

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

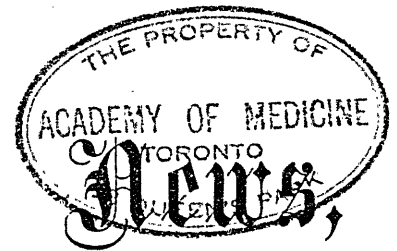
L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE
Maritime Medical



A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

PUBLISHED BI-MONTHLY AT HALIFAX, N. S.

VOL. I.—NO. 4.

MAY, 1889.

{ Subscription \$1 per annum,
in advance.

ESSENCE OF PEPSINE.

(FAIRCHILD.)

The most Effective, Agreeable and Elegant Fluid Preparation of Pepsine Made.

It contains the digestive principles of the gastric juice, fortified by association with grateful and stomachic aromatics. It is prepared by

DIRECT MACERATION

From the Secretory Membrane of French Rennets.

Valuable in Dyspepsia of adults, with nausea, flatulency and poor appetite. Of two-fold value in
CHOLERA INFANTUM AND DIGESTIVE DISORDERS OF INFANCY,
CORRECTING FLATULENCY AND VOMITING,

and allaying the fretfulness incident to disorders of the stomach and bowels.

It is strongly recommended from experience in these infantile disorders, and may well take the place of the insidious soothing mixtures which almost invariably weaken the digestive organs.

Dose for nursing infant, 5 to 10 drops in one or two teaspoonsful of water, just before nursing, several times a day if required.

To be had of principal drug houses in the U. S. and Canada.

FAIRCHILD BROS. & FOSTER,

82 and 84 Fulton Street, New York.

THE BEST ANTISEPTIC FOR
Both Internal and External Use.
LISTERINE

Antiseptic, Prophylactic, Deodorant, Non-Toxic, Non-Irritant, Non-Escharotic, Absolutely Safe, Agreeable, Scientific, and Strictly Professional.

FORMULA.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Biptisia, Gaultheria and Mentha Arvensis, in combination.*

Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

DOSE.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted, as necessary for varied conditions.*

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in **LISTERINE** will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:—

A **TABULATED EXHIBIT** of the action of **LISTERINE** upon inert laboratory compounds.

FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of **LISTERINE** as a general antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of diseases of the oral cavity, by W. D. MILLER, A. B., Ph. D., D. D. S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions **LISTERINE** appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

Lithiated Hydrangea.

KIDNEY ALTERATIVE—ANTI-LITHIC.

FORMULA.—*Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of fresh Hydrangea and three grains of chemically pure Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.*

DOSE.—*One or two teaspoonfuls four times a day (preferably between meals).*

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria and Vesical Irritations generally.

We have had prepared for the convenience of physicians **DIETETIC NOTES** (sample of which is herewith shown), suggesting the articles of food to be allowed or prohibited in several of these diseases.

A neatly bound book of these **DIETETIC NOTES**, each note perforated for the convenience of physicians in detaching and distributing to their patients, mailed gratis upon request, together with the latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL CO.

St. Louis, Mo., U. S. A.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooled fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

The Retail Drug Trade promptly supplied with our products by any Wholesale Druggist of Canada, or from our Canadian Depot at Toronto, by W. LLOYD WOOD, Agent.

Please mention the **MARITIME MEDICAL NEWS.**

Canadian Medical Association.

WE invite the special attention of our readers to the following circular, received by us too late to be referred to elsewhere:—

MONTREAL, APRIL 22nd, 1889.

DEAR DOCTOR,—The *Twenty-Second Annual Meeting* of the *Canadian Medical Association* will be held at Banff, N. W. T., on the 12th, 13th and 14th of August next.

The Canadian Pacific Railway Company has agreed to carry Members and Delegates with their wives or members of their families at the following rates: From Points in Ontario or Quebec, to Banff and return at \$95.00 each, including a double Berth in Sleeping Car for each person, and meals in the Dining Cars on the way West from Montreal or Toronto and back, and four days living at the Banff Hotel.

The passage tickets will be made good from and to any Points on the Canadian Pacific Railway, in either Ontario or Quebec, to Montreal or Toronto, but Berths and Meals will begin at these two places only.

From other Points in the Dominion the rates will be as follows: From Halifax to Banff and return \$110.00; from St. John, N. B. to Banff and return, \$100.00, but the tickets from these points will not include Sleeping Car accommodation nor Meals East of Montreal in either direction.

An effort is also being made to secure special rates from Liverpool to Montreal by the Canadian Steamship Lines for Trans-Atlantic Delegates.

It is intended that the party shall leave Montreal on the evening of the 6th of August, by the regular Pacific Express and arrive in Winnipeg on the 9th, and stop over one day there: leaving Winnipeg on the 10th of August, they will arrive at Banff early on the morning of Monday, August 12th. The Meetings of the Association will then be held in the Hotel (accommodation being provided by the Canadian Pacific Railway Company) on the 12th, 13th and 14th, after which the members of the party can either return at their convenience or take a trip to the Coast, leaving early the following morning (August 16th), for which Special Terms have been arranged as follows: From Banff to Victoria and return not including Meals or Berths, \$20.00, or \$30.00 including Meals in the Dining Car and Berths. The tickets for this excursion will be on sale at Banff to Members and Delegates and their families only.

The Special Tickets issued by the Canadian Pacific Railway to Banff and return will be good for 60 days, and the holders will be allowed stop over privileges on the Canadian Pacific Line in either direction at pleasure. They will also be exchangeable at Port Arthur and Owen Sound, so as to enable Members to travel in either direction by Steamer between these Points. Meal and Berth Coupons will be issued in connection with these Tickets and will be available as part payment of expense of any who wish to make additional stops and spend longer time on the line. It is considered desirable, however, by the Executive Officers of the Association, that as far as possible, the party should travel together by the all rail route as far as Banff, so that all may be present at the opening of the Meeting.

In addition to the Members of the Canadian Medical Association, to whom this circular is specially addressed, a cordial invitation is hereby extended to all members of the Regular Profession in good standing in the Dominion of Canada, the United States and Great Britain, to whom the necessary certificates will be sent on application to the Secretary.

Members and delegates are requested to notify the Secretary of the Points on the Canadian Pacific Railway from which they intend to start at a sufficiently early date to enable the Railway Company to forward Special Tickets to the aforesaid Points.

It will also be necessary to present a Certificate from the General or Provincial Secretary to enable Members or Delegates to secure the above mentioned Special Tickets.

Members who intend to present papers at this Meeting are requested to inform the Secretary at as early a date as possible of the subjects which they propose to bring forward.

GEORGE ROSS, M. D., *President.*

JAMES BELL, M. D., *General Secretary,*

127 Circulars will be distributed to all Members of the Association in a few days.

53 UNION AVENUE.

F. C. SIMSON & CO.,

Wholesale Druggists,

DEALERS IN

FINE CHEMICALS & POWDERED DRUGS,

209 Hollis St., Halifax, N. S.

We beg to invite attention to our stock of above-mentioned goods.

Our Laboratory being fitted with every facility we would particularly mention to the Profession our

Fluid Extracts,

Elixirs,

Tinctures,

Compound Syrups.

WHOLESALE AGENTS FOR

Wyeth's Preparations.

Thayer's Pills and Lozenges.

A complete list of N. Y. Pharmaceutical Association's preparation's constantly on hand.

C. A. BRAMBLE,

IMPORTER AND DEALER IN

Surgical Instruments,

MEDICAL BOOKS,

Bandages, Trusses,

ELECTRIC BATTERIES,

RUBBER GOODS, &c., &c.

All numbers of the new medicated carrier or "Antrophor" in stock. Especially valuable in Gonorrhoea, Nasal Catarrh, Coryza, Endometritis, Vaginitis, Vaginitis-mus, Urethritis in the female, Diseases of the Rectum, Fistulas, Gunshot and other Perforatory Wounds.

Write for Pamphlet.

58 Hollis Street,

HALIFAX, N. S.

Quotations Promptly Furnished on Application.

TELEPHONE NO. 281.

A. Chipman Smith. Struan Robertson.

Established 1791.

A. CHIPMAN SMITH & CO.,

(Successors to Wm. O. Smith.)

Druggists and Apothecaries,

41 CHARLOTTE STREET,

Saint John, N. B.

Branch Store at

BATHURST, N. B.

Keep constantly on hand

FINE DRUGS AND CHEMICALS.

Special attention given to the compounding of Physicians' Prescriptions.

UNIVERSITY OF TORONTO.

MEDICAL FACULTY.

WILLIAM T. AIKINS, M. D., LL. D., Professor of Practical Surgery.
 H. H. WRIGHT, M. D., L. R. C. P. & S. U. C., Professor of Principles and Practice of Medicine.
 J. H. RICHARDSON, M. D., M. R. S. C., Eng., Professor of Anatomy.
 UZZIEL OGDEN, M. D., Professor of Gynaecology.
 JAMES THORBURN, M. D., Professor of Pharmacology and Therapeutics.
 W. W. OGDEN, M. D., Professor of Medical Jurisprudence.
 M. H. AIKINS, B. A., M. B., M. R. C. S., Eng., Professor of Primary Anatomy.
 W. OLDRIGHT, M. A., M. D., Professor of Sanitary Science.
 L. MCFARLANE, M. D., Professor of Clinical Surgery.
 J. E. GRAHAM, L. R. C. P., Lond., Professor of Clinical Medicine and Dermatology.
 R. A. REEVE, B. A., M. D., Professor of Ophthalmology and Otology.
 A. H. WRIGHT, B. A., M. D., M. R. C. S., Eng., Professor of Obstetrics.
 R. RAMSAY WRIGHT, M. A., Professor of General Biology and Physiology.
 W. H. PIKE, M. A., PH. D., Professor of Theoretical Chemistry.
 W. H. ELLIS, M. A., M. B., Professor of Applied Chemistry.
 JAMES LOUDON, M. A., Professor of Physics.
 I. H. CAMERON, M. B., Professor of Principles of Surgery.
 DANIEL CLARK, M. D., Professor of Psychology.

LECTURERS, DEMONSTRATORS and INSTRUCTORS.

A. B. MACALLUM, B. A., Lecturer on Physiology and Demonstrator of Histology.
 JOHN FERGUSON, M. A., M. D., L. F. P. S., Glasgow, Demonstrator of Anatomy.
 THOS. MCKENZIE, B. A., M. A., Demonstrator of Practical Biology.
 G. H. BURNHAM, M. D., M. R. C. S., Eng., Clinical Lecturer on Ophthalmology and Otology.
 GEO. R. McDONOUGH, M. D., L. R. C. P., Lond., Instructor in Laryngology and Rhinology.
 W. J. LOUDON, B. A., Demonstrator of Practical Physics.
 O. R. AVISON, M. D., Demonstrator of Materia Medica and Pharmacy.
 JOHN CAVEN, B. A., M. D., L. R. C. P., Demonstrator of Pathological Histology.
 ALEX. MCPHEDRAN, M. B., Lecturer on Clinical Medicine.
 H. WILBERFORCE AIKINS, B. A., M. B., M. R. C. S., Eng.,
 GEORGE PETERS, M. B.,
 ALEX. PRIMROSE, M. B., M. R. C. S., Eng.,
 W. P. CAVEN, M. B., L. R. C. P., Lond.,
 G. A. FERRE, M. B., L. R. C. P., Lond.,

} Assistant Demonstrators of Anatomy.

The regular course of instruction will consist of four Sessions of six months each, commencing October 1st.

Teaching of Biology, Physiology, Chemistry, Physics, Pathology and Bacteriology in the lecture rooms and laboratories of the new building of the Biological Department, and the School of Practical Science. Largely practical. Facilities unexcelled.

Teaching of Anatomy in the lecture room, dissecting room, demonstrating rooms, bone room and anatomical museum of the Medical College. Special attention paid to dissecting.

Lectures and demonstrations in Materia Medica and the final subjects in the Medical College.

Clinical teaching (largely bedside) in the Toronto General Hospital, Burnside Lying-in Hospital, and other medical charities of Toronto.

Fees.—Lectures and Demonstrations: 1st year, \$73; 2nd year, \$76; 3rd year, \$74; 4th year, \$76. Registration for Lectures, \$5.00. Registration of Matriculation, \$5.00. Annual Examinations, each \$5.00. Degree, \$20.00. Hospital Perpetual Ticket, \$24.00. Lying-in Hospital, \$8.00.

The SUMMER SESSION for 1889 will commence on Monday, April 29th, and continue until July 5th.

Fee for Summer Session, \$20.

W. T. AIKINS, M. D., LL. D.,
Dean.

ADAM J. WRIGHT, B. A., M. D.,
Secretary.

WHEELER'S TISSUE PHOSPHATES.

Bone-Calcium Phosphate $\text{Ca}_2 \text{P.O.}_4$, Sodium Phosphate $\text{Na}_2 \text{H.P.O.}_4$, Ferrous Phosphate $\text{Fe}_2 \text{P.O.}_4$, Trihydrogen Phosphate $\text{H}_3 \text{P.O.}_4$.

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrophula, and all forms of Nervous Debility.

The Lactophosphate prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Penartin Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Phosphorus, the oxydizing element of the Nerve Centres for the generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of Functional Activity of Liver and Pancreas and Corrective of Acid Fermentation in the Alimentary Canal; Iron the Oxydizing Constituent of the Blood for the Generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Sherry, uniting with tonic power the property of calming Irritation and Diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of Subduing Fever and Allaying Irritation of the mucous membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of Faulty Nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

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

There is no strychnia in this preparation, but when indicated, the Liquor Strychnie of the United States Dispensatory may be added, each fluid drachm of this solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from seven to 12 years of age, one dessert-spoonful; from two to 5 ven, one teaspoonful. For infants, from five to twenty drops, according to age.

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

Put up in pound bottles and sold by all Druggists for One Dollar.

HALIFAX INFIRMARY,

FORMERLY
Victoria Infirmary.

A Private Institution under charge of Sisters of Charity for reception of patients^s requiring Surgical or Medical Treatment.

Sister Superior: SISTER MARY VINCENT.

STAFF.

Consulting Surgeon:.....HON. D. McN. PARKER, M. D., 95 HOLLIS ST.

Attending Surgeons:

- EDWARD FARRELL, M. D., 205 SOUTH PARK ST., Late Professor of Surgery, Halifax Medical College. Attending Surgeon Victoria General Hospital.
J. F. BLACK, M. D., 91 HOLLIS ST., Late Professor of Clinical Surgery, Halifax Medical College. Attending Surgeon Victoria General Hospital.
W. TOBIN, F. R. C. S., IRE., 31 HOLLIS ST., Late Professor of Ophthalmology, Halifax Medical College. Diseases of Eye, Ear and Throat.
W. B. SLAYTER, M. D., 64 ARCYLE ST., Late Professor of Obstetrics and Diseases of Women and Children, Halifax Medical College.

Medical Men and patients are invited to write for any information they may desire either to SISTER MARY VINCENT, at the Infirmary, No. 14 Barrington Street, or to any member of the Attending Staff.

The terms for Board, Lodging, Nursing, vary from \$5 to \$15, according to size of room and other requirements.

Medical Fees and Drugs are an additional charge.

A. C. COGSWELL & SON,
Surgeon Dentists,
105 HOLLIS STREET.

Nitrous Oxide Gas Administered.

A. C. Cogswell, D.D.S.,

Telephone, No. 151 C.

Arthur W. Cogswell, M.D., D.D.S.,

Telephone, No. 151 A.

Delaney & Merrill,
DENTISTS,
87 Hollis St., Halifax.

CONTENTS.

ORIGINAL COMMUNICATIONS:	PAGE		PAGE
External Friction and Pressure during Labor. By Willis Moore, M.D.	75	CORRESPONDENCE.....	86
Ten Cases of Acute Orchitis. (Metastatic) occurring amongst twenty consecutive cases of Mumps, with remarks. By F. W. Brown, L.R.C.P.	76	EDITORIAL:	
Heart Murmurs. By R. T. Blanchard, M.D.	77	Phenacetin.....	88
Causative Influence of Heredity in Progressive Muscular Atrophy. By D. A. Campbell, M. D.	77	Anesthetics and Young Practitioners.....	89
A Synopsis of the History and some of the Uses of Terebene. By G. E. DeWitt.....	79	Epidemic of Pneumonia in P. E. Island.....	90
Inauguration of the Pasteur Institute.....	80	Nova Scotia Medical Society Annual Meeting.....	91
HOSPITAL PRACTICE:		REVIEWS AND BOOK NOTICES.....	92
Victoria General Hospital, Halifax: Quarterly Report of Surgical Wards.—Indolent Ulcers.—Phimosis of thirty years standing.—Sarcoma of Brain.—Crossed Paralysis.....	81	NOTES AND COMMENTS:	
General Public Hospital, St. John: Compound Comminuted Fracture of Olecranon.....	83	Syphilis Incurable.—Ingluven.—Microbe of Diphtheria.—A Fatal Prescription.—Treatment of Sweating Hands and Feet, &c.....	92
SOCIETY PROCEEDINGS:		SELECTIONS:	
Pictou County Medical Association.....	86	Paraldehyde.—Bromide of Gold in Epilepsy.—Treatment of Ingrowing Toe-nail, &c.....	94
		BOOKS AND PAMPHLETS RECEIVED.....	94

McGILL UNIVERSITY,

MONTREAL.

FACULTY OF MEDICINE.

FIFTY-SEVENTH SESSION, 1889-90.

FACULTY:

SIR WILLIAM DAWSON, LL.D., F.R.S., Principal and Professor of Natural History.
R. PALMER HOWARD, M.D., LL.D., L.R.C.S., (Edin.), Dean of the Faculty.

EMERITUS PROFESSORS.

W. WRIGHT, M. D., L. R. C. S. ROBERT CRAIK, M. D. DUNCAN C. McCALLUM, M. D., M. R. C. S. E.

PROFESSORS.

ROBERT P. HOWARD, M. D., LL. D., Professor of Medicine.
G. E. FENWICK, M. D., Professor of Surgery.
G. P. GREGWOOD, M. D., M. R. C. S., Eng., Professor of Chemistry.
GEORGE ROSS, A. M., M. D., Professor of Clinical Medicine.
THOS. G. RODDICK, M. D., Professor of Clinical Surgery.
WILLIAM GARDNER, M. D., Professor of Gynecology.
F. J. SHEPHERD, M. D., M.R.C.S., Eng., Professor of Anatomy.
F. BULLER, M. D., M.R.C.S., Eng., Professor of Ophthalmology.
JAMES STEWART, M. D., Professor of Materia Medica and Therapeutics,
and Registrar to Faculty,

GEORGE WILKINS, M. D., M.R.C.S., Eng., Professor of Medical Jurisprudence
and Lecturer on Histology.
D. P. PENHALLOW, B. Sc., Professor of Botany.
RICHARD L. MACDONNELL, B.A., M.D., M.R.C.S., Eng., Professor of Hygiene
and Demonstrator of Anatomy.
T. WESLEY MILLS, M.A., M.D., L.R.C.P., Lond., Professor of Physiology.
JAS. C. CAMERON, M.D., M.R.C.P.I., Professor of Midwifery and Diseases of
Infancy.

DEMONSTRATORS, INSTRUCTORS, &c.

R. F. RUTTAN, B.A., M. D., Lecturer on Chemistry.
WM. SUTHERLAND, " L. R. C. P., Lond., Assistant Demonstrator of
Anatomy.
GEO. W. MAJOR, B.A., M.D., Instructor in Laryngology.
A. D. BLACKADER, B.A., M.D., M.R.C.S., Eng., Instructor in Diseases of
Children.

R. J. B. HOWARD, B.A., M.D., F.R.C.S., Eng., Assistant Demonstrator of
Anatomy.
WYATT G. JOHNSTON, B.A. M.D., Demonstrator of Pathology.
JAS. BELL, M.D., Assistant to the Professor of Clinical Surgery.
T. JOHNSON ALLOWAY, M.D., Instructor in Gynecology.
F. G. FINLEY, M. D., Assistant Demonstrator of Anatomy.

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

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

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

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

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

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

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

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

MATRICULATION.

Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves 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 large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

REQUIREMENTS FOR DEGREE.

Every candidate must be 21 years of age, have studied medicine during *four* six months' Winter Sessions, and *one* three months' Summer Session, one Session being at this School, and must pass the necessary examinations,
For further information, or Annual Announcement, apply to

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

PUTTNER'S EMULSION

Of Cod Liver Oil, Etc.,

Is recommended by very many of the Physicians of the Dominion of Canada and the United States, by almost every Druggist, and by many Clergymen, Lawyers, Teachers and persons in every calling and class of life, all testifying to benefits received from the use of this very popular medicine.

PUTTNER'S EMULSION is not a secret medicine, but is composed of COD LIVER OIL, assisted in its actions by PANCREATINE and the HYPOPHOSPHITES OF LIME AND SODA combined in such a manner as to be acceptable to the stomach and easily digested.

The curative effects of COD LIVER OIL have been so thoroughly established that no one can be found to dispute its healing properties in cases of Consumption, Asthma, Bronchitis, Rickets, Anæmia, Scrofulous and Wasting Diseases, Mental and Nervous Prostration, and all Diseases arising from Impoverished Blood and a weak state of the body.

The greatest drawback to the use of COD LIVER OIL in its pure state is its very disagreeable taste; this has been entirely overcome in the composition of PUTTNER'S EMULSION, which can be taken and retained by the most delicate stomach.

PUTTNER'S EMULSION is also much more effective than the pure oil, the globules of oil being so minutely divided, and being very materially assisted in its action by the addition of PANCREATINE and HYPOPHOSPHITES.

BROWN BROS. & CO. + Druggists,
HALIFAX, N. S.

Sold by all Druggists throughout Canada.

ESTEY'S COD LIVER OIL CREAM.

The most perfect Emulsion on the Market. Pleasant as Milk.

Recommended by Physicians and used extensively in their practice.

Contains 50 per cent of the purest Norwegian Cod Liver Oil in combination with Hypophosphite of Lime and Soda and Emulsified with Glycerine.

We enter the market in competition with a host of other Emulsions, but we claim to have the best, and will be glad to have Physicians compare and test ESTEY'S COD LIVER OIL CREAM with any other similar preparation and are willing to abide by their decision. We have no fear of the result.

Note.—An ordinary size bottle will be sent to any regular Physician for trial, free of expense, on application to

E. M. ESTEY,

Manufacturing Pharmacist,

MONCTON, N. B.

FURNITURE CARPETS.

Being the largest Manufacturers and Importers of

FURNITURE, CARPETS, OILCLOTHS, CURTAINS, ETC.,

In the Maritime Provinces, an

Immense Stock

Is always on view to select from, and

BARGAINS ARE ASSURED AT ALL TIMES.

VISIT OUR SHOW-ROOMS. SEND FOR CATALOGUE AND PRICE LIST.

Special inducements offered to the clergy and medical profession.

A. STEPHEN & SON,

101 and 103 Barrington St., cor. Prince, - HALIFAX, N. S.

Please mention the MARITIME MEDICAL NEWS.

H. Woodbury, D.D.S. F. Woodbury, D.D.S

DRS. WOODBURY BROS.,

Dentists,

137 HOLLIS ST., HALIFAX, N. S.

DOCTOR!

Read this List

And see if the very drug you have wanted to prescribe is not here.

Aloin,
Antifebrin,
Antipyrin,
Aerberia Sulph,
Beta-Naphthol,
Bromate Silver,
Caffein,
Gserine,
Cerauin,
Hyoscin Hyd.,
Iodol,
Irisin,
Listerine,
Inglavin,
Jalapine,

Lithia,
Lactucarium,
Morphia Bimec,
Piperine,
Papoid,
Phenacetine,
Phytollacin,
Resorcin,
Salol,
Sulphonal,
Stillingin,
Scutellarin,
Turpin Hydrate,
Terebene,
Veratria.

Hattie & Mylius,

PHARMACEUTICAL

AND

Dispensing Chemists.

ACADIA DRUG STORE,

155 Hollis Street, - Halifax.

Open all night.

Open all night.

The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. I.

MAY, 1889.

No. 4.

EXTERNAL FRICTION AND PRESSURE DURING LABOR.

WILLIS MOORE, M. D., *Kentville.*

BELIEVING from a thorough trial of the above practice for a period of four years, that it is an aid which the Obstetrician can bring to bear in suitable cases, with much advantage and no drawbacks to his lying in patients, I am lead to bring the subject before the Profession somewhat in detail, with the hope that it may prove worthy of more extended trial, than the majority of obstetrical text books would seem to suggest, many of them either not mentioning it at all or advising it in general terms without suggesting any definite plan of action, while others simply advise in certain conditions, the practice of the "Kristeller Method," without giving details of the mode of application. I do not pretend to originality in the matter, as its value in some form or other, has been recognized by the profession for many years, the abdominal bandage during the first and second stages under certain conditions, being quite a common application with the older practitioners, while the value of the Credé Method during the third stage is almost universally recognized by those of the present day.

The analogy is such, that the method about to be described might almost be considered as the Credé method applied to the second stage, and of nearly equal value, although of course not so speedy in its results, and it is to the value of its systematic and persistent use in certain cases that I wish to draw attention.

The cases which appear most suitable, are those of: (a) Uterine Inertia, where the pains are either absent or irregular and ineffective, (b) weak and relaxed abdominal muscles with tendency to pendulous abdomen, and (c) anteversion of the uterus, where the os uteri will be reached with difficulty posteriorly, the axis of expulsion being consequently at a great mechanical disadvantage. In these cases the method practiced according to the requirements of the case will be found useful and satisfactory in the great majority of cases, and will repay a trial.

The rationale of the method would seem to be by nerve stimulation followed by increased muscular action, conjoined with improved axis of expulsion in certain cases, and would seem to be a point of support from which the uterus acts with greater mechanical advantage, thus taking the place of abdominal muscular power, which, owing to obvious causes, is so often deficient in the average female of the day. In many cases in my experience I feel convinced that

the practice has obviated the necessity of instrumental delivery, and in regard to after effects, it has often seemed to me to add to the value of the ordinary Credé in lessening the liability to Post Partum hæmorrhage, as the external stimulation applied during a considerable period, appears to have the effect of increasing the power of the uterine muscle and ensuring its continued contraction.

Only a few days ago I attended the confinement of an elderly multipara who, at her last previous confinement, had suffered from serious Post Partum hæmorrhage, and during the present the uterine inertia was the most troublesome and obstinate I have seen, yet by persistent and systematic friction and pressure, with my hands made cold at regular intervals, sufficient uterine action was at length aroused to expel a large male child, and there was not the slightest after trouble.

The cases suitable for the procedure must, of course, be selected, but in general terms, those conditions which would call for an oxytocic require it, and it has the great advantage over anything in the drug line, that it is a stimulant and force fully under control, which can be increased, diminished, or stopped, as necessity requires.

As before mentioned, it is indicated especially after the commencement of the second stage, but I have practiced it in a modified form by gentle friction and rubbing over the region of the fundus, in many cases during the first stage, when the pains are irregular, fleeting, and ill defined, with only good effects, but during the second stage where everything is favorable, except expulsive power, after placing the woman in the dorsal position, I apply both hands over the region of the fundus, gently rubbing and pressing the uterus until it begins to contract, when I gradually increase the pressure downwards and backwards for a few seconds, and then as gradually cease. This is repeated every few minutes or at longer intervals, according to the response of the uterus, and progress of the case, some cases seeming to require only a few applications to ensure regular and powerful uterine action, while others require its persistent use for a considerable period, the hands being placed in cold water and rapidly dried with a towel, before each application where the uterine response is exceedingly slow.

As a rule the woman does not complain when the practice is gently commenced, but rather expresses satisfaction at increased progress.

Even in cases where I have had to resort to forceps, the practice described above, applied by an assistant, has seemed a valuable adjunct, appearing to lessen

some of the risks of instrumental delivery, and increasing the ease with which the latter was effected.

In conclusion I hope that others of the profession may think the method worth a systematic trial, and that it may be found worthy of support.

←←←←←

**TEN CASES OF ACUTE ORCHITIS, (METASTATIC),
OCCURRING AMONGST TWENTY CONSECUTIVE
CASES OF MUMPS, WITH REMARKS.**

By F. W. BROWN, L. R. C. P., *Fredericton.*

Case 1.—A—W—, aged 25, single. Admitted to hospital with mumps. Mumps began in right parotid gland, Jan. 5, '89; left parotid became affected Jan. 8th, '89. Swelling began to subside in right parotid Jan. 12th, and at the same time right testicle became painful, hot, swollen. On Jan. 16th the inflammation and swelling had reached its height; testicle was then about the size of a goose egg. By Jan 22nd testicle was of normal size. The orchitis was attended with fever, slight headache, vomiting at times, and anorexia for 2 or 3 days. Temp. reached 102.8, Jan 15th.

Treatment for mumps, woolen bandage under the lower jaw and over the head with milk diet. When orchitis began Pil. cathart. co. (U. S. P.), was given (four), lead and opium lotion was applied to the testicle, which was gently supported by bandage. Kept in bed.

Case 2.—T—C—, aged 25, single. Mumps began in both parotid glands, Jan, 11, '89; swelling began to subside in left parotid Jan 14, and at the same time the left testicle became painful and began to enlarge. On Jan. 16th testicle was about the size of a goose egg. By Jan. 19th the testicle was of normal size. Temp. reached 102.2. Symptoms and treatment same as No. 1.

Case 3.—J—S—, aged 19, single. Mumps began on both parotids Jan 15, '89; swelling began, on Jan 19th, to subside in right parotid, and at the same time the right testicle began to be painful and to enlarge. On Jan. 23 the swelling began to subside and by Jan. 30th it had disappeared. The enlargement of the testicle in this case only reached about the size of a hen's egg, but the pain was much greater than in any of the other cases. Two days after the orchitis began the patient sank into a typhoid state, with low, muttering delirium, having coated tongue, great thirst, etc., etc. The temperature was as high as 104.4. For four days the urine had to be drawn off by a catheter. The treatment was the same as in the other cases, but in addition morphine was administered hypodermically to relieve the pain, and antifebrin was used twice, (gr. $\sqrt{11}$ as a dose), to reduce the temperature.

Case 4.—W. J. G—, aged 22, single. Mumps began in left parotid Jan. 4, '89, began to subside on Jan. 8th and at same time left testicle began to be painful and to swell. Greatest enlargements Jan. 12th, somewhat larger than a hen's egg. Jan 18th the testicle was of normal size. Temp. reached 103. Symptoms and treatment the same as in cases 1 and 2.

Case 5.—C. McI—, aged 21, single, was admitted to hospital Jan. 29, '89, as mumps was suspected. The left parotid was very slightly swollen, there was a little discomfort at angle of left jaw when the mouth was widely opened, but there was no rise of temperature although he was tested three times each day, and otherwise he felt quite well. On Feb. 5th he was discharged as the swelling was nearly gone, but next morning he returned with the left testicle painful

and beginning to swell. On Feb. 19th he was discharged quite well. The symptoms were very mild.

Case 6.—P. G—, aged 35, single. Mumps began March 1st, '89 in left parotid gland. Began to subside in left parotid March 5, and at same time the left testicle began to enlarge and be painful. Was discharged March 10th, well. Symptoms all mild.

Case 7.—G. W—, aged 21, single. Mumps began in left parotid, March 6th, began in right parotid March 9th, began to subside in left parotid on 12th and left testicle began to enlarge and be painful at same time. Enlargement reached to the size of a goose egg. This case was about the same as case 3. The day after the orchitis began he sank into a typhoid state and for 4 days was very ill. His urine was not drawn off but he had great difficulty in passing it. Was discharged on the 20th quite well.

Case 8.—A. L. Y—, aged 26, single. Mumps began Feb. 20th in left parotid, began to subside in left parotid Feb. 24th, and at same time the left testicle became painful and began to enlarge. On Feb. 28 testicle was a little larger than a hen's eggs, and on March 4th he was discharged well. A mild case.

Case 9.—W. S—, aged 19, single. Mumps began in the left parotid Feb. 1st, and in the right parotid Feb. 5th. On Feb. 8th the swelling began to subside in the right parotid and at the same time orchitis began in the left testicle. On Feb. 12 the swelling began to subside in the left parotid, and orchitis began in the left testicle. The left parotid and left testicle were more swollen than the right parotid and right testicle. Both testicles were a little larger than a hen's egg. This patient suffered very much with headache, but in other respects his symptoms were mild.

Case 10.—G. E. R—, aged 23 single, Mumps began Jan. 4th in right parotid, and on Jan 7th in left parotid. On Jan 9th swelling began to leave right parotid and orchitis began in right testicle. Right testicle was about the size of a goose egg Jan 12th. Temperature was up to 103.4. By Jan. 21st he was able to go out well. All the symptoms were pretty severe.

Remarks.—All these cases but one came under my care while attending to the hospital of the Military School during the illness of the surgeon. An epidemic of mumps was very general all over the country during the months in which these cases occurred.

As will be seen in all ten cases the orchitis began evidently with the subsidence of the parotitis. In nine of the cases the orchitis developed on the side corresponding to that in which the parotitis first began to subside, but in case 9 the reverse occurred. Case 9 is one of double orchitis, which is rare, but as this case illustrates is not necessarily more severe than when one testicle alone is affected.

In case 5 there was no rise of temperature. This absence of febrile movement was further impressed on me by a case in private practice in which the left submaxillary gland alone was affected.

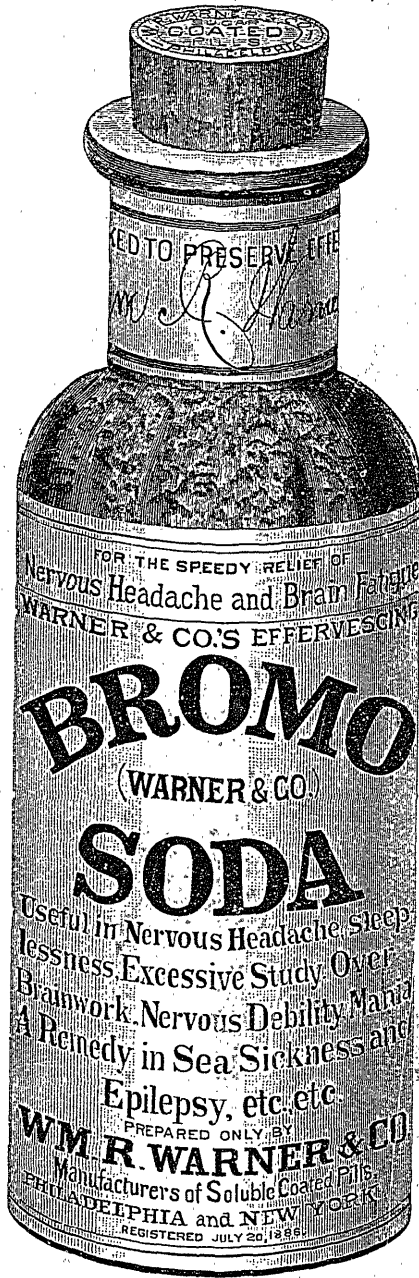
During the acute stage of the disease the testicles affected were of a stony hardness, hot, heavy, and painful; but as soon as subsidence began a softer and more elastic feel was noticed. The testicle alone was affected in all the cases, there was no apparent change in either the epididymus or cord.

The most marked benefit was to be observed from lying in bed with the testicles slightly suspended. The pain was greater and the nausea and vomiting occurred more frequently in those who endeavoured to keep about the ward but disappeared almost altogether when they took to their beds.

Elegance in
Medication

WM. R. WARNER & CO.'S

EFFERVESCENT PREPARATIONS



ANÆMIA.

SCROFULA.

Pil. Chalybeate Comp.

(WARNER & CO.)

Nux Vomica is added as an ingredient to Pil. Chalybeate to increase the tonic effect when desired.

R

COMPOSITION OF EACH PILL.
(Chalybeate Mass) Carb. Protoxide of Iron, gr. $\frac{1}{2}$.
Ext. Nuc. Vom. gr. $\frac{1}{4}$.

Dose.—1 to 3 Pills.

Most advantageously employed in the treatment of Anæmia, Chlorosis, Phthisis, Scrofula, Loss of Appetite, etc.

PIL: ANTISEPTIC.

FORMULA:—Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr.
Ext. Nuc. Vomica, 1 gr.

DOSE.—1 to 3 Pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism.

RHEUMATISM.

INDIGESTION.

PIL: ANTISEPTIC COMP.

(WM. R. WARNER & CO.)

Formula.—Sulphite Soda, gr. i.
Ext. Nuc. Vomica, gr. $\frac{1}{4}$.
Salicylic Acid, gr. i.
Powd. Capsicum, gr. 1-10
Concent'd Pepsin, gr. i.

Try this Pill in all cases where there is no well defined malady, yet patient is not well.

When the Potash Salt is preferred the Physician can prescribe

WARNER & CO.'S EFFERVESCENT

BROMO
(WARNER & CO.)
POTASH

SPEEDILY RELIEVES

Nervous Headache, Sleeplessness
and Brain Fatigue.

COMPOSITION OF EACH TEASPOONFUL:

R Brom. Potash, gr. xx.
Caffein, gr. i.

WM. R. WARNER & CO. 1228 Market St. 18 Liberty St.

PHILADELPHIA.

NEW YORK.

Manufacturers of

SOLUBLE COATED PILLS, GRANULES, PARVULES,
ELIXIRS, FLUID EXTRACTS, ETC., ETC.

AGENTS IN HALIFAX,

—BROWN & WEBB.—

CONVENIENT.

RELIABLE.

ACCURATE.

WM. R. WARNER & CO.'S SOLUBLE COATED GRANULES

PREPARED ESPECIALLY FOR PRESCRIBING.

THE FOLLOWING LIST COMPRISES FORMULÆ OF GREAT VALUE TO THE BUSY PRACTITIONER.

The coating of the following Granules will dissolve in one and quarter minutes.

Acid Arsenious, 1-20, 1-30, 1-50 gr.
Medicinal properties—Antiperiodic, Alterative. Dose, 1 to 2.

Aconitia,.....1-60 gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2

Aloin et Strychnine,.....
Med. prop.—Tonic, Laxative. Dose, 1 to 2.

Aloin et Strych. et Bellad.....
Med. prop.—Tonic, Laxative. Dose, 1 to 2.
Aloin, 1-5 gr. }
Strychnine, 1-60 gr. }
Ext. Belladon. ¼ gr }

Atropine,.....1-100 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Atropinæ Sulph......1-60 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Caulophyllin,.....1-10 gr.
Med. prop.—Emmenagogue. Dose, 1 to 4

Codeia,.....¼ gr.
Med. prop.—Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

Corrosive Sublimate, 1-12, 1-20, 1-40 and 1-100 gr
Med. prop.—Mercurial Alterative. Dose, 1 to 2.

Digitalin,.....1-60 gr.
Med. prop.—Arterial Sedative. Dose, 1 to 2.

Elaterium, (Clutterbuck's) 1-10 gr.
Med. prop.—Diuretic, Hydragogue Cathartic. Dose, 1 to 2.

Ext. Belladonna, (English.) ¼ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Ext. Ignatia Amara,.....¼ gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2

Ext. Cannabis Indica,.....¼ gr.
Med. prop.—Anodyne. Dose, 1 to 4.

Ext. Hyoseyam, (English.) ¼ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Ext. Nuc. Vomica,.....¼ and ½ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Gelsemin,.....¼ gr.
Med. prop.—Emetic, Diuretic, Cathartic, Dose, 1 to 2.

Hyoseyama,.....1-100 gr.
(Crystals Pure Alkaloid.)
Med. prop.—Anodyne, Soporific.

Leptandrin,.....¼ gr.
Med. prop.—Cathartic. Dose, 1 to 4.

Mercury Prot. Iodid,.....¼ gr.
Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid,.....½ gr.
Med. prop.—Alterative. Dose, 1 to 2.

Mercury Prot. Iodid,.....¼ gr.
Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red,....1-16 gr.
Med. prop.—Alterative. Dose, 1 to 3.

Morphinæ Sulph......1-20 gr.
Med. prop.—Anodyne.

Morphinæ Sulph......1-10 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinæ Sulph......¼ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinæ Sulph......¼ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin,....1 10, ½, ¼ and ⅛ gr.
Med. prop.—Cathartic. Dose, 1 to 4.

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

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

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

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

Zinc Phosphide,.....¼ and ½ gr.
Med. prop.—Tonic. Dose, 1 to 3.

Please specify Warner & Co.'s when ordering or prescribing and get the full therapeutic effect

Granules sent by mail on receipt of price.



From the VENTRICULUS CALLOSUS GALLINACEUS.

A powder: prescribed in the same manner, doses and combinations as Pepsin, with superior advantages in INDIGESTION, CHOLERA INFANTUM, MARASMUS and STOMACH TROUBLE in which Pepsin is usually given.

A SPECIFIC FOR VOMITING IN PREGNANCY,

—IN DOSES OF 10 TO 20 GRAINS.—

PREPARED BY **WILLIAM R. WARNER & CO.** Manufacturers and Originators of

Effervescent Bromo-Soda, Bromo-Potash, Triple Bromides, and a full line of Effervescent Salts

PHILADELPHIA.

NEW YORK.

LONDON.

PREPARATIONS SUPPLIED BY ALL LEADING DRUGGISTS.

There is a prevalent idea and evidently a mistaken one, that metastatic orchitis is due to exposure to cold or wet.

In cases 1, 3 and 9 the patients were seen the very day the mumps first appeared and were ordered to bed. There certainly was no exposure in these three, and there was no history of any in the other cases.

Two of these patients became very much alarmed when the orchitis began. On enquiry one told me he knew a man from whom the testicle had been removed when the mumps 'went down,' as he termed it, and the other patient had always believed from what he had heard that the testicle had to be removed under the same circumstances. Since receiving that information I have found out another person who refused, (within 7 years,) to allow a physician to remove his testicle. Considering that mumps is a general disease tending naturally to recovery, this was rather a curious and serious method of treatment.

F. W. BROWN, L. R. C. P.

Fredericton, N. B.

REMARKS ON HEART MURMURS.

BY DR. R. T. BLANCHARD,

Professor of Medicine in the Winnipeg School of Medicine and Visiting Physician to Winnipeg Hospital.

A DISTINCT thrill on palpation at the apex of the heart, preceding the apex beat, is regarded as an indication of mitral stenosis. I have noticed a similar thrill in several cases of pure aortic regurgitation. The following are from notes of a post mortem examination: "Found one aortic valve ruptured, and one much thickened by deposit, no disease of the mitral, kidneys much enlarged, liver normal, heart hypertrophied." "During life recognized aortic regurgitation, but was doubtful of condition of mitral valve on account of a well marked thrill coming up to the apex beat, and a corresponding murmur which certainly preceded the apex beat and may have been the altered second sound, (the heart was beating fast.) There was no history of syphilis or rheumatism, mother died of heart disease, urine contained considerable albumen. Age about 35."

"Dr. Flint, of New York, maintains that a pre-systolic murmur may sometimes be heard in cases of aortic regurgitation. He believes it is due to the vibration of the mitral segments, even when the valve is inactive, owing to the over engorgement of the ventricle from reflux of blood into it from the aorta." This may have been the explanation of the murmur in this case, although I concluded after the autopsy and taking into consideration the rapidity of the heart, that a mistake had been made in regarding a regurgitant murmur heard at the apex as pre-systolic.

It would seem reasonable to expect that a thrill would be produced in a number of such cases by the rush of blood over the distorted aortic valves and with it conducted toward the apex. In my second case the thrill, which might have led one to suspect mitral stenosis, was supported by a pulse tracing supposed to point in the same direction; a "post mortem" examination however, proved the diagnosis of aortic disease correct, the mitral orifice being normal while the aortic valves were greatly deformed and encrusted with vegetation. In another patient the thrill was observed as before, very distinct, limited to the apex area, and preceding the apex beat. This patient had no other sign of mitral disease, but the aortic regurgitation was undoubted. In

both this case and the last ones the aortic murmur was very plainly heard at the apex, and suggested to me the above explanation of the thrill.

Sounds produced in the heart are not usually included among the causes of tinnitus.

A patient, very pale, complained of pulsating tinnitus like the puffing of an engine, in the right ear. It could be stopped completely by pressure anywhere over the right carotid artery. A loud systolic murmur could be heard over any portion of the same vessel down to the aortic valve and also in the extrapulmonary region. With the help of Bland's pills the patient improved rapidly. The aortic murmur disappeared and with it the tinnitus, which had lasted 18 months.

CAUSATIVE INFLUENCE OF HEREDITY IN PROGRESSIVE MUSCULAR ATROPHY.

BY D. A. CAMPBELL, M. D., Halifax, N. S.

THE object of my paper is to strengthen the evidence relative to the causative influence of heredity in Progressive Muscular Atrophy or Wasting Palsy.

That heredity plays an important part, seems well determined by numerous observations, notably by those of Friedrich, Roberts, Trousseau, Hammond, Osler and Naunyn.

The evidence which I am about to present is so exceptionally strong in its nature that it affords sufficient excuse for travelling over already well beaten ground.

In 1880 I saw Mrs. H—, who presented a group of symptoms new to me. I sought the advice of the Hon. Dr. Parker who, after a thorough examination, declared the case to be one of Progressive Muscular Atrophy, and that all the characteristic features of the disease were present. Shortly after the late Dr. Edwin Clay saw the patient and elicited the fact that she was a blood relative of a number of persons he had seen who died from the same disease. He further informed me that his son, Dr. H. P. Clay, had now under his care, one, if not two members of the same family suffering from the disease. I had the opportunity of seeing the two cases, and thus obtaining a large amount of information respecting the family.

At a later date several members of this family were seen by both the Hon. Dr. Parker and myself.

I also obtained information of considerable value from Dr. R. Hunter Crawford of this city.

After investigating the question closely and for a prolonged period, I am in a position to present the following facts, all carefully verified. They are concisely shown in diagrammatic form on pages 84, 85, the descendants of two brothers being traced out separately.

A. M—, grandfather of my first case, died of P. M. A. at the age of 53, after a years' illness. The atrophy commenced in the right leg and extended to the right arm, left leg, and left arm, in the order mentioned. Death occurred somewhat suddenly from suffocation, no information could be obtained about his parents, but there is a tradition that a strange disease has been long existent in the family.

He had four brothers and one sister. No information could be obtained about the sisters' descendants. Three of the brothers and their descendants have shown no indication the disease.

The other brother, D. M—, will be referred to presently. A. M— had three sons and eight daughters.

H. M——, 1st daughter of A. M——, died at the age of 74. Cause unknown. She had two daughters. One died of Epilepsy, aged 34. The other, Mrs. E——, died of P. M. A. at the age of 52. I was enabled to watch this case from the inception of the disease to its termination. The whole muscular system became involved, death resulting from inability to swallow and feebleness of respiration. The duration of the illness was about one year. She left one child who became blind at the age of 14.

James M——, 1st son of A. M——. Died at the age of 80. Some say from wasting palsy, others from old age. Descendants numerous. No information could be obtained respecting them as they all removed to the United States.

S. W——, 2nd daughter of A. M——. Died of Progressive Muscular Atrophy at the age of 52. Disease commenced in right calf, extended to right thigh and arm, afterwards to left side. Duration, one year.

S. W——, married, and had three sons and three daughters.

W. W——, 1st son of S. W——. Died of Progressive Muscular Atrophy, aged 39. The wasting commenced in the ball of the right thumb and gradually extended to the muscles of the right side of the body. His wife informed me that the left side of the body was not attacked and that his death resulted from starvation on account of inability to swallow. The duration of the illness was about ten months.

He left four daughters, all of whom are delicate and suffer from hysterical attacks.

Walter W——, second son of Sarah W——. Died of M. Atrophy at the age of 39, one year after the death of his brother William W——. It is said that he suffered in the same way as his brother, but I have been unable to obtain definite information.

Rebecca W——, 1st daughter of Sarah W——, is idiotic. No information about other members of family.

Hannah T——, 3rd daughter of A. M——, died of strangulated hernia. She had three sons and three daughters.

Mrs. H——, aged 42, the youngest daughter of Hannah T——, died in 1881 from Muscular Atrophy after two years' illness. She was under my care six months. The whole Muscular System became involved. Death was hastened by paralysis of the muscles of deglutition. The disease commenced in the right deltoid muscle a few days after walking twelve miles in a drenching rain storm. She left eight children. Two of the children are idiotic.

James, son of Hannah T——, and brother of Mrs. H——, died of Muscular Atrophy. He had been insane some years before the disease manifested itself. Nothing definite could be obtained about the other members of the family.

Naomi T——, 4th daughter of Amos M——, died of Muscular Atrophy, at the age of 64. Duration of illness, one year. No wasting occurred, the paralysed extremities remaining plump and firm up to the time of death. She had nine children. A son and a daughter are said to have died of Muscular Atrophy. One daughter died of Epilepsy, another of Insanity. Two of the family died suddenly, the remainder are living and enjoy good health.

Caroline H——. 5th daughter of Amos M——, is still living and enjoys good health. Most of her children are living and well.

Isabella H——, 6th daughter of Amos M——, is still living and enjoys good health. Her family have escaped the disease so far.

Emily B——, 7th daughter of Amos M——, died from P. M. Atrophy at the age of 53. Duration of illness, less

than a year. In her case marked wasting took place and death was hastened by difficulty in swallowing. She left six children, all of whom are in good health.

Dorothea B——, 8th daughter of Amos M——, died from P. Muscular Atrophy at the age of 50. In her case loss of power without wasting commenced in the right shoulder and subsequently extended to other parts. She died suddenly while sitting in a chair. She was a very stout woman and although the limbs became gradually paralysed there was no diminution in their bulk. She left thirteen children, one died in infancy, seven died of Phthisis, and one of Diabetes. Three are still living and in good health.

Mrs. S——, a daughter of Dorothea B——, died from P. M. Atrophy at the age of 50. Duration of illness 16 months. Through the kindness of Dr. Clay I had an opportunity of seeing the patient a few weeks before her death.

EXTRACT FROM NOTES MADE AT THE TIME.

"She is unable to walk and has to be lifted in and out of bed. The right arm and leg are powerless. There is still some power in the left arm and leg. There is no emaciation. The only muscles in which wasting is apparent are the interossei of each hand. The others have not apparently diminished in bulk but they feel soft and flabby. Fibrillary contractions are visible at many points and can be readily induced by gentle tapping. There is no interference with speech or swallowing. Common sensibility and the sense of touch are unimpaired. The intellect and special senses are not affected. She attributes the attack to washing for some months in a cold, damp room"

Mrs. I——, daughter of Mrs. S——, died at the age of 30, while pregnant. The duration of the disease in this case did not exceed six months. The rest of the family, six in number, are still living.

Amos M——, second son of Amos M——, died from P. M. Atrophy at the age of 36. Duration 14 months. Apparent cause, exposure to cold. He left seven children, most of whom are living and enjoy good health.

Elisha M——, died from injury at the age of 72. He left a large family, who as yet have shown no indication of P. M. Atrophy.

The foregoing persons are all direct descendants of Amos M——. (See Chart No. 1.)

David M——, brother of Amos M——, from all the evidence I can gather undoubtedly died of P. M. Atrophy. Very few details of his illness can be obtained at present though I hope to get exact information. He had five sons and six daughters, one son and a daughter are still living and I have no information about their families. Four are dead. Thomas died at 86, of old age; David at 84, of old age; John at 75, of liver disease; and Robert, cause unknown. All left families, and so far as I can learn they are exempt from Muscular Atrophy.

Of the daughters, Ruth died of dropsy, leaving no family; Rebecca of Tumour of the Stomach at the age of 40; and three of Progressive Muscular Atrophy.

P. A. Sh——, daughter of David M——, died at the age of 70 from Progressive Muscular Atrophy. Family exempted.

Miriam W——, daughter of David M——, died of P. M. Atrophy at the age of 50.

Edward M——, a son of Miriam W——, died of the same disease at the age of 37. The rest of the family have so far escaped.

Susan H——e, daughter of David M——, died of Muscular Atrophy aged 74. She had four sons and three daughters.

Norman H——e is living. Has a large family, one of whom is epileptic. No P. M. A.

Hannah H——, died of Bronchitis. No family.

Rebecca S——p, living. Large family, one idiotic. Exempt from P. M. Atrophy.

David H——e, son of Susan H——, died of Progressive Muscular Atrophy, at the age of 39. Duration ten months. Has one son living.

James H——e, son of Susan H——c, died of Muscular Atrophy. Age not ascertained. His son, Isaac H——e, of the same disease at the age of 35.

Wm. H——e, son of Susan H——, died of Muscular Atrophy. Have no information about his family, but believes they have not suffered from the disease.

Mary C——d, at 63, daughter of Susan H——, died of P. M. A., attended by Hon. Dr. Parker.

Mary E. D——, daughter of Mary C——d, died of Muscular Atrophy at the age of 30. Duration of illness 8 months. Case under care of Dr. Cowie in the absence of Hon. Dr. Parker.

The foregoing persons are all direct descendants of David M——n, a brother of Amos M——n.

In addition to these I have evidence of the disease in eight or ten persons, either of the same name, or related to persons of the name whose exact relationship I cannot definitely establish and who may be direct descendants of the remaining brothers and sisters of Amos M——n and David M——n. I am gradually accumulating evidence and hope to throw light on these cases at some future date.

The investigation thus far shows that 27 members of the family were attacked. Only one recovered.

The mean duration of the illness was about 18 months.

The average age at death was about 45.

In reference to sex 15 were females and 12 males. This is unusual. Hammond states that all his cases were male, except one. Roberts states that of 99 cases, 84 were males and 15 females. Of Friedrich's 175 cases only 33 were females. Of 28 cases noted by Eulenburg. In the Farr family, reported by Osler, 7 were males and six females. All these tables show that as to sex males predominate.

Grouping the cases together we find that

2	occurred in the first generation.
8	“ “ second generation.
13	“ “ third generation.
4	“ “ fourth generation.

The fourth generation are very numerous, but the majority have not arrived at the age at which they are liable to be attacked with the disease.

A SYNOPSIS OF THE HISTORY AND SOME OF THE USES OF TEREbene.

BY GEO. E. DEWITT, M. D., *Halifax.*

HAVING noticed in the MARITIME MEDICAL NEWS several references to the drug *Terebene*, lauding its use in bronchial and catarrhal affections, I have been induced to give my humble experience of its efficacy, more especially in puerperal fever, and will include in my report a few cases referred to in my paper read before the Provincial Medical Society at Digby in July, 1888.

TURPENTINE,

from which the drug is obtained, is well known to the profession as an old and reputed remedy which has been found

extremely useful in advanced stages of typhoid and enteric fever and praised by some in many forms of puerperal fever; also as an anthelmintic and haemostatic

TEREBENE

is obtained by treating turpentine with sulphuric acid and employing repeated fractional distillation; it is clear and colorless if a good preparation; it becomes oily by keeping, and in this condition is said to be best for medicinal purposes. The drug was first brought into notice by Dr. Riban who read a series of papers upon its use before the Pharmaceutical Society of Paris in 1873, but the drug did not seem to claim the attention of the profession to any extent until within the last two years, when Dr. William Murrell, of London, reported the successful treatment of a number of cases of chronic bronchitis, asthma, phthisis and flatulent dyspepsia.

Dr. Canmann, of New York, reported six cases of bronchitis, Asthma and phthisis (*Medical Record*, Oct., 1887.) where he obtained good results from its use; he also reports a case where a patient took a teaspoonful every four hours for a week without any unfavourable results.

Dr. McAlldowie, of England, speaks in the *British Medical Journal*, of May 8th, 1886, of Terebene as a generator of Ozone, and that he has used it internally and as an inhalant in phthisis, chronic bronchitis, bronchiectasis and other pulmonary complaints characterized by profuse purulent expectoration; he says he was struck with the success attending the treatment of consumption in the North Staffordshire Infirmary; he first attributed it to the elevated site of the Hospital, but he soon discovered there was a high percentage of ozone in the atmosphere when the wind came from the west, where there were large tracts of pine woods. Mention is also made of a pottery manufactory where men worked in close rooms, having turpentine exposed in open vessels on the floor, and who were exempt from lung diseases compared with other workers.

Seven cases of anal fistula are reported as successfully treated by the injection of Terebene once every three days. A young man with a fistula of the parotid duct caused by a parotid abscess of traumatic origin with a consequent fistula in the cheek received six injections in thirty days and was cured. Two penetrating ulcers of the hand covered with diphtheritic exudation were cured by cotton dipped in Terebene and placed upon them, one in four and one in six days.

For those who wish to look up some of the reports of different authors on Terebene, I would refer them to a paper in the *British Medical Journal*, of December 12th, 1885, by William Murrell, M. D., of London; one by Dr. Suckling in the same journal of March 20th, 1886, and one in the *New York Medical Abstract*, of July, 1886.

I commenced to use Terebene in November, 1886, in winter cough, chronic bronchitis, and subsequently in irritation of the bladder, prostatitis and puerperal fever with gratifying results. Having faith in the therapeutical action of turpentine upon congested mucous surfaces, more especially of septic origin, I was prompted to administer it in its more agreeable and palatable form—Terebene—in inflammatory conditions of the uterus and puerperal peritonitis; and as my apology for presenting this subject to the meeting is to allude to my experience in the use of this drug in the treatment of these cases, I will briefly allude to some of them:—

Case No. 1.—Mrs. R. U., delivered of twins, November 4th, 1887.—On January 1st I was called to her, and found

her blanched from loss of blood, temp. 104, pulse 120, and examination per vaginam revealed blood clots, and an extensive bilateral laceration of the cervix uteri extending on one side to the broad ligament, the os hypertrophied and bleeding at the slightest touch. The interior of the uterus granular, and the discharges foul. Externally the uterus and peritoneum were highly sensitive to the touch. After irrigating the vagina with carbolic solution and gently using the blunt caurette to break down the granulations, I ordered the continual irrigation of the vagina with hot water administered opiates to relieve pain and gave Terebene in 16 drop doses every four hours in the form of an emulsion. The patient soon became relieved of the acute symptoms and gradually became convalescent, and in 4 weeks was able to be around, and has continued to be as well as can be expected with an extensive lacerated uterus.

Case 2.—Mrs T. C. was thrown from a waggon when about 5½ months pregnant. Seven weeks later I delivered her of a dead monstrosity; putrefactive changes had taken place, and although I promptly adopted antiseptic treatment and precaution the temperature soon reached 105½, pulse 130, respirations 36. The lochia were scanty, bowels tympanitic with diarrhoea and inflamed uterus. Prescribed Terebene every three hours in 16 minim doses in the form of an emulsion, only giving opiates and bromides as insomnia and pain called for them; in three days the acute symptoms had subsided and in three weeks her recovery was complete.

Case 3.—Had placenta previa, repeated attacks of hemorrhage before delivery which reduced her considerably. The delivery occurred at the eighth month. Temperature immediately went up to 104, abdomen swollen and tympanitic with diarrhoea. Prescribed Terebene with the usual antiseptic treatment; in 18 days the patient made a good recovery.

Case 4.—Mrs. M. had had an abortion in the third month of pregnancy. Saw her one week later when she was having repeated hemorrhages per vaginam, pulse weak, 120, temp. 101, bowels tympanitic, pain and tenderness over the uterus. After carefully removing a portion of retained and decomposing placenta from the fundus of the uterus, I prescribed Terebene every two hours. On the fourth day the patient was up and about her work and has continued well.

Case 5.—March 4th, 1889. Called to see J. L., a primipara who had been in labor 15 hours, found an arm presenting. I at once tried to chloroform and deliver the patient with the assistance of the mother; but the child being very large and the mother failing to keep the patient under the influence of the anaesthetic while I tried to turn the fetus, I sent for Dr. Trenaman who assisted me in delivering the patient of a dead child of 10 or 11 lbs.; next day pulse 120, temp. 106, abdomen tympanitic, genitalia swollen and painful. Gave opiates and terebene. March 7th, temp. 105 and 106, 8th temp. 104. To-day, March 13th, the temp. 101½, abdomen less swollen and painful and a decided change for the better in all the symptoms.

I have successfully treated a case of anal fistula with the application of terebene after first scraping the same. I am now applying the drug to a malignant growth of the uterus. The hemorrhage and pain three weeks ago were excessive. After scraping away all the diseased mass within reach I applied terebene on absorbent cotton. The healing properties of the drug to the carcinoma seem to have a more beneficial and less painful effect than that of any other application I have used, and the patient's digestion is much improved.

I have been prompted to give my experience of the use of terebene in puerperal cases particularly as I have not been able to learn by any of the medical literature at hand that others have used it in similar cases. In the presentation of the cases treated by terebene I do not claim for the drug that it has any special therapeutic value in excess of turpentine from which it is obtained. We know that the effects of terebene upon the system, as in turpentine, are entirely dependent upon its volatile oil, but I claim for it that it is a more agreeable and palatable remedy whether administered in the form of an emulsion or in its pure state mixed with sugar. Patients take it more readily and the system tolerates its effects longer than the crude drug. I have not seen any untoward symptoms developed by its use as sometimes follow the administration of turpentine, such as strangury or irritation of the mucous surfaces of the urinary passages.

Chian turpentine, or that obtained from the Island of Chio, is now being lauded by some of the London physicians in the treatment of cancer. Terebene manufactured from Chian turpentine might give the same or better results. There are several preparations of terebene in the market some of which are worthless; in some instances I have had to send the medicine back and exchange it for another preparation. There are Canadian, English and American preparations of the drug, and although I try to be loyal to my own country, I have to admit that I have not yet seen a pure preparation of Canadian terebene, and while I have no doubt that some of the English preparations of this drug are good, my experience has taught me that the terebene manufactured by McKesson & Robbins, of New York, is the most palatable and reliable, and in these days when houses are vying with each other in the palatability and elegance of their medicinal preparations, it is proper that the practitioners obtain the purest and best in the market.

WE were pleased to receive the following communication from Dr. R. S. Black:—

Ontario, San Bernard Co.,

Southern California, Feby., 15, '89.

DEAR DOCTOR,—I congratulate you upon the highly creditable appearance made by the MARITIME MEDICAL NEWS, and I have no doubt that under its present able management it will continue to be the vehicle of important information on matters medical and surgical, to the members of the profession throughout the Lower Provinces. May it have a long and useful career.

In looking over the *Cronica Medico-Quirurgica de la Habana*, a monthly journal, which is kindly sent me by its editor, I came across an account of the opening of the Pasteur Institute at Paris. I thought that it might prove interesting to some of your readers who, however skeptical they may be themselves about Pasteur's methods, will see that the men of science in Paris have strong faith in them, as evinced by their large contributions, the total amount up to date being 2,586,680 francs.

I remain, yours truly,

R. S. BLACK.

INAUGURATION OF THE PASTEUR INSTITUTE.

DR. MANUEL FORS, *Havana*.

THE solemn inauguration of the Pasteur Institute took place on the 14th Nov., 1888, at 1 p. m. There were present the President of the Republic, the Presidents of the

Senate, and Chamber of Deputies, the Ministers, the Grand Dukes of Russia, members of the Institute, members of the French Academy, the Faculty of the School of Medicine, &c., &c.,

The Hall calculated to contain four hundred persons, contained nearly eight hundred; it was the Hall of the Library, designated the Hall of the Busts, because in it figure six of the principal donors: the Emperor of Russia, the Emperor of Brazil, Madame Boucicault, Madame Heine, Count de Laubespiere, and M. Alphonse de Rothschild.

Monsr. Bertrand, Perpetual Secretary of the Academy of Sciences, in place of M. Jurien de la Graviere who was ill, was the first to speak.

He commenced by mentioning the name of Pasteur kindly, and said the 14th Nov., 1888 will be immortal in the history of medicine. He called to mind the names of Biot, Senarmont, Claude Bernard, and Dumas, ending by referring to what a distinguished man had said of Pasteur in 1847. "I fear that his efforts will be fruitless, for he loves problems that are not to be solved," and Monsr. Bertrand added, was there ever a more complete mistake?

M. Grancher succeeded him, pronouncing an eloquent discourse, which commenced in this manner. "The communication that M. Pasteur made to the Academy of Sciences on the 21st Oct., 1885, and in which he announced the successful inoculation of the lad Meister, produced in the scientific world a great impression; it was in effect the first application to man of a general method of treatment of virulent and contagious diseases, and one can easily conceive of the enthusiasm and hopes of some, the scepticism and hostility of others. He enumerated the inoculations which followed those of Meister and Jupille, amounting to 2682 in 1886. Such a labor affected the already delicate health of M. Pasteur who left Paris, entrusting to M. Ducloux the compiling the annals of the Pasteur Institute as a necessity. He showed how the absence of M. Pasteur caused his adversaries to state that the number of deaths was concealed, that these were without number, and all because some unfortunate cases occurred; they went so far as to state that the new method excited rabies instead of curing it; the strife of the friends and enemies of Pasteur was reproduced in the scientific centres of Vienna, Naples, and St. Petersburg. It happened at this time that the English commission that commenced its investigation with a certain amount of distrust, terminated them by declaring that M. Pasteur had discovered a method preventive of rabies comparable to that of vaccination against small-pox.

The discussion of the Academy, added M. Grancher, was closed by M. Charcot in these words:

"Yes, the inventor of anti-rabic vaccination can to-day, more than ever, walk with head erect, and prosecute in the future his glorious work without paying attention to the clamors of systematic contradiction, or the insidious murmurings of slander."

M. Grancher explained in a manner as ingenious as it was opportune, the reason why M. Pasteur must needs have adversaries. He had achieved a radical revolution, and a revolution, even though it be scientific, leaves on all sides the conquered, who do not easily pardon.

He remembered that when in 1881 he announced in the congress at London the attenuation of virus, and the vaccination for chicken cholera and carbuncle, Koch said, "that is too good to be true," and to-day such vaccination was practised in France, Italy, Hungary, Spain, India and Australia.

He explained with great intelligence the motive for the resistance to the doctrines of Pasteur, and exclaimed, "fortunately for him and for us, he is not a medical man, he is only an experimenter, without pre-conceived ideas, and without the prejudices of the schools," nevertheless, he added, medical men like Vulpian, Brouardel, Charcot, Verneuil, Chauvease, Villamin, and others have seconded him, and anti-rabic laboratories have been established in Russia, (six,) Odessa, St. Petersburg, Moscow, Warsaw, Chascon, Samara, and Tiflis; in Italy, (five,) Naples, Milan, Turin, Palermo, Bologna; at Vienna, Barcelona, Bucharest, Rio de Janeiro, Havana, Buenos Ayres, Chicago, and Malta.

The Pasteur Institute is in relation with these laboratories whose chiefs have come here, with the exception of two of them, to study the method of Pasteur, and to apply it to their patients with his progressive improvements.

The number of persons treated in Paris during the years 1886, 1887, and the first half of 1888, amounted to 5734, the mortality was as follows: 1.34 % in 1886, 1.12 % in 1887, and 0.77 % in 1888. Separating from these dates those individuals, who from submitting themselves to treatment too late, died within fifteen days, it results that the mortality amounted in the year 1886 to 0.937; in 1887 to 0.67; and in 1888 to 0.53 %.

This diminution in the mortality is due to the perfection in the treatment employed, and in proof of this Dr. Grancher cites that at Odessa where, in 136 persons submitted to simple treatment, the mortality reached 5.88 %, and to the improved treatment in 999 it has only reached 0.80 %.

Foreign statistics coincide with ours. Here follow statistics from the various laboratories mentioned above, as in affiliation with the Pasteur Institute at Paris.

Hospital Practice.

VICTORIA GENERAL HOSPITAL, HALIFAX.

Report of the Surgical Wards for the Quarter ending
March 31st, 1889.

DR. J. F. BLACK, *Attending Surgeon.*

No. of Patients Admitted.....	96
“ “ Discharged, Well.....	53
“ “ Improved.....	22
“ “ Unimproved.....	5
“ “ Died.....	4
Percentage of deaths.....	4.1%

The following operations were performed:

Amputations:

Minor 12. Major 1, of the Breast.

Excisions:

For Necroses.....	7
Epithelioma of Lip.....	1
Knee, Arthritis.....	1
Nasal Polipus.....	1

Circumcision..... 1

Incisions:

Exploratory Tumour of Brain.....	1
Stricture Urethra.....	1
Strangulated Hernia.....	1
Fistula In. Ano.....	1

Litholopaxy..... 1

Ligature and Removal of Hemorrhoids..... 1

The following Antiseptic precautions were strictly adhered to throughout all the operations.

(1.) The part to be operated on was thoroughly cleansed and sterilized before operation.

(2.) Care not to inoculate the wound with germs.

(3.) Thorough Irrigation.

(4.) Antiseptic dressings.

The first precaution was to wash the part several times with soap and water, after which it was encased for half an hour before the operation in lint saturated with a solution of Carbolic Acid, (1-26.)

The second care was in having the instruments thoroughly cleansed and left in a solution of Phenol, (1-20,) for 30 minutes before using, especial care being observed with the artery forceps and ligatures; the latter, silk, being kept constantly immersed in a solution of Bichloride of Mercury, (1-1000.)

The third was thorough irrigation of the wound with a solution of Bichloride of Mercury, (1-2000.)

Fourth, the ordinary Carbolic Gauze was used as a dressing; the layers of which coming in contact with the skin being first soaked in water to dissolve out any irritating substance.

The results were most satisfactory and may be thus summed up:

(a.) Rise of temperature only occurred in one case.

(b.) Pus only noticed in a small percentage of cases.

(c.) No irritation from Sutures or Ligatures.

(d.) The dressings only required to be removed, on an average, once a week, and in some cases once a fortnight.

In the case of Litholapaxy a 5% solution of Boracic Acid was used. No rise of temperature, pain or inconvenience followed the operation.

INDOLENT ULCERS.—The local treatment of this class of ulcers has, after trying different dressings, almost resolved itself into a routine practice of strapping with ordinary diachylon plaster. The custom is to strap the part from below upwards, leaving the plaster on until cleanliness demands another dressing. Generally only that portion of plaster covering the ulcer requires to be removed, the remaining portion not requiring removal for some time. A number of cases attest to its efficiency.

It is a very economical and convenient dressing in cases that cannot be visited oftener than once or twice a week.

CASE UNDER DR. T. R. ALMON, *Attending Surgeon.*

Phimosis of thirty years standing.

Patient, N—M—, age 54 years, farmer. Admitted to Hospital Aug. 1st, 1888, complaining of difficulty in micturition, and an induration in scrotum and perineum.

Family history good. He thus described his case. He was never able to completely uncover the glans, and for the last 30 years has noticed a gradual encroaching of the foreskin over the glans. 12 months previous to entering the Hospital the Meatus was so occluded that he experienced great difficulty in Micturition. A few months after this a lump appeared in the perineum which gradually enlarged and extended into the Scrotum and after a time suppurated and discharged. Examination revealed a large tumour in Scrotum extending down the perineum and which could be felt high up per rectum. The head of the penis had a tough, resisting feel and the meatus was so occluded that the smallest Bougie could not be passed.

From the character of the pains experienced, and the age and appearance of the patient, the question of Malignancy arose, but to relieve the distress accompanying Micturition it was determined to perform circumcision. A 4% solution of Hydrochlorate of Cocaine was used as an anaesthetic. On cutting through the prepuce it was found that the foreskin was adherent to the glans and a thick fibrous mass was formed by the union. This being dissected off, the Meatus slit up, and sound passed, the patient was confined to his bed for further treatment, which consisted in keeping a catheter in the bladder to draw the water and keep the urethra and meatus dilated occasionally passing a sound; and to the perineum was applied Ung. Hydrag.

The result was most satisfactory. The induration in the scrotum and perineum gradually disappeared. The urethral fistula closed. Patient rapidly gained flesh and was discharged well.

REPORTED BY W. D. FINN, *Clinical Clerk.*

Case 1.—Sarcoma of Brain.

M—T—, age 33. Admitted Jan. 14, 1889, under care of Dr. D. A. Campbell. Very few points about the previous history of the patient could be accurately ascertained.

About three years ago he received an injury of the head by a sharp fall, which called for no special attention at the time. Some time after he began to complain of a headache and dimness of sight, which gradually increased and resulted in total blindness. His mental power, never strong, failed; he became irrational, and finally imbecile. He had frequent convulsive seizures of short duration, for three months before admission. When admitted he was blind, imbecile, and only possessed of automatic functions. A soft swelling was observed at a point corresponding to the middle of the sagittal suture. On pressure a distinct depression was felt, as if bone had been depressed. There was no paralysis of the limbs of a marked character, rather spastic rigidity. He had no control of the bladder or rectum. After admission he had two convulsive attacks, prolonged and very severe, and a fatal result was postponed by very active measures. The patient was transferred to Dr. J. F. Black, the surgeon in charge. After consultation it was deemed advisable to make an exploratory incision. When the scalp was shaven it was seen that large veins proceeded from the soft swelling already referred to. When a V shaped flap was reflected the bleeding was so great that no further incisions were attempted. The seeming depression of bone turned out to be a large venous communication with the superior longitudinal sinus brought about by erosion of the bone, and another larger, which had not been noticed, was revealed. Death ensued some time after.

Autopsy. Permission was obtained to examine the brain. A large tumour was found involving wholly the cortical surface of the left supra-marginal convolution and portions of the angular, post parietal, temporo-sphenoidal annectant and occipital convolutions on the outer aspect, and the cuneus and paracental lobule on the inner aspect.

The Growth weighed 6 oz., was sharply marked off from brain tissue and practically involved that portion of the left half of the cerebrum behind the ascending parietal convolution. The membranes were adherent over the growth and the adjacent bone was very much thinned, eroded and perforated. At least ten openings, ranging in size from a ten cent piece downwards, were observed, which allowed free venous communications, the largest being in connection

with the superior longitudinal sinus. The optic nerve was very much shrunken and the gasserian ganglion on the left side enlarged.

Case 2. Crossed Paralysis, probably Syphilitic in Origin.

[— B—, age 44. Admitted Jan 9th, 1889, under care of Dr. D. A. Campbell. About three or four weeks ago he began to experience a feeling of numbness in the extremities, particularly the lower limbs. The power of the right arm began to fail, and about a week before admission he lost, rather suddenly, the use of the left leg. He has been generally engaged in out door work enjoying excellent health, but has abused himself by hard drinking and excessive venery. He had a sore on the penis about 20 years ago, but gives no account of any general manifestations of syphilis.

When admitted the following points were noted, intellect and special senses not affected, slight ptosis and facial paresis in right side. Right arm nearly powerless. Left leg totally paralysed. Reflexes absent. Incontinence of urine. Bowels obstinately constipated. General health good. Large doses of iodide of potassium were administered, 200 grains daily. The patient steadily improved and was discharged well, April 3, two months after admission.

GENERAL PUBLIC HOSPITAL, ST. JOHN.

NOTES BY DR. F. L. KENNEY, *House Surgeon.*

Compound Comminuted Fracture of Olecranon.

W— D—, aged 27, shoemaker. Admitted December, 20th, 1888, under the care of Dr. Travers.

Patient while suffering from delirium tremens jumped out of the fourth story window of his boarding house, falling on the asphalt sidewalk in front of the house. On admission the patient was found quite sobered and conscious of his accident and surroundings, was badly bruised all over, especially about the back and right hip. The only external wound was that of the right elbow. The olecranon process was shattered into several pieces, some of which protruded through external wound, which was about two inches in length, at back of joint. The wound was enlarged to admit of examination and the removal of loose pieces of bone, after which it was dressed antiseptically and placed on a splint which kept the joint at nearly a right angle. The wound healed slowly, the patient not being in good general condition; this was greatly improved by his stay in hospital, and on April 1st, when he was discharged his general appearance was very good, the elbow wound was quite healed, the joint being bent at right angles. Some motion was present in joint, which will probably be increased by use.

PHOTOGRAPHY OF THE MALE BLADDER—We hear that Mr. Fenwick, and Mr. Pearson Cooper of the London Camera Club, have been working for some considerable time at photography of the human bladder. Various obstacles were in turn recognised and overcome, and they have now so far perfected their vesical camera and method as to obtain good negatives of the interior of "dummy" and dead bladders. They hope before very long to describe a method of recording the appearances and progress of diseases of the living bladder. The negatives are taken *per urethram* through a tube of 23 French calibre (11 or 12 English.)—*British Medical Journal.*

Society Proceedings.

PICTOU COUNTY MEDICAL ASSOCIATION.

The quarterly meeting of this Society was held on April 2, in Rice's Reception Rooms, New Glasgow.

Present, Dr. McKenzie, (Pres.) Fraser, Miller, Keith, McDonald, Robertson, and Stewart. (Sec.) Dr. Robertson, of Hopewell, was admitted as a member of the Society.

Dr. Fraser read an interesting and suggestive paper on "Idiosyncrasies," taking the term in its widest sense. He mentioned cases in which severe gastric symptoms occurred from the use of cheese, of honey, and even of opium; of neuralgia resulting from the use of quinine and of iron; of spasm of the glottis following the administration of belladonna; and of salivation from the use of the same drug.

Extending the application of the term he alluded to peculiarities in physical organisation, etc., which he would call "class idiosyncrasies," as in long-lived families, or the reverse; also to mental variations, or attitudes as the sceptical and superstitious; and finally indicated that the variety of tastes observed in the medical profession were but variations of idiosyncrasy. From this ground he argued in favour of the frequent interchange of thought among members of the profession, in which each may learn something new or striking on any subject, from another who may regard it in a different light.

The paper was followed by a lively and humorous discussion, in the course of which Dr. McDonald, of Hopewell, invited the members of the Society to hold their next meeting at his residence. The thanks of the Society were tendered Dr. Fraser for his essay, and on motion of Dr. Fraser, seconded by Dr. Keith, the courteous and friendly offer of Dr. McDonald was accepted.

The Secretary then read notes of a case of vomiting during pregnancy in which numerous gastric sedatives had proved worthless, or only of very temporary service and in which labour came on spontaneously at about the 6th or 7th month, on the very day on which operative measures had been decided upon. The chief points of interest in the case were, the diagnosis of pregnancy, the condition having been concealed; the co-existence of albuminuria with tube casts; and the history of a constitutional tendency to vomiting extending over several years.

The evacuation of the uterus was not followed by the slightest improvement in the symptoms and the patient died in a state of extreme emaciation twelve days after delivery. A *post mortem* examination was made. The omentum was found reduced to a transparent web and there were numerous delicate adhesions among the intestines. There was a displacement of the transverse colon, which, descending from its hepatic flexure, crossed over the brim of the pelvis, ascended to the level of the left kidney and was there acutely flexed upon itself and descended towards the pelvis. This acute flexure was held in position by dense adhesions.

There was distinct stenosis of the pylorus, without undue thickness of its walls. The kidneys were "granular," and there were numerous small growths in the ovaries.

A PRIZE of \$2,500 has been offered by the Empress Augusta of Germany, for the best designs of a portable military hospital. All countries are invited to exhibit.

CHART No. 1.

DESCENDANTS OF AMOS M.

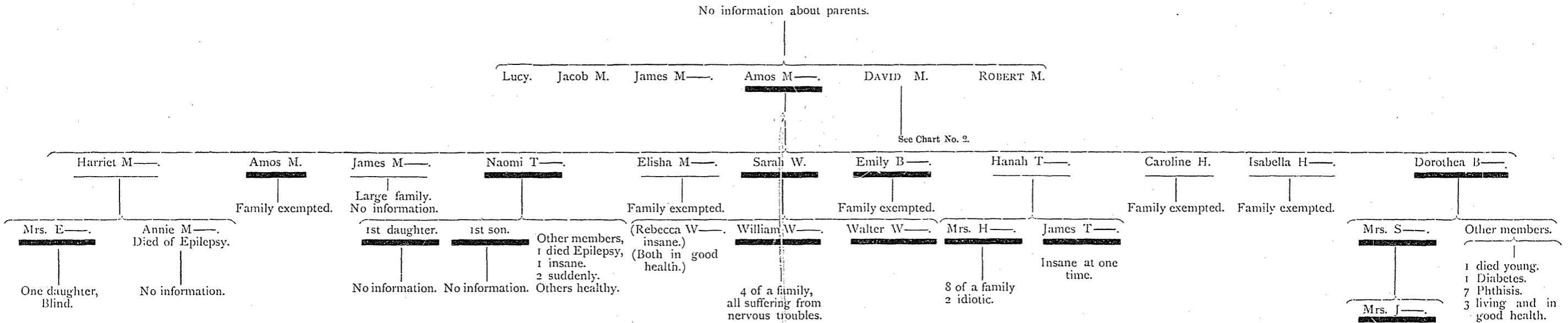
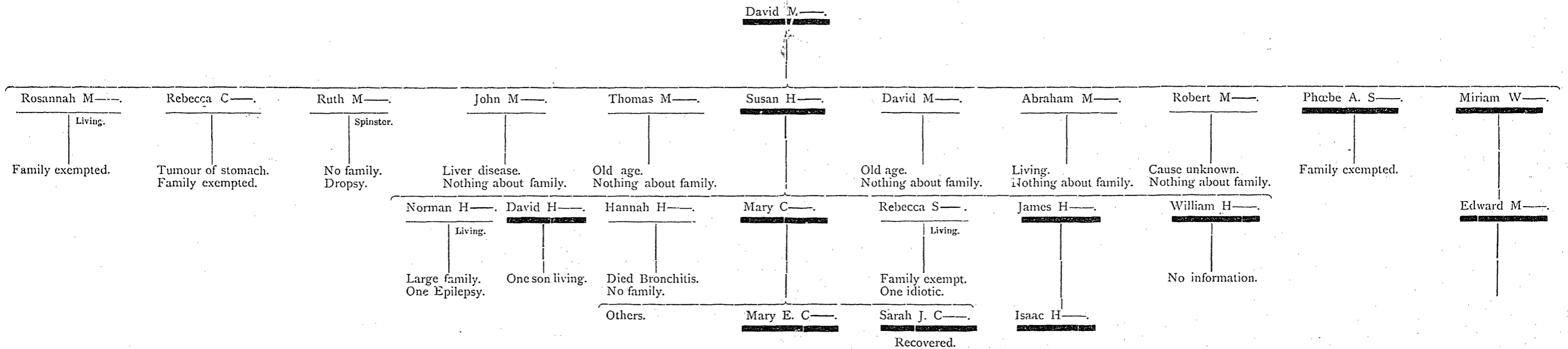


CHART No. 2.

DESCENDANTS OF DAVID M.



Members attacked with Progressive Muscular Atrophy.

Correspondence.

DEAR SIR,—An epidemic of Pneumonia, complicating generally in the case of young children and of the aged, a severe epidemic of Influenza, has been very prevalent in Prince Edward Island during the months of February and March past, and indeed is yet in full career in many districts. Through the courtesy of the several gentlemen, whose names will follow, I am enabled to give a summary of 546 cases with 41 deaths during the two months named. Your correspondent hereby thanks all who so generously responded, at a very short notice, to his request for statistics in reference to this disease. Many of these reports are well worthy of publication, but for the purpose of putting on record this remarkable epidemic I deem it best to make a brief, digest of the valuable information thus submitted to me. I will omit, though of the first importance, any reference to diet, hygienic surroundings, external applications, &c., alluded to by nearly all my correspondents, and merely confine myself to the enumeration of drugs used by each. Nor will it be necessary to define the time and conditions under which these were administered. The mere mention of the drug will, I hope, suggest these conditions.

Dr. E. B. Muttart, Souris, reports 30 cases, 3 fatal; one of these latter suffering from uterine disease, the others in advanced age and having double pneumonia. He reports the disease as on the increase, young and old being alike attacked. Treatment, veratrum viride within first 24 hours, quinine for high fever, Ammonia, Spir. Ether Chlor Spir. Chloroform Co., Brandy, &c.

Dr. A. McLean, Souris, 23 cases, 3 fatal; makes no mention of treatment.

Dr. C. L. Barnes, Georgetown, reports 8 cases, 5 croupous and 3 catarrhal, 1 fatal, and refers to terebene as of great value in the catarrhal variety, also to paraldehyde as excellent for insomnia and hacking cough.

Dr. L. Brehaut, Murray Harbor South, reports 7 cases, all recovered. Treatment, begins with large doses of Quinine and continues throughout course of disease with smaller ones; Antimon. et pot. tart., Ammon., Ipecac., Digitalis, brandy, &c.

D. P. McN. Beavisto, Summerside, reports 8 cases, 2 fatal, meningitis supervening in both cases, which occurred in one family. Treatment, quinine, opium, ammonia, digitalis, brandy, &c.

Dr. D. G. McKay, Summerside, who, I regret to learn, has himself not been well, reports 8 cases, 1 fatal. Treatment, quinine or antifebrin, opium, ammonia, digitalis or convallaria. He says, "I can speak very highly of convallaria as a heart tonic while it does not disturb the stomach like digitalis."

Dr. George Carruthers, Summerside, reports 25 cases, 2 fatal, one aged 79, the other from heart clot with acute dilatation; dying suddenly with terrible prae-cordial pain. Treatment, morphine, quinine, antifebrin, convallaria, brandy.

Dr. John Sutherland, Bedeque, reports 13 cases, 3 fatal. He excludes all cases of children recovering in 3 or 4 days, diagnosing these as congestion merely. Treatment, morphine, ipecac, pot citrat., aconite, ammonia, nux vomica, brandy, &c.

Dr. Alex. MacNeil, Kensington, reports 19 cases, 2 catarrhal, 2 fatal, aged 52, 66. Treatment, ergot if seen early, as an abortive, convallaria nux vomica, brandy. "The case that did best with me this winter, was one which I had an opportunity of watching closely in my own house and in

which I gave no medicine at all, resolution setting in between 4 and 5 days."

Dr. D. McLaughlin, O'Leary Station, reports, in a carefully written paper, giving names, ages, &c., of each patient, the extraordinary number of 83 cases with 3 deaths. Treatment, pot. bromid. and chloral for restlessness, ammonia, ipecac, vinum antimonialis, spir. ether nit., pot. nit, digitalis, nux vomica, quinine sulph., antipyrin, sometimes aconite.

Dr. I. H. McLellan, Tignish, reports 2 cases, 1 death. Four of these cases occurred in one family, each case at an interval of one day. Treatment, ammonia, aconite. "In one case I gave aconite where the pulse was very rapid with good results." "I prefer antipyrine to quinine."

Dr. Long, Tyne Valley, 40 cases. 10 young children, 3 catarrhal pneumonia. 6 deaths, 1 of the latter having gangrene, another mitral disease, &c., &c. Treatment, opium, quinine (preferred to antifebrin or antipyrin as keeping the temperature longer under control and not depressing the patient so much); ammonia, brandy, &c.

Dr. W. Harrison Doherty, Lansdowne, Cape Traverse, reports two cases, recovered. Treatment, morphine, chloral, expectorants, &c.

Dr. K. Henderson, Clyde River, in a carefully written and exhaustive paper, reports 8 cases, 1 death. He met with two distinct classes. "One in which the local symptoms were not subjectively pronounced, the disease partaking of the general characters of a fever, the local condition determined by auscultation, presenting, however, from the commencement of the disease; there being general bronchial congestion, plus pneumonic consolidation existing co-incidentally, and not standing in relation of effect to cause; the other in which the local subjective symptoms were marked and in which there were three distinct types of re-action, viz: (1.) sthenic and acute. (2.) typhoidal. (3.) symptoms of shock. Treatment, quinine, antifebrin; the latter, however, not preventing recurrence, "Strophanthus I found invaluable, digitalis not so efficient" Amyl nitrite, stimulants, nux vomica, ammonia, spir ether. chlor, spir. chloroform co., &c., &c.

Dr. H. D. Johnson, Belfast, reports 4 cases, all recovered. Treatment, morphin, quinine, antifebrin, ammonia, &c.

Dr. A. H. Beer, Cherry Valley, reports 3 cases, all recovered. Treatment, quinine, digitalis. &c., &c.

Dr. Jas. Henderson, Beech Hill, Union Road, reports 34 cases and 2 deaths, viz: 14 acute croupous, 8 acute catarrhal, 6 sub-acute catarrhal, also 6 catarrhal previously exhausted by protracted whooping cough. The two fatal cases belonged to the latter. Treatment, saline diuretics and febrifuges, ammonia. "In the catarrhal form I give quinine freely and find marked benefit from the quinine, as not only has it lowered temperature but hastened convalescence." Stimulants, &c., &c.

Dr. R. MacNeil, Stanley, reports 16 cases with 1 death, an aged man. Treatment, "no routine and to most indications."

Dr. Jas. Walsh, Mount Stewart, reports 12 cases, 1 fatal, and makes no mention of treatment.

Dr. J. G. Toombs, Mount Stewart, 15 cases, all recovered. Treatment, quinine, morphia, ammonia, digitalis, brandy, &c. "Have had excellent results from strophanthus in a few cases in which digitalis failed."

Dr. H. W. Robertson, Crapaud, reports 12 cases, all recovered.

Dr. Wm. Honeywell reports 38 cases and 2 deaths, ages

ranging from 83 years to six months, the greater number of cases being croupous, those of several children and two adults being catarrhal. "Pneumonia has been more general during February and March than ever I noticed it before." Treatment, at first a purgative, pot. acetatis, or citratis, opiates, ammonia, nux vomica, digitalis, or convallaria. "I believe from a limited experience with convallaria that it is the heart tonic, *par excellence*, in pneumonia."

Drs. F. D. Beer, Jas. Warburton, S. R. Jenkins, and your correspondent, have to report 99 cases and 7 deaths; The latter composed of young children, and two extremely old 87, 89. The pneumonias were here as elsewhere an accompaniment to an acute catarrhal fever or influenza which is now on the decline apparently from lack of new material, as not a child in the whole city seems to have escaped. The oldest recovery recorded was that of a man aged 81 years with croupous migrating pneumonia, beginning in lower lobe of left lung, thence to apex, thence to base of right, and thence to apex of that lung. The treatment in this case consisted of ammonia carb. Tr. digitalis, tr. nux vomica, alternated with spir. ether. co., spir. ammon aromat, spir. chloroform co., for cough and sleeplessness, whisky, &c., &c., with a strict injunction against patient attempting to raise himself or turn in the bed. The recovery was slow but complete. A cure also of a child with catarrhal Pneumonia supervening on a severe bronchitis is reported. Pulse 156, respiration 80, wild play of nostrils, continuous short cough, livid lips, flushed cheeks, &c. In addition to an expectorant containing ammonia, vin. ipecac, ether, which the child was taking, it was ordered. Tr. aconite M $\frac{ij}{\text{}}$, every hour till pulse was reduced to 139 and respiration to 60. The child thenceforth gradually improved till finally a slow convalescence was reached. Also a case of a child while suffering from Pneumonia being attacked with acute nephritis is reported with recovery. Thus we find no less than 546 cases for the months of February and March, reported by 26 physicians, not one-half the number in active practice on the Island, and the inference seems obvious and fair that if all had reported this number would have been at least duplicated.

CHARLOTTETOWN, P. E. ISLAND.

J. M.

April 13, 1889.

A CORRESPONDENT sends us the following:

The conduct of Physicians to one another in consultations is a legitimate question for the M. M. NEWS to discuss and the insertion of some extracts from the Code of Ethics would perhaps do good.

1. "In consultations, no rivalry or jealousy should be indulged; candor, probity and all due respect should be exercised towards the physician having charge of the case.

2. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending and by their common consent; and no *opinions or prognostications* should be delivered which are not the result of previous deliberation and concurrence."

Theoretical discussions should be avoided, and all discussions should be secret and confidential, and hints and wise nods should not be given to lead the friends to suppose the consultant did not assent to the treatments of the first attendant. The consultant should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance. He should studiously avoid dishonest attentions or assiduities for the base purpose of gaining applause or ingratiating himself into the favor of families and individuals.

The Medical Bill prepared by a committee of the practitioners of Charlottetown and other parts of P. E. Island and presented to the legislature for enactment, unfortunately miscarried. It was entrusted to Dr. Gillis, M. P. P., who introduced it early in the session, but owing to his unavoidable absence for some weeks, and upon his return the matter coming before the House rather late, a few members interested on behalf of some two or three unqualified practitioners interposed all the delays and obstacles imaginable. Others again, though favorable to the bill, being impatient of returning to their homes, the introducer was forced to yield for the present. We hope when he introduces it next year he will meet with better success.

PRELIMINARY NOTICE OF NEW BRUNSWICK MEDICAL SOCIETY ANNUAL MEETING.

The 9th annual meeting of the New Brunswick Medical Society will be held in St. John, on Tuesday and Wednesday, the 16th and 17th of July next, opening at 10 o'clock, A. M., when the general business of the Society will be transacted and the following papers read:—Dr. E. Cameron, Grand Manan, "Diphtheria." Dr. C. Holden, St. John, "Scarletina." Dr. M. Maclaren, St. John, "Leprosy in New Brunswick." Dr. O. J. McCully, Moncton, Subject not given. Dr. T. Walker, St. John, Subject not given. Dr. P. R. Moore, Subject not given.

The members of council are as follows:—Drs. J. T. Sleeves, P. R. Moore, G. M. Duncan, Jas. Christie, J. W. Daniel, T. C. Brown, H. C. Preston, T. Walker. Dr. J. Z. Currie, Registrar.

The officers of the Society for the present year are:

DR. L. MACLAREN, President.

" D. D. McDONALD, 1st Vice-President.

" G. M. DUNCAN, 2nd "

" G. R. J. CRAWFORD, Secretary,

" GEO. A. HETHERINGTON, Corresponding Secretary.

" T. WALKER, Treasurer.

TRUSTEES.—Drs. O. J. McCully, W. Christie, H. G. Addy.

DELEGATES TO MAINE MEDICAL ASSOCIATION.—Drs. W. Bayard, J. T. Sleeves, J. Z. Currie.

COMMITTEE OF ARRANGEMENT.—Drs. T. W. Musgrove, M. Maclaren, Geo. A. Hetherington, J. P. McInervey.

GOVERNMENT RAILWAY TARIFF OF FEES COMMITTEE.—Drs. Wm. Christie, J. W. Daniel, G. T. Smith.

AUDIT COMMITTEE.—Drs. D. E. Berryman, D. R. Moore. A programme of the meeting will be mailed to the members of the profession about the middle of June next.

GEO. A. HETHERINGTON,

Secretary of Committee of Arrangement

St. John, N. B., April 16th, 1889.

The Maritime Medical News.

May, 1889.

EDITORS:

D. A. CAMPBELL, M. D., Halifax, N.S. J. W. DANIEL, M. D., M.R.C.S., St. John, N.B.
 ARTHUR MORROW, M. B., " L. C. ALLISON, M. B., "
 JAMES McLEOD, M. D., Charlottetown, P. E. I.

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.

Papers of cumbrous or unnecessary length, but otherwise acceptable, will be returned for condensation.

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

DR. MORROW,
 ARGYLE STREET, HALIFAX.

A SURPRISING number of remedial agents have been obtained during recent years from the aromatic group of carbon compounds, and new compounds from this source are brought to the notice of the profession almost daily.

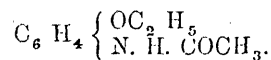
The most marked action of the lower members of the aromatic series is their *antiseptic, antipyretic and analgesic* power. The discovery by German See what many of the powerful antipyretics also possessed pain relieving power has greatly extended their usefulness as in many cases they equal if not surpass the alkaloïds. Unfortunately the administration of these drugs is followed by many disagreeable after effects. This has led to the trial of other members of the group with the hope of securing a prompt, effective and at the same time a thoroughly safe remedial agent. Among the number experimented with for this object *phenacetin* deserves special attention.

Phenacetin was discovered and experimented with by Hinsberg and Kast who published their results in 1887. Since that date the drug has been used extensively by many competent clinical observers, among whom might be mentioned Kohler, Hoppe, Greenfell, Roe, Lewis, Jones, Strumpf and Dujardin-Beaumetz. The evidence so far is satisfactory and indicates that we have now available an effective antipyretic and a powerful analgesic, the administration of which is comparatively free from the risk of toxic effects.

Phenacetin, or acetphenetidin, is technically known as para-acet-phenetidin, is the most active member of a group of derivatives, viz., the phenacetins. Two others have been studied, viz., meta-acet-phenetidin

and ortho-acet-phenetidin, the former inert, the latter being one-half less powerful than para-acet-phenetidin. They are derivatives of carbolic acid and are obtained by a complicated series of operations, the process of manufacture not being a trade secret as in the case of other agents of this group; the cost is consequently reasonable.

Phenacetin occurs as a white inodorous crystalline powder, very slightly soluble in water, but freely so in alcohol. It is perfectly tasteless. It is analogous in its constitution to antifebrin. The chemical formula for the group is:



On account of its insolubility it is not adapted for hypodermic use.

When administered to animals in ordinary doses it has no effect, but in very large doses produces vomiting, irregular gait, hurried respiration and somnolence, followed by general cyanosis and discoloration of the blood. In man no ill effects have been observed except in very debilitated subjects.

The most satisfactory dose for an adult is about 8 grains, and children bear it very well. In febrile conditions the dose should never exceed 15 grains. It is best given in the form of *cachets*. As an antipyretic it has been used in a number of diseases, such as phthisis, pneumonia, typhoid fever, etc., the temperature under its influence falling from 3° to 4° F. Its action begins about half an hour after its administration and continues for 4 or 6 hours, the fall of temperature being gradual. In from two to three hours the rise of temperature commences, and in about eight hours the influence of the drug disappears. It produces copious sweating and sometimes a sensation of collapse, but no other disagreeable effect has been observed. As an antipyretic it is therefore effective and safe.

In respect to its analgesic power we have strong testimony from Dujardin-Beaumetz, one of the best authorities of the present day on all questions connected with therapeutics. He states, (*B. M. Journal*, 1889, page 522.): "But it is above all as an analgesic that phenacetin outrivals its predecessors. While it is quite as powerful as antipyrin and antifebrine it does not cause the pain in the stomach and the scarlatini-form rash of the latter. However prolonged may be its administration—and we have given it for months in doses of 1 to 2 grammes per day—we have never observed any bad effect. We have used it for the relief of every form of pain (neuralgias,

migraine, rheumatic pains, muscular rheumatism, acute articular rheumatism, the lightning pains of tabes, etc.) and also with the best results. Further, in cases of hysteria and of hysterical or neurataxic pains phenacetin has seemed to produce better effects than the bromides; it calms the excitability of the nervous system, and in some obstinate cases of nervous insomnia it produced sleep." The testimony of other observers is to the same effect and confirm the conclusion of Dujardin-Beaunetz that phenacetins ought to be substituted for antipyrin for the following reasons: (a) Because they are non-toxic; (b) Because they act in doses one-half smaller; (c) Because they are one-half cheaper; (d) Because there is no monopoly in their manufacture.

It is, of course, utterly impossible for even the best equipped and best managed medical schools to turn out their graduates not only possessed of an accurate knowledge of the science of medicine and surgery, but also clothed with that judgment and skill which can only come from practice and experience, nor is it expected that they should; but when we remember that many young graduates when they once get the coveted diploma in their hands, step into immediate independent practice, and perchance become the arbiters of life and death, the immense responsibility of the schools is apparent. Among the early responsibilities which the young practitioners will probably be called upon to assume, are difficult cases in obstetric practice, and the administration of anæsthetics. In neither of these cases will the average graduate find himself possessed of that confidence which comes from practical knowledge, for his college education in these matters has been largely theoretical.

Many a student goes through college, passes his examination and receives his diploma, who has never administered an anæsthetic in his life. He has probably seen ether administered frequently by some one else, but beyond that, has learned but little of the subject, and has had positively no personal practical experience. The seeing a trained anæsthetist administer ether may indeed cause the student to notice the ease with which the procedure is carried out, and the freedom from danger which accompanies it, but does not at all enable him to gauge the practical knowledge displayed by the anæsthetist in securing that ease and freedom from danger.

He consequently learns to think more lightly of the matter than its importance demands.

When a patient is fully anæsthetized he is carried very near that borderland which separates life from death; and the responsibility of placing a human being in such a position should only be assumed by one who has been fully and practically taught all that is known on the subject. He should know what symptoms give warning of danger, and what are the proper means of counteracting or relieving the same when it appears. We have seen two cases reported (by the same surgeon) in which during the administration of chloroform the breathing stopped and the operator opened the trachea, this opening being accompanied with a rush of air into the lungs, and the restoration of breathing. It would seem very likely that these were cases of closure of glottis by the falling back of the epiglottis, and that the patient might have been saved equally well by extending the head and so raising the epiglottis after Howard's method.

The student should also be taught how to choose the anæsthetic best suited to the case. The friends of chloroform and ether are still each vaunting the superior merits of their favorite, and the battle is being as keenly contested to-day as it was fifty years ago. As a matter of fact a perfectly safe and pleasant anæsthetic is still a desideratum; till such is discovered we must be content to use what we have.

Although there is no doubt ether is being much more generally used than it was, on account of its greater safety and in spite of its greater unpleasantness, it has some qualities which render it inapplicable in certain cases; such, for instance, as in operations about the mouth, requiring the actual cautery, and in persons suffering from kidney disease. One experimenter, however, Feuter, denies that kidney disease is a contra-indication for its use, and has given it successfully in several cases of albuminuria. * "We have as yet no conclusive evidence or statistics to enable us to balance the merits of the different anæsthetics in a mathematical manner. We know that between the years 1870 and 1885, 184 deaths have been published in England as occurring under chloroform, which is slightly over 12 in a year. The number of times chloroform has been administered in the same time is not known. At Saint Bartholomew's from 1875 to 1880 chloroform had been used 4810 times with two deaths. Mr. Williams has recorded as his personal experience 208 cases of chloroforming with one death. On the other hand between 1870 and 1885, 28 cases of death from ether in England

* Prof. White, University of Pennsylvania.

alone have been recorded. Saint Bartholomew's tables give 6440 cases with two deaths; Mr. Williams 1050 cases with one death." Up to the year 1854 chloroform was given 9000 times at Saint Bartholomew's without a single death, while in 10 years at the Edinburgh Infirmary it was given 3,650 times with only one death. Surgeon-Major Lawrie, Principal of the Medical School at Hyderabad says: "I have given chloroform as often or oftener than any man living, and have never had a fatal case; and I can state positively that in the 4,800 or 5,000 administrations I have superintended, I have never seen the heart injuriously affected by it." There is considerable disagreement in these figures. If Surgeon-Major Lawrie's results were obtained in India, it may be that his patients were better subjects for chloroform than the average European hospital patient, just as the natives of India recover better from lithotomy than Europeans. He believes that his success is due to his care in administration, and especially to his watching the respiration and paying but little attention to the pulse. We think that, as a rule, too much attention is paid to the state of the heart and pulse, at the expense of the lungs and respiration; the only post-mortem examination of a patient who died under chloroform which we have seen, showed the heart perfectly healthy and empty, while the lungs were gorged with blood, and in this case it had been noticed that the heart continued beating for an appreciable time after respiration had wholly ceased.

We are aware that in some of the schools this subject is carefully taught, and the student instructed practically in the administration of anaesthetics, but this is not the case in all, especially on this side of the Atlantic; and, it may be, that in this fact lies the secret of a greater mortality at the present day in the administration of anaesthetics than obtained some years ago.

IN another place will be found an account of a widespread epidemic of pneumonia in P. E. Island. This, it appears, while sometimes a distinct affection, was largely a complication of an epidemic of acute catarrhal fever, which is reported as having extended from one end of the Island to the other. This Influenza, invariably accompanied by marked febrile symptoms, carried in its train tonsillitis, middle ear disease, laryngeal affections, bronchitis, more or less severe, and fortunately less frequently pneumonia. Bronchitis and pneumonia have been comparatively rare diseases in corresponding months

of other years. But the abnormally warm winter, with its bare and water-sodden soil, would seem to account for the abnormality of the prevalence of disease, and would also appear to point to teleurial as well as atmospheric causes. We unfortunately have no records of similar epidemics in our own country from which to draw inferences or conclusions of any value. This fact affords a strong illustration of the desirability of a general census of diseases being taken from which a comparison of year with year could be made. Our present system of mortuary statistics, embracing only a few of the larger cities of the Dominion is not only unsatisfactory but unprofitable. Vital statistics to be of value should include the whole country. Not only the deaths but the varieties and prevalence of diseases, preventible or otherwise, should be a matter of public record. To know the danger is the obvious and rational means of overtaking it.

Returning to the subject of pneumonia, our reporter gives instances of the twos, threes and even fours and sixes in one family, facts, which if an epidemic did not prevail, would seem to prove the contagiousness of pneumonia. The fatality recorded is not large and is thus in keeping with the death-rate recorded of the pneumonias of influenza epidemics published in other countries.

Of the treatment of pneumonia *per se* the less said perhaps the better. Being an acute self-limited affection most cases will get well under, or as some writers contend, *in spite* of any treatment. There is perhaps no remedy known which exerts a shortening influence on the pneumonic process, although quinine in large doses at an early stage is said in some cases to abort it, and ergot is so credited by others. The treatment must, therefore, be chiefly hygienic and symptomatic. The work of the physician is to support life until the disease has run its course and to control symptoms as they arise. Principal among these are pain in the side, high fever, cough and distressed breathing and heart failure. For the pain in the first stage morphia would seem to take first rank. For high fever quinine, antifebrin, antipyrine. For cough and distressed breathing expectorants, rest, external applications. For heart failure, Digitalis, Strophanthus Convallaria and rest, not merely keeping, the patient in bed, but compelling absolute rest in recumbent position, sternly forbidding the patient, with a flagging heart, to raise himself in bed or make any exertion for the purpose of expectorating, taking medicine or for any other cause whatsoever. In our

report we find a difference of opinion, as might be expected, as to the relative merits of quinine, anti-febrin and antipyrin as antipyretics as well as of *Digitalis strophanthus* and *convallaria* as heart tonics. We notice also very few allusions to the old-fashioned treatment of pneumonia by aconite. Now this drug is especially indicated in all the inflammatory states of the respiratory organs, catarrhal fever tonsillitis, &c., and particularly in the case of children. There are not wanting very high authorities who recommend it in measles to prevent catarrhal pneumonia, and it is also recommended in the pneumonitis of phthisis. We think that no other single drug can compare with it in epidemics of influenza with a tendency to pneumonia and bronchitis. While we have, therefore, the new remedies as valuable additions to our armamentarium and accord them a high place in their respective spheres, let us not forget or despise the old ones. While we "ring in the new" let us not "ring out the old." Here as in other matters we would say:—

"The friends thou hast and their adoption tried
Grapple to thy soul with hooks of steel."

THE Annual Meeting of the Nova Scotia Medical Society, which will be held at Halifax on the 3rd, 4th and 5th of July next, calls for a few brief comments.

This Society, which was organized over a quarter of a century ago has enjoyed an uninterrupted existence since that date, and has in many ways exercised a beneficial influence.

Harmony and good fellowship have been promoted, a deeper interest in professional work secured, and many useful reforms obtained.

In addition to meeting the social and scientific wants of the profession, an important function has been assigned to it, viz., that of electing tri-ennially six members of the Provincial Medical Board—an institution that is not as fully and heartily sustained as it ought to be.

It is pleasing to note that interest in the work of the Society has been slowly but steadily increasing—the scientific material presented has been gradually growing larger in quantity and better in quality—and the discussions more pointed and practical.

At the meeting at Digby last year not less than 15 papers were read, all evincing care in their preparation, and the discussions proved so interesting that no time was left or taken for social enjoyment.

Notwithstanding these encouraging features the average attendance is far short of what it should be. It must be admitted that there are many obstacles which prevent men leaving their practice, particularly in the rural districts where no substitute can be obtained, but we feel assured that the advantages to be gained by meeting together will amply repay any sacrifices made. At least 40 per cent of the profession should be present at the annual meeting.

At the last meeting there were strong expressions of opinion about the necessity for a Code of Ethics for the guidance of young practitioners—a Provincial Scale of Fees for reference in law courts, when it becomes necessary to sue for services rendered—and higher scales of fees for services performed for the benefit of the community at large.

Such questions can only be properly dealt with at a large and thoroughly representative gathering of the profession.

The able and energetic Secretary, Dr. W. S. Muir, of Truro, is putting forth every effort to make the coming meeting a success. We trust that he will be actively supported by the various committees appointed to assist him. Halifax will do its duty.

The committees for 1889 are:—

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. Moore; R. J. Chute, R. A. H. McKeen, J. A. Sponagle, C. J. Gossip, A. Morrow, A. M. Perrin.

Section V.—SANITATION.—Chairman, Wm. McKay; Thos. Trenamen, T. R. Trucman, E. McLean, S. Dodge, A. D. McGillvaray.

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

Extracts from the diary of a young lady at sea:—"First day: On the high seas; stormy weather; disagreeable company. Second day: Captain very amiable; quite a superior man. Third day; Captain less attractive; made a declaration of love; offered me his heart and hand; which I haughtily declined. Fourth day: Captain persists in his advances; threatens that if I do not accept him he will scuttle the ship and send 400 men, women and children to the bottom. Isn't it awful. Fifth day: Saved 400 souls."

Reviews and Book Notices.

VEST-POCKET ANATOMIST.—By C. Henri Leonard, A. M., M.D. If popularity be a test of worth and value in Medical literature, this little book may claim excellence, as it is now in its eleventh edition, four editions having been sold in London. It is 'anatomy condensed' for the use chiefly of students who have patiently used their larger text books, and who may profitably use a resume as an 'aid' before examination. We have no doubt that 'this aid' is a good one of its class.

Notes and Comments.

OUR July number will be issued on about the 9th of the month; *i.e.*, after the N. S. Medical Society Meeting.

THE July issue will contain an interesting and valuable paper by Dr. Bruce, of St. John, on "the causation of calculous diseases."

WE regret to learn that the P. E. I. Hospital was partially destroyed by fire on March the 1st. The insurance recovered was about \$700. We understand that the necessary repairs cannot be completed before the middle of May. The patients were cared for by private parties. One poor fellow died soon after his removal. The loss to the sick and the inconvenience to the attending physicians is very great.

SYPHILIS INCURABLE.—W. R. Gowers, M. D., F. R. S., in his recent Lettsomian Lecture (*British Medical Journal*), says: "There is no real evidence that the disease ever is or ever has been cured, the word disease being used here to designate that which causes the various manifestations of the malady. The statement that "syphilis is an incurable disease" is the shortest way of stating this fact, and it is legitimate if we recognize that "by incurable" merely we mean that there is no proof of cure.

INGLUVIN.—*In Sickness in Gestation. Ingluvin in the Vomiting of Pregnancy.*—Dr. Popp (*Pester med. Presse*, No. 40, 1888) reports having achieved considerable success with Ingluvin in the vomiting of pregnancy. Having a very obstinate case, upon which he had exhausted the entire resources of the pharmacopœia, he administered three times daily, one-half hour before mealtime, eight grains of Ingluvin, and directly afterward two tablespoonfuls of one per cent, hydrochloric acid solution. An improvement was observed after a few doses had been taken, and a cure effected after the treatment had been continued for three weeks.—*Deutsche med. Wochenschrift*, Jan. 17, 1889.

THE MICROBE OF DIPHTHERIA.—The announcement of the discovery of the microbe of diphtheria by MM. Roux and Yersin of the Pasteur Laboratory, has led somewhat prematurely to sanguine hopes that the disease will now be amenable to prophylaxis by inoculation. The micro-organism of diphtheria, however, has been before now discovered by such investigators as Oertel, Klebs, and Loeffler. Nevertheless, but little fruit in the direction of successfully combating this highly fatal disease, has yet accrued from these researches.

We await with interest the full details of this latest inquiry, and shall be glad to see to what extent MM. Roux and Yersin have advanced beyond the stages reached by their predecessors in this field.—*Lancet*, Feb. 9, '89.

WE learn from the *Educational Review* that there are sixty-five Maritime Province students at McGill University, the large majority in the Medical Faculty.

There are twelve Nova Scotia students studying medicine at the University Medical College, New York.

A FATAL PRESCRIPTION.—The recent death in Germany of a child, as the result of taking a prescription containing an incompatible and dangerous compound, *viz.*: chlorate of potash and iodide of iron, deserves the attention of all practitioners. The iron was precipitated in the form of the sesquioxide, and all the Iodine liberated.

The following formula will illustrate the chemical changes which took place in the medicine: $2 \text{Fe. I}_2 + \text{KCl. O}_3 = \text{Fe}_2 \text{O}_3 + \text{KCl.} + 4 \text{I.}$ —*Medical and Surgical Reporter*.

WE see that Dr. Henry B. Douglas has recently employed pepsin as an ointment, with lanolin in ulcers, in the removal of cicatricial tissue, &c. He concludes that "In all ulcerations covered with a slough, or having a membranous base, pepsin is of use to digest this slough and bring about a healthy condition. The efficiency of the pepsin ceases when this slough has dissolved. In case of cicatricial tissues pepsin is of value by dissolving the cellular element. On this condition pepsin may act similarly to Mercury and the Iodides, or as a digestive."—*Medical Standard*.

WE are attracted by the reasonableness of this use of pepsin. The peptic constituents of the gastric juices digest the food, while the walls of the organ are safely protected by their vitality.

So why should not pepsin properly applied digest and remove the non-vitalized or feebly vitalized slough and cicatricial tissues, ceasing its digestive action at the confines of the more healthy living tissues.

PHYSICAL EDUCATION COMING TO THE FORE.—When the department of Physical Education was first introduced at the University of Pennsylvania it was said that hours would be assigned to gymnasium work just as for recitations or lectures. An attempt was made to introduce this feature into the regular curriculum, but it never succeeded for lack of interest and support in different quarters.

Dr. Lenf, the Director of Physical Education, has now succeeded in having *regular gymnasium hours* assigned to the two lower classes, and it is said that the Trustees are endeavouring to secure a permanent instructor, so that the gymnasium may be open regularly for several hours each day.

WE have been asked to state that the J. P. Bush Manufacturing Co., of New York, are the rightful proprietors of the Condensed Raw Food Bovine.

In October last the proprietors procured the cancellation of a trade mark that had been registered at Ottawa by parties in St. John, and caused their own to be registered in its place, according to a decision by the Minister of Agriculture. The St. John parties having thereupon adopted the name of "Bovine Liquid Food." Suit has now been brought by the New York proprietors before the Supreme Court of New Brunswick to restrain and enjoin the Canadian alleged infringers from using the legend "Bovine Liquid Food," and to compel them to an accounting for all the goods sold under that name. Considerable importance is attached to the case, the *International Journal of Surgery* thus referring to it:

"The hearing takes place at an early date and the result of the proceedings is looked forward to with much interest

by American manufacturers of pharmaceutical and food preparations which have a market in the Dominion of Canada."

TREATMENT OF SWEATING FEET AND HANDS. — Dr. Umnä, (Mon. f. prakt. Derm.) recommends the treatment of cold sweating feet with hot foot baths, which should be taken at night with some stimulating substance, such as spirit of camphor, mustard, or vinegar, thereupon drying the hands and feet and rubbing with a stimulating ointment, for example; ichthyol and turpentine, of each five parts; zinc ointment, ten parts. In the morning, after washing, the feet should be rubbed with cold water and exercise taken, the cold rubbing being continued until a condition of hyperaemia and warmth is produced. The stockings are to be powdered with starch powder mixed with a little mustard.

In the treatment of warm sweating hands and feet, he recommends ichthyol, but without the warm water at night and the cold water in the morning. In the evening he recommends lukewarm water and rubbing with a simple ichthyol ointment, (ichthyol, water, of each 5 parts; lanolin, 20 parts.) In the morning the feet are to be washed with lukewarm water and ichthyol soap, and the latter rubbed off with a dry towel, so that some remains on the hands and feet.—*N. Y. Medical Abstract.*

Bearing upon the economic value of health, a subject referred to by a correspondent in our last issue, we cull the following from a paper in the *North Carolina Medical Journal*.

The writer's subject is the water supply of the state, (N. C.) and he is considering the amount of disease and death which might be averted by ensuring the purity of drinking water, and enforcing proper drainage and other sanitary precautions. He says:

"In the absence of a registration law, we can only estimate the mortality from typhoid fever in North Carolina by a comparison with other states which have such registration. Giving ourselves the benefit of every advantage, we are forced to conclude that not less than 500 of our citizens annually die from this disease. In the United States typhoid fever kills more than 30,000 every year, and we suffer our share of the mortality. For each death we may count at least eight sick on an average eight weeks. The great majority of victims to typhoid fever are in beginning maturity—the most valuable and productive period of human life. Such a life is certainly worth \$1,000. Eight sick for each death means 4,000 sick eight weeks each year, or an average of 600 sick every day in the year. A low estimate of the loss of productiveness and the general and incidental expenses of sickness would be a dollar per day for each patient.

Let us summarize:

Five hundred deaths at \$1,000.....\$500,000
Six hundred dollars per day for sickness, 365 days. 219,000

And we have a total of.....\$719,000
—a sum equal to the entire revenues of the State, ruthlessly squandered and literally wiped out of existence—taken from the resources of our State and paid for the questionable privilege of mixing our own ordure with our drinking water.

These figures are appalling and may seem incredible, but let my reader examine his own family history and visit the neighboring graveyards, and then make his own calculations. When he has accomplished this, I beg him to compute the

anxiety, the sorrow and desolation—a task for which I confess myself entirely inadequate.

. . . Vienna, in one year, decreased her mortality from typhoid fever from 341 to 11 per 100,000 by introducing spring water in place of that drawn from the Danube river. Baltimore, Brooklyn, Memphis and other American cities have done equally well. How long would it take such a saving of life and health to balance the cost of the most expensive water works?"

When may we expect to see that these and other analogous truths have been grasped and appreciated by the people, and that the lessons learned after bitter experience have born fruit in a decisive demand for purity and cleanliness and health.

Selections.

PARALDEHYDE.

Professor John Gordon, of Aberdeen University, has recently made a searching study of Paraldehyde. It is the most careful and elaborate investigation of the properties of this drug we have met with. We have only space for his clinical observations.

"In addition to the experiments that were conducted on the lower animals, the drug was frequently prescribed in cases where I thought it indicated. I found it highly serviceable in cases of insomnia without pain, as for example the sleeplessness accompanying heart disease, pneumonia, bronchitis, emphysema and phthisis. In all these diseases I tried the effect of a full dose and found the action to be both speedy and secure. The patient rapidly passed into a tranquil and refreshing sleep and awoke without any unpleasant sensations. In overwork followed by loss of sleep I found it extremely valuable, and also in vague nervous ailments with insomnia. The advantages of the drug as a hypnotic, to which group it distinctly belongs, depend on the following points, (1.) It is not a cardiac depressant; (2.) It has no marked period of toleration since in some cases of insomnia from overwork the drug has been taken in the same dose for some months with equally good hypnotic results; (3.) No marked craving for the drug seems to be induced by its use; (4.) It does not, except in large doses, produce a hypnotic effect on a person not suffering from sleeplessness, hence there is no probability of its abuse; (5.) It has not a marked period of excitement before the hypnotic action takes place; (6.) Its action is speedy, patients generally falling asleep within ten minutes after its administration; (7.) The patients may be aroused while under its influence, without any disagreeable or confused sensations; (8.) The sleep which it produces is tranquil and quiet, with diminished respirations; this slowing of the respiration in many pulmonary diseases is of distinct advantage; (9.) It is not liable to disorder digestion; (10.) In many cases it is gently laxative in its action.

No loss of appetite followed its use in my cases, nor headache, nor thirst. The dose I found most serviceable for adults was from 40 to 60 minims. My method of prescribing it was to well dilute it with cinnamon water, adding a little syrup of tolu and compound tincture of cardamoms. Syrup of lemons is also an agreeable combination with it."—*British Medical Journal, 1889, Page 515.*

DUNCAN: "Ha's ye got a licht, 'Tonal?'"

DONALD: "Yes, but its out."

BROMIDE OF GOLD IN EPILEPSY.

The following extracts are made from the essay of Dr. Goubert, which received the prize of the Academy of Medicine;

The numerous causes of epilepsy have given rise to a variety of treatments among which that of the bromides deservedly takes the front rank. For many years bromide of potassium, sodium, ammonium, lithium, calcium, zinc, arsenic, nickel, camphor, ethyl, had variously been employed, but their action appears less reliable than the bromide of potassium, or a combination of three—potassium, sodium and ammonium.

In 1878, the author first used bromide of gold, and, encouraged by the results, has established a treatment of remarkable activity. The form preferred is the solution, which is of a dark orange color. The least dose for an adult is 8 milligrammes in twenty-four hours; for a child, from 3 to 6 milligrammes will suffice. When wishing to obtain a rapid effect in an adult this dose is gradually increased until the effect is obtained. If the dose is increased persistent headache may occur, which ceases when the dose is lessened. The author has never exceeded a dose of 12 milligrammes. The advantages are the small quantity required, compared to the bromide of sodium or potassium necessary to obtain a good result; and the absence of digestive disturbance renders it possible to continue the treatment for a long time without intermission. No phenomena of bromides have been noticed; no cutaneous accidents, nor loss of memory, or diminution in sexual functions. Every one is familiar with the grave result of the bromide treatment upon the general health of epileptics.

Bromide of gold is more rapid in its effects, and gives rise to none of these very disagreeable phenomena. Another point worthy of attention is that the effect is lasting, and remains sometimes for many years without other treatment and with no return of the epileptic attacks.—*Revue de Ther. Translations for Phil. Med. Times.*

TREATMENT OF INGROWING TOE-NAIL.—Dr. Theodore Clemens, of Frankfort, strongly recommends the employment of tinfoil in the treatment of ingrowing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelops the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax, and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course the toe has to be repeatedly dressed with tinfoil; but, if the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and causes the nail to grow more slowly and in a more healthy manner.—*Lancet*, Feb. 16, 1889.

THREATENED ABORTION.—The old treatment of acetate of lead and opium I consider as still the best for threatened abortion.—*Stewart*.

AN INDUSTRIOUS SURGEON'S CARRIAGE.—According to a correspondent of *The Lancet*, M. Peau, of Paris, pushes so far his love for work that he has had his coupe so arranged as to enable him to study, eat, sleep, and even make his toilet therein. Surgical instruments, books, writing material, drawers full of notes, and a chest for linen and clothes; in fact, there is everything in this elegant carriage that might serve as a model for the carriage of an army surgeon in campaign.

Books and Pamphlets Received.

- SOME CERTAINTIES IN THE THERAPEUTICS OF EPILEPSY.—By Chas. L. Dana, M. D., Professor of Nervous Diseases in the New York Post Graduate Medical School, &c.
- ON CHOREA, SPASMODIC TIC, AND HYSTERICAL SPASMODIC DISORDERS OF CHILDHOOD.—By Chas. L. Dana, M. D.
- PREVENTION OF YELLOW FEVER IN FLORIDA AND THE SOUTH.—By W. C. VanBibber, A. M., M. D., Ex-President of the Baltimore Academy of Medicine, &c.
- THE QUESTION OF INTERFERING WITH THE ABSCESSSES OF HIP DISEASE.—By A. B. Judson, M. D., Orthopædic Surgeon to the Out-patient Department of the New York Hospital.
- DOUBLE OVARIOTOMY DURING PREGNANCY, SUBSEQUENT DELIVERY AT TERM.—By William Warren Potter, M. D., Buffalo, N. Y.
- SOME OF THE ADVANTAGES OF THE UNION OF MEDICAL SCHOOL AND UNIVERSITY.—By William H. Welch, M. D., Professor of Pathology in John Hopkins' University.
- CATALOGUE, DEPARTMENT OF MEDICINE IN YALE UNIVERSITY.
- THE QUESTION OF RELATIONSHIP BETWEEN LICHEN PLANUS, (WILSON,) AND LICHEN RUBER, (HEBRA.) AND,
- PATHOLOGY AND TREATMENT OF ALOPECIA AREATA.—By A. M. Robinson, M. B., L. R. C. P. and S., Edin., Professor of Dermatology in the New York Polyclinic, &c.
- THE VEST-POCKET ANATOMIST.—By C. Henri Leonard, A. M., M. D., 14th revised edition. Publishers, The Illustrated Medical Journal Co.

ANNUAL MEETING.

Nova Scotia Medical Society,

HALIFAX, N. S.,

July 3rd and 4th, 1889.

The Annual Meeting of the Nova Scotia Medical Society will be held at Halifax, on Wednesday and Thursday, July 3rd and 4th.

Return Tickets will be issued on all Railways at Reduced Rates.

All who intend reading papers or presenting cases at the Annual Meeting will notify the Chairman of the Section in which their subject comes, or the Secretary, of the subjects of such papers or cases on or before the 10th day of June next.

W. S. MUIR, Secretary,
61 Prince St.,

Truro, N. S.

SPURIOUS "ACID PHOSPHATE."

OFFICE OF DR. MORRIS H. HENRY, 581 Fifth Ave., New York.

Mr. N. D. ARNOLD, Rumford Chemical Works, Providence, R. I.

Oct. 27, 1888.

My Dear Sir:—I am very glad indeed to see that you have issued a caution to Physicians who prescribe "Acid Phosphate." The notice is timely. Within a few months I have seen cases where spurious preparations were (unwittingly) used without benefit. My own experience in the administration of your preparation dates back to 1870. I think I was one of the first to call especial attention to their great value as a beverage at meals, to assist digestion, to avoid dyspepsia, relieve nervousness, and as an aid to induce sleep. I have had no reason to change my views. My additional years of experience have confirmed my first impression.

I am, my dear sir, faithfully yours,

(Signed)

MORRIS H. HENRY.

To Mr. N. D. ARNOLD.

Nov. 8, 1888.

My Dear Sir:—In answer to your favor of yesterday, I have no objection to your publishing my recent letter to you, for I sincerely believe that the only way in which spurious articles can be driven from the market, is by the widest publication of endorsements of genuine preparations, from those who are privileged by education and Honest experience to speak authoritatively on therapeutic agents offered to the profession and the public.

Believe me, my dear sir, faithfully yours,
(Signed)

MORRIS H. HENRY.

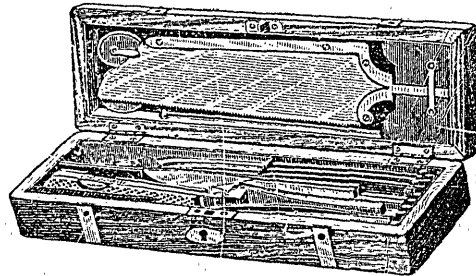
The "Genuine" has the name "Horsford's" printed on the label.

Manufactured by the Rumford Chemical Works, PROVIDENCE, R. I.

CHAPMAN'S

Surgical

and



Dental

Depot.

A COMPLETE STOCK OF SURGEONS', DENTISTS' and STUDENTS' REQUIREMENTS at Moderate Prices.

Apostoli's Batteries and Electrodes. Dissecting Sets, Weiss and other makes. Skeletons. Skulls, articulated and disarticulated. Binaural Stethoscopes; Down's, Camman's, Matthew's. Dressing Instruments, separately or in sets. Cover Glasses, Slides, Staining Fluids, etc.

Harvard Operating Chairs (superior to all others). O'Dwyers Intubation Sets. Tracheotomy Tubes. GaiFFE's Genuine Batteries. Levis's Perforated Metallic Splints. Galvano and Thermo Canteries.

Galabin's (Simpson-Barnes) Midwifery Forceps. Hicks', Clinical Thermometers. Dental Forceps, English and American. Intra-Uterine Tubes and Douches. Pocket and Buggy Medical cases.

Antiseptic Dressings (sublimated, carbolated, etc.) Absorbent Cotton, Gauze, Jute. Rubber, Flannel and Cotton Bandages. "Alpha" Constant Current Enemas. Trusses. Powder and Fluid Atomizers.

Canadian Agent for Johnson's & Lund's Artificial Teeth. Quotations furnished for any kind of Instrument.

IMPORT ORDERS A SPECIALTY.

All orders executed intelligently and promptly. Having business connections in London, Paris, Berlin, Vienna and New York, I am enabled to offer peculiar advantages for importation of special instruments.

References, by kind permission, THE MCGILL MEDICAL FACULTY.

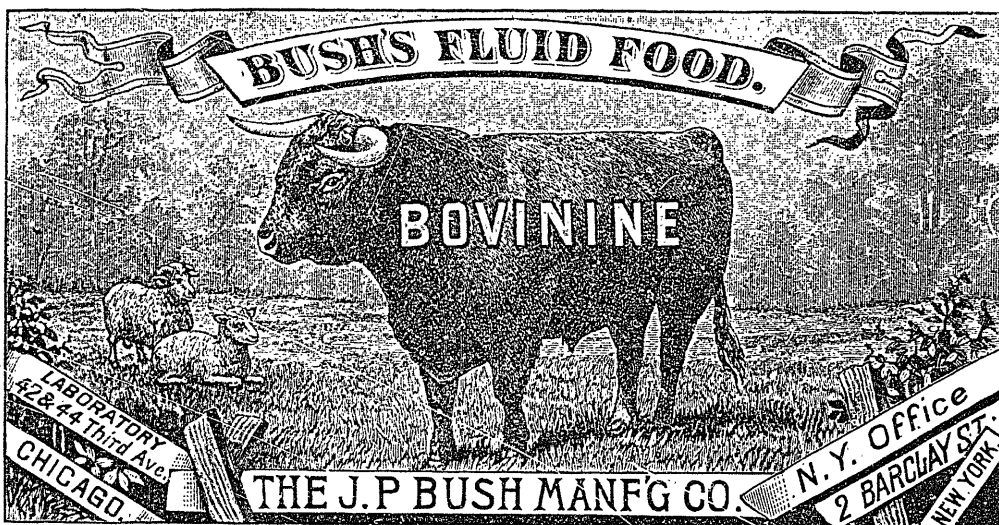
Agent for MONTREAL MEDICAL JOURNAL, MARITIME MEDICAL NEWS, and DOMINION DENTAL JOURNAL.

J. H. CHAPMAN,

2294 St. Catherine Street, and 14 McGill College Avenue,

BELL TELEPHONE No. 4396.

MONTREAL.



“Nutrition is the Physical Basis of Life.”

This axiom, formulated by the lamented Fothergill, conveys a world of meaning to the intelligent physician. If a food can be obtained containing all the elements necessary for the nourishment and support of the body and which can also be readily assimilated under every condition of disease, an immense advantage is obtained in controlling symptoms and restoring wasted tissues. Mal-nutrition and mal-assimilation are potent factors in a long train of severe illnesses. **Bush's Fluid Food, Bovinine**, combines in a concentrated form all the extractive or albuminous properties of uncooked beef together with its stimulating salts.

Dr. Geo. D. Hays, of New York Post Graduate School, in an exhaustive paper on Artificial Alimentation thus alludes to Bovinine: “Of the preparations of raw food extracts one has a clinically proved value. It is rich in nitrogenous substances and phosphates. It is readily digested and absorbed and can be relied upon for the entire sustenance of the body for a considerable period.”

The blood corpuscles which carry such a wealth of vitalizing power, are found in Bovinine intact, as revealed by the microscope in countless thousands.

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

PALATABLE TO THE MOST FASTIDIOUS TASTE.

Samples to Physicians on Application.

CAREFULLY PREPARED BY—

The J. P. BUSH MANUFACTURING COMPANY,

2 Barclay Street, - New York City.

Please mention the MARITIME MEDICAL NEWS.

TRUSSES.

Seeley's Hard Rubber Trusses.
 " Umbilical "
 " Abdominal Supporters.
 " Suspensory Badges.

SPECIAL ATTENTION IS CALLED TO

SEELEY'S WATER PAD TRUSS.

This is quite new, and has no equal.

Surgical Plasters,
Antiseptic Cotton,
Rubber Sheeting,
 &c., &c.

SANITARY TOWELS,

For Ladies, 60c. and 90c.
 per doz.

Pharmaceutical Preparations.

We desire specially to call the attention of Physicians dispensing their own prescriptions, to the high standard of our **Tinctures, Fluid Extracts,** and general Pharmaceutical Preparations. In this respect we are not surpassed by any firm in the city. Write for quotations.

PEPSIN, PANCREATINE, &c.
 (Fairchild Bros. & Foster's.)

We invite a comparison of our Prescription work with that of any other Drug House in town, feeling confident that in quality of drugs, and ability to dispense, we are second to none.

AVERY F. BUCKLEY,
 201 Brunswick Street,
 HALIFAX, N. S.

BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

SESSIONS OF 1889-90.

The REGULAR SESSION begins on Wednesday, September 25th, 1889, and ends about the middle of March, 1890. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon at least two regular courses of lectures is required for graduation.

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

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

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

WILLIAM B. McVEY,

Dispensing Chemist.

Physicians supplied at the lowest possible rates with reliable Drugs, Chemicals, and all the various Pharmaceutical Preparations.

PILLS, GELATINE COATED, IN ANY QUANTITIES.

185 Union Street, - St. John N. B.

EXAMINER TO THE N. B. PHARMACEUTICAL SOCIETY.
 DISPENSING OF PRESCRIPTIONS PERSONALLY ATTENDED TO.

PRESERVE YOUR SIGHT

By wearing F. Lazarus' renowned SPECTACLES and EYE GLASSES. These Spectacles and Eye Glasses have been used for the past 35 years, and given in every instance unqualified satisfaction.

They are the best in the world. They never tire, and last many years without change.

SOLE AGENT,

T. M. POWER,

Chemist and Druggist,
 (Op. Railway Station.) HALIFAX, N. S.

Physicians Prescriptions dispensed night and day.

MEDICAL HALL,

No. 59 Charlotte St.,

(OPP. KING'S SQUARE,)

ST. JOHN, N. B.

In this establishment will be found a full and complete stock of **Drugs, Chemicals, Perfumery, Toilet Articles, Paints, Oils, Brushes, Dye Stuffs, Varnishes.**

Physicians Prescriptions a Specialty.
 Particular attention given to Dispensing.

R. D. McARTHUR,
 Proprietor.

LONDON DRUG STORE,

147 Hollis Street,
HALIFAX.

TELEPHONE No. 153.

Orders promptly attended to.

J. GODFREY SMITH,

Dispensing Chemist,

PROPRIETOR.

Agent for Laurance's Axis Cut Pebble Spectacles and Eye Glasses.

The dispensing of Physicians Prescriptions a SPECIALTY.

STUDENTS' DISSECTION INSTRUMENTS in Stock.

FOR SALE.

My practice of 23 years standing, worth \$3000 per annum to a good man. Satisfactory reasons for selling. Real estate cost over \$4,000. Building 8 years old, in first-class order. 4 acres land under high cultivation (if more is wanted, can be obtained, adjoining).

Will sell for \$3000. Half cash. Address—

DR. J. H. HARRIS,
 Beaver River, Yarmouth, N. S.

COMPARATIVE DIGESTIVE POWER OF PEPSINS!

R. H. Chittenden, Ph. D., Professor of Physiological Chemistry at Yale University, read a paper entitled "Observations on the Digestive Ferments," before a section of the New York Academy of Medicine, January 23rd, 1889, which was published in the *Philadelphia Medical News*, February 15th, 1889.

This gives an able comprehensive review of the whole subject, of the investigations of other observers from the discovery of the digestive ferments to the present time and of the experiments of the author, from which he reaches the following conclusions:

"As a final result then we may consider the true proteolytic power of the following Pepsins compared with one of the highest digestive power to be as follows:—

RELATIVE PROTEOLYTIC ACTION.

1. Parke, Davis & Co.'s Pepsinum Purem in Lamellis.....	100	5. Ford's Pepsin in Scales.....	32
2. Fairchild's Pepsin in Scale.....	52	6. Horth's Pure Pepsin.....	16
3. Scheffer's Dry Pepsin Concentrated.....	48	7. Boudault's Pepsin.....	14
4. Lender's Crystal Pepsin.....	35	8. Royal Chemical Co.'s Pure Pepsin.....	9

"As to the actual strength of these preparations, 1 milligram of the strongest pepsin converted into soluble products 198 milligrams of the pure dry albumen, which would be practically equal to 2000 parts of fluid egg-albumen."

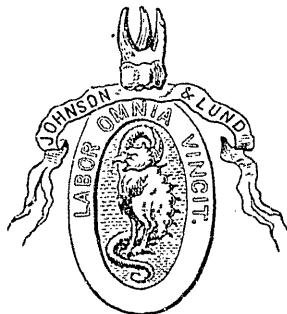
Dr. John R. Winslow, Lecturer on Chemistry at the Women's Medical College, Baltimore, Md., read a paper before the Clinical Society of Maryland, January 18th, 1889, entitled "Pepsin and its Incompatibles with Exhibition of Tests." His conclusions are about the same as those of Professor Chittenden. From his article we quote the following table illustrating the comparative digestive power of different pepsins.

EXHIBITION OF COMPARATIVE TESTS.

1, Parke, Davis & Co.'s; 2, Fairchild Bros. & Foster's; 3, Jensen's; 4, Boudault's; 5, Ford's; 6, Lehn & Fink's (German scale); 7, Merck's.

Reprints of these articles and other interesting literature on digestive ferments mailed to physicians on request.

PARKE, DAVIS & CO.,
Detroit and New York.



TRADE MARK.



Respecting Artificial Teeth—Everything else being equal—The **STRONGEST** are the **BEST**.

THE STRONGEST! Johnson & Lund's Improved Artificial Teeth.

AFTER 28 years' practical experience in the manufacture of *Porcelain Teeth*, we are enabled to substantiate the claim which we commenced to make some years ago, and which we have maintained and do now maintain, without the slightest fear of contradiction,—viz.: That

JOHNSON & LUND'S IMPROVED ARTIFICIAL TEETH are the Strongest in the World.

In making this claim we make *no exceptions*, either as to *make or nationality*, and earnestly request the profession to give them the severest test required by the exigencies of the business, and then to judge the results in comparison with the productions of the best known makers. *We do not fear the verdict.*

To those dentists who are using our make of teeth, we say nothing, as they are as well aware of the qualities of our goods as we are; but to those *not* using them, and *who are annoyed by the teeth they do use cracking in vulcanizing*, or breaking in wear to an unusual degree, we say, give **JOHNSON & LUND'S IMPROVED ARTIFICIAL TEETH** a trial.—*Demand* them of the depot you are patronizing, and if they are not forthcoming, *write directly to us*, and we will either supply you or direct you where you can obtain them nearer home.—Respectfully,

JOHNSON & LUND,

Principal Depot and Manufactory, 620 Race St., Philadelphia. Branch Depot, 514 Wabash Ave., Chicago.

A full stock of Messrs. **JOHNSON & LUND'S** make of **IMPROVED ARTIFICIAL TEETH**, together with all instruments, appliances and preparations used in the practice of Dentistry, can be obtained at the **MONTREAL** Dental and Surgical Depot of Mr. J. H. Chapman, No. 2294 St. Catherine Street, corner McGill College Avenue, Montreal.

Send your orders to

MR. J. H. CHAPMAN,

2294 St. Catherine Street, MONTREAL, CANADA.

AGENT FOR CANADA.

