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# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

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VOL. V.—No. 8, 13

OCTOBER, 1893.

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

The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 45 by 40 feet. The first flat contains the research laboratory, lecture room, and the Professor's private laboratory, the ground floor being used for the Curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

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

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

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards the majority of whom are affected with diseases of an acute character. The shipping and the large manufactory contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to **R. F. RUTTAN, M. D., Registrar**  
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# The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. V.

HALIFAX, N. S., OCTOBER, 1893.

No. 10.

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## Original Communications.

### AN ADDRESS BY DR. DANIEL.

[Delivered before the New Brunswick Medical Society, July 19th, at its Annual Meeting in Fredericton, in 1893.]

Gentlemen,—Another year has passed since our last meeting, bearing with it its triumphs and defeats, its aspirations and regrets, its achievements and disappointments but leaving its impress on our lives. It finds us at its departure either better and stronger intellectually, with minds broadened, judgment more matured, sympathies deepened and extended, and knowledge increased, or with natures more selfish, views more limited and contracted, and sympathies deadened, according as we have kept our wits sharpened by contact, our knowledge increased by observation, experience and study, and our hearts sufficiently sensitive to receive impressions of brotherly kindness and charity, or as we may have allowed our thoughts and actions to be dominated by self interest pure and simple and our practice to degenerate into routine.

The members of our Society cannot, of course, all be present at our meetings, but there are some who make it a point to be present when at all possible, and their names will be found year after year, on the record, while their faces have become familiar and we look for them as for old friends. To-day we look in vain for the once familiar faces of Drs. Lawrence Maclaren, of St. John, and T. Clewes Brown, of Fredericton, both of whom have, we regret, been called to join the silent majority. It is right that on this occasion I should refer to them.

#### DR. MACLAREN

died September 22nd, 1892, and was 75 years of age. He was one of St. John's best known and most respected citizens. In professional work he was recognized as an accomplished surgeon, and was always prepared for any surgical emergency. An obituary notice in *Mar. Med. News* says of him: Among his many successful operations were ligature of carotid, ligature of femoral on more than one occasion and lithotomy by median incision. "He was a native of Charlottetown, and received his medical education in Edinburgh, where he obtained the diploma of

the Royal College of Surgeons. After practising 25 years in Richibucto he removed to St. John, where his reputation had preceded him, and in addition to attending to his own private practise, was frequently called in by others as a consultant. He was a man of firm presence, vigorous constitution, and strong personality. He was extremely punctual in fulfilling his engagements, but did not like to have his time wasted by lack of punctuality in others: in fact, in him the preciseness, punctuality, and some of the formality of an almost past generation were happily blended with the greatest scientific knowledge and capabilities of the present, and made up a personality which commanded the respect of his contemporaries, and the admiration of his juniors, while those in more intimate terms bear witness to the warmth and kindness of his nature.

He was for 11 years on the visiting staff of the Hospital at St. John and was for some years a member of the Med. Council having been elected thereto when it was first organised." Such men as he are not so common, but, that when in the course of nature they come to die, they leave a vacancy not soon filled, and not the least part of our loss, is the loss of an elevating example.

On the 25th April, of this year, after only two day's illness,

T. CLWES BROWN, M. D.,

of Fredericton, passed away, the immediate cause of death being Apoplexy. Dr. Brown was by no means of advanced age, being only in his 56th year. He was born in Sunbury County, studied medicine in Woodstock, and took his degree at Univ. of Vermont in 1859, and also at Penn. Med. Coll. in 1860. For 24 or 25 years he lived here where he did a large practice, and everyone far and near knew Dr. Brown, but on the establishment of the R. S. Inf. he was appointed its surgeon and from that time withdrew largely from general work. Of his professional

achievements I am not in a position to speak, but there is no doubt he was a clever and painstaking physician. He was largely instrumental in getting the Medical Act drawn up and passed through the Legislature and on its passage was appointed a member of the Council by the Government. He was most punctual in his attendance at the meetings of the Council whether held in Fredericton or elsewhere, and his opinions at that Board always carried respect and weight. By his unusually pleasant manner jovial disposition, and kindness of heart, he had the valuable faculty of attaching to himself those with whom he came in contact he consequently everywhere made friends, and just as he never spoke ill of any, so is there no one to speak ill of him. Seldom is one borne to the tomb accompanied by the sincere and honest regrets of so large a number as followed in that mournful procession on the 27th. April, when all that was mortal of our friend was lovingly laid away in the grave.

"To live in hearts we leave behind is not to die.

DR. H. C. PRESTON

died after a somewhat prolonged illness. He was 73 years of age, and had practised in St. John since 1858. His was a well-known figure in that city where he had attained a very large and lucrative practice. In late years, owing to ill health, he had been much more retired, and was obliged to give up active work to a very large extent. He was a graduate of the University of New York in both arts and medicine, and, before he came to St. John, was editor of the Homeopathic Journal of N. Y. Dr. P. was a man of great natural ability, a gifted writer, and had a powerful intellect, while he was, withal, most companionable and pleasant to meet, being an agreeable conversationalist and a shrewd observer of men and things. His relations with the medical men were of a cordial nature and he had their good wishes,

and during the last years of his life their sincere sympathy in his shattered health. For two or three years the early effects of the disease, which finally caused his death, were apparent in his feeble footsteps and disordered heart action, and it was pitiable to see a man once so physically and mentally powerful, thus reduced to the extreme weakness which he exhibited. He was a member of the Med. Council since its inauguration, but for several years had been unable to attend its meetings. He was not in the habit of attending the meetings of this Society, and from this cause and his enforced retirement during the last two or three years, was not so well known to the younger members of the profession. He had passed the scriptural limit of man's allotted life and had earned his rest.

It is usual in an annual address to review to some extent

#### THE HAPPENINGS OF THE YEAR,

and in doing so the first thing that strikes one's attention is the great activity that is going on in bacteriological research. To so great an extent is this the case, so great are its possibilities, so important to life and health are the processes constantly going on in the body and out of it, through the agency of various bacteria, that without doubt the science of bacteriology is the science of the future, and to-day has employed in its study more patient and untiring workers and zealous observers and searchers after the knowable but still unknown than any other. Among the many interesting discoveries is "that of the mutability of the character of microbes and of their capacity to be artificially transformed into vaccines of fixed and determinate nature, and it is the greatest step which has been accomplished in medical science since the first study of pathogenic germs was made" (Haffkine). To Pasteur is due the first principles of the method, commencing with fowl cholera, going on to anthrax and fur-

ther elaborating it in hydrophobia which was the first human disease treated by the new method. So far it is only in surely and rapidly fatal or repulsive diseases, that it can be expected that people will allow themselves to be inoculated with these vaccines such as hydrophobia, tuberculosis, smallpox, cancer, cholera &c.

It is a curious fact that Nature herself gave the hint as to this mutability of character of microbes by changing those of smallpox into those of vaccinia, and accident performed the first inoculation. After Pasteur's antirabic inoculation came Koch's tuberculin heralded too soon and without sufficient experimentation; in view of the fact that tuberculosis is responsible for 15 p. c. of all deaths, it is to be desired he may still succeed in perfecting a protective or curative vaccine against the tubercle bacillus. In 1884 Koch succeeded in finding the comma bacillus in the dejections of cholera patients and in proving that it was present in all cases of that disease, and it has been in consequence generally taken for granted that its presence was the sole cause of the disease. This opinion has not been unreservedly accepted, and opposition to it was headed by the renowned Prof. Von Pettenkofer, who persisted that three elements were necessary for the production of the disease, putting them in the form of an equation, viz:  $x + y + z =$  the disease, where  $x$  is the specific germ,  $y$  the "local disposition," and  $z$  the "personal disposition." In proof of this opinion he showed that persons and places which suffered at one time enjoyed immunity at another, even when two of the factors, viz:  $x$  and  $z$  were present. He could not say what caused the local disposition, but thought the nature and degree of moisture of the soil had an important influence. So sure was he that cholera was not caused by comma bacilli alone, that he swallowed one cubic centimetre of a fresh culture, thus showing that he

had the courage of his convictions. Two days after severe colicky pains and moderate diarrhœa came on and did not entirely cease till five days had elapsed. He took no medicine during the attack, pursued his usual avocations without interruption, feeling perfectly well except for symptoms mentioned. While the diarrhœa lasted the stools were examined and found to be swarming with comma bacilli. Pettenkofer is seventy-four years old. His teaching is that while the comma bacillus has some importance, it must be seconded by certain local and sanitary conditions before cholera is produced. Besides Pettenkofer, four or five other observers performed the same experiment. Koch is, no doubt, right that the presence of

#### THE COMMA BACILLUS

is a *sine qua non* in every case of cholera, and Pettenkofer is also probably right that other factors must aid the vibrio in the production of that disease. We feel the same want of determinate knowledge with regard to other infectious diseases. Smallpox will spread rapidly and assume its dreaded hæmorrhagic form some years and not in others, and so with measles and scarlatina, but so far we cannot say why this is so. While the theory of the disease is in this condition some attempts have been made towards discovering a protective vaccine, and Haffkine has produced one which he claims is effective. Following Pasteur's procedure, Haffkine experimented and endeavoured "to produce a series of viruses, gradually increasing in strength until they reached a fixed degree of virulence greater than ordinary virus, which, when used, should permit the organism to become accustomed to a poison more virulent than that which it has to fight against at the moment when infection takes place." Without detailing his experiments it is sufficient to state that he, at last, succeeded in obtaining a vaccine, which he claims is harmless and effective when applied to

human beings. The symptoms following puncture which is usually made in the loins, are rise of temperature, local sensitiveness, and formation of transitory oedema at site of puncture. The first sensations are felt about two or three hours after inoculation; fever and general indisposition disappear after, from twenty-four to thirty-six hours. The symptoms following second inoculation are more marked but of shorter duration. The whole recalls the sensation of a bad cold in the head, lasting about two days. "The microbes introduced under skin do not propagate but after a time die and disappear. It is the substances they contain and which are set free when they die that act upon the animal organism and confer immunity upon it. It is found that the same result can be obtained if the microbe be killed before inoculation and if their dead bodies only be injected." He has thus been able to prepare vaccines preserved in weak solutions of carbolic acid. "In this the microbes die at the end of several hours, and the vaccine so prepared has been found efficacious six months after preparation." They can be used by persons having no bacteriological training, and the absence of every living organism makes them perfectly safe."

If this vaccine should protect against cholera it certainly has these properties which would render it a safe remedy in the hands of the general practitioner; so far this proof is wanting, and Dr. Klein has shewn that the injection of the intracellular poison of bacillus coli communis and other common bacilli have also the power of rendering the body refractory against the intracellular poison of the comma bacillus, and thinks it would not be at all justifiable to assume that such a refractory condition is an index of insusceptibility against natural infection with cholera.

#### OF EQUAL INTEREST

with that attaching to the injections of cultures, is that of the injection of

blood or semen of immune animals, and of the attempts made to cure one disease by inoculating another upon it, I refer to the attempts made to cure sarcoma by inoculating it with erysipelas. These experiments have been made by Dr. W. B. Coley of The New York Post Graduate School. The idea was given by the following case: A case of round celled sarcoma of the neck occurred in a man aged 31. Five operations had been performed by Dr. W. T. Bull within three years. At the last operation it was found impossible to remove all of the tumor and the case was considered hopeless. Two weeks after operation a severe attack of erysipelas occurred, followed by a second attack shortly after first subsided. During progress of erysipelas the remains of sarcoma disappeared, the wound healed rapidly, and patient was seen, by both Coley and Bull, seven years afterwards, and nothing but the healthy scar remained to mark the place where sarcoma had been.

The diagnosis had been repeatedly confirmed by well known pathologists, and there was no possibility of attributing cure to any other cause than erysipelas. Without giving the details of Coley's experiments on sarcoma and carcinoma, I will give his conclusions, which are:

1. The curative effect of erysipelas on malignant tumors is an established fact.

2. The action on sarcoma is more powerful than on carcinoma in ratio of three to one.

3. The treatment of inoperable malignant tumors by repeated inoculations of erysipelas, is both practicable and not attended with great risk.

4. The curative action is systemic and probably due chiefly to the toxic products of the streptococcus, which products may be isolated and used without producing erysipelas.

5. This method should not be used indiscriminately until further experiments have proved its limitations.

Any experiments in perfecting a method which offers a prospect of cure of such a hopeless disease as cancer, will be followed with the greatest interest, and their success hailed with the most intense satisfaction.

In these experiments of Coley's a notable circumstance was the difficulty experienced in getting erysipelas to attack the tumors.

The above statements, with regard to researches being made into the etiology and cure of cholera and other diseases, give a fair idea of the present position which bacteriological knowledge occupies, and although the advances already made are wonderful when we consider the extreme minuteness of the organisms under observation, we are still only on the verge of discovery. As Dr. T. Mitchell Prudden, in a recent article in the *Century Magazine*, puts it, "Twelve years ago we knew practically nothing of these invisible enemies, the pathogenic germs, which, nevertheless, carried off prematurely and under untold suffering a large part of the human race. To-day some of them are present at the roll call in every well established bacteriological laboratory; their pedigrees, their lurking places, and their habits are as distinctly matters of record as are those of larger criminals in statelier prison houses. To-day we know something of the stories of nearly all of them, and of many, how they produce their dire effects in the body; we know the conditions under which they thrive; we know how, outside of the body, at least, they can be killed. Now and again it has seemed as if the veil were parting, and we could catch a glimpse of a time not far off when we shall be able to battle with these intruders even in the body, when their ravages are already underway. But as yet the great practical result of this decade of discovery lies not so much in the power which we have acquired to cure, as in the power to prevent bacterial disease."

## SOME ADVANCE

has been made in the use of electricity, more especially as applied to lighting hollow organs, such as stomach or mouth by what are called transilluminators, for the purpose of diagnosis, but as a remedial agent it has not added to its reputation. It serves a good purpose in functional disorders of nervous system, but does not appear to influence the course of organic disease, and would almost seem to be on a par with suggestion in these affections; at all events it has not shewn itself to be an agent whose place in therapy can be exactly stated, nor its remedial properties defined.

There have been added during the year the usual number of new remedies, including Bengosal used in diabetes, Thiosinamine for absorption of glandular swellings, Agathin for Rheumatism, Alumol, antiseptic and astringent, useful in gonorrhœa in which disease its use in 1 to 2 p. c. solution, as an injection three times a day, is said to cause disappearance of gonococci in three to six days; also used in gonorrhœal endometritis, in abscesses and fistulous tracts, &c.; Asaprol a new antipyretic and analgesic, and said to be more efficacious than salicylates in rheumatism, Trional a new hypnotic and chloralose, which is likely to come into general use; Formanilide, an analgesic in laryngeal diseases acting like cocaine, but the effect continuing longer, viz: 10 or 12 hours after insufflation—and many others.

Brown Sequard some years ago startled the world by the introduction of a new elixir of life, and by means of injections of testicular juice, he proposed to make supple the stiff joints, to strengthen the weak knees, to put fire and life into the bleared eye, and vigor into the flabby muscle, in short to turn December back again to June. The success of the remedy has not been such as to shew that testicular juice has any such action. On the same lines, however, a remedy has

been found for myxœdema (an infrequent disease in this country) in the use of the thyroid gland, which has been found to cure the disease whether given by the mouth raw or cooked, or subcutaneously in the form of its expressed juice. A later aspirant to favor is Dr. Hammond's "Cerebrine" and "Cardine." These are animal extracts taken from brain and heart of the ox. The effects of the first remedy are said to be "pulse becomes more rapid, stronger and fuller, there is a feeling of Exhilaration and increased mental activity; the quantity of urine and expulsive force of bladder increased; intestinal peristalsis increased; decided increase in muscular strength and power's of endurance, appetite and digestive power are increased; the most notable effects were seen in the debility of old age." This sounds very much like the effects said to be obtained by Brown Sequard with his elixir, but so far the fountain of eternal youth has evaded all attempts at discovery. A French savant has also been experimenting on the same lines with an extract from spinal cord, &c., which he has used in epilepsy, neurasthenia and allied disorders, and claims considerable success in its use.

## IN SURGERY

it would be tedious to detail new operations done on the brain,—on the skull for the purpose of giving more room to brain, on the liver, lungs, and especially on stomach and bowels, while hysterectomy has been improved by treating the pedicle intraperitoneally. We are all, perhaps, more interested in the revived operation of *symphysiotomy* than in the others, because nearly all of us are obstetricians, and may meet with a case in which this operation may be indicated, although in this country rachitis is not of so frequent occurrence as in more densely populated centres, and deformed pelves rarely give us trouble in childbirth. The operation is liable to certain accidents, such as hæmorrhage, and injury

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# ANIMAL DIASTASE

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These Tablets are made from the starch-converting ferment of Pancreatic Juice, obtained from the pig and other domestic animals, and will be found of great value in the treatment of dyspeptic affections due to inability to digest the starchy elements of food. This form of indigestion is very troublesome at times, and is not relieved by the various preparations of Pepsin.

Animal Diastase, or Amylopsin, being the substance provided by nature for the purpose of digesting starch, is very active when properly purified and prepared, and converts the starchy portions of food—bread, etc.—into sugar and dextrine, which are readily soluble and consequently in a form capable of being immediately absorbed by the system.

One or two Tablets will give almost immediate relief from the discomfort frequently experienced after eating hot biscuits, cakes, waffles, etc., and should be taken shortly before or after meals. For children, one-half the above quantity should be given.

One-half a Tablet, crushed and mixed with a small quantity of water or milk, will be found of great service to infants who are being fed upon the various infant foods so largely sold, nearly all of which contain large quantities of starch and are difficult of digestion in certain cases. This dose should be given whenever there appears to be any of the food undigested.

Wyeth's Compressed Tablets of Amylopsin contain two grains each, and are coated with a thin film of pure white sugar. . . . . Price per 100, \$0

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For the convenience of the profession we supply this remedy in the form of Compressed Tablets, and also the Fluid Extract.

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We will be pleased to mail our reprint of Dr. Shoemaker's article on KOLA-NUT, on application.

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1-100 GRAIN.  
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We have received a large number of letters from physicians in all parts of the country confirming the experience of those mentioned on the attached circular, in cases of Cholera Morbus, Cholera Infantum, Dysentery, Diarrhoea, and other complaints of a similar nature.

It is claimed that Copper Salts have proven valuable in all the Cholera Epidemics within the last fifty years, and medical literature affords abundant confirmation of its great value in complaints of a choleraic nature, many physicians also claiming that the Arsenite will prevent the development of those symptoms which so often lapse into Asiatic Cholera.

JOHN WYETH & BROTHER.

I was called to attend a lady, a resident of Savannah, Ga., who is on a visit here, on Friday morning, the twenty-third instant. I found her suffering intensely from paroxysmal pains of intestinal colic attended with diarrhoea. My patient declared that she could not live another hour unless relieved. I felt sure that I could relieve her pain by giving an injection of morphia and atropia, hypodermically, but would be apt to have a nauseated patient to look after the balance of the day, so I dissolved a tablet of the Arsenite Copper (one one-hundredth grain) in four ounces of water. Gave her the first teaspoon myself and begged her daughter to give another teaspoonful every ten minutes for the first hour, the none dose every hour after, until I called again. I went back in two hours time and found the patient sleeping. She was relieved after taking the third dose of the Arsenite. I requested her daughter to give a dose once each hour, and left with a promise to call again that evening. I found my patient up and feeling well at eight o'clock, and so much pleased with the treatment that she wanted to put the remaining portion of the solution in a phial to carry back home with her. She says that she is subject to these attacks of colic, and was never so easily and pleasantly relieved by any other form of treatment.

C. E. DuPONT, M. D.

Grahamville, S. C.

A. P. Brown, M. D., Fort Worth, Texas, writes us in reference to the above as follows.

*Messrs. John Wyeth & Bro.*

"Bloody Flux is very prevalent here, and these Tablets, 1.100 grain to four ounces of water surpass any other medicine we have used in arresting this painful and dangerous disease; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc."

Recent medical literature confirms the practical experience of Dr. A. P. BROWN in the use of this remedy, in serious dysenteric cases, with an additional therapeutic value in indigestion, diarrhoea, etc.; also, as an antisudoral in the night-sweats of phthisical-patients.

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P. S.—We direct your attention particularly to the Triturate 1-3200 Grain, which has been specially prepared so as to give an exact dose without the trouble of dissolving.

to bladder or urethra when the bones are brought together often producing vesico-abdominal or vaginal fistula. The pubic bones are said to unite firmly after division, but it must be remembered that the published statistics of this operation, as well as caesarean section, are obtained from eminent men who work under the most favorable conditions, and the private practitioner who treats his cases in private houses will probably prefer to induce premature labor in cases in which pelvis deformity exists inconsistent with the safe delivery of a fully formed child.

Of interest to us in this Province who remember the existence of the Lazaretto at Tracadie, and the purpose for which it exists is the report of the Leprosy Commission. This Commission was appointed to investigate leprosy in India, owing to the outcry that it was increasing and becoming a national danger. This report shows the disease not to be on the increase, but rather the reverse, and that the sea coast is not more troubled with it than inland parts of the country. The most striking part of their report is as to hereditary transmission, predisposition and contagiousness, and is a surprise probably to everyone. They say "that leprosy in India cannot be considered a hereditary disease, and they would even venture to say that the evidence which exists is hardly sufficient to establish an inherited specific predisposition to the disease by the offspring of leprous parents to any appreciable degree." They also conclude that in consequence of the above and also of the fact that leprosy appears to weaken the sexual functions and tends to produce sterility, that marriages among lepers and with lepers do not increase the risk of a diffusion of leprosy by means of the offspring. With regard to contagiousness their report is also a great surprise. They say "that with one questionable exception, all the instances of possible contagion which they person-

ally met with have broken down, that the disease does not spread sufficiently among members of a family; that it very seldom spreads from husband to wife or vice versa. Leper communities in India have never acted as centres around and from which leprosy has been diffused among the population; all the persons who had lived many years in close contact with lepers, either as attendants, or being retained in Asylums on suspicion of being lepers have remained untainted, with one or perhaps two exceptions." The whole report is a most interesting one, and should allay any fear of this disease spreading to any extent in this country.

#### OF GREATER INTEREST

will be the report of the Royal Commission on Tuberculosis which it is expected will soon be made. What that report will contain cannot of course be known till it is published. It is understood, however, that it "will not favor the contention of those who hold extreme views as to the infective character of meat from tuberculous animals," although it will confirm and extend the belief that the "milk of tuberculous cows may be a most potent source of mischief."

Gentlemen, I know that one of the most important qualities that can attach to a paper is brevity, and my remarks are in consequence disconnected and unelaborated, but from the few data which I have put together and briefly placed before you, and they are but a small portion of those available, it is very plain that in all branches of our science and art, clever, practical and learned men are constantly experimenting, planning and working to ascertain some new truth, achieve some improvement in medicine or surgery, and having succeeded, to lay it unreservedly on the altar of the public good, a free-will offering to the greater welfare of humanity, their reward being alone the proud satisfaction of having their names associated with the discovery and of having adde

something to the means of mitigating suffering, prolonging life, or removing disease. It is not at all for us to try to compete with these men, nor is it to be expected, we are all too busy in the work of every day life to find time for much original research, and even if we had the time, the means are wanting, but what we can do is to keep ourselves thoroughly aware of all that is taking place in the medical world, and give our patients the benefit of every latest discovery, we can so order our lives as to be not only physicians but gentlemen in the best sense of that word, and we can take care that in us, the lustre of a profession which is doing more for humanity than any other shall suffer no dimming, for, in the words of the great Lord Chancellor Bacon, "I hold every man a debtor to his profession, from the which, as men, of course, do not seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereto."

### SURGICAL CLINICAL NOTES, 1892-3.

BY E. FARRELL, M. D.

Surgeon to V. G. Hospital, Halifax.

Read at the Annual Meeting of N. S. Med. Society, 1893.

Instead of giving a general review of surgical progress during the past year, it is enough to say that the steady march of improvement which has marked the past decade still continues. A progress that has made the science of surgery challenge the respect and admiration of the world; it records so many brilliant results in the relief of human ills, and points to thousands of lives saved from fatal disease; restored to their families, to health and to many years of useful life.

It would be impossible in one short paper to give even a superficial sketch of the details of the year's surgical progress. You are all, however, made familiar with it through the columns

of the Medical Press, and it is unnecessary to make the attempt. I will content myself with giving some clinical records of my own, taking a few interesting cases that have come under my own care.

The only interest in the first case is the size and extent of a tumor of the shoulder joint, with possible involvement of the scapula.

OSTEO-SARCOMA OF HUMERUS.—J. A. 32, admitted Vic. Hosp., Nov., 1892, complained that about six months before he began to have pain in the shoulder. After about two months swelling increased, until the shoulder joint reached its present condition. No history of malignant disease in his family. On examination is found a large tumor about the size of a child's head involving the head of humerus and shoulder joint in three-quarters of its circumference. It is dark bluish red in color, somewhat soft and doughy in feel and not very tender. The arm wasted and limited in motion. General health good. Diagnosis; osteo-sarcoma, and operation decided on. The ordinary amputation at the joint was impossible, as it was feared that it would be necessary to remove the scapula, or part of it, also. Under either the first step was the ligation of the axillary vessels in the first part of their course. The incision was first made along the line of the pectoralis major, this muscle lifted and the vessels exposed and ligatured. A circular incision was then made around the joint behind the acromian process, clearing the infected tissue about a half-inch, and the arm disarticulated. It was found that the glenoid cavity was healthy, the disease limiting itself to the head of the humerus. A small piece of flap was secured from the under part of the arm where the skin was healthy but only sufficient to cover a small part of the wound, the rest was covered in with iodoform gauze. The patient made a good recovery, though the healing was slow. In ten

weeks he was well, with the wound completely covered with cicatrix.

The next are cases of great interest to me, as I hope they may be to the members of the Society. They are descriptive of a new and improved method of surgical procedure in the treatment of tuberculous joints, the dreaded "White Swelling" and I am sure we should all rejoice to record a line of treatment which offers a hopeful result in this, one of the worst of chronic surgical diseases.

I am indebted to Senn of Chicago, whose work on "tuberculosis of Bones and Joints," published last year was such a valuable addition to our Medical literature, for leading me to a recognition of the value of this operation. The operation of arthrectomy was first brought to the notice of the profession in 1887, by Wright & Collier, though in 1885 Volkman wrote his paper on Arthrectomia Synovialis. I would venture the opinion from my limited and short experience that the operation is as great a step in surgical progress as was resection over amputation.

To understand the operation we must recognize the true pathology of what is called scrofulous arthritis or white swelling. *It is tuberculosis of the joint.* The operation consists in freely opening the joint, scraping and gouging out all infected foci in bone or denuded cartilage, and cutting away all diseased synovial membrane and periarticular tissue.

The operation aims at *the removal of all diseased tissues and the preservation of all that is healthy.* The gain over resection is that it is a less severe operation, the greater length of limb, the possibility of slight motion, and the avoidance of danger to the epiphysal centre of ossification. I need not take up your time with a description of scrofulous arthritis, met with so frequently in practice, which means years of suffering, a useless life and often

loss of limb or life. Let us consider it as it occurs in the knee, a joint frequently attacked. It begins with slight pain and soreness felt after exercise; treated in the young by the mother for a time. A few day's rest and a hot application and it is better. Soon the same symptoms recur with a little limp and a little swelling. Then the doctor is called. He does all he can—rest, counter-irritants and tonics, and for a short time apparently makes things better, the boy is on his feet again, but only for a short time; soon the old symptoms recur even more pronounced than before. Some time in bed and some on crutches, slowly but certainly the joint grows worse until the joint breaks down in the suppurative stage. What is going on in this case? The joint is simply a nest of tubercle bacilli with tissue necrosis, and degeneration, with the growth of consecutive fresh granulation tissue.

In dealing with tubercle the first and most important step in treatment is the administration of such tonics and tissue-builders—fresh air, change of scene, a regulated diet, iron, cod liver oil; as are known to strengthen and invigorate the system. Tubercle bacilli will not live in well nourished tissue. Can we destroy the bacilli locally by any therapeutic agent? We are obliged to answer, No! Many experiments have been made and are being made to discover a substance which can be safely injected into tissue which will destroy tubercle bacilli, but so far without satisfactory results. Up to the present time iodiform is considered the best agent for this purpose. For local treatment then, what can we do in the early stage? Practically nothing but *Rest*. In the middle and later stages the operation I am considering offers the best chance for life and limb. The only questions are, How soon is the operation justifiable, and is it equally applicable to other joints as to the knee?

**SUPPURATIVE TUBERCULAR ARTHRITIS—ARTHRECTOMY.**—F. W., age 11, had not been a very healthy child since birth. The disease began in April, about nine months before his admission to the Hospital, and followed a pretty acute course. When admitted he was pale and weak with considerable fever and pain. The knee was swollen, hot and tender, and flexed at almost a right angle. Three sinuses were discharging a curdy pus.

December 20th—Decided to open the joint and determine upon sort of operative procedure on the table. After the sinuses were thoroughly scraped and sterilized, the joint was opened by the lower curved incision dividing the lig. patelle, and making a flap of the whole of the anterior wall of joint. The joint was found in very bad condition. The synovial membrane thickened and pulpy, the ligaments softened, the articular surfaces eroded, and cartilages soft, with foci of disease in both tibia and femur; I determined to remove only the diseased structures and not do the ordinary resection. With a curved scissors all diseased soft parts were removed, and with sharp spoons the bone was scraped to healthy tissue, and the deep foci dug out. The whole was then thoroughly washed with sublimate sol. 1—2000, and immediately afterwards with boiled water, the parts dried and a mixture of equal parts of iodoform and boracic acid was rubbed in every part of the cut tissues. It was now found that the leg could not be brought into the straight position. I divided the hamstring muscle but still the position was not good. A small piece was taken off the femur, when the bones came well in place and all parts brought into position. He seemed to do well the first day, but on the second day he was very weak, with temperature 104. On opening the wound found the whole wound had "gone septic." His condition was critical, ether again administered, and I found under the

tendon of the vastus externus a pus cavity that I think escaped notice at the operation; this had infected the whole wound. This was thoroughly scraped, iodoform and oil injected, and the whole again sterilized and done up to give it another chance. I feared I would have to amputate the next day, but fortunately, from that time, he began to recover. The discharge soon became less, dressing less frequent with gradual improvement in health and strength.

On Feb. 10th, about seven weeks after the operation, he was about the ward on crutches, leg one inch shortened. March 10th, walks fairly well, with one stick or even without aid.

M. W., age 19, Female. This case was chronic; an ordinary one of what is best known as "White Swelling." Tubercular family history. Childhood fairly healthy. At 13 years of age the disease began, and followed the common course since, with many intermissions growing slowly worse. When admitted to the Hospital in May, 1892, she had fair health but delicate looking, walked with a crutch. Treated by rest and pressure and left the Hospital after four weeks, and was again admitted in October. She was then much worse, knee more swollen and very tender, cannot bear any weight.

Dec. 13th—The same operation as above described was performed, except that the ends of the bones were left intact. The joint was full of curdy pus. This operation was followed by the happiest immediate results. The temperature was 101 the day after the operation, and from that time her condition from day to day was almost normal, no symptoms of unfavorable reaction of any kind. The first dressing remained unchanged until the twelfth day; when removed found wound healed, except at lower angles, and tissues healthy; removed stitches and small cat-gut drain. A few drops of watery discharge from lower part of

wound. Two other dressings until Jan. 25th, when she got up on crutches.

March 8th—Can walk without aid.

I regret to say that she returned to Hospital in June, after leaving apparently cured, two months before. Under my direction she had begun to walk and use the leg freely when she got up. The knee then became again tender. I feel now that I directed the use of the limb at too early a date. However, a consultation held a few days ago, decided that complete rest of the limb with constructive treatment would restore parts to their normal condition.

M. H., 24, Fisherman, admitted to Halifax Infirmary June 17th, Family History, tubercular. Two years ago slight injury of knee, followed by inflammation which continued with variation as to severity for six months. Went to Marine Hospital, Chelsea, Mass., where it was treated with some improvement. For a time, he was able to pursue his avocation. Went again to same Hospital last January, and remained a short time; he was not benefitted. The symptoms of severe inflammation began about two months ago. Great swelling, intense pain with fever, and leg flexed at a right angle. He came to the Infirmary from Canso in the steamer, being carried on a bed, the slightest motion of body causing agonizing pain. Immediately on his admission he was operated on, on account of the severity of his symptoms. The same operation as mentioned was performed. We found the joint completely disorganized, full of pus, with peri-articular abscesses. Soft grayish granulation matter covering the whole lining of the joint. The cartilage peeled off the bone which was soft and pulpy. After complete removal of diseased tissue, it was found impossible to bring the leg straight. I then removed a small piece of femur and brought all parts into position. Temperature, 100 the first day. Up to the present has made splendid progress. Dressed twice since operation.

(NOTE.—This patient left the Infirmary quite recovered, August 7th; wound well healed, no pain or tenderness about the joint. I directed him to use crutches and bear no weight on the limb for three months, until the tissue-building about the joint was complete and solid.)

#### ABDOMINAL SECTION.

I will now give you a short account of nine cases of Abdominal Section; seven of these for Ovarian Cyst, one for Uterine Myoma, and one for retro-peritoneal Sarcoma.

A. S., age 49, unmarried, a healthy, strong, well-built woman, good personal and family history. First noticed enlargement of abdomen two years ago. No disorder of menstruation, uterus three-and-a-half-inches long, marked enlargement of abdomen, fluctuation marked. Operation April 18th, few adhesions, silk for pedicle. No subsequent history to note, on feverish reaction. Went home four weeks after operation.

S. W., Halifax Infirmary, age 21, a slight and not very strong looking girl. Always healthy until about one-year ago, when the swelling in the abdomen was first noticed. Menstruation always regular, but somewhat more frequent the last year, but no increase in quantity, uterus two-and-a-half-inches long. Abdomen quite large; fluctuation not marked, solid feel in tumor at some points. Operation revealed a multiple cyst with solid growths; some adhesions in lower parts of abdomen, very broad pedicle, with falciform process extending along the broad ligament. Tied in sections with silk. No subsequent symptoms to note. Left for home three weeks after operation.

W. D., Halifax Infirmary, age 49, married, has had ten children. Mens. ceased about six months ago. A year ago first noticed enlargement of abdomen. Exam. evidently a very large tumor, partly solid, partly fluid. Operation. On opening abdomen found tumor made up

of many cysts and much solid growth; tapping did not lessen it much, enlarged incision and lifted it out of abdominal cavity. Considerable omental adhesion and to peritoneum posteriorly; silk used; tem. 100 next day; nothing to note, subsequently made uninterrupted recovery. Went home in three weeks.

Mrs. J. B. L., Halifax Infirmary age 39, a very healthy looking woman. Gave the ordinary history of onset of growth. Had one child 14 years ago; mens. regular since. Cancerous history in family. Examination shews a fluctuating tumor not rising above umbilicus. Uterus normal; attachments to tumor doubtful. Her husband who accompanied her gave a history which made her case a critical one. For the past four months she had had three or four attacks of marked peritonitis over the growth. After first examination she returned home fearing operation. While at home she had another severe attack of peritonitis, which left her very weak. When she recovered she returned to the Infirmary and operation was done. I found the most troublesome and difficult condition of things I had yet encountered. The tumor was a cyst with semi-purulent contents. It was firmly adherent over its whole surface to anterior ab. wall, to omentum and intestines, also strong attachments to posterior surface of uterus. It was a long, tedious and difficult operation to detach all the adhesions. The pedicle was very broad. Considerable oozing from many points, flushed abdomen with boiled water. Operation lasted two-and-a-half hours. Patient collapsed. Inserted glass drain and closed wound. Removed to bed, patient very weak. Rallied slightly in about six hours. Drew about three oz. bloody fluid out of tube every three hours for fifteen hours, then removed the tube. Twenty-four hours after she had rallied fairly well, pulse 112, T. 99. The temp. touched 101 the following day, and from that

time she continued to improve, and recovered without a bad symptom. She sat up on the eighteenth day.

Mrs. C., Infirmary, 57, married, very thin and worn looking, had lost flesh rapidly the past year; tumor began in pelvis three years before, grew rapidly at first and was accompanied by uterine hæmorrhage and vesical irritation. A uterine fibroid was diagnosed at that time. Subsequently she had a very large accumulation of fluid in peritoneum and suffered very much. Tapped, and about four gallons of bloody fluid evacuated: required tapping repeated three times, when only a small quantity returned. Tumor continued to grow till at present, solid lobular mass, fills abdomen reaching to ensiform cartilage. On account of rapid loss of flesh and strength; agreed to an operation. On opening abdomen found an enormous solid growth, apparently growing on to and surrounding intestines fixed to posterior abdominal wall and adherent to all pelvic organs. Immense turgid vessels from omentum to tumor. After a slight attempt to tie up some of these vessels, the operation was abandoned. She sank and died the third day after the operation. Post-mortem showed a retro-peritoneal sarcoma.

Miss G., Infirmary, 20, unmarried; healthy girl; no disorder of menstruation. First noticed swelling four months before. Fluctuating tumor reaching a little above umbilicus. Operation, simple cyst; no adhesions; broad pedicle; rapid recovery; no bad symptoms.

Mrs. McL., Infirmary, 45, four living children, three premature births, says she only noticed swelling of abdomen a short time, but it felt hard for a considerable time before. No disorder of menstruation. Examination reveals a hard moveable mass in abdomen, with two lobes. No fluid. Uterus four inches long. Uterus moves with sound when tumor is moved. In this case on opening the abdomen, I found as I

suspected, that I had to deal with a Uterine Tumor. A large myoma presented itself, growing from the top of the uterus. It was attached by a solid pedicle about an inch and a half long, and half an inch thick, to the right half of the organ. With the aid of strong clamps, the tumor was separated. The edge of the uterine incision, were united by strong silk sutures. The hemorrhage was controlled by the sutures. The temperature was 100 the day after operation. No subsequent notes. Made a good recovery.

S. S., Victoria Hospital, married, pale and weakly, but always had poor health. First noticed tumor two years ago. No disorder of menstruation. Operation; simple parovarian cyst; small pedicle; no adhesions. Did well for the first week, then developed pain in right side with fever, followed by an abscess which discharged into upper part of wound. From that time made a good recovery.

Mrs. C., age 70, always enjoyed good health. Menopause occurred at 55. She has had two children. Last January she first noticed enlargement abdomen, but says it was probably coming before she noticed it. Did not influence her general health only inconvenience of weight and distension. Exam.; abdomen considerably distended; large fluctuating tumor extending about an inch above umbilicus; vaginal exam.; large soft mass in Douglass' cul-de-sac. Uterus pushed forward, two inches long. Operation; June 13th, tapped one large cyst, thin fluid contents. Some slight-omental adhesions. Another large cyst crowded into pelvis; got out with difficulty; seemed between folds of broad ligament; small pedicle. Her temperature never rose above 99, and has been sitting up since Saturday.

This patient returned home well and strong; six weeks after operation. I was much pleased with the result of this case, as it is the only one I have

operated on who was over seventy years old.

I cannot close this imperfect paper without expressing my regret that I could not spend more time in its preparation, and make it better worthy of a place in our proceedings.

A graduate of the Medical Department of a Canadian university who has had over two years' experience in a maritime city hospital would like the position of assistant or partner to an established practitioner. Parties wishing references please address R. I., Box 446, Halifax, N. S.

—♦♦♦—  
 THERAPEUTICS OF DAMIANA.—The therapeutics of damiana seems to have progressed from the merely empirical stage to a point where it can be prescribed with something like scientific accuracy. Though slower in action, it is analogous to strychnia in effect, but more tonic than the latter. On the bowels it acts to promote increased peristalsis, causing one or two mushy stools per day, and it is an effective remedy in the habitual constipation of neurotic subjects, especially of those who are victims of sexual perversion. Increased diuresis follows its use, and many cases of irritable bladder and urethra are very greatly benefitted by it. On the heart, also, it acts as a tonic sedative equal in some cases of functional disturbance to *cactus grandiflorus*. From the above resumé, it is plain why damiana has proven so efficacious in cases of nerve-exhaustion resulting from sexual excesses, and why, far from being a direct stimulant of erotic desires, it has been found to act as a sedative to abnormal sexual appetite. In short, it is not a "specific," but its so-called specific action is but the result of its general tonic effect.—*Cleveland Med. Journal*.

# Maritime Medical News.

OCTOBER, 1893.

## EDITORS.

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

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

*All manuscript, and literary and business correspondence to be addressed to*

DR. G. M. CAMPBELL,  
9 Prince Street, Halifax.

## TUBERCULIN.

It seems not unlikely that the much abused tuberculin may yet obtain reputable standing in the therapy of tuberculosis.

Koch's reservations in respect to its nature and preparation, the furore following its introduction, and the premature publication of favorable results, prejudiced sober-minded practitioners against its employment.

In spite of warnings it was extensively used and quickly fell into disrepute, mainly, we think, by reason of excessive dosage and want of care in the selections of cases. The singular properties of tuberculin more especially the reaction peculiar to tuberculinized subjects, has fortunately preserved a conviction of its probable usefulness,

both for diagnostic and therapeutic purposes.

Its value as a means of recognizing the earlier manifestation of tuberculosis in bovines is now assured. And the benefit of this to mankind atones for all the folly connected with its early history. Possibly it may again find favor for this object in human beings.

Efforts have been made in various quarters to carefully test the remedial powers of tuberculin with some measure of success.

The modifications proposed by Hunter and Klebs, with a view of eliminating the harmful properties, cannot be regarded as failures, and the results obtained by those who have adhered to the original remedy are decidedly encouraging. This much at least has been learned, that in carefully selected cases, the remedy with precaution as to dosage can be given without risk and often with manifest advantage. The reports of Kinnicut, Trudeauux and Von Ruck confirm this view. The latter reports in the *MED. NEWS*, (Sept. 16th, 1893.) sixty one cases of pulmonary tuberculosis treated by tuberculin in his sanitarium at Asheville, N. C. Eleven cases were in the early stage of the disease, of these ten apparently recovered, and one was greatly improved.

In twenty two cases the disease was more advanced, of these, fourteen apparently recovered and the remainder more or less improved. Among those reported apparently recovered, eleven were still in good health two years after treatment. Even in advanced cases considerable improvement took place in quite a large percentage.

## TO THE MEDICAL PROFESSION OF CANADA.

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorus preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

JAMES I. FELLOWS, Chemist.

# SYR. HYPOPHOS. CO., FELLOWS

CONTAINS

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

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

**The Tonics**—Quininé and Strychnine ;

**And the Vitalising Constituent**—Phosphorus ; the whole combined in the form of a Syrup, with a slight alkaline reaction.

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

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

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

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

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

## NOTICE—CAUTION.

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

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

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

# Wyeth's Compressed Triturated Drugs.

Safer, Pleasanter, and more Efficient and Convenient Medication  
for Infants, the Fastidious, and Idiosyncratic.

## An. Innovation.

Brunton points out that the introduction of the method of giving small doses at frequent intervals has "the very great advantage that the desired effect can be produced with greater certainty and with less risk of an overdose being taken."

## What are Compressed Triturates?

The Compressed Triturates are "intimate mixtures of substances with sugar of milk." In no way are they allied to the sugar of milk of globules or pellets, dependent so largely upon chance for the absorption of the medicaments poured down the side of the bottle. The following directions are those given in the Pharmacopœa, U. S., for the preparation of Triturates: "Take of the substance ten parts, sugar of milk in moderately fine powder ninety parts, to make one hundred parts; weigh the substance and the sugar of milk separately; then place the substance previously reduced if necessary to a moderately fine powder, into a mortar, add about an equal bulk of sugar of milk, mix well by means of a spatula and triturate them thoroughly together. Add fresh portions of the sugar of milk from time to time, until the whole is added, and continue the trituration until the substance is intimately mixed with the sugar of milk and finely comminuted.

## Resume of Advantages.

1. The Compressed Triturates are made with the pure drug and sugar of milk.
2. The process of trituration, employed so finely, subdivides and separates the mass of medicament, that this is said to be more active than would the same quantity given in the ordinary way.
3. They contain each a very small dose, so that by giving one at a time—they may be repeated often—the taste of the drug is hardly, if at all, perceived.
4. Being made with sugar of milk, one of them (if not taken whole) added to a little milk or other fluid is at once "broken up" and distributed throughout the liquid.
5. Pulverulent substances, like calomel, are by this means especially distributed well, and for the moment suspended throughout the fluid.
6. Being very small, and not globular, they are easy to swallow.
7. They do not harden and become insoluble with time, nor do they crumble like pills.
8. They afford the advantages derivable from the administration of small doses repeated often, which are: 1. That if the drug be given in but little liquid, the absorbent power of the mucous membrane of the mouth and gullet are called repeatedly into requisition. 2. That if given on an empty stomach (as is generally desirable) unpleasant symptoms are avoided. 3. In case of idiosyncrasy, the doses can be stopped before large amounts have been given. 4. Administered in this way drugs are better tolerated than is otherwise the case.
9. A greater effect is alleged to be attainable by this method from a small quantity of medicine than is possible by the usual plan.
10. In some cases Compressed Triturates are repeated as often as every five or ten minutes, and it is surprising how soon a very small dose of medicine repeated often amounts to a very large quantity.
11. If taken whole, one of the Compressed Triturates dissolves and falls to pieces in the stomach at once, and is never voided unchanged.
12. They afford accuracy of dose, without the trouble and annoyance of weighing or measuring.
13. They can be taken at any time and in any place, even when the patient is following his ordinary avocation.
14. They are only a few lines in thickness and about one-fourth the circumference of a lead pencil.

Samples of Triturates free to medical men.

In all orders specify WYETH'S and avoid disappointment.

**DAVIS & LAWRENCE, MONTREAL, Sole Agents for Canada.**

The same writer reports fifty four cases treated in the sanitarium without tuberculin, the other conditions being precisely the same. The results were not so favorable as in the tuberculin series. He says, "From the evidence accumulated during two and one-half years' use of the remedy, and from the results obtained in my first series of twenty five cases, and of those thirty six cases reported in this paper, I believe myself justified in claiming that tuberculin has been a great aid in my work, and having seen no unfavorable effect whatsoever from its administration upon the plan described by me, I believe myself justified in recommending its use not only in the earlier, but in all the stages of pulmonary tuberculosis, when no contra-indication exists."

Fever he regards as the principal contra-indication.

In spite of the unprecedented efforts put forth to stay its progress, cholera is increasing in Europe. It is slowly and steadily marching westward.

Sharp outbreaks have taken place at Grimsby and Hull, in England, and suspicious cases have been reported at other points in that country. The precise origin of these outbreaks has not, as yet, been clearly established. At Grimsby and Hull a notable increase of diarrhoeal affections preceded the first well marked cases, and the disease obtained a good foothold, before the danger was fully recognized by the authorities. From the evidence obtained at various points, it is clear that "walking cases" play a prominent part in spreading the disease.

THROUGH inadvertence a notice of the Dominion Medical Monthly failed to appear in our September issue. We have now before us the July, August and September numbers. It is published in Toronto, and presents a good appearance, not only in dress, but in its literary contents. Its objects—to promote the good and welfare of the medical profession; to supply its members with the very best reading matter; to foster home, research and investigation; to secure a general medical licensing body for Canada, are entirely to be commended.

We congratulate the Dominion Medical Monthly, and its editors, on its initial numbers. We wish it a long life of usefulness along the lines it has laid down.

THE Canadian Medical Association Meeting at London, on Sept. 20th and 21st, was a success. The President's address was well received. A committee was appointed to report on some practical scheme for reciprocal registration between the various Provinces. Unfortunately the report was submitted too late to allow of discussion, so that it was received but not adopted. We think that the Association acted wisely in choosing the Maritime Provinces as the next place of meeting. The medical men of St. John may be depended upon to do their share towards making the meeting a success. We hope that the Maritime Association Meeting may not suffer, but this may be safely left to the medical brethren of St. John.

Don't encourage a child to walk until he is from a year to a year and a half old.

## Selections.

FORMER EPIDEMICS OF CHOLERA IN CANADA.—Cholera first reached Canada in 1832. In 1831 it was raging in various parts of Europe, and the imperial authorities sent communications on the subject (*Canad. Pract.*) In consequence of the warnings thus received, the first board of health in Canada was formed in Quebec in February, 1832. Cholera first appeared in Quebec on June 8th of that year; in Montreal, June 10; and thence to all parts of Canada. The epidemic lasted about four months. The second epidemic appeared in the quarantine station at Grosse Isle in the latter part of May, 1834; mild at first, but assuming a virulent character in July and August. It also lasted about four months.

The third epidemic entered Canada by Kingston in the latter part of May, 1849. Again it showed its greatest severity in July and August, and lasted about four and a half months.

The fourth epidemic entered Western Canada from the United States in August 1851, and lasted about two months. Quebec was the last of the large cities to be attacked.

The fifth epidemic occurred in 1854, being brought to this country by two emigrant ships which reached Grosse Isle about the middle of June. Cholera appeared in Quebec, June 20th, and soon spread over the whole of Canada. We have no record of death rates of the early epidemics. An attempt was made by the Central Board of Health to get statistics of the 1854 epidemic, and the records obtained show 4,486 deaths. This is acknowledged to have been far short of the mark, probably less than half. One may form an approximate idea of the terrible ravages of these scourges by doubling the above figures, and then considering that, as far as the whole country was concerned, the fifth epidemic was one of the mildest of the five.

Since 1854 there has been no serious epidemic, but there was a big scare in 1869, and at the same time a few cases of cholera.—*Ex.*

FOR SORE THROAT.—The following is recommended in the treatment of sore throat:

R

Cocainæ hydrochlorat. grs. viij  
Acid. carbolicæ . . . . . ʒ i  
Glycerinæ . . . . . f ʒ iv  
Aquæ rosæ q. s., ad . . f ʒ xii

M. Sig. To be diluted with an equal quantity of water, and used alternately as a spray and gargle.—*Med. Progress.*

FOR CYSTITIS IN WOMEN:—

R

Citrate of potassium . . . . . ʒ ss  
Fl. ext. triticum repens,  
Tinct. belladonna,  
Fl. ex. buchu, aa . . . . . ʒ ss  
Water, add to make 4 ounces.

M. Sig. A teaspoonful in a wine glassful of water three times a day.

FOR REMOVING WARTS:—

R

Acid Salicylici . . . . . 30 grains.  
Ungt. Aquæ Rosæ . . . . . ½ ounce.

M. Sig. Apply twice daily for two days, after which the growths being softened, they should be removed by a dermal curette; by using these means you can safely say that the wart will not return.

NASAL CATARRH:—

R

Sodii Chloridi . . . . . 1 dr  
Glycerini . . . . . 4 dr  
Aq. Rosæ . . . . . 1 oz  
Aq. Dest, q. s. to make 1 pint  
Acidi Carbolicæ . . . . . 5 drops

M. Sig. Snuff up the nose several times daily.

PERIOD OF INCUBATION OF THE INFECTIOUS FEVERS.—Diphtheria, two to seven days; oftenest two.

Typhoid fever, eight to fourteen days; sometimes twenty-three.

Influenza, one to four days; oftenest three to four.

Measles, seven to eighteen days; oftenest fourteen.

Mumps, two to three weeks; oftenest three weeks.

Rubeola, two to three weeks.

Scarlet fever, one to seven days; oftenest two to four.

Smallpox, nine to fifteen days; oftenest twelve.—*Ex.*

ICHTHYOL IN THE TREATMENT OF GONORRHOEA:—JADASSOHN (*Deutsche med. Wochenschrift*, 1892, Nos. 38 u. 39) reports thirty-seven cases of gonorrhœa in the female treated by injections of solution of ichthyol (from one to ten per cent.). He has found the drug most valuable in cases of specific urethritis and cervical endometritis. It is applied either on an applicator or on strips of gauze, which are left *in situ* for an hour. A ten per cent. solution in glycerin is used in the cervical canal. In the early stage of acute gonorrhœa he thinks that ichthyol is even better than nitrate of silver.—*Amer. Jour. Med. Sciences.*

A MODIFIED CANNON-BALL TREATMENT OF OBESITY.—Dr. Felkin, of Edinburg, uses an India rubber ball, three and one-half inches in diameter, almost filled with five and three-quarter pounds of shot, in the treatment of chronic constipation, anemia, and obesity. The patients are instructed to roll the ball from right to left round the abdomen for five or ten minutes night and morning. One of his patients had lost ten inches in girth after five months' regular use of it. A rather smaller ball, with a less quantity of shot, he finds very useful in inducing a regular action of the bowels in young girls, who so frequently suffer from

habitual constipation; this plan obviated the need for constant dosing.—*Med. Record.*

THE TREATMENT OF GONORRHOEA IN WOMEN.—Dr. Brose treats acute cases by douches of chloride of zinc or sublimate, the urethra receiving 1 to 5 per cent. solutions of nitrate of silver by injection. In local treatment the cervix demands attention, and the application of strong solutions of chloride of zinc (to 50 per cent.) has been followed by the best results, although the practice is not without danger. Intra-uterine applications are likely to be followed by salpingitis and pelvic peritonitis, and are rarely necessary. Relatively dangerous is the washing out and injection of the uterine cavity with remedies designed to disinfect it; a harmless and proper method is the application of caustic remedies upon a sound wrapped with cotton, or in the form of pencils; or the method of Fritsch may be employed—mechanical dilatation of the uterus and packing the cavity with strips of gauze wet with a 2 per cent. solution of nitrate silver, repeated daily for two weeks. The chronic urethritis is treated through the endoscope by a 5 to 20 per cent. solution of nitrate of silver.—*Deutsche Med. Wochenschrift*, 1893, No. 18, S. 419.

LAST year much joy was given to the Parisians by a man with a musical anus. This year medicine supplies the curiosity. At the close of the Congress for the Advancement of Science the members of the Section of Medicine had a banquet. At dessert the "venerable Dr. Schiff, of Geneva, who presided," entertained the company by playing the "Marseillaise" with abductor muscles of his feet. Strong rhythmic contractions produced a sound audible for two or three metres. He is said to be the only possessor of this accomplishment in society, which, however, does not prevent him from being a gallant gentleman and a scholar.—*Au contraire!*—*Cor. Boston Medical and Surgical Journal.*

**VICARIOUS SYMPTOMS.**—*The Wife*: There is a prescription that the doctor left for you to-day when he called and found you out.

*The Husband*: How did he know what to give me?

*The Wife*: He said that from my appearance and symptoms he knew you were suffering from chronic dyspepsia.

**A PEACEABLE RACE.**—The Japanese manner of settling quarrels is original. When one man has offended another, the injured party gives notice that he is angry by drawing in the sand before the door of the offender a circle with a straight line across it, indicating that his affection, which would have been eternal, has been cut in two. Friends of both parties then shut them up. They parley awhile, then pretend to be born again, prattle as little children, and finally as men become reconciled and embrace. Should one be refractory and refuse to be conciliated, he is ostracized by the community so effectually that he is soon brought to terms. It is just possible that our enlightened citizens might consider this method better than knock down arguments and certainly much cheaper than going to law.—*Harper's Bazar*.

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### BOOK RECEIVED.

OUTLINE OF PRACTICAL HYGIENE. Adapted to American conditions. By C. Gilman Carrier, M. D., of New York.

Publisher, E. B. Treat, 5 Cooper Union, New York.

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### Notes and Comments.

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Dr. M. A. Curry made a short visit to St. John. We extend congratulations on the safe arrival of a daughter.

Dr. Trenaman left for Chicago on Sept. 18th. Dr. Anderson is Acting City Medical Officer in his absence.

Dr. M. A. B. Smith, Dartmouth, has gone to New York, to pursue postgraduate studies.

Drs. Buckley and Elliott of Guysboro, Dr. McDougall of Parrsboro, Dr. Stewart of Pictou, are some of the outside physicians noted by us as being in town last month.

Dr. Maria L. Angwin is in New York for a short time. While there she will devote her attention to the Hospitals.

Dr. Thos. Walsh has been elected Surgeon to the Railway Employees for the coming year. Dr. Walsh is an Alumnus of Bellevue Hospital Medical College.

"A good practice for transfer in thriving manufacturing town in Nova Scotia, pop. over 2,000, fine field, very easy terms if transferred before end of October." Apply J. E. WHITE, 185 Carlton St., Toronto.

The Halifax Branch of the British Medical Society held their Annual Meeting on Sept. 14th, for the election of officers, hearing of annual reports, and organization for the coming winter. Last year was an entirely successful one with respect to material brought before the Society, but the attendance was far below what it should have been. This year we hope that the meetings will be well attended, that everyone will consider it his duty, to be present and take part. The officers elected are:—President, Dr. D. A. Campbell; Vice-President, Dr. Milsom; Secretary, Dr. Jones; Treasurer, Dr. M. A. B. Smith. Council—Surg. Col. Archer, Surg. Capt. Barefoot, Drs. Farrell, Almon, Kirkpatrick, Trenaman and Milsom.

# Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate**. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate**, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full size bottle without expense, except express charges. Prepared under the direction of Prof. E. N. Horsford, by the

**RUMFORD CHEMICAL WORKS, Providence, R. I.**

**Beware of Substitutes and Imitations.**

## New York Post-Graduate Medical School and Hospital.

TWELFTH YEAR—SESSIONS OF 1893-94.

The POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is continuing its existence under more favorable conditions than ever before. Its classes have been larger than in any institution of its kind, and the Faculty has been engaged in various directions. Instructors have been added in different departments, so that the size of the classes does not interfere with the personal examination of cases. The institution is in fact, a system of organized private instruction, a system which is now thoroughly appreciated by the profession of this country, as is shown by the fact that all the States, Territories, the neighbouring Dominion and the West India Islands are represented in the list of matriculates.

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

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools who are attached to these Institutions.

### FACULTY.

*Diseases of the Eye and Ear.*—D. B. St. John Roosa, M. D., LL.D.: President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.

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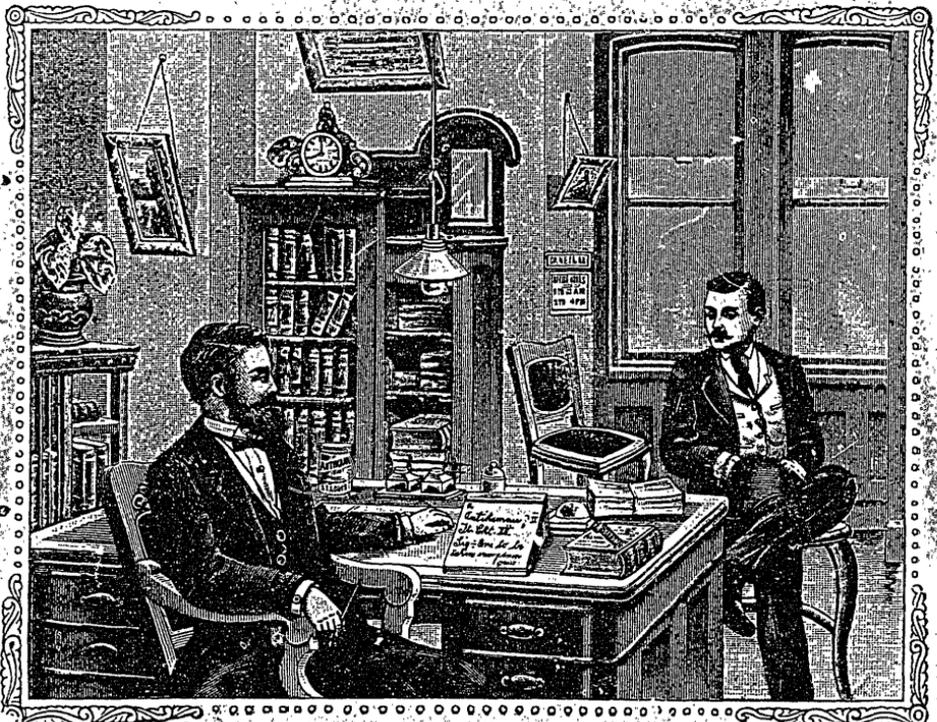
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