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THE

# Maritime Medical News.



A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

PUBLISHED BI-MONTHLY AT HALIFAX, N. S.

*VOL. II.—NO. 2.* *MARCH, 1890.* *Subscription $1 per annum, in advance.*

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# The Maritime Medical News.

The conductors of this Journal have met with every encouragement from the Profession of the three Provinces. As was to be expected the great body of the medical men in these districts appreciated fully the advantage to them personally that must accrue from the liberal and energetic devotion of the Journal to its legitimate sphere of usefulness. We do not now refer so much to the pleasure and profit of reading in *our* own Journal the writings of our local confreres, and of learning somewhat of the medical "doings" in the different parts of the Provinces; this function of the Journal is valued highly enough by many. But we refer particularly to the improvement in the relations between the medical men on the one hand and

*(a)* the government (by efficient legislation to suppress unqualified practice and quackery);

*(b)* the Court of Law (by proper remuneration being given for the skilled professional services rendered the courts by medical men);

*(c)* the people (by promoting everything that will tend to elevate the status of the Profession and increase the respect in which it is held by the public).

The MARITIME MEDICAL NEWS will not and cannot accomplish these things, but it can render their accomplishment by the Profession possible and early.

The NEWS has already material results wherewith to justify to the Profession its existence; or wherewith to convince the Profession that it is to the interest of the latter that the Journal should exist. It has every promise of a permanent and healthy life.

Some have not realized the value to them of the NEWS, and some have not apparently been appealed to try its peculiar local interest. To such we would respectfully commend our claims.

Of our expressed supporters we would ask that they may see that their friends understood the worth of the NEWS as well and clearly as they themselves.

## MARITIME MEDICAL NEWS,

HALIFAX, N. S.

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## MONTREAL.

# FACULTY OF MEDICINE.

## FIFTY-SEVENTH SESSION, 1889-90.

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

The fifty-seventh session will commence on the 1st of October, and will be continued until the end of the following March ; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting-room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; e Histological Laboratory, supplied with thirty-five miscroscopes; a Pharmacological Laboratory ; a large Chemical Laboratory, capabla of accommodating 76 students at work at a time.

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.

Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating-room for a smaller number. There is also a Library of over 10,000 volumes and a museum, as well as Reading-rooms for the students.

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

### MATRICULATION.

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

### HOSPITALS.

The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

### REQUIREMENTS FOR DEGREE.

Every candidate must be 21 years of age, have studied medicine during *four* six months' Winter Sessions, and *one* three months' Summer Session, one Session being at this School, and must pass the necessary examnations,

For further information, or Annual Announcementl, apply to

**JAMES STEWART, M. D., Registrar,**
**Medical Faculty, McGill College.**

# The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. II. MARCH, 1890. No. 2.

## CONTENTS.



## LA GRIPPE AT THE HOSPITAL FOR INSANE, HALIFAX, N. S.

BY GEO. L. SINCLAIR, M. D., *Asst. Supt. Hospital for Insane.*

During the recent epidemic of the above disease, there occurred at this Hospital 88 cases; among the officials—42 cases,—19 males and 23 females; among the patients—46 cases—23 males and 23 females.

The health of the household had been fairly good until January 4th, when the writer was seized with the following symptoms. General malaise, chilly sensations up and down the spine, slight head-ache or a feeling of fulness rather than actual pain. I went to bed early and passed a restless night. Toward morning the headache increased, and pain in the back and loins began. I got up at the usual hour and went the rounds of the wards; the head-ache increased, so did the pain in the back, which now extended down the legs and thighs. In the afternoon the feeling of discomfort was so marked, that I was obliged to lie down. The head-ache was worse, and of a throbbing nature, the skin was dry and hot, the nose stopped up, the pulse increased and the eye balls felt as if they had been forced back in their sockets and were very painful. The temperature taken in the mouth, was 102½, the pulse was 130. There was no thirst, but absolute mental and bodily prostration.

Anticipating in the morning an attack of Influenza, I took a saline cathartic. During the afternoon, I took Tr. Aconite m. 2, Tr. Bellad, m. 2, every two hours. At 10 P. M., the skin became moist, the temp. fell to 100, and the pulse to 86, the active sensatino of pain in the head, back and limbs ceased, leaving a feeling of soreness. I turned in and slept well all night. Next morning my back and limbs felt sore and stiff, but I attended to my ordinary hospital duties. There was a copious secretion of nasal mucus, and a short dry cough. There was also absolute loss of appetite, and the sight or smell of food produced a feeling of nausea. The third day, feeling well, I went out? Upon my return in the evening, I was again feverish, and had a general feeling of discomfort which was more decided next day, by which time the cough had increased, accompanied by profuse expectoration, and free discharge of nasal mucus. For the next week there existed a condition of marked depression of spirits and absolute inability to concentrate the mind upon any form of thinking or reading, and loss of appetite. At the end of this time, the normal condition of health returned. During the attack I lost six pounds in weight.

I have gone fully into my own case, because it was typical of the majority of cases which occurred here. Following the report of Dr. Elkins, in *British Medical Journal*, Feb. 1st, 1890, the analysis of particular symptoms, showed, *Cerebral*,

Among the sane, a marked mental depression, rendering them unable to attend to their duties, even when not confined to bed. The head-ache was intense, and the pain in the eye-balls very common. In some cases, no sleep was obtained for 36 hours; in a few insomnia lasted longer, and when sleep was procured, the dreams were described as a succession of "night-mares." Among the insane, many were made much more excited, and accusations of having been beaten, were very common.

*Neuro-Muscular Symptoms.*—The back pain with extension to the thighs, might be said to have been universal. It usually lasted 24 hours, and was followed by soreness, which pressure, in many cases, increased. The insane as well as the sane, volunteered the information that the bones and muscles ached and that they felt unable, through weakness, to stand or

move around. Rigors were common and chilly feelings up and down the spine generally complained of. Convalescence was slow and the loss of appetite, amounting in many cases to absolute distaste for any and all kinds of food, was a marked general condition, and lasted from a week to ten or twelve days.

*Respiratory Symptoms.*—The nasal catarrh was very general, it usually began about 48 hours after the first symptoms and was followed in 24 or 48 hours by cough, at first dry, then moist, with free expectoration.

*Rales* dry and moist were heard in some cases, but no well marked case of either bronchitis or pneumonia occurred.

*Circulatory Symptoms.*—The pulse varied from 110 to 130. Perspiration was not common, rather an opposite condition of skin, which gradually became moist without any distinct excess of secretion.

*Herpes labialis* occurred in some few cases, but in only three was there a general eruption. In one of these it covered the whole body, and resembled Rötheln, in the other two it was confined to the chest, and came out in irregular patches, remaining only a few hours. There was no subsequent desquamation.

*Digestive Tract.*—In three cases the attack was announced by severe vomiting of an almost explosive variety. In four diarrhœa was present. Sore throat was complained of frequently, and examination showed the fauces reddened and swollen. Aphonia was present during the end of first week, in a few cases.

*Temperature.*—The highest temperature taken was 104—the average was 102, and this only for a short period.

*Menstrual Functions.*—In very many cases, both sane and insane, the menses appeared several days, in some cases a week, before they were expected, and continued nearly twice the usual time.

*The Duration*, averaged, for the acute symptoms, 48 hours. After that while not complaining of any pain of body, and anxious to be out of bed and attending to their duties, the patient would find herself, physically and mentally, unable to go about her usual work. There was a marked tendency to relapse, and quite frequently on the third or fourth day, there would be complaints of chilly feeling and hot and cold flushes, and a rise of both pulse and temperature. This usually subsided in 24 hours. We had no serious relapses, for we allowed no one out of the house for a week at least, and not then if the pulse and temperature had not returned to their normal condition for 48 hours previously. We had no complications, and but one death, apparently from pneumonia. I say apparently, because the only symptoms were high temperature (102) and moist rales at the base of the lung. This case complained of the first symptoms of la grippe on Tuesday. Was kept in bed for 48 hours, and in her room, which was very warm and comfortable, for another 48 hours. At the end of that time, she was sent to bed again, and died in 36 hours. All the male attendants except three, and all the female except four were attacked. The disease was so universal that we did not attempt to separate the cases. Indeed it would have been very difficult if not impossible to do so.

*Treatment.*—It seemed to me very much as if the disease was self-limited. Our routine was to confine the diet to slops and farinacious food. At the first appearance of the symptoms, we usually gave a mercurial purge, followed by a saline, and sent the patient to bed. Then we gave a mixture containing m. 2 each, of Tr. Aconit and Tr. Bellad, every two hours. We used Antipyrine in gr. v doses, alone and with Quinine S. gr. 2 every three or four hours. It certainly appeared to us as if the cases so treated had more and longer loss of appetite than the Aconite cases, and we did not find either that the pains were lessened, or the temperature lowered earlier by Antipyrine than by Aconite. For the debility during convalescence, we found nothing better than Elix. Calisaya. Quinine S., and Acid phosphates. (Horsford).

I have thought that these notes of the recent epidemic might be of interest from the fact that the whole number of cases was under the personal observation of the writer, and being in hospital were more absolutely under medical control than an equal number of scattered cases seen in the practice of a general family physician.

*Halifax, N. S., Feb. 20th, 1890.*

## OLD MASTOID ABSCESS TREATED BY FREE DRAINAGE AND TINCT IODINE APPLIED TO ABSCESS CAVITY.

BY T. C. LOCKWOOD, *Lockeport.*

IN July last we were consulted by Chas. C——, a middle aged laborer, who had been suffering for a number of years with a mastoid abscess, which had always been treated by simple incision and evacuation, after a varying period of poulticing whenever it became troublesome; this treatment being followed by temporary and partial relief.

The man was apparently robust and healthy, with no symptoms or history of disease of ear or syphilis, the abscess being probably, primarily due to lymphatic inflammation of scrofulous origin.

On examination, the tissues covering mastoid process were found infiltrated and thickened with a small area of fluctuation, and the whole post cervical region was swollen and brawney, the inflammation extending well around to the occiput, causing considerable difficulty in rotating the head.

As the patient was desirous of having a permanent cure effected if possible, I decided to make an exploratory incision, future course to be determined by condition then discovered.

The patient being fully anaesthetized by aether, a free incision was made over the mastoid process down to the bone. The parts were then carefully explored by finger and blunt probe, the bone showing no sign of disease. Then made a counter opening in upper part of posterior triangular space, and having first swabbed out cavity with a mixture of two parts Tinct. Iodine to one part Glycerine, a large-sized rubber drainage tube was passed through, and parts dressed with carbolized oil and absorbent cotton.

The treatment was followed by considerable inflammation

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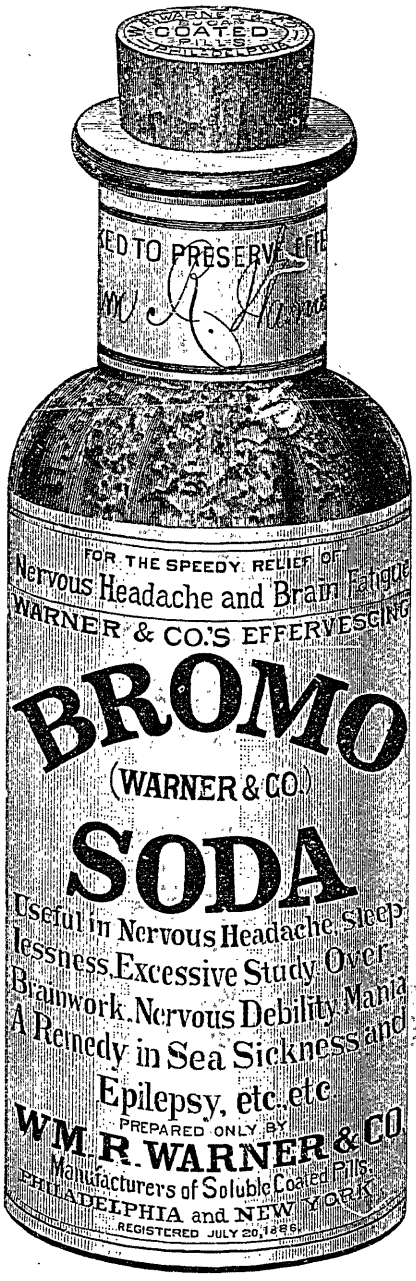


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Med. prop.—Cathartic. Dose, 1 to 4.

**Podophyllin Comp.**.....
Med. prop.—Cathartic and Tonic. Dose, 1 to 2.
Podophyllin, ½ gr.
Ext. Hyoscyami, ¼ gr.
Ext. Nuc Vom. 1-16 gr.

**Strychnine.** 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.
Med prop —Nerve Stimulant, Tonic. Dose, 1 to 3.

**Strychninæ Sulph.**.....1-32 gr.
Med. prop.—Tonic, Dose, 1 to 2.

**Veratrinæ Sulph.**.....1-12 gr.
Med. prop.—Powerful Topical Excitant. Dose, 1.

**Zinc Phosphide,**.....⅛ and ¼ gr.
Med. prop.—Tonic. Dose, 1 to 3.

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## A SPECIFIC FOR VOMITING IN PREGNANCY,

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in and about the abscess cavity with a free discharge of pus, which continued for some days, the cavity being in the meanwhile daily irrigated with hot carbolized water, and patient put on full doses of Syrup Ferri Iodid.

When discharge ceased, the tube was withdrawn and pressure applied by means of pad and bandage, resulting in complete healing and subsidence of all swelling and inflammation, and up to present time has remained perfectly sound.

The history of this case is somewhat interesting, inasmuch as the origin of trouble seems obscure. The plan of treatment, though not by any means original or brilliantly carried out, was successful, by much painstaking in a case which had been going the rounds for a long period of time.

## GLANDERS IN HAVANA.

BY DR. JUAN SANTOS FERNANDOS.

*Read before the Academy of Sciences.*

[*Translated for the Maritime Medical News by Dr. R. S. Black, Ontario, Cal.*]

THE increasing number of deaths* from Glanders and the constant clamor of the daily and professional press in regard to the hecatomb of human victims, caused by a disease peculiar to a certain class of animals, excited the zeal of the provincial authority, who as president of the Board of Health of Havana, named a committee from its members, such committee to take such measures as might conduce to the extinction of so terrible a malady. Glanders, as we all know, is a disease of ancient date; but which, like all infectious diseases, has latterly been studied with profound attention, and thanks to the progress of bacteriology, points have been established concerning which there was doubt, and ideas condemned, which were considered incontrovertible.

Having been one of the commission charged with the extinction of Glanders in Havana, I have had occasion to witness the advances realized in the diagnosis of this disease of the equine tribe, and of the undoubted benefit derived therefrom to public hygiene. Glanders is an eminently contagious affection, it commits its ravages among the mammiferous monodactyles, the horse, the ass, and the mule, is always incurable, and as a general rule terminates in death. It is characterized by important visceral lesions; mucous discharges in the kidneys and lungs, and metastatic abscesses in diverse organs, frequently in the testicles; later there appears induration of the lymphatic and submaxillary glands, and ulcerous inflammation of the pituitory mucous membrane, the cause of the nasal secretion. When the disease with the same symptoms adopts the chronic form, it is known under the name of farcy.

Glanders is observed in man as the result of direct contagion from the horse as a general rule, and all authors are agreed that it rarely occurs in individuals whose profession or duty does not oblige them to be in contact with animals of that class.

Among us, for some years up to date, one is surprised not only at the considerable number of persons attacked, but at the fact that a great number of these victims are individuals who, from their social position, live at a distance from these animals, and recently, to make more flagrant the fact just noted, a young lady in good society was attacked, who resided at a distance from any stable.

This and other cases, which will be the subject of a special paper on the part of one of our co-laborers in the Laboratory, prove how widespread in our horses there exists an affection, almost unknown in the country twenty years ago, since true glanders is confounded and has been confounded with catarrh, and other diseases of a very different nature, by our farmers and livery stable men, and even by those who ought not to confound them. These latter do not know, or affect not to know chronic glanders, the more dangerous as regards contagion to man, for the animal apparently sound, passes near him in the streets and public places without causing fear.

The horse, the ass, and the mule, are the animals that suffer from the disease as a general rule; rarely the goat, the rabbit, the dog and even the lion contract it by simple infection; it is not long since several lions in a menagerie at Toulouse, in France, died of this disease; and that a rabbit and a goat living in a stable, were attacked with the disease, and the lesions peculiar to it were found upon an autopsy.

Frequently it is inoculated in the sheep, the rabbit, and various species of mice, as we have had occasion to do in the Laboratory, of the "Cronica Medico Chirurgica," where, in company with Drs. Davalos and Tamayo, we were occupied with the disease since 1887, when by order of the Provincial Board of Health, we were studying this subject. The dog as a general rule, presented only the local symptoms, abscess in the situation of the inoculation, and the young ones only died.

Gattier laid stress upon this fact, to recommend the inoculation in the dog, with matter from the ganglion of the horse in those doubtful cases in which there is not the abundant nasal secretion, and there is absence of the chancre, or where its peculiar characters have not yet shown themselves, to establish a decided diagnosis—as has happened to us different times. Lastly, glanders has been inoculated in the bat and hedge-hog with satisfactory result, and as a mere experiment in our Laboratory.

Since 1868 the presence of bacteria was noticed in the pus proceeding from glandered animals; but the bacterial origin of the disease was not clearly demonstrated till 1881, thanks to the labors of Bonchard, Capitan, and Charrin, who obtained cultures from the pus taken from an abscess in an individual of the human race attacked by the disease, to afterwards provoke it in the ass, with all its peculiar characters; — latterly, Loeffler in an interesting memoir, set aside all doubts, leaving it completely proved that glanders was a bacterial affection.

* Last year, there occurred in this city, 11 deaths from glanders, in the first six months of this year, there were three victims, in the five years from 1882 to 1886 according to an interesting report of the Civil Hospital of our lady Mercedes, recently published by the illustrious Director, Dr. Munez, there occurred 33, alarming figures; so much the more as no such mortality from this disease has been observed in any of the great Capitals, with a population ten times greater than ours.

To obtain the reproduction of the disease in another animal of the same genus, as with the pus taken from a man suffering from glanders to reproduce the disease in the horse or other animal, it is necessary to arrive at the fifth or sixth culture of the microbes in the same manner that we arrived at the third in two of the individuals recently dead of glanders in Havana, and of those from whom Drs. Tamayo and Davalos collected pus for cultures.

In the Laboratory of the "Cronica Medico Chirurgica," may be seen the cultures from the case of the senorita Baro, sister of one of our colleagues, of another case, and of the inoculations made by Dr. Davalos, of the pus taken from the man at present laboring under the disease in the street Muralla; the first has already provoked the disease in the rabbit, and soon it will develop in the horse, serving to confirm the diagnosis of the distinguished professors of this Capital, and giving the lie to those who trade with the public health, and who have qualified their diagnosis as erroneous.

The commission named by his Excellency the Civil Governor within the last month, is now acting, though without the least assistance from the Municipal authorities, who were instructed by his Excellency as to the urgency of the case; on the contrary, they have tacitly thrown difficulties in the way of the free action of the commission, who however, were not discouraged, and obedient to the duty imposed upon them, in their anxiety to combat the disease, continued until they had accomplished the minute inspection of the 160 stables which exist in Havana.

In spite of the want of assistance from the municipality, the commission has examined up to date, 5000 horses in 99 stables, encountering eight attacked by glanders. Of these they have destroyed three, one has died, and another is under observation, three have been retained by their owner in defiance of the provincial authority. Four autopsies were made, and many histological and bacteriological preparations obtained, of which an account will be given by other professors.

From the want of co-operation on the part of the Municipal authorities, it is known that the majority of horses suspected of glanders have been withdrawn from Havana, and sent to the pastures, whence they will return to the capital if the inspection is not organized in a definite and permanent manner.

The efforts of the present commission will serve to demonstrate once more the truth of the remark made a short time since in this assembly, by a worthy academician, and repeated by ourselves at the Provincial Board of Health, "to extinguish glanders in this city, nothing is necessary but an inspection truly scientific, in accordance with modern improvements, and consequently honest, and possessed with the high mission with which society has intrusted it.

Whilst glanders constitutes one of so many demoralizing elements arising from jobbery associated with the most sordid avarice, the public health will be threatened in a progression ascending to a point in which the elements of inspection to-day well understood, accumulating day after day, will present the sad case of those rare epidemics, which may surprise slow going communities, in just chastisement of their ignorance and of immorality carried to its ultimate limits, which is the trading with the public health.

## *Hospital Practice.*

### AN AFTERNOON AT THE MANHATTAN EYE AND EAR HOSPITAL.

*I. Conjunctival Ecchymosis:—*

THIS was an interesting case, which was afterwards exhibited at the meeting of the Ophthalmological Society, in the Academy of Medicine. The ecchymosis involved the whole ocular conjunctivæ in both eyes, and was apparently a sequela of La Grippe, brought about by coughing. Media clear and vision perfect. Frequent hot water bathing for five minutes at a time, speedily brought about absorption and restored the conjunctivæ to their normal condition.

*II. Hypopyon Keratitis:—*

Three cases, each traumatic in origin, and doubtless followed by septic inoculation.—The treatment in these cases consisted of frequent bathing with a solution of corrosive sublimate (1 to 5000), instillation of eserine 1 gr. to the ounce, three times a day, bathing with warm water and paracentesis. As it is almost impossible to avoid synechiæ in this disease, eserine is not contra-indicated, though should the case be seen early, the alternate use of atropine and eserine might be efficacious. To be sure in the beginning, it is good surgery to destroy the infiltrated area with the thermo or galvano cautery, or even with nitrate of silver. A good result was obtained in each of these cases by the treatment outlined above. In one case considerable vision will be secured by an iridectomy.

*III. Granular Lids:—*

A number of cases and all treated with the copper sulphate stick.—The granulations are touched lightly, and it acts as all other irritants, in setting up an acute inflammation, which dissolves the granulations. There seems to be nothing better than this for routine practice. The ingenuity of the Medical profession for many decades has labored in vain to control the ravages of the treacherous, rebellious, and at times, unmanageable trachoma, with its accompanying pannus. In rapid succession, the treatment of the worst forms of this disease has passed through the ages of the repugnant inoculation for the production of purulent ophthalmia—colossal ignorance—, the age of instillation of jequivity—Abous Precatorius—introduced by the enthusiastic de Wecker of Paris—the efficacy of which has fallen into disrepute, the inflammation set up lacking in uniformity and often uncontrollable, leading to complete destruction of the cornea, the age of various modes of cauterization, peritomy, and the barbarous procedure of tearing off the granulations, and now where are we? treating granular lids with the blue stone, as did our forefathers of long ago. Thinking that some one who will read this journal, may be struggling with an inveterate case of trachoma and pannus, led me to make this short review, to alleviate his despair and aid him

to cease his wonderment concerning new and good literature on the subject. Curetting the cornea in cases of dense pannus may be resorted to, as recommended by Dr. Gruening, in his paper read before the American Ophthalmological Society last summer, He reports eleven cases treated by this method all benefitted by the operation. One case is particularly worthy of comment. A little girl aged fifteen, who was an inmate of the New York Blind Asylum, was admitted to an eye ward in the Mt. Sinai Hospital, on February 27, 1888. The extreme pannus had reduced the vision in each eye to simple perception of light. Both corneas were curetted and in six weeks she had visions $= \frac{20}{70}$, and could read ordinary print. I speak of this as a method of dealing with pannus, but of course after the healing of the granular lids has taken place.

*II. Senile Cataract:—*

Simple extraction without iridectomy. This is Dr. Webster's favorite method of operating—particularly suitable cases being the mature cataract, soft in consistency with a good interior chamber and unaccompanied by any synechiæ from old iritis. The advantages consist in a far superior cosmetic effect, no injury to the iris and rather better vision. The disadvantages claimed by those who do not look with favor upon this operation, are the relatively greater frequency of nucleisis and prolapse of the iris, difficulty in clearing the pupil and greater frequency of synechiæ interfering with the circular shape and mobility of the pupil—disadvantages which I have not seen during my observations in this institution. The eye is cocainised just before the operation, producing a maximal dilatation of the pupil which contracts after the extraction, and by the immediate use of eserine, one grain solution, the contraction is maintained, insuring a complete refilling of the interior chamber.

These are but a few cases picked at random from a busy clinic upon which to comment, and thus add my mite toward the interest of the Maritime Medical News.

E. A. Kirkpatrick.

## *Society Proceedings.*

### NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

An ordinary meeting of the Branch was held at Halifax on Jan. 9th, 1890, the Hon. Dr. Parker presiding.

Dr. Farrell read notes of a case of "Osteotomy with bone grafting."

The fractured left thigh of a man had been dealt with by a bone setter. The man was allowed to go about too soon and this, too, with the bone much displaced and ends overlapping.

Ultimately after some months the man came into hospital with pronounced shortening atrophy below the knee and tenderness at the seat of fracture. The shortening amounted to $2\frac{1}{2}$ inches.

Dr. Farrell refractured the limb, inserted pieces of the thigh taken from a live rabbit at the time of operation; and employing subsequent extension, with proper application of splints, &c., seemed assured of gaining a good inch in length. Wound healed by first intention.

Dr. Farrell also described a case of dislocation at the hip-joint successfully reduced. Mention was made of the comparative rarity of this accident in ordinary practice.

Dr. Morrow referred to a case seen in one of the mining districts where he happened to be spending a short time, and it was remarked that it was specially in mining and railway districts that the accident was likely to occur.

Dr. Campbell opened a discussion upon Partridge poisoning, stating the poisonous plant to be the calmium angustifolium or sheep laurel or lamb kill. Both seeds and leaves were eaten by the bird and both were poisonous. After eating of this plant sheep will foam at the mouth and lambs may become convulsed and die. Dr. Campbell was inclined to think that the pulse was not always so weak and slow as was generally supposed.

Drs. Parker, DeWitt and Morrow took part in the discussion, all stating that they had always found the pulse extremely weak and slow and often imperceptible. The appropriate treatment was stimulants by injection and by the mouth, preparations of ammonia, alcohol, &c., hot bottles to the feet and warmth to the body generally. The need for emetics would seem to be obviated generally by the free emesis induced by the poison.

### Ordinary Monthly Meeting, Feb. 6th, 1890.

At this meeting, at which there was a good attendance, the chief business was a discussion upon "The Epidemic of Influenza." Dr. Slayter introduced the subject by an interesting, clear and able presentation of the main features of the disease. He considered it as a miasmatic disease, the circumstances of its rise and extension however being very obscure. The poison had been found to travel in straight lines, whereas the extension of epidemic cerebro spinal meningitis, for example, was in circles.

He had noted one case where the disease seemed to kill outright. He had met with three fatal cases of pneumonia supervening upon the influenza, one croupous and two catarrhal.

In ordinary cases the temperature rose within 36 hours to 100° to 102°. After that it soon fell again. The pulse increased to 110° and was often weak, but soon regained its normal rate.

Dr. Slayter referred to the absence of marked catarrhal symptons in general, and to the presence of digestive and bronchitic complications in children. Many other interesting matters were touched upon.

Drs. Farrell, Trenaman, Milsom, Weston, Chisholm, Goodwin and Crawford took part in the subsequent discussion.

The points emphasized were the absence of any great amount of catarrhal secretion, the intense pain in the head and back, tendency to relapse, the stomach disturbance in children, the occurrence of an eruption in a few cases, the presence in a few cases of congestive lung symptoms without the development of true pneumonia, the marked constitutional depression, and the general mildness of the epidemic, apart from the few cases in which serious lung troubles supervened.

A. Morrow,
*Hon. Sec.*

Prof. Billroth stipulated to perform an operation on a Russian Jew, in a small town, for 5,000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss, an offer was made for him to treat five hospital patients at 1,000 marks each. He accepted the offer, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the professors services for one-fifth of the original fee.—*Times & Register.*

## *Correspondence.*

ST. JOHN, N. B., *Feb. 17th, 1890.*

*For the Maritime Medical News :*

At the last Annual Meeting of the New Brunswick Medical Society held in St. John, on July last, a committee consisting of Drs. P. R. Moore, Wm. Christie, S. C. Murray, J. W. Daniel, and Geo. A. Hetherington, was appointed to confer with the Medical Societies of Nova Scotia and P. E. Island. Dr. Moore was elected Chairman, and Dr. Hetherington, Secretary. Dr. F. P. Taylor, of Charlottetown, having been written to, will lay the matter before the P. E. Island Society, and as the next meeting of the New Brunswick Medical Society will be held in Moncton, (convenient for both P. E. Island and Nova Scotia members), at a date subsequent to the meeting of the Nova Scotia Society, the committee would suggest that the P. E. Island and Nova Scotia Societies appoint committees to meet the committee appointed by N. B. Medical Society at Moncton, during that meeting of Society. The members of the committee resident in St John, took advantage of the presence in the city of Dr. W. Muir, of Truro, N. S., on Jan. 16th ult., and called a meeting of the available members, Dr. Daniel in the chair. After considerable discussion the following resolutions were unanimously carried :

*Resolved*—That in the opinion of this meeting it is advisable to form a Maritime Medical Association, and that such Association be composed of registered physicians practicing in the three lower provinces.

*And further resolved*,—That we ask the Nova Scotia and P. E Island Societies, to appoint committees to confer with committee appointed by N. B. Medical Society,

*And further resolved*,—That among the objects of the Association may be included the advancement of the science of medicine and surgery, the furthering of the interests of the medical profession in these provinces, and the bringing together of its members in order that they may be mutually benefitted, and become better acquainted ; that the Association need not meet oftener than once in two years.

The members of the committee and Dr. Muir expressed the opinion that the MARITIME MEDICAL NEWS has already done a great deal to bring the profession in the different provinces in much closer relation than they previously were, that they feel the necessity of a still closer relation, and earnestly hope that the different societies will take hold of the matter in earnest, and that the result will be a Maritime Medical Association in the very near future.

GEO. A. HETHERINGTON, M. D., *Secretary.*

*For the Maritime Medical News :*

MR. EDITOR,—It is high time that some reform was made in the way in which druggists in general conduct their business, otherwise I would advise the members of the profession to keep their own drugs, or else combine and establish a drug store, with branches in different parts of the city, and send their prescriptions there. I have repeatedly seen druggists prescribing, and other physicians tell me that they have seen the same. Again, it is a well known fact, that druggists or some of them, do not hesitate to give their opinion freely as to the merits of a prescription If the doctor happens to send them a good many prescriptions, he is a fine fellow and an able physician. Again in many instances, when a patient is in straightened circumstances, the druggist is about the only one who gets any money for his trouble, and it has to be cash. Too often, I am sorry to say, the price of the medicine has been the same as to the man of means. M. D.

*For the Maritime Medical News :*

MR. EDITOR,—I do not propose to furnish you with anything on the science of medicine ; a little variety may not prove unacceptable to your readers. What I have to say does not affect the *being* of medicine ; but it relates to the *well-being* of those engaged in its practice, inasmuch as it refers to the conduct of physicians to each other.

I have often thought, how different the world would be if men would only observe the golden rule, and do unto others as they would wish to be done by. What ethical principle, other than this, is necessary for the guidance of a physician in his relations to his brother physician. Under the impelling force of such a moral principle in the regulation of every act, he becomes one of nature's noblemen --a gentlemen in the best and truest sense of the term. A man may have seen much of this world, dress finely, his coat may be decorated in every imaginable way, and he may have as many trinkets dangling about him as an African chief, and yet present less gentlemanly traits of conduct, than the man clad in homespun and but little travelled.

A physician may have spent the greater part of his professional life in a position in which his duties partook largely of the nature of a contract—a salary, with a well-defined line of duty, so that his professional work did not even bring him in contact with his associates, and no conflict of interests could arise. Yet a man may be such a crank, or have so much conceit, stimulated by an inordinate desire to be regarded as the first, and at all hazards, as to be constantly quarrelling with his brethren. Place such an individual where his professional life assumes a new phase — where his emoluments depend upon the *reputation* he has with the public, and the estimation in which he is held by them, and a powerful stimulus is given to the weak points of his character. He never loses an opportunity to bring himself before the public—especially to appear very learned and to assume an air of superiority. His movements are given to the press, with as much detail as a travelling circus ; and the conveniences for consulting him are given as minutely to the press as a dry goods merchant sets forth the extent of his stock. If he happens to hold a position in any way connected with government control, he is careful to impress upon Cabinet ministers, that he has seen more and knows more than ony one else. And he adopts methods to gain their ears, that honorable men would scorn to follow. He would even stoop to act the part of a pimp to score a point against his medical brethren.

He may belong to the Salvation Army, the Church Army, or the Queen's Army Reserve ; his piety may be very loud, and he may be sure of Heaven ; yet if he cannot brook defeat when he is out-voted on some pet scheme without saying swear words, what does it all amount to? A truly good man is a constant benediction upon his associates. He compels the respect of even the godless. Bad as the world is, respect is always paid to virtue. But in this practical age, when everything is brought to the test, men's religion is judged of by their daily conduct. "By their fruits ye shall know them."

I have left for consideration a novel method of creating a "boom," inasmuch as it involves a psychological question as to the person who is the actor. We have it on the highest

authority respecting a man and his wife that "they twain shall be one person." Now if the loving wife adopts a modern business method and becomes a "promoter" of her husband's interests, and in her social visits announces how much relief Mrs. So and So got from a certain drug that her husband prescribed, and suggests to a patient under the care of another physician, how much relief a certain remedy would give, which her husband prescribes for such cases as his. Under such methods, bachelors are placed at a disadvantage, and those whose wives think it indelicate to trumpet their husband's skill; and it leads to the inquiry in view of the methods outlined above, who is really doing thus. Is the Doctor acting in a dual capacity, under the guise of his "other self."

Now, Mr. Editor, I submit is the foregoing mode of procedure in harmony with the great ethical principle to which I referred in the beginning of this communication? Is it calculated to elevate the profession of medicine. If you think the above too general, I can give you precise and positive statements in a future number of your JOURNAL.

MEDICUS.

## *Books and Pamphlets Received.*

CLEVENGER ON SPINAL CONCUSSION. F. A. Davis, Publisher.

HIGHER MEDICAL EDUCATION AND HOW TO SECURE IT By Richard H. Lewis, M. D., Raleigh, N. C.

LAWS REGULATING THE PRACTICE OF MEDICINE IN NORTH CAROLINA.

FORMAL OPENING OF THE NEW BUILDING OF THE BIOLOGICAL DEPARTMENT OF TORONTO UNIVERSITY, containing addresses by by Sir Daniel Wilson, President of the University; Hon. G. W. Ross, Minister of Education; Professor Osler, of Johns Hopkins University; Professor Welch, also of Johns Hopkins University; Professor Minot of Harvard Medical School; Professor Vaughan of the University of Michigan; and Professor R. Ramsay Wright, of the University of Toronto.

## *Reviews and Book Notices.*

SPINAL CONCUSSION: Surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designation "Erichsen's Disease" as one form of the Traumatic Neurosis. By S. V. Clevenger, M. D., Consulting Physician in the Reese and Alexian Hospitals, &c., &c. F. A. Davis, Publisher, 1231 Filbert St., Philadelphia, Pa.

We are not aware of any work covering the same ground in so modern a spirit and having regard to all the aspects of the subject. Many typical cases of spinal concussion are cited and due attention is called to the genuine cases and to *litigation symptoms.*

Recent discussions on Spinal Concussion, Illustrative Cases, Diagnosis and Electro-Diagnosis, Pathology and treatment of the forms of the disease receive clear and not too voluminous consideration. Some criticism is made of the ignorant unscientific utterances on this subject that are heard from pseudo experts in courts of law, and of the immoral devotion (often witnessed) of two groups of medical men each to winning the case from the other. Some amusing instances are given when medical men whose love of money considerably exceeded their knowledge of science were badly trapped and exposed.

The book is a most interesting one and should be of practical value to all practitioners. Price, $2.50 net.

### TREATMENT OF ALOPECIA.

We have no means to prevent hair from falling out, nor any to hasten a new growth; consequently, treatment is naturally superfluous, especially since, in the majority of cases a complete restoration sets in spontaneously. Thus frankly remarked Lassar in the chapter on alopecia areata in his manual on skin diseases. The disease, as is well known, attacks the scalp, forms circular spots about the size of a dollar, and from the margin the hair comes out readily on slight traction. With its advance complete baldness may ensue. We may still read in the recognized compendium of Kunze that "treatment which would prove effectual is not known." Here, also, may be found the indifferent attitude of physicians regarding this affliction. Whenever a young man is seen whose baldness is conspicuous, we may hear some trivial remark ascribing the cause to excesses in "Venere et Baccho," which by the way is often a false conclusion. The sudden fall of hair is a disorder to which some (Sehlen and Unna) assign a parasitic cause, while others again, as Michelson, attribute it to a nervous origin, although the use of unclean utensils by the barber is frequently responsible for it.

The first to arouse physicians from lethargy in the treatment of alopecia was Lassar, the well-known and able docent for diseases of the skin at the University of Berlin. In an article on diseases of the hair he puts forth his method which he had tried in more than 1,000 cases of alopecia pilyrodes and areata, and gives the following directions:

*First.* The scalp must be well lathered with a very strong tar soap for ten minutes.

*Second.* The lather is removed first with luke-warm followed with colder water in abundance, after which the scalp is thoroughly dried.

*Third.* The scalp is then rubbed with the following solution:

℞—Sol. Hydrarg. bichlor. corr.....0.5 : 150.0
Glycerin.....
Spirit. or cologn ãã..... 50.00
M—Sig. Ext.

*Fourth.* The scalp is rubbed dry with a solution of

℞—Beta naptholi..... 0.5
Absol. alcohol.....100.000
Mix.

*Ftfth.* After this, the scalp is thoroughly annointed with a liberal application of the following preparation:

℞—Acidi Salicylici..... 2.00
Tr. Benzoes..... 3.00
Ol. ped. taur. q.s. ad.....100.00
Mix.

This procedure must be kept up for six to eight weeks, and be repeated every day.

But few cases resist the treatment, and after a few applications the downy sprouts may be seen.

Dr. Graetzer, in the October number of the *Therap. Monatsch.*, warmly advocates this excellent method. He reports brilliant results obtained from its use, and invites his colleagues to give it a more extended trial than heretofore.

In making this reference to Lassar's method, I did not regard it as altogether purposeless, since there are so many young pharmacists and physicians who carry about barren fields upon their heads, the result of alopecia, who, perhaps, would make another attempt at cultivation.—*Translation in Buffalo Med. & Surg. Jour.*

# The Maritime Medical News.

**March, 1890.**




WE wish to remind our readers that the present is a good time to commence preparing for the annual meetings of the various Provincial Medical Associations. The preparation of papers requires thought, and cannot be completed in such a way as to give satisfaction to the hearers and gain credit for the authors without the expenditure of time and trouble.

Cui bono? some one may say. We answer, good in every way; but most good to the individual who uses his talents and industry to discuss some subject which he may be specially interested in or specially qualified to elaborate and elucidate; and the benefit which accrues, is not only the increase of knowledge which his extra study and industry must afford him, but also that increase of position and prestige among his fellows, which good work is sure to bring, and which, it is unnecessary to point out, always has a direct money value.

It has often been said that there is not enough cohesion in our profession, that the members of it do not pull together, and are unwilling as individuals, to make what they may consider, any sacrifice for the benefit of the whole. There is too much truth in the assertion, and we think the fault lies, not so much with the younger members, who might naturally be expected to seize a slight present advantage without taking time to consider its ultimate result, as with the older members who enjoy assured position and practice, and allow themselves to be so absorbed in the same, that they have no time, or think they have no time, to give to the general interests of the profession. And so it is, when these men are asked to give something of their experience and knowledge for the benefit of the whole, at our annual meeting, too often the answer comes, Impossible! no time!

In other words, they have become mere slaves to practice. We would remind such however,

> "Whatever day
> Makes man a slave, takes half his worth away,"

and in no case more than in the one to which we are referring. No esprits de corps? There is plenty of it among us, but it requires the leaders to take a leading position, and to share the burdens as well as the honors.

In this connection we have pleasure in calling attention to the fact of the holding of a meeting between the members of the committee appointed by N. B. Medical Society, to do certain preliminary work in connection with the formation of a Maritime Medical Association, and Dr. Muir, of Truro, N. S., the Secretary of the N. S. Medical Society. An account of the meeting is given on another page. We consider the formation of such an Association to be most desirable. The Canadian Medical Association meets as a rule, too far away to be of much service to us in these lower Provinces. A Maritime Association will not interfere in any way with the various Provincial Societies, it need not meet oftener than once in two years, but it would weld the profession together, and probably result in the establishment of uniformity in qualifications to practise, in the formation of valuable acquaintances, and from the fact of having the wider and larger audiences it would have more valuable work done for it than for the Provincial, it would be a body speaking with authority for the profession of three Provinces, and would consequently have proportionate weight, both with the public and the legislature. We are convinced that there are men through these Provinces doing good work, (the pages of the NEWS bear direct evidence of this), we think it is for their benefit and for ours it should be known.

We should expect to hear at the Maritime Association, from some of the professors of the Halifax Medical College, and from other leading men through the Province of Nova Scotia, while, on the other hand, New Brunswick and P. E. Island would furnish evidence by their representatives that routine has not taken the place of enlightened study and practice. The cost of such an Association would be nothing, a dollar or two, to cover expenses of meetings, would be the sum total to each member attending. We commend this subject, not only of the Maritime Association, but also of the Provincial meetings, to our

conferes everywhere in the hope that they will all consider it both a privilege and a duty to give their best aid to make these meetings successful: *we believe it will fully repay them.*

"I hold every man a debtor to his profession, from the which, as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereto."

THE profession of medicine has often been reproached with its irreligiousness. That—as a positive criticism—was rather in past days than in present. It is a marked feature of modern days, that in religion as in other matters, men are judged by their practical conduct in every-day life. When this standard is adopted, we confess to an opinion that no class of men stands higher than the medical profession.

The amount of gratuitous work they do and are willing to do when their self-sacrifice is deserved, is greater we think, than that of any other class of men. If their professions are less, and their emotional religious expresions more rare than in the case of some others, it is, we think, an altogether desirable thing that there should exist a class of men who pre-eminently appreciate the difference in value between a symptom and a sign. Many such thoughts as the above came to our mind after an inspection of several of our so-called religious periodicals of the day.

We should not perhaps expect that they should have so nearly reached perfection as to exhibit only one 'weak point,' but it is only one weak point that we will now refer to. This is their shameful disfigurement with advertisements of quack remedies. The statements presented in these advertisements are mostly *lies*, calculated to deceive the ignorant and unwary. It is well known how extensively many of them succeed. By their presence they are so far endorsed by the papers printing them.

There are always some religious journals which are sufficiently particular in this matter. Most, however, lamentably and egregiously fail to realize in their 'ad' columns the principles which are freely enough professed and urged in other parts. These public standard-bearers themselves fail to sustain thorough practical tests. This position is not perhaps evident to the public in general, who are largely deceived by the untrue statements; but it forms a serious blot in the eyes of the more intelligent people, who know the true nature of the substances advertised, and of the methods by which they are impressed upon the notice of simple people.

IN another column a correspondent touches upon a very important question, namely, the relations between doctors, druggists, and patients. A druggist gains everything from the friendly interest of a doctor. Whilst the doctor often recommends a particular druggist, the druggist, it is well enough known, does not hesitate to assume the functions of a physician, to indulge in counter prescribing, and thereby certainly, to annul any rightful expectancy of the active friendliness of the medical man. It is a question if physicians are not foolishly pathetic and careless about this matter. In at least one American city, the doctors seeing that they were simply playing into the hands of the druggists, while the latter usurped freely the part of the physician, came to an energetic determination to recommend no druggists who did not clearly refuse to prescribe. The result was that one druggist who carried his worthy determination so far as to dismiss instantly a clerk who had, against orders, recommended a certain medicine, was the most successful druggist in the city, the medical men gladly helping him who gave a due respect to them. We recommend this subject to the careful consideration of medical men and druggists, and would suggest the advisability of the former indicating at no distant day to the latter their opinions and intentions in the matter.

CORRIGENDUM.—In the last issue of the NEWS, a printer's error made us give a wrong statement of fees allowed medical witnesses in courts of law in the United Kingdom. The correct statement is, that a fee of one guinea is allowed for every day's attendance at Supreme or County Court trials, with travelling expenses, and a fee of half a guinea at a Police Magistrates' Court.

## *Notes and Comments.*

THERE is nothing a woman likes better than to get hold of a sick man who likes to try remedies.—*Atchison Globe.*

DR. HUXLEY, son of the eminent lecturer, is about to marry one of the nurses in St. Bartholomew's Hospital. She turns out to be a lady of wealth and culture, who had become a nurse from choice, not necessity.

DR. A. JACOBI, in addressing the New York County Medical Society, the other day, observed that many of the ancients believed the liver to be the seat of the soul, and, he added "they were pretty clear-headed men, too." It is at least a certainty that the condition of the liver has influenced many a man's daily walk.—*Times & Register.*

DR. ALFRED C. SMITH, of Newcastle, New Brunswick, has recently beeen reappointed a government commissioner in leprosy for the northeastern provinces of Canada that are

affected with that disease. Since the discovery, last year, of the Cape Breton cases, Dr. Smith has continued his investigations, and, while no causes for apprehension exist, he has been directed to give his undivided attention to the same work, under a permanent official appointment by the Dominion Government. Dr. Smith is a graduate of Harvard University.—*N. Y. Med. Journ.*

THE following communication wsa lately addressed to the Medical Board, N. S. We print it as it stands. Who will volunteer?

THE MEDICAL BORD.

The inhabitants of this place have been humbugged for sixteen years by a quack whose name is ——— he have bin too the States lately about six Weeks and is come hum and pretends he is now a doctor which I know is not true. there is a large practise hear and please send us a regular doctor and he will have too cleer out.

Please do not let on who wrote this to you as I am so surround with his wifes relations and I would not be save. I heerd a man advise him to go to Halifax insted of going to the States he said he could not larn enough there.

Yours faithfully,

———— ——— ————

Im goin away for winter and hope you will send a good doctor.

A SUBJECT of practical importance is "the effect of distension of the abdomen on circulation and respiration." It has not received the attention and investigation it deserves. Not long ago, however, Dr. J. Heinrichs, of Helsingfors, undertook experiments to determine these effects. The results tended to show that the abdominal cavity could be distended very considerably, so that the parieties were quite tight without material alteration of pulse or respiration. It was only after very great distension that the respirations became seriously interfered with. Dyspnœa then ensued, the accessory muscles were called into play, but those soon becoming insufficient, death ultimately supervened. So far as the tightness of the abdominal wall is concerned, it is to be remembered that muscular contraction may be pronounced and the abdominal wall rigid when the abdominal cavity is little encroached upon. We would specially remark upon the interference with respiration seen in cases of pronounced tympanitis. The flatulent distension may be so great that it may be necessary to puncture the inflated bowel, not only for the purpose of relieving pain, but in order to prevent asphyxia with (in cases of acute abdominal obstruction with enormous flatulent distension) possible early death therefrom.

DR. LAUDER BRUNTON AS AN INVESTIGATOR.—The return of Dr. Lauder Brunton from India is announced in the *British Medical Journal*, which quotes from the *Pioneer* of India, an engaging account of Dr. Brunton during its knowledge of him as a Chloroform Commissioner at Hyderabad. An accident which occurred to him in the course of some of his experiments, brought to light the fact that before he went out to India he visited Pasteur at Paris, and had himself inoculated as a precautionary measure against the possibilities incident to a large experimentation upon dogs and other animals. The very danger which he foresaw as possible occurred to him; he was badly bitten by an enraged pariah dog which escaped from the control of his assistants. When every one else present at the experiment manifested alarm, Dr. Brunton quietly reassured them by disclosing the fact of his Pasteurian treatment, saying, "It does not matter; I thought something of this kind might happen." Thus, says the journal, "there is heroism also in a chloroform commission." With all his inflexibility of nerve as a man of science and operator, Dr. Brunton was gracious and accessible even to the inquiries of a stranger, and anxious to explain everything connected with the work of the commission. "No one who has come into contact with him," says the *Pioneer*, "can help being fascinated with the charm of his manner and the extent of his knowledge." Dr. Brunton has since written to the *British Medical Journal* a letter in which he modestly declares that, instead of praise for heroism, he rather deserves censure for "medical awkwardness," and explains that he did not betake himself to Pasteur for inoculation, but was inoculated accidentally twelve years ago.—*N. Y. Medical Journal.*

FEES IN NEW YORK.—The professional fees in New York City are not so extravagant as they are generally believed to be. The general practitioner averages from two to five dollars per visit, according to pecuniary condition of patient. The average fee for a visit to the wealthy is five dollars. The office consultation of an expert or general consultant is, ten to twenty-five dollars for the first visit, and five to ten for succeeding ones. The fee for a consultation visit varies with the reputation of the consultant and the ability of the patient, from ten to twenty-five dollars. Visits out of town are usually from ten to twenty-five dollars per hour of absence from home, plus the travelling expenses and regular consulting fee of twenty-five dollars. Surgical operations are rated according to character, time, skill, and range, from 100 up into the thousands. The operation fee is charged for as extra of that for time when away from home. Night calls are twice the amount of day services, whether ordinary or consulting visits. Notwithstanding these accepted rules, there are not a few here who can charge much higher fees—in fact, name their own price and get it. On the other hand, there are many younger men in the professiou who are content to average a dollar a head for every patient they see, whether in their office or on the top floor of a six-story tenement in the rear. This is true, although we would not like to have it repeated.—*Med. Record.*

## *Selections.*

### THE CARTWRIGHT LECTURES ON VITAL AND MEDICAL STATISTICS.

*Delivered before the Alumni Association of the College of Physicians and Surgeons, New York, Nov. 14th, 20th and 22nd, 1889.*

BY JOHN S. BILLING, M. D., LL. D., *U. S. Army.*

ARTICLE II [ABSTRACT.]

THE death-rate, or mortality, is the ratio between quantity of life and loss of life. It refers to a definite unit of time, viz., one year's life of one person, and the quantity of life is the sum of the time lived by each of the population expressed in years. Two persons living six months each, or twelve persons living one month each, have one year of life. If the population is assumed to be stationary—that is, one in which the births and deaths, and the emigration and immigration, are exactly equal to each other and similarly distributed throughout the year—then the number of the population multiplied into the time

under consideration expressed in years and fractions of years gives the quantity of life.

A population usually, however, increases in geometrical progression, and in such case we must find, by means of a well-known formula, the mean population of the period, which will be less than the arithmetical mean of the populations at the beginning and end of the period and greater than the population living in the middle of the period; but the differences are small, and, in most cases, either figure may be employed.

The shorter the period for which a death-rate is given, the greater is the liability to error. The ordinary forms of weekly death-rates reported for large cities are annual death-rates; that is, they represent what would be the annual death-rate if the proportion of deaths to the population for the week continued for one year. If, for example, a town having a population of 100,000 reports as its weekly death-rate for a given week 25 per 1,000, this does not mean that during the week there occurred 2,500 deaths, but it means that if the population and number of deaths each week are continued the same during the year, 2,500 deaths would have occurred in the course of the year, or that for the week in question, the number of deaths was 2,500 divided by 52-17747. A weekly death-rate is useful to show where the greatest variations have been in the year's mortality, but it is no indication for the health of a town for a particular week, and it is useless as a means of comparison of the healthfulness of one town with that of another. This is largely due to the law of probable deviation or error in mortality statisics in relation to the number of instances used as data without reference to their accuracy. This law of probable error in relation to number of data is an exceedingly important one, to be kept in view in all statistical inquiries, and especially in those relating to vital and medical statistics.

What is a fair or normal death-rate? Taking an average healthy rural district in the United States, where there is little migration, the annual gross death-rate for the whole population will be from 13 to 15 per 1,000. In towns of from 10,000 to 15,000 inhabitants, having a good general water-supply and proper sewerage, the gross death-rate should not exceed 16 per 1,000. In cities of from 20,000 to 100,000 inhabitants it should not exceed 17 per 1.000, while in cities of over 100,000 inhabitants, it should net exceed 19 per 1,000. The great causes of high death-rates are poverty, overcrowding, intemperance, excess in heat and cold, with moisture, foul air, bad food, impure water, uncleanness, contagion, ignorance, etc.

### BIRTHS AND BIRTH-RATES.

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There have been from time to time some controversies between statisticians and health officers with regard to the influence of birth rates upon death-rates, or as to the precise relations which exist between the two. As the death-rates of infants are much greater than those of the population at higher ages, it has been claimed by some that where there is a high birth-rate there is also a high death-rate; but it cannot be said that this will invariably be the case, or that the oue is directly the cause of the other, except in certain cases for a comparatively short series of years.

As a rule, high birth-rates occur in cities, and in the crowded parts of cities, among the laboring classes of the population, where the causes of death in infants are especially prevalent. On the other hand, it is to be noted that a high death-rate among infants has some tendency to increase the birth-rate, because the interval between child-bearing is shortened by the early death of the infant; and in the effort made by poor women to avoid frequent child-bearing, a common means is to suckle the infant up to at least two years of age, in order to prolong the interval between pregnancies—which is a practice injurious both to the mother and to the child.

Putting aside all purely speculative considerations with regard to what might happen in a stationary population where there is no migration, let us see what the significance of death-rates is in our cities and rural districts as they now exist. We wish to know how much of the death-rate is due to peculiarities in the character and occupation of the population itself, and how much to peculiarities in the locality, and for each of these classes we wish to know how much is necessary and unavoidable, and how much is due to causes which may be modified or done away with. Precise knowledge on these points we can never have, but we can obtain a sufficient degree of probability to guide our action in the premises.

If we wish to study carefully the influence exerted upon health and life by race characteristics, by residence in a given locality, by marriage, occupation, social standing, etc., we must have the means of comparing results given in different localities, or in the same localities at different times, or for different races, occupations, etc., under like circumstances.

To accomplish this we must, as far as possible, estimate the influence of other circumstances not connected with the particular point which we are investigating, but which, notwithstanding, exercise a powerful influence upon sickness and death-rates, and of these the two most important influences are those which differences in proportion of sexes and ages of the population to be compared exert.

The means recognized as best calculated to eliminate the influence of sex and age by, as it were, reducing the population to one uniform scale in these respects is by calculating the expectation of life at each age for all the several conditions of locality, occupation, etc., which we wish to investigate; in other words, by the preparation of what are known as life-tables. A life-table shows what would be the tendency or liability to death at each age in a population in which there is no migration and in which the births and deaths just equal each other if such a population were subjected to the same influences tending to produce disease and death as have affected

the actual population under consideration and from which the data are derived. It is, of course, impossible to prepare life-tables which shall be strictly accurate and exactly comparable one with another, because it is impossible to obtain strictly accurate data. A life-table is intended to answer the question, "Of a million children born, how many of each sex die at each age?" or, "What is the time which a man or woman of a given age may be expected to live?" A strictly accurate answer to this question could be given only if we knew the precise dates of birth and death of each of a million of children born under the circumstances we are investigating, and, strictly speaking, these million children should all be born on the same day. Notwithstanding, by using large masses of data which are more or less attainable, and by applying certain well known corrections, the individual errors tend to neutralize each other, and we can prepare tables which will be quite accurate enough for purposes of comparison.

A vast amount of labor has been expended upon, and study given to, this subject; for immense business interests and important points in the jurisprudence of inheritance depend upon the existence and accuracy of these tables. Hundreds of millions of dollars have been, and now are, invested in life insurance on the faith that certain life-tables truly represent the average course and duration of the life of a particular class of the community, and the result of more than a hundred years of experience has been applied to their correction under the powerful stimulus of urgent need, from a pecuniary point of view, to have them as accurate and reliable as possible.

In order to prepare a life-table for a given locality or occupation we must know the number of persons living at each year of age, and the number of deaths at each age which have occurred among these persons for one or more years. We assume that deaths have occurred at regular intervals during the year for each age and proceed to compute the number of persons at each age who were living in the middle of the period for which the deaths are registered.

In using census data, however, we can not directly compare the deaths at each single year of age with the number reported by the census as living at that age, because of the strong tendency of the average man or woman to report ages either of the living or of the dead, but especially the former, in numbers which are multiples of ten or five, or in so-called round numbers.

I do not propose to describe the methods of constructing a life-table. To make one sufficiently accurate to be used for the purposes of life insurance requires elaborate calculations and corrections, and the use of complicated mathematical formulæ.

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THE term "expectation of life" is used by different writers in different senses, and hence has often given rise to confusion and misunderstanding. It should be used only in the sense of the mean after-lifetime—that is, the average number of years which persons at any given age in a given place may expect to live. In a stationary population, where there is no migration, and where the births are exactly equal in number to the deaths, the expectation of life at any age would be found by dividing the sum of the number of years which the whole population lived after that age by the number actually living at that age.

The term "expectation of life" is often confused with the "probable duration of life," which is the age at which a certain number of new-born children will be reduced one-half, so that for any of these children it is an equal chance as to whether it will die before or after that age. The difference between the probable duration of life and expectation of life may be understood from the following example: Suppose that of 100 children born, 30 live one year, 20 live five years, 30 live forty years, and 20 live sixty years. Then the probable duration of life is five years, because at the end of five years just one-half of these children will be dead, so that at the beginning it is an even chance for any one child as to whether it will die before or after the age of five years; but the expectation of life of any one of these children is 25·3 years, because these 100 children will in all live 25,300 years of life. In like manner, if ten of these children were to die at the end of every five years, the probable duration of life would be 15 years, and the expectation of life would be 27·5.

Another phrase sometimes used in vital statistics is "specific intensity of life." This is the quotient of the dividend of the number of persons living at any age by the number dying at that age—that is—, being $\frac{Px}{Dx}$ the reverse of the ordinary mortality ratio.

The chief source of error in an approximate life table, constructed directly from the census figures and a registration of deaths without correction or adjustment, is due to the fact that there is a very considerable error in the number given of the living population in the first six or seven years of life. Usually the census figures show that the number of children two years old is greater than the number one year old, and that the number four years old is greater than the number two years old, owing to a tendency to erroneously report a child as being older than it is. If we undertake to adjust or correct these figures so as to truly represent the number living at each year, we usually have to make some assumptions as to the law governing the mortality, or as to what is sometimes called the law of life. This expression, the law of life, refers to the hypothesis that variations in mortality at successive ages take place in a regular succession which may be geometrically represented by a curve, and that, therefore, if we know the mortality at certain ages in a given community, we can, if we know this curve and if the number of observations were sufficient, deduce the mortality at other ages. Numerous formulæ have been proposed for this purpose, from that of De Moivre, in 1727, which is $Y = 86 - x$ ($x$ being the age and Y the corresponding number of the living), to the latest and most generally accepted

formula of Gompertz, as modified by Mr. Makeham. This last is based on the assumption that a person's power of resisting death decreases as his years increase, so that at the end of infinitely small periods of time, he loses infinitely small portions of his remaining power to resist destruction, death being considered as the consequence of two generally coexisting causes — the one a progressive, necessary deterioration; the other, chance.

Calculations and corrections based on such formulæ as these give interesting results and are useful to life insurance work, but they are unnecessary for the purposes of the sanitary statistician. Even the fundamental hypothesis upon which Gompertz's law is based—that the proportion of deaths at a given age is constant—is always untrue for any given age, as the prevalence of infectious and contagious diseases of various kinds, and of various lethality, varies with different years, and for this reason it is desirable to have the records of deaths for a considerable period of time, at least three years, and better ten to twenty years, in order to correct these variations,

The most useful life tables for sanitary purposes are those which relate to certain circumscribed localities, such as a single city, or even a single ward of a city; but for scientific and medical purposes the most useful are those which relate to particular classes of people, particularly occupations, etc. There is a special difficulty in preparing an accurate life table for a city, due to the effect of migration into and out of the city from and to the surrounding country, which disturbs very much the rates of deaths at different ages. The mortality in a great city, is almost always reported as less than that which the actually existing causes of death and disease tend to produce, because domestic servants, shop girls, and others who have come from the country, go back to their rural homes when their health begins to fail after a year or two of city life, and there die. This is especially the case in regard to deaths from consumption and diseases of that class. The groups of ages which are thus specially affected are those between fifteen and twenty-five years, and therefore the mortality at this group of ages in the large cities as calculated from the number of deaths is too small to properly represent the causes of death acting on the population at those ages. On the other hand, the mortality at the same ages in the rural districts near the city will be correspondingly unduly increased.

The data necessary for the construction of life tables are comparatively rarely available for the purposes of the sanitarian. Hence, while admitting that these furnish the only true measure of public health, registrars of vital statistics and sanitarians have sought for other standards for such measurement, the data for which could be more readily obtained and more easily applied. Especially has the search been made for some means of measuring sanitary conditions and progress from the data furnished by deaths alone without reference to population. One of the most common of these is the use of the period of infancy from nothing to five years, by comparing the number of deaths at this period with the total number of deaths. It is very certain that the period of infancy gives the most sensitive test of sanitary conditions, but the comparison must be made, not with the total number of deaths at all ages, but with the number of the living population furnishing such deaths.

In Europe it is more common to confine the calculation to children under one year of age, and these are much more valuable there than they would be in this country, because they have there a much more complete registration of births, and therefore the relation between the number of infants born and dying within the first year of life can be ascertained with an exactness which is quite out of the question in this country.

The test of sanitary condition which is most generally employed in this country is the proportion of the number of deaths which occur in children under five years of age to the whole number of deaths reported. This does fairly well in computing the rates of the same city, in which it may be presumed that the general ratio of age distribution is nearly uniform at different times, but it is a very fallacious method of comparing rates of different cities or localities. For example, during the last census year the ratio of deaths under five years per 1,000 of total deaths was, in Alabama, 475·9 for males; in California, 250; but in Alabama the proportion of male children under five years to the total population is 17·5 per cent., while in California it is only 9·1, or but little over half the Alabama ratio, and hence the true rate is actually higher in California than it is in Alabama, although the figures would indicate the reverse.

Another test which has been proposed is that of the mean age at death, which is the quotient of the sum of the ages of different individuals at death divided by the total number of deaths. This is only useful in comparing the conditions of two populations when the age and sex constitutions of these populations are the same. It is out of the question to apply the test to different occupations—as, for example, to compare the mean age at death of major-generals with that of second lieutenants. The chief use of this test is in its application to different causes of death, but even for this purpose the death-rate in relation to population is much better.

A considerable part of the errors to which one is liable in comparing the mean age of different occupations at death may be avoided by excluding from the computation all deaths of children under five years of age.

Although the expectation of life, or mean after life-time, is the standard of comparison almost universally accepted by statisticians, it is, in some respects, not a very satisfactory one, since it is often understood by the public, which is apt to use the word "mean" in the sense of usual or ordinary, that which occurs most frequently. But the ordinary lifetime, or, as Bertillion calls it, the *vie normal*, is a very different matter.

The great majority of the mortality statistics

prior to the present century are necessarily incorrect and unreliable, because they are based, for the most part, on the data of deaths alone. The deaths can only be taken as a measure of probable duration of life for any community when the births and deaths are equal and there is no migration, a state of matters which must very rarely happen and be of very brief existence.

Among the many expedients which used to be employed for estimating population was that of multiplying the number of living in which one death was supposed to occur by the number of deaths. That is to say, by guessing at a factor which could only be ascertained by comparing the annual deaths with the number living. Take, for example, the estimates of the population in London made by Graunt, in 1662, on the basis of one death occurring out of every thirty-two living, which made the population to be 403,000. In 1683, Petty, taking the mortality to be one to thirty persons living, made the population to be 669,-930.

Death-rates, even when derived from complete and accurate data and compiled in the most satisfactory manner in the form of life tables, necessarily give only a very imperfect view of the prevalence of disease in a community, or of the relative amount of disability among the people, requiring extra labor by the productive class due to the recurrence of sickness. Many forms of disease which render life more or less of a burden, and some of which totally disable the individuals from earning his subsistence, seldom or never appear in the registers as a cause of death, while even of those diseases which are reported as causes of a considerable proportion of deaths we can rarely at present indicate any definite or certain relation between the number of cases of the disease and the number of deaths reported. For example, it is well known to all practicing physicians that the mortality varies greatly in different epidemics of such diseases as scarlet fever, measles, small-pox, whooping-cough, yellow fever, etc., the variations appearing to depend principally upon the particular conditions of the environment as to temperature, moisture, winds, density of the population, etc., at the time of the outbreak, and also upon particular conditions of the specific virus or micro-organisms causing diseases of this kind.

For the great majority of diseases it is not possible to obtain statistics as to their prevalence among a general population. The only sources to which we can look for information of this kind are the records of the army and navy, of the police force in certain cities, of the employees of railroads, and of the members of certain societies having insurance against sickness. The records of the army and navy are especially valuable in this point of view, but they relate only to males of certain groups of ages and of a carefully selected class of population.

In the last United States Census an attempt was made to obtain on the schedules of the living population the number of those who, on the first day of June, 1880, were so sick or disabled as to be unable to pursue their ordinary occupations. This was the first attempt of the kind which has been made in this country, but similar attempts were made in two censuses in Ireland, in a census of the Australian Colonies, and in a census of Hungary.

It is very improbable that anything like complete returns of sickness will ever be obtained for any large body of the civil population. Such registration will always be confined to infectious and spreading diseases; in other words, those which are known or supposed to be preventable. In order to make a registration of this kind of any great practical value, it must be continuous and compulsory. The plan of endeavoring to get the medical men of a locality to voluntarily contribute this information, even when accompanied by the offer of the payment of a fee, has produced partial and incomplete results, which become more and more incomplete as time goes on and the first enthusiasm in favor of the new plan dies away.

On the part of some members of the medical profession, both in Great Britain and in this country, strong objections are urged to compulsory notification of disease, and especially to that form which requires the doctor to furnish such notification direct to the sanitary authorities. It is urged that such notification is a violation of professional secrecy, that it leads to concealment of cases of such disease and the refraining from calling in a medical attendant, and that it tends to throw the treatment of such cases into the hands of a lower class of practitioners, who are willing to run the risks of violation of the law, or even to make false returns for the sake of securing an increased practice. There is, however, little difficulty in keeping the information furnished strictly confidential, provided the health officer is a man of tact and discretion, and provided also that the press does not insist upon being too inquisitive with regard to matters of this kind.

Any system of compulsory notification, however, which has to be continuously successful involves two things:

First, that the health officer shall not be in any way engaged in or connected with private practice, so as to do away with all reluctance on the part of general practitioners reporting their private cases.

The second is that, to obtain any benefit from notification, special hospital accommodotions for such forms of diseases as are reported must be provided by the community, and there must be a power of compulsory removal of patients to such hospitals in certain cases.

Undoubtedly, valuable statistical data might be obtained by the simple notification alone; but the desire to obtain statistical information will never be accepted as a sufficient ground for legislation requiring compulsory notification.

We hear very much in recent years of the proportion of deaths from zymotic diseases as a test of the salubrity or sanitary condition of a place; but, as there is no general agreement as to what is and what is not a zymotic disease, and as the term rests on a theory of causation of disease which is now definitely abandoned, it should no longer be made use of. It is much better to select the mortality from certain forms of disease, and specify these in order that we may know exactly what we are talking about, and be sure that the matters compared between two localities are the same. English health officers often use the term "seven principal zymotic diseases," by which they mean small-pox

measles, scarlet fever, diphtheria, whooping-cough, typhus fever, and enteric fever. If this is the selection, it is not a good one, for it omits the diarrhœal diseases. Forty years ago, near the commencement of the speculations of Dr. Farr and Mr. Simon as to the causation of disease, nearly all of the contagious diseases were grouped together as zymotic diseases, and were supposed to be more or less connected with filth. At present we know that the cleanliness of the surroundings has little or nothing to do with the prevalence of small-pox, measles, scarlet fever, or whooping-cough; so that these, which are typical zymotic diseases, are of very little interest in connection with the question as to local causes of diseases in a place connected with uncleanliness and to be remedied by sanitary effort.

Their relative prevalence and the mortality due to them is of interest in a totally different connection, and their separation involves an entirely different field of sanitary work. Such diseases as phthisis, diphtheria, and the various forms of diarrhœa disease, including cholera infantum or the summer dirrrhœal of children, of England, are of especial interest as regards the field of local sanitary work in relation to sewerage, drainage, and cleanliness.

The influence of habitation upon death-rates, and on the prevalence of certain forms of disease is indicated by statistics given by Dr. Korosi for the city of Budapest, where the deaths are reported with the following classification, viz:

1. Persons in a habitation where at most two persons dwell in the same room.
2. Persons dwelling where from two to five persons dwell in one room.
3. Where there are from five to ten in a room.
4. Where there are more than ten in a room.

Comparisons thus made indicate that contagious diseases, with the exception of scarlatina and typhus, are more frequent and more fatal in the crowded houses, and that the same is true of congenital debility and diarrhœa, while tuberculosis and pneumonia do not seem to be specially influenced by this cause (?!). As the figures of deaths in these categories are not comparable with those of the living population, the results have not much value.*

*(To be concluded in our next.)*

## A NEW ANTISEPTIC DRESSING.

At a meeting of the Medical Society of London on Nov. 4, SIR JOSEPH LISTER described a new antiseptic dressing, which he said he had now used for a year in his wards at King's College Hospital, with excellent results. He recommended the new dressing as the most satisfactory that he had hitherto met with. Sir Joseph pointed out that though sal alembroth had been largely used in surgical practice in consequence of his supposed preference for it, its employment had never received his "published sanction." It had the disadvantage of being so excessively soluble that it was washed out of the dressings with the greatest ease by the discharges, so that there was always the risk, if the wound discharged freely, that the antiseptic would be altogether washed away, even if large masses of gauze were used. Further, the discharge in taking up the sal alembroth formed an intensely irritating solution, which produced crops of pustules, and even large blisters near the edge of the dressings. In describing the numerous experiments he had carried out with the object of finding a better antiseptic, Sir Joseph Lister said that the real point to determine as to any given agent was not whether it would kill germs, but whether it would prevent the development of organisms. Mr. Martindale called his attention in February, 1887, to cyanide of mercury as a substance which might prove to be a valuable antiseptic, one, too, possessing the advantage of coagulating albumen. Sir Joseph Lister found that this substance had a remarkable inhibitory power over the growth of organisms, but it had the drawback to be highly iritating. A double cyanide of mercury and zinc, formed by mixing together a solution of the double cyanide of mercury and potassium with a soluble salt of zinc, the zinc taking the place of the potassium, was then tried, with the result that it was found to possess most important antiseptic properties. In the proportion of $\frac{1}{5000}$ part it kept blood-serum perfectly free from the development of organisms for eighteen days in spite of potent septic inoculation. Dressings were then prepared by diffusing this "zinco-cyanide of mercury" in water, with a little glycerine added to fix it and prevent it from dusting out. In view of the very slight solubiiity of the double cyanide in serum, some of the very soluble cyanide of mercury was associated with it. Some admirable results were got with this "cyanide gauze," but it was found to cause irritation of a peculiar kind, and suppurations also sometimes occurred at a late period of the case, such as Sir Joseph had never been accustomed to with carbolic dressings. It was found that this could be prevented by first saturating the gauze with the double cyanide and then putting it into a solution of starch. This fixed the particles of the cyanide most effectually in the gauze. Subsequently the double cyanide and starch were prepared with sulphate of potassium; in this way the mixed salts could be powdered and easily diffused in water. This compound should be moistened before use with a $\frac{1}{4000}$ solution of sublimate, so as to destroy any organisms there might be in the dressing. The layer destined to be put near the skin is washed in a solution of carbolic acid; this washes out the sublimate. By this means Sir Joseph Lister said he had obtained perfect results in practice in wounds of every description.—*London Medical Recorder*, November 20, 1889.

REMEDIES FOR NIGHT-SWEATS.—The practice of using gr. $\frac{1}{60}$ or $\frac{1}{120}$ of sulphate of atropia for night-sweats is very common, but occasionally cases are met with in which unpleasant symptoms, such as a scarlatinaform rash, dry throat, restlessness, numbness, &c., arise from even the smaller dose mentioned above. It is rather remarkable that the antidote to atropia poisoning, viz., pilocarpine, should in small doses act well in such cases, as indeed we have found it of much benefit in nearly all cases of night-sweating. The following, taken from the *Med. News*, will be of interest to our readers in this connection:—The various remedies brought forward at different times for this troublesome state have each in its turn proved useless in certain cases, and while agaricin may be mentioned as one of those which deserve the least praise, in our own experience pilocarpine amounting to the twentieth of a grain, given from one to two hours before the sweat is expected, is potent for good. The means by which this result is brought about are not far to seek. The drug in all doses greatly stimulates the peripheral ends of the nerves supplying the sweat-glands. In many instances we find excessive secretion dependent upon depression of function, as in a serious diarrhœa or a local sweating of the feet. These states pass away just so soon as the parts regain their normal tone through proper treatment. The night-sweats of phthisis are improved by pilocarpine, because

this drug in all doses stimulate the sweat-glands. In large doses this stimulation amounts to diaphoresis; but in the minute dose such as we name, the stimulation just balances the depression, and a normal tone is acquired. While it is true that pilocarpine and atropine are physiological antagonists, it will be found practically beneficial to prescribe small doses of both in such cases as refuse to respond to either one alone, as by their antagonism they prevent over-action on other parts of the body, and both act in harmony in so influencing the sweat-glands as to be of service to the physician.

USES OF BORACIC ACID.—Dr. Lebovicz, in the *Wiener Med. Presse*, narrates the following uses to which he has put boracic acid :—

I. Boracic acid acts antiseptically. Every soldier should carry one ounce of it in his overcoat pocket, and a handerchief cut in two triangles for necessary bandages. Simply sprinkling a wound with finely powdered boracic acid suffices to insure rapid healing. This remedy being odorless, and itself absorbing all odors, the author has used it advantageously in absesses, ulcers of the feet, caries and necrosis of the bones, and in complicated fractures.

II. In anthrax and after the incision of furuncles it acts well when applied directly to the parts. Forming furuncles should be painted several times daily with the following—

℞—Boracic acid, } .....ãã equal parts.
Water, }

III. In burns, when the flesh is exposed, it is necessary to be careful with poisonous antiseptics. Boracic acid posseses the advantage of being non-poisonous. He covers the burnt surfaces with a boracic vaseline ointment in the proportion of one to five—

℞—Boracic acid (finely powd.).....20 parts.
Glycerine.....15 "
Mix, and add, vaseline.....85 " —M.
Sig.—Apply twice daily.

In severe burns, with fever, the author combated the fever by the internal administration of the following—

℞—Boracic acid..... 4 parts.
Glycerine..... 10 "
Water.....100 "
Syrup of poppies..... 25 " — M
Sig.—A teaspoonful every two hours.

IV. In skin diseases, such as pemphigus, eczema, rhagades, rupia, and scabies, the results obtained with boracic acid have been most favorable. The formula used was—

℞—Boracic acid (finely powd.).....10 parts.
Glycerine.....20 "
Lanoline.....30 "

The treatment of scabies consists in first taking a warm bath and then rubbing the affected parts with boracic-vaseline salve (first one to two; later equal parts). The duration of this treatment averaged six days. In a case of granular conjunctivitis a cure was effected within forty-five days; a like result was obtained in some cases of pannus. Chronic scrofulous otitis is improved by lukewarm injections of concentrated boracic acid solutions; the application of boracic acid glycerine (one to ten) to stomatitis, aphthæ, or tonsillitis is followed by a curative effect.

V. For coryza—

℞—Boracic acid (finely powd.)..... } equal pts.—M.
Powdered coffee..... }
Sig.—Use as a snuff. —*Hospital Gazette.*

THE new wards in the Victoria General Hospital, Halifax, are now occupied by patients.

WE regret that some hospital notes, contributed by Dr F. G. Esson of the St. John Public Hospital, have been mislaid.

IT is most earnestly to be hoped that the members of our Maritime Provincial Medical Boards will realize the desirability of doing everything to forwarding and facilitating the bringing about of "unity" in the medical requirements of all the different Provinces of the Dominion.

A MOVEMENT is on foot to establish a private Hospital for paying patients under distinctly Protestant auspices. It is desired to raise a sufficient guarantee fund before proceeding further, and an influential committee of gentlemen has taken this matter in hand.

It is probable that any properly accredited medical man will have the opportunity of treating the patients in this institution who desire his services. On no other plan, we believe, could the institution have any permancy.

MUCH sympathy is felt in medical circles throughout the Dominion and elsewhere in the loss of the splendid University Buildings in Toronto. The amount of insurance appears to have been far short of the value of the buildings. The loss of the valuable library is a distressing feature of the calamity. However, the funds seem to be forthcoming to enable rebuilding to be commenced immediately; and a powerful committee has been formed in England, including the Marquis of Lorne, Lord Stanley, and other strong friends of Canada, to aid in replacing the library. Some of the large London publishers have already contributed, Messrs. Cassell & Co., for example, having given a hundred or more volumes.

## *Personals.*

DR. KIRKPATRICK has been appointed resident surgeon at the New Amsterdam Eye and Ear Hospital, New York.

THE government has we believe, acted wisely in confirming the appointment of Dr. Smith as Commissioner to superintend the inquiries into and care of Leprosy in New Brunswick.

THE many friends of Dr. R. S. Black, now of Ontario, California, will be sorry to hear that he has lately suffered from an apoplectic seizure. We print in this issue an article copied by Dr. Black from a Spanish (Havana) Journal, showing at once his lively interest in medicine in general, in the Province where he laboured for so many years, and in the MARITIME MEDICAL NEWS.

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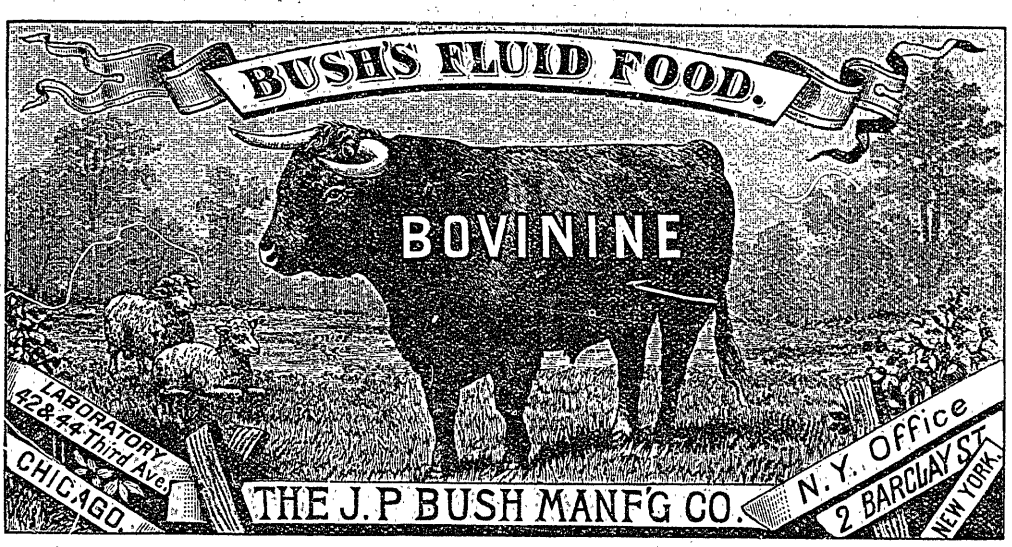


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B. N. Towle, M. D., of Boston, in a notable paper on Raw Foods, read before the American Medical Association at Washington, D. C., May 6th, 1884, thus refers to Bovinine: "I have given it to patients continually for months with signal comfort especially in complicated cases of dyspepsia attended by epigastric uneasiness arising from inervation, and in nervous debility of long standing. Raw food is equally adapted to acute lingering diseases"

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