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THE Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

PUBLISHED BI-MONTHLY AT HALIFAX, N. S.

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VOL. I. NOVEMBER, 1888. No. 1.

Original Communications.

ADDRESS BEFORE THE NEW BRUNSWICK MEDICAL SOCIETY BY THE PRESIDENT,

DR. P. R. INCHES,

At the Annual Meeting held at St. John, N. B.

GENTLEMEN:—When at our last meeting you elected me President of the Society, I felt that you had overlooked many who are far better qualified to fill the position than myself, and yet though I doubt the wisdom of your choice, I cannot refrain from an acknowledgement of such a mark of your confidence, and I beg to thank you most heartily for according it to me.

At the same time I must ask your indulgence to one not accustomed to preside over a meeting such as this, as are some of my friends whom I see here to-day, and hope that you will overlook faults which one more used to such a situation would not commit.

But some of you may remember that I had the duty last year of presiding here in the place of one who has since passed away.

Our late lamented president, Dr. George A. Hamilton, was then suffering from illness which as you well know, resulted fatally not very long after our meeting, and it is fitting that I should speak of him here; for though many of you could pay a more eloquent tribute to his memory than I, there is none who could do it with more sincere heartfelt regret and true sorrow for a warm personal friend as well as professional brother. Thoroughly well educated at more than one of the leading schools of the world, possessed of sound judgment and a strong desire to succeed in his profession, he soon obtained the confidence of all those whom he met, giving him a high position in the esteem and regard of those of his own calling. We all learned to respect his opinion, which was never given without being well considered, supported by good reasoning, and in an unassuming and courteous manner.

As a surgeon he deservedly ranked high, and he exhibited ingenuity, unsparing attention and care to secure a good result. One characteristic he had; he was absolutely free from all undignified means to secure notoriety and draw attention to himself. Passing away at a time of life when he was in the very maturity of his faculties and powers, his loss is indeed to be regretted and mourned for by all those who had learned to depend upon him as a kind, thoughtful and discrete physician, as well as by those who knew him so well, who enjoyed his companionship so much, and who miss his gentle presence and kindly humour.

It is fitting also that I should speak of the loss more recently of another of our brethren, one who was with us last year in our meeting, who was an active member in this society from its formation, and its second president, Dr. S. Z. Earle. His industry, capacity for work, and a certain quickness of perception, combined with great sociability, good temper and humour, enabled him to reach as high a position in this city as one can reach; although he might reasonably have expected to do active service for years to come. We had elected him once, and again to be a member of the medical council of the province, and he had served in many public positions both professionally and otherwise, being the chief magistrate of the city for two terms, coroner for twenty years, and chairman of the Board of Health.

No more warm-hearted physician and generous friend ever existed than he, which was attested by the numerous manifestations of sorrow exhibited, and we must deplore the comparatively quick breakdown and death of one so well known and trusted by the whole community and throughout the Province.

It has fallen to my lot, gentlemen, to have to speak of the loss of still another of our friends, one whom we all knew personally, and looked up to, who was with us last year and was to a great degree the life of the meeting.

Since my boyhood I knew Dr. Botsford, and can say of him what hundreds of others know, that he was a true friend and counsellor, always willing to to do a good turn and putting one under an obligation to him, without appearing to know it. To his high position in Canada as a physician, philanthropist and public man, it is only necessary for me to allude. By his frequent and worthy representation of the Province at the meetings of the Canadian Medical Association, and President, for a term, of that body, he was well known to the profession of the Dominion.

It was only recently, however, that he interested himself in this Society, but his active participation last year was very welcome. It only makes his absence now more acutely felt. I cannot describe my notion of his character better than by quoting the words of a writer in drawing the picture of his friend. "There was a depth of tenderness in his nature, as well as of impetuous indignation; the one drawn out, and the other controlled by his Christian faith, made him at once a philanthropist and a reformer, and both in the highest department of human interest. The union of these ardent elements and of a highly devotional temperament, with the patience of the

scholar and the sobriety of the critic, formed the singularity and almost the anomaly of his personal character. These contrasts were tempered by the discipline of experience, and his life, both as a man and a Christian, seemed to become more rich, genial, and harmonious as it approached its close."

It is mournful and unfortunate that this Society and the profession of the Province, should, within a few months, have lost three such distinguished members. The consoling reflection is this, that they lived honorable and useful lives, leaving names of which their families have reason to feel proud, and reflecting honour upon the profession of which they were ornaments. It was my privilege to know all these gentlemen intimately, and the loss of their friendship is one which I feel every day and constantly recurring, but there are hundreds of others to whom these gentlemen stood in a similar relation. To their families and relatives, whose sorrow and bereavement are so much greater than ours, let us extend our heartfelt sympathy.

It is now seven years since the first meeting of this Society at Fredericton, and it is worth while to ask if it has attained to any degree the object for which it was formed. These objects were principally, I think, to protect the practice of medicine and surgery from ignorant and unreliable persons without any or sufficient training and practical knowledge of the science and art of medicine, but who gave themselves out as having such; also to bring together the members of the profession from all parts of the Province, for the discussion of any matter of general interest, and the exchange of ideas and information for mutual benefit.

Have these objects been attained? I verily believe they have to some degree, but not to the extent to which they might have been. Certainly the public has been largely protected from unqualified practitioners. The standing of members has been raised, and none now pretend to practice without a diploma from a College where a fair medical education may be obtained. The number who now obtain their diplomas in our own country, at an institution which insists on a curriculum of four years, and the degree from which stands high anywhere, is a proof of the beneficial results of the movement which seven years ago produced the Medical Act of this Province, and formed this Society. The success of the annual meetings has, perhaps, not been so marked, yet I believe that good results have been obtained from them. Members have been induced to come forward with papers which have shown careful preparation, much observation and reading; the discussions following them have stimulated thought and presented points in an instructive light to others. For myself, I owe an indebtedness to these papers and discussions in many instances, and I have never attended a meeting of the Society without learning something that I was glad to know.

The value of such meetings has been felt everywhere. In Great Britain and the United States such organizations exist in every county and town, and are carried on with great interest and spirit. These form larger societies, until now we see that a meeting is held at a stated interval at which delegates from all civilized countries are present, who interchange personally the latest theories and practical observations of the day. If no good resulted from such organizations, men of the highest standing in the different branches of learning would not travel so far to meet together. Such a meeting took place last autumn on this side of the Atlantic, at which there were nearly 3000 present, among them members from this city and province.

But the meetings of this Society have not hitherto been so well attended, or excited so much interest as one would expect, when it is recollected how easy and quick communication from any part of this province to another may be had. There are many members of the profession, both in this city and throughout the Province, who have not contributed by their presence to these meetings, but whose influence might be felt for good in them.

If means could be devised to draw these gentlemen more into the Society, I think we would be benefitted to a perceptible degree. If a practitioner draws himself into himself all the time, and does not meet his fellows to know and learn what they think and do under circumstances similar to those in which he has found himself, he will be too likely to fall into a groove or routine practice, or see things from only one point of view. Reading alone will not take the place of many-sided observations and discussions. Oliver Wendell Holmes, the wonderfully clever and quick-witted writer and teacher of the profession, says:—"There never was and never will be two cases exactly alike in all respects. If a doctor has science without common sense, he treats say a fever, but not *this* man's fever; if he has common sense without science, he treats this man's fever without knowing the general laws which govern all fevers and vital movements. The men who have science only, begin too far back, and before they get as far as the case in hand, the patient has likely gone to visit his deceased relatives."

It seems to me there is a *necessity* for conference, criticism, and mutual help, and the recording and reporting of accurately observed facts. It is the glory of our profession that it holds that no scientific observer or teacher has a vested pecuniary interest in the benefits arising from discovery or knowledge, at least as applied in the practice or teaching of medicine. He feels that the property is not his alone, but belongs to all men, and that to conceal and utilize it for his use alone, is a miserable selfishness and a crime. It was not always so, for it is not many generations back when a practitioner who had an instrument or a medicine which he thought of service, kept it to himself and tried to enhance his own reputation and profit. Consequently quackery, charlatanism and superstition abounded and flourished; even in the ranks of the profession itself to some extent.

Discussion also developes what some one calls *mental friction*, presenting questions in a different light to that in which they have hitherto appeared to some, and bringing out new points to all. Such meetings unite the members together more than hitherto; they know each other better, and often ill-formed judgments disappear, as well as jealousies and unjust notions are prevented, which would otherwise exist. When the profession is so united its influence is greater; for what weakens a body more than violent dissensions and squabbles between its members. The influence of highly educated and enlightened medical men, either individually or as a body, is becoming more felt every day, and there is reason for it. The great advance in medicine and surgery of late, has impressed itself upon nations and is being recognized by governments and the public. In Berlin, there has recently been erected the first public monument to a private person, that is, one not a royal personage, or of military or political renown, and it is to Von Græfe, the surgeon and oculist. In England, if I am not mistaken, they were ahead in that, for there has been in London for many years a public statue to Edward Jenner. There are more medical men in public life both in Europe and America than formerly, and these should make their influence felt. In our own Province we have not much reason to complain on that score, although when they get into Parliament, whether at Fredericton or Ottawa, they seem to devote themselves,—like the unscientific members,—mostly to legislating for some railway which will pass by the back door of their constituents homes. It is amusing to read in the *Saturday Review*, of London, its congratulations on the occasional appointment of a doctor to be a justice of the peace, as a proof of the rise of the profession in public estimation. Well, perhaps in England the position may be a more important one than it appears to be here. It is curious that popular or represesentative governments should usually be antagonistic or indifferent to the promotion of scientific investigation, while despotic governments aid and foster it. It is true that in this province some legislation has lately been done as regards Public Health and registration, and as a beginning it ought not to be criticized too closely, but we may well hope that each year the machinery may be perfected and the scope extended. But in our legislation everything seems to be looked at from a commercial point of view. A small sum of money may be granted after considerable political engineering and petitioning, and may be a delegation, for a Natural History Society or a Public Hospital, or a starved University, and perhaps, as in the latter case, a continual fire kept up as to its being a waste of public money, while at the same time half a million, more or less, is thrown recklessly away with no more consideration sometimes than is bestowed on one of these small grants, on some visionary scheme, so long as it has a balloon in the shape of so much stock divided into so many shares to make it go up. Heretofore the Board of Health could obtain only a miserable sum to carry out its most pressing sanitary work, and was crippled in every way for want of means; the responsible officers doing the work year after year, without any pecuniary reward for their loss of time and frequently unpleasant duty, because public men could not see the necessity of granting some money to prevent disease being propagated. Occasionally an epidemic would frighten them and then a little would be spent, such as that on public vaccination, and none I may say was ever spent with more positive, useful and successful results.

Grainger Stewart, of Edinburgh, said recently that "Physicians are first, the Guardians of the Public Health; second, advisers of the general public in their most personal and private affairs; third, investigators of disease; and fourth, teachers of the rising generation of medical men.

The relations of the profession to the public could not be more shortly or comprehensively stated. The third relation may interest us the most at present, that is, the investigation of the causes and the prevention of disease. As practitioners of medicine, most of the gentlemen of this society are constantly confronted with the problem of the origin of disease, but from the press of ordinary work they find it hard to give such continuous attention to one line of investigation of facts, as to make the subject conclusive. Their facts and observations are isolated, and require more generalization than can usually be given. Before they are able to do much at one subject their attention is called off to another class of cases. It is, therefore, more at the great centres of education that these matters are successfully pursued and scientifically.

No one can fairly dispute the assertion that the science of medicine and surgery has made great advances during the last half century. These advances have been pointed out of late on many public occasions, but in no department has there been such progress made as in that of the investigation of the causes of disease. If the causes can be clearly traced, there is every reason to believe that prevention will be much promoted. Of the practical outcome of such study we have only to instance such diseases as typhus fever, which having been shown to be due to overcrowding of people in places with little air and light, has nearly been exterminated in many large cities, such as London, where it formerly prevailed and carried off a large portion of the population. We seldom hear of ship-fever or jail-fever nowadays, because measures are enforced to prevent them. And since the causes of *typhoid* are better understood, the preventive measures have to a great degree been successful in preventing it when these measures are intelligently put in operation.

The propagation of scarlet fever has been proved to have been caused in many instances of epidemics, by its infection from milk.

In these cases the explanation has been that the milk has been infected from cases of the disease existing in the families or neighborhood of the milkmen or dairies, and doubtless often this has

been the true cause. But recently reasons have been advanced to show that the infection of the milk has been from the cow direct, that is, that cows are liable to a similar disease. Dr. Klein and Mr. Power, of London, have found that certain suspected cows on a farm at Hendon had a condition of the skin, as well as general disease of the viscera, resembling disease of the corresponding organs in acute cases of human scarlatina. Inoculation from the diseased tissues into calves produced a similar disease in its incubation and general anatomical characters; further, from the cow a micrococcus was isolated by cultivation different from any hitherto examined. With such cultivated micrococcus he had produced in calves a disease, which in its cutaneous and other lesions, bears a very close resemblance both to the disease which was observed in the cow, and to human scarlatina. Recently Dr. Klein found in acute cases of scarlatina, there was present in the blood of the general circulation a species of micrococcus, which proved to be in every respect identical with that obtained from the Hendon cow.

Again, from two cases of human scarlatina, calves were inoculated, and infected otherwise, and all the calves developed disease identical to that produced in the calves infected from the Hendon or first spoken of cow.

A high authority, *The Lancet*, states: "That since the publication of Dr. Klein's lecture, the subject is, so far as its scientific position is concerned, outside the region of controversy. The evidence conclusively establishes that the cow malady caused human scarlatina." And again it says, "It is impossible to exaggerate the importance of these observations in the saving of human life, which they may ultimately effect when further knowledge of the bovine disease enables it to be more closely recognized, and its nature better understood." Since these London reports, confirmatory reports from Glasgow have been made of a similar tenor. These investigations have only been reported within the past year, and it would be too soon to rely upon these being conclusive., and indeed they were quickly disputed, and much further observation will be necessary before the truth or otherwise can be positively determined; nevertheless they indicate the direction in which valuable information may be sought, for since the discovery that many of the specific diseases depend upon the presence of bacteria of different forms, it has been shown that the lower animals are liable to, and affected with, the same diseases as human beings, and it is surely reasonable to suppose so, even without microscopical proof; for it is evident to all that they have the same organic, functional and inflammatory maladies as human beings. If these infectious diseases of the same manifestation and nature prevail in animals, and notably so in the domestic animals, it is not unlikely that these diseases should be communicated from animals to man, and from man to animals, from time to time. We know that such is positively the case in vaccinia, as well as glanders, splenic fever, hydrophobia and others. As proofs accumulate of methods of communication and forms of disease, and of the animals that are liable, preventive measures may be adopted which will control, in a great measure and perhaps wholly, the propagation of such disease and the extermination of it.

Very much attention has of late been directed in Great Britain, the Continent and the United States, to the relation as between man and animals of Tuberculosis, and so great is the interest and importance of the question, that an international Congress is about to meet or may be in session now in Paris* for the purpose of considering this subject alone. The question is not new, for the existence of tubercle in cattle was known in the last century and perhaps earlier, and at different periods since then, it has excited attention among veterinary surgeons. Among them Fleming in England and Walley in Scotland, have done all they could to bring the subject before the public as well as the medical profession, while members of our own calling assert that the best work has been done by themselves. Although I venture to draw your attention to it now, I am not sure but it has been brought before the public here through the press, but anyway my impression is that it has received very little attention or investigation from medical men, and the dangers of bovine diseases as to the use of the meat and milk, have not been much considered here. As to the existence or prevalence of the disease in cattle in this province, I am not in a position to speak† though many here to-day may know something as to that, but its existence to an alarming extent in the neighbouring State of Maine, as well as in other states of the union, is beyond question.

The discovery by Koch of the bacterial agent of tubercle in the bacillus tuberculosis, and the discussion caused thereby, has no doubt been the cause of the new interest in the question as affecting cattle as well as man. The existence of the bacillus as the cause of phthisis may be doubted by many, but I think it is beyond controversy. A high authority in the United States said last year, "Five years have elapsed since the contagion of tubercle was alleged to be discovered by Koch and nearly all observers have confirmed his views." There is abundant proof that human subjects readily yield to the bacillar poison who have previously been in perfect health, the bacillus is always present, and we must accept it as a full explanation of phthisis."

That phthisis is infectious both in man and animals can no longer be doubted since Koch's discovery, and medical and sanitary measures in the case of phthisical patients, are based on that assumption by all authorities and most practitioners; and it is just here that the value of investigation into the cause of disease, and consequent preventive measures, should be appreciated and intelligently acted upon. The identity of this bacillus of phthisis, with the agent which causes phthisis or tuberculosis in cattle,

* The above Congress has met and was the means of a very thorough discussion, and important conclusions.

† See italics further on in address

has been proved by a large number of observations in both Europe and America. Koch says, "They must be regarded as identical diseases on account of the identity of the parasites to which they are due." The disease has been communicated from phthisical patients to animals, by inoculation, by ingestion, and by inhalation, by numerous experimenters; and their conclusions verified by proofs which one can hardly doubt. On the other hand the communicability from animals to man, cannot be verified by intentional experiments, but clinical observation and reasoning warrant the conclusion that the infection of man by the meat and milk of tuberculous animals is possible and probable.

Fleming, the principal veterinary surgeon of the British army, and whom I mentioned before, *wrote in 1874*, (before the discovery of the agent of infection):

"From what has been already ascertained there is every reason to view with grave suspicion the use of the flesh of phthisical cattle as food, especially if the disease is much advanced and the tissues are generally involved. But with more reason the milk from cows affected with tuberculosis should be prohibited, more particularly for the use of infants, who mainly rely upon milk for sustenance and whose powers of absorption are very active. Even if such milk did not possess such dangerous infective properties, the deficiency in nitrogenous matters, and in fat and sugar, and the increased proportion of earthy salts would alone render it objectionable as an article of diet. It has long been known that it was liable to produce diarrhœa and debility in infants, but though many children fed on such milk may have died from general or localised tuberculosis, the part probably played by this fluid in its production has not been suspected." In 1885, Dr. Mason, of Hull, England, medical officer of health, expressed his opinion, formed from actual observation of the results which follow on the use of milk from tuberculous cows. He visited a dairy in company with a veterinary surgeon and found a diseased cow which, on a post-mortem examination, exhibited proof of tuberculous condition. This cow's milk had been sold for food, and doubtless, in a limited time, its flesh would have been sold also. He states that the disease is infectious, hereditary and transmissable to the human species.—*See Lancet, Oct. 31st, 1885, page 819.*

Professor Walley, Principal of the Edinburgh Veterinary College, in February of *this* year, read a paper before the medical society there, in which he says: "It is the most important of all the subjects connected with comparative pathology, and one which has been most strangely neglected and most severely ignored by the great bulk of the profession in this country, it being the elucidation of a problem which has a more important bearing on the health of the human race than has any other problem at present claiming the attention of the profession. In spite of all attempts in the past to minimize the importance of animal consumption in its relation to the human race, the fact still remains that in every essential particular the tuberculosis of man, and the tuberculosis of animals are identical," and also he says, "As to the use of milk, from animals in which tubercle is suspected to exist, no two opinions can be held; its deleterious effect even when exposed to a tolerable degree of heat has been abundantly proved."

Dr. Albert Johne, of Dresden, says, "The milk from tubercular cows is to be considered of unquestionable infectious character."

Dr. F. S. Billings, of the Bacteriological Laboratory, Nebraska, says, "This question of the specific infection of milk from tuberculous cows is no trifling matter, on the contrary it is one of life and death."

Now I do not propose to go into the evidence of the existence of the disease in cattle; of that there is abundant proof as I have said before. But I wish to draw attention to what is going on right in our neighbourhood. Early in 1886, Dr. Bailey, secretary to the Board of Commissioners for Maine, on contagious diseases of animals, was called to inspect the college herd at Orono, numbering 51 head, and came to the conclusion that many were suffering from tuberculosis. After examination and consultation with Dr. Michener, detailed by the general government at Washington, the condemation and destruction of the whole herd was resolved on and carried out. Many of these animals were considered very fine, being choice breeds kept at the State Agricultural College and of great value; consequently their destruction a great loss. The autopsies made before the authorities, state officials, and prominent physicians, revealed unmistakeable evidence of tubercle. Investigation showed that this was not a sudden outbreak, but that as far back as 1876 cases of the disease were known. Notwithstanding these facts it is not supposed that the disease is wide-spread in the State, but the existence at different points reveals great danger. A suspicious circumstances is, that in countries when statistics show that phthisis is very prevalent, there—also—tubercle is more common in cattle.

The symptoms of tubercle in cattle or phthisis, are thus graphically described by Dr. Bailey. "In its early stages they are sometimes involved in more or less obscurity. Prominent among these are unthriftiness with a diminished or capricious appetite. The animals are easily fatigued and have a weak and hoarse cough, the skin is sensitive and dry, the coating staring, the mucous membranes are pale, the digestive organs weak and prone to tympanites. There is increase of temperature, with a variable pulse. The milk is deteriorated in quality, being blue and watery and contains a large proportion of alkaline salts, but is less rich in nitrogenous elements."

From the pearly, shiny appearance of the tuberculous growths, it has been known, in Germany and some other countries, as the "Pearl disease." These pearl-like bodies do not caseate and disintegrate as such deposits do in man, but usually calcify and form large tumours. They affect the pleuræ, pericardium, peritoneum, and membranes generally rather than

Viscera. In pigs the disease is common. In fowls it is often found destroying a whole brood, but the lungs are not usually the organs affected. Guinea-pigs and rabbits are so susceptible that they cannot be kept longer than eight or ten months in the same building with tubercular animals without becoming infected. The normal temperature of cattle is about 102°, a degree well suited to the development of the bacillus, although, as we know, it exists at a lower temperature, that of man. In making experiments as to its communicability, it was found that its virulence depended very much on the quantity used, and the good condition or otherwise of the animal experimented on. It appears that the disease may exist in cattle for a long time without exciting much attention, for in the early stages it does not affect the animal's appearance greatly, but after a time they present the condition described, and they are known by stock-raisers as "Wasters."

Professor Walley says, "The *insidious* nature of tuberculosis in cattle has had much to do with the comparative slowness with which professional and public attention has been directed to it, but the strides it has gained in our stock renders it one of the most, if not the most, important question affecting the future welfare of the bovine species."

Dr. M. D. Blaine, who reported an outbreak at the Willard Asylum, New York, similar to that at Orono, Maine, says, "I visited herds that furnished milk to Brooklyn, and I did not fail to find tuberculous animals in every herd."

Professor Law, of Cornell University, says that twenty to fifty per cent of certain herds that supply New York with milk are diseased."

As I have said its relation to disease in man has been the subject of much attention and comment during the past year in the State of Maine, and engaged the attention of the State Board of Health, and in the report of that body it is discussed in great detail and with distinguished ability by Dr. A. G. Young, of Augusta, the secretary, whose papers have drawn attention in England, where the *Lancet* has spoken very highly of them.

I am indebted to that report for many of the facts which are mentioned in these remarks, and also to the paper by Professor Walley of Edinburgh. Since that paper was read, it has been published in the last numbers of the *Edinburgh Medical Journal* with the report of an interesting discussion on it by many prominent medical men and teachers of Edinburgh.

When we consider what a scourge tuberculosis is, especially in the form of phthisis, and how unfortunately prevalent in this province; how many causes for its existence are known, as heredity, dampness of soil and dwellings, confined air, bad food, and its infectiousness under certain conditions, the knowledge of this additional cause of its probable origin in many cases from the domestic animals used for food, may well interest us as physicians, in drawing attention to the necessity of some preventive measures being taken to diminish the disease.

How far the matter has engaged the attention of the new Board of Health, I am not aware, but it is one of the subjects which, in conjunction with the Board of Agriculture, may well engage some of its time. For I believe it is more in the line of preventive medicine that we can act in phthisis, as well as other infective diseases, than in curative measures after the disease has got a foot-hold.

Since writing the foregoing, I have learned from a reliable source of the existence of the disease in this neighbourhood.

Cases are met with not unfrequently, and it is only a few days ago that the termination of one of those cases took place. The animal—a Jersey cow—had been ailing for quite a time, and was examined by a leading veterinary surgeon who diagnosed the case as one of tubercle. The animal was isolated and quarantined by him and kept under observation. After death an examination took place which verified in every particular the post-mortem appearances which I have previously described, both in the cavity of the chest and in the mesentery; and every manifestation of the disease which makes it infectious was present. The carcase was buried and the case reported to the Department of Agriculture.

He tells me such cases are not rare, that the milk of such animals is used and no doubt their flesh often eaten. He has no doubt such a case is infectious under favorable circumstances both to other animals and to human beings who use the milk.

There is no system of inspection provided against such cases, and his last remark to me was "that the medical profession will wake up some day to the importance of such cases of infectious disease and insist upon measures to prevent its propagation."

When Koch discovered the bacillus and since, it was naturally anticipated that something could be done to extirpate the ferment or organism, and even sanguine people, and some of them doctors, conceived that it would be easy to apply the remedy; especially in the way of antiseptics; that was the idea. Bichloride of mercury, sulphurous gases, carbolic acid, arsenic et cetera, could of course be given, either by ingestion or inhalation, and poison the bacillus very quickly. Many odd ways of reaching it have been suggested already, but it is only truth to say that very little good has been done in that line yet. For any such agents as will destroy the bacillus, require to be used in such strength or quantity that the patient is as much injured as the microbe. Experiments recently made show that animals have been saturated almost with antiseptics, at least to a degree greater than we would dare to attempt in a human being, and nothwithstanding that, these animals became affected with tubercle when the bacillus was injected into the system. It also adds another demonstration to what has been shown before, but so often forgotten, that the conditions of a living laboratory are so complex, that experiments carried out in it, give very different results from those carried on in the glasses and test tubes of a *chemical* laboratory.

But we need not despair when we see the results of the antiseptic treatment of wounds in surgery, and the great service of antiseptic agents in the way of preventive and curative treatment in puerperal practice. The time may come when disinfectants and germicides may be used as effectually *internally* as well. The mortality from phthisis is so great that any measures to control it should be used. At present the most promising of them are preventive measures, and the success of these, together with hygienic means, has been proved in England, where the nearly perfect system of registration of disease has shown that the death-rate from phthisis from 1861 to 1871 had diminished from that of the previous ten years at all ages, and the decrease was still more marked in the following ten years to 1881. How it is in this province it is impossible to tell for want of statistics, but I am inclined to believe that the rate is not a low one.

These two instances of the recent investigation into the cause of disease, namely, the researches into the origin of scarlatina and of tuberculosis,—are given as indicating the direction in which I believe the best work of the day in our science is being done. Yet much time and ability have been given to the discovery, invention and production of new remedies of late years, indeed it has been taken up in a systematic manner, not only by members of the medical profession itself, but by those who do it on commercial grounds, and no doubt much success has attended their work, but it seems to me such results must be limited, compared with what may be, and is done in the way of getting *ahead* of disease. For many leading men think that not much more will be done in the way of drugs to cure disease. Many things may be done to relieve pain and suffering,—and the discovery of anæsthetics was the greatest blessing ever made in medicine,—but faith in the power of curative agents over disease is waning every day. As an instance of the benefits resulting from the intelligent use of sanitary and preventive measures, the following statement, as affecting one city, Edinburgh, alone may be given. In 1862 the population of that city was 170,000, the deaths 4661. In 1886 the population had risen to 211,400, while the deaths had fallen to 4149. Thus in 1862 the death rate was 26.65 per thousand, in 1886 it had fallen to 19.62 per thousand; and the change took place mainly in the diseases most influenced by sanitary precautions—the zymotic class. In 1862 that group accounted for 19.73 per cent of the total deaths, in 1886 for 8.34 per cent only, and the change was not from any accidental outbreak in the former year, or special immunity in the latter, but corresponds to continuous experience. In some of the poorer and over-crowded districts of the city, a decrease of mortality varying from $3\frac{77}{100}$ to $20\frac{77}{100}$ per thousand took place. Such diminution of mortality implies an immense saving of life, and is attributed by the authorities to relief from over-crowding, by the opening of new streets and breathing places, better water supply, new drainage, improvement in plumbing work, but very much to the system of notification of infectious diseases, and the subsequent isolation or removal of the infected, and disinfection of the places.

There is another item in the statistics which however, is not plainly put forth as one of the factors in this great improvement, and which the public might think was a counter-balance to it.

Between the periods mentioned there was a greater proportionate increase of medical practitioners in the city than there was of population, namely from 156, or one in 1100 of the people, to 224, or one in every 900. Whether the decreased death rate was due to the increased number of doctors, or in spite of such increase, is a problem like many others we meet in practice.

Now, gentlemen, the committee who have had charge of the arrangements have done their work well. There is a good bill of fare before us. I hope we shall get through with it in the limited time proposed, and we shall all feel benefited by it socially as well as professionally. Before I close I would like to make a suggestion. This is the age of libraries, we have no library to speak of in New Brunswick. If one wants to look up a subject his range is limited by the private library of a practitioner. True, the local medical society has, for some years, been endeavouring to get together books, but it gets along so slowly that its library is surpassed by most of the private ones as yet. The great fire destroyed at least one private library of great value which cannot be replaced. It appears to me to be a proper subject for this society to assist in, and, in conjunction with the local society, get together a library which would be constantly increased by the latest works, and to which every medical man in the province would have free access and a joint proprietorship. The legal fraternity have one which is invaluable to them; so much so that the members submit to being taxed,—not a small sum as taxes go,—every year for it, and no one can practice in the courts here without having yearly paid this tax. I do not propose *that* for ourselves, but a way might be found to carry out the suggestion. Just as every lawyer cannot have every book, to which he wishes to refer, in his library, owing to the cost, and sometimes books being out of print, so it is with other professional men in active work. Besides that, medicine is a progressive science and the latest edition soon becomes an old book.

Gentlemen, I will not detain you longer. While I thank you again for the honour of presiding here, and am sensible of the imperfect manner with which I have discharged this, the first duty imposed on me; let me say that though we meet here for business and discussion, there is a sentimental side as well. It is pleasant to meet again, to see familiar faces, some from far off corners of the province, and perhaps one or two from across the border, to renew acquaintance, and have a talk. We of St. John are glad to see you all again, and bid you cordially welcome.

THE NOVA SCOTIA HEALTH ACT.

An Address delivered at the last annual meeting of the Nova Scotia Medical Society,

BY WILLIAM MCKAY, M.D., M. P. P.,

Retiring President.

GENTLEMEN,—Prevention is better than cure, and the most brilliant triumph of medicine is when we can forestall the necessity for remedies.

Prevention may be based upon simple and direct experience or upon scientific knowledge. Worthy efforts have been and are being made to popularize sanitary knowledge. It is a subject which touches so closely the interests of all classes that no pains should be spared to acquaint the masses with such facts as underlie health and comfort and can be appreciated by most. It may be said that many will not heed the kind advice; yet knowledge is power and is at least the first step toward the correction of many abuses. Our daily papers are now discussing such matters as public topics. Many crude opinions are being uttered; not unfrequently we see most elaborate directions from those who are not students or practitioners of the laws of health, but who think *they* must throw a little spray over this popular wave. We are pleased to have the *spray*, and we hope it may soon become a stream, and then a flood of knowledge, which shall sweep down the hills and the valleys "for the healing of the nation." "Ah, blessed health," said Sterne, "it is thou who enlargest the soul and openest all its powers to receive instruction and to relish virtue." And how true the words of Emerson, "Sickness is poor-spirited and cannot serve anyone; it must husband its resources to live. But health or fullness answers its own ends, and has to spare, runs over, and inundates the neighborhoods and creeks of other men's necessities."

By the putting in action of the Public Health Act, of the Local Legislature, a force of 1500 men will be summoned to administer the Public Health Laws of this Province. In order the better to appreciate the relation of the medical practitioners to this body of men, we will for a moment glance at the principles of this Act. For its foundation it considers that every person ought to be entitled to such reasonable public protection in respect of his health, as he is in respect of his liberty and his property, and this everywhere, and at all times.

It lays down three great principles of sanitary administration.

The first is, that no member of the community shall, willfully or for profit, damage another man's supply of the three absolute essentials of life, viz: food, water, and air; and, therefore, that it is the duty of the state to secure, as far as possible, that these essentials shall be supplied in sufficient quantity and the greatest attainable purity, in all circumstances in which *these objects cannot be attained* by individual care and resources.

The second is *Universality*, through constant supervision by Health Officers in every polling district of the country.

The third is *efficiency*, the various Boards of Health being required to meet at least once in three months, and at end of each year to transmit to the Municipal Board, in duplicate, a report of the Sanitary work done during the year, and of the Sanitry condition of the district. One copy of each of said reports shall, immediately after the Annual Meeting of the Municipal Council, be transmitted to Provincial Secretary; constant and universal supervision of the essentials of Public Health being the objects aimed in this Act.

How, then, can this be attained without trained and capable men as members of the various Boards of Health.

Here I wish to present to you the responsibility of the medical practitioner. With him rests the burden of instruction in Public Health Matters. To make this, or any Public Health Act, a success you must become the Apostles of the plain and simple knowledge of what makes air and water and food and dwellings wholesome. You will frequently be called upon to advise as to the best measures to be taken for the prevention and check of infectious and contagious diseases. And you will have not only to counsel the local authorities as to the best means which lie within their power for the prevention of disease, but you will also be required to furnish all needful instruction to their subordinate officers, the Sanitary inspectors, as to the detailed and technical measures which are to be adopted. Here you are supreme. In the eyes of the law a medical man can alone be competent to furnish advice as to disease, and he finds his suggestions readily adopted by those who have to administer the Law. A great deal will depend upon the personal character and fitness of the men who will be appointed members of the various Boards of Health. Let us hope that men of intelligence, character and energy will be selected for this great and important work. Fifteen hundred, (1500,) such men will be a power no man can estimate. It will tend to a wider diffusion of Sanitary knowledge among the people. It will invest the general practitioner with a greater sense of the importance and responsibility of his office, not only in relation to the individual welfare of his patients, but also to that of the public at large. Sanitary science will henceforth form a necessary and indispensible part of the study of every medical practitioner. He will be required to have an intelligent knowledge of the bearing on the public health, of the soil, situation, climate, air, water supply and habitations of his district, the removal of excreta and refuse, drainage, the habits and occupations of the inhabitants, local manufactures, the ordinary prevailing sickness, the laws of contagion, the prevention of contagious and infectious diseases, the best methods of dealing with outbreaks of epidemics, disinfection and individual prophylaxis against infectious diseases; and above all he must

acquire a capacity for administration, seeing that he will have to direct, and even educate, not only the members of the Board of Health, but their subordinate officials—sanitary inspectors and quarantine constables.

Here certainly is a wide field and ample scope. But he need not be dismayed or despair at the extensive range of his duties, to be performed, no doubt, in many instances gratuituously. After years of experience in this field, and speaking from long and close observation, I aver that the necessary knowledge and aptitude can be readily acquired by any medical man who will only bring sound common sense and a little acumen to bear upon his work.

I will now refer briefly to the subjects which will, I presume, present themselves to those who commence to work a Health District *de novo*.

The organization of a local Board of Health is very simple. It is composed of five, including the chairman, who is also councillor for the District. They should have a paid secretary whose duty it would be to keep a record of the meetings of the board, receive the reports of Sanitary Inspectors, issue notices for meetings and transact all other business intrusted to him by the Board.

The duties and powers of Sanitary Inspectors are defined by the Public Health Act, but it would be better if they would meet with the Board at their regular meetings. They should be required to keep a Report book in which would be entered a record of houses in which infectious disease has appeared, visits made and work executed at any particular house, complaints of rate payers and others. They should also make a sanitary report of their district at the end of the year. All orders and instructions from the Board to Sanitary Inspectors should be in writing, so that neglect of duty may be dealt with as the Act directs.

The chief diseases that will have to be dealt with are Scarlet Fever, Typhoid Fever, Diphtheria and Small-Pox. Whooping Cough and Measles we may at once dismiss from our consideration, as at present we know of no practicable available means of checking their spread among the general public, through the action of the Health authorities.

For the sake of illustration we will suppose that a medical man in a certain district meets with a case of Diphtheria. He will be called upon to promptly apply preventive measures. He is expected to use every endeavor to isolate the case, and to inform the inmates as to the Law bearing on the case, in order that the Board of Health may take the necessary steps to protect the public; and on the promptitude, energy, tact, and skill of the medical attendant, will in a great measure depend whether the disease shall spread or not. If he personally superintends or sees that the case is quarantined and the Law strictly carried out, all is well; if not, a few days will give him new cases—will more than likely leave a few more green mounds in the cemetery as a monument of "man's inhumanity to man." Should he succeed in preventing the spread of the disease it will be necessary for him, at the expiration of nine days, to see that the premises are thoroughly cleansed and disinfected. You will naturally ask, why say nine days? For this reason; I think it would be very unwise to undertake work of this kind until the patients were, if I may use the term, quite convalescent.

It is now necessary that the medical attendant should have an exact knowledge of the nature of the action of particular disinfectants. Were the *rationale* of the action of these more generally known, we should not find, as is too often the case, messes made of mixtures of Sulphurous Acid and Chlorine, Carbolic Acid and Chloride of Lime, Condy's Fluids and Carbolic Acid. Too frequently it seems to be the thought that to create a disagreeable odor is the main object of disinfection.

The Committee on Disinfectants of the American Public Health Association define a disinfectant as "an agent capable of destroying the infective power of infectious material." The object of disinfection is to prevent the extension of infectious diseases by destroying the specific infectious material, which gives rise to them. This is accomplished by the use of disinfectants. This Committee in its report further state that "there can be no *partial disinfection* of such material; either its infecting power is destroyed, or it is not. In the latter case there is a failure to disinfect. Nor can there be any disinfection in the absence of infectious material. "This popular use of the term has led to much misapprehension, and the agents which have been found to destroy bad odors, —deodorizers—or to arrest putrefactive decomposition, —Antiseptics,—have been confidently recommended and extensively used for the destruction of disease germs in the excreta of patients with Cholera, Typoid Fever, &c., &c."

The injurious consequences which are likely to result from such misapprehension and misuse of the word disinfectant will be appreciated when it is known that recent researches have demonstrated that many of the agents which have been found useful as deodorizers, or as antiseptics, are entirely without value for the destruction of disease germs."

This is true, for example, as regards the Sulphate of Iron, or Copperas, a salt which has been extensively used with the idea that it is a valuable germicide. As a matter of fact Sulphate of Iron in saturated solution does not destroy the vitality of disease germs, or the infecting powers of material containing them. This salt is, nevertheless, a very valuable antiseptic, and its low price makes it one of the most available agents for the arrest of putrefactive decomposition in privy vaults, &c., &c.

It must be borne in mind that one variety of Bacteria, (spherical,) multiply only by *binary* division, and another variety in addition to this process of development also form *spores*, (rod shaped Bacteria or Bacilli,) the point of interest being that the spore variety possesses a resisting power to heat, and to the action of chemical disinfectants, far beyond that

possessed by the first named class. This must guide us in the selection of disinfectants Sulphurous Acid and Carbolic Acid extensively used as disinfectants are quite impotent for the destruction of spores. This being the case, it is advisable, in practical disinfection, always to use an agent that has the power of destroying spores, in those cases in which the exact nature of the disease germ has not been demonstrated.

Disinfection, then, consists in killing the germ, extinguishing the spark which may light up an epidemic in the presence of a supply of combustible material, filth. How is this to be accomplished?

The Committee on Disinfectants of the American Health Association recommend two lists, viz:

1st. Disinfectants which have the power of destroying spores, viz.:—Fire; steam under pressure, (25 lbs.,) ; boiling water; chloride of lime, (in solution,); liquor. sodæ chlorinatæ; mercuric chloride, (in sol.)

2nd. Disinfectants which are effective in the absence of spores, viz:—Dry heat, 230°, for two hours; sulphur dioxide; carbolic acid; sulphate of copper, (in solution,); chloride of lime, (in solution.)

We will go back now and take up our case of Diphtheria, which we left convalescing, and prepare to disinfect the rooms, bedding, clothing, carpets, mats, &c., and we find that fire, liquor. sodæ chlorinatæ, and sulphur dioxide are our most convenient disinfectants. As a rule, articles of little value which have been soiled with infectious material had better be burned, and this is especially true of all material which may have become stained with blood, old clothing and bedding, pillows and articles of that class. All cottons, linens, sheets, towels, blankets, spreads, and every article of that description, should be soaked in liquor. sodæ chlorinatæ, (Labanaque's solution.) This is a solution of the hypo-chlorite of soda, and for purposes of this kind can be made in the following manner. Take two casks that will hold 40 gallons each, half fill them with water, put 5 lbs. chloride of lime in one, and 10 lbs. Bicarb. of soda in the other. Stir until they dissolve, then pour the solution of chloride of lime into the solution of the Bicarb. of soda, allow it to settle and it is ready for use.

The walls, ceilings, floors, and windows should be washed with this solution, and finally after everything else is put through the solution the mats should get a dip, after which the remainder may be emptied where the slops are deposited. All remaining articles, such as wearing apparel, hats, bonnets, &c., must be treated with the sulphur dioxide. Fumigation with burning sulphur has long been a favorite method of disinfection. The experience of Sanitarians is in favor of its use in Small-Pox, Scarlet Fever, Diphtheria, and and other diseases in which there is reason to believe that the infections material does not contain spores. To carry this process out satisfactorily you must select a good, tight room, place lines or poles across upon which to suspend the articles to be fumigated. Carpets, curtains, &c., can in this way be thoroughly fumigated. After everything is suspended, place a tub containing about two inches of water, a couple of bricks, and an old coal scuttle or tin pan, with 3 lbs. Sulphur and ½ oz. Nitrate of Potash for every 1000 cubic feet of air space. I find it better to have the tub near a window so as to be able to see that combustion is going on, and also that there is no danger of fire. Every hole and crack should be sealed tight and allowed to remain so for 12 hours, after which the windows and doors may be opened and the room ventilated. Sometimes it may be necessary to do this over and over again. The process is inexpensive and the old saying that "what is worth doing at all is worth doing well," applies with especial force to the use of disinfectants. Excessive precautions can do no harm, but the inefficient use of disinfecting agents, which results from indifference, or from ignorance of the precise value of the agents relied upon, may be disastrous.

The home and persons of the inmates having been disinfected, they may now be relieved from quarantine. but if there are any children attending school or other public meetings, they should be excluded therefrom for a period of 40 days.

The methods described have been employed by me in dealing with this disease, for ten years, and not in one single instance have I known them to fail. Houses infected with Small-Pox or Scarlet Fever can be disinfected in the same way; the same principles will apply.

Steam under pressure is the tidiest, cheapest and best method known for disinfecting clothing, but unfortunately it is seldom we can avail ourselves of its use. At 20 lbs. pressure the most resistant spores are destroyed in twenty minutes, and at 25 lbs. steam is effective almost immediately. In the absence of spores, Bacteria are quickly killed at a temperature considerably below the boiling point of water. And according to the report of the Committee on Disinfectants of the American Health Association, boiling for half an hour will destroy all known disease germs, including the spores of Anthrax.

It must be remembered that the destruction of spores is the most difficult test of disinfecting power known, and one which excludes the use of carbolic acid, sulphur dioxide, and other agents which enjoy the confidence of Sanitarians. But according to Sterneburg of U. S. A., one of the greatest living authorities on disinfectants, there is good reason for believing that dry heat and sulphurous acid gas may be safely substituted for steam for the disinfection of the clothing of patients with Cholera, Yellow Fever and Small-Pox, and probably in several other infectious diseases, Puerperal Fever, Erysipelas, Diphtheria and Scarlet Fever. So much for this kind of work.

I will now call your attention to Sec. 35 of the Public Health Act, which says: "It shall be the duty of the owner of every house within any Municipality to provide for the occupants of the same, a sufficient supply of wholesome drinking water, &c." See — Act.

This will, no doubt, lead to appeals being made to

the resident physician to determine on the healthiness or unhealthiness of a certain water supply. It is not difficult to detect disgustingly bad water, but I need hardly say that many agreeable and apparently excellent waters are quite unfit for drinking purposes. Should doubt arise, it will be his duty to advise that a chemical analysis be made, but it can seldom be expected that he should perform it; the skilled assistance of an expert should be called in. In a vast majority of cases, however, chemical analysis is not necessary in order to determine the badness or goodness of water. Let him consider well the source from whence a water is drawn, say a well, its liability to contamination, as, for example, from proximity to a source of pollution. Using a little common sense and descretion he will have no difficulty in forming a sound judgment as to the desirability or not of using a particular water. But when large communities are supplied from a source of this kind, it is always best to obtain the opinion of an expert as to the chemical character of the supply.

I must apologize for taking up so much of your valuable time, my only excuse is the importance of my subject. I believe that by seizing the present opportunity and doing our utmost to instruct the 1500 men who will soon be called upon to administer the Public Health Law of this Province, in the discharge of their new duties, and to put them in a position to perform these duties fairly, scientifically, and with public spirit we will confer a lasting benefit on this country. A great chance is now open for them and for us, and we hope ere long to see the day when these studies shall be pursued by far greater numbers, and society, and the people in their homes secure a higher standard of physical as well as moral and mental excellence, and so, both men and women, be better prepared to go forth into the world and battle for the right.

DILATATIO VENTRICULI.

Notes on a case read before the Nova Scotia Medical Society,

BY DR. PAGE, TRURO.

[The morbid specimen was exhibited.]

DILATATION of the Stomach is a disease of which we read very little in the medical periodicals of the day. In my own experience I never diagnosed a case. I suspect that many persons are treated for gastric troubles on general principles who are the subjects of stomach enlargement or dilatation without their physicians ever getting a clear appreciation of the fact. The literature of the subject is by no means scanty, both ancient and modern, but the most of it is inaccessible to all but those having access to well stored libraries. My chief and best information is derived from an article in Ziemssen, vol 7, page 309, by Leube.

The principal cause of dilatation is pyloric obstruction. There are other causes, but I feel that it would be wrong to take up time with details referring to the different causes and pathological changes to which the dilated stomach is liable, for it would only be copying what could be better studied and digested at home.

The treatment of gastric catarrh by the stomach pump or syphon has been a great aid in diagnosing dilatation. Some observers have been able to feel the end of the stomach tube through the abdominal walls at the umbilicus, and some as low as the pubes, thereby getting their first hint of dilatation.

Dilatation has been mistaken for abdominal tumours, pregnancy and ascites. The distension is sometimes enormous. Riverius tells of one containing 90 lbs. of fluid. Spigelius of one holding 13 lbs. Bonet of one that extended to the pubes. The specimen before us holds 20 lbs. of water, nearly a "yankee bucket," and the pylorus was crowded down between the pubes and bladder.

The original owner was a large, muscular, well built man, and when in health must have been powerful. Four or five years before his death he suffered from dyspepsia to a degree which induced him to seek medical aid. He had pain three or four hours after eating, flatulence, vomiting, constipation, cramps, especially of the flexors, loss of strength and flesh. Very early in the history he had hæmatemesis, but that fact was concealed from his physician during his lifetime. He was industrious and continued to work in spite of his weakness and pain. He was a large eater and had much thirst, and often took very large draughts of water. Medicine relieved him only while he continued to take it. It had no curative effect. Salicylic Acid, prescribed by Dr. W. S. Muir, gave him more relief than any other remedy.

He was subject to severe attacks of cramps, during one of which he died. The suddenness of the fatal attack and the character of the cramps, added to some unfriendly gossip, gave rise to a suspicion of poison. Sufficient interest was aroused to induce his relatives to insist on an inquest, and at the coroner's request I made an examination,—post mortem. I found a man of large frame, somewhat muscular, but with scarcely a vestige of adipose tissue. On opening the abdomen the first thing that presented itself was this fully inflated balloon like body lying lengthwise in the body and filling the space between the diaphragm and os pubis. It contained, in addition to an enormous quantity of gas, about three pounds of brown, semi-fluid, yeasty looking substance, which I took to be tolerably well digested food, which had vainly tried to get an exit and failing in that had fermented and filled this immense sac with gas, which pressed upon the lungs and heart and so obstructed the breathing and circulation as to induce the cramp and pain which ended in death. I found the passage at the junction of the stomach and duodenum for two or three inches scarcely larger than an ordinary lead pencil and although it seemed quite unyielding there was no thickening or infiltration, and no tumour. But across this narrow passage was a thin crescent shaped

partition, stretching about half way across and quite firm and sharp.

I presume that the bleeding which occurred in the early history of the case, was from an ulcer, and that the stricture was cicatricial.

Hospital Practice.

VICTORIA GENERAL HOSPITAL, HALIFAX.

TWO CASES OF PERITONITIS.

Case No. 1.—A young girl aged 18 years, domestic, admitted Aug. 30th, 1888, complaining of pain in the head, back, lower extremities, and of severe pain over the abdomen, accompanied by vomiting and constipation. Upon enquiry the following facts were ascertained: the menses came on six (6) days previously and on the following day being exposed to the cold and wet they ceased. She was then taken with a chill followed by feverishness.

Owing to the patients condition a bath was not given. The patient appeared well nourished, the countenance expressed extreme suffering, the surface of the skin was dry and hot, the decubitus was on the back with one limb drawn up, breathing chiefly costal and hurried, each inspiration causing abdominal pain.

Digestive System.—Tongue furred; thirst; mouth dry; anorexia, vomiting constipation, tympanites; great tenderness over the abdomen increased by pressure, (the pain at first referred to the right iliac fossa in a short time became general); there were exacerbations of pain. By auscultation with the stettroscope in the righth ypochrondriac region a friction sound was detected.

Respiratory System. — Respirations 32 per minute, each inspiration causing pain and was accompanied by a frowning expression. A slight cough was present; lungs normal.

Circulatory System.—The heart area normal, but the sounds were weak and indistinct, number of beats increased. The pulse was small, weak, rapid and compressible, (130 per minute.)

Cutaneous System.—Skin, hot and dry.

Urinary System.—The urine scanty and high colored; micturition caused great pain.

Nervous System.—There was frontal headache. The temperature on admission was 102° F; fluctuated between 102° and 102½° for the first three days, and on the fourth day increased to 105° F.; on the morning of the sixth day it was 102° F.; from this time it became lower each day until the eighth day when it registered 104° F.; and then gradually declined.

Treatment—Hygienic.—The patient's bed was screened off, and perfect quietness observed in the ward.

Medicinal.—A mixture containing Citrate of Potash, Liq. Amm. Acet. and Spirit. Ether. Nitrosi, was given every three hours.

Opium in Gr. i doses (pill), was ordered every two hours until the system was brought under its influence and the pain relieved. After two grains of the drug had been taken incessant vomiting came on. Gr. ¼ doses of Morphia in the same form were substituted; the vomiting continuing the Hypodermic method was resorted to Mx. of Majendie's solution being injected subcutaneously every two hours until the pain was relieved; the vomiting then ceased. This method was continued for two days. On again trying Morphia pills vomiting re-commenced, so we discontinued its use and employed the Hypodermic syringe, by which means the patient was made quite comfortable. After a few days Morphia in pill form was given and retained; this was continued during the remainder of the disease, Gr. ¼ being given every two hours on some days, on others every three hours according to the requirements of the case.

For the vomiting the diet was regulated: iced milk and lime water, plain soda water and brandy and soda water (iced), given in very small quantities at a time, not very frequently, pellets of ice to swallow, a mixture consisting of Acid Hydrocyanic Dil M. ii, Solution of Cocaine 4% M. viii in Aqua Calcis was also given, and a Sinapism applied to the Epigastrium.

Locally.—Turpentine stupes were applied to the abdomen, followed by very light linseed meal poultices sprinkled with Tincture of Opium. Sometimes these could not be borne; then flannels rung out of hot water were substituted.

At the end of ten days the patient was doing so well that an enema by means of a glass syringe which contained one drachm of Glycerin was given which produced a gentle evacuation in a few minutes without causing any pain whatever. The temp. was reduced by means of Antipyrin which was given in Gr. xv doses when the thermometer read 105 degrees F., and by its means the temp. was reduced to 79 degrees, in six hours. About one hour after the administration of the first dose of Antipyrin a rash resembling that of Scarlatina appeared over the surface of the body, but disappeared in twenty minutes.

The urine was withdrawn every six hours by means of a gum elastic Catheter to which was attached a rubber tube leading into a vessel placed under the bed.

The case progressed favorably, the pain ceased, febrile symptoms abated and convalescence began, when the patient without permission got up and went about the ward remaining up the whole day; the next day the pain returned, but not so severly as before; appropriate means were resorted to for its relief, and the patient at the present time is convalescing, being upon a bitter tonic with syrup, Ferri Iodidi, and is using hot water douches morning and evening.

In another case of Peritonitis occurring in a male patient about the same time, the treatment mentioned was adopted. For the relief of pain in the abdomen and to quiet the bowels Opium was given by the Hypodermic method. For the high temperature, Antipyrin, and for Constipation, Glycerine Enemata; this patient is doing well and has every prospect of being discharged in a few days.

In the above cases I wish to call attention to the efficacy of *Antipyrin* in controlling the temperature, producing its beneficial effects in a few hours; of *Glycerine Enemata*, acting in an admirable manner, producing an evacuation in a few minutes, and without causing any pain or other untoward symptoms, whilst it afforded relief to the patient by unloading the rectum and assisting in the passage of flatus which is so troublesome and annoying; of the use of Opium Hypodermically to relieve pain when the stomach is in an irritable condition, and lastly to the use of Cocaine in obstinate vomiting.

IN a newspaper account of the operation on ex-Senator Conkling, the opening of an abscess back of the ear, the reporter learnedly explained that "this is called the *mastoid process* as distinguished from *the process of trepanning.*"

ST. JOHN PUBLIC HOSPITAL.

NOTES BY DR. A. F. EMERY, RESIDENT SURGEON.

Case 1.—Gunshot wound of the Chest.

MARY D., aged 13, admitted August 26th, under the care of Drs Murray Maclaren and Allison, for gunshot wound of chest received the same morning.

On examination the wound caused by the entrance of the bullet was found on the right chest, about one inch from the border of the sternum, over the upper part of the second rib. A probe was passed into the wound for the distance of one inch without meeting any resistance. She complained of pain extending along right arm from the shoulder to little finger, but evinced no pain or difficulty of respiration or any expectoration of blood, On the 28th a tender spot was discovered over the right scapula below the spine, pressure on which revealed the presence of a slight abnormal prominence; at the same time, percussion showed slight dullness over the right infraclavicular region. The expiratory murmur was somewhat prolonged. Subsequently the prominence referred to was cut down upon, and a revolver bullet of 22 calibre was extracted. The bullet had passed through the scapula upon which it was found lying. The patient was discharged completely recovered, September 14th.

The bullet had evidently passed through the chest and not around it. The shot was fired at a distance of not more than four or five feet from the patient. The case is peculiar from the remarkable absence of lung symptoms.

Case 2.—Pernicious (?) Anæmia.

D—— O——, male, single, aged 46, farmer. Admitted July 18th, under care of Drs. Daniel, M. Maclaren and Allison.

Family history good. About middle of January was taken with severe pain in right side, over region of liver and lower part of lung. Recovered in six or eight weeks. Was told by the physician who attended him, that he had pneumonia of lower lobe of lung, and enlargement of liver. Had another attack in May of a similar nature, accompanied with diarrhœa, from which he had only partially recovered. In the early part of July was taken with abdominal pains, accompanied with loss of appetite and strength which continued till his admission.

On examination, the skin was of a light straw yellow color, the conjunctivæ were yellow, body not emaciated, slight œdema over whole surface, temperature 100°, pulse 96; slight ecchymosis on backs of hands, urine normal, spleen not enlarged, liver slightly enlarged with some tenderness on palpation, anæmic murmurs with both sounds of heart. An examination of the blood showed that it was watery, and the number of red copuseles very much diminished, to the extent of at least one-half. Some of them varied in size from normal and were of an irregular shape. While in hospital had several attacks of epistaxis; and on ophthalmoscopic examination, a recent hemorrhage was found in right retina. There was a good deal of gastro-intestinal disturbance; and the temperature was found to vary from 99° to 100°. His symptoms varied, but with steady increase of anæmia till after the use of a mixture containing iron, arsenic, perchloride of mercury and strychnia. From this time he continued to improve, and was discharged in good condition on September 18th.

Case 3.—Ovarian Tumor.

Sarah R——, age 26, single. Admitted August 9th, under care of Dr. Maclaren.

General health for several years not good. On April 1st had an attack of vomiting, accompanied with severe colic, when she noticed for the first time a swelling in the right iliac region. July 2nd had a similar attack, lasting four days; by this time the swelling had increased to a very considerable extent. On the 9th she was tapped and about 8 quarts of fluid removed. When admitted on the 9th August she was found to have a large semi-elastic abdominal tumor. On percussion dullness extended from three inches above umbilicus to the pubes, and five inches each side of median line, the measurement at umbilicus being 32½ inches. The cervix was drawn upwards and forwards so as to be almost out of reach, and the body of uterus rather immovable. The diagnosis was made of ovarian cyst with probable pelvic adhesions. On the 26th her size had increased to 36 inches, temperature about 100° and pulse 100 and weak. On the 29th she was operated on by Dr. M. Maclaren, and a large multilocular ovarian cyst removed. Two or three extensive pelvic adhesions were found requiring the application of the actual cantery. The pedicle was tied with carbolised silk: a drainage tube was inserted to the bottom of wound. The patient, although very weak for the first few days, made an uninterrupted recovery, and was able to sit up at the end of four weeks.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

THE twenty-first annual meeting of the Canadian Medical Association was held this year at Ottawa, on September 12th, *et seq.* The attendance was large and the meeting successful.

Dr. Graham, of Toronto, the retiring President, formally opened the first meeting, and after a few remarks yielded the presidential chair to Dr. Ross, of Montreal.

The first meeting was taken up with consideration of matters concerning membership of the Association, and a discussion upon the question of reciprocal registration between the different provinces and colonies and Great Britain.

There was shown to be a decided initial difficulty in the different standards of requirements adopted by the legislatures of the different provinces. Then followed an able address by the President, containing many practical suggestions, and referring to the practical beneficent influences already exercised by the Dominion Association.

At the afternoon session on the same day, Dr. F. J. Shepherd, Montreal, read a very interesting paper on "Recent Advances in Surgery," and afterwards papers were read:—

In the Medical Section—By T. W. Mills, Montreal, on "The Influence of the Nervous System on the Nutritive Processes."

In the Surgical Section—By Dr. Proudfoot, Montreal, on "Excessive Haemorrhage after Cataract Extractions."

In the Obstetrical and Gynecological Section—By Dr. T. J. Alloway, Montreal, on "Indications for and Comparative Merits of Emmetts' and Schroeders Methods of Operating upon the Cervix Uteri." An address on Obstetrics was delivered by Dr. K. Fenwick, Kingston.

SECOND DAY'S PROCEEDINGS.

After the delegate from the Medical Society of the State of New York, Dr. G. H. Oliver, and other visiting medical men were introduced and welcomed, the nominating committee presented a report nominating the appointment of the following officers :—

President, Dr. H. P. Wright, Ottawa; *General Secretary*, Dr. Jas. Bell, Montreal (re-elected); *Treasurer*, Dr. H. P. Aikins, Toronto; *Vice-Presidents*, Ontario—Dr. P. Sheard, Toronto; Quebec—Dr. F. W. Campbell, Montreal; New Brunswick—Dr. Graham, Bathurst; Nova Scotia—Dr. E. Farrell, Halifax; Prince Edward Island—Dr. Jenkins, Charlottetown; Manitoba—Dr. Lynch, Winnipeg; North-West Territories—Dr. Jukes, Regina; British Columbia—Dr. J. W. Lefebre, Vancouver. *Local Secretaries*, Ontario—Dr. Griffin, Hamilton; Quebec—Dr. A. N. Worthington, Sherbrooke; New Brunswick—Dr. Keller, Fredericton; Nova Scotia, Dr. Webster, Wolfville; Prince Edward Island, Dr. McLaren, Georgetown; Manitoba, Dr. A. H. Ferguson, Winnipeg; North-West Territories—Oliver C. Edwards; British Columbia, Dr. Milne, Victoria.

After the thanks of the Association had been tendered to Dr. Sheard for his long and valuable services as treasurer, which he had been for seven years, a long discussion ensued as to the place of next year's meeting. It was finally decided that Banff should be the meeting place for next year. In that connection a communication was read from the General Passenger Agent, C. P. R., offering first-class tickets, with meals to and from Banff, and four days' living at the Banff hotel, for $95.

A number of papers were afterwards read in the various sections.

At the final meeting the following resolution was moved and carried unanimously :—"That in view of the apparently increasing prevalence of tubercular disease in domestic animals, and more especially in cows, in the opinion of this Association it is desirable that some legislative action should be taken by the Dominion Government to check the progress of this disease, and we urge that the government take this matter under their consideration at as early a date as possible." After various votes of thanks were passed, the meeting was brought to a close.—*Canada Lancet.*

N. S. MEDICAL SOCIETY.

THE annual meeting of the N. S. Medical Society was held in Digby on the 8th, 9th and 10th July. The attendance was up to the average. Dr. Wm. McKay, M. P. P., presided and delivered an address on the new Health Act. We publish the address in this number. Some fifteen papers on various subjects were read and discussed.

The following officers and committees were appointed for 1888-9 :—

President.....Dr. D. A. Campbell, Halifax.
Vice-President..... " W. B. Moore, Kentville.
Second Vice-President.. " John T. Cameron, River John.
Secretary-Treasurer. .. " W. S. Muir, Truro.

COMMITTEES.

Section I.—Medicine.—Chairman, G. E. DeWitt; G. E. Buckley, E. Fritz, F. U. Anderson, H. S. Jacques, W. G. Dobson, J. W. McKay, A. W. H. Lindsay.

Section II.—Surgery.—Chairman, John Stewart; T. C. Creelman, E. Farrell, J. F. Black, D. H. Muir, F. Primrose, J. A. Coleman.

Section III.—Obstetrics.—Chairman, A. C. Page; A. Robinson, C. J. Fox, R. Cox, W. H. McDonald, G. L. DeBlois.

Section IV.—Therapeutics.—Chairman.—W. B. Morse; J. R. Chute, R. A. H. McKean, J. A. Sponagle, C. J. Gossip, A. Morrow, A. M. Perrin.

Section V.—Sanitation.—Chairman, Wm. McKay; Thos. Trenaman, T. R. Trueman, Edwin McLean, S. Dodge, A. D. McGillvaray.

It was decided to hold the next annual meeting at Halifax, date of meeting July 3rd, 1889.

COMMITTEE OF MANAGEMENT.

Chairman, Edward Farrell; John Somers, W. N. Wickwire, A. W. H. Lindsay, G. L. Sinclair, D. A. Campbell.

NEW BRUNSWICK MEDICAL ASSOCIATION.

THE eighth annual session of this Society was held in St. John on the 17th July, with an unusually large attendance

The President, Dr. P. R. Inches, opened the proceedings with an address, in the course of which he made touching allusion to the late Drs. Hamilton, Earle and Botsford, all of whom, former presidents of the Society, had died within the past year.

A lengthy discussion took place over the report of a committee appointed at the last meeting to consider "the attitude of the medical profession towards the sale of intoxicants," with other questions bearing on the same. No decision was arrived at, the matter being referred back to the committee. Papers were read by Dr. A. D. Macdonald, on "Puerperal Fever"; by Dr. Stevens, on the allied subject of "Puerperal Insanity"; by Dr. L. C. Allison, on "Ununited Fracture and False Joint"; by Dr. Hetherington, on "Leprosy," and by Dr. Johnston, on the "Treatment of Dyspepsia by Papain."

The following officers were elected for the ensuing year:

President.....Dr. Maclaren.
First Vice-President...Dr. Macdonald.
Second " ....Dr. Duncan.
Secretary.....Dr. Crawford.
Trustees—Drs. Addy, Christie and McLeary.

An evening conversazione, given by the St. John Medical Society, ended a very pleasant and profitable session.—*Mont. Med. Journal.*

HALIFAX BRANCH B. M. A.

AT the business meeting of this Society held Sept. 9th, the under-mentioned officers were elected for 1888-9 :—

President, Deputy Surgeon-General MacDowell, A. M. D.
Vice-President, Dr. Wickwire.
Secretary, Dr. Tobin.
Treasurer, Dr. Trenaman.
Council, Drs. Farrell, Campbell, Sweetnam, Fowler, A. M. D., and J. F. Black; and officers *ex officio*.

The pleasant hours which the members of the Halifax Medical Society have been long accustomed to spend together on one afternoon of each year, it was decided should this year take the usual form of a picnic; and a day was appointed in the following week, the place chosen being Lawlor's Island. On the date named, fine, bright weather, a few welcome guests, and friendly feeling conjoined to make the time pass most enjoyably and too quickly.

PICTOU COUNTY MEDICAL SOCIETY.

THE October meeting of the Society was held in Rice's Reception Room, New Glasgow, on Tuesday, October 9th. The President, Dr. McKenzie, of Pictou, in the Chair. Present were, Drs. Mitchell, Fraser and Miller, of New Glasgow; Macdonald, of Hopewell; Mackay, Thorburn, and Stewart, Pictou.

On motion of Dr. Macdonald it was resolved to change the date of the annual meeting of the Society from the first to the third Tuesday in July, in order not to interfere with attendance at the annual meeting of the Provincial Association.

It was also unanimously resolved that the Society record its sense of loss in the death of Dr. Murray, of New Glasgow, a past president of the Society, and its sympathy with his family.

The fact being brought to the notice of the Society, that a medical journal was about to be issued in the interests of the Maritime Provinces, it was, after some discussion, moved by Dr. Macdonald, seconded by Dr. Miller, and unanimously agreed that this Society pledge itself to aid and encourage the proposed journal as much as possible.

The papers read before the Society were two: (1) A paper by Dr. Miller, of New Glasgow, on "Suppurative Inflammation of the Tympanum," and one by Dr. Macdonald, of Hopewell, on "Three Cases of so-called Hydatids of the Uterus" occurring in his practice.

A discussion, in which most members of the Society took part, followed the reading of each paper.

The Society adjourned to meet in Pictou on the second Tuesday in January.

JOHN STEWART, *Secretary.*

PROVINCIAL MEDICAL BOARD.

THE regular quarterly meeting of the Provincial Medical Board was held in Halifax on Wednesday, October 17th, at noon, the President, Dr. A. C. Page, presiding. The minutes of the annual meeting were read and adopted. The Secretary called attention to the fact that the Board had omitted to appoint professional examiners at the annual meeting. It was on motion decided to re-appoint the old Board, viz.:—

Dr. A. J. Cowie, Halifax.....Medicine.
" E. Farrell, " .....Surgery.
" A. C. Page, Truro.....Obstetrics.
" W. S. Muir, " .....Materia Medica.
" Geo. L. Sinclair, Dartmouth. Anatomy & Physiology.
Prof. Lawson, Halifax.....Chemistry.

The Secretary also reported that application had been made asking the Medical Council of Ontario to recognize the preliminary examination of the Medical Board, and that a similar application had been sent to the General Medical Council of Great Britain.

The first Thursday in September had been settled upon as the date for the third regular matriculating examination for the benefit of students who intended to prosecute their studies in the United States or the Upper Provinces. Several applications for registration were disposed of. Dr. Dodge gave notice that at next meeting of the Board he would introduce a motion with reference to the recognition by the Board of *Teachers' Examinations.*

The fee for adding qualifications other than those entered at first registration was on motion reduced from $5.00 to $2.00, notice to the effect having been previously given. Some discussion ensued upon the advisability of a more definite arrangement as to travelling fees for members but no decision was arrived at.

Dr. Black drew attention to the fact that the recent amendments to the British Medical Act entitled foreign graduates to register in Great Britain and enjoy all the privileges of British graduates. But in order to secure this registration certain conditions had to be fulfilled, and application had to be made by each country, through government. He then gave notice that at next meeting he would make a motion bearing on this matter. There being no further business the Board adjourned.

Reviews and Book Notices.

THE ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Series of 1888, V vols. Edited by Charles E. Sajous, M. D. F. A. Davis, Publisher, Philadelphia.

This work compiled by the united labours of a large number of associate and corresponding editors, many of whom are well known and trusted professional authorities, fulfils a very useful function, and forms a valuable compendium for reference.

The labour and responsibility resting with Dr. Sajous must have been very great, but the result is satisfactory.

The type is large and clear, the illustrations numerous and some exceptionally good. These volumes do not take the place of such a work as Quain's Dictionary of Medicine —a work diffent in its nature and purposes. But "The Annual" forms a very extensive and complete report of the *recent progress of the general sanitary sciences* throughout the world, and as such we cordially express our good opinion of the work. A series will be issued each year. Price per series of five volumes, $16.50.

THE FATAL ILLNESS OF FREDERICK THE NOBLE—By Sir Morell Mackenzie. London: Sampson Low, Marston, Searle & Rivington.

As a result of the remarkable enterprise of the *New York Sun,* whose issue of Oct. 14th, contained a full reprint of Sir Morell Mackenzie's book, we have been able to read the whole contents of the work. It is impossible to refer at length to the publication. Both the German attack (virtually of malpractice), in response to which Dr. Mackenzie's defence is published, and Sir Morell's reply, are disfigured by personal recriminations. Though it is difficult to decide how far Dr. Mackenzie is justified in giving himself a free hand in his own description and intrepretation of both events and persons. So far as the German accusation of malpractice is concerned we think that Sir Morell has on the whole satisfactorily met it; and his account strikes us as more consistent and reasonable than does the account of his German colleagues. It is deplorable that the case should have been attended with such difficulties and misunderstandings and discussion. The late Emperor is well named Frederick the Noble.

THE temporo-maxillary articulations are especially liable to be affected in Gonorrhœal Rheumatism, a fact pointed out by Dr. J. B. Webb, as of diagnostic value.

The Maritime Medical News.

November, 1888.

EDITORS:

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JAMES McLEOD, M. D., Charlottetown, P. E. I.

Information concerning matters of general and local professional interest will be gladly received from our friends everywhere. All communications, literary and business, to be addressed to

DR. MORROW,
PLEASANT STREET, HALIFAX.

HITHERTO no professional journal has been within reach of the medical men of the Maritime Provinces, which they could regard with any lively sense of interest and ownership.

In introducing the MARITIME MEDICAL NEWS, it is needless to attempt to detail the considerations which we have deemed to justify, if not demand its establishment.

That the clinical experience of these provinces should continue to be unrecorded; that the work done by our City and County Medical Societies should come to the knowledge, alone, of the individual societies; that the lessons taught by localised epidemics, as to their origin, nature, extent, duration, results and prevention, should be unlearned because unheard of; that in view of our local governmental institutions having control of legislations, matters affecting health and life, the medical profession should possess no means of formally and unitedly, (and so influentially) expressing its views; that we should have no organ to give practical recognition and satisfaction to the stake and interest which we have in the knowledge, and experience, and doings of one another; must be regarded, we think, by most as regrettable, and in view of the state of affairs elsewhere, anomalous.

That we in the eastern Canadian Provinces should lack the means of promoting free discussion, mutual enlightenment and friendly unity, which the profession in most quarters takes care to enjoy very fully, will be considered, we believe, a negative evil which defrauds us of many positive benefits.

We are gratified with the prospect that the Journal enjoys, of uniting the active interest of the different provinces. To those who have assisted in giving practical shape to these prospects, we, and the whole constituency of the Journal, owe our cordial appreciation and thanks.

We hope that our readers will believe, and show their appreciation of the fact, that the MARITIME MEDICAL NEWS is their own, for discussion, correspondence, and all the functions which such a Journal may serve.

Though between us are long distances and border lines of provinces, our general aims and interests are identical; our difficulties similar; and our progress will be greater, just and more leavened, if in union.

In the free interchange of ideas and experiences which, we hope, will take place through the columns of the MARITIME MEDICAL NEWS, it is as true that all may teach as that all may learn.

THE fifty-sixth annual meeting of the British Medical Association was held during the second week of August, in Glasgow, and was largely attended.

Prof. W. T. Gairdner, of Glasgow, presided, and delivered an able address entitled, "The Physician as Naturalist." He points out how the physician has been evolved at various times in the past, dwells on the defects of medical education at the present day, and concludes by defending the profession from the charges of atheism.

The address in medicine was delivered by Dr. Allbutt, who took for his theme, "On the Classification of Diseases by Comparative Nosology." He makes free use of the modern doctrine of evolution.

The address in surgery was delivered by Sir George H. B. McLeod. His subject was "The Progress of Surgery during the Last Half Century." His remarks on anæsthetics deserve attention:

"I myself, after fairly trying most of the agents in use, "now exclusively employ chloroform, and having for years "kept an accurate record of its administration, and given it "freely and without stint in all sorts of surgical proceedings, "never refusing its benefits to a single patient, no matter "what his condition or the operation to be performed, I never "had an accident, except when an epileptic took a fit while "being put under its influence, and died with a full and fixed "chest. For speed and energy, for ease of application and "agreeableness, for rapid recovery with little subsequent "trouble, and for safety, *when properly administered* "chloroform is, in my opinion, unrivalled. That it needs "no apparatus but a towel is a great point in its favor. "This is the record of one who has administered it "constantly from the time of its introduction into practice, "and the statement in this sense may not be without its "value. I never measure the quantity used but exhibit it "freely, and take the colour of the lips and the respiration "as my chief guide. Making the patient count at the "beginning of the administration is a most valuable aid; "and Nelaton's inversion of the body with artificial "respiration is, I think, the surest mode of resuscitation in

"danger from failure of the heart. A minute is about the "average period for inducing insensibility; and it is very "rare, if proper precautions are taken in the way of "preparation and after-management, to have any sickness."

"There is little doubt that nervous persons and those "who are intemperate in the use of alcohol, tobacco and "narcotics, and also epileptics require special care. Over "saturation from the too frequent renewal of chloroform "induces, in my opinion, the chief after trouble."

Dr. William McEwan of Glasgow, delivered an address "On the Surgery of the Brain and Spinal Cord." It affords a striking proof of the rapid advance of surgical science. The Doctor was greeted with rounds of applause on its termination. Commencing with a brief allusion to the unsatisfactory state of brain surgery he points out that two factors have enabled surgeons to attack the brain with safety and success, viz: the antiseptic system of treating wounds, and the discovery of localization of function in the brain. By strict antisepsis subsequent inflammation is averted, and as a consequence of localization we are able, in many instances, to infer the site of a lesion, especially when limited in character. He relates particulars of a number of cases operated on, and sums up as follows:

"Of twenty-one cerebral cases, (exclusive of fractures of "the skull or other immediate effects of injury,) in which "operations have been performed by me, there have been "three deaths and eighteen recoveries. Of those who died "all were "*in extremis*" when operated on. Two were for "abscess of the brain, in one of which the pus had already "burst into the lateral ventricles; in the other suppurative "thrombosis of the lateral sinus had previously led to "pyaemia and septic pneumonia. The third case was one "in which there was, besides a large subdural cyst over the "one hemisphere, extensive softening at the seat of the "cerebral contusion on the opposite hemisphere, accompanied "by œdema of the brain. Of the eighteen who recovered, "sixteen are still alive in good health, and most are at "work, leaving two since dead, one eight years after the "operation, from Bright's disease, she in the interval being "quite well and able to work, the other, forty-seven days "after the operation, after the abscess was perfectly healed, "from an attack of tubercular enteritis."

One case, related to show that the diagnosis of cerebral lesions in non-motor regions may be made from sensory phenomena, is so extremely interesting that we cannot forbear quoting it:

"A man who had received an injury about a year pre- "viously suffered from deep melancholy, and strong homicidal "impulses, relieved by paroxysms of pain in the head, of "indefinite seat. Though the pain was excruciating he "welcomed it, as it temporarily dispelled the almost "irresistible impulse to kill his wife and children or other "people. Prior to receiving this injury he was perfectly "free from impulses of this kind and had led a happy life "with his family. Behind the angular process of the "frontal there was a slight osseous depression, which could "not account for his symptoms. There were no motor "phenomena, but on minute enquiry it was discovered that "immediately after the accident, and for about two weeks "subsequently he had suffered from psychical blindness. "Physically he could see, but what he saw conveyed no "impression to his mind. An object presented itself before "him, which he could not make out, but when this object "omitted sounds of the human voice, he at once recognized "it to be a man who was one of his fellow workers. By "eyesight he could not tell how many fingers he held up "when he placed his own hand before his face, though by the "exercise of his volition in the act, and by other sensations, "he was cognizant of the number."

"These phenomena gave the key to the hidden lesion in "the brain. On operation the angular gyrus was exposed, "and it was found that a portion of the internal table of "the skull had been detached from the outer and had "exercised pressure on the supra-marginal convolution, "while a corner of it had penetrated and lay embedded in "the anterior portion of the angular gyrus. The bone was "removed from the brain and re-implanted in proper posi- "tion, after which he became greatly relieved in his mental "state though still excitable. He has made no further "allusion to his homicidal tendencies, which previously "were obtrusive, and is now at work."

He concludes his address by referring to his operative experience on the spinal column; he remarks:

"The spinal membranes and the cord itself can be "exposed, and neoplasms and encroachments upon the "lumen of the canal may be removed therefrom without "hazarding life. Such interference is unsparingly con "demned by writers on the subject, their remarks, however, "being applied to injuries, as no such operations have been "hitherto contemplated in idiopathic cases. They contend "that they are full of danger, being difficult, prolonged, and "attended by profuse haemorrhage; secondly, that the "operation could hardly benefit the patient; and, thirdly, "that no one has yet been able to present a successful case; "each of these points has now lost its validity."

He relates several cases where the posterior arches of the vertebræ were raised for the relief of paraplegia, caused by pressure on the spinal cord, and in four instances complete recovery ensued.

Dr. McEwen's brilliant contribution places brain surgery on a solid basis.

BY the Medical profession in New Brunswick, we believe the "Maritime Medical News" will be universally welcomed for several reasons. Though published in Nova Scotia, it will be as much *our* organ as if published in our own Province, and will give our physicians an opportunity of recording many important cases that would otherwise be entirely lost sight of, of learning all that is being done among ourselves, in our own hospitals and societies, as well as of obtaining, in an epitomised form, every addition made to medical and surgical knowledge in England

and foreign countries, and an idea of those subjects which are engaging the attention of the most advanced and scientific thought.

It also affords the profession of New Brunswick what they very much need, the means of communicating with each other in matters not only of purely scientific interest, but in others of equal importance affecting them in their public capacity, in their relation with public health matters, and with various duties which a paternal government has so liberally saddled upon them.

During the last session of the Legislature, onerous and unremunerative duties were placed upon the physicians of this Province by the 'Public Health Act,' and the "Registration of Births, Deaths and Marriages Act."

In no country in the world, that we know of, is the public health better looked after than in England, and this object is obtained by enlightened legislation which recognizes the fact that the way to get work done is by paying for it. The "Public Health Act" of New Brunswick, makes it the duty of every physician to report to the Board of Health every case of small-pox, cholera, diphtheria, scarlet fever, typhus fever, typhoid fever, measles or whooping cough that he meets with, the deaths that occur from any of the above diseases, as well as the measures he has taken as to isolation and disinfection. He is also required to give the place of occupation of patient, school attended by children, and report to the principal of the school attended by such children, the fact of their illness, and a great many other things of a similar nature. He is thus asked to do a large amount of special work for the public, which as his patient's medical attendant is not expected of him, and the doing of which properly involves the keeping of a special note book. He is in fact made the sanitary policemen of the Government, and becomes the most important factor in the success of the Act, for without his aid and information the Act becomes largely a dead letter.

One would naturally suppose that a Government requiring such services would be glad to pay for them; but no, our Government finds a cheaper way of being served than by the honest one of paying; instead of pay it offers the alternative of fine or imprisonment for non-performance.

So, too, the Registration Act requires physicians to furnish certificates of death to the Registrar, without any fee for the same. The giving of medical certificates, whether of health, death, or sanity, is the giving of a professional opinion, the payment for which forms a part of the income of every practising physician. For the Government to step in and demand this service with the alternative of a fine for non-compliance may rightly be considered a form of highway robbery, and it might, with equal justice, compel the provision merchant to supply the poor with food without remuneration.

Is it to be wondered at that complaints are made of non-performance of these duties?

We believe the Profession have themselves to blame very largely for the state of affairs, that would allow a Legislature to even think of confiscating their services, as has been done in the Acts cited. They have always been ready, too ready by far, as the event proves, to grant their services gratuitously to the public, both collectively and individually, and to such an extent has this been done, that the public have at last reached the point of not only calmly accepting without even a thank you, but as in these Acts, actually compelling, with a penalty as the alternative, the professional services of every physician in the country.

If our services are worth having they are worth paying for; if they are not worth paying for, they are not worth our giving.

We believe the feeling of the Profession is entirely opposed to the unjust discrimination which places on them a burden and expense that should be borne by the people as a whole, and we commend this subject to the attention of the Medical Council who are in a position to consult with the Government and frame a remedy; nor, do we believe, for a moment, that the Government will be disinclined to put a stop to the evil when it is brought properly to their notice, more especially as it can be easily and satisfactorily adjusted.

It is a matter for the serious consideration of the medical members of Boards of Health, whether they are justified in retaining seats at the Board and administering a law so palpably unjust to themselves and the professional brethren all over the Province.

In many other respects the Public Health Act is a good one, and in its liberal distribution of penalties, it is satisfactory to notice that health officers themselves are not forgotten; we may thus witness the edifying spectacle of the engineer being hoist with his own petard.

Any suggestions and correspondence on this subject will be welcome, for it has a more important bearing on the welfare of the profession than is apparent at first sight.

THE opening of the St. John Training School for Nurses in connection with the General Public Hospital, marks a new era in the development of that Institution. The course of instruction which extends over a period of two years, was successfully inaugurated on the fourth day of October, by an interesting and able address by the learned President, Dr. Wm. Bayard, on the qualifications and general duties of nurses. Six pupils were present, four of whom are permanently engaged in the Hospital, while two live outside but attend at the Hospital, take part in the practical work of nursing, and receive the instruction given at the school. The nurses and pupils are more especially under the charge of the Resident Physician and Superintendent, Dr. A. F. Emery, and the Matron, Miss Purdy, who is a graduate of the Training School attached to the Boston City Hospital, and upon them will fall the principal portion of the instructional work. Periodical lectures will also be given by the medical staff and the medical members of the Commission of the Hospital, and the pupils, if successful in passing their examination, will at the end of the term receive diplomas signed by certain of the governing and examining board. It is of course too soon to form an opinion upon the degree of success that may await this school, but we believe it will compare favourably in efficiency and in carefulness of instruction, with any other, and, that the nurse who goes through the full course and receives the diploma will be thoroughly posted in her duties and a knowledge of her profession, and need not be afraid to compare notes with graduates of the older schools in the United States.

The course of instruction includes,

1. The dressing of burns, sores and wounds; the preparation and application of fomentations and poultices; of cups, leeches and minor dressings.

2. The administration of enemata, the use of the catheter, and the giving of baths.

3. The principles of massage with practical exercises.

4. The care of patients' beds, changing sheets while patient is in bed.

5. The management of helpless patients; changing clothing, giving baths in bed and preventing bedsores.

6. Bandaging; making bandages and rollers; lining splints.

7. Ventilation; antiseptic treatment of wounds.

8. How to treat emergencies, such as hemorrhage.

9. To observe accurately the state of secretions, excretions, pulse, skin, appetite, temperature, sleep eruptions, effect of diet, stimulants and medicine; also the management of convalescents. This instruction is mainly given by the Superintendent and Matron.

10. The preparation, cooking and serving of nutritious and appetizing food.

Examinations will take place from time to time, relative chiefly to practical points.

All pupils are subject to the rules of the Hospital, whether they are resident or not.

Nurses may be sent to nurse outside the Hospital, and the money received for such service will be applied for the benefit of the Training School, in such a manner as they may see fit.

Applicants must first meet with the approval of the Resident Physician and Directors, when they are taken for one month on trial. During this time they are boarded and lodged at the Hospital, but receive no money compensation. Their fitness for the work, and the propriety of retaining or dismissing them at the end of the month of trial, will be determined by the Directors on the recommendation of the Resident Physician.

The Board of Directors will consist of three Commissioners to be elected annually at the Regular Meeting in May.

HEALTH OF ST. JOHN.

THE subjoined table gives the deaths that occurred in this city during the months of July, August and September of this year, as well as those during the same period, 1887; the causes of death are elsewhere shown.

The summer just passed has been one of such an exceptional character, that a great deal of interest will naturally attach to the question, what effect, if any, has been produced on health and life by the unusual climatic influences that have prevailed? The points in which the past season has differed from most of its predecessors are coolness and increased rainfall; a comparison of the tables given will show that the weather has apparently a very decided influence on the mortality, and that a cool summer, though unpleasant in many respects, is much more favorable to life than a hot one. It will be seen that in the period referred to, the total number of deaths is 51 less this year than last, the totals being 130 and 181 respectively. The principal decrease is shown in diarrhœal diseases, diseases of the respiratory organs, including consumption, diseases of the nervous system, and in deaths from debility and old age. In 1887 diarrhœal diseases caused 45 deaths, in 1888 only 21, shewing a decrease of 24 in this item; diseases of the respiratory organs, including consumption, caused 45 deaths in 1887 and only 20 in 1888, a decrease of 25; diseases of

the nervous system 20 last year, 15 this, a decrease of 5; old age and debility, 19 last year, 10 this.

There is, therefore, a gain in the period referred to, for this year over last in those four particulars, of no less than 63 lives.

On the other hand, the deaths from diphtheria, croup, and scarlet fever in 1887 were 9 in number, but this year, for the same period, they reached as high a total as 32. The occurrence of 32 deaths means the presence of a very large number of cases of sickness which do not die. It is generally believed that the microscopic organisms which produce these diseases are similar in their origin, mode of propagation, habits, &c, and by some observers are considered identical; however that may be, there is no doubt that even in the same family there may sometimes be noticed side by side a case of diphtheria and scarlet fever, and occasionally both diseases simultaneously in the one patient, and all apparently proceeding from the same cause. What is the cause at work in this city? Where does it come from? These diseases are among the preventable ones. This is a matter for the health authorities to discover, and they must by this time have all the information at hand on which to base an enquiry.

	1887.				1888.			
	July.	August.	September.	Total.	July.	August.	September.	Total.
Diarrhœal diseases	10	24	11	45	4	13	4	21
Diphtheria	1	1	3	5	5	5	6	16
Croup	3	....	....	3	2	3	2	7
Whooping Cough	...	4	5	9	...	1	2	3
Typhoid Fever	...	....	2	2	....	1	1	2
Scarlet Fever	....	....	1	1	1	7	1	9
Worm Fever	....	1	....	1	...	....	....	....
Cerebro-spinal meningitis	....	1	....	1	....	....	....	....
Bronchitis	5	2	3	10	2	2	1	5
Congestion of lungs	2	3	3	8	1	1	1	3
Inflammation of lungs	....	....	1	1	1	1	....	2
Consumption	8	13	5	26	4	3	2	9
Meningitis	....	1	1	2	....	1	....	1
Paralysis	1	....	1	2	1	2	1	4
Convulsions	7	5	1	13	1	2	4	7
Apoplexy	....	1	1	2	....	....	....	....
Congestion of Brain	1	....	....	1	1	....	1	2
Hydrocephalus	1	....	....	1	1	1	....	2
Insanity	1	....	....	1	....	....	....	....
Heat Disease	2	....	3	5	1	3	....	4
Dropsy	1	1	....	2	....	1	....	1
Cancer	2	4	1	7	2	1	1	4
Obstruction of Bowels	...	1	....	1	....	....	....	....
Ovarian Tumor	....	1	....	1	....	....	....	....
Indigestion	....	1	....	1	1	1	....	2
Jaundice	....	....	1	1	....	....	....	....
Disease of Liver	....	....	2	2	1	....	....	1
" Kidney	....	....	1	1	2	1	....	3
" Spine	....	....	1	1	....	....	2	2
Inflammation of Bowels	....	....	1	1	....	2	....	2
Debility	3	3	4	10	1	2	3	6
Old Age	4	3	2	9	3	1	....	4
Accidental	2	2	1	5	1	1	1	3
Intemperance	....	....	....	....	....	1	....	1
Softening of Brain	....	....	....	....	1	....	....	1
Pleuropneumonia	....	....	....	....	....	....	1	1
Gastritis	...	....	....	....	...	....	1	1
Marasmus	....	....	....	....	1	....	....	1
	54	72	55	181	38	57	35	130

Selections.

THE TREATMENT OF BRONCHIAL ASTHMA.

AS the author believes that bronchial asthma is a neurosis chiefly affecting the pulmonary plexus, and spreading through its various connecting branches, thus implicating the pnemogastric, spinal and sympathetic nerves, we have to consider the best means of allaying such nerve storms. As in the case of all neuroses, we all meet with many difficulties, arising for the most part from individual idiosyncrasies. The medicine which suits one person does not suit another, and the climate that cures an attack in one, appears to produce it in another, so that many investigators give up the search after a scientific basis for treatment of bronchial asthma in despair.

There are, however, practical rules and indications if we take the trouble to study them, and they appear to be the following:—

First. To counteract, if possible, the tendency to asthmatic attacks, which arises generally from some definite lesion, the result of a former inflamatory attack.

Second. To allay and keep allayed, the asthmatic spasm; This is principally done by removal of the patient from the various exciting causes of the attack, but also by reducing the sensibility of the pulmonary plexus of nerves.

Now in dealing with the first, we must note, that according to Hyde Salter, no less than eighty per cent. of asthma is traceable to bronchial inflammation in childhood, following on whooping cough, measles, bronchitis, or bronco-pneumonia, and in adults it often follows upon phthisis. The most probable cause of this sequence is that all these diseases give rise to swelling of the bronchial glands, the position and relation of which are too little studied in thoracic pathology.

It is impossible for enlargement of the subtrachial glands to take place to any large extent without causing pressure on the vagi and their branches. Now we know that the preparations of iodine are singularly efficacious, both in reducing the frequency of asthmatic fits, and also in causing the absorption of lymphatic glands, if administered in sufficiently large doses, and it is probable that this last effect is the explanation of the first one. A medical friend once said to me, "I never give up a case of asthma until I have tried ten grains of iodide of potassium three times a day." It is indeed wonderful how this salt reduces the frequency of the attacks. In some cases it undoubtedly produces iodism, though not immediately, and the evil day may be postponed by largely diluting the salt with water. The iodide of potassium appears to be far more effective in doses of from grains eight to grains fifteen, than in smaller ones of grains two to grains five, and at the same time the larger dose does not appear to increase the risk of

iodism, provided always that plenty of water be taken with it. Patients often take grains eight to grains ten, two or three times a day for months, and one patient of mine persevered for two years with the only drawback of an occasional rash of urticaria and a metallic taste in his mouth. By this means he was kept entirely free from asthma. Three of the most obstinate cases of bronchial asthma I ever came across, in all of whom the attacks were accompanied by lividity, were by this means relieved so far that they could control the seizures sufficiently to attend to their business, and one of the three was completely cured. The iodide of sodium may be substituted for the iodide of potassium, but the dose is smaller, (about five grains,) and a combination of the two iodides is often desirable. The indications for prescribing the iodide of potassium are:

(1.) The absence of catarrh or bronchitis; (2.) The well marked presence of the neurotic element; and, (3.) the detection of dullness along the right or left edge of the first portion of the sternum, or in one or both interscapular regions, showing enlargement of the bronchial glands. Another medicine of great use in reducing the predisposition to asthma is arsenic and it may with advantage be combined with the iodides. Free sponging in a bath with tepid or cold water every morning, to which sea salt may with advantage be added, and a careful dietary may do much to keep off the attacks of asthma.

The treatment of the attack generally resolves itself into the adminstration of antispasmodics which may be classified as stimulant and sedative. Brandy and water, whiskey and water, (but administered warm) hot, strong coffee, spir. aetheris, (in drachm doses,) and inhalations of nitrate of amyl. are examples of this first class, and appear to act by promoting large bronchial secretion and expectoration; but nitrate of amyl, which is said to influence the vaso-moter system and to relax the arteries has not been successful in my hands in asthma. The sedative class of antispasmodics has much greater claims on our notice, as several of them, such as balladonna, stramonium and henbane have been indicated for use by the experiments of C. J. Williams, in 1840, who found that in animals poisoned by those drugs the bronchial tubes were dilated and incapable of being excited by any stimulus, and abundant clinical evidence has proved their efficacy in reducing the asthmatic spasm. The popular method of smoking them in cigarettes or inhaling the smoke of deflagrating powder or pastilles, composed of the dried leaves of the datura tatula or datura stramonium or lobelia or belladona and nitrate or chlorate of potash is useful up to a certain point, but in my experience the effect is more certain and stronger when the medicinal agent is taken into the stomach or injected under the skin, and although use may be made of the various fuming powders for temporary relief, reliance should chiefly be placed on medicines containing the antispasmodics; as it would seem probable that the products of combustion of a plant must differ greatly from its natural juices and sap carefully extracted as is now done by pharmacy and consequently exercise a different effect upon the system.

The best way is to combine stramonium belladonna or henbane in the form of succus or tincture with the iodide of potassium to be taken during the day, and to administer a pill of extract of stramonium (gr. ½), or balladonna, (gr. ¼,) at night during the attack. A useful form is the following:

Potassii iodidi	two or three drachms.
Tinct. Stramonii	two or three drachms.
Syrup. scilale	one drachm.
Extract. glycyrrhzae	one drachm.
Aquae	ad eight ounces.

Dose, A tablespoonfull in a wineglassful of water, three times a day.

Of the various sedatives to be used during the attack chloral is one of the safest and best, but a dose of from gr. xx. to xxx. should be administered at the beginning of the attack or, if there be premonitory symptoms, before it has actually commenced. A dose at bedtime will often enable an asthmatic to sleep through slight morning seizures, and this medicine will, if pushed, strongly control the asthma. In one most obstinate case under my care it was administered in gr. xx dose every four hours for several days and allayed the severe spasm, but induced vomiting and an eruption of purpura. Another asthmatic who can always keep his asthma at bay, by hard riding, during the hunting season, has taken chloral during the rest of the year in doses of gr. xx to xxx during his frequent attacks with no harm whatever. For about ten years my experience with chloral, which I adopted from Professor Biener's practice, has, on the whole, been highly satisfactory, and I consider it one of the most useful and least harmful of the sedative antispasmodics.

When the paroxysm is very severe chloroform or ether or iodide of ethyl may be inhaled and Martindales' capsules of chloroform, (m. x.,) and iodide of ethyl, (m. iii. to v.,) are specially well adapted to the the purpose as being tolerably safe to entrust to nurses and patients.

Iodide of ethyl can be inhaled up to min. x. and the inhalations even repeated at the end of two hours without danger, and while it quiets the asthmatic spasm it also calms the cough which accompanies it. In the height of the paroxysm the patient can neither swallow nor inhale, and it is then that the hypodermatic injection of morphia, (gr. ¼,) or atropia, (gr. 1-60,) or of both combined does great good and often cuts short the attack at the very beginning.

Another channel for introducing antispasmodics is the rectum, and suppositories of morphia or belladonna have often succeeded in relieving the tightness of breathing, when other measures were impracticable. With regard to the numerous cigarettes, tablets and powders, if any distinction is to be made I should certainly single out Himrod's powder, (lobelia stramonium tea and nitre); the Green Mountain cure (Also lobelia

stramonium tea and nitre in different proportions to the Himrod,) and Serrier's powder; Savory & Moore's tablets. Among the cigarettes Espic's and Joy's do most good, and all contain large proportions of lobelia and stramonium. Even tobacco smoking gives relief, and Trousseau was able to control his own slighter attacks completely thereby. The application of stimulating liniments, such as lin. terebinth. acetici; or lin. ammoniæ to the wall of the chest, during an attack often gives great relief to the breathing, and is well worth a prolonged trial.

One old fashioned but very effective antispasmodic has been omitted, the ethereal tincture of lobelia and it should certainly be tried, but in full doses and repeated every four hours while the spasm lasts. The various bromides of potassium, ammonium and sodium are useful in large doses, but their influence on the pulmonary plexus is not so satisfactory as that of the iodides though they may often be combined with these advantageously, and the addition of a drachm of the bromide of potassium to the chloral night draught generally augments its sedative effect.

Dietary.—Asthmatics from necessity become spare feeders, and are often very thin. In so many cases a heavy meat meal is followed by an attack, that a restricted dietary is inevitable. To certain asthmatics certain articles are epecially injurious, while to others they are not so. The dietary which suits most asthmatics best is that which limits them to two meat meals, viz: breakfast and lunch or early dinner; and restricts their food for the rest of the day to liquids with only bread, toast, or biscuits as solids, the great principle being that the asthmatic should retire to bed with gastric digestion quite complete, and thus preclude any pressure upward against the diaphragm from flatulent accumulation in the stomach. When there is much dyspepsia and especially when flatulency occurs immediately after meals it is advisable to omit sugar and starch from the dietary, and to avoid potatoes, and in these cases a little alcohol in the form of whiskey, or brandy, and water should be taken with lunch or dinner.

Coffee is generally a suitable beverage and should be taken at least once a day, black, as it distinctly lessens the spasm without rendering the patient sleepless, whereas tea, though it is a product of the same natural order of plants, acts in a different way and often increases the neurosis. Various meat extracts such as Brand's and Valentine's, and strong beef tea, especially when taken warm, are excellent, as they are easily assimilated, and enable the patient to get over the attack without great prostration. It need hardly be added that all articles of food which are in themselves more or less indigestible, such as pastry, pickles, uncooked vegetables, salads, garlic and fruit, except when perfectly ripe, and we may add cheese in its various forms, and richly dressed or highly flavored dishes are to be strictly avoided.—*C. Theodore Williams, American Journal of Medical Sciences, August, 1888.*

A CASE OF THROMBOSIS OF THE UTERO-VULVAR CANAL RUPTURED DURING LABOR.

Being a paper read at the Annual Meeting of the N. S. Medical Society, 1888, and published in the October Canada Lancet.

BY WM. S. MUIR, M. D., L. R. C. P. & S., ED., TRURO, N. S.

On the 22nd of March last, I was called to attend Mary C., aged 17 years, primipara, a short, stout, full blooded girl. She had been in labor for four or five hours, as it was not the intention of her friends to have a doctor, her grandmother being a local midwife. I was told that her pains had been very hard and constant, that the waters had broken, but there had been no discharge of blood. Upon examination I found things about as stated. The head was at the brim and had been in the first or second position. I waited about for over an hour, and as things did not appear to be any further along, I decided to deliver her with forceps.

I may say that during my wait I could not decide what was the cause of the delay, as the parts were natural and good sized, and the head did not give one the idea that it was unusually large. I chloroformed her, and had great difficulty in getting the left blade of the forceps introduced and in position. However, after some time I got the forceps (Simpson's medium) locked. After giving a little more chloroform I waited until I felt the uterus contract then made gradual traction using very little force. All at once came a gush of blood, which appeared to come from the upper part of the canal; it fairly poured out. My first thought was a ruptured uterus, then a ruptured vagina, but that could not be. The blood was not dark and in clots, but as thick as ordinary venous blood, and it coagulated at once in the vessel I put below the edge of the bed to catch it. I put my hand on the uterus above and found it contracting from time to time. The hemorrhage still continued, not in gushes, but slowly and steadily. My patient's face and pulse now began to tell a tale, so I decided to send for my friend Dr. Page, who lived near at hand. Dr. Page came at once, bringing stimulants with him. Before this I had removed my forceps and discontinued the chloroform.

We decided to deliver her at once. I gave a small quantity of chloroform, and Dr. Page delivered her with his own forceps with very little difficulty. Following the delivery of the child came a large quantity of mixed blood. We decided to deliver the placenta as quickly as possible, and this was done by Crede's method. After the delivery of the placenta the hemorrhage ceased. Effusion took place into the tissues, and the right side of the vagina filled up as if a thrombus had occurred there. My patient hovered between life and death for some hours, but by the free use of stimulants reaction set in, and after that she made a good recovery. I may say that I syringed her myself with carbolic acid, to 70 for four or five days, and would advise all who have cases that require careful syringing to see it done, or what is better, do it themselves. Do not trust to a nurse, at any rate to a self constituted country nurse, as in some cases it will only be half done. In other cases too much force will be used and a shock probably produced. I have found one nurse who lied to me every day for ten days, and my patient was never syringed at all, although she had been delivered of a putrid child.

That this was a case of thrombosis of the vagina, and that very high up, if not at the cervix itself, I have not the slightest doubt,

this was also the opinion of Dr. Page. Parvin calls it an accident or injury, and gives us the causes, mental emotion, violent vomiting and coughing. He also gives us a sure cause, a prolonged stay of the head in the pelvic cavity, as was the case in my patient; also that the walls of the vessels are thinned by the great pressure of the foetus, and when the pressure ceases a new wave of blood distending them. Any give way. Perrot gives it as such in 35out of 43 cases. Dewees has given an instance when the thrombus formed two minutes after the birth of the first of twins, and was ruptured by the descent of the second child. Parvin reports that Madam Sasanoff, of the maternity of Kolonna, St. Petersburg, reports five cases, of which four were fatal. A thrombus may occur at the cervix uteri the anterior lips being the most common seat for it, next to the orifice of the vulva. The dangers after obstruction to labor are, first, hemorrhage after rupture; second, which might be called a secondary danger, that of gangrene or suppuration.

There appears to be a great difference among authors as to the predisposition; Verrier giving as a fact that women having varicase veins and tumours are more frequently subject to thrombosis, whilst from Perrots statistics, in forty-three cases only two had any enlargement of the veins, and Barker states that no such condition precedes thrombosis. It is not a frequent accident, injury or disaster, as Deneux in 40 years saw but three cases. Dubois reports but three cases in 14,000 experiments. Winckle gives the proportion as 1 to 1,600. The death rate in these cases appears to be large. Blot gives it as 5 in 19 cases, but according to most authorities it must be greater. In conclusion let me say that my case was one of thrombosis of the vargina, very high up and at the right side, that I did not produce it by the introduction of forceps, and that the cause was, as Parvin gives it, viz., the head being so long in the pelvic cavity.

THE HARMLESSNESS OF LACERATIONS OF THE CERVIX.

IT is many years since the views of Dr. Emil Noeggerath upon the malignant influence of gonorrhœa in women were received with scepticism and indifference. Time, or the tide of fashion, has now brought out evidence in a measure justifying his views.

Dr. Noeggerath has recently presented another radical and somewhat startling series of conclusions. This time he has attacked the fetich of the lacerated cervix. Under the tuition of leaders in operative gynecology, it has come about that no doctor can now look at a torn cervix and not be consumed with a holy fire for tailoring the tear. To intimate that such an operation is not useful and imperative is indeed heresy. Dr. Noeggerath, however, lays down the following propositions:

1. Women with uterine disease conceive more easily if the cervix is lacerated than if it is intact. They abort less often in the first condition than in the second.
2. The position of the uterus is not influenced by cervical laceration.
3. The uterine axis is not lengthened by cervical laceration.
4. Erosions and ulcerations are equally frequent in lacerated and in intact cervices.
5. Erosions of the lips are never the direct result of cervical laceration.
6. Diseases of the tissues of the cervix are not more frequent in lacerated than in uninjured cervices.
7. Cervical tears have no influence on the development of uterine disease either as to intensity or frequency.

In his concluding remarks he recommends that lacerations and tears be left alone.

Naturally, such statements draw out a great deal of criticism. Gynecology would be crippled indeed, if its young devotees could not begin by stitching at the neck. Noeggerath bases his conclusions on an examination of one hundred cases of uterine disease, fifty with intact and fifty with lacerated cervices. Several other writers have of late advocated temperance in the matter of sewing up the neck of the womb. The practice of doing the operation as a routine measure after pregnancy is, we believe, abandoned by most gynecologists. The plan of doing trachelorrhaphy as a preventive of possible future disease has still some advocates, but it is unlikely to become popular.

The truth is that there is a vast deal of unwise surgical interference with the uterine organ and its appendages. While Dr. Noeggerath's views may prove to be too radical, they will have, we trust, a good effect in awakening a conservative feeling toward the lacerated womb.—*Medical Record.*

TREATMENT OF ACUTE RHEUMATISM—OSTEO ARTHRITIS.

Dr. Donald Hood in an elaborate paper read before the Medical Society of London, on the treatment of acute rheumatism, made special reference to the use of the salicylates, based upon the reports of more than 2,000 cases. Of these 850 were from the records of Guy's Hospital before the introduction of salicylates; the remainder were all treated with salicylates from the time of admission into hospital, 515 of them being treated at St. Bartholomew's Hospital and 635 at Guy's. The cases chosen were all typical acute sthenic rheumatism, occurring in patients of both sexes under thirty-five years of age. Two marked results of administration of salicylates were a loss of joint pain and a fall in the temperature, but relapses were more common than under the older methods of treatment. The salicylates appeared to have no effect whatever in either reducing, preventing, or limiting the intensity of cardiac lesions. The formidable complication of hyperpyrexia was discussed and cases referred to illustrating the characteristic symptoms; it was as common among patients treated with salicylates as among those treated on general principles. It might occur even where the drug had been given regularly in full doses. For treatment, it was recommended to stop administration of the drug, to apply cold locally, and to give stimulants. His recent inquiries confirmed the opinion he expressed in 1881, that patients taking salicylates, though quickly losing their pain, were often left enfeebled, and remained in hospital longer than those who did not have the remedy. The mortality between the two sets of cases was much the same. For purposes of classification and treatment he divided acute rheumatism into three large groups—that of the child, the adult, and the aged. In children, who had often severe cardiac lesion without much joint pain or pyrexia, there was little indication for rigid specific treatment, whether by alkalies or salicylates. It was in adults that the administration of salicylates would be found of most good. In the third group, cases occurring amongst people between thirty-five and fifty were rare, and often presented anomalous symptoms, some verging on gout, others truly rheumatic, and others, again, with nervous systems damaged by alcohol, from whom danger was to be feared from delirium and hyperpyrexia. In these anodynes were more useful. In conclusion, Dr. Hood believed that in cases of ordinary acute sthenic rheumatism salicylates might be given with advantage, and the advantage was greater and more permanent where they were exhibited in combination with alkalies; but when the attack was complicated with the severer forms of pulmonary or cardiac inflamation, under which circumstrnces there was usually a coincident mitiga-

tion or even absence of joint pain, he did not think there was the same indication for using the drug. Dr. Samuel West said that in his experience hyperpyrexia was rare; and he thought the high per centage of cardiac affections in recent statistics was to a great extent due to increased care in diagnosis. Salicylates were not indicated in children who presented cardiac complications without joint affection Dr. Whipham has found that when alkalies were given with salicylate relapses were rare. In several instances he had traced toxic effects to impure samples of the drug; these symptoms were dispelled by brandy.

SPECIAL CASES CITED IN THE REPORT OF THE ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL, EDINBURGH, FOR THE QUARTER ENDING JANUARY 31, 1888.

I. Case of Femoral Venous thrombosis followed by Pulmonary Embolism.

A. M., single, Aet 17, 1—para., a small delicate girl at the full time. Membranes ruptured early; first stage lasted 40 hours; during second stage patient was much exhausted; forceps were applied, and a living female child extracted. Patient rallied well, but on the third day the pulse was found to be 156, and temperature 99°. 6, and there was a foetid discharge from a tender uterus. The uterus was washed out with 1-1000 corrosive sublimate; next day the pulse had fallen and the discharge was sweet. On the sixth day patient complained of shooting pains in the left leg, and extreme tenderness in Scarpa's triangle. The femoral vein was found swollen, hard and tender, pulse rapid and feeble, but the temperature never ran above 100°. No rigors, no vomiting, no peritonitic symptoms, but there was pain on left side of pelvis. This condition continued until the eleventh day, when as the student was palpating the thrombosed veins, the patient was suddenly seized with great dyspnoea, and became collapsed. Stimulants were given freely, but death took place in 45 minutes. A post mortem examination could not be obtained, but it is probable that a clot had been detached from the femoral vein, and caused death by pulmonary embolism.

II. Case of Twins followed by Post Partum Hemorrhage. Death next day from Syncope.

Mrs. C., Aet 42, xiv-para.; about full time, went into labour on 2nd January, and was delivered of the first child alone, being found by a friend on the floor. She was put to bed, and the second child followed in an hour. The student on arriving, about an hour later, found the placenta not yet born, and that she had lost much blood and was still bleeding freely. The uterus was compressed, ergot administered, and hot drinks given, but the bleeding still went on.

The house-surgeon saw her three hours after the birth of the second child, then almost moribund, intensely pale, restless, the pulse almost imperceptible, placenta still in utero, and the uterus large and full of clots. Stimulants and ergotin were given hypodermically and the placenta at once detached and removed by the hand. Hot antiseptic uterine douche given.

All hemorrhage at once ceased, and the uterus contracted firmly. The patient rallied well, but next day, during the temporary absence of her nurse, sat up in bed, made some sudden exertion, and fell back in a state of syncope, dying nineteen hours after delivery.

III. Case of Eclampsia at the eighth month: Recovery.

Mrs. F., Aet. 30, iii-—para; Previous labours normal. When about three months pregnant she had scarlet fever. followed by dropsy, headaches and gastralgia Early in the morning of 4th November, she became very excited and almost maniacal. At 6 a.m., had a severe eclamptic convulsion followed by deep coma. Fits recurred about every hour. At noon the house-surgeon found her comatose; face and feet oedematous with copious albuminuria. Pulse was strong and their was no oedema of the lungs. She was put into a hot pack, two minims of croton oil given, and one-sixth gr. of pilocarpin hypodermically producing copious watery motions and very profuse perspiration. The coma passed off in about three hours, and she again became very excited. Chloral and bromide of potassium, of each 20 grs. were given, and she became quieter. In the evening she was quite conscious and sensible, and there was no recurrence of the fits. Next morning she was greatly improved, there was much less oedema, and the albumen was not so copious. Her bowels were kept open with pulv. Jalapae Co., a diuretic mixture was given, and she was put on a milk diet with the result that a month later she was delivered of a living child, the labour quite natural and puerperium normal.—*Edinburgh Medical Journal, Oct. 1888.*

RECENT ADVANCES IN SURGERY.

We can give only a few extracts from a most carefully prepared and valuable address on the above subject, before the Surgical Section of the Canadian Medical Association at Ottawa, in September, by Dr. Shepherd, of Montreal, and which appears in the October *Canada Lancet.*

Dr. Shepherd remarks on the treatment of wounds that the principles still in force are "Cleanliness, Rest and Asepticity." "The dressings applied to wounds have become much simpler, and the antiseptics most relied on are soap, water and a good nail brush. . . .

Faith in germicides is being lost, and although irrigation has supplanted the spray, the solutions used have become weaker and weaker, until some surgeons use water only, especially in operations on the abdomen and thorax, where antiseptics have been proved to be absolutely injurious and often dangerous. . . .

Whilst in Germany last summer I saw in every surgical Klinik the magnificent ruins of the spray producer, looking like some old castle which marked the customs and conditions of other days. Lister himself was one of the first to give it up." . . .

Dr. Shepherd next referred to the surgery of the abdomen, and to the steady diminution of the mortality after the operations of ovariotomy and extirpation of the uterus, chiefly due to simplification of the methods of operating. The most successful elements, he states, in reducing the mortality have been "rapidity of operation and a not too elaborate toilet of the peritoneum, with drainage if there be bleeding." . . .

"In cases of *acute intestinal obstruction* it is now becoming a recognized custom for the physician to call a surgeon in consultation, and the result has been that many lives have been saved. In my opinion these cases should be placed in the hands of the surgeon from the first, as in the great majority of cases there is little hope of relief being afforded by medical means alone. Not a few cases of

intussusception have been cured by early operations, and also many cases of strangulation due to bands, twists, etc. It is now an axiom of surgery not to let any case of acute intestional obstruction die without at least an exploratory incision. . . .

Physicians still procrastinate in cases of intestinal obstruction. They do not advise operation until all hope of recovery has been abandoned, and operation is looked upon as a *dernier ressort.* The treatment by rest, starvation and opium has still charms for most practitioners, who are always hoping that "something will turn up." . . .

"In *inflammations* of the *cœcum* and *appendix* surgical interference has been attended in numbers of cases with remarkable success." . . .

Remarkably satisfactory results have been obtained in both *tubercular peritonitis* and *suppurative peritonitis* by operation with the view to establishing drainage.

"At the meeting of the British Medical Association, held in Dublin last year, some admirable papers on the *radical cure of hernia* were read by such surgeons as MacEwan of Glasgow; Mitchell Banks, of Liverpool; Ball, of Dublin; Barker, of London, and others, The results of operations by excision of sac and stitching up the wound were most encouraging. MacEwan reported sixty-five cases operated on by his method without a death and only one failure. Banks, who was one of the first advocates of this method of operation, reported 106 cases; Ball, twenty-two cases without a death, and Barker thirty-five.

MacEwan does not excise the sac, but after reducing the hernia makes use of the sac as a pad, by drawing it up through the internal ring and fixing it there. Banks, Barker, and others advise excision of the sac and fixing the stump at the internal ring, whilst Ball's method consists in torsion of the sac before excising. . . .

French surgeons, after ligation and excision of the sac, do not advocate closing the inguinal canal by sutures, as is done by English and German surgeons."

Dr. Shepherd gives some details of a case of his own; that of a blacksmith, aged 52, with an enormous, irreducible, scrotal hernia of the left side, from which he had suffered for many years. Dr. Shepherd operated for radical cure on April 25th, 1888. He dissected out and opened the sac and reduced the contents with the greatest difficulty. The sac contained all the small intestines, the transverse and descending colon, and the sigmoid flexure, together with a large mass of omentum. Several pounds of the omentum were excised, and it was only by suspending the patient by his heels that he was able to reduce the protruded bowel. The intestines had not been in the abdomen for years, and when they were all returned, after an hour and a half's exertion, the abdomen was as tense as a drum. "The sac was excised and the stump fixed to the internal ring according to *Barker's* method, and the canal closed by suturing the conjoined tendons to Pourpart's ligament. The patient made an excellent and uninterrupted recovery, and is now pursuing his occupation as a blacksmith with comfort." In September there was not the slightest tendency to a return of the hernia. . . .

"The *stomach* has been frequently, successfully opened for the removal of foreign bodies, or the performance of Toreta's operation of dilating a contracted pylorus; operations of excision of malignant growths of the stomach are not growing in favour; the game, as a rule, is not worth the candle." . . .

In reference to the *surgery of the kidneys*: "It is now a well established rule that no kidney should be removed without a previous nephrotomy, or exploratory incision. Again, no kidney should be removed until the condition of its fellow is ascertained. Several cases are on record where the surgeon has removed the only kidney in the patient's possession. A preliminary nephrotomy enables the surgeon to avoid this fatal mistake.

The most brilliant results have been obtained in the operation of nephro-lithotomy. During the past year, Mr. Jordan Lloyd, of Leeds, England, has introduced a method of exploration of the kidney, which is a great improvement on the old needle punctures. He advises puncture of the lower end of the kidney with a long-bladed tenotome, in a direction upwards and inwards till the lowest of the calyces is reached; a small, short-beaked child's bladder sound is then introduced and the calyces and pelvis explored."

Surgery of the bladder: . . . "The old supra-pubic operation is now the fashionable one for the removal of stones from the bladder, and it is being practised largely everywhere. The operation has been much improved by the introduction of Peterson's rectal bags and the practise of moderately distending the bladder before operation with an antiseptic solution, The operation is suitable for cases of large and hard stones, and for the removal of tumours and foreign bodies, but it will no more supplant the old operation of lateral lithotomy than did lithotrity." In some cases of stone in the bladder," Mr. Reginald Harrison, of Liverpool, justly remarks, "it is necessary to do something more than merely remove the stone. In cases of cystitis with enlarged prostate where stone has formed, removal of the stone is necessary, but it is also necessary to prevent further formations, by getting the bladder into better condition." The bladder, says Mr. Harrison, is like a chronic abscess with a stone in it, and it is quite as necessary to drain the one as the other." Those cases are unfit either for supra-pubic lithotomy or lithotrity; but the lateral operation provides an excellent means not only for the removal of the stone but of after drainage of the bladder. Ruptured bladders have recently been successfully treated by abdominal section, and suture of the bladder rent. An early diagnasis is of course important in these cases.

Dr. Shepherd concluded an admirable address by making extended reference to the wonderful recent advance in the surgical treatment of *disease and injuries of the brain and spinal cord.*

Personals.

DR. J. F. Black has recently returned from a trip, extending over several months, to England and the Continent.

DR. Farrell, of Halifax; Dr. Graham, of Bathurst, and Dr. Jenkins, of Charlottetown are vice-presidents of the Canadian Medical Association, for the present year. Dr. Keller, Fredericton; Dr. Webster, Kentville; and Dr. McLaren, Georgetown, are local secretaries.

WE are sorry to hear that Dr. McKay, M. P. P., has not yet fully recovered from the effect of the lightning stroke; although we understand he is rapidly improving. The doctor still suffers from severe cramps and pains in the legs and back; in these locations the pain has been acute, though of an exacerbative character, since the temporary paralysis of the lower limbs, which was found to exist when he recovered consciousness, passed off.

We congratulate Dr. McKay upon his escape from more serious consequences, an escape which was an exceedingly narrow one.

Correspondence.

I am glad to be able to address a Medical Journal of our own, wherein not only matters appertaining to medicine in general, but also events peculiarly of interest to the profession of the Maritime Provinces will be ventilated. May success attend your venture, and may it bring the members of the medical profession all over the province into closer and more friendly relations; and also conduce to that proper *esprit du corps* so ardently to be desired, but alas, not always attained, among the followers of the healing art in all our towns, villages and country districts. Preventive medicine notably requires the most friendly understanding and the most active co-operation of physicians, and is as much superior to the active treatment of disease in the saving of human life as that of the wise statesmanship which prevents wars, is to the highest generalships and the best equipped system of military service, with war in actual progress. This province of medicine which is yet but dimly understood and faintly realized by the public, is nevertheless destined, before long, to take the chief place among the means employed to save and prolong human life, and will, I am sure, form a prominent feature of your journal. To promote this end the first step should be to ascertain how and where we stand in the different localities of our provinces. No concealment should be practised; the mistakes of one locality and the failure or success of its corps of medical men in educating their respective constituencies to a proper sense of the duty of society to itself, will prove a warning or stimulus as the case may be, to your readers in other sections. With this end in view let me give you a birds-eye view of matters sanitary in Charlottetown:- Rato of deaths per 1,000 of population, 1884, 14.09; 1885, 20.12; 1886, 15.9; 1887, 14.81; mean rate, 16.22. But this high death rate is exceptional, for it will be seen that 1885 far exceeds the average. The explanation is that in that year occurred a very fatal epidemic of small-pox, in the stamping out of which, a great and calamitous mistake was at the beginning made, a mistake, however, not in any way chargeable to the city health officer, Dr. Johnson.

An old and a long unused brick building was almost forcibly taken possession of by a posse of citizens. Into this damp and unsuitable building the patients were crowded, regardless of the warning of experience and science, and the poor victims died, at a rate unparalleled in the history, not only of small-pox epidemics, but even of the worst cholera visitations of modern times. Many of these patients died, however, not of small-pox, but of a contagious Pleuro-Pneumonia. Omitting, therefore, this disastrous and exceptional record of 1885, the other years give a mean ratio of 15.00, bettering slightly the latest records of London, Eng., viz.: 15.09, but much higher than that of Bristol, 11.1, or Brighton, 13.9. It goes without saying that we should beat the record of any old England Town, With our excellent soil as a deodorizer and purifier, our sea breezes and spendid climate, our cheap meats and foods of all kinds, enabling our very poorest classes to enjoy full and plenty,—all tending to produce a robust people. And so we shall when the teachings of sanitary science shall become actual facts to us. Our present records shew that preventable diseases figure far too largely in our death rate. Thus, in 1887 we find that zymotic diseases head the list, and every year the number of deaths of children, from all causes, and particularly from diarrhoeal diseases, is lamentably large. To account for this fact it will be sufficient to say that the slaughter house is still an institution in the very heart of our city; that the pig for the first time within the memory of pig or man, was this summer invited to leave the city during our hot months; that well water invariably bad, but in many instances redolent of human and other excrement, and also containing the contaguim of typhoid fever is to the present time the beverage of many of our citizens; that privies were used of all depths, from surface ones to that of discarded and discredited old wells; and that we have no sewerage. The wonder, therefore, is that our death rate is so moderate, and the obvious inference is that with an improvement in all these respects, with an abundance of pure water now happily secured, and with a board of health other than the City Council, elected here as elsewhere, from all conceivable motives but that of public health, to strengthen the hands and carry out the suggestion of the health officer, the death rate of this City can be reduced to at least from 10 to 12 per thousand.

Our Island contingent of physicians as a whole, I am glad to believe, are not only keeping within sight and hearing, but fairly abreast of the tremendous and rapid strides which our noble science has been making within the last few years.

Antisepsis in Surgery and Obstetrics is all but universally the practice. But we occupy the most anomalous position of any body of medical men so far as I know anywhere. We have no medical registration Act, and thus, not only the profession, but what is far more important, the public, have no protection against the quack and the pretender. We ourselves are largely to blame for this, for we have no organization or society through which concerted action is possible. I hope sincerely that your Journal will prove a powerful aid, nay an inspiration, in the remedying of these defects.

I had intended to give you a short history of our two hospitals, but I fear space forbids. However, this and a report of cases successfully treated in them, will form interesting contributions from some of the attending surgeons, for subsequent numbers of your Journal. I again wish you the success which your project, calculated to greatly benefit every practitioner in the Maritime Provinces, so richly deserves.

CHARLOTTETOWN, P. E. I.

To the Editor Maritime Medical News:

SIR,—I congratulate you and the members of our noble profession in the Maritime Provinces, on the commencement of a journal in our interests. Every doctor I have heard speak of it hails it with delight.

There is a little matter which I wish to bring to the notice of the profession. I had wished to bring it up before but shrank from the lay press which, at least in this province, has had a surfeit of medical matters in the last four years.

In July I examined a woman for the Lunatic Asylum. Upon my certificate, and that of another physician, she was received and became a city charge. I sent in my bill to the city and in lieu of payment received an elaborate opinion from the City Recorder. I believe the other physician was treated likewise. His Honor the Recorder says, besides other things: "There is nothing in the law that makes the City of Halifax liable to pay for any medical certificates. The practice pursued by the Government in the case of Pauper Lunatics is to pay for these Certificates and charge the Municipality with them, but there is nothing in the law to warrant them doing so. It may be the party has ample property to pay all expenses. I am of opinion the City is not liable unless they have requested the medical gentlemen to give such certificates, and the Government cannot charge the City with it."

From the above it appears that the Government had been acting in an unwarrantable manner all along, and that now the City of Halifax is either to have certificates provided for nothing, or name the physician who shall supply them. As regards the party having "sufficient property to pay all expenses," if that be the case why does the city pay for maintenance in the Asylum. Or perhaps the Recorder means that she may have sufficient to pay for the certificate only. It seems to me that it is rather a fine point to determine, whether a party has just enough to pay for a medical certificate, and nothing left to bear part of the expense in the Asylum. Then it seems to me that if the City must say who should examine, a good deal of trouble and awkwardness might sometimes arise. A man may become violently insane with suicidal or homicidal tendencies. Instead of the friends or neighbours being allowed to call in the nearest available physician to make out a certificate, a lot of red-tapism must be gone through, and in the meantime the man commitssome outrage. Besides, suppose a rather poor family have a physician upon whom they always call, when in need of one. In case any memper of the family becomes insane they must set aside the family physician, who knows most about the family, and call in two strangers.

I think the profession should clearly understand the rights of this matter, even if legal advice requires to be taken for that purpose.

When a physician is working for charity he likes to know it at the time.

F. W. GOODWIN.

HALIFAX, Oct. 23rd, '88.

The Maritime Medical News.

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