying medicine to remember and digest what they see and hear,

and if a few mistakes are made by our young lady doctors, be gentle with them. As Carlyle says, "Against stupidity the gods are powerless."

In Chicago there are many lady doctors who fill chairs at the colleges of medicine belonging to the different schools. There are several instances of where there are both husband and wife practising medicine in the different schools. A few years ago the question of medical ethics was put to a severe test by a recent trial of Dr. Pardee, of the State Medical Society of Connecticut. After ten years of happy married life Mrs. Pardee studied medicine herself and became a graduate of a homeopathic school of medicine in New York. She set up her sign on one door post, her husband's remaining on the other, and in a little while she had a successful practice of her own. The success of Dr. Pardee and his wife, Dr. Emily Pardee, seems to have led to an investigation of their professional relations by the doctors of the regular medical school and one evening the pair received a call from one of them, who asked the male Dr. Pardee if he consulted with his wife. The answer was more forcible than polite and the investigating doctor returned no wiser than before. There was a meeting of the State Medical Society and they discussed all the pros and cons in the matter but failed to come to a conclusion or to substantiate the charges against Dr. Pardee and his wife and the State Society referred it back to the County Society for further action. Meanwhile the buggies of the two doctors came round to the door as usual, took the doctors on their several rounds and when the drive was over the homeopathic and the allopathic horse ate their hay out of the same rack and the two Drs. Pardee sat down to dine together.

There is a ludicrous side to the work when women are engaged in it at times, that lightens its severity and shows that the female doctor is not yet universally adopted. A farmer living near a large western town was sent hurriedly to the city to bring the nearest doctor. He reined his horse up at a door bearing a doctor's sign, went in, and looked at the neat looking lady in the consulting room, said hurriedly:

"Where's the doctor? I want him right off."

"I am the doctor," said the lady quietly

The man turned red, whistled and looked perplexed. "Whew!" he said slowly. "I hadn't calculated on a woman doctor!" "No," said the doctor smiling brightly, "a good many had not. Will you take me or drive a few blocks further for a doctor of your own sex." The farmer looked at her, and said grimly, "I haven't much time to wait. Jump in. I reckon Polly will be glad to see you, anyhow." And Polly was.

#### A PHYSIOLOGICAL PROPOSAL.

Miss Mary Flynn, a Boston girl, was studying medicine, and Mr. Budd was her devoted admirer. One evening as they sat together on the sofa Mr. Budd was wondering how he should manage to propose. Miss Flynn was explaining certain physiological facts to him.

"Do you know," she said, "that thousands of people are actually ignorant that they smell with their olfactory peduncle." "Millions of them," said Mr. Budd. "And Aunt Mary would not believe me when I told her she couldn't wink without a sphincter muscle. How unreasonable! Why a person could not kiss without a sphincter." "Indeed. I know it is so. May I try if-I can?" "Oh, Mr. Budd, it is too bad of you to make light of such a subject." Then he tried it and while he held her hand, she explained to him about the muscles of that portion of the human body.

"Willie," whispered Miss Flynn, very faintly. "What, darling!" "I can hear your heart beat." "It beats only for you, my angel." "And it sounds as if out of order. The ventricular contraction is not uniform." "Small wonder for that when its bursting with joy." "You must put yourself under treatment for it. I will give you some medicine." "It's your own property, darling; do what you please with it."

## TO A LADY DOCTOR.

Yes, doctor, your physic I have taken,  
 That surely shall conquer my ills ;  
 The bottle was solemnly shaken,  
 I dote on these dear little pills.  
 I've followed your rules as to diet,  
 I don't know the taste of a tart ;  
 But though I've kept carefully quiet,  
     The pain's at my heart.

Of course you've done good ; convalescence  
 Seems dawning, and yet it is true  
 I fancy the light of your presence  
 Does more than your physic can do.  
 I'm well when you're here, but, believe me,  
 Each day when fate dooms us to part  
 Come strange sensations to grieve me—  
     That must be the heart.

Your knowledge is truly stupendous,  
 Each dainty prescription I see,  
 I read " *Haustus Statam Sumendus.*"  
 What wonder you took (your degree) the M. D. !  
 I hang on each word that you utter  
 With sage *Æsculapian* art,  
 But feel in a terrible flutter—  
     It comes from the heart.

Have you ever felt the emotion  
 That stethoscope ne'er could reveal ?  
 If so, you'll perchance have a notion  
 Of all that I've felt and still feel.  
 Oh, say could you ever endure me ?  
 Dear doctor, you blush and you start,  
 There's only one thing that can cure me—  
     Take me—and my heart.

# SIMPLE METHODS BY WHICH A BLOOD EXAMINATION MAY BE CARRIED OUT BY THE GENERAL PRACTITIONER.\*

By F. E. LAWLOR, M. D., C. M., Assistant Physician, Nova Scotia Hospital, Halifax.

A thorough examination of the blood requires time, and also necessitates a certain expenditure upon special apparatus, and for one or both of these reasons it is seldom carried out by the busy practitioner. But when we consider the help it sometimes affords in cases of difficult diagnosis, it seems worth while to give a short account of the methods which may be adopted to carry it out. The instruments required are as follows :

- (1) Hæmoglobinometer for estimating the hæmoglobin.
- (2) Hæmacytometer for counting red and white cells.
- (3) Microscope and microscopic accessories, stains etc.

As to the method of obtaining the blood, for the following reasons the lobe of the ear is by far the best locality for puncture.

- (1) It is less sensitive.
- (2) The act of puncture and the blood are not seen by the patient; important with nervous people and children.
- (3) Pressure, if necessary, is more readily exerted, and produces better results.
- (4) The skin in this locality is as a rule softer and cleaner.
- (5) There is less likelihood of subsequent infection.

The lobe of the ear may be cleansed by gently wiping it with piece of soft lint moistened with alcohol, and then dried with æther. Great care must be observed that friction be avoided, as this produces a degree of hyperæmia. The lobe of the ear is now taken between the thumb and forefinger and punctured with a surgical needle, stabbing the skin deep enough to allow the blood to flow without having to exert pressure. The first drop is wiped away, the second allowed to flow. If pressure be necessary, it should be exerted as far as possible from the point of puncture in order that the character of the drop is not altered by the artificial means.

---

\*Read before the Medical Society of Nova Scotia, Antigonish, July 1903.

**ESTIMATION OF HÆMOGLOBIN.** For this is used the hæmoglobinometer. The instrument consists of a stand with a horse-shoe base, a stage with a round hole in the centre for the reception of a well of standard depth and divided into two equal parts, and a metal frame holding a prism of coloured glass, the tint increasing in intensity from apex to base. This method depends for its principle upon the supposition that a solution of hæmoglobin varies in colour according to the amount of hæmoglobin which it contains; and this may be estimated by comparing it with the varying tints in a prism of glass, each degree of colour corresponding to one per cent of hæmoglobin. It must be borne in mind that we are not comparing the hæmoglobin as contained in the corpuscles but a colouring solution because, when water is added to blood the hæmoglobin is dissolved out of the corpuscles. The ear being punctured in the usual way, and the blood collected in a small glass capillary tube of standard capacity, it should be at once inserted into one of the sub-divisions of the well, and by means of a pipette a stream of clear water sent through it till the water reaches the top of the well, when a meniscus will be observed. The other sub-division should next be filled with clear water, care being exercised that the fluid in the one does not come in contact with the fluid in the other and that the meniscus in each case is of equal depth. The instrument is now adjusted and operations transferred to a dark room or closet lighted only by a small candle. Place the instrument about eighteen inches from the candle and adjust the reflector in such a way that the light will be thrown into the well, and move the tinted glass till the colour of the diluted blood and the colour of the glass at the centre of the well correspond; the number opposite will correspond to the percentage of hæmoglobin. The surrounding light may be cut off from the eye by placing a dark tube over the well.

There are cases in which the estimation of the hæmoglobin is of the greatest importance. In pernicious anæmia one would expect to find the amount of hæmoglobin per corpuscle diminished, but on making an estimation a relative increase is found to exist, though the total amount is very low. Mr Herbert French, in an article in the March number of the Practitioner, reports a case admitted under the care of Doctor Hale White with the following history. Six months

previously his skin began to be yellow in colour, and his feet and legs swelled; later on he fell down one day when doing his work. When treatment was applied for he had the outward appearance of one suffering from pernicious anaemia, extremely weak and anemic, no paralysis, no jaundice, the skin had a lemon yellow tint, and there was some œdema of the legs. He was short of breath on exertion but otherwise seemed well. His heart was of normal size but there was a blowing systolic bruit, best heard over the left intercostal space, but also heard in the aortic area, and at the point of impulse. The patient might well have been suffering from pernicious anæmia with hæmic bruits; but a blood examination excluded this at once.

There were found,—

Red copuscles.....	2.600.000	per c. mm.
White copuscles.....	5.500	“ “ “
Hæmoglobin.....	28	per cent.

The hæmoglobin was not reduced proportionately, therefore pernicious anæmia was debarred. Streptococci were cultivated from the patient's blood, and the case turned out to be one of ulcerative endocarditis.

**SPECIFIC GRAVITY.**—For estimating the specific gravity of the blood a number of methods have been devised. I would advise a simple method. An ordinary urinometer about 10 c. m. in height is all that required. This is partly filled with a mixture of chloroform and benzol the specific gravity of the former high, that of the latter, low. Into this mixture allow a drop of blood to fall directly from the finger care being taken that it does not come in contact with the walls of the vessel, and that the drop be not too large, otherwise it will separate into droplets, giving rise to inaccurate results. Should the drop sink to the bottom it is because the specific gravity of the mixture is lower than that of the blood, necessitating the addition of more chloroform to bring the mixture to the proper specific gravity. In doing this the chloroform should be added drop by drop, while the mixture is gently, but thoroughly stirred; but on the other hand if the drop floats on the surface, it is best to add a sufficient amount of benzol to cause the blood to sink to the bottom, and then by the addition of chloroform bring it to the proper degree of suspension, that is when the drop remains suspended in the mixture, which is now filtered and

its specific gravity taken. The figure obtained will express the specific gravity of the blood. The normal specific gravity in healthy adults varies between 1.058 to 1.062. In nephritis, chlorosis and the anæmias in general it may be diminished. An increased specific gravity is met with in febrile diseases. In diagnosis between shock and collapse it may be of great service. In the former condition it is lowered, in the latter, raised.

For COUNTING OF BLOOD CORPUSCLES, various instruments are in vogue. The principal of the hæmocytometer is that it consists of two mixers similar in all respects, excepting that the one for counting leucocytes is the larger of the two. They are constructed with a capillary portion and a dilated portion, the former used to collect a fixed amount of blood, the latter in obtaining a fixed dilution. In addition to these a thick glass slide containing the counting chamber measuring 0.1 m. m. in depth, the floor ruled into sets of small squares. In estimating the number of red cells draw blood into the small mixer till it reaches the mark 1. or 0.5, according to the degree of dilution desired. After having cleaned the point of the capillary tube, the diluting fluid is drawn in till the mixture reaches 101 mark. Place the finger over the end of the pipette, compress the rubber tubing and shake well in order that the contents of the bulb may be thoroughly mixed. After expelling the diluting fluid contained in the capillary portion of the mixer, a drop of that containing the blood is placed on the counting chamber and the coverslip carefully adjusted. Allow the corpuscles to settle for about five minutes and then proceed with the counting.

In healthy male adults the average number of red corpuscles is about 5,500,000 per cubic millimeter, In female adults 4,500,000 per cubic millimeter is a fairly accurate average. But in different diseases one may get wide variations. In the different forms of anæmia they may fall as low as 300,000 per cubic millimeter, also in carcinoma a marked diminution is found to exist.

The enumeration of white cells is carried on in the much the same way as that of the red, only a lesser degree of dilution is obtained and all the squares are counted.

In acute infectious diseases an increase in the number of leucocytes is the rule. In pneumonia it is usually well marked and persists till the time of the crisis. Its absence is of grave prognostic significance.



In acute articular rheumatism the increase of leucocytes is proportionate to the severity of the attack. Time will not allow me to speak of the numerous cases in which hyperleucocytosis exists.

**DRYING AND STAINING BLOOD** for microscopic examination demands that the operator be careful in his technique. The coverslips should be thin and perfectly clean, for the least trace of grease will cause the film to be a failure. A simple method given in a recent number of the Practitioner, of London, is to boil them in a solution of chromic acid. In order that the acid may reach them on both sides it is well to drop them in one by one and allow to remain for half an hour; at the end of that period all traces of grease will have disappeared. Stop the heating and wash away the chromic acid with clean water until no trace of yellow colour is left between any two of the coverslips. The coverslips are next passed through two or three changes of rectified spirits, next they are transferred to a jar containing absolute alcohol. Each individual coverslip must be handled with forceps.

The residue of the rectified spirits will contaminate the absolute alcohol, therefore when the jar is filled the original absolute alcohol should be poured off and the jar filled with fresh. The coverslips are now ready for use and may be kept indefinitely in a tight fitting jar. When one is required remove it with a pair of forceps and burn the alcohol off in the flame of a spirit lamp. In making a film, a drop of blood is received on a coverslip held with forceps, and to this a second coverslip is applied, held in like manner. If the coverslips be clean the blood will spread out in a uniform layer. Great care must be exercised in separating coverslips; they must be drawn apart in a plane parallel to each other. After being allowed to dry for a few minutes, they are next immersed in absolute alcohol for thirty minutes. At the end of this period they are ready for staining.

In conclusion, I may say that a fair blood examination may be carried out in less than an hour:

- (1) The ear is pricked, blood films made and dropped into absolute alcohol.
- (2) Blood drawn to the 0.5 mark of the small pipette and diluted to the 101 mark and put aside after having been quickly mixed.
- (3) The same proceeding is carried out with the white corpuscle mixer.

(4) The hæmoglobin capillary is filled and expelled into the well.

(5) A drop of blood is allowed to fall into the glass containing the mixture of chloroform and benzol.

Blood should never be allowed to dry in any of the capillary tubes, but washed out with clean water two or three times, then with alcohol and lastly with æther; by this means they are rendered clean and dry.

---

### A CASE OF SUB-CLAVICULAR DISLOCATION.

By FRANK MIDDLEMAS, M. D., AND ARTHUR BIRT, M. D., Berwick..

On the 28th ult. we saw together in this district a case of dislocation of the right shoulder in a hardy youth of 37!! The accident had been caused by a fall on the ice, his whole weight coming on the shoulder. The head of the bone was lying on second rib, immediately internal but not in contact with the coracoid. It was therefore of the rare sub-clavicular form.

Owing to the great age of the patient, and his atheromatous vessels an anæsthetic was considered inadmissible. After some trouble from muscular spasm (in a one time very muscular man) reduction was finally effected by Kocher's method, aided by pressure on the head of the bone and fixation of scapula.

Under evaporating lotions little reaction followed, and we hope for a good functional result. The rarity of infra-clavicular dislocations and the age of the patient seemed to make the case worth noting.

## Selected Article.

---

### MISONEISMUS. THE DEEPLY ROOTED INCLINATION OF MANKIND TO COMBAT NEW IDEAS.

---

By A. ROSE, M. D., New York.

---

We find in the history of the world, and especially in the history of medicine, innumerable instances in which new ideas have been persistently rejected, which Time has nevertheless proved to be of the greatest service to mankind; often, alas! after their originators, the men who have conferred on mankind these great and lasting services have suffered persecution, physical or moral, or both, even in some instances, torture. In later days, it is true, we refrain from physical violence, but even so late as in the last century we have seen a great medical benefactor persecuted and his discovery rejected, until, mentally unbalanced by the calumny and ignominy with which he was treated, he was confined in a lunatic asylum and allowed to die there. Then a few years later, we have welcomed his beneficent discoveries and raised a monument in honor of his name and achievements. Let us briefly recall this specific instance.

Ignaz Philipp Semmelweis, born in Ofen, on July 1, 1818, discovered in the year 1847, in Vienna, the etiology of puerperal fever. The records of the great lying-in institution of Vienna with which Semmelweis was connected, furnished abundant and conclusive evidence of the correctness of his observations. In the year 1848, when the precautions against puerperal fever that followed necessarily from Semmelweis's theories, had been put into force in that institution, puerperal fever was practically banished from it. Yet, in spite of all that Semmelweis wrote and said, none of the great gynecologists of that time, viz., Scanzoni, Spaeth, E. Martin, Braum, or von Siebold, would pay any attention to him; his communications were treated with silence and disdain by some, and received with contumely and ridicule by others, but the following instances show to what treatment he was subjected:

I. Spaeth, Professor of Obstetrics at Vienna, published in the year 1861, these remarks: "On the origin and nature of the so-called

puerperal fever certain views have been put forth and expounded by Semmelweiss in a style more rhetorical and dogmatic than we are wont to see in scientific communications. Since, however, his views have now been promulgated these fourteen years, it would seem futile at this time to enter into any exposition of them."

In reference to these and similar remarks from many quarters Semmelweis wrote, in 1861, as follows: "This persistent ignoring of my teachings, this persistent ruminating of errors, impels me to make the following statement: I carry with me the conviction that, ever since the year 1847, thousands and thousands of women and infants have perished who need not have died if my observations had been considered, if I could have combated energetically every error expressed in regard to puerperal fever that came to my notice."

To convince those who might be under the impression that he was exaggerating, he gives the statistics of 2,674 deaths from puerperal fever in the two lying-in institutions of Vienna, during the years between 1847 and 1858, and compares the records of these institutions with his own. He continues: "This murder must cease. I see no other means to stop these massacres than to expose those who are guilty of them, and no honest man can blame me for doing so."

Semmelweis wrote to Scanzoni (to whom I have referred repeatedly in my writings as the one whose erroneous teaching in regard to carbonic acid gas has been productive of so much harm) and addressed him as follows: "Only two things are possible. Either you are convinced that my teaching is erroneous, or you realize that it is true. No third possibility exists. If you think me in error, I request you herewith to give me your reasons for assuming that my teachings are erroneous; should you, without controverting my teachings, continue to train your pupils in your doctrine of the nature of epidemic puerperal fever, I declare before God and all the world, you are a murderer!"

In 1861 Eduard Caspar Jacob von Siebold published a paper on puerperal fever without so much as a mention of the teachings of Semmelweis. Thereupon Semmelweis wrote to him: "I remember with pleasure the time that we spent together in Pesth; much that is dear to me reminds me of you, but the cries of agony of the women dying of puerperal fever are louder than the voice of my heart, and my reason commands me to proclaim the truth, even though my heart suffer, painfully at attacking you."

Von Siebold had based his opposition to the views of Semmelweis on the authority of the Academy of Medicine of Paris, which had under the presidency of Orfila, declared itself against Semmelweis. Siebold considered it superfluous to summon any other reasons to his aid in his opposition to the theory of Semmelweis.

Semmelweis then published another open letter addressed to all obstetricians; this together with those addressed to Spaeth, Scanzoni, Siebold and many others, was written after his book on the etiology, nature and prophylaxis of puerperal fever had been issued in 1861.

I was a medical student at the University of Jena during the years 1860 to 1863. B. Schultze was then, and still is, professor of obstetrics and gynecology there. At one lecture,—it was at the end of a semester—we were shown a large number of pelves, freshly prepared, all those of women who had died of puerperal fever during the preceding six months. So far as I can remember, no woman who was admitted for confinement during that period, left the institution alive. All died from puerperal fever. Disinfection of the hands, insisted upon by Semmelweis, had not received any consideration, even by such an eminent man as Schultze. Subsequently, the whole building was torn down and a new one erected.

The letters of Semmelweis furnished testimony of the agony this martyr to Truth and Science must have suffered until he was driven to excitement. He addressed people in the street, laborers, business men, to listen to him, since the prejudiced professors would not hear him. Upon this he was declared insane, taken to the lunatic asylum and died there, August 13, 1865, in his forty-seventh year.

And now a splendid monument has been erected at Buda-Pesth in his honor, from contributions by the medical profession throughout the entire world!

There are examples in the history of medicine of unselfish devotion of indefatigable, ever active philanthropy, like that of Semmelweis.

The great American physician, Oliver Wendell Holmes, had already spoken of his observation on the etiology of puerperal fever, which was exactly the same as that of Semmelweis, in April, 1843, before a medical society. One of the greatest medical, so-called, authorities, Meigs, attacked him, saying, "I prefer to attribute this fact to accident or to an act of Providence, rather than to what you attribute it to, and of which I have no conception." Upon this great authority, the discoverer was attacked from all sides, exactly as Semmelweis was

upon the authority of Virchow, who ridiculed the ideas of Semmelweis. One great Philadelphia university professor wrote even a libel against Holmes. The martyr replied: "I do not consider myself insulted and I will not render like for like. There exists no invective and no sarcasm in the lexicon which could touch me in such a controversy. I appeal from the libel of the Professor of the Gerverson School of Philadelphia to the sense of those whom I do not know, and who do not know me, nor have any personal interest in me, but interest only in my ideas. The teachings of both great universities are destined to be heard not only by their pupils, but by the medical profession at large. I am too serious to humble myself or to be unassuming. I beg those in whose hands life or death is laid, to hear me for this once. I ask no personal favor. I only ask for the sake of those whose lives are in danger until a more powerful voice than mine shall plead for them. Everyone who disregards my teachings and causes destruction thereby has to ask the Lord to be forgiven, for men cannot forgive him."

This dignified and kindly language forms a contrast to the abusive expressions of his opponents.

The two noble men, the German and the American, were not aware of each other's publications until later, certainly not before the year 1861.—*The Post Graduate*.

# LACOTOPEPTINE 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.

## Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

Dose.—One to two tablespoonfuls from three to six times a day.

THE ARLINGTON CHEMICAL COMPANY,

—TORONTO.

## “BOROLYPTOL”

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever A CLEANSING AND SWEETENING wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

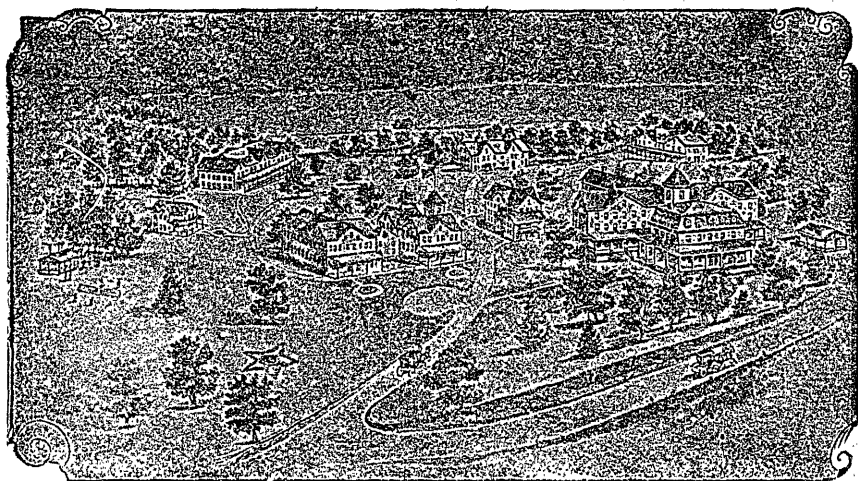
AS A CLEANSING LOTION      AS A VAGINAL DOUCHE  
AS A NASAL DOUCHE      AS A MOUTH WASH  
AS A FRAGRANT DENTIFRICE.

THE PALISADE MANUFACTURING CO.

Samples sent  
on application.

88 WELLINGTON STREET West, TORONTO.

Sixteen Years of Successful Treatment Have Won the Endorsement and Recommendation of Many Eminent Physicians.



**STAMFORD, CONNECTICUT, U. S. A.,**

Offers Exceptional Advantages of location for skilful and scientific methods in the treatment of Nervous and Mild Mental Diseases, Drug and Alcoholic Addiction and General Invalidism.

**THE COTTAGE PLAN** Insures quiet and rest and pleasant associations, while The Environment is that of an Ideal Summer and Winter Resort.

**DR. GIVENS' SANITARIUM**

Employs methods of treatment of the above mentioned ailments, in strict conformance with professional standards  
For Illustrated Prospectus address—

**DR. AMOS J. GIVENS, STAMFORD, CONNECTICUT U. S. A.**

ESTABLISHED

**LEITH HOUSE.**

1818

# Kelley & Glassey

(Successors A. McLeod & Sons.)

## Wine & 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 p. c. for Druggists.)

WHOLESALE AND RETAIL.

Please mention the **MARITIME MEDICAL NEWS.**



## Correspondence.

(St. John Sun.)

ST. JOHN, N. B., Jan. 2, 1904.

To the Editor Daily Sun :

SIR,—Some few weeks ago a number of physicians were summoned before the police magistrate for not reporting births that had occurred in their practice. Believing the act under which it was attempted to prosecute them to be an unjust and unwarrantable interference with their liberty and especially with the confidential relationship which they hold with their patients, they determined to oppose the prosecution and fight the matter through. The following letter from Dr. L. A. Currey, who was retained as their counsel, gives the result of the action taken.

In the Police Court of the City of Saint John.

The King on the information of  
John B. Jones v.

Murray Maclaren, M. D., and  
certain other Medical Practitioners  
of the City of St. John :

Dear Sir,—I hereby beg to notify you that the information in the above matter, and all other informations against medical practitioners in the city of St. John, laid under and by virtue of the Vital Statutes Acts of the Legislature of the Province of New Brunswick, have been withdrawn by the prosecutor and are at an end, and that it is not necessary for you to further attend the hearing of the above or any of the informations either personally or by counsel.

The action of the prosecution in the withdrawal of said informations was not brought about by any request or otherwise on the part of your counsel, but was the voluntary act of the prosecutor, and for reasons best known to himself or those who represent him.

I attended at the return of the informations and at all the subsequent adjournments, either personally or by my partner, and was on each and every occasion of said adjournment ready to proceed with the defense on the grounds outlined by me to your society at the meeting held some weeks ago in your rooms.

Should future action be taken at any time against your honorable body, I consider the same grounds of objection would be equally as available and tenable as in the present case, had they proceeded to full hearing and disposal thereof.

I may add that the further I have carried my legal investigation and research into the validity of said acts, the more I am convinced of their unconstitutionality, and that the sole and exclusive right to legislate with reference to vital and all other statistical matters, belongs not to the local legislators, but to the Parliament of Canada.

L. A. CURREY,  
Counsel for Medical Practitioners.

December 16th, 1903.  
To J. W. Daniel, M. D., Chairman.

---

From this it appears that Dr. Currey believes the whole act to be ultra vires the provincial legislature, and as the law officers of the Government have withdrawn the prosecutions, it would appear that they must agree with that opinion.

As the physicians have been criticised in some quarters for their refusal to carry out this Act, the undersigned were appointed a committee to give the press some of their reasons for so doing, in order that the public may have a clearer idea of the matter than they have at present.

When this Act was first passed it did not compel physicians to report, although they were mentioned, and it was unnecessary for us to take action. Last winter, however, John B. Jones obtained an amendment compelling physicians to report to him with a number of details within five days of its occurrence of every birth attended by them, under a penalty not exceeding twenty dollars or imprisonment in the county jail. Some physicians did make returns, and had the humiliation of finding a number of their patients in the police court to answer a charge of neglecting to register births, and the charge was to be proved on the evidence of the physician. In other words, the physician was made a spy and informer on his patients, and that under a heavy penalty. From the physician's standpoint such an Act is most abhorrent, destroying at once the confidential relationship existing between physician and patient and making them unwilling perjurers in breaking the oath.

they took on graduation to preserve inviolate all information coming to them through the necessary confidences of their patients. This is our great objection. We also object to being made statistical officers without our knowledge or consent and without remuneration.

That John B. Jones should be able to get an Act passed by the legislature exploiting the gratuitous services of the whole medical profession in the county to collect statistics, and incidentally, to assist him materially in making a living, without their being consulted in any way, is a circumstance that requires more explanation than has been given of it.

We believe that no class of citizens in the community is more law abiding and more honorable in its dealings than the physicians; no other class of persons has ever been compelled to do professional work for the public for nothing, and penalized for neglect. We are tired of legislation of this kind and think it is time it was stopped.

The objections taken to the Acts by our counsel, Dr. L. A. Currey, may be summarized as follows:

1st.—The Acts under which these prosecutions were brought are ultra vires the Provincial Legislature.

2nd.—The gratuitous duty imposed on medical practitioners by said Acts is repugnant to natural justice and is not of such a public nature as authorizes the legislature to impose the same.

3rd.—The above Acts require (a) medical practitioners to become informants on their patients, and render the latter liable to a penalty; (b) to violate their professional oaths in making a public record of facts which are often of a delicate and confidential character; (c) to perform gratuitous services for which another person receives remuneration.

Yours truly,

J. W. DANIEL, M. D.,  
THOMAS WALKER, M. D.

# THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

---

---

VOL. XVI. HALIFAX, N. S., FEBRUARY, 1904.

No. 2

---

---

## Editorial.

### VALUE OF WATER IN THE TREATMENT OF TYPHOID FEVER.

The January issue of the *London Practitioner* is a symposium on typhoid fever. Every aspect of the disease is fully discussed, and three very complete papers deal with the treatment. The article by Dr. McRae gives a very full exposition of the methods followed in Dr. Osler's clinic at the Johns Hopkins Hospital, Baltimore. The diet prescribed is, as a rule, very simple, and consists of milk and albumen water given alternately every two hours; whey is frequently used in place of milk. In a few cases substitutes for milk are used, but beef tea, peptonoids and similar preparations are never given. Alcoholic stimulants are not given unless there is evidence of grave toxæmia, when they are administered freely. There is, perhaps, nothing in these features, but the free use of water is not strongly urged by recent writers. Dr. McRae says: "The need of giving to patients large amounts of water is too often forgotten. Constant emphasis is laid on this and a minimum of three litres of fluid (two and one half quarts) per diem is the rule in this clinic. The endeavour is always made to give larger amounts. Many patients take six or seven litres a day (five or six quarts). The delirious patients are pressed to take it every hour at least. Those who are rational have a supply constantly by the bedside which they are encouraged to drink in addition to the regular feedings. To make sure that a

“typhoid patient is getting enough water requires constant effort on the part of the physician and nurse. The amount of urine passed is a very valuable guide. We consider that too much importance cannot be given to this. Probably, typhoid fever patients suffer more from lack of water than from any other thing. ‘More water’ might well be the motto inscribed in all our typhoid wards. Do not let us forget that our patients will do perfectly well on water alone for some days.”

Summing up the dietary, Dr. McRae says: “Milk whey, egg albumen and large amounts of water comprise our usual dietary. Two rules in regard to feeding are well to keep in mind, ‘too little food rather than too much’ and ‘more water.’ Those who use this simple method do not need to be told of its value; to those who have not used it a thorough trial can be strongly advised.”

### THE PHYSICIAN IN COURT.

---

It is not just in the nature of an average man to receive with perfect equanimity a summons to attend court in the capacity of a witness. With most men, however, it is possible to so arrange one's day that obedience to such summons may discommode but little, and probably incur no loss. Under such circumstances, the main cause for complaint is the element of compulsion, against which the spirit of independence instinctively rebels—especially when, as all too often happens, the zeal of our friends of the legal profession for the dispensation of justice leaves quite out of consideration the convenience of those upon whose assistance they are forced to depend. But with the medical witness, attendance upon the court is not only an inconvenience; it may mean calamity; it may mean rank injustice to the physician and to a patient whose condition may be so critical as to require his immediate and constant attention. The physician, unlike those of other callings, is unable to arrange his programme for the day so as to be able to attend upon the court at the hour demanded. But the court takes no cognizance of this fact, and its ruling is, in effect, that the court must be obeyed, no matter what the loss to the witness, whether it be that of a possible fee only or that of a patient's life.

While speaking in this general way, we feel that additional reason

for protest on the part of the medical profession is found in the fact that not all judges and not all lawyers are so unreasonable as the above statement would indicate. Many members of our profession can recall with gratitude instances in which their convenience has been courteously considered by the court, and that without loss of time or of dignity. When such consideration can be shown at one time, it is difficult to understand why it should not be shown at all times.

We suspect that the fault may, with some reason, in at least some instances, be traced back to the action of a certain class of physicians who show an apparent fondness for appearance in court, or at any rate do not seem reluctant to respond to a summons. Doubtless every community of considerable size is blessed (?) with the presence of a doctor whose taste is for the court-room. Such a doctor soon wins a reputation for himself, and the legal lights quickly learn of his usefulness to them, although they quietly laugh up their sleeves at the readiness with which he essays their cause. Much amusement has been afforded a recent court by the evidence of a medical witness that certain findings in the urine might be held as excuse for theft. Is it any wonder that lawyers feel that they can get what they want out of a medical witness when one will go on the stand and give such testimony as that? And is it any wonder that the discussion which such testimony is certain to create should find its way far beyond the precincts of the court-room and do untold harm to the reputation, not only of the witness himself, but of the whole profession?

While, then, we may occasionally have cause to rebel against what seems to be all but tyranny on the part of the court, we must acknowledge that encouragement to such action is not infrequently given by members of our own profession. If physicians would but realize this and exercise at least common sense when called upon to give evidence at a court of law, much of the occasion for grievance would undoubtedly disappear and the condition of which we complain would gradually right itself.

## Society Meetings.

### THE LUNENBURG-QUEENS MEDICAL SOCIETY.

The regular January session of the Lunenburg-Queens Medical Society was held on January 21st in the town council chamber, Lunenburg. The attendance was good, members being present from Lunenburg, Bridgewater, Mahone Bay, Rose Bay, New Germany and Chester.

The entire afternoon session was taken up with a general discussion on "Pneumonia." The discussion, which was opened with an excellent paper by Dr. H. A. March, was taken part in by every member present. Great interest was displayed and it was the general expression that more real benefit was to be derived from the meetings if practical subjects were discussed, rather than the whole time be employed in reading papers and discussing cases.

At the evening meeting papers were read and freely discussed. Dr. Burrell of Lunenburg, on "Perineorrhaphy;" Dr. Hebb of Chester, on "Diagnosis." Dr. Macdonald, of Rose Bay, reported a case and exhibited photographs and skiagraphs of a monstrosity, presenting anterior duplicity, occurring in his own practice, the second recorded case of such occurring in Canada.

After the evening meeting the Lunenburg members invited the society to a turkey supper at Miller's restaurant. This was a most enjoyable function. The following toasts were proposed and replied to in a surprising display of oratory: "The King and the Profession," "Other Professions," "The Druggists," "The Medical Men of Lunenburg Town," "Our Next Merry Meeting." This was a very pleasant closing of an interesting and profitable session. The next meeting will be held at Bridgewater in June.

---

COUGH AND RESTLESSNESS IN PNEUMONIA—Dr. W. J. Parker, truthfully states in the January *Medical World*, that "The season for pneumonia is here" and it may be of interest to our readers to know that he has found an excellent remedy for the cough and restlessness which are such distressing symptoms of this dreadful malady in antikamnia and heroin tablets. Each of these tablets contain five grains of antikamnia and one-twelfth grain heroin hydrochloride and the dosage is one tablet every two or three hours according to the exigencies of the case, or at the discretion of the attending physician. We may also add, that Professor Uriel S. Boone, of The College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving the accompanying spasmodic coughs and muscular pain.

## N. S. BRANCH OF BRITISH MEDICAL ASSOCIATION PROGRAMME.

The following is the plan of the agenda for the remainder of the session :

March 2nd—Paper on "Iritis," by Dr. W. G. Putnam, of Yarmouth, N. S. Discussion by Dr. Kirkpatrick and others.

March 16th—Paper by Dr. John Stewart, "Carbolic Acid in Surgery;" also paper by Dr. M. Chisholm.

March 30th—Paper by Dr. H. K. McDonald, Lunenburg, N. S. Subject to be announced.

April 13th—"History of Medical Society in Halifax." Paper by Dr. D. A. Campbell.

Discussion on "Diseases of the Prostate Gland," by Drs. Murphy, Ross and others.

Additions and changes to the above programme may be made as occasion arises. Members and all visiting practitioners from all parts are welcome. Any medical gentleman willing to contribute a paper will kindly communicate with the Secretary, Wm. D. Forrest, M. D., Pleasant street, Halifax.

---

### Personals.

Dr. J. W. Daniel, of our editorial staff, was elected at the recent by-election to represent the Conservative interests for St. John in the Dominion Parliament.

Dr. M. D. Morrison, of Old Bridgeport, C. B., recently returned from Great Britain, where he had been pursuing post graduate work for several months.

Dr. A. I. Mader, of this city, had the misfortune to break his left thigh on the 15th inst. by the upsetting of his sleigh. Under the care of Dr. N. E. McKay and assistants he is progressing favorably.

Dr. A. Thompson, of Dawson City, is on a short visit to his old home at Elmsdale prior to proceeding to London for post graduate work. Dr. Thompson is a Dalhousie graduate and has had a prosperous career.



Dr. F. F. Kelly, of Charlottetown, was elected mayor of that city at the last civic contest by a large majority.

Dr. J. B. Travers, acting superintendent of the Provincial Asylum at St. John, and Mrs. Young, formerly matron of the same institution, were recently married at Chicago.

Miss Harriet Germaine, a popular nurse at the Victoria General Hospital, died on the 11th inst. from acute nephritis complicated by peritonitis. Miss Germaine was a cousin of Dr. W. H. Macdonald, of Rose Bay, and her sudden death, after an illness of less than five days cast a gloom over the institution.

---

## Obituary.

---

DR. C. R. SHAUGHNESSY.—Dr. C. R. Shaughnessy died at his home in St. Stephen on the 2nd February. The news will be heard with regret by the large circle of friends he had made in St. John during his brief residence in that city. Dr. Shaughnessy was a native of St. Stephen. He graduated at McGill University, and afterwards spent a year on the staff of a hospital at Ottawa. Coming to St. John he commenced the practice of his profession, and was becoming fairly well established, when he was prostrated by illness from the effects of which he never recovered. A short time ago he went to the Adirondacks, but he was soon obliged to return, without benefit.

Dr. Shaughnessy held the office of secretary to the St. John Medical Society, and was very painstaking and thorough in his secretarial work. It was during this period that he suffered from a severe hæmoptysis, the first symptom of a rapidly progressive illness.

Several valuable contributions from the pen of Dr. Shaughnessy have appeared in the NEWS, including "The Physician's Professional Rights and Duties" and "The Cocaine Habit." The NEWS extends its sympathy to his bereaved relatives.

---

For some time the drug market has been flooded with numerous preparations for recent and chronic coughs. One that can be well recommended is Pinocodeine (Frosst), whose exact formula is published on another page.

## Book Reviews.

**THE PRACTICAL CARE OF THE BABY**—By Theron Wendell Kilmer, M. D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine, Etc., Etc., with sixty-eight illustrations. Published by the F. A. Davis Company, Philadelphia.

This little book is for the guidance of the young mother and the nurse whose experience in the care of children has been limited. It is written in very plain language, with consistent avoidance of technical terms, and all directions are given so clearly that they cannot be misunderstood. All the matters which ordinarily require attention in the nursing of children are dealt with in a straightforward and practical manner. The book is one which could very safely be put in the hands of any young mother, and we think the physician should be acquainted with it. Anyone who is required to assume the care of a child for the first time would be grateful for having the book recommended to her.

**INTERNATIONAL CLINICS**—A Quarterly of Illustrated Lectures and Especially Prepared Original Articles, by Leading Members of the Medical Profession throughout the World. Volume III, Thirteenth Series, 1903. Published by J. B. Lippincott Company, Philadelphia; Canadian Representative, Charles Roberts, 1524 Ontario Street, Montreal.

The CLINICS have so often been reviewed and commended in our pages that it is superfluous to reiterate further on their value to a physician's library. In the volume before us, over a hundred pages deal with "Diseases of the Gall-Bladder and Gall-Ducts;" different phases of this important class of disease being written by J. H. Mcusser, of Philadelphia; R. D. Rudolph, of Toronto; C. G. Stockton, of Buffalo; F. P. Weber, of London; F. Legars, of Paris; and J. B. Deaver, of Philadelphia. A concise and useful article on "The Treatment of Pneumonia" is from the pen of Dr. David W. Finlay, Professor of Medicine in the University of Aberdeen. Dr. Albert Robin, of Paris, has a clinical lecture on "The Medical Treatment of Gastric Cancer" which contains valuable suggestions for the care of patients suffering from this serious malady. "Cocain Anesthesia," by Dr. J. A. Bodine, of New York; "General Anesthesia," by Dr. John A. Lewis, of Georgetown, and "Asepsis and Antiseptics," by Professor Lucas-Championniere of Paris, will likewise prove of much interest and practical benefit to readers.

**SURGICAL ANATOMY AND OPERATIVE SURGERY FOR STUDENTS AND PRACTITIONERS.** By John J. McGrath, M. D., Professor of Surgical Anatomy and Operative Surgery at the New York Post Graduate Medical School, Visiting Surgeon to the Harlem Hospital, and Assistant Visiting Surgeon to the Columbus Hospital, New York. With 227 Illustrations, including colors and halftones. F. A. Davis Co., Philadelphia, Publishers.

This is a handy one-volume manual of practical surgery, with sufficient anatomical review of parts to be operated on. The plan of the work is to take the body in regions, e. g.: head and face, neck and tongue, thorax, to give a short resumé of the surgical anatomy, and then to describe the operations practised for the various surgical affections of this region.

Upon the whole the work is concise and clear. The style is in some places rather elliptical, and yet the meaning is clear. In some respects there is too much detail, or rather, an introduction of unnecessary matter. For instance: while the author in his preface states that he has endeavoured to exclude "all those anatomical considerations that are purely technical and not of practical value in the performance of surgical operations" he has occupied several pages with an account of the development, in the embryo, of the abnormalities of the face.

Side by side with such unnecessary detail, we find occasional lack of sufficient precision, as for instance in describing tamponade, (p. 10.) where the essential hydrostatic principle on which the practice of plugging is based, viz: that the apex of the plug should be fitted as tightly as possible into the bottom of the wound is not brought out.

The diagram of the side of the skull on p. 41 is not of much value, nor are there any clear rules for cerebral localization. An account of Chiene's simple method of mapping out the various areas open to surgical interference would be valuable.

In describing removal of the tongue, first place is given to Kocher's operation, which he himself has abandoned, and Whitehead's operation, which is probably the best, is relegated to last place—and recommended only for removal of half the tongue.

There is a good description of the surgical anatomy of the thorax, well illustrated. We note that the regions of the thorax are described in plain English, but the abdominal areas are dignified with scientific Latin.

The author credits Schlatter with the first gastrectomy; it would be more correct to say "the first successful gastrectomy."

On p. 257 there is a brief, clear and excellent description of end to end anastomosis of intestine; indeed the whole section on abdominal work is good.

We are surprised to find packing of the rectum recommended after ligation of piles. We believe it to be totally unnecessary. If the base of the pile is transfixed by the ligature it will not slip. And if the rectum is to be packed, some provision should be made for the escape of flatus.

The description of operations for hernia is very clear. Only the methods of Bassini and Halsted are described. We think room might have been found for the simpler rapid method of Kocher.

It is a surprise to find no mention of Wheelhouse's operation for impermeable stricture.

In giving the course of the femoral artery, the author places it at the level of Poupart's ligament, as midway between the anterior superior spine of the ilium and the spine of the pubic bone. Quain, Wilson, Holden and others, give the symphysis of the pubis and not the spine.

In describing Syme's amputation at the ankle we have a fine illustration of how not to do it. The operation doubtless succeeds in removing the foot, but it is not Syme's operation. It is the reverse in almost every respect. But we are accustomed to this looseness of description in text books. If a surgeon finds it easier and better to remove the foot by cutting from the front let him do so, but he should not call his operation "Syme's amputation."

No note is made of Bier's osteoplastic amputation, nor of Lister's valuable modification of Carden's operation through the condyles. In describing suture of the patella, a vertical incision is recommended. We think a flap is a much better method, both during operation and in subsequent healing. We are surprised too that passive motion is not begun until the fourth week. Fourth day would be nearer the mark. No mention is made of ankylosis of the hip or its treatment.

THE AMERICAN JOURNAL OF ORTHOPEDIC SURGERY, which will be published quarterly by the American Orthopedic Association, replaces the "Transactions" of this Association, the first volume of the new journal being Vol. XVI. of the Transactions. We note with pleasure the name of our countryman, B. E. Mackenzie, of Toronto, as one of the three members of the editorial committee.

The journal begins well. It has a good appearance and is well printed, in large type and on good paper. The illustrations also are very good. There are good articles by Gibney and Bradford on deformity of the hip joint, both authors favoring Gaut's subtrochanteric osteotomy.

Lovett's paper on "painful affections of the feet among trained nurses" based on 500 observations is interesting and instructive.

There is an excellent and very full and well classified abstract of the recent literature of Orthopedic Surgery.

---

## Notes.

SANMETTO INCOMPARABLE IN INFLAMMATORY CONDITIONS OF THE URINARY TRACT.—I have used Sanmetto in the various inflammatory conditions of the urinary tract, especially in acute cystitis and prostatitis, with good results. Other preparations on the market that are said to be the same are not to be compared with Sanmetto.—  
Shelbyville, Ind. H. E. PHARES, M. D.

SHADOW AND SUBSTANCE.—Now that the cod liver oil season is in full swing and the large and growing demand for this article made more apparent by the great scarcity of pure oil, the profession is better able to realize the position occupied by Scott's Emulsion. Every winter there is introduced at least one new cod liver oil preparation and until the following spring every inducement is made to unload it upon the public.

This year has been no exception, despite the great scarcity of pure cod liver oil. It is by reason of this latter condition that the profession should be careful what it recommends and uses in the way of cod liver oil preparations that are not absolutely guaranteed. With cod liver oil selling at unheard of prices the composition of some so-called emulsions, wines, extracts, etc., is likely to be far below the standard and comparatively worthless.

It has been a great protection to the profession to know that Scott's Emulsion has maintained its position as the standard emulsion of cod liver oil during this unsettled time and that its quality and purity have not been changed in the slightest particular. Its popularity has never been menaced or its usefulness superceded by any of the hundreds of imitations that have come and gone since Scott's Emulsion was first offered for sale. Its success is due to the fact that it is the substance and not the shadow of cod liver oil.

AN OBSTETRICAL ASSISTANT.—The wide range of usefulness of Hayden's Viburnum Compound in Obstetrical Practice should make for it a place in every obstetrical satchel. In many instances the physician is not called in until threatening symptoms manifest themselves, which to the trained obstetrician points to abortion. Unless prompt action is taken premature birth will result. "H. V. C." exerts a sedative effect upon the nervous system and controls uterine contraction and hemorrhage. Through the three stages of labor its usefulness manifests itself. The spasmodic rigidity of the os is relaxed; after pains and dangerous flooding are controlled; and in all it is a most important addition to the obstetrical armamentarium; it is not a narcotic and offers all the advantages of ergot without its dangerous after effects.

## THREATENED ABORTION

In these cases Hayden's Viburnum Compound exerts a sedative effect upon the nervous system, arrests uterine contraction and hemorrhage and prevents miscarriage. It has proven of special service in habitual abortion.

## THE RIGID OS

This condition, which prolongs labor and so rapidly exhausts the patient and endangers the life of the fetus is of common occurrence. H. V. C. acts most promptly and effectively and is not a narcotic. No less an authority than H. MARION SIMS, M.D., said:

"I have prescribed Hayden's Viburnum Compound in cases of labor with Rigid Os with good success."

A more convincing argument could not be presented.

## POSITIVE RESULTS IN OBSTETRICAL PRACTICE

WHEN YOU PRESCRIBE

**H. V. C.**  
(Hayden's) (Viburnum) (Compound)

## AFTER-PAINS

The value of H. V. C. after the third stage of labor cannot be overestimated. Its antispasmodic and analgesic action modifies and relieves the distressing afterpains and quiets the nervous condition of the patient. By promoting the tonicity of the pelvic arterial system it prevents flooding and thus eliminates the dangerous element in obstetrical practice.

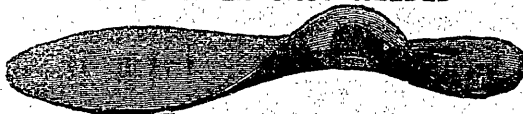
## A WARNING

The enviable reputation of the Viburnum Compound of Dr. Hayden, H. V. C., in obstetrics and in the treatment of diseases of women, has encouraged unscrupulous manufacturers to imitate this time-tried remedy. If you desire results, you must use the genuine only—beware of substitution.

LITERATURE ON REQUEST AND SAMPLE BY PAYING EXPRESS CHARGES.  
NEW YORK PHARMACEUTICAL CO., Bedford Springs, Mass.

## HOLLAND'S IMPROVED INSTEP ARCH SUPPORTER.

NO PLASTER CAST NEEDED.



A Positive Relief and Cure for FLAT-FOOT,

**80%** of Cases treated for Rheumatism, Rheumatic Gout and Rheumatic Arthritis of the Ankle Joint are Flat-Foot.

The introduction of the improved *Instep Arch Supporter* has caused a revolution in the treatment of *Flat-foot*, obviating as it does the necessity of taking a plaster cast of the deformed foot.

The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these Supporters as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the *heavy, rigid, metallic plates* formerly used.

These Supporters are highly recommended by physicians for children who often suffer from *flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

Sole Agents for Canada: **LYMAN, SONS & CO.** Surgical Specialists.  
380-386 ST. PAULS 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.

W. D. CHEM. CO., NEW YORK.

**AN UNPARALLELED  
RECORD.** . . . .

FOR FORTY YEARS THE  
STANDARD IRON TONIC AND  
RECONSTRUCTIVE. . . .

## WHEELER'S TISSUE PHOSPHATES

Has secured its remarkable prestige in Tuberculosis and all Wasting Diseases. Convalescence, Gestation, Lactation, etc., by maintaining the perfect digestion and assimilation of food as well as of the Iron and other Phosphates it contains.

*AS RELIABLE IN DYSPEPSIA AS QUININE IN AGUE!*

Send for interesting Literature on the Phosphates.

**T. B. WHEELER, MONTREAL, CANADA.**

To prevent substitution, in Pound Bottles only at One Dollar. Samples no longer furnished

**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

165 BARRINGTON STREET, - HALIFAX, N. S.

**DOCTORS** 

Require the very best Cloth in their clothing; something that will stand all kinds of weather and still look well. We carry a splendid range of Scotch and Irish suitings, the best goods made, and sell them at a reasonable price. . . . .

**E. MAXWELL & SON, Tailors.**

132 Granville Street, Halifax, N. S.

Mere **chemical resemblance** does not imply **similarity in physiological action**. There are many foods that approximate chemically to

---

---

# LACTO-GLOBULIN

---

---

but there is **no food** that has the **same physiological action**.

---

The ease with which it is assimilated, and the entire absence of irritation to the gastro-intestinal tract, even when used continuously for a long period, make LACTO GLOBULIN a naturally indicated food in all **febrile** and **asthenic conditions**.

---

As an adjuvant to treatment, the intelligent use of LACTO-GLOBULIN invariably gives definite results.

---

**AN ABSOLUTELY SCIENTIFIC PRODUCT  
MADE FROM PURE FRESH MILK.**

---

Sold by Druggists at 50c. and \$1.00 per package.

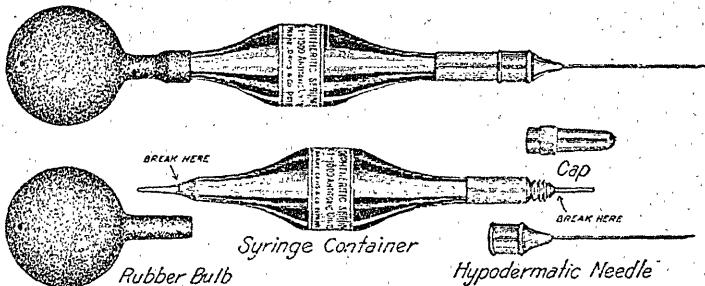
---

**Lacto-Globulin Co.,**  
LIMITED.

**795 CRAIG STREET, MONTREAL.**

# ANTIDIPHThERITIC SERUM

## PACKAGE A - BULB SYRINGE CONTAINER



## PURITY! POTENCY! CONVENIENCE!

PARKE, DAVIS & Co.'s ANTIDIPHThERITIC SERUM is world-renowned for its purity and potency. It is prepared with extraordinary care. It is rigidly tested. It is put up in hermetically sealed glass containers, effectually preserving it from contamination.

### EVERY PACKAGE A STERILE SYRINGE.

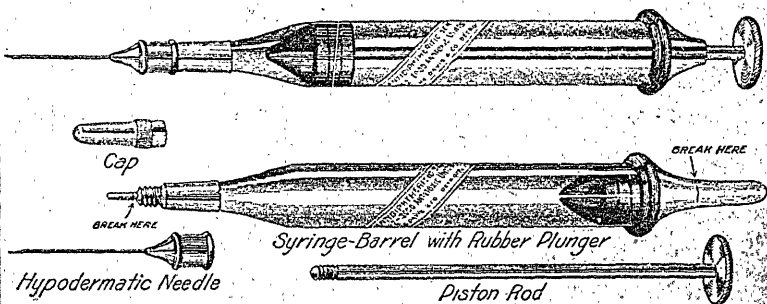
Our ready-to-use bulb and piston syringes are the most practical and satisfactory of their kind. They are strictly aseptic and easily operated.

ALWAYS SPECIFY PARKE, DAVIS & CO. AND GET THE BEST.

(Package A supplied on unspecified orders.)

## PARKE, DAVIS & COMPANY

## PACKAGE C - PISTON SYRINGE CONTAINER



ADDRESS US AT WALKERVILLE, ONT.