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

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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 Fr day of March.

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide (*Gaillard's Medical Journal*, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889:

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Original Communications.

PRESIDENTIAL ADDRESS AT MEETING OF P. E. ISLAND MEDICAL ASSOCIATION, JULY, 1891.

BY JAMES MCLEOD, M. D.

Gentlemen.—Half a century ago there were not as many physicians in all P. E. Island as are to be found to-day in this city alone. The well-remembered names of those of that time are Drs. De St. Croix, Mackieson, Hobkirk, Poole, Johnson and Conroy in Charlottetown; Potts and Tremaine in Crapaud; Croffer in Malpeque; and Kaye, in Georgetown. Dr. St. Croix died in 1848, forty-three years ago. He held his diplomas from the Royal College of Surgeons, London, 1801; I have much pleasure in showing you these, through the courtesy of his grandson, the Hon. F. De St. Croix Brecken. I also show you the obstetrical forceps of that period, the property of the late Dr. Johnson, father of Dr. Richard Johnson and grandfather of Dr. H. D. Johnson. both of this city. The country districts were obliged to send to the capital or one or other of the centres mentioned in cases of dire distress. Indeed, at a much later period, the southern parts of Queen's County, as well as all of King's, depended upon Dr. Kaye, who, notwithstanding his many long journeys,

much exposure and fatigue, sleepless nights and many discomforts endured, still survives at the ripe old age of 90 years.

Fifty years! what an age in the history of medicine, judging by the progress it has since made! How can we of to-day, with all our advantages adequately appreciate the difficulties under which our predecessors labored? Laennec discovered auscultation in 1816, which discovery restored percussion, a then lost art. *Counting* the pulse was not practiced until 1825, that is to say, 25 years after Dr. St. Croix graduated. Anaesthetics: Ether, 1848, Chloroform, 1847, were discovered less than fifty years ago. And still later, not thirty years ago, was the clinical thermometer put in a position of permanent utility. But I do not propose to follow the well-beaten path by reviewing in detail the progress of scientific medicine or enumerating its many instruments of precision in modern times. Let me rather by contrast, by using the indirect method, give a hurried glance at the medicine of our forefathers. This will show us two things: First, how slowly a nation unaided by a previous civilization will grope its way out of darkness and superstition, and; Second, how at a later period, aided as well by the civilization of Greece and Rome, as by the birth of modern science, medicine advanced by leaps and bounds.

In order to give a bird's eye view of the medicine of Old England, let me quote from Herbert Spencer's "Encyclopaedia of Social

Facts," these possessing the merit of extreme conciseness :

450. Diseases ascribed to, and to be cured by spells.

586. Well worship, tree worship, sacred places with belief in spells, philtres and witchcraft, amulets bred especially of boar's head.

963. Inward diseases, particularly fevers and including insanity (by common people) to be caused by elves or by witches or evil-eye, treated by exorcisms and counter charms.

1035. Sick children and cattle drawn through the earth as a means of cure, and invalids exposed on housetops.

1091. Surgery almost unknown, amputation performed with an axe.

1226. First systematic study of medicine and physics generally.

1363. Medicine implicated with astronomy as part of it, or as same science. Patients treated according to rule of astronomy and operations performed with help of occult sciences. But art of surgery developed.

1616. Physiology, circulation of the blood.

1744. Company of barbers and surgeons broken into two distinct corporations, the latter afterwards becoming the Royal College of Surgeons.

Of the great father of medicine it is said : "Philosophy freed medicine from the delusions of superstition by substituting the errors of hypothesis in their place and Hippocrates conferred the important office on the art by discrediting both superstition and hypothesis and substituting the result of actual observation in the room of both." "He brought the habits of minute observation and accurate description to a degree of perfection not surpassed in any age, in fact affording a model down to the present day." Our immediate predecessors lacking our advantages, and knowing nothing of our instruments of precision used their eyes if not their ears better than we often do, so that in spite of their erroneous views their practice was often good. No one probably in this building will be disposed to challenge the statement of Weir Mitchell who says : "I would rather have trusted Sydenham with all his queer theories than many a man with the ampler resources of to-day ; for his century may aid but does not make the true physician, who is not the slave, but the master of opinions." The average physician of to-day knows facts about the physical being of man which were hidden from the wisest of fifty years ago, but

his sagacity of observation, his accuracy in diagnosis, his skill to discover errors of diet, and his ability to advise aright what his patient should avoid as well as do, may fall far short of those of his predecessors. It is doubtful whether in the matter of a liberal education the average physician of to-day is the equal of his predecessor, but it is only fair to say that the tendency at present, in all countries, is to raise the literary as well as medical qualification of graduates. In our own province much has been accomplished in this respect. No one can now be registered without a four year's course in medicine and passing a matriculation examination. Further legislation is needed before reciprocity with all the other provinces can be asked for. Owing, however, to the lateness of the session this year and to other causes, such as an attempt to treat our draft bill as a private one, which in fairness could not be considered as such, its provisions being in the public interest as much as that of the profession, legislation has been abandoned for the present. To accomplish our object in the near future it behoves us as an association to be united as one man, and to bring this united as well as our individual influence to bear upon the members of the legislature. This union is also needed in other directions. By an article of our constitution we are bound to protect its members from all unjust prosecutions.

A case has arisen lately which affects directly every member of this Association. I refer to the trial in the county court between Dr. Toombs, of Mount Stewart, and William Seller. The *Examiner* contains what purports to be a summary of this "important case" as follows : "Judge Alley delivered, yesterday, an elaborate judgment in a case important alike to physicians and patients. The facts of the case, are, in brief, that while in the house of William Seller, at Mount Stewart, John Coffin, of this city, fell ill and obtained the professional services of Dr. Toombs. It transpired in the course of time that the disease was typhoid fever. But Seller was not informed of this fact and took no precautions against the spread of the disease, in fact he was told that Coffin had liver and stomach complaint, the consequence being that several of his family "took the fever." Seller thereupon sued the doctor for damages. The doctor contended that he was not under any duty to tell Seller the nature of Coffin's complaint, and therefor incurred no liability for negli-

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(TO DOCTORS ONLY)

A REMEDY FOR INDIGESTION.

Containing Pancreatine, Pepsin, Lactic and Muriatric Acids, etc. The combined principles of Indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

Dose.—A tablespoonful containing 5 grs. Pepsin, after each meal, with an Aperient Pill taken occasionally.

This preparation contains in an agreeable form the natural and assimilative principles of the digestive fluids of the stomach, comprising Pancreatine, Pepsin, Lactic and Muriatric Acids. The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

The value of **Liquor Pancreopepsine** in this connection has been fully established, and we can recommend it with confidence to the profession as superior to pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

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Elixir Salicylic Acid Comp.

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This preparation combines in a pleasant and permanent form, in each fluid drachm, the following :

℞ Acid. Salicylic, (Schering's), grs. v.	Potass. Iodid., - grs. iiss.
Cimicifuga, grs. iij.	Tr. Gelsemium, - gtt. i.

So prepared as to form a permanent, potent and reliable remedy in

RHEUMATISM, GOUT, LUMBAGO, ETC.

This preparation combines in a pleasant and agreeable form:—Salicylic Acid, Cimicifuga, Gelsemium; Sodii-Bi-Carb. and Potass. Iodid. so combined as to be more prompt and effective in the treatment of this class of diseases than either of the ingredients when administered alone.

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The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case. Each teaspoonful contains five grains of Salicylic Acid.

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere.

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SYR: PHYTOLACCA COMP.

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(TO DOCTORS ONLY.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC

COMPOSITION:—Phytolacca Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, ña grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Cascara Sagrada, aa grs. ij, in each dessertspoonful.

Syr. Phytolacca Comp., the composition of which has been given to the profession, has been known and used by physician, myself and others of my acquaintance, and found superior to other alterative compounds now in use. It has been used with great success in the treatment of Lupus, Herpes, Psoriasis, Acne, Glandular Enlargements, Strumous Affections, Granular Conjunctivitis and Eczema. As a remedy for Syphilitic Diseases of the skin and mucous membranes it has proved to be specially valuable in my hands in a large number of cases where all the usual remedies had failed to improve their condition, and when Syr. Phytolacca Comp. was administered the improvement was very prompt and satisfactory.

It will be seen that Syr. Phytolacca Comp. contains the best alterative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

I usually prescribe it in doses of a teaspoonful, which may be increased to a tablespoonful four times a day, the frequency of the dose to be diminished if bowels become too active.

CHARLES W. BROWN, M. D.

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WILLIAM R. WARNER & CO.**SOLUBLE COATED PILLS.**

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For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO SODA.

(WARNER & CO.)

R.—Caffein 1 grain, Brom. Soda 30 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

DOSE AND COMPOSITION.—A heaping teaspoonful, containing Brom. Soda 30 grs., and Caffein 1 gr., in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO POTASH.

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R.—Caffein 1 grain, Bromide Potash 20 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain the same by ordering or prescribing Bromo-Potash (WARNER & Co.), the composition of which is: Brom. Potash 20 grs. Caffein 1 gr.

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4½ MINUTES.

Pil: Sumbul Comp.

(DR. GOODELL)

R—Et. Sumbul.....	1 gr
Assafetida.....	2 gr.
Ferri Sulph. Exs.....	1 gr.
Ac. Arsenious.....	1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neuroathenic conditions in conjunction with Warner & Co.'s Bromo-soda. One or two pills taken three times a day.

Pil: Antiseptic Comp.

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Each Pill contains:

R—Sulphite Soda.....	1 gr.
Salicylic Acid.....	1 gr.
Ext. Nux Vomica.....	1-8 gr.
Powd. Camisium.....	1-10 gr.
Conc't Pepsin.....	1 gr.

DOSE—1 to 3 Pills.

Pil: Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of Food.

Pil: Chalybeate.

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3 Grains. DOSE—1 to 3 Pills.

Ferri Sulph. Fe SO ₄	Ferri Carb. Fe CO ₃
Potass. Carb. K ₂ CO ₃	Potass. Sulph. K ₂ SO ₄
Carbonate of Protoxide of Iron.	

The above combination which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of the Protoxide of Iron [Ferrous Carbonate] in a quickly assimilable condition.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

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A POWDER: Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

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Pil: Chalybeate Comp.

(W. R. WARNER & Co's.)

Same as Pil: Chalybeate, with 1-8 gr. Ext. Nux Vomica added to each pill to increase the tonic effect.

DOSE—1 to 3 Pills.

Pil: Aloin, Belladonna, and Strychnine.

(W. R. WARNER & Co's.)

R—Aloin.....	1-5 gr.
Strychnine.....	1-60 gr.
Ext. Belladonna.....	1-8 gr.

Medical properties, Tonic, Laxative. DOSE—1 to 2 Pills.
Try this pill in habitual constipation. One pill three times a day.

Pil: Antidyspeptic.

(FR. FOTHERGILL.)

R—Pulv. Ipecac.....	2-3 gr.
Pulv. Pip. Nig.....	1 1-2 gr.
Strychnine.....	1-20 gr.
Ext. Gentian.....	1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil Anticonstipation.

Pil: Arthrosia.

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For cure of Rheumatism and Rheumatic Gout.

Formula:

Acidum Salicylicum.....	Ext. Colchicum.
Resina Podophylicum.....	Ext. Phytolacca.
Quinia.....	Capsicum.

Almost a Specific for Rheumatism and Gouty Complaints.

gence, that the statement he made to Seller was true at the time he made it, and that as no contract existed between him and Seller he was not obliged to inform Seller of the change in Coffin's complaint."

"Judge Alley's decision was based upon the rule of law that whenever one person is by circumstances placed in such a position with regard to another that every one of ordinary sense who did think would at once recognize that if he did not use ordinary care and skill in his own conduct with regard to those circumstances, he would cause danger or injury to the person or property of the other, a duty arises to use ordinary care and skill to avoid such danger."

"Applying this principle to the case Judge Alley said that while Coffin was sick as a visitor in the plaintiff's house and the defendant was attending him, the plaintiff and defendant had equal rights to go in and out of the house. The plaintiff had the right, as owner of the house, to oppose the right of the defendant to enter there if he saw fit; and hence a duty was cast upon the defendant to exercise care towards the plaintiff in the discharge of his duty towards his patient. A medical man should use more than ordinary care. The law demands greater care when a person has or professes to have skill, and when the laws deems it for the public good to demand a greater amount of care. As to the contention that Dr. Toomb's statement that Coffin had liver and stomach complaint was true at the time it was made, Judge Alley quoted the law as follows:

"If a person make a representation to another with a reasonable belief in its truth, but afterwards discover it to be false, and after discovering his error suffer the other party to continue in error and to act upon the faith of the representation, it, from the time of the discovery of the truth, becomes a fraudulent mis-representation, although it was not so originally."

"The principles here laid down were supported by reference to a large number of legal authorities. Judge Alley has, evidently, given the case a great deal of attention and care, as well as legal knowledge and acumen, and the soundness of his decision against the doctor will, we think, be admitted by all." This summary is mis leading as to the facts, containing several mis-statements: first, "that while in the house of William Seller, at Mount Stewart, John Coffin, of this city, fell ill," the fact being that John Coffin "fell ill" in Charlottetown and was treated there

by one of the city physicians for the space of 14 days for disease other than typhoid; that he afterwards went up to St. Peter's Bay and was there treated by Dr. Toombs for the same illness for 6 days; that he subsequently removed to the plaintiff's house at Mount Stewart, and that he developed typhoid fever after 10 day's residence there, or in all about 28 days from the commencement of his illness. *Second mis-statement.* "it transpired in the course of time that the disease was typhoid fever." This is a gross mis-representation of the fact as my former statement will make clear. *Third,* "the consequence being that several of his family 'took the fever'." This is begging the question as I shall presently endeavor to prove. It also purports to give the grounds upon which the judge based his decision. These grounds I will also briefly comment upon. It was given in evidence that so soon as the doctor had discovered that typhoid fever had developed he gave the nurse to understand the nature of the diseases, and also full and explicit directions for the disinfection of the excreta. After the lapse of 3 weeks Dr. Toombs was called upon to attend a child of Seller's, whom he found suffering from fever, and from the symptoms and conditions then present, and described in court by the doctor, it was clear that the case was well advanced into the third week. The evidence of the father of the child was to the effect that the patient had been pining during that period, thus showing that the outbreak of the fever was simultaneous or almost so in the case of Dr. Toombs' patient and the plaintiff's child.

In answer to the judge's argument and to show the incorrectness of his decision let me say that while there is no statute casting upon the doctor the duty of informing a person in Mr. Seller's position, of the nature of his patient's ailment, neither has there been as I believe a case in which it has been decided that (in a case of typhoid fever, I mean) a doctor is bound to impart any information to third parties as to the disease for which his patient was under treatment. No such case was, I understand, quoted by the judge. The absence of such a precedent alone is, to my mind, a strong argument against the soundness of the decision. Surely if doctors have always been liable for damages in similar circumstances, a case would have arisen in which the party claiming to have been "damified," as the lawyers term it, would have asserted his rights. But so far as it appears Mr. Seller is the first man to

make any such contention. On the other hand there is the precedent of the universal practice among physicians in all countries justifying the course pursued by Dr. Toombs. It was shown to the court that in our own hospitals typhoid fever patients were admitted into the common wards, that this also is the practice in all the large hospitals of Europe and America, and that typhoid fever unlike scarlet fever, small-pox, &c., was not directly contagious. To the unprofessional or rather the non-medical mind this distinction is not understood, and hence the error underlying the judge's decision. Again, the judge's allusion to the law as to a person making a representation to another is entirely beside the mark, because the doctor need have made no representation whatever, in the first instance. The owner of the house had no right to demand such information. I need not here seriously deny the right of the owner of the house to oppose the right of the physician to enter if he saw fit; the right to choose his medical adviser being that of the humblest boarder or tenant. All the owner could do would be, in the event of such physician being obnoxious to him, to ask such boarder to seek other quarters, and that at his peril, if removal would prove dangerous. Neither the owner or any other person has any right whatever to insist on being informed by the attending physician of the nature of such a boarder's disease, provided that it is not communicable and dangerous to others. To make my meaning plain, the doctor has the right which has been acknowledged since the time of Hippocrates to refuse to divulge the nature of any patient's disease, but if, in the meantime, a dangerous contagious disease were to develop, his refusal in the first instance would not exonerate him in refusing to give the necessary information to others interested. Neither conversely would his complaisance, in the first instance, in imparting information upon the appearance of any other new disease, provided always, that with proper precautions, no danger occurred to others. The evidence of the medical experts examined in this case showed that their practice had been to notify the nurse or attendant and to instruct her as to the precautions necessary, and that having done so they considered their duties ended. Dr. Toombs having followed this practice showed that he had used ordinary medical skill and prudence. Why should the doctor have made any further communication to a third party? Is it to relieve himself of

responsibility in the event of negligence on the part of the nurse? Is the doctor responsible? If an answer be given in the affirmative, then in the event, which sometimes happens, of a nurse injuring the patient or any other person by the wrong use of the medicines in her care, the doctor would be responsible, which would be absurd. In this case it was attempted to prove that the nurse failed to make a proper disposal of the excreta, but denied by her. Be this as it may the proof of the charge would have been immaterial, inasmuch as the proper disinfection of the excreta in the room would have rendered them perfectly innocuous, no matter how disposed of subsequently in the yard. But if negligence had been satisfactorily proved against the nurse surely the plaintiff's action would lie against the patient, who was the husband of the nurse, and not against the doctor. Again, the doctor's evidence, corroborated by two other witnesses, was to the effect that he had warned the plaintiff of the unsanitary state of his, (the plaintiff's,) yard, previous to the arrival of the patient, Coffin, that he had told the plaintiff it would result in fever or sickness in his family. The judge in reviewing the evidence insisted that this was an additional reason why the doctor should have notified the "owner" of the development of fever in his patient. That because a man chooses to keep dirty premises and that because he has been warned by a physician of the danger consequent thereupon and that in the event of an outbreak of fever the doctor's liabilities to damages are thus increased, surpasses, I freely admit, my comprehension. As to the judge's contention that the "owner" as well as the nurse should have been notified, I would ask: Is it in order that the former should have an opportunity to superintend the disinfection of the excreta? or is it that he should be in a position to prevent members of his family from going in and out of the sick room? The judge may think this latter a very necessary precaution, but his opinions, of great weight in legal matters, no doubt, have not equal weight in matters medical, and are not borne out by the facts, and his whole reasoning is faulty inasmuch as it implies that typhoid fever is a contagious fever. Once more, if the doctor is bound to inform the head of each household in case of many tenants occupying one large tenement? Or again, many families have joint use of one yard in common, as often happens in this city. Is the doctor, notwithstanding that

he gives the proper precaution to those upon whom he is in attendance, liable to prosecution and damages by all the others in the event of typhoid fever appearing among them also? I admit freely, nay I contend, that the proprietor of a house in which fever was known to have existed, and who lets that house to new tenants, having made no honest effort to cleanse and disinfect the premises, should, in the event of their being stricken down with the disease, be held liable to damages, and so also should the corporation which is made aware, on the unimpeachable authority of its sanitary officer, of the existence of such *foci* of infection, and which neglects to disinfect them, be held liable. The doctor also who neglects the proper precautions for the disinfection of the excreta of his patient, should be held liable. Lastly, typhoid fever has been endemic at Mount Stewart for many years past. Cases were given in court as having occurred in the immediate neighborhood of Seller's house, within 75 yards of it, I am informed, a few years ago. It is well known to you all that the germ of typhoid fever will remain in the soil for a very long and indefinite period and retain its activity. The decision of the judge is based on the assumption that the outbreak in the house of the plaintiff was due to infection from Dr. Toomb's patient. On the contrary, the fair assumption is that Coffin contracted the fever on the premises, and that had he never entered the house the members of the household would have contracted the fever. In that case how would an action for damages against the doctor lie? It is to be regretted that Dr. Toombs did not see fit to appeal from the decision under review and thus afford this association an opportunity to assist him and to ascertain what the court of last resort would lay down as the law touching the responsibility of the physician under similar circumstances.

(To be concluded.)

NOTES ON TWO CASES OF SPINA-BIFIDA.

Read before the P. E. I. Medical Association,
July 9, 1891.

By JAMES WARBURTON, M. D., Charlottetown.

Mr. President and Gentlemen.—In reading these short and incomplete notes of two cases of spina-bifida I wish it to be distinctly understood that I advance nothing new.

For two chief reasons I read them, first, to get the opinion of this Association as to treatment, &c.; second, because in private practice I never saw a case before, and the two cases occurring within a few days of each other, impressed me most strongly.

On March 10th, of the present year, I attended Mrs. B. in her confinement, except that labour was tedious, there was nothing abnormal, she was delivered of a female child without difficulty.

The family history is good so far as I can ascertain. The father, a blacksmith, although rather slight, is in perfect health and has never lost a day from his work on account of illness. The mother is also healthy. They have one other child, also in good health. I could find no history of struma in the family. When the nurse was washing the child she called my attention to a spot on its back, a birth mark, as she termed it. On examining it I found a slight tumour which was about the size of the half of a small orange, being slightly greater in length than breadth. The tumour was elevated, tense and elastic, with distinct fluctuation, it was reddish-purple in color, with a very thin glistening cover over it, one part of which was ulcerated. The surrounding skin had quite a coat of short, soft hair on it. The size and tension of the mass could be diminished by pressure, which appeared to cause great pain. There was distinct impulse on crying and increased tension. Pressure on the tumor caused increased tension at the anterior fontanelle and likewise pressure on anterior fontanelle produced increased tension in the tumour. On raising the pelvis above the head the tumor became less tense and softer.

On examining the spinal column I found the laminae and spinous processes of the last dorsal and first lumbar vertebra deficient. This child has the nerve lesions so frequently found in cases of injury to or defect of the cord. She has talipes varus of the right foot and talipes equino-varus of the left foot. There is complete loss of power of the lower limbs, sensation is also very much impaired. The patient has hydrocephalus which has increased till now the child at four months has a head twenty-one inches in circumference. There have been no convulsions but the child suffered great pain, especially when moved. The pupils do not respond to light and the child is evidently quite blind. The hearing is all right. In this case I think there can be very little doubt that the spinal cord, or

a great part of it is involved in the sac of the spina-bifida. This child does not thrive at all and has grown very little, if any, since birth.

Case 2. On March 26 I attended Mrs. C. In this case there was nothing abnormal in labour till the head and shoulders of the child had been delivered, then there was offered considerable resistance. On delivery I saw a large cystic tumor, larger than a large orange, stretched in the middle line at the lower part of the back.

In this case also the family history is good, and the mother is an exceptionally large, strong and healthy woman. The father, although quite healthy, I mistook for one of the patient's children. She had one child, also healthy. On examining the tumor I found it pedunculated, the pedicle small, the wall thin and somewhat translucent. There was distinct impulse on crying and increased tension. Fluctuation was distinct. The size and tension could be diminished slightly by pressure, this appeared to cause some pain. On examining the spine I found the spinous process and lamina of the last lumbar vertebra deficient. Movement of the right leg was much impaired, that of the left not nearly so much. There was very slight, if any, loss of sensation.

In every other respect the child appeared to be an exceptionally strong and healthy boy. He was large and well developed. In this case I think only a very slight portion of the cord was contained in the sac. About three weeks after birth I was sent for to see the child as it had had a convulsion. I found in the morning there had been an escape of the fluid from the sac although it did not all flow away, the outlet was only a very small hole. That night he had a more severe convulsion, after which the mother told me he was quite easy. She went to bed with the child asleep on her arm and found it dead shortly afterwards.

The treatment in both cases was entirely palliative, consisting in protecting the tumor from friction and injurious pressure, and in retaining in as healthy a condition as possible, the coverings of the tumor. In the first case I used a pad of absorbent cotton covered over with vaseline and iodoform. In the second case a pad of absorbent cotton simply smeared with vaseline and retained in place by a bandage.

In the first case I considered operation to be out of the question as regards being of any benefit. And in the second case I did not have time.

The principal curative methods, so called, are, (1,) puncture, (2,) injection, (3,) ligature, (4,) excision. Had this child lived I intended first to try puncture, drawing off a small quantity of fluid each time, and keep up pressure. If this failed, to try injection, using the injection advised by Dr. Morton, of Glasgow, which consists of iodine grs. X, iodide of potassium grs. XXX, glycerine ℥i. The tumour is about half emptied and from ʒss to ʒiii of the solution is slowly injected and allowed to remain. The injection may be repeated in a few days, if necessary.

In looking up the literature on the subject, (which, as a rule is very unsatisfactory), I find a very interesting case of immediate operation after birth by J. W. Carhart, of Tampasas, Texas. There was unexplained obstruction in delivery. In the course of the efforts to deliver there was a sudden gush of water and the child was born. The trouble it was found came from a spina-bifida sac which was ruptured, and it is said must have been as large as a child's head. After proper attention to the mother, finding the child was living, Dr. Carhart cut a flap of skin from the empty sac sufficient to cover the band portion at the seat of rupture. The lower portion of the circumference of the flap was undisturbed. The parts were washed antiseptically, (bichlor 1:500), and stitched accurately with fine silk. Adhesive plasters in various directions were applied. On the fifth day the child was doing remarkably well and gave promise of complete recovery.

THE THERAPEUTIC VALUE OF MANGANESE SALTS.

BY H. S. JACQUES, M. D.

In the paper I present I do not deem it necessary to go into detail in reference to all the uses of the Salts of Manganese, but will chiefly confine my remarks to one or two special uses, the consideration of which gave rise to the following remarks.

We have the following mentioned as the principal salts of manganese in use.

Bromide.
Phosphate.
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And in most of the articles on the subject we find special reference to the Permanganate of Potassium, which is prepared from the Binoxide of Manganese. I wish to place

WYETH'S

Compound Syrup of White Pine.

A valuable remedy in chronic or recent pulmonary affections of the throat and lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents the following ingredients: White Pine Bark 30 grains, Wild Cherry Bark 30 grains, Spikenard 4 grains, Balm Gilead Buds 4 grains, Blood Root 3 grains, Sassafras Bark 2 grains, Morph. Sulphas 3-16 grain, Chloroform 4 minims.

DOSE.—In recent coughs, from one to three teaspoonfuls are required. In chronic cases, three or four times daily, or as the attending physician may direct.

Price per Doz. Bottles of	16 fluid oz.	\$9 00
“ “	Winchester “ 80 “ “	3 50
“ “	Demijohn “ 128 “ “	5 00

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—OF—

SODA MINT AND PEPSIN.

Bi-Carb. Soda 4 grs., Carb. Ammon. 1-4 gr., Oil Peppermint 1-8 drop, Pure Pepsin, 1 gr.

In this combination are embraced all the antacid, stimulating, and carminative properties of Wyeth's Soda Mint Tablets, together with the powerful digestive agent, Pepsin, in its most concentrated form. In cases of weak and impaired digestive powers, nausea, headache, excesses in eating or drinking, one or two tablets will almost invariably give speedy relief. They may be taken every two or three hours if the attack is not relieved, but it is rarely that two of the tablets are not sufficient.

Adult dose, one or two tablets, to be repeated every one or two hours if necessary.

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It is especially adapted for administration to nursing mothers, and children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly, to those unable to digest starchy food.

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We feel confident that few physicians will prescribe any of the more powerful remedies such as Aconite, Morphine, Digitalis, Arsenic, etc., either in powders or in solutions, when fully aware of the advantages presented by our TRITURATES; their accuracy and convenience in administration, coupled with the absolute freedom from danger in prescribing always attending, to a greater or less extent, the dispensing of dangerous drugs, in the form of powders, drops, or large doses in solutions.

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Hydrarg. Chlor. Mite et Sodii Bicarb., No. 2 Calomel 1 grain, Soda Bicarb. 1 grain.	.60
Hydrarg. Chlor. Mite et Sodii Bicarb., No. 3 Calomel 1-20 grain, Soda Bicarb. 1 grain.	.50
Hydrarg. Chlor. Mite et Sodii Bicarb., No. 4 Calomel 1-4 grain, Soda Bicarb. 1 grain	.50
Hydrarg. Cum Creta 2 grains.....	.60
Mist. Glyc. Comp. (Brown Mixture).....	.85
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Rhei 1-2 grain, Soda 1-2 grain.	
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before you at the close of this paper the special use of the Binoxide in Amenorrhoea.

The Permanganate of Potassium is spoken of as a good deodorizer by all, and by many as antiseptic in its action. One Bacteriologist claims it is very potent as a germicide, 1-833, killing the micrococci of pus in two hours.

It is an elegant disinfectant, and all of you, no doubt, can attest to its value in wounds, ulcers, abscesses and all conditions giving rise to fetid discharges.

Therapeutically its action is due to the large proportion of active oxygen present, which it at once gives up when in contact with an organic body and is then converted into Potash and Binoxide of Manganese.

It has been used in flatulence, in uric acid diathesis to prevent formation of uric acid calculi, erysipelas, puerperal fever, septicaemia, bites of venomous snakes. *Bartholow* says that it is especially indicated in chronic gastric and gastro-intestinal catarrh accompanied by fermentative changes of the food. In Lithaemia it is of great value. In giving this remedy in this affliction, two purposes may be accomplished by it: the catarrh of the mucous membrane, and the fermentation of food may be favourably influenced, and insufficient oxidation manifested by an excess of uric acid in the urine may be wholly relieved.

In the second stage of gonorrhoea it has been highly spoken of. It is also used by sailor's in the form of Condry's fluid as a wash before and after connection as a preventative against venereal diseases. It is quite possible that in this case both the antiseptic quality of the drug combined with cleanliness work together to accomplish the desired result.

One of the important Therapeutical applications of Permanganate of Potassium is in the treatment of Amenorrhoea. It appears that it is due to Drs. Ringer and Murrell to bring this treatment prominently before the profession. They say that the remedy is remarkably certain to start the menstrual flow, when given in suitable cases in doses of from two to five grains three times a day for several days preceding the menstrual period.

That the menstrual function be properly performed you must have in addition to perfect organs, and the nervous system governing the relation between the uterus and ovaries, unimpaired *normal blood*; to this end we find that it is a necessary condition for the successful use of this drug that the state of the patient be that of depression, anaemia, or chlorosis, and that the organs

concerned in menstruation be wanting in activity. It also appears that the permanganate has remarkable power in improving the condition of the blood, and stimulating the ovaries to perform this function satisfactorily.

In reference to its use *Fordyce Barker* says: For four years I have used the permanganate of potassium exclusively where an emmenagogue was indicated, except in a limited number of cases of sudden suppression; and divides his cases into three groups.

First. Young ladies between the ages of 14 and 19 years, who come to this country "to finish their education," so to speak. Home sickness, entire change of the habits of life and associations. These young ladies usually overtax their brain power from their own or their teacher's ambition to accomplish more in a given time than they ought, and not infrequently cease to menstruate. He has 10 to 14 cases every winter.

Second. Ladies, both married and young, who suffer severely from sea sickness, who have left some port within a few days of the menstrual period; with such, amenorrhoea of longer or shorter duration is almost sure to follow. (8 to 10 such a year.)

Third. Ladies between 30 and 40 years of age, generally married, some of whom have borne children, who rapidly begin to gain flesh and grow stout, while at the same time menstruation decreases in both duration and quantity, until at last it is only a mere pretence. This is generally attended with annoying nerve disturbances, pelvic weight, sometimes hemorrhoids and often mental depression from the apprehension of growing old prematurely.

He thinks in all of the above mentioned cases he has been successful as far as he has been able to ascertain. He directs them to use it, if necessary, for three months and although he prescribes it as a specific, he never neglects any measure necessary to keep up a healthy and regular action of other functions. He never prescribes this agent in cases where the amenorrhoea is due to some grave constitutional disease, nor does he rely on it for the relief of sudden suppression due to cold, moral shock or an acute disease. It is contra indicated in mechanical and congestive dysmenorrhoea.

The Sulphate of Manganese is one of the remedies for chronic rheumatism, neuralgia, cholera, syphilis and catarrhal jaundice.

The Binoxide of Manganese is therapeutically equivalent to the preparation of bismuth

excepting in that it does not constipate and may be used in gastralgia pyrosis etc., in doses of grs. 10-15. Bin oxide of Manganese is synergistic with iron as regards haematinic effects, and the salts of copper, silver and zinc, as regards the effects on the nervous system. Cachectic states arising from syphilis, cancer struma, gout, prolonged suppuration, chronic malarial infection are advantageously treated by the syrup of the Iodide of Iron and Manganese. An ointment of the oxide (3ii, ʒi), has been used with advantage in tinea, scabies and other chronic skin diseases.

I wish to speak particularly of its use in amenorrhoea. (I can find but little, if anything, written on this point and will have to rely on the clinical experience furnished me by the records of the V. G. Hospital, and that of a few specialists who kindly furnished me with their experience in its use.)

For nearly four years Manganese Bin oxide has been used almost exclusively as an emmenagogue at the Victoria General Hospital. The class of cases have principally been domestics, who, on account of their irregular habits in way of living, change of food, occupation, and long hours, became irregular at the menstrual period and finally cease to menstruate. They lose flesh, become anaemic and describe a feeling of complete exhaustion. These cases have, without one exception, yielded to the use of Manganese Bin oxide. In a large number of these cases this drug was used as a specific, no other medicine being given. It was administered as a tonic as well as for its emmenagogue effect. The blood was improved in quality, patient gained flesh and the menstrual function restored. It has been given in cases of Incipient Phthisis with very good results as far as the amenorrhoea was a symptom.

I have reports of three cases of Primary Amenorrhoea in well developed young ladies between the ages of 19 and 25, when other remedies had been used without success; the Bin oxide in doses of gr.ii. t. i. d., produced the desired result in from 4 to 10 weeks.

Several doctors in private practice have spoken of its value. Egbert H. Grandin, of New York, writes:

I do not use the potass. permangan. for the reason that it is apt to cause gastric disturbance. The Bin oxide of Manganese I have used for years and consider it a valuable stimulant of the utero-ovarian system. In cases of Atonic Amenorrhoea, that is to say, in instances where the amenorrhoea is not an accompaniment of chlorosis, phthisis, Bright's

disease, the drug has often served me well. In young girls recently arrived in this country, regular at home, but irregular here, or amenorrhoeic here, Bin oxide of Manganese works to best advantage. It is my custom in such cases to faradize the uterus and ovaries daily at the period of Moli-men, and to push the bin oxide (grs. 12 daily,) throughout the month. My results have certainly thus been better than formerly when I did not use the bin oxide.

The bin oxide has also seemed to me to improve the quality of the blood and thence nutrition generally. I am familiar with one or two cases where the bin oxide administered by other gentlemen in ignorance of the existence of early pregnancy has presumably brought on miscarriage.

Dr. Wm. Gardner, of Montreal, writes: I can give you no figures, but the impression I have from my experience is that both drugs are distinctly valuable in amenorrhoea.

The number of cases of amenorrhoea either in public or private practice is limited, and it will be difficult to report on a very large number of cases.

In the Victoria General Hospital during 4 years only 25 cases have been described as amenorrhoea and Fordyce Barker reports 43 cases in five years.

The mode of administering permanganate in the condition of amenorrhoea has much importance since it is usually necessary to give the largest doses that can be taken without causing so much gastric disturbance as to compel its suspension. The best form is in pellets of gr. i. to gr. ii. each followed by a large draught of water for free dilution in the stomach.

The bin oxide is best given in pill form, and may be given in doses of gr. ii. to gr. iv. t. i. d. for a long time without much, if any, gastric disturbance.

H. C. Wood, quoting from the *Therapeutic Gazette* says: Therapeutic doses of the permanganate must be entirely decomposed in a very short time after they reach the stomach, so that any action which the drug exerts upon the general system is due to the oxide of manganese; indeed the ordinary black oxide of manganese is affirmed by various practitioners to be as active an emmenagogue as is the permanganate. The only difference which I have been able to perceive in their action is that the permanganate is the more irritant to the stomach. Cases of severe gastritis produced by the permanganate have been reported.

In view of this statement it appears that as an emmenagogue it is preferable to use the binoxide for two reasons specially, viz: The binoxide is not irritant to the stomach, and the permanganate does not act until converted into the oxide of manganese.

In conclusion I would say of the several uses of the manganese salts mentioned I consider that as an emmenagogue to be the most important on account of its being used as a specific and although the several authorities do not agree that it may be used as such in cases of amenorrhoea due to some grave constitutional disease, yet we find that grave constitutional diseases improve when treated with manganese binoxide in combination with other drugs.

COMPOUND FRACTURE OF TIBIA.

BY DR. R. MACNEILL STANLEY.

THE following case of compound fracture of the tibia resulting from an injury received from the bursting of a fly wheel of a threshing machine caused me considerable anxiety, and as such cases are frequently attended with non-union, I am induced to give you a short account of the case. On the 7th Oct., 1889. Geo. W. M. N., aged about 55, was injured as above stated, fracturing the tibia at about upper and middle third. I was called, and with the assistance of Dr. Bradshaw, found a soft, boggy wound with venous congestion. We decided to dress the wound antiseptically and apply a Plaster Paris bandage. The temperature during the first 4 weeks kept varying from 99 to 102. At the end of 4 weeks there was no union. I then called Dr. McNeil, of Kensington, in consultation with Dr. Bradshaw and myself and decided to continue the treatment with the aid of a Barton's fracture box and Salter's cradle, the temperature still kept varying as before and at the end of 8 weeks found the case still not united.

Realising that in compound fractures the existence of a wound which does not readily heal is an evidence more of delayed union I decided a further consultation when on the 1st December following I met Dr. Macleod, of Charlottetown. The wound never suppurated but kept, during all the treatment, perfectly healthy, a circumstance upon which the safety of the limb greatly depended. We decided to re-apply the plaster bandage again and continue it for 8 weeks longer. The

bandage was kept as long as it was firm and at the end of 5 months from the time of the accident the limb was firm and thoroughly united.

Probably the union was effected a little earlier than this, but I am safe in saying that it was fully four months before the wound gave evidence of solidification underneath.

My anxiety in such a case as this can better be imagined than described, but I was determined that neglect should not be laid to my charge, and visited the case regularly and noted results. The text books lay it down as a rule that if the ends of a broken bone remain moveable five or six weeks after time commonly consumed in the repair of such injuries it is fair to infer that the case is one of non-union or pseudarthrosis. I felt it my duty to watch the case with unremitting attention, knowing how readily such cases are brought into court, and also, how readily juries are inclined to blame the surgeon for matters over which he has no control. There are various methods of treating fractures of the lower extremities but the plastic dressing is the one in my opinion *par excellence*. My experience also inclines to the opinion that the limb should be put up at the earliest possible moment after the bone was broken. The sooner the better. Whether the case be one of simple fracture or compound fracture I am of opinion the plastic dressing or the immovable bandage is the one to be preferred. When the dressing is applied before swelling occurs, none will occur; and when it is applied after swelling has taken place the swelling will begin at once to abate and soon disappear altogether. It may, therefore, be laid down as a principle that "a limb timely put up in the plastic apparatus will not swell," and that the best time to dress these fractures is the first moment after they have been inflicted. Every moment of delay is hurtful and the best place is on the spot where they have occurred, provided the patient has to be moved any distance. It may be argued, as will oftentimes happen, that the opportunity to act with promptness is not often afforded; that you will not see the fracture until swelling has set in and the limb has grown painful, red and hot. What then? Put the fracture up as soon as your dressing can be got ready and encase the limb in some form of fixed apparatus and apply it instantly. In this case I am firmly of the belief that the timely and constant use of antiseptics was a powerful factor in the successful treatment of the case, illustrating the fact

that prevention is better than cure. In the present day there is no controversy about the principles underlying antiseptic surgery, and how different things are from the old days of *laudable pus*. Let us therefore aim, altho' in a feeble way, in the language of an eminent surgeon, "to popularize and propagate the principles of antiparasitic surgery."

DISLOCATION AT WRIST JOINT.

BY W. D. FINN, M. D.

Mr. President and Gentleman.—The case I am about to report is one of "Dislocation of the Carpus Backward and Outward," upon the forearm. This condition, as you are aware, is not at all common—very few cases of the like having been reported. Four cases are reported in the "Annual of the Medical Sciences" for 1890. Dr. Sinclair of Mount Hope Asylum has met with a similar case some years ago.

My case occurred in a boy, *æt.* 12 years, who came to the Halifax Visiting Dispensary with the the history that he had fallen and broken his arm. On careful inquiry I received the following details:—The patient was out playing hockey on the ice, he fell, and in the act of falling struck his hand on its outer aspect against a lump of solid ice. On arising he found, as he remarked, that his wrist was broken.

On examining the injured member, I found marked distortion of the parts about the wrist joint, a marked prominence on the anterior and lower aspect of the forearm, and a still more prominent point on the lower and posterior part of the forearm. There was marked shortening of the distance between tip of middle finger and the ext. condyle of humeru. Total loss of function at the wrist joint—great pain, not limited to any point, but diffuse. No crepitus. Styloid processes of ulna and radius intact and bearing their proper anatomical relations to each other. I could feel the lower articular surfaces of "ulva" and radius quite distinctly at lower and ant part of the palmer,—the whole carpus being thrown violently backward and slightly outward on to lower aspect of forearm.

The case simulated a fracture of lower extremity of ulna or radius or both, and also separation, with displacement, at the epiphyseal juncture.

I reduced the deformity quite easily, by gentle traction on the hand and counter exten-

sion on forearm at elbow joint. I applied straight well-padded splints held in position by ordinary surgeon's plaster—left them on for five days—then applied massage and gentle motion. Result was extremely satisfactory.

SYRUP TRIFOLIUM COMPOUND A VEHICLE FOR LARGE DOSES OF IODIDE OF POTASH.

BY STEPHEN DODGE, M. D.

In May, 1889, I was asked by Dr. Curry, who was attending to Dr. Cowie's patients in the absence of the latter, to see Mrs. —, her eyes had become affected within a few day so that the sight, especially in the left, had become seriously impaired. She had Iritis in both eyes, coming on simultaneously. On more careful examination I found that it had not followed the course of an ordinary Iritis, the subjective symptoms were by no means marked, especially when compared with the impairment of sight. The disease was of a plastic nature and adhesions already existed. I learned that she had been under constitutional treatment for some time for symptoms arising from a specific disease through no fault of their own. She was suffering from a cutaneous disease of a rupial form, involving in some places the cellular tissue, leading to uterus after the crust was removed, which were exceedingly obstinate in treating. The cicatrices in some places broke down again and formed fresh ulcers. General health poor, and altogether it was an unpromising case.

Atropine 6 grs. to ζi was directed to be dropped into the eye, the same internal treatment to be continued, she was also given a tonic and ordered porter. When I visited her two days afterwards I found the cornea in both eyes opaque from interstitial Keratitis and it appeared as if the whole eye-ball was involved. Hot fomentations were ordered to be used and these were alternated with poultices of linseed meal. Notwithstanding the persistent use of various mercurials neither the eyes nor the ulcers showed much improvement. Deposits of coal black pigment occurred beneath the conjunctive at the sclero-corneal border. Her appetite after a time improved and she gained strength. As she lived out of the city I was not able to see her very often, but the treatment was continued as she was seen by Dr. Cowie on her return.

After some time the corneal opacity began to disappear slowly. The ulcers also improved and gradually cicatrized, but were followed with a fresh outbreak in other places. Some of the most troublesome and largest which had cicatrized again ulcerated, especially those about the ankles and wrists and forearms. She was now given Iodide Potash in saturated solution beginning with 5 grs. three times a day, to increase 1 gr. each day. It was found impossible to increase the dose beyond 13 or 14 grs, though tried frequently by going back to the initial dose. At this time I met with a small sheet published by Parke, Davis & Co., setting forth the composition of Syrup Trifolium compound. I thought it was worth while to try this as an alternative, and at the same time as a vehicle for the Iodide of Potash, and instructed her to increase the dose of the latter 1 gr. each day, and if possible to go on beyond what she had been taking. She went on until she took 80 grs. three times a day, which she kept up for three months without any difficulty. She improved in every way satisfactorily, gained in weight, and general appearance indicated good health. The ulcers all healed and the eyes improved, but they had been permanently injured by the obstinacy and extent of the disease. Still after all inflammation had disappeared they continued to improve or rather the right one under the use of the Iodide.

Halifax, Sept. 4th, 1891.

FOREIGN LETTER.

EDINBURGH, Aug. 12, 1891.

Dear M.—I have just returned from a very delightful tour on the continent, and I suppose you expect me to give you an account of my interview with Koch, and my views on the future of tuberculin. But I am not to do so. Desirous of meriting the esteem of so distinguished a man as Professor Koch, I refrained from encroaching upon his valuable time while I was in Berlin. And as for tuberculin you will find in Mr. Watson Cheyne's paper read before the recent meeting of the British Medical Association, and published in the *British Medical Journal*, of August 8, a very clear exposition of the present position of Koch's remedy and its possible future, by one of the few men competent to deal with the subject.

I shall confine this letter to one of the chief hospitals and one of the most noted surgeons in Germany.

The finest hospital in Germany is the new Eppendorfar Hospital in Hamburg, in the surgical department of which Prof. Schede is chief. This great hospital, built on the pavilion system, is situated on an open and breezy down about two miles from the centre of the city. The buildings are of red brick, picked out with cream color or white, presenting a very cheerful appearance and making by themselves a small town.

The operating room is situated in the central block. It is not an operating *theatre* in the ordinary sense, because, as there is no school of medicine in Hamburg, there is no necessity for the usual amphitheatre of seats for students. It is a room about 24 by 36 feet. The walls and ceiling are of white glazed tiles relieved by a border at the top of the wall of brown tiles. The floor is a tessellated pavement, perfectly smooth; an imitation of the ancient Roman pavements, which is now very common in hospitals and public buildings. One end of this room is a huge, plate glass bow window, the semi-circular roof of which is also of glass. There is also a large window in each side of the room. I have seen no operating theatre so well lighted: and three large electric lamps hang from the roof for use at night or in dark weather.

There are three operating tables. That at which Prof. Schede operates stands near the bow window, the others by the side windows. The tables are of iron, enamelled in white, and they are connected by pipes with the coils of the heating apparatus, so that in winter the chances of a patient taking cold are reduced to a minimum, and the danger of shock is also greatly lessened.

The cases in which the instruments are kept consist of an iron frame work, enamelled in white, with glass sides and doors, and the shelves are also of plate glass. Even the drawers where the dressings are stored are boxes of thick glass set in enamelled iron frames. All the fittings are exceedingly close and, I suppose, practically dust proof, and the array of beautiful instruments, brightly polished, reposing on their shelves of plate glass was calculated to produce a serious lesion of the tenth commandment. It is, however, probable that this array of shining steel may evoke different feelings in the breast of the hapless fellow man who is carried into this room and laid on one of these tables.

And here I may say that it appears to me German Surgery is deficient in the very

important quality of sympathy; the patient is treated too much as an automaton, or an inferior animal. A friend tells me that this remark was made to him in this very hospital of Schede's "ah! we have not here in Germany that heavenly feeling which you have in Edinburgh," and some one suggesting that the personal sympathy so conspicuous in all the great hospitals of Britain was merely a surface polish, "No," replied the speaker, an eminent German naval surgeon, "it is not superficial, it is deep down; it is humanity."

But to return to Schede's "laboratory." Supported by strong brackets on the walls, are three large reservoirs, "like wash-tubs," of strong glass, holding several gallons each. One of these contains the "strong lotion," 1 in 1000, (mercuric chloride), another the "weak lotion," 1 in 5000, and the third contains salicylic water, ten per cent. To the bottom of each tub a short rubber hose, (about three-fourth inch calibre.) is attached, at the other extremity of which is a nozzle with stop cock, and this, during an operation is frequently in use, douching the wound. When not in use the hose is suspended on an upright stand and the nozzles submerged in a jar of "strong lotion" until again required. Sterilised water is largely used, and the dressings, towels, &c., are sterilised by heat in ovens constructed for the purpose.

Professor Schede is rather under the medium height, strongly built, apparently not more than forty, fresh complexioned and with somewhat prominent eyes, and wears round glasses. I should think he was decidedly myopic. He comes to the hospital about 10 a. m. and remains until 2 p. m. After visiting his wards he proceeds to his operating room, arrays himself in a long linen gown, and a pair of rubbers, rolls up his sleeve, sterilizes his hands and arms with mercurial lotion and begins his operations. His assistants are dressed in the same way, and three operations are frequently going on at the same time.

There is, as I have said, no medical school in Hamburg, but several medical men were following Schede's practice, among them being some of our ubiquitous cousins from the great Republic.

Many of Schede's operations were for the removal of tubercular disease, and he does this in a very thorough manner. For instance, I saw him operate on the knee joint of a young girl. By a single long incision of eight or ten inches on the inner side of the limb he had exposed the femur,

tibia and joint, then dissecting the soft parts aside and dividing the capsule of the joint, he projected the extremities of the femur and tibia through the wound for two or three inches, and then carefully removed every trace of disease, whittling away with his knife and digging holes with sharp spoons and scraping until finally every vestige of the soft parts of the joint was gone, capsule, external, latent and crucial ligaments and cartilage. Then the bones were replaced, a dressing applied and a splint, as for a fracture. I was told such cases do very well. If after two or three weeks progress is not satisfactory, he opens the wound and again examines the bones, searching for recurrent foci of disease. I was also informed that the success attending his removals of the uterus, in which he follows Kraske's method, removing the coccyx and lower part of sacrum, is very encouraging.

During the operations copious irrigation is used, and patient, table and floor are drenched with the lotion; hence the advisability of wearing rubbers.

My visit to Hamburg was very interesting and I hope instructive, but I could not help thing if this "glass house" surgery is the proper thing, what are we to do in the backwoods. S.

Correspondence.

WHITHER ARE WE DRIFTING?

In a city of 40,000 inhabitants, more or less, it is but natural that a greater degree of culture and refinement should exist than among a similar number in the rural districts. Doubtless more of the vicious class is also to be found here; as they tend to congregate in cities. Now, I presume that the members of the medical profession claim a position among the refined and cultured. If so let us see how they compare in matters of conduct with their brethren in the country. I have no hesitation in saying that, from a tolerably extensive acquaintance with the medical men in the city and country, that the city men, in this respect at least, suffer by comparison with their brethren in the country. We have men here, it is true, whose whole professional career does honour to the profession, and whom it would be well for some others to copy.

It is but very seldom that anything appears in the press from a country physician.

which shocks ethical sense of the profession in the way of direct puffing, or *indirectly through the agency of a friend*. In this city, which claims to be a medical centre, we should be able to go a little higher in our standard of profession at etiquette than our brethren in the country, if we make proper use of our advantages. Again, it is true that we have a medical school whose teachers comprise a large number of the medical men of Halifax. These at least should be able to hold up a high standard of professional conduct to the students, many of whom are to be the future physicians of the province. Yet some of these very men have had their praises sounded in the public press in such a way that it is impossible to believe that they did not have something to do with these notices. Reporters have a very slim knowledge of medical subjects; and when lengthy paragraphs appear dealing with pathology and kindred subjects, couched in medical phraseology, it is taxing one's credulity too much to believe that the authors had nothing to do with these laudatory articles. Again, it has become the rule when certain men are called to the slightest case of accident to find an item in the papers next morning referring to Dr. So and So as having been called and concluding with the significant statement that the patient is doing well. It has been carried so far that the assistant has endeavored to carry off all the honours. Of what possible interest is it to the public that Dr. A., B. or C. was called to the person. Another performs an operation and forsooth it is blazed abroad through the press in such a way that leaves no doubt that he either openly or through the cover of a friend, caused it to be published. Equally reprehensible, but fortunately confined to a few, is the vulgar habit of bragging to one patient's of great achievements in the way of results or in regard to the number of patients. To sensible and thinking people, such a practice is most distasteful; and a man in public life ultimately gets his position from the estimation in which they are held by the sober thinking and cultured portion of the community.

Men who are conscious of their own strength arising from the knowledge they have of their profession, do not feel called upon to resort to such methods, and they prefer to rely upon the "efflux of time" for their position, without resorting to the tricks of the charlatan, dishonouring their profession, and wounding the feeling of the best men in the

profession. When men adopt the methods of Washington, Kergan, Baynes and the liver pad man they furnish their own certificate of character, and they need not be surprised if others judge of them by the company they keep. But they have no right to injure the good name of the profession. Moreover, if the Provincial Medical Board feels called upon to deal with matters of conduct why not apply this rule all around, and not allow some to go "scot free." M. D.

LAFLEUR (H. A.) ON VENESECTION IN CARDIAC AND ARTERIAL DISEASE. — Our experience has been, with one exception, limited to cases of primary cardiac or arterial diseases, which are undoubtedly those in which most good may be expected from its use. Huchard advocates small bleedings from time to time in the first stages of the arterial sclerosis, and thinks that in this way it may be possible to lessen and even delay the evils resulting from prolonged high vascular tension. He insists particularly on the value of venesection in the later stages of the same disease, when the left ventricle is no longer able to cope with the increased peripheral resistance and volume of blood, and the heart is in danger of sudden arrest. This may occur even when there is but little œdema or cyanosis, though there is usually engorgement of the right side of the heart and of the veins. In addition to its purely mechanical effect, venesection removes from the blood a considerable amount of toxic material, which has accumulated in it owing to the imperfect performance of the functions of the kidneys and liver, these viscera being usually more or less affected by the general arterial sclerosis. The contra-indications to venesection in cardiac and arterial disease are few. Even when death is imminent the rapid abstraction of some ounces of blood not unfrequently saves the patient. It is obvious that when marked ascites or pleural effusion co-exists with cyanosis and distressed breathing the abdomen or the pleura should be tapped, and venesection delayed until it is apparent whether either of these procedures will not afford relief. Large hemorrhagic infarctions of the lungs and extensive disease of the myocardium or coronary arteries, could such conditions be definitely ascertained, would probably be contra-indications, as even temporary relief could hardly be expected under such conditions. — *Med. News*, July 4, 1891.

Maritime Medical News.

September, 1891.

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

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WE trust that the medical men of the Maritime Provinces will not allow themselves to lose interest in the annual meetings of the Canadian Medical Association. When the meeting is held in the western part of the Dominion it is of course difficult for many to travel from the far east. But when the meetings are held in Montreal or Toronto, or other places as near, there should be some representation of the Maritime Provinces. We hope that this year the meeting at Montreal will be a representative one, with delegates from all parts of the Dominion.

ATTENTION is called to one or two selections in this issue touching upon the question of examining patients immediately after delivery in order to detect a possible cervical tear with a view to immediate repair. Some strongly oppose this; some as strongly urge it in justice to the patient. It would be well for those who oppose the practice to make sure that their views are founded upon a sincere regard for the interest of the patient, and are

not partly traceable to a wish to "get away," or too lively a sympathy for the patient's feelings and wish to be let alone.

Society Proceedings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

EXTRACT FROM FOURTH ANNUAL REPORT.

The fourth year of this branch, if judged by ordinary standards, must be considered the most successful in the history of the society.

Twelve meetings have been held, which is just three times as many as in either of the two preceding years. The largest number of meetings for the discussion of scientific subjects in any previous year was five.

Again, in point of attendance the improvement has been very marked.

* * * * *

The ordinary membership has been slightly lessened during the year by removals of "service" members from the city, and of Dr. Grant to Westville, and by the erasure of one name. But this numerical loss will more than be made up by the addition to the membership of several gentlemen now resident of the city and who have expressed an intention to join the society.

There have been a number of interesting papers read and several instructive discussions on important topics.

By the kindness of Hon. Dr. Parker, his office was used for the meetings until recently now it would seem desirable for the society to decide upon some central place for meeting as Dr. Parker's present rooms being hardly large enough, are no longer available.

There is still evident the lack of willingness on the part of individual members to undertake to contribute to the scientific success of the meetings, and it is to be hoped that a broader and more enterprising spirit will actuate the coming year of the society's work.

CANADIAN MEDICAL ASSOCIATION.

The next meeting of the Canadian Medical Association, which will be held in Montreal on the 16th, 17th and 18th September, 1891, promises to be of more than usual interest. Many prominent members of the profession have promised to be pre-

SYR. HYPOPHOS. CO., FELLOWS

CONTAINS THE ESSENTIAL ELEMENTS of the Animal Organization—Potash and Lime;

THE OXIDISING AGENTS—Iron and Manganese;

THE TONICS—Quinine and Strychnine;

AND THE VITALIZING-CONSTITUENT—Phosphorous; the whole combined in the form of a Syrup, with a **SLIGHT ALKALINE REACTION.**

IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGOUS PREPARATIONS; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

IT HAS GAINED A WIDE REPUTATION, particularly in the treatment of Pulmonary, Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

ITS CURATIVE POWER is largely attributable to its 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 these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

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

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

FOR SALE BY ALL DRUGGISTS.

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TO THE MEDICAL PROFESSION.

We quote the following from an article on "The Value of Laxatives in Small Doses," (by Q. C. Smith, M. D., Austin, Texas), which appeared in *Gallard's Medical Journal*, for October, 1889 :

"Although want of time will not permit us to speak of the many various laxative medicines either vegetable or mineral, yet the importance and wide application of usefulness of *sulphur* constrains us to give it at least a passing notice. As you know, it is a very ancient remedy, and one in which the public has long had great faith, and uses on frequent occasions. That it should be a valuable medicine when properly administered we would presume, when we remember that it is one of the important normal elements which enters into the composition of the tissues, the fluids, and secretions of the body. Therefore, being a basic alimentary substance, and so nearly related and intimately associated in physiological chemistry and the assimilative process with such important and active substances as oxygen, phosphorus, iron and manganese, we can readily see that by proper preparation and administration, it might become a most important remedy for many diseased conditions. And so we find in practice that it is. But we are now permitted to speak of it only as a laxative, for which most useful purpose it is wonderfully well adapted. And as it is necessary that laxatives should be taken regularly for long periods of time, and as it is difficult to induce patients to persevere in the prolonged use of inconvenient or unpleasant remedies, we have taken a hint from Professor Garrod, and requested MESSRS. JOHN WYETH & BROTHER to prepare a compound sulphur lozenge (samples of which we here show you), which are stable in composition, pleasant to the taste, convenient to take, and we believe superior in therapeutic action to the plain sulphur. We have suggested that in future there be added to the present formula (given below) a small portion of some suitable lime-salt—perhaps the bi-sulphate of lime—believing that this addition will increase the solubility and usefulness of the remedy. Besides, the addition of arsenious acid and bi-sulphate of lime will tend to prevent sulphurus eructations, which are liable to occur in some cases, while these basic substances are also valuable stomachic remedies themselves.

After a more extended use, and close observation of the therapeutic effects of the Compound Sulphur Lozenges, Dr. Smith finds his previous estimate of their value and usefulness increased and confirmed. When prepared according to the foregoing formula, he finds them admirably adapted to the relief of chronic pulmonary and hepatic diseases, cutaneous eruptions, and gastric and intestinal indigestion; and well suited as a pleasant laxative (not *purgative*) to relieve or cure chronic sluggish alvine functions.

Messrs. Wyeth & Bro. prepare two combinations, both of which have been largely used, and with most satisfactory results, in the form of Compressed Tablets, and will add others from time to time as may be suggested.

COMPRESSED TABLETS OF SULPHUR AND POTASS. BI-TART.

(Formula SIR A. B. GARROD.)

Sulphur, 5 grains; Cream Tartar, 1 grain.

Put up in bottles containing 100 tablets, price 35 cents.

COMPRESSED LOZENGES OF SULPHUR, COMPOUND.

(Formula of Q. C. SMITH, M.D., Austin, Texas.)

Sulphur, 5 grains; Cream Tartar, 2 grains; Ext. Ipecac. 1-100 grain; Ext. Capsicum, 1-500 grain;
Acid Arsen., 1-1000 grain; Calcium Bi-Sulphate, 1-8 grain.

Put up in 1 lb. bottles..... per lb. \$1.25

Put up in nickel screw cap bottles each containing 30 lozenges,
Per dozen bottles, \$2.80

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sent and contribute papers. and although the number is by no means complete, yet, from the following appended list, the scientific interest of the next meeting is well assured:

The Address on Surgery — Dr. Praeger Nanaimo, B. C.

The Address on Medicine: "Malaria, its Relations to and Influence over other Diseases"—Dr. Bray, Chatham, Ont.

Address on Therapeutics: "Water, Some of its Therapeutic Uses"—Dr. Spencer Brandon, Man.

Dr. V. P. Gibney (New York)—"Early Diagnosis, the most important factor in the Treatment of Pott's Disease of the Spine."

Dr. John Ridlon (New York)—"Spondylitis."

Dr. John Price (Philadelphia)—"A Plea for Early Hysterectomy."

Dr. A. M. Phelps (New York)—"The Mechanical Treatment of Hip-joint Disease."

Dr. A. B. Macallum (Toronto)—"The Pathology of Anæmia."

Dr. F. Buller (Montreal)—"Functional Abnormalities of the Ocular Muscles." This paper is expected to be discussed by Drs. Stevens, Roosa and Webster. (New York).

Dr. Mullin (Hamilton, Ont.)—"Some Notes on Cases of Post-partem Hæmorrhage."

Dr. Cotton (Cowansville, Que.)—"Appendicitis."

Dr. Slack (Farnham, Que.)—"Surgical Cases occurring in Country Practice."

Dr. Small (Ottawa)—"Malignant Disease of the Cervix Complicating Labour."

Dr. W. S. Muir (Truro, N. S.)—"Graves' Disease."

Dr. Geo. Fenwick (Montreal)—"Calculous Pyelitis."

Dr. Shepherd (Montreal)—"Case of Strangulated Cæcal Hernia."

Dr. Buller (Montreal)—"Conservative Surgery of the Eye."

Dr. Jas. Bell (Montreal)—"The Local Treatment of Tuberculosis of the Bladder through a Suprapubic Incision."

Dr. R. F. Rattan (Montreal)—"Lead and Drinking Water."

J. W. Stirling, M. B. (Edin.), &c., Montreal—Case: "Cerebral Abscess following Mastoiditis; Operation and Recovery."

Dr. J. Bradford McConnell (Montreal)—Case of Suppurative Hepatitis with Jaundice from Obstruction of the Common Duct by impacted Gall-Stones.

Papers have also been promised by Drs. T. Johnson-Alloway, Major G. E. Armstrong, H. Lafleur and L. Smith (Montreal).

An entirely new, and doubtless to many, an interesting feature of this year's meeting will be the devoting of an hour and a half each day to visiting the city hospitals.

These hospitals are—Hotel Dieu, Montreal General, and Notre Dame. Members of the staff attached to these institutions have kindly undertaken to exhibit cases and present other matters of interest in connection with hospital work.

The delegates and visiting members will be tendered a dinner by the profession of Montreal, to be held in the Windsor Hotel, and arrangements are being made for an excursion should time and weather permit.

Selections.

MEDICAL ADVICE WITH MEDICINES AT SEVENTY-FIVE CENTS A YEAR.

The *Medical News* for August 1st says, in an editorial article:—

"In the last number of a highly esteemed English exchange there is a very suggestive letter from a correspondent, who frankly confesses that he is regularly attending children at the rate of fifty cents a year, and adults at seventy-five cents a year, medicines included, and he is doing this even though the patients live three miles away. The writer justifies himself in this way: 'I think we may justifiably feel some pride that we have a higher aim than simply working for pay, and that the care and attention which we give to any particular patient is not governed by the amount of the fee. What shall be said of the hospital physician who gives his services for nothing at all? often thereby depriving the humbler practitioner of patients who could well afford to pay a moderate fee. Besides, is there any greater dignity in demanding a higher than a lower fee? Is there any dignity in taking fees at all, or is the whole of the nobility and dignity dependent on the spirit in which the work is done?'

"This defense gives glimpses of certain characteristics and social conditions of English life that provoke sad and serious thoughts. It also stimulates questions as to the beam in our own eye. With us there is certainly not any such widespread poverty as that of which we catch the hint between the lines of the correspondent. It is commonly said that as yet in America one can make a decent living by the practice of medicine without stooping to the five or ten or twenty-five cent fees not uncommon in England.

"But with us there are several considerations to modify our self-content. First, it may be noted that gratuitous treatment at the private office is very much more common with us than in other countries. It comes natural to the American character to ask a good-sized fee, or be quite as willing to let the service go purely *gratis*. We consider compromise beneath our dignity. It is said that a friend of a prominent New York lawyer sent the legal light a check for five hundred dollars in gratitude for a bit of advice incidentally given with a passing handshake. The check was returned with the curt reply that his smallest fee or retainer was a thousand dollars. In medical practice there are similar habits of thought and feeling, and the average of fees and non-fees greatly reduces the supposed regular charge.

"In the next place, the thin edge of the wedge is being driven in much faster than is commonly confessed or generally known. It is true that homœopaths are very numerous who give advice and medicines for fifty cents a visit, and not infrequently for twenty-five cents. Willingly or unwillingly, physicians are forced to compete by 'meeting' the quack's price.

"Another phrase is shown in the formation of medical clubs. These are not at all uncommon, and a doctor is hired by the year at a very low rate. Various fraternal organizations succeed by this plan in getting their members and the families of their members treated for merely nominal fees.

"The next step in the *descensus Avernii* is that taken by the drug-store doctor. The writer once saw a physician enter his drug-store, and passing along the rows of waiting patients, briefly learned the symptoms each complained of, in the presence and hearing of all the others. He then prescribed, and the prescription was at once handed to the clerk. There was no charge for the advice or prescription, the medicine alone being charged for. Sometimes the doctor has a private office behind or within the store. More rarely the office may not be connected with the store.

"The dispensing druggist must not be forgotten. However undignified, and even illegal, this method of evading the physician may be, it is wretchedly common. 'Give me something for my headache,' 'for rheumatism,' 'for stomachache'; 'give me a dose of antipyrine,' 'of chloral,' etc., are the demands made of the druggist many times every day. He rarely refuses.

"The last and lowest depth is the hospitals and dispensaries, emulous of each other, and running a competitive race for patients. In the letter of our New York correspondent published July 18th, we see how the patronage of well-to-do people is sought by the attendants of clinics founded 'for sweet charity's sake,' medicine and advice being dispensed gratuitously to those with no claim or right to them, to the degradation of the patient, with injustice to the young and struggling physicians, and in defiance of the objects of those bequeathing the funds. As regards a large proportion of American out-patients, it must be admitted that they are well able to pay something for their medical treatment, however small the amount might be. The self-respecting visiting and resident physicians of these charitable institutions should spontaneously do away with the abuse, and form rules and establish habits that will bar out those that could pay. It is quite beyond comprehension that members of a noble guild like ours should be so destitute of *esprit de corps*, so reckless of the wrong done the younger members of the profession. Unless reform come spontaneously and quietly, it must sometime come from without and brutally. Those who supply the funds will learn of the way their charity is being used to wrong both patient and physician, and supplies will stop with a suddenness born of righteous indignation, but necessarily followed by other evils. Moreover, young physicians would be better than human if they stood calmly by and allowed their proper *clientèle* to go in crowds to the dispensaries and hospitals to be treated gratis by men whose practices are established. They will meet such useless and brutal competition by establishing other and rival institutions, or by taking up one or more of the methods before described. These things, we have tried to show, are already well under way, and with true American earnestness, pushed by the facts of a rapidly increasing proportion of practitioners to population, as also by the growing poverty of the city masses—when war is fully declared, it will not be exactly 'war with rose-water.' The net result will be a sharp lowering of professional dignity, a ruinous cutting and reduction of professional fees, and the further entrance into medicine of commercial customs and auctioneer methods.

"In the meantime, will those who have the remedy in their hands remain satisfied to let things drift, and drift, and still drift?"

MACKENZIE (J.) ON THE THERAPEUTICAL VALUE OF VENESECTION.

Recently I was called to see an old lady aged sixty-eight, said to be suffering from a "weak heart and bronchitis." On examination I found her actually suffering from chronic Bright's disease, mitral regurgitation, and considerable œdema of the lungs. One evening I had an urgent message that the old lady had a "stroke," and was dying. On my arrival she was semi-comatose, face livid, breathing irregular and slow; speech gone, eyes closed, pupils even, and sensitive to light. The right side of her face was flaccid and motionless, the left side strongly contracted; the right arm cold, clammy and powerless; temperature in the axilla sub-normal; heart's action feeble but regular. She passed motions unconsciously while I was present. From those symptoms—aphasia, paralysis of the face and arms—I diagnosed rupture of one of the branches of the middle cerebral artery, involving Broca's convolution and the motor centres for the face and arm. My prognosis was very grave indeed; but I was constrained "to do something" to satisfy the anxious friends, and recollecting the

remarks of Mr. Jonathan Hutchinson, at the Medical and Chirurgical Society on January 27, 1891, on Dr. Pye-Smith's paper—"that a very simple measure gave all the advantages of venesection, and that was placing the patient's feet up to the knees in a bath of very hot water for a considerable period; this local determination of blood seemed to act just as efficiently as venesection in cases of head and chest injury."—I determined to use counter-irritation to the nape of the neck, and ordered the feet up to the knees to be covered with poultices, changed every two hours till morning. The awkwardness of placing such a patient's feet in hot water is obvious. To my surprise next morning she was able to speak—though imperfectly—and complained of pain in the left side of her head. Gradually the face resumed its shape, and motion returned into the arm. In less than a week not a trace of either paralysis or aphasia was present. In the words of Mr. Gay, "she made an excellent recovery." Evidently I erred in my diagnosis. This was another instance of how closely the apoplectic attack, due to functional disturbance of the brain, may simulate that due to hemorrhage. It seems to me that the

New York Post-Graduate Medical School and Hospital.

TENTH YEAR—SESSIONS OF 1891-92.

The POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is beginning the tenth year of 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 enlarged 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 those branches in our own Hospital.

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

FACULTY.

- Diseases of the Eye and Ear.*—D. B. St. John Rousa, M. D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.
Diseases of the Nose and Throat.—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight, M. D.
Veneral and Genito-Urinary Diseases.—L. Bolton Bangs, M.D.
Diseases of the Skin and Syphilis.—L. Duncan Bulkley, M. D.
Diseases of the Mind and Nervous System.—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D.
Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D.
Surgery.—Lewis S. Pilcher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.
Diseases of Women.—Professors Buche McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.D., J. R. Nilsen, M. D., H. J. Boldt, M. D.
Obstetrics.—C. A. von Ramdohr, M. D., Henry J. Garrigues, M.D.
Diseases of Children.—Henry Dwight Chapin, M. D., Joseph O'Dwyer, M. D., J. H. Ripley, M. D., Aug. Caillé, M. D.
Hygiene.—Professor Edward Kershner, M. D., U. S. N.
Pharmacology.—Professor Edward Bagoë, Ph. B.
Electro Therapeutics.—Wm. J. Morton, M. D.

For further information please call at the school, or address

CLARENCE C. RICE, M. D., Secretary,

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226 East 20th Street, New York City.

advantage of venesection in the aged is doubtful when the abstraction of an ounce or two of venous blood relieved the congested area.

A corresponding relief can be easily obtained by changing the determination of blood as directed by Mr. Hutchinson, who, by the way, confesses to have alternately denounced and recommended venesection. Moreover have we not a double advantage in this method—*e. g.*, congestion due to a torpid condition of the cerebral circulation? (*a*) By the dilatation of the capillaries there is an increased flow of blood to the part, thereby changing the determination of the vascular engorgement; (*b*) by reflex action stimulating to action not only the cerebral circulation, but cerebral tissue as well.—*Lancet*, June 27, 1891.

THE INITIATIVE.—Napoleon was considered pretty good authority upon matters military, and he always insisted upon the importance of taking the initiative. There are many occasions in which the physician must show his generalship by acting upon this maxim. An accident occurs, and half a dozen medical men run to the spot. One throws off his coat, opens his case, and goes to work at the victim, while the others help, or look on. A woman is undergoing the pangs of maternity, and her groans begin to make the spectators uneasy. The doctor sits quiet, saying little, doing less. One begins to suggest this, another to recommend that; and finally the doctor is flatly ordered to "do something, or send for a man who will."

A more skillful manager does the suggesting himself. He sends the most uneasy person present after chloroform, another for brandy; others see to the hot water, the baby clothes, the binder, the granny pins, the disinfectant solutions, etc., etc. He comforts the sufferer, holds her back, gets the nurse to give her hands to the patient to pull during pains, or fastens a sheet to the bed post for the same purpose. In a word he busies himself, and finds something for every individual present to do. Maybe he doesn't know the presentation and couldn't describe the Veit Smellie method to save his neck; but the people are all satisfied to have some one take the authority, and the new mother says, "Oh, doctor, you helped me so much! I'll never forget your kindness." And she never will.

Take the initiative!

Never mind whether you are the best or not. Assume that you are until some one proves himself the better. Nineteen times out of twenty the crowd coincides with the first man who gets up and tells them what they all think.—*Times and Register*.

Notes and Comments.

At the recent annual meeting of the Nova Scotia Branch B. M. A., the following officers were elected:—*President*, Dr. Wm. Tobin; *Vice-President*, Dr. Fowler, A.M.S.; *Treasurer*, Dr. Thos. Trenaman; *Secretary*, F. U. Anderson; *Council*, Drs. T. R. Almon, Farrell, Milson, Cowie, Wickwire, Morrow, Black.

We understand the new work on Practice of Medicine, by Professor Osler, of Baltimore, is completed, and is well advanced in the printer's hands. The new text-book is intended for both students and practitioners. The publishers, Messrs. Appleton & Co., of New York, expect to have it out in a few weeks.—*Exchange*.

Personals.

DR. W. S. MCIR, Truro, is down for a paper at the Montreal meeting.

DR. WICKWIRE, quarantine officer at Halifax, has returned after a visit of several weeks to the Old Country.

DR. D. A. CAMPBELL, Halifax, has left for Baltimore where he intends spending some time in the Post-Graduate Departments of John Hopkins' University and Hospital.

DR. WM. CAMERON, of Halifax, and DR. GEO. M. CAMPBELL, of the same city, have our heartiest congratulations on the happy events in which each has so prominently figured recently. We hope to have other opportunities of congratulating them—all in due time.

A LITTLE GERM.

A little germ in a sewer grew,
And there increased to a million or two,
When all set forth on mischief bent,
And ascended a pipe till they came to a vent.
They parleyed much which way to go.
Then started up the waste-pipe slow:
But a plumber there had set his trap,
With many a twist and bang and rap,
And into it the microbes flew
To the number of a million or two.
And then the flush came rushing down,
And thus the plumber saved the town;
For they were typhoid germs, they say,
That fell in the plumber's trap that day.

—*Sanitary News*.

PHYSICAL EXHAUSTION.

Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

DR. J. P. COWLES, Camden, Me., says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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With KING'S COMBINED, INSTANTANEOUS, TRACHEOTOME, TROCAR and ASPIRATOR, Bloodless Tracheotomy can be performed in five seconds without the aid of knife, anæsthetic or assistance, rendering an EARLY OPERATION possible. Circulars supplied on application.

Harvard Operating Chairs, King's Suture Needle, King's Pocket Amputating Case, O'Dwyer's Inhalation Sets, Outerbridge's Dilators for Sterility, "Empire" Elastic Bandages.

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

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

Phosphates being a NATURAL FOOD PRODUCE no Substitute can do their work.

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

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

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

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—SESSIONS OF 1891-92.—

The REGULAR SESSION begins on Wednesday, September 23rd, 1891, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation.

The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

The CARNegie LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular and Catalogue, giving requirements for graduation and other information, address Prof. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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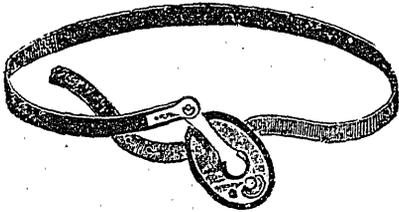
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