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

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

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

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

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

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

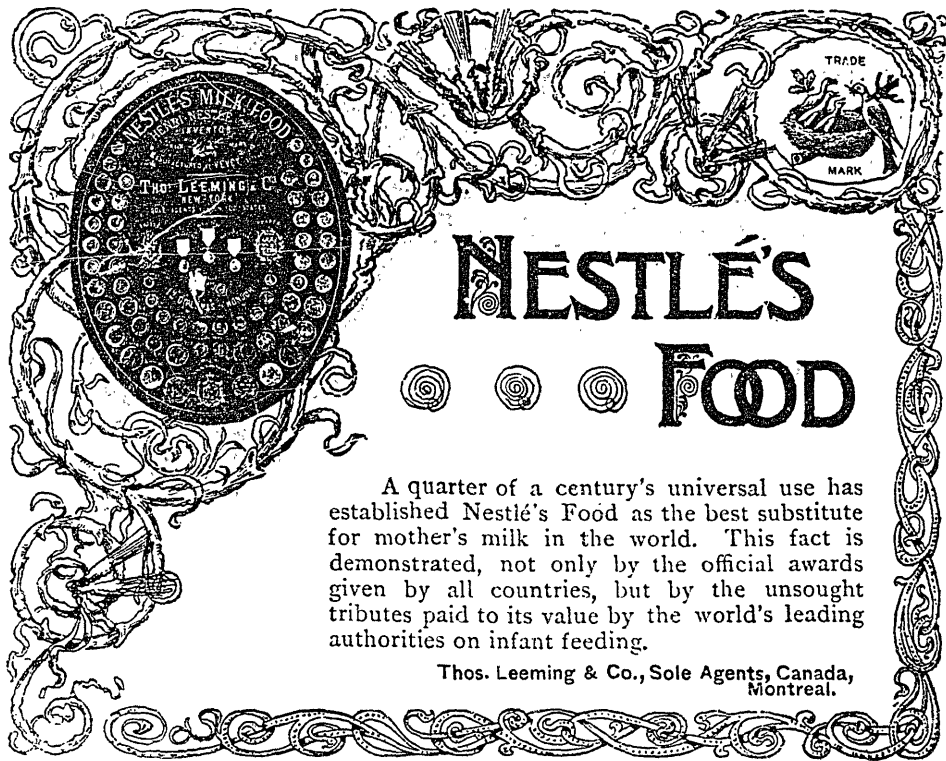
**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed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

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

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# The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. IV.

HALIFAX, N. S., JANUARY, 1892.

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### Original Communications.

#### ABSCESS IN THE BRAIN CAUSED BY SUPPURATIVE DISEASE IN THE EAR.\*

BY STEPHEN DODGE, M. D., HALIFAX.

Abscess in the brain is sufficiently frequent, as well as serious, to require no apology from me for occupying the attention of this Society for a short time. If not relieved, the mortality is almost uniform; hence any means which promise relief becomes necessary. Until within a few years the brain tissue was regarded as forbidden ground—a sort of *noli me tangere* to the surgeon. True, many cases of abscess of the brain have been operated upon successfully by trephining even as long ago as when Dupuytren and others boldly punctured the brain. Detmold of New York in 1849 punctured the ventricle and evacuated an abscess. But the result, in the majority of these cases, must be attrib-

ted to a happy hit, coupled with boldness, rather than to scientific precision.

Some of the most brilliant of modern achievements in our profession have been made in Brain Surgery. Macewin of Glasgow has gained imperishable fame, adorned his profession and made the world his debtor by what he has already accomplished in this department of surgery. For this progress we are indebted, first, to the modern treatment of wounds; and secondly, to a more thorough knowledge of the topographical anatomy of the brain and of the functions of its various parts. Without these, such results as those to which I have referred would have been impossible.

Pus may collect on the surface of the brain, or in its substance. In the former case the membranes become thickened by the inflammatory process and serve as a wall for the abscess on one side. But usually the pus is found in the brain tissue below the surface with

\* Read at N. S. Med. Soc.



an intervening layer of brain substance between; although a communication may sometimes exist between the collection of matter and the surface. Bergmann says, "so far as we know, there is no such thing as idiopathic abscess of the brain." In other words these collections of matter are secondary, depending upon septic inflammation near or distant. The most usual situations for the abscess are the cerebrum and the cerebellum, seldom in the central ganglia the pons, medulla or middle lobe of the cerebellum.

Mr. Barker says that more than 30 per cent. of cases of cerebral abscesses arise from ear disease. Dr. Gowers gives a percentage of 42.5 in 241 cases. Mr. Thomas Barr of Glasgow says "we are justified in attributing fully one-half of the cases of abscess in the brain to purulent disease in the ear. Dr. Keene of Philadelphia, I observe, gives the percentage as one-half. The intracranial complications of septic inflammation of the ear, whether bony or otherwise, are purulent meningitis, cerebral abscess, phlebotic thrombosis, and pyaemia. The two former are the most common and the least rapidly recognized. The majority of the purulent deposits in the brain from ear disease are found in the temporo-sphenoidal lobe, and the next most frequent site is the cerebellum. Mr. Barker says "cerebral abscess is three times more frequent than cerebellar." Mr. Barr in 76 cases gives 55 in the cerebrum, 13 in the cerebellum, 4 in the cerebrum and cerebellum, 2 in the pons and one in the crus cerebelli. Bergmann quotes Körner who gives a tabulant resume of 67 cases due to otitis. Thirteen of these were associated with thrombosis of the lateral sinus, 31 were

situated in the cerebrum, 19 in the cerebellum, and 4 in both the cerebrum and cerebellum. Another fact brought out by him is the greater frequency of abscess of the brain on the right side as compared with the left, which, he says, is true of all intra-cranial affections arising from diseases of the middle ear and caries of the mastoid.

The temporo-sphenoidal lobe and the cerebellum can better admit surgical interference than almost any other portions of the brain, and are of less value to life. Yet they afford the fewest and most unreliable symptoms for localization: as they are unattended with either motor or sensory paralysis when affected. Not until the abscess has become so large that it presses upon the Rolandic region producing motor paralysis, or until it affects the speech centre, or causes pressure upon the nerves at the base of the brain, are there marked localizing symptoms.

I will now proceed to give the history of a case of abscess in the cerebellum:—  
J.—F.—, admitted to the Victoria General Hospital Nov. 8th, 1890, Labourer. Has never had any previous sickness. Five years ago his ears "began to run." Discharge not constant, sometimes perfectly free from it. Five days ago the left side of his head became tender and painful. His previously defective hearing now almost gone.

Saw the patient on the 8th. Complains of some pain over the whole left side of head. Slept fairly the past night. Quite deaf. Temp. 100. 4. a. m., p. m. 101. Drum membranes gone. Except headache, no other symptom pointing to trouble in head. Slight discharge from ear. Ordered a lotion of morphia and atropine in the ear,

9th. Temp. a. m. 100.4, p. m. 101. Headache persisting. Ordered morph. sulph. gr.  $\frac{1}{4}$  hyd. submur. gr.  $1\frac{1}{2}$  every 2 hours.

10th. Temp. 99. Pulse slow; Nothing positive to show that there was anything wrong with any of the deeper structures, still I was strongly impressed in that direction. Headache diffuse, opiate relieved, yet not narcotized in any way. Slower in answering. Tenderness to pressure and percussion most marked over the mastoid, but not confined there. Front of head aches. Ordered 6 leeches to the mastoid.

11th. Temp. a. m. 101.1; p. m. 100. Pulse 66. Not improved.

12th. Temp. 100.5 a. m. Dr. Tobin saw him and agreed to the propriety of making an incision over the mastoid, and if no relief then to trephine. Becoming duller. No eye symptoms, nor vomiting but once, and that was attributed to the medicine he took for a cathartic.

13th. Condition unimproved. Temp. a. m. 100, p. m. 100.3; pulse 69. His deafness made it difficult to converse with him. Brain functions more impaired. Slow in breathing. Answers correctly when spoken to in a decided manner. No difficulty in speech.

14th. Temp. a. m. 100; p. m. 98. Headache persists. Seldom refers to any pain in occipital region; Sometimes to forehead. Tenderness most marked over lower and back part of mastoid.

15th. Temp. a. m. 100; p. m. same; pulse 60. Still duller. Very slow in answering. Difficult to comprehend questions asked him. Breathing slow. No Cheyne Stokes respiration. No rigidity of muscles of neck. No eye symptoms,

except some dilatation of both pupils. Dr. Farrell being on duty on the surgical side was asked to trephine—which he did, making an opening in the mastoid at the part near the mastoid foramen, after raising up a flap of the overlying tissues. On coming down upon the dura mater a thin whitish fluid came out of the opening at each pulsation of the brain, indicating inflammation of the membrane. It was felt that the disease causing the symptoms had been reached. The wound was carefully dressed after drainage had been provided for by horse hairs which readily passed between the bone and the membrane; but he died the next morning without having any symptoms to indicate further disease.

Autopsy by Dr. Morrow on the 16th. When the brain covering was removed meningitis was found over the temporo-sphenoidal lobe—destruction of the whole inner table of bone corresponding to the mastoid cells, and an abscess in the cerebellum extending from the tip of the left lobe to the median line, dissecting it completely in two. The contents of the abscess were greenish and very fetid, and surrounding the abscess was a dense capsule. An opening existed in the abscess next the mastoid and a probe passed from within the cavity in the cerebellum outwards impinged directly upon the dura at the site of the opening made by the drill, beneath the lateral sinus. If the dura had been punctured the abscess could have been easily emptied. No pus was found beneath or about the lateral sinus or in the posterior fossa.

In reviewing the foregoing case it is evident that the abscess was of long standing. Its walls were nearly one-

quarter of an inch thick. Dr. Gowers says taking together all cases of cerebral abscess it is about equally common for a capsule to be present or absent. The time at which one is formed is important, because if known its presence affords some indication of the age of the abscess. The question can only be decided by traumatic cases in which the commencement can be accurately determined. In such cases the first indication of a delicate membrane has been seen at the end of the second week, but it is rarely distinct before the end of the third week; and it only assumes its character as a well-defined membrane with a smooth capsule at the end of two months. But an abscess may remain for a much longer time without a capsule. Von Bergman, who by the way has written a most valuable monograph on the surgical treatment of diseases of the brain, says, "the slowly developing abscesses of the brain which really constitute the subjects of our consideration are most frequently encapsulated." The condition of the bone in the mastoid region also gave evidence of the duration of the intra-cranial complication. Roswell Park, in a paper read at the Congress of Surgeons in 1888, says, "the formation of these deeper collections of pus in the brain may lie dormant for weeks, months or years." If further proof of his statement was needed, it is only necessary to examine the literature of this subject in regard to the length of time such abscesses may exist. I find one case lasted 28 years. Besides the duration of these intra-cranial complications, another fact demands our attention, viz., that up to a fortnight before his death, not a symptom, subjective or objective,

occurred to reveal the existence of any disease in the brain or its bony covering. Toynbee says, "chronic changes dependent upon disease of the ear may be insidiously going on in the brain substance without there being any symptoms of cerebral disease."

The symptoms of brain abscess are of a threefold character: 1st, those arising from the suppuration itself, and are like those produced by every deep seated collection of pus; 2nd, those from intra-cranial pressure; 3rd, those from the particular seat of the abscess, or focal symptoms. It is manifest the last are of special importance. Among the first class, temperature is especially to be noted, as it is for the greatest part of the time either normal or subnormal; though grave general symptoms exist. The temperature, however, sometimes rises, especially towards the end, often with delirium; but generally it falls again. Ferrier says "many cases of cerebral abscess appear to run their course without causing febrile disturbance, the temperature being in some rather subnormal than the reverse." Bergmann and others state that the local temperature is increased. Just here it may be well to note that Gray and Seguin found the temperature of the left side normally higher than that of the right. There may be a chill and vomiting. Now if the general temperature is normal or sub-normal, and local temperature elevated, pulse slow, with pressure symptoms, we should be on the look out for abscess. I had no means of taking the surface temperature, and the general temperature was above the normal all through but once. There was no chill. Vomiting did occur, but it was doubtful whether it arose from

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

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# For the Cure of Nervous Headaches.

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## BROMO SODA.

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

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

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

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## BROMO POTASH.

(WARNER & CO.)

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

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

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

The coating of the following Pills will dissolve in 3/4 minutes.

### Pill: Sumbul Comp.

(DR. GOODELL.)

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

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

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Each Pill contains:

R—Sulphite Soda ..... 1 gr.  
Salicylic Acid ..... 1 gr.  
Ext. Nux Vomica ..... 1-8 gr.  
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DOSE—1 TO 3 PILLS.

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

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3 GRAINS. DOSE—1 TO 3 PILLS

Ferri Sulph. Fe SO<sub>4</sub> | Ferri Carb. Fe Co<sub>3</sub>  
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Carbonate of Protoxide Iron.

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

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### Pill: Chalybeate Comp.

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

DOSE—1 TO 3 PILLS.

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

Medical Properties, Tonic, Laxative.  
DOSE—1 TO 2 PILLS.

Try this pill in habitual constipation. One pill three times a day.

### Pill: Antidyspeptic.

(DR. FOTHERGILL.)

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

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

### Pill: Arthroslia.

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For cure of Rheumatism and Rheumatic Gout.

Formula:

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Almost a Specific for Rheumatism and Gouty complaints.

the brain disease, or from cathartic medicine used, which nauseated him.

Headache is a very marked feature of the second class, often associated with moaning; pulse slow, also respiration; mental faculties impaired. Convulsions may occur, especially if motor-area is involved. Bowels and bladder may be evacuated involuntarily. Choked disc may exist; also paralysis of the various muscles of the eye. In this case the eye was in no way involved, except towards the last, when the pupils became dilated.

Of localizing symptoms there were really none at first; but afterwards the tenderness on percussion in the region over and around the mastoid pointed to that part as the probable seat of disease. Ferrier says, "I would not consider the position of the tender spot (tender to percussion and pressure) as of itself a safe guide to the localization of abscess or other cerebral disease, for the pain may be referred to a region at a considerable distance from the disease." Mr. Hulki records a case in which there was a tender spot above the ear, whereas the abscess was in the cerebellum; and in a second case it was felt acutely in the occiput whilst the abscess was in the temporo-sphenoidal lobe. Ferrier further says that pain on percussion, but not spontaneously complained of, is of greater value than mere tenderness on pressure.

Keen says "percussion and pressure on the head are also valuable, but alone are not to be relied upon. Taken with other symptoms they may assist materially in the localization of abscess."

Abscess in the cerebellum is often attended with much difficulty in diagnosis, from the absence of any distinctive

signs. Occipital headache is often present. Sometimes vomiting, inco-ordination of movement, especially an unsteady staggering gait; probably owing to pressure on the middle lobe of the cerebellum. Rigidity of neck muscles may exist in which case it is likely due to slight meningitis. Ptosis and defects in the ocular movements arise from pressure on the pons, or secondary softening. Pressure may even cause internal hydrocephalus. It has not been explained why choked disc, so common in the latter, should not be more frequent in this form of abscess. Yet in this case not one of these symptoms existed, except the occipital headache, which was by no means localized. If the foregoing symptoms exist, or some of them, with tenderness on pressure and pain on percussion over the cerebellum, they may point definitely to this region as the seat of the disease. Keen says, "it is especially important that all cases of brain abscess should be observed and reported with the minutest and most exact detail; especially if there are any symptoms of the cerebellum being involved, in order that one may learn how to make a more exact diagnosis." And here Von Bergmann's remark eminently applies, "the technique of the evacuation of brain abscess no longer deters us from operating. All progress in treatment must depend chiefly upon diagnosis."

In meningitis, delirium, delusions, photophobia, contraction of the pupils, convulsive facial twitchings, high temperature and marked rigidity of neck muscles are for the most part present; while in thrombosis of the lateral sinus, the internal and the external jugular veins would be most likely involved

from extension of the thrombus. If so they would feel hard and cold-like, and the veins of the face would be affected, becoming swollen. Pyaemia was ruled out as there were no rigors nor perspiration, nor general prostration. Nor would the intellect have been impaired, becoming increasingly dull.

Sub-dural or extra-dural abscess.—This generally arises when the ear disease causes pachymeningitis, resulting in pus between the dura and the bone. Dr. Keen says "it can not be distinguished from cerebral abscess proper, or from lepto meningitis, or thrombosis of the sinus, by the eye symptoms or headache, but other means may enable us to do so. The temperature in marked contrast to cerebral abscess will rise to 102° to 104°. The pain is fixed usually either above or behind the ear and is increased by percussion and pressure. The mastoid of course will be involved, but the tenderness on pressure or percussion will extend both further back and higher up than the mastoid. Usually there will be oedema of the overlying scalp. If the mastoid has been already opened and no improvement followed and no marked symptoms of the other cerebral diseases mentioned such as the pronounced cerebral irritative lesions of lepto meningitis, the localizing or focal symptoms and low temperature of cerebral abscess, or thrombosis of the internal jugular or other signs of pyaemia in plugging of the lateral sinus, we should suspect extra-dural abscess." Pressure symptoms are rarely seen in extra-dural abscess, especially if it should arise from aural trouble."

Operations.—In operations upon the mastoid the drill, chisel or gauge and the trephine have all been used. The

Germans chiefly use the chisel or gauge, while the British and Americans resort to the trephine, though some use the drill. But in operations for abscess of the brain the trephine is generally employed. Various spots have been selected for trephining in cerebral abscess connected with aural disease; some going in front of the ear; others behind it. Mr. Caird, among the early operators, selected a spot for the centre pin of the trephine  $1\frac{1}{4}$  inch behind the external angular process, and an inch above the zygoma. In this position corresponding to the antero-inferior angle of the parietal bone there is danger of wounding the middle meningeal artery. Keen of Philadelphia, who has done some very successful work in brain surgery, selected, in one case for special reasons, a site  $\frac{3}{4}$  of an inch in front of the meatus and  $1\frac{1}{2}$  inch above Reid's base line. He very properly makes this criticism with reference to this spot, viz., the risk of wounding the middle cerebral artery in case the brain had to be incised or punctured. Mr. Barker, of London, having taken much pains in the dead house to settle the question of site for the operation says "two-tenths of the temporo-sphenoidal abscesses are found within a circle three-fourths of an inch in diameter, the centre of which is an inch and a half above and the same distance behind the meatus. Accordingly he takes what is known as Reid's base line as the basis of measurement. From the centre of the meatus backwards on this line and the same distance upwards the centre pin of the trephine is to be entered. The opening will then correspond to the posterior inferior angle of the parietal bone and the posterior part of the middle temporo-sphenoidal convo-

lution. Through this opening a director pushed "downward, forward and inward in the direction of the opposite ala of the nose, would pass through the axis of the temporo-sphenoidal lobe, and be almost certain to strike an abscess of any size." For exploring purposes the director is preferable to the needle. The latter is more liable to wound the vessels and even suck up healthy brain tissue. In case the director fails to strike pus in the direction indicated, it can be entered into the brain tissue in other directions.

Mr. Barker, with a view to determine whether the situation of the pus is in the cerebrum or cerebellum, exposes the mastoid foramen containing the mastoid vein. He thinks the pus can scarcely reach the cerebellum, if there is inflammation of the posterior aspect of the petrous bone, without forming a layer of pus under the lateral sinus. If this is so, he says the pus will escape by the mastoid foramen, if exposed. This opinion was certainly not confirmed by the case which I have reported, as there was no evidence of pus escaping through the mastoid foramen.

In operating for abscess in the cerebellum the trephining must be made well below the superior curved line, so as to avoid the lateral sinus, a point mid-way between the tip of the mastoid process and theinion or occipital protuberance. In making the flap the occipital artery will be severed and will require to be ligated before using the trephine.

Editor.—I've paid for this joke before.

Humorist.—You never paid *me* for it before.—*Kate Field's Washington.*

## AN ADDRESS BY J. S. COLEMAN, M. D., OF GRANVILLE FERRY,

PRESIDENT OF THE NOVA SCOTIA MEDICAL SOCIETY, AT THE MEETING OF 1891.

GENTLEMEN :

\* \* \* \* \*

If hitherto you have felt like faulting some of the papers presented from the chair, as being too scientific as well as too lengthy, I shall on this occasion feel hopeful of pleasing you upon these two particular points at least. For whilst I naturally claim that my little paper is both truthful and practical, it may be noted for its simplicity and for its brevity.

It is a matter of congratulation that a fraternal feeling, conjoined with a desire for mutual benefit, has drawn together the members of the profession in the Lower Provinces into the formation of the Maritime Medical Association, which I trust may be so supported as to be a fitting mouth-piece in matters professional and otherwise for the medical fraternity in the three provinces represented.

And whilst we must recognize that we are largely what we make ourselves, yet such an Association should, to quote the "News," prove a powerful body in influencing matters to the benefit of the profession. It is to be hoped that it may eventually lead to a reciprocity in medical registration. Failing as we have in political maritime union, we may at least hope for a professional one.

In connection with this subject I would refer to the advisability of awakening an increased interest amongst members of the profession in the Provincial Medical Society. For while it is with



great pleasure that I greet those present here to-day, yet it is joy with a mingling of regret, for it must be evident to those attending those meetings, judging from the members present, there is not the interest manifested in the gatherings that should be. And why? Perhaps each absentee will have to answer that query for himself; but I am afraid that the greater portion would not care to give the real reason. Is it the result of close competition?—the fear that “A” will get the advantage if “B” goes, or “B’s” hope that he will get what “A” leaves if he stays? Of course many are so situated that they cannot well leave without sacrificing the interest of their patients, but with another class I suspect it is rather a matter of dollars. These may ask, will we be repaid for our loss of time, etc.? I would answer most emphatically, Yes, doubly so. It may not be the absolute information gained here, though that is not inconsiderable; but these gatherings act as a spur to further thought and research. And in this perhaps is the chief value, not to mention the social side of the question, and the cultivation of a more fraternal feeling among those associated for a few days.

In a more general sense the Society should have the support of the best men, in that, in the eyes of the public, it represents the profession at large. It would be vain to expect to remain classed among the so-called liberal professions if we show that our sole object is but the accumulation of a few dollars, or that our ambition does not rise above circumventing a neighbouring practitioner in the matter of gaining support.

Can anything be done more than has been, to insure a larger attendance and

awaken a livelier interest in the doings of this body? Perhaps the only feasible plan will be by personal representation on the part of each, though something might, I think, be done through the medium of the County Medical Societies, where they exist.

This, Gentlemen, is my third year in attendance, yet I do not hesitate to give these Associations a most hearty support, as the benefits that must accrue from such an organization must have a lasting effect upon the advancement of Medical Science.

I must here congratulate the medical students of to-day upon the great and improved changes which have taken place in the methods and facilities for study. Hospital facilities are much increased, as also laboratories and apparatus, giving the student opportunities for real improvement which he could not command, for they were unknown even a score of years ago. And whilst empiricism is still obvious, truth and principles are generally becoming evolved out of the chaotic mass of facts known to scientists.

During the year since we last met, I have been busy, as you have been, with the practical work of our profession. If you have wrestled with problems full of importance but difficult of solution, you have done as I have done. If in emergencies you have been perplexed to know *how* you should act and *when* you should act, then your experience has been parallel with mine. I have no doubt we all have felt the pleasure of successful work during the past year, and that we all at times have seen our best endeavor defeated. These common experiences bring us together on a common ground. Our profession links its mem-

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Phosphorus has not, however, met with that general favor from medical men it so richly deserves, on account of the difficulties of administering it, and the uncertainty of results from many of the various compounds and preparations offered, their liability to become inert in time, and the irritation and distressing effects often attending their use through careless manipulation. We can assure our friends of the profession that in **Wyeth's Sugar-coated Compressed Tablets**, each and all of these objections have been overcome, and as now presented to them, afford a means of administration not before equalled—not only as regards their convenience, permanency, and freedom from irritating after-effects, but also the absolute accuracy, of dose, speedy solubility, and therapeutical excellence.

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“ “ Phosphorus Compound	35	Wyeth's Pill Phosphorus et Ferri et Quin Sulph Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain, Quinia Sulph. 1-2 grain,	75
Phosphorus 1-100 grain, Extract Nux Vomica 1-6 grain.		Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Comp.	95
Wyeth's Pill Phosphorus Compound et Ferri... Phosphorus 1-120 grain, Ferri Carb, Sacch. 1 grain, Extract Nux Vomica 1-8 grain.	50	Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain, Quinia Sulph. 1 grain, Acid Arsenious 1-50 grain.	95
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Phosphorus 1-100 grain, Extract Coca 1 grain, Extract Nux Vomica 1-4 grain, Vallet's Mass 1 grain, Quinia Sulph. 1-2 grain.		Wyeth's Pill Phosphorus, Nux Vomica et Damiana.	60
Wyeth's Pill Phosphorus et Ferri.	50	Phosphorus 1-100 grain, Extract Nux Vomica 1-8 grain Extract Damiana 1-2 grain,	
Phosphorus 1-100 grain, Ferri Carb. Sacch. 2 grains.			

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GENERAL AGENTS FOR THE DOMINION.

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bers together in a common sympathy. We have common interests; we labor in a common cause. We need to make our knowledge common property; we need no copyrights, no patents. It is valuable for us to meet and present our opinions, to discuss theories, recall our experiences, and strive to get abreast with modern thought.

The most advanced teaching of the time when many of us were students of medicine are now antiquated. The progress of the last few years presents a bewildering field for study, and has many practical out-growths. To some of these I wish to ask your attention:—The antiseptic treatment of wounds forms a notable part of the progress of recent years. We have seen it grow up within our experience. Its development has been so gradual, its details so minute and yet so simple that I wonder sometimes if there are not many of us, separated as we are from great medical centres, who underrate its importance. The bacteriologists have taught us why we should study antiseptic and aseptic treatment. It is not operative surgery alone that demands that every act should be carried out under strict antiseptic precautions; but every man who presumes to treat an accidental wound, or an infectious disease; or to attend a mother during the trying ordeal of maternity, should be a master of cleanliness and the germicidal art. Dr. Oliver Wendell Holmes has told us in his terse style, that the time to treat many diseases is a hundred years before the child is born. The same principle applies to many acute diseases. They should be prevented. We know how "the plague" of the early and middle ages has disappeared

under simple sanitary rules. We have seen how the ravages of cholera, yellow fever and small pox have been limited by sanitary precautions, i. e., national and international system of prevention.

While all this scientific war is being waged against infection and contagion, "the pestilence that walketh in darkness," is every day infecting bladders and kidneys—being introduced on unclean catheters; poisoning wounds with unclean scalpels, and slaying women in childbed.

The most dangerous instrument in practice is the omnipresent forefinger, which palpates every surface, handles every extremity, and explores every cavity of the human body, which strokes the cat, fondles the dog, caresses the horse, explores the pulse of scarlet fever, swabs diphtheritic throats, dresses erysipelas, handles gangrene, shakes hands with all acquaintances, clean and unclean, gathers filth from every nameable source, sits by the bedside by night and by day, exploring parturient vaginas and leaving its infection there. Thousands of women are living lives of pain who to-day would be well and happy, had the doctor carried his bottle of soft soap, his nail brush and his mercuric Chloride Tablets, and used them thoroughly before he approached the bedside. Thousands too have finished their sufferings, cut off too early by the doctor's deadly finger. Every one of us has seen women dying of what we and others call "childbirth;" we know now that most of these deaths could have been prevented. *Sad reflection!* I need not enter into detail as to how we know it, every modern text-book of surgery teaches the principles of infection and of guarding against it. The laws of

civilized nations require that practitioners of medicine shall give their patients ordinary care, and hold them responsible if they fail to do so. Now, what defence shall we make in court if sued for causing the death of a parturient case by infection, if we have not used all the means known for its prevention? Such suits will occur, and no one of us knows when he will be arraigned to answer for his treatment in case of labor. How shall we answer the interrogatories of our conscience in fatal puerperal fever if we neglect the simple rules of antiseptics? Many of us have been in the habit of treating puerperal cases after old rules, and have generally seen good results. These successes have the dangerous tendency to make us believe that extra precaution is nonsense. But now and then a fatal puerperal fever has arisen, or pelvic inflammation with or without abscess has developed, or a so-called milk fever has supervened. We know now that these are one and the same thing, differing only in degree, viz.: infection. We know too that they are preventable. These lamentable cases will arise now and then in the practice of those of us who neglect or imperfectly perform our antiseptics; and if a professional brother is subpoenaed as an expert by a prosecuting attorney, I fear he would be unable to assist the unfortunate practitioner. I do not ask you, gentlemen, to place your belief in any germ theory if it seems unreal to you, I simply invite your earnest attention to a few practical details for the safety of ourselves and our maternal patients. The source of the infection may be in the external genitals, the vagina, or from decomposing secretions and clots after labor. It may lurk under the doctor's

finger nails, or in the epidermis of the finger, or on his instruments if he use them. If we could all see what an enormous absorbing surface we have in the parturient canal, how many little rents and abrasions occur in the most normal labor at term, we should the more easily realize dangers that exist.

What one of us, supposing he had on his thigh a denuded surface of from sixty to one hundred inches in area, with here and there a little wound into the true skin, or through it, would allow a doctor to rub his dirty fingers over it? or would allow mucous and decomposing blood-clots and serum to run over it and soak into its surface without any attempt to wash it off? I venture to say—not one—yet this is what many of us are doing to that enormous absorbing surface in the parturient vagina and uterus, which are nearly always slightly wounded, often deeply torn, to say nothing of the site of the placenta and the great lymphatic supply of the uterine wall.

The simplest case of labor premature or at term should never be examined per vaginam until the whole surface surrounding the genitals, and the parts between the labia have been thoroughly cleansed with soap and water. The doctor's hands and arms should be most thoroughly scrubbed with soft soap, and a nail brush first, then with a warm sublimate solution of the strength of one to one thousand. This is usually sufficient, but a vaginal injection of warm carbolic solution of two and one half per cent. will be safer still. To lubricate the fingers, a three or five per cent carbolized sweet oil or vaseline should be used, common grease never, soap being better than grease. The

hands should be washed in a sublimate solution before any repetition of the examination. If instruments are used they should lie in a warm carbolic solution five per cent. in strength. After the birth, the vagina should be carefully syringed out with two and one half per cent. carbolic at once. This should also be repeated twice every day as long as discharge continues, with the same solution, or one to thirty solution of Borax.

The vulva should be covered with a small pad, wet in 1 to one 1,000 sublimate, and covered with a dry, clean napkin. These to be changed every three hours as long as discharge continues. No man has any excuse for not carrying them out under ordinary circumstances. If these precautions are taken in behalf of our much-beloved and great "motherhood," neither court nor conscience can ever embarrass us; many a woman will escape serious consequences, and we shall have fulfilled our function as intelligent and progressive physicians.

The influenza is abroad again in full swing. In England it is very prevalent, and many serious results have attended its ravages. In certain parts of Canada there is a good deal of it, and in Halifax it has attacked a large number of the people. The type differs somewhat from that of two years ago. The cases are generally probably not so severe, but recovery is slow even in the apparently slight cases.

Dr. Stoddard has returned to Halifax from Pueblo, but will shortly go back with his family to Colorado, considerations of health compelling him to do this.

## Maritime Medical News.

JANUARY, 1892.

### EDITORS.

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

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

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

DR. MORROW,

*Argyle Street, Halifax.*

The faculty of observation, minute in detail, is of the greatest importance to the practitioners of medicine, and in no other calling will its systematic education be rewarded with more practical and valuable results. We think we are safe in saying that as a rule the importance of educating the mind to take into account even the most seemingly trivial characteristics or apparently unimportant circumstances in connection with a patient before forming a decided opinion, is not sufficiently impressed on the student, or always carried out as carefully as may be by the consultant. T. Lauder Brunton, in a most interesting and entertaining address recently delivered, refers to this point and shows how much it is possible to know about a patient without asking a question, by sim-

M. P. P.

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- (g) **Where there is sleeplessness from flatulence, over-taxed brain and nervous system.**

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ple minute observation, and he tells a very funny true story illustrative of the point, which we refrain from repeating, as it, with the address, may be seen in the first issue of this year's *B. M. Journal*. Recording one's cases is always good practice in this line, and gets one into the habit of looking for and seizing upon all the important dates. Reporting for publication is, perhaps, still better, as the omission of anything necessary for a proper diagnosis or understanding of the case is sure to be noticed and commented on. As a rule we do not take the advantage we should of publishing our experience in the treatment and diagnosis of diseases, and we are all losers thereby. To quote from the address already alluded to "one of the greatest losses of medicine is the loss of individual experience. We find that men most able and successful in the practice of their profession, in the recognition and treatment of disease, die and carry their knowledge away with them." Let us hope that the *MARITIME MEDICAL NEWS* may be the means of lessening this evil to, at least, some extent.

We trust that the reduction in price of the "News" will be appreciated by our subscribers. It will perhaps enable them better to tell their professional friends who don't subscribe that they should do so, and that they certainly cannot grumble at the price.

Will those who have received bills, stating the amount of their indebtedness for subscription, give us the benefit of a prompt remittance of the amount. The individual amounts are not large, and can probably be sent just as conveniently one time as another. A number *are* remitting promptly, which is as it should be.

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### *Correspondence.*

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BALTIMORE, MD., JAN. 2ND, 1892.

*Dear M—,*

In fulfilment of a promise made some time ago I enclose a few random jottings which it is hoped may prove interesting to some of your readers. The character of the work in which I have been engaged, as well as other causes, have prevented me from complying with your wish, but I intend to be more prompt in the future. As yet there is no school of medicine connected with the John Hopkins Hospital, but ample opportunity is afforded to graduates and advanced students to pursue special studies both in the wards and in the pathological laboratory. The latter is one of the great features of the hospital, and under the management of such able men as Profs. Welch, Councilman and Nuttall, attracts many students, in fact more than present accommodation admits of. A short stay here will convince any one that no modern hospital can be regarded as well equipped until it is provided with a pathological laboratory, and what is still more important having a skilled pathologist at its head.

Many of the peculiar features of treatment seen in the wards are largely



based upon researches conducted by the pathologist and his assistants, and much of the work done that has given the hospital so commanding a reputation emanates from the same source. To attempt a description of the hospital without plans would be tiresome. Ample provision is made for pay patients, and the charges are not excessive. The out-patient department is very largely attended and popular among the poorer classes. Here some fifteen or eighteen doctors may be found at work daily. Fairly accurate histories are taken of every patient and filed away for reference. A small charge is made for medicine, ten cents a bottle, I think.

The management of the hospital is somewhat different from that which usually prevails. The general management is placed in the hands of the medical superintendent, who has nothing to do with the treatment of cases. He is the executive officer of the board of trustees. His duties in many respects resemble those of a superintendent of a lunatic asylum.

The patients are placed directly under the care of heads of departments known as the physician-in-chief, surgeon-in-chief, and gynecologist-in-chief, who receive a salary of \$5000.00 per annum, and are permitted to engage in private practice.

There is also a chief pathologist who receives a similar amount. Under each chief are three or four resident assistants who, in most instances, are not salaried. The residents usually remain two years. It is needless to say that these positions are very much coveted.

The present physician-in-chief is the well-known Canadian, William Osler, formerly of Montreal, who is generally

regarded as a tower of strength. Among the resident staff are Dr. Hewettson of Montreal, Dr. Barker of Toronto, and Dr. Cullen of Aylemer, Ontario. The lady superintendent of nurses, Miss Hampton, is also, I believe, a Canadian. A fair sprinkling of the same element is found among the students.

The work done in the in-door departments is of the highest character, and the reports issued from time to time are eagerly sought for both at home and abroad.

As yet I have seen but little of the work done in the surgical and gynecological departments having had only time to spend in the medical wards.

Every effort is put forth to make an accurate diagnosis and give a scientific value to the report of the case.

In respect to therapeutics, great attention is given to hygiene and dietetic measures, drugs being only prescribed when imperatively demanded. Polypharmacy is abhorred and new agents employed with very considerable caution. A student who comes here with the expectation of obtaining a fancy list of prescriptions will be very much disappointed. Rational therapeutics as I have said prevail, although empiricism is not wholly rejected nor unfortunately can be at the present time.

An excellent opportunity is afforded for studying fever, as a very large percentage of the cases admitted are of this character. In northern climes there is usually little difficulty in arriving at a diagnosis, here the prevalence of malaria complicates the question. The differentiation is here accomplished by one or more examinations of the blood. The absence of Laverans organisms, of which I shall speak on another occasion, excludes

malaria. The application of cold in form of the bath as used by Brand and Currie is employed in all cases, unless the elevation of temperature is very slight.

A record of the temperature, pulse and respiration is taken every third hour, and if the temperature exceeds 102.5 F at the time of observation the bath is resorted to. A portable bath is wheeled to the bedside containing water at the temp. of 70 F. The patient is immersed to the neck, and if the nervous symptoms are pronounced cold is also applied to the head. The patient remains in the bath ten to fifteen minutes. On removal he is quickly dried, placed in warm clothing, and either some warm broth or a stimulant administered. The bath is repeated whenever the temperature rises above 102.5 F. The effect on the temperature is in most cases decided. It falls from one to four or five degrees, the degree and the duration of the depression depending to a large extent on the original severity of the disease. In some cases as many as 80 or 90 baths have been used, but 30 will represent about the average. The nervous irritation is notably allayed, the patient usually sleeping well. Advocates of the treatment think that many of the respiratory and abdominal complications are averted, though this is a difficult question to determine. The mortality here has been exceptionally low and severe complications absent.

The patients as a rule object to the bath. Where the cardiac action is feeble, strychnine is given in small doses three or four times daily. The diet is very carefully watched during convalescence, and it must be difficult at times for the physicians to resist the earnest

pleadings of the patients for more substantial food. The dejecta are carefully disinfected throughout.

Favourably impressed as I have been by the many advantages of this mode of treatment, I can see many obstacles to prevent its being successfully carried out in private practice.

The repugnance on the part of the patient will have greater influence, and I cannot see how it is possible to have it done without some conveniences not usually found in private families. The aid of a trained nurse is also indispensable. Fearing I have already trespassed too much on your space I must reserve other points of interest for another communication.

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EDINBURGH.

DEAR M. :

When you ask me who is the most interesting figure in the surgical world of Britain to-day, I think I have not much difficulty in making reply.

There is, of course, and there will be while he continues to work, a steady stream of pilgrims to pay homage to the genius and skill of Lister. But in his case interest has passed into admiration and reverence.

And there are two or three specialists at work in Britain, whose methods and whose successes attract attention far and wide.

But there is one shrine in particular to which you find all the clever and aspiring operators journeying: that shrine is the Royal Infirmary of Glasgow, and the *genius loci* is William Macewen.

He has written comparatively little, but while other men have been writing, he has been working, and most of the

work he has done has been original, striking, and brilliantly successful.

Macewen's Osteomy, Macewen's Radical Cure for Hernia, are among the most successful of modern surgical methods, and are practised throughout the world; and you recollect, no doubt, the *fiore* of enthusiasm and applause evoked by his exhibition of cases illustrating cerebral and spinal surgery, at the Glasgow meeting of the British Medical Association in 1888; a series of cases which, as illustrations of skill in diagnosis, courage in operating, and brilliance of result, have not been paralleled by any operator on the nervous centres. Dr. Macewen's paper on that occasion is probably the most valuable contribution to the art of Surgery since the appearance of Lister's famous articles (which also, by the way, dated from the Royal Infirmary of Glasgow), and the array of cases then shown by him clearly mark him out as the chief pioneer in Cerebral and Spinal Surgery.

Macewen is a man of distinguished presence. The tall, erect, spare figure, closely-trimmed grey hair and pointed beard, the deep-set, keen grey eyes, and a certain lightness and rapidity of movement, suggest the medical swordsman: you feel that the hat, the mantle and the rapier alone are wanting to complete the presentment of a 16th century soldier.

My friends and myself found a genuine, if not a "gushing" welcome, and were shown all over his wards, where some most interesting cases were seen. The most remarkable case, as it seemed to me, was that of a boy about twelve years of age who had had a large tumor removed from the right lobe of the cerebellum; indeed, from the size of the

growth and the manner in which it implicated the brain, the operation was practically the removal of the right lateral half of the cerebellum.

The operation had been done several weeks before. The boy lay on his back: the pupils were greatly dilated, but he saw and could count fingers, and answered questions intelligently. He appeared unable to locate the direction from which voices proceeded, and there was some incoördination of movement; but there had been in all respects considerable improvement.

In his operations on the brain Macewen still uses the spray, partly because, to use his own words, "it is hard to give up an old faith," and partly, because he thinks it is, after all, a safeguard.

Horsley also uses the spray in these cases, and considers it an advantage, as being the most efficient form of irrigation.

In ordinary operations Macewen uses free douching with a one per cent. solution of carbolic acid. The skin is purified before operating, with a one-in-forty solution of carbolic acid. Turpentine and methylated spirit are also used in some cases to cleanse the skin. The part to be operated on is wrapped for some time previous to operation in carbolized gauze.

He also uses iodoform very freely, diluting it with an equal part of powdered boracic acid.

Thus, in a case of hipjoint disease, with an abscess over the trochanter, he opened the abscess under a douche of one per cent. carbolic lotion, scraped it out with the sharp spoon, and applied a large quantity of the iodoform and boracic acid powder. He then packed the cavity with strips of sterilised gauze.

(From the "New York Medical Journal," May 18th., 1889.)

# A TONIC FORMULA.

BY AUSTIN FLINT, M.D., LL.D.,

PROFESSOR OF PHYSIOLOGY IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK;  
VISITING PHYSICIAN TO BELLEVUE HOSPITAL.

IN the NEW YORK MEDICAL JOURNAL for July 31, 1886, Professor Allard Memminger, of Charleston, S. C., published a short article on "Bright's Disease of the Kidneys successfully treated with Chloride of Sodium." The salt is given in doses of ten grains three times daily, the doses being increased by ten grains each day until they amount to fifty grains each. It is then diminished to sixty grains in the day and continued. I employed this treatment in a few cases, but did not meet with the full measure of success noted in four cases reported by Professor Memminger, although in some instances there was considerable improvement. The suggestion by Professor Memminger, however, and his theory of the mode of action of the sodium chloride, pointed to a possible deficiency, in certain cases of disease, in the saline constituents of the blood. Under this idea, I prepared a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. I first used this preparation in the form of powder, giving ten grains three times daily, after eating. It was afterwards put in gelatine capsules, each containing five grains, but these absorbed moisture so that they would not keep well in warm or damp weather. The preparation is now, in the form of sugar-coated tablets, all under the name of saline and chalybeate tonic. I usually prescribe two tablets three times daily, after eating. In a few cases six tablets daily have produced some "fullness" of the head, when I have reduced the dose to one tablet three times daily.

Messrs. Wyeth are now manufacturing these Pills, both plain and sugar-coated. Their extensive use would seem to confirm all the claims made for them by Dr. Flint. In ordering, please specify Wyeth's Tonic Chalybeate Tablets.

**Tonic Chalybeate (Flint's). Per Bottle of 100 Tablets, ...\$0.35.**

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

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

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

**ITS CURATIVE POWER** is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

**ITS ACTION IS PROMPT;** it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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

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## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, *in the property of retaining the Strychnine in solution*, and in the medicinal effects.

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

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

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**WHOLESALE AGENTS.**

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He intended waiting until the cavity had granulated before operating on the diseased joint.

The instruments are kept in a glass case with enamelled iron frame, dust-proof as in the best German hospitals, and it is the duty of one of the nurses to attend to the instruments and clean them after operations, and no one has a key for the instrument press but this nurse and Macewen himself.

I cannot help thinking this is straining a point. Immersion in a solution of carbolic acid of 1 in 20, or even 1 in 40, for half an hour before operation, should make ordinarily cleaned instruments quite safe; and then, under this system the students do not acquire that familiarity with the uses and appearance of instruments which they do when they take turns as "instrument clerks."

### ST. JOHN CORRESPONDENCE.

*To the Editor of the Maritime Medical News:*

DEAR SIR,—Ah-tish-ah! We have it all right enough, but perhaps not to the same extent as two winters ago. There is more, too, of the running from the nose and congestion of the eyes and face than were present at that time. In fact the disease is more like the old-fashioned influenza familiar to all, and especially to those who have spent much time in the old country. Still, there are some cases where pain in the head and back is much the most prominent symptom, requiring for its relief the hypodermic injection of morphine; acetanilide and antipyrine not having sufficient analgesic power for the purpose, while in others the disease is ushered in by such gastric symptoms as vomiting and diarrhoea. It would seem as if the epidemic here had

not yet reached its height, for, while the doctors are kept busy, it has by no means attained any alarming proportions.

A trial is just ended with a verdict of manslaughter against the prisoner, in which jealousy caused a woman to use a revolver on her quondam lover, the bullet striking him in the neck, wounding the carotid and producing a false aneurism. The man bled profusely at the time he was shot, and again some days later when the artery was tied. The bullet was found resting against transverse processes of the vertebræ, the patient succumbing to the combined effect of shock and hemorrhage.

It appears difficult to determine where murder ends and manslaughter begins.

Our local Medical Society continues to do good work, and retains its popularity, the attendance running from 6 to 16 or over, and averaging 8 to 9. It is safe to say that no meeting of this society takes place at which those present are not more than repaid for their attendance, and the meetings are a continual instruction as well as pleasure to the members. Almost all the medical men of the city belong to it, and one gentleman, Dr. Wetmore, comes regularly all the way from Hampton to be present. This is as it should be. The physician who thinks he has all the knowledge that is worth having, and can learn nothing from friendly discussion with his colleagues, is a very much mistaken individual, for though he may,

"With words of learned length and thund'ring sound,  
Amaze the gazing rustics ranged around,"

he is very apt to become content with what he has acquired already, and fail to keep pace with what is fresh and new, and liable occasionally to find that he is

“not in it,” when his wiser neighbor more confidently steps to the fore.

It is, therefore, a subject for congratulation with us in St. John, that our Society retains, to so great an extent, the interest of its members. It also possesses a large and growing library, though books are not allowed to be taken from the room. We have lately had discussions on Typhoid Fever, Puerperal Eclampsia, and Diphtheria,—all three of these diseases having been unusually prevalent during the past year. We have recently, too, been favored with the report of a rather unique case,—published in the next number,—of disease of placenta and death of child, from what may be considered slight cause; a case that might readily be of great medico-legal interest. This was reported by Dr. H. G. Addy, whose papers, though not frequent, are always of interest.

We seem to have changed winters with the other side of the Atlantic, and to have taken on a rainy season instead of the usual frost and snow. Not yet has the merry tinkle of the sleigh-bells been heard in our streets this season.

Your correspondent was pleased to note the reduction in price of this journal, and thinks this action will make the taking of it more general in this Province.

ANON.

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### *Selections.*

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#### **SURGERY IN THE NEXT WAR.**

Professor Billroth spoke at length in the Austrian delegation, on December 2nd, concerning the needs of the medical service in the next war. As the words of the foremost medical and sur-

gical authority on the Continent, his address has been published in full by most German dailies, and has been quoted freely by French and Italian and Swiss newspapers.

Billroth spoke to a question regarding the improvement of the organization of the medical and surgical corps of the Austrian army, and when he was done the deputies of the delegation passed a vote of thanks to him for his exhaustive exposition of the subject. He began with showing that the progress in the manufacture of small arms, which has been the most remarkable change in weapons in the last few years, was such as would most aggravate suffering and slaughter in the battle of the future.

“The experience of the army surgeon shows,” he said, “that wounds from cannon balls and grenades are exceedingly rare compared with wounds from rifles. At the battles of Weissenburg and Worth I had an opportunity to notice, and elsewhere also I made the same observation, that artillery wounds are very few, to say nothing of the cavalry, for cuts or injuries from blows are seldom to be found.

“In figures the proportion is: 80 per cent. of the wounds come from rifle balls, perhaps 15 per cent. from heavy guns, and 5 per cent. from cavalry weapons. I speak here of battlefields and not sieges.

“I have heard the argument that the cause of this apparently gross disproportion between the deadliness of large and of small arms is that men injured by cannon balls or grenades die at once or very soon. In the war of 1870-'71, however, actual statistics of those buried in the dead trenches show that comparatively few were killed by artillery.

"Surgical attention then must be devoted principally to the new infantry projectile. We have not had illustration yet of its working in war, but we may form some conception of this. Some people say that the long range of the new rifle will lead to maneuvering at a distance, and that the shooting therefore will be wide of the targets. To be sure this maneuvering was the principle of the last war, but it has its limits. It depends on the contour of the country, and when an army is cornered it must fight.

"Had the French had enough ammunition to advance from two or three of their forts, the maneuvering would have been put to an end. A collision must come sometime, and then what will the effect of the new rifles be? Bullets that formerly stopped at the bone will pierce

it, and perhaps two or three other bones; the number of severely wounded will be rapidly increased, and the armies will dwindle rapidly.

"In consequence of the greater length of range, the wounded must be treated at a longer distance from the enemy, say 400 paces further than heretofore. Moreover, with the quicker movements of the troops comes the necessity for the quicker moving of the field hospitals. The number of porters of the wounded, already too small in the Austrian army, will have to be largely increased; in fact, many wagons must be drawn up immediately behind the line of battle, to carry off the injured."

After dwelling upon the increase of mortality to result from the use of smokeless powder, Professor Billroth continued—

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### TENTH YEAR—SESSIONS OF 1891-92.

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

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*Diseases of Women.*—Professors McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carrol Lec, M.D., Lf. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.  
*Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.  
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*Pharmacology.*—Frederick Bagoe, Ph. B.  
*Electro-Therapeutics.*—Wm. J. Morton, M. D.

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"Finally, that most terrible of fighting, the man-hunt, will be facilitated by smokeless powder. This is the kind of combat in which the advance posts are opposite each other and neither is ready to begin. They watch keenly, and whenever a cap or helmet appears from bush or wall, the enemy, like the beast from its lair, springs forth to kill. In such warfare the best natured men are as wild beasts, and the blood freezes in the veins to hear from one of them after shooting his man: 'There! he keels over like a rabbit.'

"At Gravelotte St. Privat there were 5,000 dead and 15,000 wounded. Two thirds of the latter were only slightly wounded, and were carried off by railway. For the severely wounded, when we calculate that two porters with one stretcher made the trip of 500, 600, and 700 paces ten times during the eight hours of the battle, we find that for the Germans alone 500 stretchers and 1,000 porters were necessary. We have left out of all consideration here the French, for whose severely wounded the Germans, as victors, had to care. This, at least, doubled the requirements, so that 2,000 porters and 1,000 stretchers were needed.

"This shows how entirely impossible the whole stretcher service is: The War department answers always that it is impossible to increase the size of the trains with wagons, and peasants' wagons are often impressed temporarily. I remember at Worth that I saw a peasant's wagon full of wounded, the rifles and shakos hanging over the side so it looked like a gamekeeper's cart with the rabbits strung along the box. When the War Department contends that an increase of the train would load down the army beyond the possibilities of quick move-

ments, I can only answer that new matter has been and is constantly added to the train, as, for instance, the telegraph wagon, the balloon apparatus, etc. Why, then, should the wounded be always neglected when the train is increased?"  
—*Times and Register*.

### DENTAL ASEPSIS.

There is reason to suspect that Listerian dogmas have not permeated yet the dental department of surgery, and that there is room for improvement in relation to the antiseptic of the instruments employed in the dental art. We do not go so far as to advocate the extraction of teeth under the carbolic spray, but there are undoubtedly some very tangible risks involved by negligence in this respect, foremost among which is the possibility of transmitting syphilis and blood-poisoning. The mouth is itself the perfect model of an incubator for the spores of bacteria, fulfilling all the requirements as to heat and moisture, besides providing suitable media for their development. The dentist therefore cannot be too scrupulously careful in providing for the freedom of his hands and of his instrument from "misplaced matter," alias dirt. Nothing is more likely to secure for him the confidence and esteem of patients than an ostentatious observance of the laws of surgical cleanliness. For this reason we are disposed to advise the methodical use of antiseptics. Not, indeed, that they are essential to cleanliness, but because the antiseptic method, when conscientiously carried out, ensures that purity which is indispensable for perfect safety. The best agent for the sterilization of instruments is probably boiling water, which places any marauding microbes *hors de combat*. It has the premier advantage of being easy of application and of not damaging the steel. "Antiseptic dentistry" would make a good war-cry, but unless all dentists practice this, they will have fallen short of their mission.—*Medical Press and Circular*.

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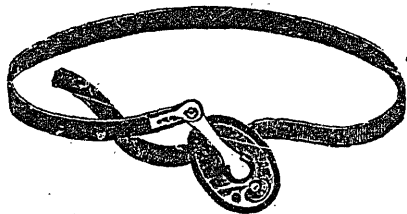
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