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THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XI. HALIFAX, NOVA SCOTIA, MAY, 1899. No. 5.

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

THE GREAT FACT IN MODERN MEDICINE:

"The Blood is the Life,"
And Where Nature fails to make Good Blood,
WE CAN INTRODUCE IT.

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock,
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE "ANTITOXIN" of Healthy Nature.

In the more enlightened progress of Modern Medicine, "Blood-letting" has given place to Blood-*getting*.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man's assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

TRY IT IN PRACTICE.

TRY it in ***Anæmia,*** measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

Try it in ***Consumption,*** with the same tests from week to week.

Try it in ***Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in ***Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by ***subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution!*

Try it on ***Chronic Ulceration,*** in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality.*

Try it in ***Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

Try it on the ***Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on ***anything,*** except plethora or unreduced inflammation; but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

A New Hand-book of Hæmatherapy for 1898, epitomizing the clinical experience of the previous three or four years, from the extensive reports of Hospital and private practice. To be obtained of

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

LEEMING, MILES & CO., Montreal, Sole Agents for the Dominion of Canada.

POST GRADUATE COURSE, 1899.

McGILL UNIVERSITY, MONTREAL.

FACULTY OF MEDICINE.

The fourth special course of instruction for general practitioners has been arranged by the members of the Medical Faculty of McGill University. This course begins **Tuesday, May 2nd.** and closes **June 10th, 1899.**

The courses will consist of:—

(*a*) LABORATORY COURSES.

Systematic laboratory instruction will be given from 9 to 10.30 every morning in Microscopical Methods, Clinical Microscopy and Clinical Bacteriology, including the histology of blood in disease, and serum diagnosis. These courses will be conducted by Profs. Adami & Wyatt Johnston, assisted by Drs. C. F. Martin, N. D. Gunn, Nichols, Anderson and Yates. A course of operative surgery on the cadaver will be given by Prof. Armstrong from 5 to 6 p. m. during the second, third and fourth weeks of the course.

(*b*) LABORATORY AND SPECIAL DEMONSTRATIONS.

These demonstrations will be given daily from 10.30 to midday and will consist of one or more, as required, of the following:—Modern treatment of Diphtheria, Prof. Finley; Operative Midwifery, Prof. J. C. Cameron; Mental Diseases, Dr. Burgess; Medico Legal Autopsy Methods, Prof. Wyatt Johnson; Clinical use of Rontgen Rays, Prof. Girdwood; Illustrations of the Graphic Method as applied to Physiology and Clinical Medicine, Prof. W. Mills; Anatomical demonstrations on the Cadaver, Dr. McCarthy; Surgical Anatomy, Dr. Elder; Clinical Chemistry & Urinalysis, Prof. Ruttan; Morbid Anatomy of certain diseases, Prof. Adami; Infant Feeding (Modified milk etc.,) Dr. Evans.

(*c*) MEDICAL AND SURGICAL CLINICS.

For four days each week, during the first two hours of the afternoon, there will be clinics on groups of cases in the wards of the Montreal General and Royal Victoria Hospitals. Those given in the **Medical Wards** of the Montreal General Hospital will be given by Profs. Blackader and Lafleur; in the **Surgical Wards** by Prof. Shepherd and Dr. Elder; in the **Royal Victoria Hospital Medical Wards** by Prof. James Stewart and Dr. C. F. Martin; in the **Surgical Wards** by Prof. Bell and Dr. Garrow.

(*d*) CLINICS IN SPECIAL DEPARTMENTS OF MEDICINE AND SURGERY.

One or more of these clinics will be given in the hospitals each afternoon, after the regular medical or surgical clinic and during the entire afternoon on Wednesday and Saturday of each week.

The following special clinics will be given:—

Ophthalmology in the Royal Victoria Hospital by Prof. Buller: in the Montreal General Hospital by Dr. J. Gardner; Dermatology, Prof. Shepherd: Genito-Urinary Surgery, Prof. Bell; Orthopedics, Dr. C. W. Wilson; Laryngology, Prof. Birkett and Dr. Hamilton; Gynæcology, Prof. Wm. Gardner and Dr. Webster in the Royal Victoria Hospital, and Dr. Lockhart in the Montreal General Hospital; Aseptic Midwifery (at the Montreal Maternity Hospital) Prof. J. C. Cameron; Diseases of Children, Prof. Blackader and Dr. G. G. Campbell.

The above course of instruction is given wholly apart from the regular lectures, clinics, etc., for undergraduates in medicine. Graduates may enter on the course anytime.

The fees for full course, including hospitals, fees $50. If any graduate so desires he may devote his entire time to any one or two subjects.

Practitioners who purpose attending this course may obtain fuller details on application, after March next, to

PROF. R. F. RUTTAN, M. D., Registrar.

1899.

Maritime Medical Association.

NINTH ANNUAL MEETING.

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

Extract from Constitution.

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

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

R. McNEILL,
President,
STANLEY BRIDGE, P. E. I.

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

1899

The New Brunswick Medical Society

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

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

A. B. ATHERTON, M. D., President.

G. C. VANWART, M. D. Secretary.

31st ANNUAL MEETING

— OF THE —

Medical Society of Nova Scotia,

— WILL BE HELD AT —

TRURO, on WEDNESDAY and THURSDAY, JULY 5th and 6th.

All who intend to read papers or present cases, will kindly notify the Secretary at once.

JOHN McMILLAN, M. D., President, Pictou, N S

W. S. MUIR, M. D., Secretary, Truro, N. S.

NERVOUS INSTABILITY,

impaired co-ordination, insomnia, disordered digestion, and the protean neurotic manifestations which make up the symptom-group of Neurasthenia are all, according to a recent writer, "**primarily anæmic**" in origin. It logically follows, therefore, that the essential therapeutic indication is to "build up" and enrich the blood——

Pepto-Mangan ("Gude")

IRON AND MANGANESE
IN NEUTRAL ORGANIC COMBINATION

provides a readily available pabulum for corpuscular nutrition and increase and by supplying vital force to the blood stream also feeds and vivifies the nervous system, establishes physiological equilibrium and restores nervous equipoise.

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THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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

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

All manuscript and business correspondence to be addressed to

DR. JAMES ROSS,
87 Hollis Street, Halifax.

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THE

MARITIME MEDICAL NEWS,

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VOL. XI. HALIFAX, N. S., MAY, 1899. No. 5.

Original Communications.

STERILIZATION OF CATGUT.*

By T. J. F. MURPHY, M. D., Halifax, N. S.

I will not take up your valuable time by dwelling on the importance of having a perfectly sterile and reliable catgut.

What is catgut?

Catgut is made from the submucosa of the small intestine of the sheep. Volkman says:—"The process of maceration, by which the mucous, serous and circular muscular constituents of the intestinal wall are prepared for their mechanical removal, involves decomposition and permeation with millions of micro-organisms, among which have been found the bacillus anthrax and its spores."

There are a great many methods of sterilizing catgut. They may be divided for general reference into two methods:—

1st. The method of sterilization by "Antiseptic" means.

2nd. The method of sterilization by "Mechanical" means.

As regards the first method, the best is that which is called "Chromicized Catgut." This has one advantage over the other methods in that while it does not injure, it thoroughly disinfects and toughens the catgut. The stronger the solution the longer the sutures will last.

Morris, of New York by grading the proportions of his preparations, has produced catgut sutures which last as long as 24 days.

Bissell uses bichloride and alcohol.

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

The older methods of juniper oil, carbolic acid and many others, have been abandoned. Some are unreliable and the others impair the suture material. Some surgeons have one objection to chromicized gut, believing it is not suitable for use in the abdominal cavity.

Stinson of San Francisco says (*Philadelphia Medical Journal*, Vol. 2, Page 841.):—"The catgut I use I prepare myself. I may state that two sizes of catgut are all one needs, Nos. 20 and 25, according to the American wire-gauge system. The preferable form of catgut is that put up in bowlines, each about one yard long and rolled separately in bunches."

He further says:—"To prepare the catgut:—

1st. Place the bowlines in ether for several days to remove fat.

2nd. Change to a sterilized vessel containing 1 to 4000 corrosive sublimate in pure ether in which the gut is kept one week to disinfect. To complete the process, and have the material in the most suitable fluid, place the gut in a sterilized bottle, with a screw or other air tight top. Pour in ordinary alcohol to more than cover the gut. The alcohol should fill only half the bottle. Stand the bottle in water which reaches nearly to the lower edge of the screw top. In order not to take a chance of breaking the bottle, stand it on a folded towel, placed in the bottom of a vessel containing the water, which is heated to the boiling point. When the air is driven from the bottle by the boiling alcohol, screw down the top tightly. It takes a couple of minutes to drive off the air. Leave the sealed bottle in the water at the boiling point for fifteen minutes. At the lapse of the time the bottle is removed, allowed to cool, and then the gut is ready for use. There is no danger of an explosion with the top screwed down tightly. If one wishes to chromicize the gut, then after removing it from the bichloride-ether solution, place it in an alcoholic solution of potassium bichromate made as follows:—Take 15 grs. of potassium bichromate, disolve it in an ounce or so of sterilized water, add the chromate solution to a pint of ordinary alcohol (sterilized) Leave the gut in this solution till it is a golden color (usually about 24 hours are sufficient), when it is removed and placed in a sterilized basin and sun dried, which takes a couple of days or longer. The gut is then placed in a sterilized bottle with an air tight top, alcohol is poured in to more than cover the gut, and boiled as already described. The gut is sun dried to get the same effect which is obtained in the process of tanning hides. The bichromate of potash penetrates the tissues of the gut and becomes so intimately associated with the fibrils that it is not

dissolved out by heat and solutions. Only a comparatively short portion of the surgeon's time is engaged during the processes described, in return for which he has an absolutely sterilized material. The tendons, catgut, and silk I use during operations are placed immediately before them, between sterilized folded towels wrung out of 1 to 500 mercuric chloride solution."

Formalin and formaldehyde catgut have not come up to general expectation. However, some prominent surgeons are still using them. Neither the gas nor the solution will destroy spores.

In the *Lancet*, Oct. 22nd, 1898, Kanthack says that formalin is "merely a superficial disinfectant," and that "dust and soil are not sterilized with certainty" by it.

The second method—that of sterilization by "Mechanical" means. Under this head the best known is that of boiling in alcohol under pressure. For a long time this was considered to be the best possible means of sterilizing catgut, and surgeons were inclined to blame their technique more than their surtures for the rather frequent outbreaks of sepsis. But some, among others Dr. Howard Kelly of Baltimore, boldly accused the catgut, or rather the method of preparing it.

König's method then came into use.

This consisted in first subjecting the catgut to a temperature of 75°C (167°F) in a sand bath and keeping it there one hour to drive off the hygroscopic water. Then it was placed in cumol, which was raised to a temperature of 165°C (330°F). This temperature was sustained for one hour. Then the catgut was placed in benzine; and so kept ready for use. But the pathologists of the Johns Hopkins hospital found that benzine itself was not sterile and that it reinfected the catgut. Then Dr. Kelly devised the following plan:—

First cut the catgut into suitable lengths, next twist them into "figure of eight" and tie, so as to easily slip them into an ignition tube. Then subject the catgut to a temperature of 80°C (176F°) for one hour, to drive off the hygroscopic water. Next put in cumol and raise it to a temperature of 165°C (330°F) and keep it at that for one hour. Now draw off the cumol and keep the catgut in the sand-bath at a temperature of 80°C (176°F) to dry it. This takes one hour. Then finally put the catgut with sterilized forceps into sterilized ignition tubes, and cork with sterilized absorbent cotton.

Here you have a catgut perfectly sterile, flexible and unimpaired in the slightest degree, by the long and tedious process through which it

has gone. This catgut lasts from eight to ten days. Now at times it might be desirable to have this catgut last a little longer, as for instance in an operation for the radical cure of hernia. This can be done by soaking the catgut, first prepared as above, in a solution of bichromate of potash ℥i—℥ii to ℥xx. Boil this solution and immerse the catgut in it and keep it there a week or longer, either dry in a sand-bath at a low temperature or keep it permanently in it, until ready for use. This catgut will last fifteen days or more.

When I first began to use cumol catgut, I prepared it with a glass beaker, imbedded in sand in a butter-crock. I boiled the cumol at about 175°C, which made it thick, turbulent and brownish-yellow, and after using it once it had to be thrown away. I had two accidents, caused by the vapour of the cumol becoming ignited.

Miss Pride, the Halifax Superintendent of the Victorian Order of Nurses, states that they had two fires at the Waltham hospital from a similar occurrence.

Dr. Howard Kelly in his book on "Operative Gynæcology" makes mention of a similar event.

This apparatus—a cumol sterilizer, which I now present, is made after the pattern given in Kelly's work. It was made in Halifax, and consists of an internal cylinder of copper, six inches in diameter, eight inches in depth, and an external cylinder which is separated from the other by a space of an inch. This space is filled with sand. The top of the external cylinder comes within an inch and one-half (1½ inches) of the top of the internal cylinder. A copper cover which has a flange, is fitted tightly by means of three thumb screws, to another flange which projects from the edge of the internal cylinder. There is a glass gauge to show the height of the cumol in the internal cylinder, a funnel to pour the cumol in and a tap to let it out, at the end of the second step in the sterilizing process. A thermometer passes through the cover and registers the temperature, and a pipe to which a rubber tube is attached carries away the vapour. By means of this apparatus the above process can be gone through with perfect safety, and if the temperature of the cumol be not raised above 165° C. (330° F.) it can be drawn off and used again.

Boeckman's method of dry heat, much used by surgeons, consists in subjecting catgut in an oven to a temperature of about 140° C. This makes it absolutely sterile but renders the catgut rather brittle. This objection also applies to the Tschering method. (*Phil. Med. Journal*

quoting from *Lancet* of Oct. 22nd, 1898. "The following is the method of sterilizing catgut by hot air, adopted by Tschering, of Copenhagen.

Ordinary commercial catgut is placed on trays between sheets of cellulose paper and heated for six hours consecutively; for the first hour at the temperature of 60° C., for the second and third hours at 100° C., and for the fourth, fifth and sixth 140° C. The catgut is then wrapped up and closely sealed in an envelope of cellulose paper, which is in turn enclosed in a second envelope, and subjected for another two hours at 140° C. The sterilization is thus effected by dry heat alone. The simplicity of the method is its most attractive feature."

I fail to see the simplicity in the above method. As a matter of fact to have catgut properly prepared, it takes as much elaboration of technique as does the most serious operation. The hands I disinfect by the permanganate of potash and oxalic acid method, and aprons, gloves, tubes or receptacles, towels, etc., are sterilized by steam. Forceps are boiled.

NOMENCLATURE OF DISEASES

(Causes of Death—Causes of Incapacity for Labour.)

By Jacques Bertillon, M. D., Paris.

Most of the nomenclatures now in use are derived more or less directly from that of William Farr, in which diseases are classed for the most part, *according to their anatomical seat, and not according to their nature.* This is evidently right, since the progress of science constantly modifies the opinion of physicians as to the nature of diseases, and consequently, a statistical nomenclature should be modified with the least possible frequency in order to admit of comparison with those of an earlier date. The diseases of each system of organs should be grouped together; for example, the nervous system, the circulatory, the respiratory, the digestive, the genito-urinary, the affections of the skin, and those of the organs of locomotion (bones, joints, muscles). Besides these diseases, the seat of which is known, there are others which involve the whole organism. Formerly these general diseases were separated into several sub-divisions which to-day are out of date. It is better to group these diseases together, placing at the head of the list those which, with much reason, Dr. Farr called "zymotic"; then those which are termed "virulent"; finally, other general diseases and slow poisons But it would doubtles be a mistake to make these distinctions in a new nomenclature, since we can to-day foresee that they will soon lose the importance which was once attached to them. For example, at the present day, the list of diseases called infectious includes additional diseases which were once classed under other titles. It is better, then, to avoid these classifications which are necessarily only provisional, and are also useless for statistical purposes.

We believe that, in the present state of medical science, we should not attempt to establish a definite grouping of diseases. What significance can be attached to-day to the terms "enthetic, dietic, diathetic" diseases which Dr. Farr proposed for the adoption of the statistical congress of 1855? They have lost all their meaning, and a statistical system which informs us to-day, for example, how many persons died of diathetic diseases conveys but little meaning. But, if the name of the group or sub-division has lost its meaning, the name of any separate

disease still preserves its significance; for example, this group of diseases, the "diathetic" was made up of gout, anæmia, cancer and senile gangrene. These diseases which seem to us to-day so oddly associated, when considered separately still preserve very definitely the meaning which they had in 1855. The history of the past should be our guide for the future. Those diseased groups which once seemed most natural have rapidly lost their alleged value. We cannot, then, employ them in medical statistics if we aim at permanent work. On the contrary, the meaning of each disease taken separately changes much more slowly.

Class I.—General Diseases. (*a*)

1. Typhoid fever.
2. Typhus.
3. Scurvy.
4. Smallpox.
5. Measles.
6. Scarlet fever.
7. Whooping cough.
8. Diphtheria and croup.
9. Influenza.
10. Miliary fever.
11. Asiatic cholera.
12. Cholera nostras.
13. Other epidemic diseases.
    - A. Yellow fever.
    - B. Plague.
    - C. Mumps.
    - D. Others.
14. Pyæmia and septicæmia.
15. Glanders and farcy.
16. Malignant pustule.
17. Rabies.
18. Relapsing fever.
19. Intermittent fever.
20. Malarial cachexia.
21. Pellagra.
22. Tuberculosis.
    - A. Of the lungs.
    - B. Of the meninges
    - C. Of the peritoneum.
    - D. Of the skin.
    - E. Of other organs.
    - F. General.
23. Scrofula.
24. Syphilis.
25. Cancer.
    - A. Of the mouth.
    - B. Of the stomach, liver.
    - C. Of the intestines, rectum.
    - D. Of the female genital organs.
    - E. Of the breast.
    - F. Of the skin.
    - G. Others.
26. Rheumatism.
27. Gout.
28. Diabetes.
29. Exophthalmic goitre.
30. Addison's disease.
31. Leukæmia.
32. Anæmia, chlorosis.
33. Other general diseases.
34. Alcoholism (acute or chronic).
35. Lead poisoning.
36. Other chronic poisonings of occupations.
37. Other chronic poisonings.

(*a*) We have not placed puerperal fever with other infectious diseases, since it would be necessary to place puerperal phlebitis, phlegmasia dolens, etc., in the same class, diseases which most likely are also infectious diseases. All these diseases are inseparable from the other puerperal diseases with which they are too often confounded, under the general term "sequelæ of childbirth," it is then important to make for all the diseases of pregnancy and childbirth a special class.

Class II.—Diseases of the Nervous System and of the Organs of Sense. (*b*)

38. Encephalitis.
39. Simple meningitis.
40. Progressive locomotor ataxia.
41. Progressive muscular atrophy.
42. Cerebral hæmorrhage and congestion.
43. Softening of the brain.
44. Paralysis without indicated cause.
45. General paralysis.
46. Other forms of insanity.
47. Epilepsy.
48. Non-puerperal eclampsia.
49. Convulsions of infants.
50. Tetanus.
51. Chorea.
52. Other diseases of the nervous system. { A. Hysteria. B. Neuralgia. C. Others.
53. Diseases of the eyes.
54. Diseases of the ears.

Class III.—Diseases of the Circulatory System. (*c*)

55. Pericarditis.
56. Endocarditis.
57. Organic diseases of the heart.
58. Angina pectoris.
59. Diseases of the arteries, atheroma, aneurism, etc.
60. Embolism.
61. Varices, varicose ulcers, hæmorrhoids.
62. Phlebitis and other diseases of the veins.
63. Lymphangitis.
64. Other diseases of the lymphatic system.
65. Hæmorrhage.
66. Other diseases of the circulatory system.

Class IV.—Diseases of the Respiratory System. (*d*)

67. Diseases of the nasal fossæ.
68. Diseases of the larynx and thyroid body.
69. Acute bronchitis.
70. Chronic bronchitis.
71. Broncho-pneumonia.
72. Pneumonia.
73. Pleurisy.
74. Congestion and apoplexy of lungs.
75. Gangrene of lungs.
76. Asthma and pulmonary emphysema.
77. Other diseases of respiratory system (phthisis excepted).

(*b*) When epidemic cerebro-spinal meningitis prevails, it will be necessary to double the title *meningitis*.

We must insist upon maintaining the title *paralysis without known cause*. In fact, paralysis is often stated as a cause of death when it can be only a symptom. But the physician is often unable to decide whether the paralysis is due to apoplexy or to cerebral softening.

The title "Convulsions" exists in all existing nomenclatures, and it is always well filled because of the difficulty in locating the disease which has caused the convulsions. This title should, therefore, be retained.

(*c*) We do not employ the title "syncope." This word often means *sudden death without known cause*, a title which figures in Class XIV.

(*d*) We unite emphysema with asthma, since a careful examination is often necessary to distinguish these two diseases which, however, are quite dissimilar in their nature.

Class V.—Diseases of the Digestive System. (e)

78. Diseases of the mouth and adnexa.
79. Diseases of the pharynx and œsophagus.
    - A. Pharynx.
    - B. Œsophagus.
80. Ulcer of stomach.
81. Other diseases of the stomach (cancer excepted).
82. Infantile diarrhœa, athrepsia.
83. Diarrhœa and enteritis.
84. Dysentery.
85. Intestinal parasites.
86. Hernia, intestinal obstructions.
87. Other diseases of the intestines.
    - A. Other diseases of the intestines.
    - B. Diseases of the anus; fæcal fistula.
88. Acute yellow atrophy of the liver (icterus).
89. Hydatid tumor of the liver.
90. Cirrhosis of the liver.
91. Biliary calculi.
92. Other diseases of the liver.
93. Inflammatory peritonitis (non-puerperal).
94. Other diseases of the digestive system, (cancer and tuberculosis excepted).
95. Iliac abscess.

Class VI.—Diseases of the Genito-Urinary System and Adnexa. (f)

96. Acute nephritis.
97. Bright's disease.
98. Perinephritis and perinephritic abscess.
99. Renal calculus.
100. Other diseases of the kidneys and adnexa.
101. Vesical calculi.
102. Diseases of the bladder.
103. Diseases of the urethra.
    - A. Blennorrhagia (males).
    - B. Others (stricture, abscess, etc.
104. Diseases of the prostate.
105. Diseases of the testicle and its envelopes. Orchitis.
106. Other diseases of the male genital organs.
107. Abscess of the pelvis.
108. Periuterine hæmatocele.
109. Metritis.
110. Uterine hæmorrhage (non-puerperal).
111. Uterine tumors (non-cancerous.)
112. Other diseases of the uterus.
113. Ovarian cysts and other ovarian tumors.
114. Other diseases of the female genital organs.
    - A. Blennorrhagia (females).
    - B. Leucorrhœa.
    - C. Others.
115. Non-puerperal diseases of the breast (cancer excepted.)

(e) When epidemic dysentery prevails, it will become necessary to double the title "dysentery."

(f) Following the example of Italy and Switzerland we have made no special title for *urœ*mia, because it constitutes only a consequence of Bright's disease or of diseases of the bladder.

Class VII.—Puerperal Condition. (*g*)

116. Accidents of pregnancy.
116. *bis.* Normal labor.
117. Puerperal hæmorrhage.
118. Other accidents of labor.
119. Puerperal septicæmia.
  - A. Puerperal septicæmia.
  - B. Puerperal phlebitis.
120. Puerperal metroperitonitis.
121. Puerperal albuminuria and eclampsia.
122. Puerperal phlegmasia alba dolens.
123. Other puerperal accidents. Sudden death.
124. Puerperal diseases of the breast.

Class VIII.—Diseases of the Skin and Cellular Tissue. (*h*)

125. Erysipelas.
126. Gangrene.
127. Anthrax, carbuncle.
128. Phlegmon, acute abscess.
129. Other diseases of the skin and adnexa (cancer excepted.)
  - A. Soft chancre.
  - B. Tinea favosa.
  - C. Tinea tonsurans, tricophytosis.
  - D. Alopecia areata
  - E. Scabies.
  - F. Other diseases of the skin and adnexa.

Class IX.—Diseases of the Organs of Locomotion. (*i*)

130. Pott's disease.
131. Cold abscess, symptomatic abscess.
132. Other diseases of bones.
133. White swellings.
134. Other diseases of the joints.
  - A. Arthritis.
  - B. Others.
135. Amputation.
136. Other diseases of organs of locomotion.

(*g*) We distinguish: (1) The accidents of pregnancy; (2) Those of delivery; (3) Those which follow delivery. Extra-uterine pregnancy is, in our opinion, too rare a phenomenon to deserve a separate heading.

The exact limits of puerperal septicæmia have not yet been traced; the existing tendency is to attribute to the principle of infection a great number of accidents which were formerly believed to be independent of puerperal fever. This point not being scientifically determined, statisticians should be prudent and create special titles for the more frequent of these accidents. Later, when it shall become known where they belong, it will always be possible to add together the figures which follow each of these titles. We propose, therefore, to introduce special titles for the following diseases: 1. Septicæmia; 2. Phlebitis; 3. Metroperitonitis; 4. Puerperal albuminuria and eclampsia (diseases which perhaps are not identical); 5. Phlegmasia alba dolens; 6. Other diseases.

It would be unfortunate not to place these titles near together, or to transfer some of them to the infectious diseases. We do not yet know, in fact, what diseases among these are of bacterial origin; some physicians willingly apply this title to them now, and no one knows just where we shall find them in the future.

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Moreover, many diagnoses are practically incomplete. Many women are registered as dead from the "accidents of childbirth," no indication being given whether death was caused by infection.

(*h*) Erysipelas, anthrax, and also phlegmon are classed to-day as infectious diseases, but since these diseases affect only the skin and its adnexa, there is no advantage in classifying them as general diseases since they are not general diseases. All the nomenclatures take this course so far as anthrax and phlegmon are concerned; but they are less unanimous regarding erysipelas. Moreover, the figures which represent this last disease are always imcomplete, since it is very often nothing but a complication of some other disease.

(*i*) Among the diseases of the bones, we have given a separate place to Pott's disease (as done in the Italian nomenclature). In our opinion it would be a mistake to classify this disease with tuberculosis, since it may happen that Potts' disease be not tuberculous.

We are compelled by the neglect of a few physicians to introduce the title "amputation." Amputation is not a disease and ought not to be considered as a cause of death, since it is on the contrary an operation designed to prevent death. But it often happens that medical men, instead of stating definitely the disease or lesion which has made the amputation necessary, write simply the word "amputation."

Class X.—Malformations (*j*)

137. Malformations.

Class XI.—Infantile.

137. *bis.* Newly-born; foundlings, discharged from hospital without having been sick.
138. Congenital debility, icterus and sclerema.
139. Neglect.
140. Other diseases peculiar to infancy.

Class XII.—Old Age.

141. Senile debility.

Class XIII.—External Violence. (*k*)

142. Suicide or attempt at suicide.
- A. By poison.
- B. By asphyxia.
- C. By strangulation.
- D. By firearms.
- E. By cutting instruments.
- F. By drowning.
- G. By precipitation from a height.
- H. By crushing.
- I. Others.

143. Fractures.
144. Sprains and dislocations.
- A. Sprains.
- B. Dislocations.

145. Other accidental injuries.
146. Burns.
- A. By fire.
- B. By corrosive substances.

147. Sunstroke and freezing.
148. Accidental drowning.
149. Overwork and inanition.
- A. Overwork.
- B. Inanition.

150. Inhalation of noxious gases (suicide excepted.)
151. Other accidental poisoning.
152. Other external violence.

(*j*) Since malformations, even though congenital, may cause death at later periods of life they should be placed in a separate class.

(*k*) The different modes of death by violence are many in number; we have selected those which are the most frequent, and have presented titles which are sufficiently comprehensive, so that any one may, without difficulty, classify any unforseen cases which may occur.

Class XIV.—Ill-Defined Diseases (*l*)

153. Exhaustion, cachexia.
154. Fever. { A. *Embarras gastrique.* B. Inflammatory fever.
155. Dropsy.
156. Asphyxia; cyanosis.
157. Sudden death.
158. Abdominal tumor.
159. Other tumors.
160. "Plaie."
161. Unknown or not specified diseases.

(*l*) It often happens that the physician cannot state definitely the cause of death, and is compelled to give as the cause some symptoms which are common to several different diseases. This frequently happens, for example, in cases of sudden death. It may be apoplexy, it may be the rupture of an aneurism, it may be angina pectoris or possibly some other disease which has caused death. The physician cannot ascertain the cause, and therefore writes upon the certificate the words "sudden death." Statistics would deprive us of important information if these deaths were to be confounded with those from "unknown or unspecified causes." Titles should therefore be given to them.

[Canadian Revision Commission's Note.—In the above pages, only the *long* nomenclature has been reproduced, as it is impossible to revise the two abridged nomenclatures, which are a *résumé* of the long one, without an agreement being previously reached regarding the main nomenclature. In regard to Bertillon's annotation of the nomenclature, it has been possible to reprint only the most important parts.]

Selected Articles.

ABSTRACT OF AN ADDRESS ON A PROPOSED SCHEME FOR A DOMINION MEDICAL COUNCIL.

By T. G. Roddick, M. D., L. L. D., M. P., Professor of Surgery, McGill University.

As you are all aware, by the British North America Act, the subject of education was placed within the exclusive jurisdiction of the Provincial Legislatures. Section 93 of that Act reads: "In and for each "Province the Legislature may exclusively make laws in relation to Edu- "cation, subject and according to the following Provisions." These provisions do not, however, interest us, as they have reference entirely to common schools. This fact would give one the impression that professional education was not meant to be included in the section, or that it was overlooked or forgotten by those who were responsible for the framing of the act.

The Confederation of the Provinces had scarcely been consummated when our profession realized that a mistake had been made and that the municipality of medical boards throughout the Dominion would lead to great abuses and untold complications. Therefore we find the Canadian Medical Association at one of its earliest meetings, in 1869, suggesting a Dominion Medical Bill, called "The Medical Act of the Dominion of Canada." This bill, most comprehensive, was presented before the Association at the third meeting, in the city of Ottawa; and after a long and somewhat acrimonious debate, was finally abandoned and so far as I know, was never brought up for reconsideration. Doubtless the fact that the profession in Ontario had, in the meantime, put into operation their own medical act, militated against the greater scheme. I am inclined to think that other reasons for its early demise are to be found in the attempt made, practically to expunge the provincial boards, and also to give a preponderating influence to the universities.

Nothing further was done however in this direction until a very few years since, when at the meeting of the Canadian Medical Association in Kingston, a committee was formed to discuss and report upon the question of interprovincial registration or some scheme of reciprocity, all with a view to harmonizing the practice of the profession throughout

the Dominion, but more especially on the frontier settlements of the various provinces.

Little of a practical character was accomplished until last year, when the committee reported very fully, making among other recommendations the following: "That so soon as the various councils of the Dominion shall establish an examining board of the Dominion conducted by examiners appointed by the medical councils of the several provinces, their candidates passing a successful examination before said board and obtaining a certificate to that effect, shall be entitled to registration in the several provinces of the Dominion on payment of the registration fee, providing they are not guilty of infamous or disgraceful conduct in a professional respect.

"Your committee desire to recommend that further efforts be made to ascertain the practicability of federal legislation leading to the establishment of a central qualification which will also place the profession in Canada upon an equal footing with that of Great Britain, and that Dr. Roddick be authorized to take the neccessary steps in said matter.

"We further recommend that this association shall appoint a committee who shall consider and recommend the details as to the number of examiners to be appointed, the method of conducting examinations, the fees to be charged, and other necessary details to bring the aforesaid scheme into active operation, which details the officers of this association shall, with the foregoing, send to each of the respective councils for approval."

The following were named a committee to strengthen Dr. Roddick's hands before the Government:—Dr. McNeill, Prince Edward Island; Dr. Muir, Nova Scotia; Dr. Walker, New Brunswick; Hon. Dr. Marcil, Quebec; Dr. Williams, Ontario; Dr. Thornton, Manitoba; Dr. Bain, Northwest Territories, and Dr. McKechnie, British Columbia.

(The delegates from Quebec on the committee could promise nothing with regard to a central examining board for the Province of Quebec, the universities having already positively refused to surrender their charter rights.)

Feeling the responsibility of this charge, I have been engaged more or less, ever since the meeting, collecting information from various sources (among others from the law officers of the Crown) and am now in a position to place before the profession of Canada a scheme which if acceptable to the various medical boards of the Dominion, may I trust with some modifications, become law at no distant date.

At first sight it would seem as if any plan were impossible that looked to united action. The Dominion Parliament cannot, on the one hand, infringe on the Provincial jurisdiction, while, on the other hand the Provincial Legislatures cannot unite in creating a central or federal medical board, because their powers are, in each instance, confined strictly to their own territory. If this opinion be correct, any scheme looking to interprovincial registration, or in other words any bargain made between the Profession in the various Provinces, or between the Boards as representing the Profession, would be *ultra vires.*

Under Section 91 however, of the British North America Act, the Dominion Parliament has power "To make laws for the Peace, Order "and good Government of Canada, in relation to all matters not coming "within the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces." Under these general terms it is believed that the Dominion Parliament may create a corporation for such objects relating to medical education and practice as are of general Dominion interest and importance, and as are beyond the Provincial powers.

Uniformity of medical education and the promotion of interprovincial registration are just such objects. The plan by which it is now proposed (for our purpose) to effect them is as follows:—

By an act of the Dominion Parliament, a corporation may be created called, let us say *The Dominion Medical Council* which would be composed of medical practitioners from each province and from the Northwest territories. The principal function of this council would be to register all persons who have complied with certain requirements, as to education and training for the practice of medicine and surgery, and all applicants who shall have complied, would receive what might be termed Dominion registration by the council.

This registration would, however, *per se* confer no right to practise in any province of the Dominion. The Dominion Parliament has, of course, no power to make such an enactment; but it is within its power to enact that such registration shall alone confer the right to practise in any of the territories over which it has direct legislative control; and it may provide that such registration shall be a condition of employment in any medical capacity in the active service of the Dominion, as for example, the quarantine service, penitentiary surgeons, mounted police surgeons, the surgeons of the militia force generally, etc. Besides another important result of the establishment of such a system would be that Medical practitioners registered under it could claim registration

under the Imperial Medical Act of 1886, without undergoing further examination. By this Act (as you are aware) where parts of a British possession are under both a central and a local legislature, the authority of the central legislature is requisite to entitle a colonial practitioner to British registry. Under the existing systems of provincial registration, Canadian practitioners are debarred from entering the extensive field of medical employment in the various departments of the Imperial service, such as for example, the army and navy, the Indian medical service, the colonial medical services, medical service under the Board of Trade, including ships' surgeons, etc., also from employment as sanitary officers in the United Kingdom.

At this point, however, the powers of this council would cease. *In order to bring about what we most desire*, viz, interprovincial registration, all the medical boards in the Dominion would have to be consulted, and their consent obtained to the passage of a short Act in their own Legislature, giving the right to any person registered under the Dominion Act to practise in any province, subject, of course, to the payment of any fee that the Province may impose. It will have to be shown further that the person obtaining Dominion registration has given evidence of possessing qualifications at least equal to those required for registration under the existing law of any province. In other words, the educational standard as to preliminary examination for study, the professional curriculum followed and the final examination must be fixed by the Dominion council at a level as high as or higher than that of any Province, with power in the council to keep it always so; and in case of failure at any time to maintain the standard, the Governor-General in Council might have power to intervene.

In the case of some of the Provinces, where the medical councils already possess the power of determining such equivalents, this matter could, perhaps, be arranged directly by these Councils. The medical councils of Ontario, Nova Scotia and the Northwest Territories have by recent enactments obtained such powers.

It will be observed that the proposed plan avoids in every possible way any encroachment upon the exclusive right of the Provinces as to maintaining their own system of medical education and registration. *I fully realize that any scheme, to have a sound constitutional basis and prove acceptable in working, must not encroach upon the provincial autonomy.* The various provincial medical boards or councils, (as they may be termed) shall continue their work of examination and registra

tion as before, and to them shall be left all questions of taxation, discipline, etc. In a word the establishment of a Dominion Medical Council would simply provide a direct and efficient way of interprovincial registration, while promoting a high level of professional education.

One of the most difficult problems in connection with this subject is the composition of the proposed council. It is evident that it must be thoroughly representative of the Provinces; and as it will have to deal with professional questions, it should be kept above the plane of political interference. The matter, however, being one of great public importance, and the assistance of the Dominion Parliament being invoked, some provision would doubtless have to be made for the representation of that interest.

Let me suggest, then, that a Provincial Council consist of three classes of members, all of whom would be registered medical practitioners:

(a). One from each Province, including the Northwest Territories, to be appointed by the Governor-General in Council.

(b). One from each Province, including the Northwest Territories to be appointed by the Medical Council of the Province.

(c). The President of each Provincial Medical Council to be an *ex officio* member.

This would give a council of 24 members.

It is a question whether all the Provinces should have an equal number of members, in the council as permanently constituted, or whether the representation should be in some measure graded according to the relative number of practitioners in each province. In any case it would be desirable to keep the council of moderate number, for ease and efficiency of working, and to secure a representative majority at all times.

Now, so far, the outline of the proposed scheme deals only with students of medicine wishing to qualify themselves for practice in all or any of the provinces which accept Dominion registration as sufficient evidence of professional capacity.

With regard, however, to medical practitioners actually practising at the time of the passing of such an act, should the right be given them to avail themselves of the privileges under the act admitting them to practise in other provinces than that in which they had originally qualified? Should it be retroactive?

Many objections would doubtless be raised to such a clause, especially by the profession in the younger provinces who might dread a stampede in their direction. This could readily be overcome, however, by making

some time limit, say five or seven years of actual practice, coupled with evidence of good professional standing. Medical men in practice for that length of time would not be so likely to migrate as the more recent graduates.

There are many matters of detail that might be introduced, but my chief purpose to-night is to excite a discussion on the general practicability of such a scheme as that which I have endeavored to outline.

The present state of affairs in connection with the practice of our profession in this country is anomalous, and exists perhaps, nowhere else. Where we have, simply imaginery lines or narrow rivers separating our provinces the present arrangements must continue to lead to hardships, both to the public and to medical men themselves, and sometimes to grave abuse. Besides, the provinces are all congested, the number of medical men being far too numerous in proportion to the population. This scheme would not only lead to a more equable distribution, but it would throw open the entire British Empire to our Canadian youth who have adopted medicine as a profession.—*Montreal Medical Journal.*

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A CASE OF REMARKABLE OCCURRENCE IN A YOUNG MAN.

By C. McKeen Mackay, M. B., C. M., Professor of Clinical Medicine, Halifax Medical College; Physician to Victoria General Hospital.

A seaman, aged twenty-one years, was admitted to the Victoria General Hospital, Halifax, N. S., on Nov. 9th, 1897, being one of the crew of a ship which was wrecked off that port on Nov. 7th. He complained of pain in the precordial region, dizziness, dyspnœa, and occasional convulsive seizures. His father was living and well, his mother died from cancer, and he had two sisters who were well. His family history was otherwise unimportant. He had been at sea for the previous five years and had been constantly exposed to rough weather; he said he was scarcely ever dry. He had used alcohol and tobacco freely. There was no history of venereal disease. He had suffered from an attack of scarlet fever in childhood and about five years before admission to the hospital he was confined to bed for a fortnight by an attack of pain and soreness in the knee-joints and ankle joints; the pain and soreness disappeared under treatment and were probably rheumatic. He dated his present condition back to four years ago when one day after vomiting he was seized with a sudden pain over the heart, followed immediately by severe dyspnœa which continued for some days so that he was unable to work. The pain over the heart was followed by a sensation as of something bursting. His condition improved and he was able to return to work, but he had been troubled ever since by more or less pain and dyspnœa which were increased by exertion and were sometimes worse after eating. Since the first attack he had had several convulsive seizures which occurred suddenly with little or no warning. During these attacks he was quite unconscious and was told that he kicked and screamed for some minutes. He felt somewhat weak for two or three days following such a seizure. For the past year the pain and dyspnœa had been getting worse, so that he had not been able to do much hard work.

On examination the patient was found to be a well-nourished and very muscular man about 5ft. 6in. in height and weighing 150lbs.; he was bright and intelligent, his cheeks were ruddy, and he had no characteristic morbid appearances. All the systems except the circulatory

were normal. As regards the circulatory system there was pain in the præcordia with dyspnœa and dizziness. A faint feeling was present which did not so much seem to depend upon exertion as upon his assuming the upright position. The dyspnœa often prevented him from sleeping at night. Sometimes the præcordial pain was increased by eating and was accompanied by a feeling of distension in the epigastrium. The cardiac impulse was hardly perceptible to the eye, but on palpation it was found to be slightly displaced downward and to the left; it was not strong but was felt to be longer or not so abrupt as the normal impulse. This impulse occurred about 26 or 28 times a minute. On percussion the cardiac dulness was found to be enlarged downwards and to the left. On auscultation a loud rough murmur was heard with the cardiac systole. This murmur was audible in the mitral area and slightly in the axilla, but was not transmitted to the back. It was also heard in the tricuspid area and over the whole of the heart, but loudest in the aortic and pulmonary areas, where another murmur was also heard immediately following the systole but not quite so loud as the systolic bruit. The murmurs could be heard along the carotid and subclavian vessels. The radial pulse was fairly strong and regular but somewhat delayed, occurring from 26 to 28 times a minute. There was no cyanosis or œdema or any abnormal condition of the superficial vessels.

Various drugs were administered from time to time with the view of accelerating the pulse-rate. Among those tried were alcohol which was given in moderate quantities during the whole of his stay in the hospital, atropin which was given at the suggestion of some members of the branch of the British Medical Association before whom he was exhibited, nitro-glycerine, strychnine, and digitalis, but none of these had the slightest appreciable effect upon the pulse-rate. One afternoon under the influence of laughter and excitement his pulse registered 42 for a short time. The cardiac murmurs were verified by numerous medical men and he was exhibited before, and examined by, members of my class of clinical medicine. On the afternoon of Jan. 1st, 1898, the patient, in company with two convalescent patients, left the hospital grounds and went into the town. They returned to the hospital late at night intoxicated and the patient was very sick and vomited much during the night. The next morning they were discharged from the hospital and the patient went to a boarding-house. On the following morning (Jan. 3rd) he called at my residence and asked me to prescribe for him as he was feeling very miserable. I suggested

that the discipline of the hospital having been vindicated I would give the patient an order for readmission, of which he gladly availed himself. During the next twenty-four hours he was very quiet, but beyond being given a small quantity of alcohol four or five times a day he was under no medical treatment. On the 4th at 12 o'clock, on returning to the ward from the dining-room where he had eaten very little, he suddenly fell forward and in spite of attempts to resuscitate him he expired in about five minutes.

Necropsy.—A post-mortem examination was made by Dr. W. H. Hattie, pathologist to the hospital, and the various organs were carefully examined. No abnormal condition was found in connection with any organ but the heart and the lungs. The pleura of the left lung showed adhesions extending from the second rib to the base of the lung; these were separable by the hand. The right lung also showed adhesions, but these were not so extensive and were more easily separated. The heart weighed 14 oz.; all the valves were in perfect condition and were free from vegetations. The left side of the heart was hypertrophied and the muscle was hard and resistant; the right side was soft and flabby. The heart muscle was very friable and on being examined microscopically showed evidence of having undergone fatty change of an infiltrative character with possibly some true degeneration. The brain which was hardened in fluid and examined showed no morbid condition.

Remarks. — The case of bradycardia described above presents some features which make it desirable that it should find permanent record in the too scant literature referring to this symptom of disease. The ordinary text-books make but brief reference to this condition and I have found it difficult to get access to any very complete sketch of the clinical history of such cases or of the various pathological lesions usually accompanying them. The case presents several features of more than usual interest—namely: (1) the youth of the patient and his apparently well-nourished and robust condition; (2) the extreme slowness of the pulse which was unmodified by any drug tried; (3) the presence clinically of well-marked and diffuse murmurs which were not accounted for by any valvular conditions; and (4) the discovery post mortem of a degenerated heart muscle. The causes of bradycardia have been classified as follows: (*a*) cardiac alterations—fatty changes, stenosis of the coronary arteries, and presence of other degenerations and tumours of the heart; (*b*) irritative lesions of the central nervous system and

vagus and injuries to the spinal cord in the cervical region either the result of trauma or the growth of tumours; (*c*) paralysis of the accelerator nerves and disease of the cervical ganglia; and (*d*) bulbar ischæmia and venous hyperæmia of medulla by sclerosis of arteries or by compression of the superior vena cava. This case was probably due to the first of these causes, the presence of fatty changes in the heart muscle being the only discoverable lesion. I regret that a careful examination of the cervical ganglia and of the nerve-supply of the heart was not made. The presence of occasional convulsive seizures reminds me that in the case of Napoleon 1, Corvisart, his physician, states that the Emperor's pulse was usually 40 and he was subject to occasional epileptiform seizures. A case has been recorded[1] in which the pulse was 40, the apex beat was imperceptible, and a loud systolic murmur was present. On a necropsy being made the heart was found to be hypertrophied and dilated and its walls flabby, but the valves were not affected. The slowing of the blood current must in some way produce the sounds heard.

[Dr. Murray's very striking case of bradycardia is well worthy of being recorded. The complete absence of any effect from the administration of drugs which usually accelerate the action of the heart is very noticeable. The slowness of the pulse was not so marked as has been described, for F. V. Boulioubach of Moscow is quoted in the *Universal Medical Journal*, of Philadelphia (September, 1895) as having observed one case in which 14 and on some occasions only 8 heart-beats were counted in a minute; though in such a case it is not improbable that heart-beats were missed. In Dr. Murray's case we are not told what was the condition of the peripheral vessels.]—*Lancet.*

[1] Brit. Med. Jour., Sept. 10th, 1891.

Clinical Notes.

CASE OF VAGINAL FIBROMYOMA.

By T. C. Lockwood, M. D., Lockeport, N. S.

In November last I was consulted by Mrs. H., a healthy multipara, aged 38, in reference to a fallin mass which for some months had interferred with patient's walking, by—as she expressed it, coming "out into the world," or protruding from the vulva.

On examination I found a hard encapsulated pear-shaped tumor about three inches long just within the vulva and attached by a thin pedicle, extending for two inches, from the cervico-vaginal junction anteriorly along the vaginal wall. On being informed of the nature of the trouble the patient readily consented to its removal.

On Dec. 6th, assisted by Dr. Irwin, I enucleated the growth by incising the capsule and gradually tearing it from the tumor, the vagina and tumor having first been well swabbed with hot carbolized water. The nutrient vessels bled freely and the cavity in vagina was well packed with iodoform gauze and pressure applied to control hæmorrhage. The gauze being removed and redundant tissues trimmed off with scissors, several silk sutures were inserted to pucker up vaginal wall, the parts were dusted with iodoform and an absorbent cotton tampon was inserted.

The patient made an uninterrupted recovery. This case is somewhat interesting on account of the infrequency of these growths in the vaginal walls, two cases being lately reported in the *British Medical Journal.*

THE

MARITIME MEDICAL NEWS.

VOL. XI. MAY, 1899. NO. 5.

Editorial.

THE ANNUAL MEETINGS.

As the season of medical meetings approaches, it becomes the physician who is considerate of his health, who realizes the advantages of a change in associations, and who takes interest in the thoughts and achievements of others, to plan attendance upon at least one of the professional gatherings. The annual meetings offer such excellent opportunities for the making and renewing of acquaintances, for the interchange of opinions, for sight-seeing, and for making holiday, that no physician can afford to miss them.

This year meetings will be held in each of the three maritime provinces. The most important of these, and the one which should receive the most support, as it represents the largest constituency, is that of the Maritime Medical Association, which takes place at Charlottetown on the 12th. and 13th. of July. The reputation of "the garden of the gulf" as a summer resort, combined with the attractiveness of a pleasant sail across the Straits of Northumberland, should prove sufficient inducement to draw a large number of the profession to this meeting. We can, moreover, assure our readers that the programme will be in every respect excellent, and the hospitality of the good citizens of Charlottetown is so well known that all can feel confident of a warm and genorous welcome. Those who will find it impossible to attend this meeting, and possibly many of those who are not thus disappointed, will have the opportunity to attend the no less attractive meetings of the provincial societies. The Medical Society of Nova Scotia meets in Truro on the 5th. and 6th. of July; and the New Brunswick Medical Society meets in Fredericton on

the 18th and 19th of July. Both meetings promise to be of more than ordinary interest, and both deserve a large attendance. It is expected that Drs. Roddick of Montreal and Starr of Toronto will present papers at the meeting of the Medical Society of Nova Scotia, and there will be many other important communications. Entertainment will not be wanting, and we confidently predict both pleasure and profit for those who will be present.

We urge the members of the profession to give loyal and hearty support to the annual meetings. To a very large extent our profession is judged by the character of the meetings which are held from year to year. The doctor's interest in medical advance is, by the lay mind, guaged by the regularity with which he embraces these opportunities of exchanging thoughts and of "brushing up." The public at large rarely fail to devote at least some attention to the medical gatherings, many are shrewd enough to form a fairly accurate estimate of the success attending them, and it is not unreasonable that they should judge the standing of the profession in general by the level reached at meetings which should be representative. So every medical man is both directly and indirectly interested in the success of the annual meeting of the society with which he is, or should be connected, and he serves his interests best who strives to promote the success of the meeting not only in point of attendance, but also in the excellence of the programme.

Readers will find particulars in our advertising pages.

INTERNATIONAL COMMISSION FOR THE DECENNIAL REVISION OF THE BERTILLON NOMENCLATURE OF DISEASES.

Circular to Provincial Boards of Health, to Local Boards of Health, to Statistical Bureaus, to Medical and Surgical Colleges, to Medical Faculties, to Medical Societies and to members of the Medical profession, in the Dominion of Canada.

In order to make more easy and exact the comparison of the vital statistics of different countries, Dr. Bertillon presented to the "International Institute of Statistics" in 1893, a scheme for an *international* nomenclature of diseases, which is in a manner a compromise between the English, the German, the Italian and those of other countries. (Published on page 150 of this issue of the NEWS.) This nomenclature has been successfully adopted by the city of Paris, by Mexico, by the Province of Quebec, by the State of Michigan, by the province of Ontario, by the State of Maryland, and by the State of Indiana. It is also in use in Uruguay, the Argentine Repuplic and Costa Rica.

The "Conference of State and Provincial Boards of North America," and the "American Public Health Association" have recommended its adoption in each state of the American Union and Mexico, and in each of the provinces of Canada. Its adoption has also been recommended to the authorities charged with the preparation of the coming census of the United States of America, of the Republic of Mexico and of Canada. Others have promised to adopt the system, so that speaking generally, it may be said that the adoption of this nomenclature is destined to become practically universal, for the continent of America at least.

In adopting a nomenclature of diseases, it is necessary, *always keeping in view the desirability of making the fewest changes possible*, to provide for its revision at stated periods, in order to keep in touch with the progress of medical science: and to this end the American Public Health Association, at its Ottawa meeting (1898), approved of the scheme for revision submitted by Dr. Wilbur, after he had already been assured of the co-operation of the French sanitary authorities. The scheme of revision should be completed ready for presentation to the "International Congress of Hygiene and Demography" which will sit in Paris during the summer of 1900.

The American Public Health Association, in which are represented the United States of America, the Republic of Mexico and the Dominion of Canada, has nominated the following committees to receive suggestions, and in a word to direct the work in their respective countries.

United States of America.	Dr. SAMUEL W. ABBOTT, Boston, Massachusetts. Dr. A. G. YOUNG, Augusta, Maine. Dr. CRESSY L. WILBUR, Lansing, Michigan, *Secretary*.
Mexico	Dr. EDUARDO LICAEGA, Mexico. Dr. JESUS E. MONJARAS, San Luis, Potosi Dr. JOSE RAMIREZ Mexico, *Secretary*.
Canada	Dr. E. PERSILLIER-LACHAPELLE, Montreal, P. Q. Dr PETER H. BRYCE, Toronto, Ont. Dr. ELZEAR PELLETIER, Montreal, P. Q., *Secretary*.

In order to carry out its portion of the work, the Committe for Canada forwards with this circular, a copy of the nomenclature (Bertillon), and requests all who have interested themselves in vital statistics to carefully peruse the same, and to thereafter point out any omissions in it, any improvements which can be made in it, &c., &c.,

As we will have to compile the suggestions received before forwarding them to the committees of the other Countries, we can not promise to consider communications sent in later than the 1st of June next, and consequently we request that each will address to us his suggestions without delay.

The Canadian Committee,

April 14th, 1899.

E. P. LACHAPELLE,
PETER H. BRYCE,
ELZEAR PELLETIER, secretary.
76, St-Gabriel St., Montreal.

P. S.—It is recommended to correspondents to indicate clearly: (*a*) the number of the title in the nomenclature, (*b*) the change propose , (*c*) the reason for the change, (*d*) their name, office and address. The following form, which contains one of the suggestions already made to the Commission, is an illustration of this:

(*a*) NUMBER OF THE TITLE, WHICH IT IS PROPOSED TO AMEND: 130.
(*b*) CHANGE PROPOSED: Transfer Pott's Disease to "22E Tuberculosis of other organs."
(*c*) REASON FOR CHANGE: Pott's disease is usually tubercular. Other similar tubercular diseases may well be joined with it for general statistical treatment. All tuberculosis should be together under one general title.

Signature: CRESSY L. WILBUR, M. D.,
Office: Chief of Vital Statistics, Michigan,
Address: Lansing, Michigan.

March 16th, 1899.

CARE OF CONSUMPTIVES IN THE VICTORIA GENERAL HOSPITAL.

At a meeting of the Medical Board of the Victoria General Hospital held on April 13th., 1899, the following resolution was unanimously passed:

"That the Medical Board of the Victoria General Hospital draw the attention of the local government to the inadequacy of the present provision for the care and treatment of consumptives in that institution, and to the danger to other patients arising from their presence in the general wards of the hospital." The secretary was instructed to forward a copy of resolutions to the Hon. Commissioner of Works and Mines.

CANADIAN MEDICAL ASSOCIATION.

On August 30th, 31st and Sept. 1st, 1899, the next annual meeting of the Canadian Medical Association will be held at Toronto under the presidency of Dr. Irving H. Cameron.

It is now some ten years since this association met in Toronto and every effort will be put forward to make this the most successful meeting ever held. One of the most interesting features of the meeting will be the probable arrangement of the final details of a scheme whereby Dominion Registration will become, in the near future, an accomplished fact. This together with an ever growing interest in the value of the association as a promoter of scientific research, will add materially to the success of the Toronto gathering.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

March 22.—Dr. Murdoch Chisholm, President, in the chair.

Dr. T. J. F. Murphy read a paper on "Sterilization of Catgut." (Published on page 145 of this issue of the NEWS.)

Dr. Murphy exhibited the apparatus required for sterilization and explained its use. He also passed around several samples of gut that he himself had sterilized and claimed that they were thoroughly aseptic until they reached the hands of some of the members.

Dr. Black referred to the importance of getting properly prepared material for sutures. He was glad that Dr. Murphy had given his experience.

Dr. Farrell remarked on the strength of the samples. Under old methods the gut was not so strong.

Dr. Black asked if the same method could be applied to silk.

Dr. Murphy answered in the affirmative.

The President said we were indebted to Dr. Murphy for his exposition. He never felt safe with catgut as we generally get it.

Dr. Stewart stated that he used chromicized gut which he had got from Miln, London, who in Lister's time had been a carpenter in the Royal Infirmary. Lister adopted chromicized gut. Dr. Stewart always keeps it in a solution of carbolic acid, one to twenty, and has never seen sepsis from its use. He uses it for ligatures and deep sutures—not for skin sutures. Before using he puts it in boiling water. The cumol gut is considered good by some. It is strong when dry, but there is a possibility that it is not so strong when moistened by the tissues.

Dr. Murphy replied that he had used it in ten or twelve laparotomies, though he never tied the pedicle with it and no sepsis developed. Kelly has used cumol gut since 1894, with satisfactory results.

Dr. D. A. Campbell then read a paper on "Diagnosis of Tuberculosis." (This will be published in our next issue.)

Dr. M. A. B. Smith referred to the claim that Koch's tuberculin destroyed the soil in which the bacillus grew.

Dr. Murray asked whether it was true that bacilli were found in some specimens of tuberculin that were marketed. He referred to the

ABBEY'S EFFERVESCENT SALT.

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

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

necessity for further provision for consumptive patients. He gave notice of motion that the local government be memorialized on the subject of further provision for this class of patients.

Drs. Weaver, Stewart, Black and Farrell also took part in the discussion.

Dr. Campbell in closing stated that he did not know what caused the reaction, whether it was destroying the soil or not. Tuberculin is a complex substance, probably containing the fever producing agent. In no form of the disease was the reaction so characteristic as in lupus, nor were the therapeutical results so good in any other form. There were other conditions where tuberculin would afford great practical aid, as, for example. in chronic cystitis which is occasionally tubercular. A careful search may, however, fail to reveal the bacilli. If treatment is not satisfactory use the tuberculin test. Then again in bone and joint affection, as in Pott's disease, the onset is often insidious and it is a long time before we can decide. In these cases we cannot commence treatment until we are pretty sure of our diagnosis. The use of tuberculin is justifiable in such cases. In a doubtful abdominal condition it could be used. Twice he had used it to clear up a diagnosis. Again, pulmonary tuberculosis may be initially in the pleura. A friction sound may be noticed at the base and we may be in doubt as to its signification. In such cases it is wise to try tuberculin.

The committee on "New Remedies" being ready to report, was asked to proceed.

Dr. Ross being called upon, first referred to "Orthoform." This drug was referred to in the MARITIME MEDICAL NEWS, in the March number of last year, by Dr. Crawford of St. John, the article being a translation from a paper by Drs. Einhorn and Heinz, who first introduced orthoform. It appears to be absolutely free from toxic effects, yet when applied to mucous membranes in the form of powder or ointment gives rise in a few minutes to slowly progressive anæsthesia. The same analgesic action also manifests itself on the surface of wounds and of painful ulcerations, but not through the skin or an indurated mucous membrane. The drug remains inactive therefore, whenever there is no solution of continuity of the integument, as in burns of the first degree, wounds closed by sutures, etc. Its analgesic action is extremely marked, on the other hand, in burns of the third degree, in all painful wounds, cancers, varicose ulcers of the leg, fissures of the lips, nipple, and anus, ulcers of the tongue, larynx, etc. Taken internally orthoform is an efficacious

remedy for soothing the pain of round ulcer of the stomach, but it fails to relieve the painful sensations connected with chronic catarrh or with dilatation of the stomach, the gastric mucous membrane being intact in these cases. Orthoform combines with hydrochloric acid, forming with it a soluble salt. This orthoform hydrochlorate is not suitable, however, for anæsthetizing the conjunctiva or the nasal, pharyngeal or laryngeal mucous membrane, nor can it be utilized for subcutaneous injections, as it is very irritating to the tissues, owing to the acid reaction of its solutions. It may nevertheless, be used internally in ulcers and cancers of the stomach. In a recent article in a French journal the statement is made, "Orthoform has evidently come to stay." Dr. Kallenburger states that the local anæsthesia is complete in three to five numbers and lasted on an average thirty-five hours. He employed this agent in the form of an ointment to the best effect when an exudation was abundant, for the usual powder form would be washed away. Dr. Blondell of France, reported to the Paris Academy of Medicine his results in gynæcology. One series of fifty patients were treated successfully for endometritis. He used in these cases orthoform suspended in glycerine employed to saturate antiseptic gauze which was introduced into the uterine cavity. In cases where curetting was called for, he packed the uterine cavity with orthoform gauze an hour before he was to operate, which made the subsequent operation painless.

Kallenburger has employed orthoform in wounds and burns, in ulcers of the leg, in carcinomatous ulcers and in toothache where the nerve endings were exposed. Dr. Crawford some time ago referred to the satisfactory results he had obtained with insufflations of orthoform in a case of tubercular laryngitis. Dr. Ross said that his own experience with the drug was limited, but it had proved successful in relieving the pain in a case of crushed thumb, another of chancre of the lip, and in two cases of ulcer of the leg.

"Schleich's Infiltration Method" was then referred to. This method of producing local anæsthesia is not new, but probably it is not used as much by the profession as it should. The medium strength solution consists of cocaine half a grain, morphia one-eighth of a grain, sodium chloride one grain, added to one ounce of distilled water; and two drops of a five per cent. solution of carbolic acid added. The strong solution contains one grain of cocaine to the ounce, the other ingredients being the same as given. It must not be injected in a focus of inflammation because it would increase tension. The method is now in common practice by many busy practitioners. Operations have been done, from the removal of ovarian tumours and amputations down to the opening of boils. Dr. Ross used the medium strength tablets, put up by Parke, Davis & Co., with excellent results in two or three cases.

"Nosophen" was also referred to, it being an iodoform substitute. "Antinosine" is the sodium salt. In the *St. Louis Medical and Surgical Journal* recently was an article by Ohmann-Dumesnil on "A Rapid and Successful Treatment of Chronic Ulcers of the Leg," in which antinosine was used with great success.

Obituary.

Dr. D. C. Allan.—The death occurred on April 28th, at Port Elgin of Dr. D. C. Allan, of Amherst. Two weeks previously, owing to failing health, Dr. Allan went to Port Elgin, hoping the rest would benefit him. Immediately on arrival, however, he became worse. He became unconscious two days before his death and remained so till the morning of the 28th ult., when he passed away. Deceased was 44 years of age, a native of Westmoreland Co., N. B., and practised his profession for over twenty years in Amherst. He was twice elected mayor of Amherst, having served in that capacity during 1898. He leaves a wife and one daughter, wife of Sheriff McQueen of Westmorland Co.

Dr. Wm. C. Cutler.—The death took place on the 1st inst, of Dr. Wm. C. Cutler, at his home in Chelsea, Mass. Dr. Cutler had ever been alive to the progress of medial science, he being the first physician in his vicinity to use antitoxine for diphtheria, and was the first in Chelsea to practise intubation for diphtheritic croup. In 1871, in the height of a smallpox epidemic, he became particularly interested in the preparation of bovine vaccine; and, as founder and president of the New England Vaccine Company, his labors have become widely known. Dr. Cutler was for some years consulting surgeon to the Rufus S. Frost General Hospital of Chelsea. His skill and kindness of heart had earned reward beyond power of payment, and his good deeds without number will be cause for sincere gratitude.

Matters Personal and Impersonal.

The following graduates obtained the degree of M. D., C. M., Dalhousie University, which was conferred at the Convocation held on April 25th:

W. B. Almon, Halifax; E. P. Atkinson, Baie Verte; E. D. Farrell, Halifax; L. P. Farrell, Halifax; W. V. Goodwin, Baie Verte; M. T. McLean, Groves' Point, C. B.; J. St. C. McKay, Earltown; C. E. McMillan, Whycocomagh; J. G. Munroe, River John; Mary L. Randall Bayfield; S. E. Shaw, Waterville.

Dr. W. B. Almon is just leaving to do post-graduate work in Paris and London.

Dr. E. P. Atkinson will probably locate at Baie Verte.

Dr. E. D. Farrell is now associated with his father, Dr. E. Farrell.

Dr. L. P. Farrell has received the appointment of junior House Surgeon to the Victoria General Hospital.

Dr. W. V. Goodwin has decided to locate at Amherst.

Dr. M. T. McLean is at present looking after another physician's practice at Louisburg, C. B.

Dr. C. E. McMillan intends locating at Whycocomagh, C. B.

Dr. J. St. C. McKay will probably locate at Fredericton. At present he is acting as locum tenens for Dr. G. M. Campbell.

Dr. J. G. Munroe has settled at Lockeport.

Dr. Mary L. Randall has gone to her home at Bayfield and will probably remain there for a few months before taking up post-graduate work.

Dr. S. E. Shaw has been appointed surgeon to the surveying steamer "Gulnare."

Dr. Frank Irwin, who for a number of years practised at Lockeport, has removed to Honolulu, Hawaiian Islands.

Dr. F. A. R. Gow has removed his residence from Pleasant St. to 67 Hollis St.

Dr. C. D. Murray has removed from 327 Brunswick Street to 11 Spring Garden Road.

Dr. H. D. Weaver has removed from Pleasant Street to 41 Spring Garden Road.

Dr. G. M. Campbell has gone to New York for a short time to do some post-graduate work.

Dr. W. S. Muir, the indefatigable secretary of the Nova Scotia Medical Society is again around after a severe attack of la grippe which confined him to the house for several weeks.

Dr. J. P. Grant, of Bridgetown, left this month for London to take up study in the great metropolis.

Dr. M. D. Morrison, of Old Bridgeport, C. B., has gone to New York and will remain for three months at post-graduate work. Dr. J. J. Doyle is attending to Dr. Morrison's practice, while the latter is away.

Dr. Hugh L. Dickey, who returned this month from London will probably reside in Charlottetown, confining his practice to the eye, ear, nose and throat.

Dr. Edward Farrell, of this city, was appointed the Canadian representative on the International Commission which deals with the important subject of Tuberculosis. The Commission meets at Berlin from the 24th to the 28th of May, Dr. Farrell having left here on the 8th inst.

Dr. E. A. Kirkpatrick accompanied Dr. Farrell on his trip, and will visit when away some of the important special hospitals on the continent.

Dr. W. N. Wickwire, who was injured by a driving accident a short time ago, we are pleased to see around once more.

Dr. W. D. Rankin, of Woodstock, N. B., recently left for London, to carry on some hospital work.

Dr. M. G. Atkinson, formerly of Truro, who has been studying in the larger continental cities has settled in this city and will devote his attention to diseases of the eye, ear, nose and throat.

Dr. Murdoch Chisholm was elected alderman of Ward V. by a large majority at the recent civic elections.

Dr. M. A. B. Smith, of Dartmouth, has been appointed by the local government one of the visiting physicians to the Victoria General Hospital.

Dr. E. H. Lowerison received the appointment as oculist and aurist to the Victoria General Hospital, to fill the vacancy caused by the death of Dr. Dodge.

Dr. George G. Gandier, who was away to London doing post-graduate work for some months, recently returned and has resumed practice at Pictou.

Dr. M. A. Curry, who was away to Boston on a fortnight's trip seeking a much needed rest, has returned feeling greatly improved.

Drs. J. F. Black and G. L. Sinclair who were visiting some of the principal American hospitals will return in a few days.

Dr. J. Clarence Webster, lecturer in gynæcology at McGill University and assistant gynæcologist at the Royal Victoria Hospital, has resigned to accept the chair of obstetrics and gynæcology in the University of Chicago. Dr. Webster is a New Brunswick boy and has had a very brilliant career. Besides, he has written several prominent works, his last on "Diseases of Women" having been reviewed in the NEWS. We congratulate Dr. Webster on the very flattering offer extended to him.

Dr. Nicholas Senn is considering the proffered support of a large element of the Republican party of Illinois, looking toward the nomination for Governor.

A handy little book, consisting of Diet Lists with Recipes, has been published by Smith, Kline & French Co., Philadelphia, the manufacturers of Eskay's Albumenized Food. There is a series of lists suitable for different diseases, and a leaf, which is detachable, can be handed to the nurse for ready reference.

In our last issue we mentioned that Messrs. Simson Bros. & Co. offered a prize of twenty-five dollars to the students of the Halifax Medical College for an examination in therapeutics. This statement was not quite correct, for the prize was given by Mr. F. C. Simson, of that firm, as a personal gift. It was decided to divide the amount equally and present to the winners in materia medica and therapeutics. The examination in the former was conducted by Dr. F. W. Goodwin and in the latter by Dr. M. A. B. Smith. The winner in materia medica was Mr. J. A. C. Rodgerson, of Mount Stewart, P. E. I., and in therapeutics Miss Winifred B. Braine, of Halifax.

The *Kansas City Medical Index* and the *Kansas City Lancet* have become merged into one, thus uniting the forces of these two well-known journals. The consolidated journal will be known as the *Kansas City Medical Index-Lancet*, which will have as editor and publisher Dr. John Punton, formerly of the *Lancet*. We congratulate the management for the general appearance of the *Index-Lancet*, and trust the amalgamation will prove in every way successful.

Book Review.

SAJOUS' ANNUAL AND ANALYTICAL CYCLOPÆDIA OF PRACTICAL MEDICINE.—By Charles E. DeM. Sajous, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-lithograph Engravings and maps. Volume III. Dislocations—Infantile Myxœdema. Sold by subscription for series of six volumes only. Cloth, $5.00. Half Russia, $6.00 per volume. Published by the F. A. Davis Co., Philadelphia.

Volume III. of "the new Sajous" confirms in every particular the high opinion we have already expressed in respect to this excellent cyclopædia, the first two volumes of which were reviewed in previous issues. The work is so exceedingly well arranged, so free from unnecessary wordage, and so eminently practical, that it captivates one at sight. It contains just the information that is wanted on each subject treated—the points that are well established nicely seasoned with carefully selected siftings from recent literature. The whole broad field of medical science is, or is to be covered, each subject, be it medical, surgical, therapeutic, or whatever it be, receiving the discussion which its importance demands. Special space is given to subjects calculated to elucidate, by close analysis, obscure phases of pathogenesis. Thus in the volume under review the articles on "Infantile Myxœdema," by Prof. Osler and Dr. Norton, of Baltimore: "Exophthalmic Goitre," by Prof. Putman, of Boston; and "Goitre," by Prof. Adami, of Montreal, "form a trio which may be said to point to much of the progress that is to attend medicine in the near future." The speculative, however, is not permitted to detract from the practical value of the work, and volume three is particularly characterized by the large amount of space devoted to treatment.

PAMPHLETS RECEIVED.

THE PRESIDENT'S ADDRESS: AIMS AND CLAIMS.—By Charles R. Dickson, M. D., Toronto. Reprinted from the *Transactions of the American Electro-Therapeutic Association, 1898.*

ELECTRICITY IN THE TREATMENT OF GOITRE AND SOME SURGICAL USES OF ELECTRICITY.—By Charles R. Dickson, M. D., Toronto Reprinted from the *Transactions of the American Electro-Therapeutic Association, 1898.*

PERICARDIAL DISEASES, ILLUSTRATED CLINICALLY.—By Thomas E. Satterthwaite, M. D., New York City. Reprinted from *Medical Times.*

CORPULENCE AND THE FATTY HEART.—By Thomas E. Satterthwaite, M. D., New York City. Reprinted from the *Post-Graduate.*

THE PROGRESS OF RHINO-LARYNGOLOGY.—By W. Scheppegrell, A. M., M. D., New Orleans.

CLINICAL NOTES ON NOSOPHEN, ANTINOSINE, AND NOSOPHEN GAUGE.—By John S. Perekhan, M. D., Chicago. Beprinted from *The Chicago Medical Recorder.*

HALIFAX MEDICAL COLLEGE,

HALIFAX, NOVA SCOTIA.

Thirtieth Session, 1898-99.

THE MEDICAL FACULTY.

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JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
GEORGE L. SINCLAIR, M. D., Professor of Nervous and Mental Diseases.
DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
A. W. H. LINDSAY, M. D., C. M.; M. B. C. M., Edin.; Professor of Anatomy.
F. W. GOODWIN, M. D., C. M.: Professor of Materia Medica.
M. A. CURRY, M. D., Professor of Obstetrics and Gynæcology and of Clinical Medicine.
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F. U. ANDERSON, L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng.: Adjunct Professor of Anatomy.
C. E. PUTTNER, PH. M., Instructor in Practical Materia Medica.
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WALLACE MCDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.
THOS. W. WALSH, M. D., Assistant Demonstrator of Anatomy.

EXTRA MURAL LECTURER.

E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.
ANDREW HALLIDAY, M. B., C. M., Lecturer on Biology at Dalhousie College.

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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.

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(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

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

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For further information and annual announcement, apply to—

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Secretary Halifax Medical College.