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# The Maritime Medical News.

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF  
MEDICINE and SURGERY.

VOL. VII.—No. 8.

AUGUST, 1895.

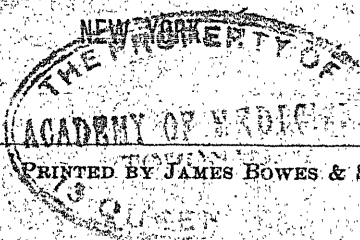
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About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Library, which contains over 15,000 volumes.

**MATRICULATION.**—The entrance examination of the Medical Boards of the different Provinces in Canada, is accepted by the University as equivalent to the Matriculation examination, which is held by it in the months of June and September.

**COURSES.**—The regular course for the degree of M. D., C. M., is four sessions of about nine months each. Arrangements have been made with the Faculty of Arts of McGill University, by which it is possible for a student to proceed to the degree of B. A., and M. D., C. M., within six years, the Primary subjects in Medicine, i. e., Anatomy, Physiology and Chemistry, being accepted as equivalent for Honour Natural Sciences, of the Third and Fourth years of the Arts course.

**ADVANCED COURSES.**—The Laboratories of the University, and the various Clinical and Pathological Laboratories connected with both Hospitals, will after April 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A Post-Graduate course for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

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

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

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# The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII.

HALIFAX, N. S., AUGUST, 1895.

No. 8.

## Original Communications.

### PRESIDENT'S ADDRESS.

Delivered before Annual Meeting of Maritime Medical Association, by Dr. Elward Farrell, Halifax, N. S.

*Gentlemen :—*

I feel very deeply the honor you have done me in selecting me to be your President for the year that will close with this meeting, and I beg you will accept my sincere thanks for placing me in this responsible and honorable position. The honor of the Presidency of this Association is enhanced by the fact that medical practitioners of the Maritime Provinces are a body of able men, I refer particularly to the practitioners of the smaller towns and rural districts.

I know from my own personal observation as well as from public repute that the hard-working medical men scattered through the country districts of this and the neighboring Provinces are men of good rank—many of them close students of Medical Progress, most intelligent practitioners, and as far as their busy life will permit, willing workers in the field of science; therefore, I feel it a high honor to be in the position in which you have placed me to-day.

You will remember that upon the occasion of our last meeting in Halifax

I was called upon to take the chair in the absence of your President, Hon. Dr. Parker, our old and much respected associate, who has been for so many years a chief and head among us. I congratulate him and you upon the fact that he is with us to-day, ready to take his share in the work of this meeting with his old time vigor.

On the occasion of that meeting I called attention to some affairs of public interest in which medical opinion should have some weight, and I will to-day venture to address you the few words I have to say upon the same line as my remarks at that meeting.

The proceedings of this Society, in common with most other Medical Societies are so highly scientific, so exclusively made up of the technical work of our every day duty, that though it is all of the deepest interest to us and of immense value in arousing us more strongly to do battle with disease; still our proceedings fail to attract public attention or to excite public interest. This must, of necessity be so, for it is only those who are trained to an ample knowledge of medicine and its associate sciences, who can be interested in or profit by our discussions. But have we no interest as important as our own self improvement to serve? Have we not as a body, charged as we are with the physical well-being of the community; no close relationship with public affairs? Our



common interests require that we should have laws to govern us. In our complex civilization there are many subjects upon which laws are formed that should be submitted to the views of the physiologist, the bacteriologist or the practical physician.

The recent discoveries in Medical Science, particularly in regard to the Germ Theory of the origin of disease have an important bearing upon the preservation of health. It may be some years yet before the value of scientific progress in tracing the cause of disease will attract public attention and become a factor in influencing legislation, and it should be one of the chief functions of our medical societies to address some of their work to the education of the public that a wider and more general interest may be taken in the value of practical science.

Already the public recognise the necessity of the physician's advice in in such matters as water supply, drainage, and infectious diseases; but there are many others, such as the building of our homes, heating and ventilation, the inspection of tenement houses, the sanitary condition of large factories, the employment of the young, the sanitary condition of schools, the necessity for play-grounds and open spaces in cities and towns, the adulteration of food and its inspection. There are many other subjects bearing upon the health of the people, which require the knowledge of those learned in chemistry, physiology and bacteriology for the same reason that the building of the bridge that spans a great river requires the expert knowledge of the civil engineer. Just as it is deemed wise that a family should have a family physician, so should the larger family, the community, need the assistance of science in framing laws for such things as relate to our physical welfare.

We find political science and "law" closely related. Is there no connection between that science and medicine? If legislation has for its object "the

greatest good to the greatest number," How can that object be gained unless the health and physical well-being of the people are given full consideration. If there has been in the past only a distant relationship between the science of medicine and the affairs of state, we are glad to see that a closer union is growing. "*Salus populi suprema lex*" is becoming more a guiding motto in public affairs.

In this connection, I must note an important progressive step in legislation in this province. Since our last meeting in Halifax, the Local Government has created a Provincial Board of Health, with power and authority to deal with all matters relating to the public health and the sanitary requirements of the Province.

It forms a central authority in which the local Health Boards in various parts of the province can refer. The board also issues suggestions to local boards in the form of "circulars," when occasion for them arises. In cases of great necessity the secretary and executive officers of the Board—Dr. A. P. Reid, visits any part of the province where the health of the people is endangered from any cause.

Since the organization of the Board "circulars" have been issued on all the contagious diseases including cholera and diphtheria, and Dr. Reid has visited Sydney and the coal districts to examine into the sanitary condition of miner's dwellings and their water supply. He has also made official visits to Mahone Bay and Dartmouth.

The manner in which the Board is constituted is an excellent one as it brings the Board in close relationship with the executive.

It is made up of six medical men residents in various parts of the province, together with the three heads of departments of the government.—The Provincial Secretary, the Attorney General, and Chief Commissioner of Mines and Works.

I feel that I represent the sentiments of this Association when I say that we commend the action of the Government and extend our congratulations, more particularly to the able and progressive Premier in wisely inaugurating legislation for the sanitary welfare of the people.

There still remains two subjects to which I shortly called attention three years ago, which I mention again and endeavor to dwell upon more fully.

The first is undesirable immigrants. We should speak forcibly and with certainty against the importation into Canada of an undesirable population bringing as it does the off-scourings of the old world.

We are aware that there are certain charitably disposed people who have established Homes and Refuges for the waifs and strays of society in the large cities of Europe. Their aim is to rescue the neglected and forsaken ones, who are drifting to ruin and disgrace among the lowest strata of social life. We must commend the object these good people have in view as a charitable work, but it becomes a matter for our consideration when we know that part of this plan of reform consists of the emigration of these proteges to the colonies; and as Canada is the most easily reached of all the colonies, it is usually chosen as the place to which the "reformed" are sent.

Most of these refuges try particularly hard to take in and reform the young boys and girls of tender age and young men and women who, though young in years are old in vice and sin and who are already far on the road to ruin.

If we stop to consider for a moment the condition of the lower orders; say in the city of London, it will furnish food for reflexion. It is well known to those who know anything of London life that they live in the most debased condition. Hundreds of them without a home or if they have a place to rest, it is likely a filthy hole unfit for human

habitation. The whole surroundings are those of vice, disease, and crime.

Let us analyse the health conditions of immigrants derived from this source, with the hope of arousing public opinion on the subject. We should find:—

1st. Among them a degraded moral nature derived from inherited tendency and criminal surroundings; natures that in many of them cannot be reformed, so thoroughly are they saturated with the pestilence of vice in which they have been brought up.

2nd. Those who have inherited specific disease which is likely to develop in its many forms as they grow to manhood and womanhood.

3rd. Those who have contracted specific disease which has poisoned their blood and life and will be transmitted to their offspring,

4th. Those whose vitality is permanently injured by hunger, exposure, and filthy surroundings, and who become in after life an easy prey to germ diseases.

5th. The children of tuberculous and cancerous parents who always carry with them fruitful soil for the growth of these destructive diseases.

While we are willing to recognise that an increase in population is the best addition to our wealth and the best indication of increasing prosperity and that the influx of numbers of healthy and vigorous people is an important factor in bringing about that result; still unless they are sound in mind and body, and have a fair moral training we are better off without them. Better have no inauguration at all than that we should bring among us those who are morally and physically diseased. It is time this whole subject should receive serious attention.

The other subject to which I will call your attention is:—The incomplete organization of the medical department of our militia.

The militia department of Canada costs us a great deal of money, and the

people willingly grant even what, to them, appears to be a large sum of money, feeling that a military force for our protection and defence is a necessary part of our national existence. It is the duty of every nation to be prepared for the terrible emergency of war. To be prepared for action is the *raison d'être* of the existence of a militia. In "the piping times of peace," they have no function to perform. "Ever ready" in every department when the time of duty comes, should be the aim of a well organized force. It is for this object that the country freely spends its money and our young men give their time and energy to assist the work.

To be thus prepared, each part of the system should be a perfect organization in itself. Give us thoroughness of organization in every detail that brave men may have some chance of reward for their heroism when the day of trial comes.

I am not prepared to criticize the merely military part of our militia system. Of this I have no knowledge, but it is apparent that the medical department, I will not speak of as being poorly organized—it is hardly organized at all. The medical department is a most necessary part of the service in the field and if every other part of the system gets proper attention, this should not be neglected.

Every system made for protection in emergency, such as fire, police, and militia are apt to grow rusty from want of action, and require much more watchfulness than one which is in active work every day.

There is an old and instructive story told of the superintendent of a large institution, where a number of people were under care, showing the inspector, who came to visit him how well prepared he was in case of fire. "In that room," said he, "pointing to a door is the hydrant with hose attached ready for action; all you have to do is to turn that key and you are in the

room." Suiting the action to the word he attempted to turn the key, but it would not work the key had been changed, the right one was soon found but with some delay, the door opened and everything else found quite ready. The one weak point made the fatal delay and furnished an object lesson to all concerned.

During the Crimean War it is a matter of history that the best and bravest of the British troops were sacrificed by the blundering of an inefficient commissariat. Willing the soldiers were to meet death at the hands of the enemy but to slaughter them, as they were slaughtered, by hunger, cold and disease brought about by a mixture of red tape and stupidity will ever remain a disgrace to the war department of Great Britain.

I would urge again then that the medical department of our militia should receive more attention and be put in proper shape. I may be told that surgeons are attached to every corps and I believe they are well trained physicians and surgeons, but the ordinary training of a general practitioner is not sufficient for a military surgeon. They may be well educated and reliable men, but military surgery is a special work and requires the study of many subjects that seldom come in the line of the practising physician. The present plan of medical organization, poor as it is, is old-fashioned and not in touch with modern military organization nor modern military surgery.

Let us urge then that this department of our militia system be made more perfect and brought up to modern requirements.

I am not prepared to say what would be the best way to accomplish this result, but it certainly is the duty of the government and the chief medical officers of the militia to give the matter study and consideration, and if I might venture a suggestion it would be the establishment of a chair of military

surgery in the principal medical schools of the Dominion. I will now leave this subject with the hope that our consideration of this subject may lead to some good result.

Now while I am endeavoring to sketch a larger field for the work of our medical societies and would desire to bring at least some of our proceedings in touch with public necessities; I would particularly urge upon our members, especially the younger men among us, the importance of local medical societies as a means of study and improvement. There are three great sources of knowledge within the reach of the practitioner, they are:—reading, experience and medical societies, and of all these not the least important is the medical society.

There are not as many local medical societies in these provinces as there should be and the necessity for them is not fully recognised.

Of all our sources of improvement, while we are busy at work, there is none better than a medical society. I will not take up your time going over these varied advantages, for they do much good to the profession in addition to scientific advancement.

I have never attended a meeting of our society, even though the meeting were a small one, without feeling a great gain for the short time I have spent there.

We have some few societies in some counties and districts, but there should be more. It may not be an easy task for the busy doctor in a thinly settled district to do much in this direction, still every county at least should have a county society. Even if it could meet only four or five times a year, it would do incalculable good in many ways, but especially in aiding to keep us abreast of the present rapid progress of medical science. I will close with the earnest hope that this meeting like its predecessors may be a pleasant and profitable one.

## THE GERM THEORY AND SERO-THERAPY.

Presidential address of Nova Scotia Medical Society delivered at con-joint meeting with the Maritime Medical Association, held at Halifax, N. S., July 3rd, 1895.

By A. P. REID, M. D.

*Gentlemen:—*

I have the honor to address a much larger representation of the Profession than my position entitles me to, and as a means of courting your favor I will make this address short.

In the first place allow me the pleasure of thanking the Profession of this province for the honor they have conferred on me the past year. I was at some loss to know upon what subject to address you, but the difficulty was to some extent removed when your President, Dr. Farrell took up the relations of the Profession to the public—and I thought my attention had better be directed towards some of the advances that have been made in the scientific departments.

First I will refer to those entities so minutely small that have been lately revealed to us by careful observers and perfect instruments—and I was at a loss to be able to get a definite idea of their forms and peculiarities for under ordinary amplifications assisted by staining methods, we find a lot of little specks that look very much alike, and it is difficult to get a clear conception of them. Others may be similarly situated and I set to work to place them in such relations and so enlarged as to be easily appreciated. I selected ten of the common *pathogenic forms* and had them arranged along side of each other for comparison, which you will see in the micro-photographs handed round where they are enlarged to 1000-2000-3000 and 5000 diameters—but to make them more clear in the chart presented I have enlarged them to 100,000 diameters with careful delineation as to size and

as you can perceive their peculiarities there is no occasion to occupy time in histological description.

Medicine is a science which from the nature of things must be based on that theory which will include the greater number of observed facts, and since there are so many active minds in daily observation and experiment, new facts continually present themselves and the theory of the day must be modified in consequence thereof.

The journals keep you thoroughly posted and as our means of original research are very limited, I do not presume to present you with anything novel—yet it may not be out of place to devote some of your time to the consideration of the latest ideas that occupy the attention of the medical thought of the day.

"There is nothing new under the sun," is as true of our latest advances in pathology as in anything else and perhaps you may be interested if I were to give you some of our forgotten knowledge that has been picked up from old authors.

The *Germ theory* (so called) that received its most perfect demonstration in the recent scientific work on *Tuberculosis*, was forgotten long before its present introducers were born. In a work on consumption of the lungs by Edward Barry, M. D., 1727, he gives at that time an old theory that was given to the world by a Dr. Martin on consumption.

Barry does not give adherence to it but as a matter of duty presents it at the end of his book, and with your permission I will make a quotation—I brought this subject up last year before a meeting of the British Medical Association of this city.

In quoting from the book and changing a word but not the idea, we are to-day where Martin was nearly two centuries ago. He says: "That ulcers in the lungs when narrowly viewed with microscopes of great power are covered with several insects (bacteria) which disease takes its first

origin from such things, which being inspired with the air fix their situation on the lungs and erode and ulcerate them." "Animalcules (bacteria) have been by others supposed to be the cause of several distempers and particularly such as are *contagious*, (the italics are the author's)."

"For it is certain that there is almost an infinite number and variety of such animalcules (bacteria) floating in the air whose chief business consists in searching out a place where they may find nourishment." "But every part of a human body though imperceptible to our eyes is sufficiently strong as to entirely prevent these things so minutely small from fixing there for any time \* \* \* but in a part that is ulcerated, the purulent matter sends forth perpetual streams to nourish them, and by being viscid and adhesive makes their nidus so secure that the ulcerated part is not strong enough to dislodge them." "After the same manner the blasts (diseases) of trees and plants may be more rationally accounted for." "For there is a circulation through every part of plants and trees which is sufficiently strong to prevent these animalcules from having a fixed and sole situation there. But if from many causes there is produced a *stagnation* and a *gangrene* either in any particular part or in the whole such animalcules (bacteria) will quickly secure this quiet state and nourishment."

So much for our recent and greatest advance upon which I need not comment other than to remark that it is no small advance to be able to demonstrate that which was only surmised.

#### A SPECIAL THERAPEUTICS

with *toxins* and *toxalbumins* as a base has been developed quite recently and yet I find that we are only following in the footsteps of our forefathers—We are all aware that the active poisonous agents in the different varieties of snake and some animal poisons are closely related to what we now call



AS A FOOD AND STIMULANT IN WASTING DISEASES

— AND —

IN THE LATER STAGES OF CONSUMPTION,

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FOR MOTHERS NURSING PHYSICIANS WILL FIND

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WILL GREATLY HELP THEM.

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DEAR SIR:

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IT IS A VALUABLE RESTORATIVE

## IN CONVALESCENCE.

As a nutritive tonic it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases. Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after exhaustion produced by over mental exercise.

## AN IMPORTANT POSTSCRIPT.

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In each tablespoonful of this preparation there is the essence of one ounce of Beef and two grains of Iron, in solution in Sherry Wine. It is therefore a refreshing stimulant, the effect of which is not merely to quicken the circulation and impart a temporary benefit, but also to supply actual strength.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill effects have been experienced from the use of the many imitations claiming to be the same or as good as Wyeth's. In purchasing or prescribing please ask for "Wyeth's" and do not be persuaded to take any other.



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*Manufacturing Chemists, Philadelphia.*

*General Agents for Dominion.*

P. S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.

toxalbumins as tuberculin for example—and you will find in Dr. Benjamin Gooch's medical and surgical observations published in 1771, a resume of different ancient practices that have animal poisons as the basis of a rational therapeutics. Of the very many interesting observations he gives, I feel that time will only allow me to quote one.

Dr. Gooch gives a lengthy description of a case of severe pain, spasms, etc., that had endured a long time, and the patient had received no benefit from any one. He consulted Dr. G. who felt he could do nothing for him, but as he says, "Not to appear inhuman to so wretched a being after telling him I could do nothing I sent him a bottle of rattle snake wine to take a glass of frequently. This was in the West Indies drank as the highest cordial. Three nights after the patient walked in "Sir," said he, you cannot be so much amazed as I am nor half so much pleased, I am come to thank you, and if not criminal to worship you," etc.

Dr. G. gives the following history of the discovery of the virtues of rattle snake wine :

"A very wealthy old gentleman in the West Indies had long been afflicted with leprosy to an high degree, which was deemed incurable by his physicians. Apparently in a dying state he made his will and left a large legacy to a female servant who had lived with him many years.

This circumstance being known to her, she and her lover by the instigation of the devil, studied and contrived how to make away with him in such a manner as to raise the least suspicion of their wickedness. They put the heads of rattlesnakes into wine and gave him it to drink thinking it would prove an infallible poison, but as he grew better upon taking it, they, happily for him falsely concluded that it had not been made strong enough. They then made it stronger, and by

drinking this intended poison he was restored to perfect health.

Compunction of conscience put this unfaithful and wicked servant upon falling on her knees before her master imploring his mercy, and in tears confessing her atrocious crime. He not only forgave her, but gave her a sum of money ordering her to depart his house directly and never see him more."

Galen, Aretous and other ancients recommended eating vipers for Elephantiasis. Dampier says that the natives of Tonquin, East Indies, treat their friends with arrack in which snakes and scorpions have been infused not only as a cordial but an efficacious remedy for leprosy.

#### AT THE PRESENT DAY

we are using similar substances given hypodermically and in very minute doses—a new departure in therapeutics but more in the method than the substance. The virus of small-pox, diptheria, hydrophobia, tetanus, tubercle, etc., are not less virulent than the virus of the adder, centipede, rattle-snake—and also chemically they are very closely allied.

These poisons have been used as above quoted with benefit, particularly for leprosy. If the ancients could cure this malady the moderns cannot—we need not ridicule their methods—we may yet adopt them in a round about fashion, as tuberculin in lupus.

Intimately allied to the above subject is our latest advance in the treatment of disease

#### SERO-THERAPY

upon what rational basis can such a practice stand ?

To begin at the beginning, certain diseases, small-pox and some others produce as a rule such an influence on the human organism that one attack protects from another attack no matter what the exposure. In other maladies diptheria for example, an attack protects for a certain time, but this im-



munity is limited to a period varying with the individual as well as the malady.

These facts have long been known, but until lately there was no satisfactory explanation. Modern research goes to shew that as a result of Bacterial growth a substance called a *toxin* is generated which is inimical to the further growth of that special type of bacterium—as an illustration—the yeast organism which flourishes in a saccharine solution and produces carbonic acid and alcohol as a result of its growth will lose its virility in ratio with the accumulation of these products—with 10 per cent of alcohol toxins, the fermentation ceases to again go on if sugar be present and the alcohol be removed or much diluted.

This doubtless is the rule with every kind of life—high or low—the products of the metamorphoses caused by its vital activity must be removed or they lead to the death of the individual that produced them.

#### BUT THE RESULTS OF THE LATTER RESEARCH

proceed a step farther. If the animal economy is subjected to the poisonous products of parasitic growth, the *toxin*, there is at the same time a counter-acting agency generated called an *anti-toxin*, which has the effect of neutralizing the poisonous influence of the toxin, and if the vitality of the animal be sufficient it will survive the ordeal and the anti-toxin thus generated will serve not only to neutralize the toxin but render the virulent pathogenic germ not only harmless for ill, but in the end destroy its vitality.

From time immemorial we have spoken of the *vis medicatrix naturae* the physicians great stand by the agency which has perpetuated animal life on this planet, but it is only very lately that we have been able to form any clear conception of how the *vis medicatrix* functionates.

The next problem was, suppose we grant that an anti-toxin is generated, where was it found? What was it like? How could it be studied?

The answers to these questions are not yet forthcoming, but in the cases of diphtheria and tetanus it has been found that there is a something in the serum of the blood which not only protects the individual affected but if this serum be introduced into the blood of one who is liable to be infected it will protect that individual from an inroad of diphtheria or tetanus poison, and if he be invaded this serum will enable the individual to overcome the toxin of the disease, and if not too much under its influence to destroy the invader and restore him to health.

This is the basis of the treatment now being introduced and which is well named serotherapy, thanks to the researches of Pasteur, Koch, Fraenckel, and the other careful persevering workers. Diphtheria has been worked out as follows:—Klebs in 1883 discovered the bacillus which is considered distinctive of it, and with Loeffler studied it carefully, but though able to produce diphtheria in animals they were unable to produce the paralysis etc. so distinctive of this malady.

Roux and Yersin in Paris 1888, reproduced the paralysis by introducing into the circulation the toxin separated from the bacillus. Behring and Kitasato (of Japan) in Berlin, by means of the toxin caused immunity which they found was produced in the blood and named it anti-toxin. It was found that it was present in the serum. Behring and Ehrlich in Germany and Roux in Paris rendered it practically available. There were many workers in this field each adding his mite to the general result, as Wasserman, Aronson, Brieger, and Wooridge in England, and Ogata in Tokio, Japan, etc.

There is not in the history of medicine a more careful series of long continued research and experiment

than that which culminated in the serotherapy of to-day, which is only an index of what is to come, time and experience must demonstrate its imperfections and their correction. The many steps in the careful journey of the past 15 years are most interesting, and to dwell on them would unduly extend this paper and it may be sufficient to give the technical method of preparing the anti-toxin.

It has been found that certain animals are immune to certain kinds of pathogenic organisms, or in other words, that the *vis medicatrix naturae* has greater energy in generating the anti-toxin, and advantage is taken of this to produce the so much desired remedy, as for example—the horse has great resisting power against the toxin of diphtheria bacillus and by skilful manipulation the serum of the horse's blood can be made so strong in that special type of anti toxin that a very small amount of this serum will render an animal (wanting in this immunity) immune to the diphtheria toxin.

Different experimenters vary a little in detail but not very much. Roux of Paris injects pure diphtheria toxin into the horse (which must be in the best of health,) at stated intervals increasing the dose at each injection. But as each new injection of toxin neutralizes the anti-toxin at the time in the blood of the horse it takes a long time (months) to render the serum sufficiently potent for medical use. Klein injects attenuated diphtheria (old culture) bacilli with the toxin and then large quantities of living bacilli of gradually increasing virulence are repeatedly injected. These produce a rise in temperature and local tumour but no suppuration, and the time is lessened half with the production of a satisfactory serum.

Whilst the animal is undergoing this preparation, the serum is regularly tested on guinea pigs, by taking a known toxin and to 10 times a fatal dose adding the anti-toxic serum and

injecting it into the guinea pig to be followed by no ill result. It is known as to strength by *unities* of which 1 C. C. neutralizes 10 times a fatal dose.

The serum is being made so much stronger lately that much less is required than was needed at first, where from 50 to 150 *unities* will act as a prophylactic—from 600 to 1600 *unities* will be required to cure a severe case. For immunizing or acting as a prophylactic, small doses repeated every few weeks during the epidemic will suffice.

The serum immunizes more rapidly than would an attack of the disease but it does not last so long. The serum does not generally act unkindly on its recipient, but every day is widening our experience on this subject and the opinions which prevail to-day are likely to be modified to-morrow.

There is a prospect that in time we will not require to go to the lower animal for the medicament, for lately Dr. Smirinow under Prof. Nencki, of St. Petersburg finds that by passing a continuous electric current of from 100 to 200 miliamperes through a very virulent diphtheria culture after 18 hours of electrolysis this culture acquires the power of curing a rabbit inoculated with diphtheria some hours before. Thus anti-toxic properties are produced without the intervention of animal tissues.

There are anti-toxins of other types of disease that are present in the tissues, as for example in the spinal cord in hydrophobia but enough for this paper. However, the great advance made of late in clearing the ground and opening up avenues of research lead us to hope that it will not only point out the unknown and make us familiar with it, but also show us how to relieve the afflicted.

## HYPERPYREXIA IN A PNEUMONIA PATIENT.

G. Clowes Van Wart, M. D., Univ. Penna.  
Frederickton, N. B.

On the evening of November 8th, 1894, I was called to see J. McL., aged five years, boy, quite robust, history of catching cold ten (10) days before. He had been ailing since the 6th. In the night of the 6th and 7th he had severe vomiting.

Status *Præsens*.—Patient restless, flushed, pharynx red, tonsils enlarged, tongue at the tip looking scarlatinous. Pulse bounding 150, respiration 56, temperature 103.5° Fah. Pain in right axillary and mammary regions. Roughness over right upper lobe of lung, occasional râles over right base. He was ordered the common saline fever mixture of tinct. aconit. rad., liq. potass. citrat. and sp. ammon. aromat., every two (2) hours. Ice cap to head and cotton jacket to the chest.

Nov. 9. Morning.—Child had been delirious during the night, bilious vomiting towards morning. Respiration 60, pulse 170, temperature 109° Fah. Thinking that the thermometer might be faulty, I used a second one with the same result. The patient was immediately stripped and plunged into a tub filled with hydrant water. I now gave  $\text{j}\overline{\text{ss}}$ . sp. turpentine. In five (5) minutes time the temperature had gone down to 104.6°. Gave another dose of sp. turpentine and continued the bath five (5) minutes longer. Temperature fell to 103°, but the patient showed signs of collapse, and this necessitated withdrawal from the bath. The ice bag was still applied to the head. Strychnine sulph. and sp. ammon. aromat. ordered in place of the fever mixture.

Nov. 9. Afternoon.—Temperature 105°, respiration 54, pulse 150, rather weak. Cold water sponging brought down the temperature to 103°. Typical physical signs of lobar pneumonia in right lung, upper lobe

marked. For the weak pulse brandy was ordered.

Nov. 9. Evening.—Temperature 104.5°, respiration 65, pulse 160. Hydropathy pro. re nata. strychnine hypodermically.

Nov. 10. Morning.—Patient slept three (3) hours during the night, cough increasing. Dulness at right base. Respiration 48, temperature 103.5°, pulse 152. Slight cyanosis fingertips, lips and cheeks. Large doses of strychnine, sp. ammon. aromat. continued. Brandy used freely. Cotton jacket still applied to chest and applications of diluted amber oil.

Nov. 10. Evening.—Respiration 54, temperature 104°, pulse 160. Râles at base of lung.

Nov. 11. Morning.—Patient slept four (4) hours during the night. Temperature 99°, respiration 45, pulse 115.

Nov. 11. Evening.—Temperature 103.2°, respiration 52, pulse 145. Cough very frequent and loose.

Nov. 12. Morning.—Temperature 99.1°, respiration 40, pulse 115.

Nov. 12. Evening.—Temperature 101.2°, respiration 39, pulse 125.

Nov. 13. Morning.—During the night as during the nights of 11th and 12th free perspiration. Temperature 98.9°, respiration 36, pulse weak 116. Cough very loose.

Nov. 13. Evening.—Temperature 49.7°, respiration 30, pulse 110.

Nov. 14. Morning.—Temperature 98.6°, respiration 28, pulse 106.

Nov. 14. Evening.—Temperature normal, respiration 26, pulse 100. Recovery.

The crisis in this case took place on the sixth day. The thermometer registered the highest on the second day. 109° Fah. (axillary) strychnine was the chief cardiac and respiratory stimulant. The high fever was controlled by the free use of cold water. It is of interest to note the respiration and pulse ratios in this case as well.

## Hospital Reports.

### VICTORIA GENERAL HOSPITAL.

Gall-Stones and distended Gall-bladder,  
BY DR. N. E. MACKAY, M. D.

*Cholecystotomy; Recovery.*—Mrs. J. F., age 41, was admitted under my care to the surgical wards of the V. G. Hospital 5th June, 1895, suffering from Biliary Calculi.

The following history was elicited: had never been very strong: married 24 years and is the mother of eight children. Fifteen years ago had an abscess in abdominal wall which kept discharging for six months. Had three attacks of chills and fever since February last. Patient's attention was first drawn to a tumor in her side by her physician when he was called to see her in February. She was then slightly jaundiced and was constipated. For some years before, patient experienced occasionally a dull aching pain over the region of the liver but did not notice any tumor until four months ago which was then very small. It has gradually increased in size since, and it has been accompanied by occasional attacks of pain but not very severe. Tongue coated; bowels constipated; appetite poor.

Palpation revealed a tumor in the upper hypochondriac region the size and shape of a fairly large cucumber; firm in consistency, moderately tender on pressure and occupying anterior portion of abdominal cavity. Its lower end was freely moveable and its upper attached. Patient was not now jaundiced.

Operated on the 13th day of June. Opened the abdomen by an incision  $3\frac{1}{2}$  inches long over the tumor, along the right linea semilunaris. The distended gall-bladder presented at the wound. It was about five inches in length and four in circumference, and it was free from adhesions. I then passed two fingers gently down towards the cystic duct and found a gall-stone the size of

a robin's egg, firmly impacted in that tube three-quarters of an inch before it joins the hepatic duct. The distended bladder was now lifted up through the abdominal incision and given in charge of an assistant, and an incision over an inch in length was made in the gall-bladder—free end—and fully five ounces of clear tenacious fluid escaped together with a few stones. The last drachm or two of fluid was grayish in color and looked like pus, but on careful microscopical examination it was found to contain nothing except cholesterine crystals and epithelial cells.

After thoroughly irrigating the gall-bladder and removing all the loose gall-stones the impacted calculus was carefully dissected from its position with my finger aided by the handle of a scalpel. It was dislodged with difficulty. In all 42 gall-stones were removed. During this part of the operation sterilized sponges were carefully packed around the gall-bladder so as to prevent any of its contents entering the peritoneal cavity. The parts were now thoroughly cleansed with bichloride solution 1 in 4000 and the gall-bladder was stitched to the abdominal wound in the following manner:—first to the peritoneum with a continuous suture of fine cat-gut and afterwards to the integument. The abdominal wound was closed with two rows of sutures—the peritoneum with fine cat-gut and the muscles, fascia and integument with sterilized silk—and it was dressed with iodoform gauze. A rubber drainage tube was inserted in the wound. There was no trace of bile in the fluid in the gall-bladder which was clear and tenacious, but after the operation quantities of it have escaped through the wound, so much so, that the dressing had to be changed two or three times a day for the first three or four days.

On the evening of the day of operation the temperature went up to  $101\frac{1}{2}^{\circ}$  and on the following day it reached  $102^{\circ}$ . On the third day it

was 101°. After this it dropped to normal and remained so during the after progress of the case.

The rise in temperature was due to an attack of acute bronchitis, which she appeared to have contracted on the day of operation. I have since learned that she had a mild attack of it two days before she was operated on. The stitches were removed on the 22nd, the 9th day after operation. The wound was healed all round the fistula. Patient says she feels better than she has for years. She is still in the hospital with a biliary fistula, which we hope will close up before long. July 18th, patient looks well and is gaining flesh fast; skin much clearer; fistula growing smaller every day; very little discharge of bile from it.

SALOPHEN.—P. Marie (*Soc. Med. des Hop.*, May 31st; *Sem. Med.*, June 5th) has studied the therapeutic action of salophen in a variety of cases—rheumatism, acute and subacute, saturnine gout, chorea, orchitis, or mumps, and phthisis. In several of these cases, salicylate of soda had either not been well tolerated or had seemed to have little or no effect. He concludes that salophen has all the therapeutic virtues of the salicylate in acute and subacute rheumatism and in gout without its drawbacks. In the phthisical cases a single dose was followed by a fall of temperature. In all the cases salophen seemed to have a marked influence in restoring the digestive functions. In cases of chronic rheumatism it did no good. As regards dosage, the author looks upon 3 to 4 grammes (45 to 60 grains) as an average daily dose; 5 and 6 grammes (75 and 90 grains) should be given only exceptionally, and Marie is not satisfied that these large doses are more effectual than smaller ones. The 4 grammes (60 grains) should be given in six doses, either in cachets or simply suspended in water.—*B. Medical Journal.*

THE GOLD STANDARD.—The *San Francisco Post* says: A young lady with a touch of tonsillitis was consulting the family physician. "That is nothing serious," said he; "I'll touch it up with a nitrate of silver and you will be all right." The young lady looked a bit doubtful. "Oh, it won't hurt you," remarked the doctor, reassuringly. "I wasn't thinking of that. Papa might object." "Why, what possible objection can he have?" "I heard him tell mamma the other evening that he was opposed to silver. Couldn't you use nitrate of gold? Silver is so common and cheap, you know, and I am sure papa wouldn't object then."—*Ex.*

NOTE ON SMOKED GLASSES.—Dr. R. H. Satterlee, in *Buffalo Medical and Surgical Journal*, June, 1895, draws attention to the fact of the many cases of eye strain and headaches arising from the use of cheap smoked glasses. These glasses are convex on the outer surface and concave next to the eye. The curve on the concave side is usually greater than on the convex surface. This causes a near-sighted lens and eye-strain and headache.

SCROTAL ECZEMA.—The following is recommended (*Memphis Med. Mo.*):

R Hydrarg. chlor. mit.	.....	ʒi
Zinc oxidi.	.....	gr. xl
Bismuthi subnit.	.....	ʒiiss
Lanolin	.....	ʒi
Vaseline	.....	ʒss

M. Ft. ung.

Sig.—Wash the scrotum in hot borax water, and apply the ointment night and morning.

# Maritime Medical News.

AUGUST, 1895.

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

## EDITORIAL.

THE fifth annual meeting of the Maritime Medical Association held at Halifax, July 3rd and 4th was in every way successful.

The attendance was large, especially from Nova Scotia, one-sixth at least of the whole number of registered practitioners being present—a very creditable showing.

The attendance from New Brunswick and P. E. Island was not as large as anticipated, owing to the fact it is said, that many from the former province purpose going to the meeting of the Dominion Medical Association at Kingston. No one was so much missed as Dr. Thos. Walker, of St.

John who was unavoidably detained at the last moment.

The opening address by the President, Dr. Edward Farrell, was not only excellent in matter, but as such addresses may best be, it was devoted to topics of general interest to the profession and to the community at large.

The business of the meeting went on smoothly, being conducted with dignity and courtesy, and at the same time with firmness and impartiality.

The papers read embraced a variety of subjects, were carefully prepared and will certainly for several issues to come afford interesting reading to those who were unable to be present.

The discussions were the weakest feature of the meeting, lacking both in force and point. For this the noise and bad acoustic properties of the room are to some extent responsible, but the main reason we think was a desire to hear all the papers on the programme, which could only be accomplished by cutting short discussion. If debate is to be a feature of future meetings, the programme committee must insist upon shorter papers, as the number cannot be much diminished without sacrifice of variety.

The social features of the meeting were a most decided success, being favoured by delightful weather. On the evening of the first day an "At Home" by the President was thronged by medical men and prominent citizens with their ladies. On the second day the member's partook of luncheon at the Victoria General Hospital, and were thus enabled to inspect that admirably equipped institution. An

excursion to the quarantine station closed the proceedings and was very much enjoyed.

A novel feature of the meeting was the large exhibit of pharmaceutical preparations and surgical instruments by various local and outside establishments. The next meeting will be held at Charlottetown, P. E. I.

THIS society met at Halifax on July 3rd, Dr. A. P. Reid of Halifax presiding. Only routine business was disposed of. The officers elect for 1896 are: President, Dr. R. H. A. McKeen, Glace Bay, C. B. 1st Vice President, Dr. J. F. McDonald, Hope-well, Pictou. 2nd Vice President, Dr. C. A. Foster, Bridgewater. Secretary-Treasurer, Dr. W. S. Muir, Truro, N. S. The next meeting will be held at Sydney, C. B., on the first Wednesday of July.

KINGSTON in summer is one of the prettiest spots in Upper Canada, and any one who attends the meeting of the Canadian Medical Association there in August 28th, 29th and 30th next will feel well repaid in more ways than one for the outlay. The Association, consisting as it does of representative men from all parts of the Dominion, is always worth attending.

The skin clinic will be one of the features of the proceedings that will attract many; in this Drs. I. E. Graham, Toronto, F. J. Shepherd, Montreal, A. R. Robinson, New York and others will take part.

The Secretary Dr. F. N. G. Starr, has been most indefatigable in his efforts to secure an attractive and

varied programme, and we trust his efforts will be crowned with success.

The President, Dr. William Bayard of St. John, N. B., is one of the best known medical men in the Maritime Provinces, and commands the respect of the profession and the public generally, not only on account of his eminent professional abilities, but his many other sterling qualities. We trust that a large contingent from the provinces by the sea will be present at the meeting.

Then too many will want to hear our own Dr. Edward Farrell deliver the address in medicine. Dr. J. H. Cameron, with whom a number of our readers became acquainted in St. John, is to deliver the address in surgery. The following are among some of the papers promised: A tumor of the medulla oblongata; J. E. Graham, Toronto. What is the best treatment for Retroversion of the Uterus?—A. Laphorn Smith, Montreal. Report on a case of Acromegaly, F. Buller, Montreal; Meningitis and Infective Sinus Thrombosis from Middle Ear Disease, G. E. Armstrong, Montreal. Notes upon Typhoid Fever in Private Practice, W. S. Muir, Truro, N. S. Objective noises in the head, G. Sterling Ryerson, Toronto. Some practical notes on Mental Depression, J. V. Anglin, Montreal. The operative treatment of injuries of the head, A. J. McCosh, New York. Final results of Gastro-Enterostomy, Robt. C. Kirkpatrick, Montreal. Dysmenorrhœa, report of a case, J. Campbell, Seaforth, Ont. The importance of early treatment in Cutaneous Cancers, A. R. Robinson, New York. The Anoma-

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(SYR: HYPOPHOS: COMP: FELLOWS.)

## To the Medical Profession of Canada:

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

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- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

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FIRST.—*Unique harmony of ingredients suitable to the requirements of diseased blood.*

SECOND.—*Slightly Alkaline re-action, rendering it acceptable to almost every stomach.*

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FOURTH.—*Its harmlessness under prolonged use.*

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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

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

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

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

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AGENTS.

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The menstruum used is that best adapted for extracting all the active matter, and retaining its full power. It is entirely free from acid, and can be used subcutaneously without irritation in most cases having in this respect a great advantage over the watery solutions, which decompose very rapidly. Our menstruum is simply Water, Alcohol and Glycerine; no heat whatever is used in its manufacture. Since adopting this formula, a number of valuable papers from foreign authorities have endorsed our views. Our large operations, and long experience, enables us to select the choicest importations of Ergot as offered, thus insuring material of unexceptionable quality.

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General Agents for Canada, DAVIS & LAWRENCE CO., (Limited.) Montreal,

lies of Albuminuria, John R. Hamilton, Port Dover, Ont. Papers have also been promised by Drs. Roddick, Montreal; A. M. McPhedran, Toronto; Sir James Grant, Ottawa; E. E. King, and B. E. McKenzie, Toronto; R. F. Ruttan and Wesley Mills, Montreal.

There will be the usual fare and a third rate on the railways with certificate plan if 50 or more attend. Of course all of us would prefer a cheaper rate, but when the railway companies will not grant it we must content ourselves with what we can get.

The Secretary, F. N. G. Starr, of Toronto, will be pleased to hear of any who intend to be present.

### Society Proceedings.

#### Fifth Annual Meeting of the Maritime Medical Association held in Halifax, July 3rd and 4th.

The first session was held on Wednesday morning July 3rd, at Freemason's Hall the President Dr. Edward Farrell in the chair.

The President on taking the chair in a few well chosen remarks welcomed visiting members to Halifax, he trusted the attendance would be large and the proceedings interesting, and that all would enjoy themselves socially as well as intellectually.

The minutes of the last meeting were read and confirmed.

Letters and telegrams were read from members unable to be present.

After disposal of other routine business the President delivered his address. See page 161.

Dr. A. P. Reid said that he thought it desirable that this society should take some practical means of carrying out the suggestions given in Dr. Farrell's address with respect to immigra-

tion and the medical department of the militia.

Dr. Wm. Tobin said that he fully agreed with most of the criticisms on the medical staff of the militia. In nearly all countries the regimental system in vogue here has been abandoned. The campaign in the North West in 1885 demonstrated the inefficiency of the present system, and the departmental system was then suggested. Subsequently I was asked by the Hon. Mr. Caron, in conjunction with the P. M. O. to hand in a report on the departmental system such as now existed in Great Britain, and I see something has been done in the matter, as Principal Medical Officers unconnected with regiments have been appointed for the various provinces and districts where there are permanent corps.

In regard to the suggestion of establishing a chair of Military Surgery in some of our Medical Schools, I do not think the government would entertain the suggestion. It was attempted in Ireland after the Crimean War, but proved a failure. It would be quite feasible to have some instruction given in military surgery from the surgical chairs of our medical schools.

He strongly advocated the formation of bearer companies in localities where there are 3 or 4 battalions of militia. The men composing these companies should receive instruction in first aid to the injured, stretcher and ambulance drill. He saw no difficulty in the way of having this suggestion carried out.

Hon. Dr. Parker who was received with applause said that though an old militia surgeon he was not intimately acquainted with the present system. He had always been an advocate of medical societies both local and provincial and was delighted to see so many present at this meeting, many of whose faces were new to him. In former years local societies had been broken up by jealousies and personal quarrels. A much better spirit animated the

profession to-day, but they would not be thoroughly organised unless active societies existed in every county of the Maritime Provinces.

If such were the case, it would be of infinite value to the profession and the public.

Dr. Daniel moved the President's address be referred to a committee. This being seconded was adopted. Drs. Wm. Tobin, Daniel, McLarren, Reid and Campbell were named the committee.

At a later session the committee reported the following resolutions, which were unanimously adopted :

"Resolved, that it is desirable that  
"Militia Medical Officers should receive such instruction in military  
"surgery, ambulance work, and the  
"general routine of military medical  
"administration as will enable them  
"to discharge satisfactorily their  
"duties in the field, the camp, and in  
"military hospitals.

"It is also desirable that bearer companies or half bearer companies consisting of from 30 to 60 men should be formed wherever possible in localities where regiments are brigaded together. That the men and officers whilst remaining attached to their own corps for the purpose of discipline, etc., should receive instruction in stretcher drill, ambulance work, and in giving first aid to the wounded. That each bearer company or each section thereof should be provided with a proper supply of medicines surgical appliances, and ambulance fixtures to enable them to learn their duties practically and to be prepared to carry them out on emergency."

In respect to immigration, the following resolution passed: "Resolved, that this society draw the attention of the government to the fact that immigrants are permitted to enter Canada without proper investigation into their antecedent, mental and physical conditions,—that many such immigrants, particularly children taken from rescue

homes, are not likely to become healthy or self-sustaining citizens."

Towards the close of the meeting Surgeon Colonel O'Dwyer, P. M. O., who has had a large experience in the formation of bearer companies in Egypt and Great Britain, gave a vivid explanation of the organization and work of such companies, which was attentively listened to. They are looked upon as an indispensable requisite in older countries and contribute greatly to sustaining the morale of troops when under fire.

(To be continued.)

### NEW BRUNSWICK MEDICAL SOCIETY.

The Fifteenth Annual Meeting of the New Brunswick Medical Society was held in St. John, N. B., on the 16th and 17th of the month, and proved to be of much interest to all who were present.

Through the kindness of the Common Council the meetings were held in the Council Chamber, and fifty-three members registered their names with the Secretary.

The address by the retiring President, Dr. M. F. Bruce was well received. He took as his subject "Mastoid Disease and its Treatment," and at its close, was tendered a vote of thanks for his paper.

The order of business was here suspended to allow Dr. W. Christie to show a case of radical cure of hernia, the patient having to leave by train. The case was an interesting one, and the result very satisfactory.

The regular business was then resumed, and a number of bills ordered to be paid. Dr. McCarron wished a deputy-registrar appointed who should reside in St. St. John, but it was pointed out that under the law this could not be done.

On resuming business after dinner the following officers were elected for the ensuing year :

President.—Dr. G. E. Coulthard, Fredericton.  
 1st Vice-Pres.—Dr. J. P. McErney, St. John.  
 2nd “ “ Dr. Murray Maclaren, “  
 Treasurer.—Dr. Foster Macfarlane, “  
 Secretary.—Dr. McNichol, Sussex.  
 Cor. Secretary.—Dr. T. D. Walker, St. John.  
 Trustees.—Drs. Boyle Travers, J. W. Daniel, W. W. White.

The report of the Council of Physicians and Surgeons was then read by the Registrar, Dr. Geo. H. Coburn, and is as follows—

*Mr. President and Members of the New Brunswick Medical Society :*

The report which I have this year to make on behalf of the Medical Council is of more than usual interest, on account of the importance to the profession of some of the matters which have recently engaged the attention of the Council. In my last annual report, I mentioned the fact that a committee of this Council had met with a similar committee from the Nova Scotia Medical Council to discuss reciprocal registration. P. E. Island was to have been represented, but owing to some delay the delegates failed to put in an appearance. A scheme for maritime reciprocity of registration was drawn up, which was subsequently submitted to the Councils of Nova Scotia, P. E. Island and New Brunswick, and after some discussion and correspondence, adopted in all three Provinces without amendment. Reciprocity is now, therefore, an accomplished fact, a certificate from the Registrar of one province, being accepted in either of the others. The agreement necessitated some changes in the Medical Act, and at the last session of the Legislature a committee of the Council framed a bill and were successful in having it passed through the House. The changes are somewhat important, and I will briefly outline them.

The standard of matriculation has been raised, three books of Euclid being required instead of two as formerly, and the important subject of

Physics has been placed in the list of compulsory subjects.

It has been decided by the Council, for the future, to enforce the law requiring the matriculation examination to be passed before the medical course is commenced. Attention is particularly called to this matter, in order that you may give correct information to intending students, and so save them from possible future disaster. It has also been decided to do away with the examinations held in Fredericton and Newcastle, and to hold them only in St. John.

Coming now to the professional course, the amendment to the Act makes a radical and beneficial change. You will remember that the law, as it stood, required four years study, one of which may have been with a duly registered practitioner. This year, as you well know, in many cases, did not amount to much. It has been done away with as part of the course, and the student must study medicine four years, during which time he must have taken a graded collegiate course of four sessions of not less than six months each.

The Council feel that they and the medical profession of New Brunswick are to be congratulated upon having secured such important amendment to the Medical Act of 1881.

The report then gives the names of nineteen gentlemen who have been added to the register since last meeting, and of sixteen students who have passed the matriculation examination.

Gentlemen, in bringing my report to a close I have to again make my usual complaint of the large number of medical men who fail to pay the annual fee to the Council. In this way they make illegal practitioners of themselves and deprive the Council of the funds justly its due. In this connection I have to make another statement. Why it was, I do not know, but the fact remains, that it was the

habit of my predecessor in the office of Registrar, to collect the annual fees at the end of the year. I do not think this course was in accordance with the Act, and I have asked and received directions from the Council to change the matter. I will, therefore, in December of this year ask you each for two dollars instead of one as formerly; one dollar of this will be the annual fee for the twelve months ending Dec. 31st 1895, and the other dollar the fee in advance for the twelve months ending Dec. 31st, 1896.

I have the honor to be,  
Yours respectfully,  
G. H. COBURN, M.D.  
*Registrar.*

After the reading of this report remarks were made by the President of the Council referring more fully to matters dealt with in the report, and explaining why the report was not read in the forenoon, and he also paid a tribute to the good work of the Registrar.

The report was received and entered on the minutes.

It was decided to hold the next meeting in Moncton, and Drs. S. N. Bourque, O. J. McCully and C. T. Purdy were elected a committee of arrangement.

The reading and discussion of papers then took place, and was continued during evening session till 10 p. m. The following gentlemen read papers during the meeting.

- Dr. G. T. Smith, Moncton—Notes on Midwifery Practice.
- Dr. J. G. Nugent, Brigg's Corner—Blindness from Ophthalmia Neonatorum.
- Dr. Foster MacFarlane, St. John—Some points in the Diagnosis and Med. treatment of pyloric stenosis, with Case.
- Dr. G. E. Coulthard, Fredericton—Cases in practice.

Dr. W. W. White, St. John—Report of two cases of supravaginal hysterectomy.

Dr. W. C. Crockett, Fredericton—Uraemia.

Dr. T. D. Walker, St. John—Remarks on two cases of appendicitis.

Dr. J.-W. Daniel, St. John—Report of Royal Commission on Tuberculosis.

Other papers were on the programme, but their authors were not present, and they had to be dropped.

The papers were all well received and the discussion, generally, was sufficiently animated and pointed to add to their value. As some of these papers will probably be published in the NEWS, it is not thought necessary to refer to them at greater length at present.

At ten o'clock on the night of the 16th the company sat down to dinner at the Hotel Dufferin. The table which occupied the whole length of the dining-room, was extremely attractive to the eye, being decorated with the wild flowers of Canada in addition to the ordinary ornamentation present, and was highly creditable to the taste of whoever had it in charge. During the evening Harrison's orchestra discoursed sweet music, and added largely to the pleasure of the guests. Throughout the whole function the pleasant interest of all present was well maintained; witty speeches, good songs, as well as well cooked viands were not lacking to make this one of the pleasantest gatherings the medical profession of St. John has ever held, and it was the wee sma' hours beyant the twa'l before reluctant adieux were said.

The morning of the second day was taken up in the reading and discussion of papers.

It was on motion decided to purchase a seal for the Society, inconvenience having arisen from the want of it, and Drs. J. W. Daniel, W. W. White and J. Christie were appointed a committee to provide a proper seal,

and the Treasurer was ordered to pay the bill. Drs. J. Christie and J. H. Morrison were appointed delegates to attend the Maine Medical Association.

At 12 30 p. m. the meeting adjourned; having proved itself one of the most pleasant and satisfactory held by the Society since its inauguration.

### Selections.

#### On the Local Treatment of Puerperal Fever.

CULLINGWOOD thinks that, when all adherent shreds have been removed, it is good practice to, once for all, douche the uterine cavity with a hot antiseptic solution, so as to wash away all the *debris* and completely empty the cavity. The writer's preference is for a solution of corrosive sublimate (1 in 5000) at a temperature of 112° to 115° F. Of this he generally uses about half a gallon. The uterus should be carefully compressed after the douche has been employed, so as to prevent any of the solution from lodging in its cavity, and care should also be taken that none remains in the vagina. Unless these points are attended to, the internal use of corrosive sublimate is dangerous.

It has been recommended to follow up the use of the douche by inserting an iodoform intrauterine suppository. The writer has done this in a few cases: though it did not seem to do any harm, he has never seen it do any good. Another and more recent plan, which has been widely adopted in some countries, is to pack the uterine cavity, after douching, with strips of iodoform gauze. This is said to arrest oozing, to act as a disinfectant, and to promote uterine contraction and involution.

It is usual for the temperature and pulse to rise during the first few hours after intra-uterine manipulations of

the kind described, but by the next day, in the majority of cases, both temperature and pulse have fallen.

The subsequent progress of the case will depend upon whether it is one of septicæmia or sapsræmia. In the latter case the removal of the decomposing *debris* will have effected a cure. In the former case it will not have done that, but it will have removed a probable source of septic absorption and lessened the chances of further infection.

The question may here very reasonably be asked, "Have I carried out this method of treatment in my own practice, and, if so, with what result?" The writer answers the first part of the question by saying that he has for some years been in the habit, when called early into consultation in cases where a persistently high temperature and other symptoms of fever have followed childbirth, of making an intra-uterine examination, and that during the five years he has held the appointment of visiting physician to the General Lying-in Hospital any rise of temperature, of more than ephemeral duration, occurring in one of his patients, was taken as indicating the necessity for immediate intrauterine exploration. The startling result of this somewhat large experience is that he can scarcely recall more than one or two cases where he has failed to find small pieces or adherent placental tissue in a condition of incipient or more advanced decomposition. In the great majority of cases the result of clearing out the uterus has been that the fever has disappeared within twenty-four hours; in some the disappearance has been less rapid, and in others, where true septicæmia had already declared itself, the removal of the putrid *debris* has been ineffectual in checking the progress of the disease. But even in these last-named cases it was surely worth while to remove what could not be otherwise than a

source of fresh absorption and therefore of continually increasing danger.

The writer commends these suggestions to his professional brethren and confidently urges their adoption, either as a further and more effective resource when the employment of the intra-uterine douche has failed to give relief, or, better still, as a preliminary to the use of the douche. The manipulations will no doubt at first prove somewhat difficult, but a very little experience will insure the necessary dexterity.—*Practitioner*, April, 1895.—*Therap. Gaz.*

EXAMINATION OF THE CHEST.—Otis (*Boston Med. and Surg. Jour.*, April 11th, 1895,) attaches considerable importance to the value of spirometry, pneumatometry (or the measure of the elastic power of the lungs), and the measurements of the circumference and diameters of the chest in natural and full inspiration. They are of special value before positive evidence of tuberculous infiltration can be obtained by auscultation and percussion. From a number of investigations he concludes that in males between 16 and 40 years the lung capacity corresponds to 22.5 to 23 cc. m. for each centimeter in height, and in women 15 cc. m. for each centimetre. If the spirometric calculation falls much below this, either the patient's method of breathing is not normal or his lungs are in fault. The former can be ascertained by the measurement of the chest in repose and in full expansion. In early phthisis the lung capacity is generally much below the average. If the general symptoms are suggestive of phthisis, and yet the vital capacity is up to or beyond the normal, this is evidence against lung disease. If phthisis is present, the test of vital capacity is also a factor of more or less importance in prognosis. The author prefers the water spirometer. The measurement of the elastic power of the lungs is made by the pneumatometer or pres-

sure spirometer. In early phthisis the inspiratory power is lessened, the expiratory remaining normal. In thoracometry a measurement is made on a level with the nipple, and another 2 inches below it. These are taken in repose, and after inflation. The shape of the chest can also be ascertained. The sum total of these tests supplements knowledge obtained by auscultation and percussion. If the vital capacity is low and expansion poor, gymnastic exercises may be of use, and lung disease thus warded off. The method of treatment and prophylaxis by lung gymnastics is, according to the author, much too neglected. Tables are appended from original observations on the measurements of the chest and lung capacity.—*Boston Med. Journal.*

TANNIGEN IN ACUTE INTESTINAL CATARRH.—Since its advent into therapeutics tannigen has been chiefly utilized in chronic affections of the intestinal canal, and has been recommended by Drs. Muller and Kunkler especially in the diarrhea of phthisical patients. Recently Dr. Richard Drews (*Allg. Med. Centr. Zig.*, Nos. 35 and 36, 1895,) has published the results of his experiments with tannigen in 55 cases of various intestinal diseases of childhood, which, in his opinion, demonstrate sufficiently the curative effects of tannigen upon the diseased intestinal canal, and prove that this remedy is efficient in a larger number of cases than those previously in use, such as calomel, benzoate of soda, bismuth, naphthaline, etc. Unlike Kunkler, Drews found that the remedy is as useful in acute as in chronic catarrh of the intestinal canal. In acute enteritis and gastro-enteritis, the administration of tannigen in doses 0.2 to 0.5 grms. three times daily, in connection with the regulation of the diet, effected a more rapid cure than any other method of treatment. The author advises that after the disappearance

of the catarrhal symptoms the drug should be continued for two or three days, for the removal of any remaining intestinal irritation, and for the prevention of recurrences. In conclusion, he remarks as follows: "Tannigen is an excellent remedy in the intestinal diseases of childhood, producing a prompt cure by virtue of the astringent and anti-bacterial properties of tannic acid. Aside from this, it has the advantage over similar remedies of being tasteless, odorless, and of not disturbing the gastric functions, and of being perfectly innocuous, even when administered for a long time. For the latter reason, it can be prescribed in knife-pointful doses in the case of poor patients."—*St. Louis Med. and Surg. Journal.*

#### ANTI-KAMNIA—QUININE—SALOL.—

The well-known therapeutical properties of these drugs make this combination desirable in such intestinal affections as Fermentative Dyspepsia, Diarrhœa, Dysentery, Duodenal Catarrh, Cholera Infantum, and Typhoid Fever. The Antikamnia controls the pain as effectually as morphine, and yet is never followed with any of those undesirable effects so characteristic of opium and its derivatives. Freedom from pain saves an immense amount of wear and tear to the system and places it in a much better position for recovery. The Salol acts as an antiseptic and removes from the intestinal canal the first or continuing cause of the affections just mentioned. The Quinine acts as a tonic, increasing the appetite, and thus contributing much to a speedy recovery. Hare says that Quinine is not only a simple bitter, "but also seems to have a direct effect in increasing the number of the red blood corpuscles." A tablet composed of Antikamnia two grains, Quinine Sulph. two grains, and Salol one grain, allows of the easy administration of these drugs in proper proportionate doses.

PICROTOXIN AS AN ANTISUDORIFIC.—Semmla and Gioffredi relate (*Rif. Med.*, December 29, 1894) the case of a lady forty-three years old, who had an attack of influenza in December, 1893, with high, persistent fever, headache, and slight cough. During the long convalescence she began to suffer from sweating, which came on after the least exertion, and gradually increased until the sweat poured off her in rivulets. Together with this hyperidrosis she had dull red patches on the skin, which were more or less persistent. There was no noticeable alteration, either subjectively or objectively, in the nervous system. There was a slight systolic murmur at the apex, and some accentuation of the second sound of the heart in the pulmonary area. Atropine, agaricin, camphor, gallic acid, and other antisudorifics were tried, but with no effect. Semmla concluded that the sweating was due to a vasomotor paralysis due to the action of some influenza toxin upon the vaso-motor centre in the bulb. The presence of the dull red patches on the skin offered confirmatory evidence of this diagnosis. Since picrotoxin has a stimulating action on the vaso-motor centre, Semmla administered this drug twice a day in doses of  $\frac{1}{2}$  milligramme ( $\frac{1}{15}$  grain) each. The result was highly satisfactory. The sweats gradually diminished, and in eight days had entirely disappeared.—*British Medical Journal*, March 2, 1895.

SALOPHEN IN RHEUMATISM.—Dr. B. H. Waters, in *New York Medical Journal*, May 25th, gives his experience with this drug, in the treatment of acute rheumatism. He gives an adult 120 grains daily. The pain is very rapidly relieved, and the duration of the disease much less than under the gaultherium or salicylate methods of treatment. No bad effects or complications were met with. The average duration of treatment under



salophen was eighteen days; under gaultherium and salicylates the duration was twenty-five days.—*Can. Med. Review.*

**FOR FLATULENCE.**—When flatulence is associated with pain after food and a coated tongue indicating gastritis, the following prescription should be given:

Potassii Bicarb. vel Sodii Bicarb. dr. ij.  
Sp. Ammon. Arom dr. jss.  
Liq. Strychninæ M xxx.  
Sp. Armoraciæ Co. vel Sp. Cajuputi dr. ij.  
Sp. Chloroformi dr. j.  
Infus. Calumbæ vel Gentianæ Co. ad oz. vj.

M. ft. mīst. A sixth part three times a day between meals.—S. Mackenzie in *London Practitioner.*

**ALBUMINURIA IN TYPHOID FEVER.**—Doctor Andre, of Toulouse, thinks that albumen always appears in the urine of typhoid patients, especially during the earlier stages of the disease, and as this is a constant symptom it becomes an important factor in arriving at an early and correct diagnosis.—*L'Union Medicale.*

#### NOTES.

DAVIS & LAWRENCE CO. of Montreal, made a splendid display of drugs with their different preparations. This exhibit was under the care of Brown & Webb of Halifax, who in addition had a goodly show of surgical instruments. These exhibits were much admired by the members of the Association.

We take much pleasure in stating that Dr. W. B. Slayter has opened a Private Hospital at 64 Argyle Street, for Diseases of Women and cases requiring Surgical Treatment. He has at present two thoroughly trained Hospital nurses and seven available rooms with all modern conveniences. We wish Dr. Slayter every success in this very desirable and commendable undertaking.

DR. A. J. COWIE has returned from a lengthy trip to the Old World. He has visited many of the European Hospitals during his absence. He has resumed practice at his old office on Barrington Street.

SIMSON BROS. of Halifax, also exhibited surgical instruments together with preparations of different drugs of their own manufacture. This is a new venture which Simson Bros. hope to carry through successfully. They invited the members of the Association to visit their laboratory.

MR. FROST had a nice display of Wampole's preparation, which are now familiar to most practitioners.

In connection with the Maritime Medical Association Meeting we wish to make special mention of the display made by Parke, Davis & Co. of their Laboratory Products. The word "display" in this case is almost a misnomer as in accordance with the policy adopted by this firm some years ago no attempt at show or display was made. There were to be found for inspection, however, various samples of Culture Media for Bacteriological Study, Nuclein, Anti Diphtheritic Serum, Loefflers Solution, &c., all illustrative of progressive Pharmacy, and proving that Scientific Pharmacy is bound to keep hand in hand with Scientific Medicine.

Parke, Davis & Co.'s products were in charge of Dr. D. B. Myshrall and G. W. Mingay.

MR. O. M. HILL, Proprietor of Notman's Studio succeeded in getting a very good group of the members of the Maritime Medical Association with their friends while down at Lawlor's Island. The circumstances were unfavorable, the light bad, and the company had passed from labor to refreshment. Mr. Hill will supply all wishing a copy of the group at the moderate price of fifty cents.

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