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The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF
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VOL. IV.—No. 6.

JUNE, 1892.

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WE HAVE had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of cases, reports and clinical observations, bearing upon the treatment of this class of diseases.

RHEUMATISM.

Dietetic Note.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

ALLOWED.—Beef and mutton in moderation, with horse radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

AVOID.—Starchy and saccharine food; all malt liquors, wines and coffee.

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The SUMMER SESSION for 1892 will commence the first week in May.

Fee for Summer Session, \$30.

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

ADAM H. WRIGHT, B. A., M. D., *Secretary.*

Maritime Medical Association.

The Second Annual Meeting of the Association will be held in Halifax on
Wednesday and Thursday,
July 6th and 7th, 1892.

All registered medical men in the Maritime Provinces are invited to attend and to become members of the Association.

Gentlemen who intend to read papers are requested to forward at their earliest convenience the titles of the same to the Secretary.

ARTHUR MORROW, *Hon. Sec.*

NOVA SCOTIA MEDICAL SOCIETY.

A meeting of the NOVA SCOTIA MEDICAL SOCIETY will be held in Halifax on

TUESDAY EVENING, JULY 5th,

at 8 o'clock, for the transaction of business, election of officers, &c. The usual scientific programme will be merged in the meeting of the Maritime Medical Association which will be held on the following day.

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Original Communications.

SANITATION IN HALIFAX.

To the Editor of the Mar. Med. News :

SIR,—It will be admitted that unless the cause or causes of the existence of an epidemic of any disease are ascertained the appropriate remedies cannot be intelligently and successfully applied towards eradicating it. The epidemic must be traced to its source before its progress can be stayed. The careful and painstaking physician and surgeon ascertains, if possible, the cause of disease before he hopes to cure his patient, or even prescribes for him. Treating symptoms will not avail him much if the cause of the mischief is permitted to remain. If this is true of a disease it must be equally true of an epidemic. Once therefore an epidemic breaks out in a community the first duty of the officer of health should be, to determine the source thereof if possible. Because the miasm or germ of a disease is admitted to be contagious we have no right to assume that direct contagion is the

chief causative factor in an epidemic. Whether an epidemic of diphtheria ever exists from direct contagion alone is to my mind a debatable question. However, enquiries should always be made into the source, and that with scientific thoroughness.

In 1890-91 our city was visited with a fatal epidemic of diphtheria (as too many of our citizens know with sorrow), the tail end of which still remains with us. The disease became so alarming in its extent and mortality that in January, 1891, an energetic sanitary committee composed of aldermen and citizens was appointed to supercede a committee of the City Council to deal with the epidemic, and, if possible, prevent its further spread. This committee, acting I presume upon the assumption that direct contagion was the chief causative factor in the spread of the disease, quarantined the infected houses, and placed at the door of each a sanitary police officer to prevent egress and ingress. With such stringent measures as these it is reasonable to believe that if the spread of the disease had been due to direct communication, especially

when it sprang up in isolated houses, its progress would have been checked at once. But it was not checked to any very appreciable extent. And why? Simply because direct contagion was not the principal factor. I may here state, from my own careful observation ever since the epidemic appeared in our midst, that direct contagion did not seem to me to play any very important part in the development and spread of the disease, especially as it appeared in isolated houses. But I do not deny that direct contagion is an important element in communicating diphtheria from one member of a family to another, and even here it is difficult to say, with scientific accuracy whether one member of a family gives it to the other or whether they all contract it from the same common source.

The conditions which favour the cultivation and spread of the miasm of diphtheria we all know. They are filth, over-crowding, sewerage, bad drainage, defective plumbing, etc., all of which, as the subjoined report demonstrates, exist to an alarming extent in our city.

The City Health Board, of which I am a member, came into existence in June, 1891, and, after watching carefully the progress of the epidemic for a month or so, we were satisfied that direct contagion was not the chief causative factor in the spread of the disease. The theory of direct contagion failed to explain to us the manner in which diphtheria sprang up in isolated houses. Acting upon our conviction we dismissed the sanitary police-officer early in August, and, as an evidence of the correctness of our view in this regard, I need only state that no exacerbation in the progress of the epidemic occurred immediately after nor since their dismissal.

Anxious to ascertain if there existed in our midst any other condition or conditions which would explain better the source of the epidemic than the theory that it was due to direct contagion, the Board passed the following resolutions early in August:—

“Resolved, that when the attending physician, householder or occupier of any building, house or place where any infectious disease exists, notify the city medical officer of the same, that the city medical officer notify the Sanitary Inspector of said disease, and that the Sanitary Inspector employ one of the plumbers employed by the city to examine said building, house or place, and report the condition of the same to this Board from week to week at its regular meeting.”

“Resolved, that a plumber employed by the city be requested to inspect plumbing and house drainage in all places and at such times, when and where deemed expedient by the Sanitary Inspector and this Board.”

Acting under these instructions the chief Inspector of Health and a plumber made a careful inspection of the plumbing work, drainage and surroundings of every house in which diphtheria broke out between the 11th day of August, 1891, and the 1st of May, 1892, with the following results:—

No. 38 West Street: *Plumbing defective*; waste pipe leading from second flat badly connected; joints open and leaking; no trap to sink-waste.

No. 217 Albermarle: Void of suitable drain to carry off waste water from tap in basement.

No. 4 Rottenburg: Joints of crock drain beneath the floor of basement wide open, and the waste-pipe badly connected; several inches of water under floor; *hopper w. c. in basement.*

No. 122½ Seymour Street: House drains into a cesspool; waste water-pipes well trapped; no sewer on street; surrounding very bad.

No. 158 Spring Garden Road: Condition of house good; drainage and plumbing good; an unused *w. c. in basement* is badly ventilated and should be removed; house not connected with sewer.

No. 41 Birmingham: Condition of house fair; plumbing good and fixtures fairly well trapped.

No. 105 Creighton: Drain clogged

up; no trap to waste-pipe; plumbing bad.

No. 12½ Brunswick: Plumbing bad; no trap on sink waste-pipe; an open crock drain in cellar with a wooden shute drain connected therewith.

No. 46 Creighton: Plumbing bad; connection between waste pipe and crock drain open; joints leaking; no trap to waste pipe.

No. 36 Veith: No drainage nor plumbing in house.

Nos. 246 and 248 Upper Water Street: No water, sink or waste pipes in apartments occupied by infected family.

No. 26 Campbell Road: Drainage and plumbing very good, and all fixtures well trapped.

No. 17 Blowers Street: Condition of premises, bad; waste-pipes leaking badly; ice forming on pipes, hall-ceiling and in w. c.; the w. c. is very offensive.

No. 26 Hollis: Plumbing and drainage very good.

No. 23 Edinburgh Street: Premises are in a fair sanitary condition; house has neither drainage nor city water supply.

No. 9 Granville: Crock pipe badly connected with waste; no trap.

No. 103 Spring Garden Road: Crock drain defective; plumbing poorly done and badly connected; a hopper *w. c. in basement* offensive.

House, Quinpool Road: Condition of premises, very bad; no drainage or plumbing in house; cellar flooded with filthy water.

No. 566 Water Street (Up.): Drainage good; plumbing defective; no trap to sink waste-pipe.

No. 107 Brunswick: Plumbing defective; no trap to waste-pipe; sewer-gas escaping into-house.

No. 12 Henry: A new house; drainage and plumbing good.

No. 2 Robie: Premises in good condition; no plumbing in house; the water supply is from a well.

No. 70 Spring Garden Road: Plumbing in a fairly good condition, except a

pan w. c. in bath room, which at times is very offensive.

No. 83 Campbell Road: No plumbing in house; sink drain in yard; sanitary condition of premises fair.

Quinpool Road: No plumbing or drainage in house; all slop-water thrown into yard, and is allowed to remain on surface and decompose there.

No. 7 Letson Court: Plumbing and drainage fair.

No. 8 Victoria Road: Drainage bad; an open sink and wooden shute drain in cellar; nothing to prevent sewer-gas from entering house.

No. 34 Church Street; Drainage and plumbing good.

No. 76 Seymour; plumbing work is not completed; some of the joints are leaking, they being badly connected and caulked; drainage good.

House Agricola Street; plumbing work poor; waste-pipe jointed with putty, and an old unventilated *hopper w. c. in basement*.

No. 167 Morris; Plumbing work and trapping good; connection between crock drain and soil pipe in cellar is open, allowing free entrance of sewer gas into the house.

House Coburg Road; No plumbing or drainage; slops, etc., thrown over yard.

No. 54 Fenwick; Plumbing and drainage good; *the pan w. c. in basement should be ventilated*.

No. 10 Bishop; Condition of house bad; no trap; a wooden shute drain in cellar and open, emptying its contents under kitchen floor.

No. 123 Cornwallis; Plumbing and drainage defective; no trap to sink waste-pipe.

No. 42 Bauer; Plumbing defective; waste water pipes made with slip joints; no trap.

No. 11 Barrington; Waste-pipe connected with drain badly; joints very open and no trap on fixtures.

No. 15 Church; House new; drainage and plumbing good.

House Edward St: House new; drain-

age good; plumbing finished but not connected with sewer.

No. 37 Maynard; Condition of premises bad; no plumbing or drainage in house; sink in yard; cellar wet.

No. 26 Blowers; Drainage good; plumbing fair with the exception of a *hopper w. c. in basement*, which is offensive.

No. 81 Duke St.; Plumbing very defective; no trap to main drain; soil pipe badly connected with crock drain; joints in waste-pipe badly made and leaking.

No. 140 Grafton: An offensive w. c. in yard; soil pipe and sink waste pipe not trapped; the absence of trapping allows sewer gas to enter the house, thus rendering the place offensive and unwholesome.

No. 18 Cunard: Drainage defective; sink waste pipes have no traps; joints in waste-pipe all open; sewer gas escaping into house.

No. 32 Bauer? Plumbing very bad; connection between waste-pipe and crock drain defective; joints in plumbing work badly made; no trap to prevent sewer; gas entering house.

No. 68 Gottingen: Sink waste-pipes void of proper trap; joints leaking.

No. 126 Tower Road? Plumbing defective; sink waste-pipes badly connected and leaking at joints; an old pattern, *unventilated hopper w. c. in basement*.

No. 21 Bauer: Plumbing defective; sink waste-pipes have open joints and are badly connected with crock drain in cellar; sewer gas entering house.

No. 147 Albemarle: W. c. soil pipe stopped up, and filthy matter running over the place; no trap to sink waste-pipe.

No. 71 Creighton: Drainage good; no plumbing in house; hydrant and sink in yard.

No. 30 Park (s): Plumbing and drainage good; entire woodwork, flooring, etc., in cellar decayed, consequently place unwholesome.

No. 43 Seymour: No plumbing or drainage; six inches of water in cellar; water supply pipe bursted.

No. 92 Water (Up.): Joints connecting hopper w. c. with soil pipe defective; soil and waste-pipes not made of proper material; should be replaced by one of cast iron properly jointed and trapped.

No. 241 Albemarle: Waste water pipe leaks in cellar; no drainage; cellar flooded with filthy liquid matter.

No. 67 Sackville: Plumbing and drainage bad; no trap on sink waste-pipe.

No. 204 Grafton: Plumbing fair; has a wooden box drain in cellar which is badly connected.

No. 30 South: Plumbing fair; drainage good; an *unventilated w. c. in basement*.

No. 37 Henry St.; New house; plumbing fair; drainage good; some of the joints in soil pipe badly connected.

No. 95 Morris; Drainage bad; sewer gas escapes in house.

No. 8 Victoria Lane; No trap on sink waste-pipe; wooden box drain in cellar which is badly connected.

No. 7 Letson's Lane; Drainage good; plumbing fair; sink waste-pipe well trapped.

No. 12½ Henry; Plumbing bad; no trap on sink waste-pipe; house drained by a crock drain.

No. 36 Creighton; This house has no drain and no plumbing work.

No. 56 Queen; 6 inches crock pipe under kitchen floor wide open; sink waste-pipe poorly connected; a *hopper w. c. in basement which is very offensive*; sewer gas entering house; plumbing work should be thoroughly overhauled and properly ventilated.

No. 99 Queen; Sink waste-pipe connected to a wooden box shute and water conductor's from roof connected with it also; sewer gas entering house.

No. 57 Victoria Road; Sanitary conditions of house very bad; a *hopper w. c. in cellar which is offensive*, and should be removed.

No. 90 Pleasant; Has a *hopper w. c. in basement*; cellar damp.

No. 19 North; Joints in crock pipe

TO DOCTORS.

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Contains Pancreatine, Pepsin, Lactic and Muriatic Acid, etc. The combined principles of Indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

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COMPOSITION:--Phytolacca Decandra, Stillingia, Salvia, Lappa Major, Corydalis Formosa, iia grs. vi. Nanthoxylum Fraxineum, Potassii Iodidum, Cascara, Sagra, aa grs. ij, in each dessertspoonful.

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

It will be seen that Syr. Phytolacca Comp. contains the best alterative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

I usually prescribe it in doses of a teaspoonful, which may be increased to a tablespoonful four times a day the frequency of the dose to be diminished if bowels become too active. CHARLES W. BROWN, M. D.

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WILLIAM R. WARNER & CO.

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SEDATIVE. EFFERVESCENT. ANODYNE.

BROMO SODA.

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

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

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

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BROMO POTASH.

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

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

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

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

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(DR. GOODELL.)

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

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

Pill: Antiseptic Comp.

(W. R. WARNER & Co's.)

Each Pill contains:

R.—Sulphite Soda 1 gr.
Salicylic Acid 1 gr.
Ext. Nux Vomica 1-8 gr.
Powd. Capsicum 1-10 gr.
Conc't Pepsin 1 gr.

DOSE—1 TO 3 PILLS.

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

Pill: Chalybeate.

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Ferri Sulph. Fe SO₄ | Ferri Carb. Fe Co₃
Potass. Carb. K₂ Co₃ | Potass. Sulph. K₂ SO₄
Carbonate of Protoxide Iron.

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

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

DOSE—1 TO 3 PILLS.

Pill: Aloin, Belladonna, and Strychnine

(W. R. WARNER & Co's.)

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

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

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

Pill: Antidyspeptic.

(DR. FOTHERGILL.)

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

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

Pill: Arthrosia.

(W. R. WARNER & Co's.)

For cure of Rheumatism and Rheumatic Gout.

Formula:
Acidum Salicylicum Ext. Colchicum.
Resina Podophyllum Ext. Phytolacca.
Quinia Capsicum.

Almost a Specific for Rheumatism and Gouty complaints.

in basement all open; no trap on soil pipe.

No. 248 Lockman; Plumbing work good but water supply scarce.

No. 83 Duke St.; Plumbing work bad; sink waste-pipe has no trap and is made with slip joints; connection between soil pipe and drain wide open.

No. 95 Spring Garden Road; Drainage good; plumbing fairly good, with the exception of a *hopper w. c. in cellar*, and a pan w. c. in bath-room, which is not properly ventilated.

No. 89 Victoria Road; Plumbing work bad; joints of soil pipe wide open; *hopper w. c. in basement* unventilated; sewer gas entering house.

No. 75 Agricola; Plumbing work defective; waste-pipe jointed with putty; *an old unventilated hopper w. c. in cellar*.

No. 126 Tower Road; Plumbing defective; sink waste-pipe poorly connected; *an old unventilated hopper w. c. in basement*.

No. 3 Dresden Row; House has no connection with sewer; its sanitary conditions very bad.

No. 57 Victoria Road; House not connected with sewer, and drains in rear; the pan w. c. in bath-room not ventilated; soil pipe very defective, especially at its connection with crock drain.

No. 45 Fenwick; Plumbing work in fair condition; *an unventilated pan w. c. in basement*.

No. 42 Bauer; Drainage good; sink waste pipe has no trap and is very poorly connected with drain.

Let us analyze this report:

No. of houses reported with diphtheria, 79.

No. of houses in which defective plumbing existed, 49 = 62%.

No. of houses in bad sanitary condition from causes other than defective plumbing, 14.

Total No. of houses in bad sanitary conditions from all causes, 63 = 80%.

No. of houses in good sanitary conditions, 10 = 12%.

No. of houses in fair sanitary condition, 3 = 8%.

Number of houses with unventilated hopper w. c.'s in basement 15.

It will be observed by the above tabulated statement that of the 79 houses formally inspected and reported upon, 63 or 80 p. c. were in an unsanitary condition within from bad drainage, or defective plumbing, or the presence of unventilated hopper w. c. in basement, or filthy surroundings, and that only 10 or 12 p. c. were in good sanitary condition. This reveals a state of affairs which should not have existed in a city of the pretensions of Halifax, and to my mind it suffices to account for the recent epidemic of diphtheria.

It was an admitted fact, during the recent epidemic, that diphtheria was more prevalent in the more comfortable houses in the best part of the city than in the houses of the poor. Many wondered why this should be so? The explanation is contained in the above report. It is contained in the defective plumbing, the bad drainage, the absence of traps on fixtures, the want of proper ventilation of house drains, and fixtures on w. c., the open and leaking joints, all of which favour the entrance and retention of sewer gas in houses. On the other hand the homes of the poor have no drain connection with the city sewers, and in very many instances have no plumbing works. In this way they escape the poisonous influences of sewer gas, while the comfortable houses in the best part of the city are surcharged with it, and receive the full benefit of it.

To remedy these existing evils the Board of Health made plumbing rules and regulations, and appointed a Plumbing Inspector whose duty it is to see that all plumbing work in the city is done in accordance with the requirements of these rules and regulations; and we made it compulsory on every person who intends to engage in the plumbing business in the city to procure a license. Before proceeding with any plumbing work, rule 38 of the regula-

tions must be complied with, which reads as follows:—"Before proceeding to construct, reconstruct, or alter any portion of the drainage, ventilation or water system of a tenement, warehouse, dwelling-house, hotel, or other building, the owner or his agent constructing the same shall file in the office of the City Engineer an application for a permit therefor; and such application shall be accompanied with a specification or abstract thereof on a blank form prescribed and supplied for this purpose, stating the nature of the work to be done, and giving the size, kind and weight of all pipes, traps and fittings, together with a description of all closets and other fixtures, and a plan with the street and street numbers marked thereon, and showing the drainage system underground."

The Board also made rules, orders and regulations in relation to contagious and infectious diseases, milk vendors, slaughter-houses, refuse and its removal, stables, barns, &c., burial ground, victuallers, inspection of buildings and privies and night soil.

In view of the revelations contained in the above report, it is to be hoped that any householder in the city who has the interests of his family at heart, will co-operate with the Health Board in seeing that its rules, orders and regulations are strictly carried out.

In concluding it may not be out of place to say a few words about where the w. c. should be placed. I believe it is fashionable in our city to have one placed in the basement. The best sanitary authorities are opposed to this, and they agree that the w. c. should be placed, if possible, in an out-building or projection with provision for thorough ventilation between it and the house. In two-storied buildings it might be placed in the garret and well-ventilated above. In all cases a tube should pass from the top of the closet to the outer air and the window should be opened to the ceiling. The plan of placing w. c. in basement should be entirely discarded,

as closet air is certain to be drawn into the house.

Yours,

N. E. McKAY.

EPITOME OF MEDICAL PROGRESS.

BY W. H. HATTIE, M.D.,

Asst. Physician N. S. Hospital for Insane.

THE PHYSICAL EDUCATION OF CHILDREN.—This is a question which is receiving wide-spread attention, although the extent of its import is probably realized by few. The ceaseless activity of mind which to-day characterizes the fittest to survive reacts not alone upon the individual himself but upon his unfortunate offspring. The abnormal life which is led by the present generation of business men—the worry, the toil, the excitement, the suspense attendant upon the manipulation of "deals"—amounts simply to abusive exercise of the higher functions without any opportunity being afforded for a correlative development of the system as a whole. Men scarcely realize that they are injuring themselves, but the increasing prevalence of the neurotic temperament testifies only too strongly that the delicately organized nervous tissues cannot wholly withstand the enforced strain of modern business life. But it is not alone those who are directly exposed in the great struggle for success that are the sufferers. In the children of such—boys and girls who are to form the society of the new future—we see a lamentable irritability of the nervous system, a love of excitement, a lack of self restraint that surely unfits them in great degree for succession to the position in life to which their progenitors have attained. Such children are possessed of what we call the "neurasthenic temperament," and they are not alone abnormally liable to the ordinary bodily forms of disease, but are especially prone to affections involving the mental functions.

Dr. Walter Channing writes at length

upon this subject in a recent issue of the *American Journal of Insanity*. That insanity is becoming yearly more prevalent is more than a probability. One special and almost, if not quite, invariably fatal form of mental disease (general paralysis of the insane) has been becoming more and more common during recent years, and now contributes the largest percentage of any disease to the list of deaths in hospitals for the insane. The causation of the insanities has always been a matter the determination of which is surrounded by difficulties, but there can be no doubt that the vicious modes of life rendered necessary by the advance of civilization must overtax and lead to gradual deterioration of the highest and most easily disturbed faculties. Nervous instability thus acquired is transmitted in an intensified degree to the offspring, perhaps amounting to actual deficiency. The number of inmates in institutions for the feeble-minded is rapidly multiplying. Dr. Channing draws a somewhat gloomy prognosis for humanity. "As the *amœba* represents the beginning of life, the earliest form of existence, the idiot represents the end, the final stage before extinction."

Now education of the masses to a proper understanding of their responsibility in this matter would not only be difficult; it would be impossible and impracticable. Men will go on abusing themselves and transmitting a greater or less degree of nervous instability to their offspring. The first principle in treatment—the removal of the cause, is therefore inapplicable. What we must do is to endeavour by judicious means to counteract the evil influence so unfortunately inherited, by placing these unstable, neurasthenic children under the most favorable physical and hygienic conditions. To quote again from Dr. Channing: "One thing after another has led me up to the conviction that there is a basis of physical degeneracy at the bottom of the mental impairment and neurotic tendencies now so frequent. * * * If there

is a physical degeneracy, then our efforts must be directed towards some means of bringing about that physical improvement."

Very great attention is being paid to physical culture in the colleges and various men's associations at the present time. In the past, interest in gymnastics has, however, centred principally in athletics, or in the development of individual strength for competitive sports. This has served as a stepping-stone to a system of true physical education. Swedish and German systems of gymnastics have now a recognized place in many schools. Froebel gives much prominence to the physical development of children in his kindergarten system. But the adoption of a suitable form of gymnastic drill capable of variation to individual requirements is by no means general. The standard of education in every branch is being raised—subjects are being multiplied, and the nervous children of nervous parents are being subjected to a mental strain which even the strongest are not always able to bear. Everything possible is being done to train the youthful mind, while the body as a whole, the healthful condition of which is so essential to perfect mental development, is being sadly neglected. The nervous child should receive very special education. Every possible means should be applied for the betterment of his condition, for the strengthening of his system so that he may be enabled to overcome, in a degree at any rate, the predisposition to neuroses which he has inherited, and may be permitted to engage without such great risk in the more or less trying associations of his future life. Physical training should become a *primary* and all important consideration in our public school system. It should have the undivided attention of a specially educated instructor, should be compulsory in every grade of promotion from the most primary to the most advanced classes, and should be allotted sufficient time to permit of its efficient application.

PRE-ATAXIC SYMPTOMS OF TABES DORSALIS.—A very early recognition of such a formidable disease as tabes is, of course, a consummation devoutly to be wished, and every suggested means of discovering the affection before it has reached a pronounced stage should have our careful attention. Dr. Pershing (*Med. News*, Phila., Mar. 26, 1892) calls especial notice to visual disorder occurring, at times, before other symptoms definitely pointing to tabes can be noted. Impairment of vision more or less marked, and more or less rapidly progressing, may be the first evidence of departure from health noticed by the patient. This may, or may not, be accompanied by ptosis, and neither the shooting pain, the Argyll-Robertson pupil or ataxia may be present to assist in arriving at a diagnosis. Ophthalmoscopic examination in such cases demonstrates optic nerve atrophy, and from statistics it would appear that in a case of bilateral atrophy without assignable cause, the chances are two to one that it is a symptom of tabes.

It has been observed that atrophy of the discs is more frequent relatively in cases without ataxia than when incoordination is present, and in this connection Gowers has said: "So marked, indeed, is the contrast between the course of different symptoms that it suggests a certain alternative tendency. If optic nerve atrophy develops, the spinal symptoms in most cases remain stationary." Pershing collects tables for information on this point and concludes that the preponderance of atrophy in non-ataxic cases is too great to be accidental. On the other hand, in the majority of cases in which ataxia exists there is no complaint made of interference with sight.

In a recent clinic (reported in *La Semaine Médicale*), Charcot brought before his class a man aged 28, who illustrated one of the rarer conditions characterizing the existence of tabes—an arthropathy involving both hip-joints. In this case, severe pain in the neighborhood of the joints involved was

the first indication of the disease noticed by the patient, but on examination the Argyll-Robertson pupil was found to be present, and there was a history of nocturnal incontinence of urine. Facial sensibility was also discovered to be much dulled, and there was loss of the senses of taste and smell. The knee-jerks were normal, and there was no ataxia. The height of the patient was diminished by 5 centimeters. Normally the bi-trochanteric line passes along the inferior extremity of the sacrum, while in the patient it passed at a distance of 5 cm. above this point—the iliac bones having descended that distance as a result of the coxo-femoral lesions. At the same time there was a transverse displacement of the trochanters and an apparent enlargement of the pelvis, with attenuation of the median and inferior gluteal folds.

The pathological process involved in these tabetic arthropathies appears to be in the first place a species of softening which goes on to result in the production of an extremely brittle condition of the hard substance of the bone at the point of lesion. In such instances the slightest traumatism, even a simple effort, might be sufficient to produce what it called a spontaneous fracture. These serious lesions are produced without inflammatory processes and without the production of osteophytes.

A LOGICAL ARGUMENT.—A man was urged to take a newspaper.

"What is the use of taking it? I never open it, so I don't know what's in it. What good would it do me?"

"You take liver pills occasionally, don't you?"

"Certainly."

"Do they do you any good?"

"Of course they do."

"Did you ever open them and find what was in them?"

That made him shell out the subscription price.—*Texas Siftings*.

WYETH'S ELIXIR PHOS. IRON, QUIN. AND STRYCH.

Each fluid drachm contains two grains of Phosphate of Iron, *one grain of Quinine*, and one-sixtieth grain of Strychnine in simple Elixir, flavored with Oil of Orange. ADULT DOSE. — One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed robust health. It is rendered palatable and efficient by the use of only pure alkaloids of Quinine and Strychnine, excess of acid being avoided. Alternation with our Beef, Wine and Iron is recommended, for the reason that sensitive patients are rendered extremely nervous and "fidgety" by the long continued employment of Strychnine.

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WYETH'S ELIXIR GENT. WITH TINCT. CHLOR. IRON.

Each dessertspoonful contains ten minims of the official Tincture Chloride Iron. Four grains of Quinine Sulphate will dissolve in an ounce of the Elixir, without the addition of any acid, the solution being beautifully clear. If a larger quantity be prescribed, the usual amount of acid per grain must be added. DOSE. — Adults, one dessertspoonful; children, one-half to one teaspoonful.

The combination of Gentian with Iron in this form supplies a simple bitter with an active hematinic, free from the styptic taste of iron preparations in general. It can be taken in small doses, by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with Quinine and alternated with arsenical preparations.

It is especially indicated to correct relaxed conditions of the gastro-intestinal tract, whether or not associated with anemia.

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WYETH'S ELIXIR OF PHOSPHORUS.

Each fluid drachm contains one-hundredth grain of Free Phosphorus.

WYETH & BROTHERS Elixir of phosphorus is prepared with great care, and will prove efficient in the treatment of the limited number of cases in which this remedy is specially indicated. It will be found of service in all low conditions, associated with profound depression of the nervous system, such as the later stages of pneumonia and influenza, and also in the hypostatic congestion occurring in typhoid fever and other protracted disorders. It is likewise well adapted to the treatment of certain neuralgias, paralyzes, insomnia and impotence. The most satisfactory results follows its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

In addition to the Elixir Messrs. Wyeth & Bros. manufacture a number of pills, containing Phosphorous in combination with other medicaments, descriptive circulars of which will be sent to physicians on application.

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SYRUP WHITE PINE AND TAR.

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This preparation represents, combined in the most palatable form, the following ingredients: White Pine Bark, Wild Cherry Bark, Spikenard Root, Balm of Gilead Buds, Blood Root, Sassafras Bark, Morph. Sulph., Chloroform and Tar. These are combined and incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, this syrup certainly possesses exceptional merit, and in the opinion of a number of our leading physicians, has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles. The introduction of Tar is certainly of inestimable value, for it not only contributes to the moderation of the cough by the promotion of expectoration, but, at the same time, allays nausea and increases the appetite and digestive power.

Practical physicians need hardly be told how frequently ordinary cough-remedies and expectorants fail; the agents that *relieve* the cough *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough, it is of vital importance to maintain the nutrition, the value of a remedy acting as Wyeth's White Pine and Tar can be readily appreciated.

Its efficiency is likewise manifest in relieving that obstinate and persistent irritation that frequently accompanies the development of pulmonary affections. The quantity of Morphia Sulphate which is incorporated is just sufficient to exercise a calmative effect, and yet so minute as to be free from those objections which frequently characterize preparations of this kind.

In coughs, colds, and similar affections, such as hoarseness, sore throat, etc., whether recent or of long standing, it will be found to give immediate relief.

Per Demijohn 128 fl. oz.....	\$5.00.
Per Winchester 80 fl. oz.....	3.50.
Per dozen Bottles of 16 fl. oz.....	9.00.

The prices of Wyeth's Syrup White Pine Comp. without the addition of Tar, same as above.

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CANADA.

Robert Farquharson, M.D., M.P., long a prominent member of the Parliament of Great Britain, at the late seventeenth annual congress of the Sanitary Association, of which he is president, said "the foundation of all effective progress in preventive medicine must be education." Indeed it has now been found out in Great Britain that much greater progress can be made by educating the masses than by trying to coerce them.

In Canada, our Provincial Legislatures may enact laws, and local Boards of Health may be organized by hundreds, and although all this is a good beginning and essential, much more still remains to be done. Sanitary work is but begun when good laws are passed and local boards organized. These do not create the public realization of their usefulness. Health Acts are now in advance of the public feelings. The people often, instead of welcoming them, take their enforcement as an intrusion and interference with individual rights and liberties. The masses of the people are not disposed to inconvenience themselves by keeping their body and premises clean and their infected family isolated to gratify the whim of their neighbours or even their law makers. They require to be taught that compliance with health rules and regulations will be a direct benefit to themselves, yea, money in their own pockets; that non-compliance with such rules and regulations is the cause, indeed the only cause, of disease, with all its attendant pains, expenses and loss of time; that wherever there is a high mortality or a high sickness rate, there surely will be found unsanitary conditions or environments which demand attention.

In this education of the people, al-

though not at all akin to the education of the schools, it is very desirable that a spirit of emulation be stirred up, in order that the various districts or municipalities shall vie with each other in showing a low death-rate, and a "clean bill of health" by keeping themselves free from epidemic and other diseases.

It is, and has long been, the universal opinion of sanitarians that the basis of all public health work, and progress, both educational and coercive, is a system of health statistics — of births, marriages and deaths. Beyond this, it has become clear, in recent years, that for the best, or even fair, preventive progress, statements or reports (not exactly statistics, for they cannot practically be complete or accurate) monthly or oftener, of prevailing diseases, especially of any outbreak or cases of infectious disease of importance, are absolutely essential. It will not do to wait for the death returns. Not only the local boards, but the central organization should be early informed of any such diseases.

Returns and records of these statistics and reports or statements of prevailing disease would form a most valuable record, year after year, for the Federal (the Canadian) Government to possess, but to be of practical value, the information obtained from month to month, or oftener, especially of prevailing diseases, must be scattered freely amongst the people, at least monthly, as by means of a bulletin. These reports not only show where unsanitary conditions need attention, but they give rise to the desired spirit of emulation amongst the different municipalities. Every community, then, would have a strong tendency to endeavour to prevent, as far as possible, any outbreak of disease each in its own respective locality, and to preserve a "clean bill of health," as ships at sea usually desire to do, for their own credit.

Now it must be obvious to anybody, even if he be not versed in political economy, that it would be much more economical, on the whole, for but one

centre in Canada, the Federal Government, to carry on this work of collecting statistics and reports, recording them, and issuing a bulletin of their condensed facts, etc., than for each province to do so on its own account, while the results in the former case would be incalculably better. If done by the one central government, all the information obtained would be in one central Canadian record, and, more important still, the information conveyed by the returns would then be distributed throughout all the provinces; done by each province, each would only collect and distribute within its own boundaries, except, perhaps, to a few outside officials, and the people of each would therefore only receive and obtain the information gathered within and relating to their own province. Whereas, it is almost as essential for the Eastern or Western provinces, for example, to learn in what special localities any epidemic or prevalence of disease exists in Ontario or Quebec, as in their own provinces, while the same principle holds good with regard to Ontario and Quebec in relation to the East and West. In short, if done by the one centre, all the provinces would get the good of all the information obtained; if done by each separate province each would only get that relating to itself—a vast and most vital difference.

There appears to be a good deal of misapprehension amongst members of the profession relative to this question of federal and provincial public health legislation and action, arising apparently from want of time amongst the busy practitioners to consider thoroughly the whole question in all its bearings. Coercive legislation, enactments, by-laws, etc., and the carrying out of the same, must remain as now under provincial and municipal control. But any one who will give the subject due thought and consideration will surely see that the collection of the proposed statistics and reports and utilization of these for the public instruction and benefit, as above indicated, can be much more thoroughly, economically and profitably

done by one centre than many, with vastly better result in every way. In agriculture, the one Central Experimental Farm can be utilized for the education of the farmers of the whole Dominion much better than for each province to sustain such a farm and attempt the instruction separately. Somewhat similar it is in relation to the analysis of food, etc., in the Dominion; and to the quarantines and diseases of animals. Moreover, it may be well to note here that, if we desire to make Canada as soon as we can the great country she is surely destined to become, while defending in a large measure provincial rights and privileges, we must, as far as possible, encourage a spirit of Canadianism, a unity and oneness, in all possible questions and subjects, and not manifest too much "provincialism."

As already in several of the provinces there is, in a large measure, provision for obtaining a record of births, marriages and deaths, it has been well suggested that, at least for some time to come, each province may as well in its own way collect such statistics and then allow them on some terms to be utilized by the central department and dealt with for the public benefit in all the provinces; those provinces which have not now a system for this purpose being induced in some way to provide such.

It appears that it is now proposed to endeavour to obtain for the statistical department in Ottawa the information above indicated, from physicians in all parts of the Dominion, relating to the prevailing condition of the public health, *i. e.*, reports of any epidemic or cases of the most important diseases, by providing the physicians with blanks for this purpose. Doubtless the Government, any liberal government, would be quite willing to pay fairly for such reports, if the people through their representatives in parliament were willing to vote the money for the purpose. Are the people willing? Many members of parliament, including at least one physician, say, decidedly no; that if they were to vote

for a sum requisite for such purpose they would be censured by their constituents. Then we can only, or must, first of all, educate the people up to a right appreciation of the importance and necessity for such information. They will then doubtless be willing to pay fairly for it.

Now this is largely, almost wholly, in the hands of the medical practitioners of Canada; what will they do in this behalf? It has been repeatedly said by a few of them that physicians now do too much without remuneration, more than their share, etc., and that the government, the people, *i. e.*, of course, should pay for all such information. This is very true; the people should pay; but as it is now, they will not pay, at present. Shall we not then endeavour not only to teach them the value of having it done for their own sakes, but also to be willing in course of time to pay for the same?—teach them without pay, for a time? What else can be done?

Medicine, it may here be observed, is not a business, but a liberal profession, perhaps the most liberal of all the professions, once chiefly practiced free by the priesthood. Is not the profession, or are not the members of it as a class, worthy and desirous that it shall ever remain thus liberal, free, noble, bounteous? The physician gives what cannot be weighed or measured, and hence well estimated as to its money value. He must, however, get a livelihood for his family, and in this business age a certain amount of business energy is necessary. As the *New York Medical Record* (Jan. 15. '92) says:—The physician's sympathy for the suffering, and his absorbing interest in the scientific aspects of his cases, raise his mind above financial considerations, and cause him to forget that he is working for the support of himself and his family, as well as for the good of humanity. The physician has furthermore, as a rule, an inborn repugnance, or incapacity, for money-making pure and simple. He dislikes the financial relations and would gladly treat patients without a thought

of fee, if he could be guaranteed an income to supply the needs of his family. Owing to this shrinking from even the appearance of being mercenary he often hesitates to prosecute his just claims.

No one knows better than the writer how much has already been done by the medical profession in Canada in promoting and advancing the public health interests in the Dominion. It has always been foremost in this work, and indeed all sanitary progress is due to its efforts. Will physicians not now, "one and all," continue thus liberal, and not allow the question of "pay" to influence them to the neglect of any public benefit or scientific proceeding?

Colton, it appears, long ago said, "physicians are becoming too mercenary." But he wickedly added, "parsons too lazy and lawyers too powerful."

Notwithstanding the influence which wealth now gives, there is that which wealth cannot purchase or procure. If the profession desires to retain its high position, or to push itself up to its proper place in society, as the first of all professions, the members of it must not approach the "mercenary," although they may properly and should place a high value on their services with all those who are able and especially not unwilling to make full returns for the same.

When an effort is made, as it may be, to obtain a fair recorded return from the medical practitioners of Canada of the general condition of the public health, especially as relating to infectious or malarial diseases in their respective localities, hundreds will doubtless cheerfully respond to the calls of science and the public weal. Will they not all do so? Many earnest workers for the public good will hope so, and trust. When the work has been done for a time and the value of it has been manifested, proper representation of it to the government and the people will doubtless bring the reward. The great majority of the masses of the people prefer to pay fair, full value for all or anything they receive from their fellow-men; although

M. P. P.

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it may not be always easy to get them fully awakened to an appreciation of the value of some services.

There are always a number of able "medical members" in the Parliament of Canada who look to the interests of the profession, and the profession may be sure that so soon as the public will sanction a vote of money to remunerate physicians for such public service as making returns of sickness for the public good—in the cause of the public health, such vote will be urged upon the Government by the medical members and asked for in the estimates by the Government. Cast our "bread upon the waters;" it will surely "return."—*Montreal Med. Jour.*

EDWARD PLAYTER.

Ottawa, Feb., 1892.

CONDITIONS UNDER WHICH CURE IN CONSUMPTION IS POSSIBLE.—In a recent address before the Medical Society of London, Dr. J. Burney Yeo emphasizes *the conditions under which a cure in consumption is possible*, and protests against testing our new remedies in cases in which the conditions for cure no longer exist. The following facts are emphasized: The importance of an early recognition of the disease before the tuberculosis has developed into phthisis. This state may be recognized to the extent of probability, not to the extent of certainty. Certainty is reached only when the bacillus can be detected in the expectoration, and the bacillus cannot be detected until there is destructive ulceration of the lung and a small cavity formed communicating with a bronchial tube; in short, not until the phthisical process is somewhat advanced. The early occurrence of hæmoptysis is regarded as favorable, inasmuch as it impressively calls attention to this early stage. Those cases are also regarded as more hopeful in which there is a natural tendency in the evolution of the tubercle to fibrous change, or in which there is an absence of tissue-sensitiveness, or irritability, evidenced by the tendency

to acute inflammatory reaction to the bacillary infection. Another favoring condition is the absence of marked hereditary predisposition, and the possession of a sound, vigorous constitution before the accidental infection. Lastly, we must have a sustained functional activity of the organs of digestion and assimilation. The phthisical patient who cannot digest and assimilate nourishment is in great peril.

Among the therapeutic conditions necessary or favorable to the cure of phthisis are: 1. The administration of food in suitable quantity, and in such forms and methods as shall insure its digestion and assimilation. 2. The possibility of a life much in the open air, either in the country or on the sea, where there is much sunshine, and where the air is dry and pure. 3. A continuous and strict attention to minute details of daily life and hygiene. A therapeutic agent, universally esteemed in promoting curative changes in tuberculous deposits in the early stage, is counter-irritation, repeated and continuous. Furthermore, he says of antiseptics given internally that he has seen none so uniformly beneficial as creosote or guaiacol. It has held its ground better than any other antiseptic agent that has been applied to the treatment of phthisis, and has steadily gained in favor.

GUAIACOL IN TUBERCULOSIS.—In reference to guaiacol a monograph has appeared recently by Dr. Max Schüllen, who began to use it in experiments on animals as long ago as 1878, and on his patients since 1880. He has noted the most favorable results from the treatment in pulmonary and in the so-called surgical tuberculosis. The author states that, according to the latest investigations, a considerable anti-bacillary action is assured with guaiacol both in the reagent glass and in trial animals. Most of his cases were of surgical tuberculosis, but in many of them there was also disease of the apex, in which marked improvement took place. Since writing

the book the author has had opportunity to note the most favorable results in a large number of new patients. In pulmonary tuberculosis he gives children two or three drops, adults from three to five drops, of pure guaiacol four times daily in milk, bouillon, wine, &c. Although of somewhat disagreeable odor and taste, it seldom disturbs the stomach and is readily borne by all patients. Dr. Schüllen has abandoned its administration in pill form, or in capsule, as unsuitable and less practical. Where necessary, he orders for his patients other drugs suitable to the symptoms, but never intermits the use of guaiacol. Guaiacol may also be administered as a weak inhalation. The treatment requires steady continuance in the use of the remedy for several months after the disappearance of the tubercle-bacilli and of the local symptoms of the disease.

In surgical tuberculosis the author carries out the same treatment with guaiacol, and considers it absolutely necessary, even where surgical interference is attempted, owing to the frequency with which these symptoms develop into tuberculosis of the lungs and other organs.

In the *Berliner klinische Wochenschrift*, January 18, 1892, Holscher and Seifert state that the action of guaiacol in phthisis is principally due to its combination in the blood with the products of the growth of the bacilli, by which combination these products are rendered harmless and their oxidation is assisted, the guaiacol being eliminated as a salt of ethyl-sulphuric acid. As it is the products of the bacilli which cause the fever, sweating, disordered digestion, &c., it is evident that the general condition of the patient must be at once improved. There is but little evidence to prove that any drugs absorbed into the blood act upon micro-organisms; any possible action takes place only when they come directly into contact with them, as in the stomach or the bowel.

DR. BLACKADER,
in *Internat. Med. Mag.*

BARBARIC MIDWIFERY. — Dr. J. K. Simpson, of Alaska, gives, in a recent number of the *Occidental Med. Times*, a sketch of the obstetric customs of the Alaskan Indians. His observations were made in the south-east of Alaska. When a woman arrives at full term a tent or hut is erected, and a hole dug in the middle and lined with moss. When labour commences the woman goes to the hut and squats over the hole, as in the act of defæcation, grasping a pole driven into the ground in front. She is attended by three squaws; one sits behind her, and when a pain comes on clasps her arms firmly about the abdomen, while the other two women press firmly with their shoulders against the knees of the parturient woman. The child drops into the hole, occasionally breaking a bone or sustaining other injury. The umbilical cord is divided about four inches from the naval by twisting it and pinching with the nails, and is not tied. The squaws maintain their relative positions during the third stage of labour; a binder, consisting of two pieces of cloth or skin quilted together, and strengthened by pieces of bark, is applied, and the woman, if a primipara, remains where she is for ten days, but if a multipara, often goes about her work the first or second day; in neither case is she washed for ten days, so that antiseptic midwifery is not followed. In spite of this, puerperal fever appears to be uncommon. The child, after remaining in the hole five or ten minutes, is drawn out, and the midwife dresses the stump of the cord with a foul-smelling mass consisting of the leaves of some herb chewed months before. The child's face is wiped, and it is put unwashed into a bag, stiffened with bark, which covers all but the head. Certain superstitions exist as to the placenta and cord. As a rule the placenta is burnt and the ashes carefully preserved; when the individual dies the ashes of the placenta are placed with those resulting from the cremation of the body in a small burial house. When the stump of the cord becomes

detached from the infant's navel it is enclosed in an embroidered buckskin cover and stitched to the front of the child's clothing, where it remains like a rosette until he is three or four years old. At that age the child goes into the woods and hides it.—*British Medical Journal*.

THE address of Dr. George M. Gould at the graduating exercises of the Buffalo University Medical College was a manly plea for loyalty to legitimate medicine, and a terrible indictment against all forms, modes and devices of quackery. We wish we had space to publish it in full, but can only give a few selected pearls from this choice string:

Quackery may be likened to a poor artificial eye—everybody can see through it except the patient.

To be explicit and detailed, let me counsel a few "don'ts."

1. Don't be in a hurry for success.
2. Don't consult or fraternize with quacks of any kind or degree.
3. Don't be afraid of speaking out your denunciation of quackery, regardless of the loss of a few possible patients and the charge of jealousy.
4. Don't support medical journals run in the interests of the advertisers, journals that are muzzled, that are conciliatory, or non-denunciatory of quackery.
5. Don't sign a single certificate so long as you live as regards special, proprietary or secret preparations.
6. Don't write a medical article in which such preparations are praised, or even mentioned.
7. Don't accept commissions or presents from druggists, manufacturers, opticians or surgical instrument dealers.
8. Don't let any professional allusion to yourself, your opinions, or your work, get into the lay newspapers. Don't be a sneak advertiser, a "newspaper doctor."
9. In your own righteous wrath

against quacks outside of the profession, don't forget that there are many in the profession, and that they are the most despicable, — true wolves in sheep's clothing. I would rather be the "Wizard King of Spain," and buy affidavits of impossible cures at twenty dollars each, than a respectable hypocrite indirectly or secretly hobnobbing with newspaper reporters and supplying them with data.

Reflect, thirdly, that all the world over, every physician, whenever asked, gives his services to the poor without demand or without hope of compensation. Would not a lawyer, or a locksmith, think one crazy if it were proposed that he should give a large share of his time and services for nothing?

Carry the thought on. The entire tremendous labor, for the benefit of the community, of keeping up the enormous hospital work of all the world's cities, is borne by physicians without a cent of pay. Are there, for example, thousands of similar institutions where the poor, free of charge, can get legal counsel and help? Is there one such?
—*Buffalo Med. and Surg. Journal*.

PENETRATING WOUND OF THE BRAIN.

—Dr. Ernest Laplace reports the remarkable case of a boy ten years old, who fell on a broken fencing foil, the steel penetrating the left orbit between the inferior orbital ridge and the eye ball, without injuring the latter. When seen by the author five hours later there was coma, right hemiplegia, left facial paralysis, complete aphonia, respirations 30, temperature 104½°. An expectant plan of treatment was first adopted, but as the patient manifested symptoms referable to compression from a clot at the base of the brain, trephining was resorted to thirteen days after the accident. A horse-shoe incision three inches long was made in the temporal region, down to the level of the zygomatic arch, and the tissues were lifted *en masse* from the bone. The trephining

was rested on the middle of the zygomatic arch, and a three-quarter inch piece removed, consisting of the temporal bone and a small fragment of the sphenoid; the dura mater appeared very congested.

To reach the centre of the base of the brain for the removal of the suspected clot, a miniature egg-beater, consisting of four loops of platinum wire, had been improvised; this was perfectly malleable, and could be insinuated between the dura mater and skull without wounding the structures. Having reached the cavernous groove the instrument could be pushed no further; it was then turned on its axis for the purpose of catching the coagula in its loops. This was effectually done, and about a teaspoonful of clotted blood was removed piecemeal.

While dragging more out, considerable venous hemorrhage took place, most probably as the result of the removal of the clot that occluded the injured cavernous sinus.

The trephined opening was immediately plugged with iodoform gauze, and graduated compress applied over it, secured by a tight bandage about the head.

Consciousness returned shortly after the operation, and the other symptoms gradually disappeared. The author emphasizes the safety of trephining near the base of the skull, the ease of arresting hemorrhage from the sinuses of the dura mater, and the importance of drainage in all cases of cerebral injury.—*Medic. and Surg. Reporter.*

Society Proceedings.

SAINT JOHN MEDICAL SOCIETY, APRIL 6th, 1892.

HYSTERECTOMY.—Dr. J. Christie reported a case of hysterectomy, and exhibited the pathological specimen. The patient, aged 25, had been troubled for two years with an abdominal tumour, which had grown rapidly within the

last six months. At the operation it was found to be an interstitial uterine fibroid. The median incision was enlarged, the tumour shelled out, and uterus, appendages and ovaries removed. The stump was treated by the extra peritoneal method. The patient made an uninterrupted and satisfactory recovery. Weight of tumour, 4 lbs 8 ozs.

APRIL 20TH, 1892.

ELECTRICITY IN DYSMENORRHOEA.—Dr. Wilson reported a case of an unmarried lady, aged 22, who suffered from weakness, pain in the back, and in left ovarian region, dysuria and dysmenorrhœa. The sacral tenderness and dysuria were readily relieved by counter-irritation, tonics and hot vaginal douches, while dysmenorrhœa and ovarian tenderness persisted. Galvanism was tried, the positive pole being applied to the painful ovarian region and later to the corresponding side of the os uteri. This gave marked relief, which was soon followed by cure.

L. A. McALPINE, *Secretary.*

Reviews.

DISEASES OF THE EYE.

BY G. E. DE SCHWEINITZ, M. D., PROF. OF DISEASES OF THE EYE AT THE PHILADELPHIA POLYCLINIC.

This is the most recent work on this subject in the English language. It is an octavo volume of 600 pages, with 200 wood-cuts. In the space which the author has assigned to himself, he has given an admirable presentation of modern ophthalmic sciences. His descriptions of the various diseases are characterized by a lucidity of expression which leaves the reader in no doubt as to the meaning of the language employed. In some places useful tables are given to furnish aid in differential diagnosis. Too much stress cannot be placed on this method of teaching.

It cannot be classed with such works

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Extract of Beef, Citrate of Iron, and Sherry Wine.

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WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some (not over scrupulous) Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

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A retention of the Suppository from 15 to 30 minutes is requisite, but a solution of the whole Suppository is not necessary to insure its activity.

Physicians may depend upon the absolute purity of the ingredients used in the manufacture of these Suppositories.

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CONTAINS THE ESSENTIAL ELEMENTS of the Animal Organization—Potash and Lime;

THE OXIDISING AGENTS—Iron and Manganese;

THE TONICS—Quinine and Strychnine;

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

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

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

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

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

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

NOTICE—CAUTION.

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

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

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

FOR SALE BY ALL DRUGGISTS.

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as Nettleship, on the eye, which is in our judgment more strictly speaking a student's book. Though the author of the present work has modestly styled it a "hand-book" written for students and practitioners who desire to begin the study of ophthalmology, it contains about twice as much matter as is contained in the former manual.

We have carefully read some parts of Dr. de Schweinitz's volume. With a view to testing its teaching, we selected that part devoted to corneal diseases. Nearly every physician thinks he can manage such diseases, as they are open to inspection. Yet in no other part of the body is the distinction so marked between the work of a skillful physician and that of the inexperienced; for a large proportion of complete or partial blindness arises from corneal affections. They demand not only close observation of diseased processes, and a mastery of therapeutic agents, and their judicious employment; but also a correct appreciation of the reparative forces of the individual case, and of the best means for maintaining their integrity. We know of no work in which these diseases are dealt with more satisfactorily in the space allotted to them and the indications for treatment more clearly given and in harmony with the practice of the most advanced ophthalmologists.

To Dr. James Wallace was assigned the task of preparing that part of the work treating of refraction including enough of elementary optics to make the former subject intelligible. This subdivision of labour is not new in the preparation of works on diseases of the eye, and in the present instance the result has justified the selection made.

If we were to offer a criticism, we would object to the plan of placing the part devoted to operations by itself at the end of the volume. We are aware that Mr. Berry, of Edinburgh, who has written a valuable book on the eye has done the same thing. We see no advantage, and it is an inconvenience.

The paper and type are good, and give pleasure in reading.

Notes and Comments.

Medical gentlemen in country or city desiring the services of second or third year medical students as assistants at any time through the summer can probably obtain the same by applying to the editor of this journal. Two students would be glad of such occupation now. No salary expected; only board and lodging.

It is to be hoped that the sister Provinces of New Brunswick and Prince Edward Island will be well represented numerically at the forthcoming meeting of the Maritime Medical Association at Halifax, on July 6th and 7th. The Province in which the meeting is held in any year will always no doubt be well represented. But the success of the Association as distinct from our local Provincial societies depends largely on a good contingent from the other Provinces. The profession in Halifax will be prepared with a welcome for all. Arrangements are being made for return tickets on railways and steamboats at reduced fares. Particulars will be announced in the programme, a copy of which will be mailed to each medical man in the Provinces not later than June 20th.

It is an undoubted fact that the readiness with which a patient pays a fee is influenced considerably by the manner in which the doctor names it.

A doubtful hesitating statement that the fee will be "well about \$4.00" will lead the patient to think that he may get off with \$3.00 or less. Even the statement "that the usual fee is \$5.00, but I don't want to be hard on you, will call it \$3.00," is not very wise. The short, but polite, curt "\$5.00 please" will, if the money is there, bring it almost every time and encourage a conviction that the services are worth that, because the doctor seems so sure of it himself.

Halifax cannot now be said to be a promising field for new comers in medical practice. Within the last three or four years, we believe, something like 18 or more medical men have commenced practice in the city. Naturally some of these have pulled up stakes within a comparatively short time for various reasons. The majority, however, remain, and have lately been further reinforced. It is only fair to say that the ranks are now full and that the city is rather over supplied. It is so, no doubt, in most cities. But there are places in the country where young medical men can, from the start, support themselves and soon lay by money, and the wonder is that more do not choose this more attractive alternative. When a man has after five to ten years acquired a practice in a city, no doubt the work is more agreeable than in the country with the repeated long drives of the latter. But the five or more years of waiting in the city are tiresome and discouraging, and we are convinced more would choose the country did they realize its true relative attractiveness.

A PLEA OF INSANITY.—At a recent trial in Wisconsin, at which a number of men were indicted for murder on account of having taken part at a lynching case, the jury returned a verdict, finding that at the time of the lynching all of the defendants were insane, and, therefore, not guilty. They also found that since the crime was committed all but three had recovered their sanity, and were therefore discharged from custody.—*Boston Med. and Surg. Jour.*

WHAT THE PHYSICIAN OF TO-DAY MUST, AND MUST NOT, DO.—Dr. Burstein in his "Ideality in Medical Science," says: "The young physician, beginning his professional career, finds great difficulty in making a living. The public demand of him the development of science. They insist that he is to study medicine; to read journals; to join medical societies; to pore over countless

articles; to go to hospitals; to see operations; to buy books; to buy periodicals; to buy surgical instruments; to examine his patients thoroughly; to make a correct diagnosis; to be careful in obstetrical work; to write prescriptions carefully; to consult his books in all cases of importance; to keep his office hours strictly; to attend to his patients regularly; to be ready for any emergency; to go promptly at night, when called; to be charitable; to not sue for non-payment of his fees; to keep accounts; to support his family; to dress himself as a 'doctor'; to not keep away from society. This is too much, entirely too much, for the poor physician. He must be rich, he must be educated, he must have seventy-two hours' time to accomplish a day's work, and even then it would be almost impossible for him to fulfil all these requirements."—*Mont. Med. Jour.*

IN A VERY BAD WAY.—People who go to apothecaries to have their diseases prescribed for occasionally get very strange diagnoses. In one case a man wearing a long countenance is said to have entered an apothecary's shop and remarked:

"I seem to have something queer in my stomach, and I want you to give me something for it."

"What are your symptoms?" the apothecary asked.

"Every little while something seems to rise up and then settles back again, and by and by it rises up again."

The apothecary put his chin in the palm of his hand and meditated awhile.

"Look here," he said gravely, "you haven't gone and swallowed an elevator. have you?"—*Chicago News.*

METORRHAGIA.—Hydrastinin hydrochlorate in doses of a third of a grain, every six or eight hours, is recommended as a useful remedy in the treatment of metrorrhagia dependent upon congestion or catarrhal inflammation of the uterus. The good results should be perceptible

Dr. Laphorn Smith's Private Hospital,

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FOR THE TREATMENT OF SURGICAL AND NERVOUS DISEASES OF WOMEN.

DR. LAPHORN SMITH desires to announce to the medical profession that he has purchased the elegant modern residence next door to his own house, which he will shortly open as a private hospital for the treatment of surgical and nervous diseases of women. It is situated in the healthiest part of the west end of the city, close to the mountain, and yet only a few minutes drive from the principal railway stations. In all suitable cases electricity in its various forms will be given a fair trial before resorting to operative procedures. The house will be lighted with electricity and heated with hot water.

None but ladies will be employed as nurses, and the surroundings will be arranged as far as possible so as to make the patients feel at home. Special attention will be given to the care of ladies addicted to the use of narcotics.

For particulars as to terms, &c., address

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TENTH YEAR—SESSIONS OF 1891-92.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL has entered upon the tenth year of its existence under more favorable conditions than ever before. Its classes have been larger than in any institution of its kind, and the Faculty has been enlarged in various directions. Instructors have been added in different departments, so that the size of the classes does not interfere with the personal examination of cases. The institution is in fact, a system of organized private instruction, a system which is now thoroughly appreciated by the profession of this country, as is shown by the fact that all the States, Territories, the neighbouring Dominion and the West India Islands are represented in the list of matriculates.

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

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools that are attached to these Institutions.

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In another place will be found a paper by Dr. N. E. McKay giving a *resumé* of the report on plumbing in the city of Halifax. The report is of interest to all our readers in city and country. The expense of making proper provision for house drainage and of putting in proper plumbing fixtures is not necessarily more in the first place than the expense of putting in imperfect plumbing and drainage apparatus. Of course, many houses have virtually no sewerage arrangements at all. But it is also a fact that in otherwise well appointed houses the plumbing and drainage fixtures have been put in carelessly and thoughtlessly with no realization of the immense importance of the matter, when a little care, and the previous making sure that the apparatus about to be put in was modern and efficient, would, at probably no or little greater expense, have ensured sanitary and healthy surroundings instead of unsanitary and disease-encouraging. The medical profession can educate the laity in these matters, and should lose no opportunity of doing so. It is certainly a stigma upon modern civilization that these matters should have been so completely neglected, and it is difficult to avoid the conclusion that the profession has not asserted itself as might fairly be expected. At present the public is being wakened up somewhat, and there is reason to believe that the next twenty years will witness great strides in the matter. It is time, and only after the sacrifice of much young life that might have been saved amidst healthy environments.

READING NOTICES.

INDIANAPOLIS, IND., Aug. 23, 1890.

Gentlemen.—Have tried Antikamnia in various Neuroses due to Menstrual Irregularities. It calmed the nervous

excitement, relieved the pains, and permitted natural sleep. I shall use it hereafter with pleasure.

V. R. TOMLINSON, M.D.

A NEW PREPARATION OF IRON, A SPECIFIC FOR ANÆMIA.—Reynold W. Wilcox, M.A., M.D., professor of Clinical Medicine in the New York Post Graduate School and Hospital, read a scholarly paper entitled, "Anæmia, its Treatment with a New Preparation of Iron," before the section in General Medicine of the New York Academy of Medicine, April 19, 1892, which was published in the *New York Medical Journal*, May 7, 1892.

The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron (Parke, Davis & Co.'s).

The conclusions of Dr. Wilcox are :

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PHILADELPHIA, PA., October 3, 1889.

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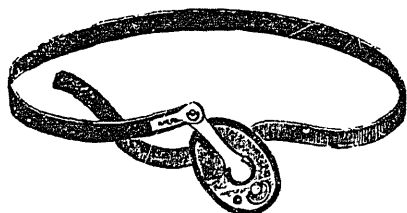
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