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(HALIFAX, NOVA SCOTIA.)

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CONTENTS.

ORIGINAL COMMUNICATIONS

PAGE.

President's Address, Maritime Medical Association.....	241
President's Address, New Brunswick Medical Society	251

SOCIETY PROCEEDINGS.

Nova Scotia Medical Society	259
Maritime Medical Association	267

EDITORIAL.

Canadian Medical Association.....	273
Maritime " "	274
Nova Scotia " "	274
Notes	274

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The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1896, on Tuesday September 22nd, and will continue until the beginning of June, 1897.

The Primary subjects are taught as far as possible practically, by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side, and the student personally investigates and reports the cases under the supervision of the Professors of Clinical Medicine and Clinical Surgery. Each Student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical Wards for a period of six months each, and to have presented reports acceptable to the Professors, on at least ten cases in Medicine and ten in Surgery.

About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Student in connection with the Medical Library which contains over 15,000 volumes.

MATRICULATION.—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

The entrance examinations of the various Canadian Medical Boards are accepted.

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A **POST GRADUATE COURSE** is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilised for purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

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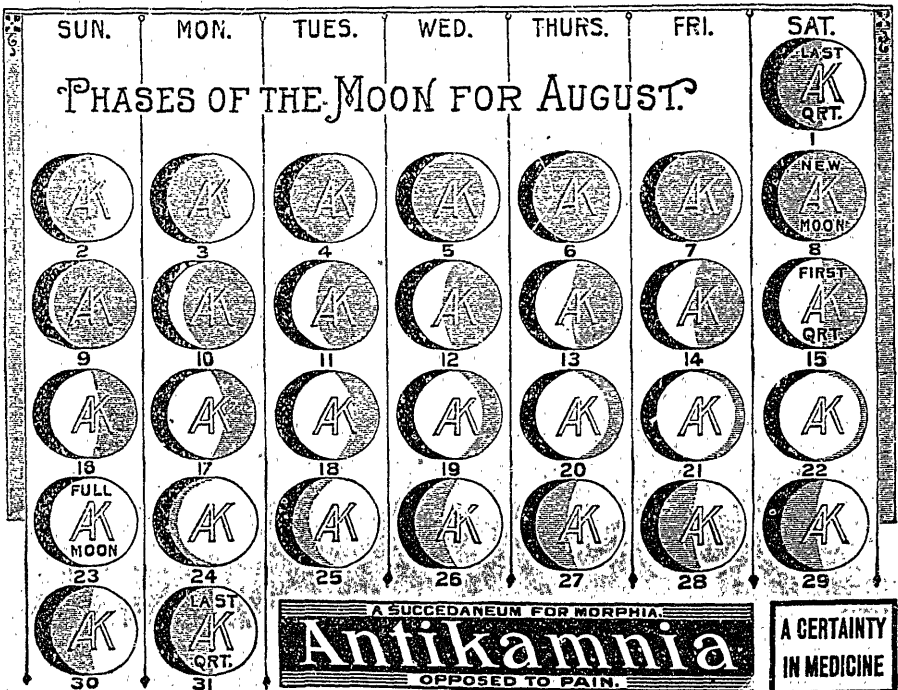
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THE
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Original Communications.

PRESIDENT'S ADDRESS.

Delivered before Maritime Medical Association at Charlottetown. By P. Conroy, M. D.

It is with an undisguised sense of pride, mingled with no inconsiderable amount of diffidence, do I undertake the duties of Presiding Officer over the deliberations of this learned body, comprising as it does, the most distinguished members of the medical profession throughout the Maritime Provinces of this Dominion. A retrospective glance at the names of the several well-known able men who have preceded me in office, tends in no small degree to increase my embarrassment. I feel reassured, however, with the conviction that you will extend to me in the discharge of my duties that measure of indulgence which all novices are wont to expect from those who are old in experience. The Maritime Medical Association, now in the 6th year of its existence, has reason to be proud of its success in the past as it hopes for still greater achievements in the future. Its Members, drawn not only from the populous centres, but also from the smaller towns and rural districts of the different Provinces, take rank with their professional brethren in any other part of Canada. The high and well-merited reputation of not a few, has extended beyond the confines of their own Provinces and justly entitles them to be classed amongst those who are looked upon as leaders in the profession.

At home and abroad our Maritime Province men have brought honour to their country and distinction to themselves in almost every walk of life. In Theology, in the Legal Profession, in the Arts and Sciences, in the great seats of learning they are found occupying the first places. Our public representatives hold rank second to none in the Councils of our Canadian Dominion.

And when men of this stamp are assembled together, as they are here to-day, to exchange ideas on questions that concern our profession, and to give to those questions the results of their observation and experience—no one will dispute the benefits of such meetings or the advantages that must ensue. And apart from all considerations affecting the profession in a technical sense, there is another motive for good incident to these meetings, and that is, the beneficent element of friendship and social intercourse which they engender. Those among you who have made reputations for yourselves in your own fields of practice, are brought into contact with each other, and with those more humble toilers who admire you at a distance and are proud of your successes. To the influence of the Maritime Medical Association, the profession is indebted for the boon of Medical reciprocity lately inaugurated and legalized between the Maritime Provinces of this Dominion. The old Chinese walls encircling and isolating each Province are at last pulled down, so that any Medical Practitioner registered in any one Province, may choose without hindrance that field of labor most acceptable to his choice and most favorable to his fortune. Let us hope that the good example thus set by the Maritime Provinces may be the means of bringing about the adoption of a uniform law governing the admission to study and to practice throughout the entire Dominion. The profession of Medicine occupies to-day a higher plane of importance than it ever held before. It has drawn to its ranks the brightest intellects and counts among its members the most learned men of all countries of the world. Medical science has established itself as the most essential element in the well-being of mankind and an indispensable condition in the existence of society.

The foremost statesmen of the world are lavish in their praises of the benefits of Medical Science, not only in its relations to suffering humanity but in what it has added to the material prosperity and progress of the human race. No other profession affords such a scope for the researches of the Scientist. No other Science contains such vast treasures of hidden wealth. The discovery of the germ origin of epidemic diseases

by the late lamented and renowned French Scientist Louis Pasteur, marked the advent of a new era in the evolution of Medical Science, and made the name of its great author, immortal. It placed upon a rational foundation the Science of Hygiene—the ground work of modern Medicine, and was the solution of a problem that had long puzzled the understanding of scientific men. It opened up a new world of infinite treasures of inestimable value to mankind, a vast mine of wealth which will never become exhausted, but which will continue to be a source of blessing to humanity as long as human life endures. The name of Pasteur will live forever in the annals of the lives of noble men of imperishable fame.

The son of a poor farmer, he attained by the force of his genius, to the very highest pinnacle of fame among scientific men, and he died mourned by the whole world.—the recipient of all the honors and decorations that his grateful country could bestow, with victories more numerous and more glorious to his credit than ever were won by the great conquerors on the fields of battle. His labors and successes have shed a lustre upon Medical Science and have elevated the practice of Medicine from a condition dependent upon empirical rules, to one founded upon the basis of the exact knowledge of cause and effect.

He was an adventurous explorer into the undiscovered regions of scientific truth, and brought back from his expedition tokens of his discoveries of more signal import than those the great Columbus brought from the New World, and of a richness infinitely greater than the vivid imagination of the greedy Spaniards ever dreamed of. Like the Dove sent out from the Ark, he brought back the olive branch testifying that the flood of epidemic disease, which had so long devastated the human race, had already begun to subside, and that the advent of a time was almost at hand, when man would be enabled to grapple successfully with his hitherto invincible foe. In the path trodden by this dead hero of science, many others are following and clearing the way where he led.

The pronouncement of the doctrine, that fermentation and decomposition were due to the action of infinitely little living organisms, was the first opening up of a great region of scientific wealth. That the disturbances in the human body in system diseases were due to the same cause, was, a second grand step towards a great consummation. In the successful demonstration of his theory, Pasteur proved himself to be the most accurate scientific observer the world has ever seen.

He was the sole opponent of the doctrine of spontaneous generation

which was the generally accepted theory of the origin of life, and was taught as such by scientific men in every country of the world.

Pasteur arrayed himself single-handed in open conflict against this army of hostile disputants, and boldly asserted and defended the christian dogma and scientific principle of "Omne vivum e vivo." The whole fabric of Christianity depended upon the truth of Pasteur's contention.

His success in this great undertaking was so overwhelmingly complete that his enemies fled ingloriously, leaving him in sole possession of the field. He thus gave the death-blow to the teaching of Evolutionists by destroying the very foundation upon which their doctrine rested, and effectually annihilated every other theory as to the origin of life, except that which is founded upon the incontrovertible basis of christian truth. His labors on the subject of diseases effecting the brute creation have been of incalculable value, and according to Professor Huxley, Pasteur's services to France alone in his saving treatment of the silk-worm was of greater pecuniary value than the five billion francs or the whole of the war indemnity paid to Germany.

Prior to the discovery of the germ origin of epidemic diseases, Medical Science rejoiced in the proud title of the "Healing Art" and the efforts of medical practitioners were directed entirely to the cure of diseases. Pasteur showed how diseases could be prevented as well as cured and also that the human system could be rendered immune against the morbid action of disease—producing microbes even after the latter had already invaded the circulation.

These were no haphazard discoveries accidentally hit upon, but were the results of many years of deep research and patient toil. The effect of these discoveries has been to revolutionize the entire system of sanitary science and to make it the mainspring of Medical Practice. This is the department of Medical Science which is now receiving most attention from medical men, and one from which the greatest results are expected to follow.

Edward Jenner, the discoverer of vaccination against smallpox, the God-sent Saviour of the human race, was the unconscious promulgator in practice of Pasteur's developed theory of the present day.

Jenner found the germ of small-pox already attenuated in the vaccinia of the cow, and the practice of vaccination instituted by him as a safe-guard against small-pox has won for Jenner the undisputed honour of being the greatest benefactor of the human race who ever lived.

The effect of the practice of the principles of scientific sanitation has already been to enormously diminish the death-rate among infants, and to prolong the duration of human life, as evidenced by the continued decrease in the rate of mortality and the consequent increase of the population of the world. Man is not born to wither and die in a few days—his term of life is measured in Holy Writ at three score and ten, and may even extend far beyond that limit. Accident and circumstance alone disturb that order. The saving power of sanitary regulations in the prevention of the spreading of contagious diseases, is well illustrated by its operation in 1892 in New York Harbour. There were eleven cases of cholera at one time in that great mercantile "rendezvous" of the world, and not one single case of secondary infection took place. In England, so great is the public dependence upon the controlling power of Boards of Health, that little or no attention is now paid to the accidental introduction of a case of cholera or other dangerous epidemic disease.

The principle contained in Pasteur's germ theory of the cause of fermentation and decomposition, was applied by Lister to the prevention of suppuration in surgical wounds, with the result of immediately revolutionizing the whole system of surgical practice the world over. Its application to surgery has proved to be even a greater boon than it was to medicine, and Lister's name will be blessed for ages, by countless numbers of human beings whose lives have been saved by the genius of that great man.

What a debt of gratitude the whole world owes to those three great heroes of science, Jenner, Pasteur, and Lister? What a world of hidden treasures disclosed do their names suggest?

We have in the lives of these great men the history of the whole progress of medical science in relation to the prevention of diseases—a progress that has never been equalled in degree or importance by that of any other profession in the known world. When we consider the science of medicine in respect to the application of its powers, as a "Healing Art," we find also that great advances have been made. Improved methods of diagnosis, a better knowledge of the pathology of diseases, new and elegant preparations of the active principles of valuable drugs, the recognition of the medicinal properties of certain animal substances, &c., have all tended to strengthen the physicians' hands and to increase his powers for good.

The recent discovery of the penetrating power of intensified rays of light, through the substance of ordinary opaque bodies, and the possibility of taking a photographic impression of the denser media through which they pass, affords a new method of locating the presence of foreign bodies within the human system, and of the visual recognition of pathological changes affecting the density of the normal tissues.

The multiplicity of conditions in which the application of this new method of diagnosis may be of service, seem almost beyond number. Already important results have been obtained through its aid in surgery and in medicine, and an almost limitless field of usefulness lies before it. Great things may without doubt be expected of the "X" rays.

Among the fatal diseases that still continue to baffle the efforts of the physician, tuberculosis holds the palm as the one great fell destroyer of the human race. Fully one-sixth of the total number of deaths are due to its merciless ravages.

Koch's announcement a few years ago that a cure had been discovered for that great scourge of mankind, created a sensation throughout the world as intense as the subsequent disappointment in its efficiency was great. No methods have yet been discovered to stay the ravages of the deadly "rod bacillus." Tuberculosis still holds sway as the one great unconquerable foe. No condition of life is free from its invasion, and apart from hygienic rules of prevention, no dependence can be placed upon any medicinal agent yet discovered, to successfully combat that terrible enemy of man. The efforts of the physician remain powerless to check its onward course, and the patient looks trustingly for that relief that never comes.

"We go to the bedside day by day to be idle spectators of a sad ceremony, and we leave it humbled by the consciousness of the narrow limits that circumscribe the boundaries of our Art." Medical science still looks with hope to that day when by the efforts and researches of scientific investigators, tuberculosis may yet be deprived of its terrors.

It is in surgery, however, that the most palpable results of the scientific application of the germ theory of decomposition are observed. When Lister first enunciated his system of antiseptic surgery the whole world scoffed at and ridiculed him. But Lister has lived to triumph over all opposition and to witness the realization of beneficent results which will accumulate from age to age until the end of time. We do not now appreciate the benefits of Lister's great discovery, since we have almost forgotten the time when we were without it. But how much

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DR. DEMARTIGNY, St. Denis St., Montreal, also tells us that he has some thirty patients using Wyeth's Malt Extract, and recommends it very highly.

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To give strength after illness.—For many cases in which there is pallor, weakness, palpitation of the heart, with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. Its peculiar feature is that it combines Nutriment with Stimulus.

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suffering has it not prevented. How many precious lives has it not saved.

These great discoveries, made only by toilsome study and unremitting labor, are given gratuitously to the world for the good of mankind, so that we who follow at a distance in the path of progress may put into practice those precious lessons that have been taught us, and obtain for our patients the benefits which they confer.

The Listerian principle of the treatment of wounds is now accepted throughout the whole world. Attempts have been made to detract from the merits of Lister, because the details of the methods for carrying out his principle have not attained that point of perfection which they have to-day. It would be just as reasonable to contend that Stephenson deserves no credit for his invention of the locomotive engine, because his crude piece of machinery does not compare in its completeness with those great giant engines of the present day, that fly through space at the rate of sixty or seventy miles an hour.

When we, standing on our present elevation of surgical advancement, take a look down the long path of ascent, it is curious to compare the present methods of operative surgery with those in vogue 100 years ago.

In a work published by Dr. Lawrence Heister, a Professor of Surgery in a German University, and entitled "Heister's general system of Surgery," we find a dramatic description of what a surgeon should be and how he should perform the different surgical operations. The book was published in 1798, and the fact that it passed through seven or eight editions is sufficient evidence that the author was in the front rank of his profession and taught surgery according to the most advanced scientific knowledge of the day. In his preliminary dissertation on the qualification necessary to the success of a surgeon, he says: "A surgeon ought to have an intrepid mind, void of all tenderness so as not to be at all moved by the outcries of his patient,—to use no more haste than the case requires,—not to cut less than necessary, but he should act in all respects as if he were entirely unaffected by his patients' complaints." Of course, as a recent writer observes, "there was greater need of an intrepid mind on the part of the surgeon in the days of Heister than now, for the reason that anaesthetics were not then used, and the patient could not be put into that blissful sleep, not to be awakened until the surgeon had finished his work. Sometimes, he says, it is better not to be concerned with a patient when it is not possible to be of any use to him, lest you be said to have killed him who died of disease. The

amputation of a finger or toe, was done with a mallet and chisel, with which, the author says, the vitiated parts are taken off at one blow. If in the days of Heister a man's hand offended him and he wished to obey scriptural injunction to cut it off, the doctor could do the job for him without showing any mawkish sympathy for the offending member. The patient was seated in a chair, with two muscular men to hold him there and another to hold his arm extended over a big tub placed on the floor to catch the blood.

A tourniquet was placed on the arm above the elbow, in order doubtless to retain a portion of the blood and have it in tap for further bleeding in case the patient survived.

Then the skilful surgeon proceeded to sever the arm with his saw, as a day-laborer would a stick of wood in the back yard.

After the operation was over the work of tying the arteries and burning the ends with a red-hot iron, followed and the operation was completed by dressing the wound with burning-hot oil. The changes which have been brought about in the practice of surgery since the days of Heister, are based upon the advancement of scientific knowledge and are the results of the masters in our art.

The present passing century has seen almost a total revolution in all the departments of arts and sciences, but in none has the change been so great and the progress so marked, as in the theory and practice of medicine and surgery.

But while these discoveries have been of incalculable benefit to mankind, no personal advantages have accrued therefrom to the medical practitioner. On the contrary, his responsibilities have become more grave, his duties more onerous, and his obligations to his patients more imperative.

The profession of medicine demands of its members, the possession of the highest order of technical knowledge, and in social life, all the moral virtues that adorn and dignify character. This is a standard of excellence to which, it may be, few attain, but it is the only one that is worthy of the noble science at whose altar we kneel and whose benefits we dispense. In the fulfilment of our calling we are obliged to secure that measure of service to our patients which a conscientious regard for justice dictates. We must denounce all imposters and pretenders and admit to our ranks only those whose character, whose honor, and whose fitness are above reproach. We must welcome competition

between the competent and expose without hesitation the deceits of the charlatan or the cheat, no matter what influence may support him, or how well he may have succeeded in gulling and deceiving the public. We must take a stand for decency in qualification and in professional conduct, from which we will not consent to be driven by any force no matter by whom directed. But while we strive for the dignity and honor of our profession by the faithful discharge of our duties to our patients, we must remember that we are all of one brotherhood, and that we have duties towards each other as well as to our patients and to the public. The object of a man's entering the profession of medicine is not, and cannot be, the making of money. Indeed he must first eliminate from his mind the sordid element of calculating gain.

The sense of duty alone and the courage to perform it are often the only incentives to endeavor. But the worthy doctor who devotes his time and his labors to the good of his fellow-man, and the value of whose services are not often computable in money, is at least entitled to an honorable and respectable competence. The ever-increasing prevalence in late years of the unbecoming practice of charging insignificant fees for professional services, is a humiliating confession of weakness on the part of the individual who makes such an unwarranted sacrifice of what rightfully belongs to him, is ruinous to his prospects of ever obtaining an independent competence, and is discreditable and damaging to the profession generally. Medical men stoop low indeed in their efforts to please the public, but surely this new departure is slavery with a vengeance. We owe it to our profession that our fees, while not exorbitant, should at least be respectable and decent. The wages of a working-man are not a standard of computation in respect to a medical man's remuneration for professional services.

The poor already receive a large portion of almost every Doctor's time. To them we give our services gratuitously and generously, without stint or restriction, and it is not too much to expect that those who are in a position to return a "quid pro quo" should render us at least simple justice. I have said in the beginning of my remarks that the advantages of meetings of this kind are very great when medical men are brought together from distant parts to discuss matters of interest to the profession, still we must not forget that there are other meetings, the importance of which must not be over-looked, and those are when brother professionals meet together in private friendly intercourse, to talk

over cases of interest in each other's practice. Many good lessons are learned, and many are taught in this way.

To that end the profession should encourage a spirit of cordiality among its members. We should all learn to bear with each other's imperfections and shortcomings, to subdue that spirit of hostility which too often betrays itself, to be honorable in our dealings with each other, and to work in harmony for our own as well as the public good. The proverbial patience and forbearance of medical men, with their patients' whims and peculiarities, should characterize in a greater degree their relations with each other. We can thus be true to ourselves, to our patients, and to the public, and while upholding the honor and dignity of our profession we may be enabled to transmit the trust that has been committed to our care, untarnished to those who will come after us.

ADDRESS DELIVERED AT THE MEETING OF THE N. B.
MEDICAL SOCIETY AT MONCTON, 21ST JULY, 1896.

BY THE PRESIDENT, G. E. COULTHARD, M. D., Fredericton, N. B.

RECORD OF 1000 CASES OF LABOUR.

	1st 250.	2nd 250.	3rd 250.	4th.
H—1.....	186	191	197	205
H—2.....	8	7	3	2
H—3.....	3	11	14	16
H—4.....	1	4	4	1
Breech dorso-anterior.....	6	4	4	3
Breech dorso-posterior.....	1	0	0	1
Face presentation.....	1	2	0	1
Shoulder and hands.....	1	0	0	0
Prolapse of funis.....	1	0	1	0
Placenta prævia.....	1	0	1	0
Forceps Sup. strait.....	1	6	5	1
Forceps Inf. strait.....	57	80	96	122
Craniotomy.....	1	2	0	0
Podalic version.....	2	1	2	0
Twins.....	2	3	4	0
Puerperal eclampsia.....	2	4	0	1
Hydrocephalus.....	1	0	0	0
Perineal laceration.....	15	5	7	10
Died during delivery.....	0	0	0	0
Male children.....	140	143	143	137
Female children.....	110	110	111	113
Placenta a manu.....	42	10	4	0
Placenta a la crede.....	157	230	242	238
Severe p. partum hemorrhage.....	3	6	3	4
Severe ante-partum hemorrhage.....	0	0	0	1
Puerperal fever.....	5	4	0	0
Deaths of mothers.....	6	4	0	2
Deaths of children before labour.....	11	4	9	2
Deaths of children during labour.....	3	7	1	1
Primiparae.....	67	56	49	55
Multiparae.....	183	194	201	195
Chloroform administered.....	158	191	217	223

THE PRACTICE OF MIDWIFERY.

It seems to me that, in the compilation of such a table as I have had the pleasure to present to you, it would be fair to both you and myself, even though the task be wearisome to you, to give some detailed statements about the cases in which the face, the shoulders and hands, and the placenta, respectively, were the presenting portions, as also some short synopsis of those in which by force of circumstances, the infant perished in the act of its birth, or was subject to malign influences or mechanical measures which either wrought destruction to life, or greatly imperilled it.

Placenta Prævia.—In my own practice I have seen but two cases of placenta prævia. Fortunately for mankind this presentation is a rare one. Johnson & Sinclair found one case in 573 deliveries; Hecker one case in 410; Guy's Hospital lying-in Charity one in 575; Spiegelberg one in 1000; Hirst in his table from combined statistics of many maternities, finds the proportion to be one to about 1200.

My first case occurred in December, 1879, in a woman in her second labour, much depressed in mind and spirits by the recent loss during childbirth of a near and dear friend, and with a prejudice against physicians in general, engendered by the incidents connected with said death.

When I was called I learned she had had several severe hemorrhages at times during the preceding two weeks, many of them concealed from her relatives. I found on my visit a severe hemorrhage going on which had continued steadily during five or six hours. The pulse was small, frequent, wiry, and at times imperceptible. There was ringing in the ears, blindness at times, excessive thirst, and a tendency every few minutes to faintness. The placenta was certainly attached, and the os the size of a 25 cent piece. I tamponed immediately, and gave stimulants and nourishment. Removed the tampon at 6.40 a. m. next day and tamponed again. Removed tampon again at 10.45 a. m., sent for assistance, etherized, detached placenta anteriorly, ruptured membranes, brought down knee of child and completed the birth a few minutes later—the child a full grown foetus and dead apparently for last 10 or 12 days.

Placenta removed.—In spite of stimulants the patient, who rallied the first hour, gradually sank and passed away in convulsions six hours later.

In my second case the placenta was not so centrally attached, and the

rupture of the membranes and consequent pressure of the foetal head upon it, controlled the hemorrhage to a great extent and the mother and child both came through the ordeal successfully.

Face Presentations.—These occur once in about 250 cases of labour and are caused, as is well known, by an early and complete extension of the presenting head. It has fallen to my lot to have seen four cases. My first case occurred in June, 1882, in a patient aet. 39, in her 3rd labour. The physician in attendance in her first labour was obliged to destroy the child; the second labour was most difficult and tedious, and instrumental. Toward the termination of her third pregnancy she removed to the city, so that the medical attendant might be near her. I saw her in the early morning, but was obliged to leave her, to take a train to fill an engagement out of town. Was unable at the time to make out the presentation, the os being scarcely more than patent. On my return found head firmly wedged in pelvis, the presentation being a facial position with forehead to left ilio-pectineal line. Forceps had been applied several times ineffectually. On account of mother's condition it was decided to do craniotomy. The mother made a good but slow recovery.

My second case was in August 1884 and the presentation similar to the first case. The patient was 27 years old, in her second labour. There was nothing further unusual in the case, and the labour terminated favourably to both mother and child.

The third case was in a patient aet. 37, and pregnant only six months. The foetus was expelled slowly and uneventfully.

The fourth case was a multipara, aet. 36, and the head was well engaged when I saw her, and it did not seem feasible to do version. The descent of head was slow, and finally the advance was next to nothing. Craniotomy was finally resorted to after consultation, and the mother made a good recovery.

Presentation of shoulder and hands.—Such a presentation has taken place in my experience but once, in a patient aet. 32, second labour. The liq. amnii had escaped 44 hours before my arrival. On examination the left hand and arm were in the vagina, and shoulder was engaged. A midwife who was in attendance had done her best to effect delivery by severe and prolonged tugging on the arm. Podalic version was done and the foetus delivered. The child, a good sized male, had been dead for several days.

The three craniotomies were done, two in the cases of face presenta-

tion already mentioned, and the third, in November, 1882, in a young, unmarried woman, a primipara, stout, large-framed and robust, 24 years old. The foetal head was presenting with the occiput to the sacro-iliac synchondrosis. The pelvis was justo-minor. The mother made a good recovery.

Puerperal Eclampsia.—In the 1000 cases reported, were seven cases in my own practice of puerperal eclampsia. I have notes of two other cases in which the trouble arose in patients where the children were non-viable. I saw also in consultation with a practitioner in the country, a primipara who was moribund when I arrived at the house, and who died as the child was brought into the world. Two other cases of which I took no notes were also seen in consultation.

Case I.—Multipara aet. 32. Convulsions came on ten days before labour. Patient was unable to recognize anybody or anything for the succeeding 48 hours. Good recovery and living child.

Case II.—Primipara aet. 21—short and slight with considerable oedema of feet, face and hands. Child died during the birth, which was an instrumental one. Mother made a good recovery.

Case III.—Primipara aet. 26. In convulsions most of the time from 10.30 a. m. until 1 p. m. at which hour I saw her. Venesection to extent of 20 oz.—digital dilatation of os—instrumental delivery. Child died during the labour. Some perineal laceration. Mother did not regain consciousness until 48 hours later, and eventually made a good recovery.

Case IV.—Primipara, aet. 21. An instrumental labour. Two hours subsequent to completion of labour, convulsions came on, occurring from time to time through the night, and also during the following day. The urine was about one fourth albumen on boiling. Made good recovery.

Case V.—Aet. 29, primipara. Eighteen days before labour set in she was taken with severe convulsive seizures, which continued intermittently for an hour. Venesection. Pilocarpine mur. subcutaneously and diaphoresis with burning alcohol. Mother made a good recovery, and 18 days later was delivered of an eight months foetus which had been dead in all probability since the date of the eclamptic attack.

Case VI.—Primipara, aet. 20. Venesection 20 oz. Diaphoresis with blankets wrung out of hot water. Morph. sulph. hypodermically. Good recovery.

Case VII.—Primipara, aet. 17—seen by me 35 miles from the city. Took the train in a hurry and was improperly equipped for the work, having no instruments and no medicines except morphia and chloroform.

A rigid os. Gave chloroform and did digital dilatation. The foetus six months was born after many hours, and the mother died a few hours later.

It will be seen by the above that all the cases with one exception were primiparae. All authors are agreed that the great majority of cases of eclampsia occur in patients with their first children.

Perineal laceration.—In my 1000 series there were 37 cases of perineal laceration, many of them slight in character and requiring but one suture. In a few the laceration extended as far as the rectal wall, requiring from four to six sutures. In two cases I found it necessary to restore the perineum by a secondary operation, after involution of the uterus had been completed. The majority of the lacerations arose where the forceps were used, but some of the worst cases were those where the child had been born before my arrival, due in great measure no doubt to the earnest solicitations of the nurse, or to officious friends who compel the patient to supplement the uterine expulsive efforts with over-muscular exertions at an inopportune time.

Birth of Placenta.—In my first 250 cases I removed placenta a manu 42 times, in the second series 10 times, in the third series four times, and in the fourth and last series in this publication, did not introduce the hand at all into the uterus. In the remaining 94½ cases the placenta was expressed a la Crede, or else came away without any aid whatever.

Post-partum Hemorrhage.—Sixteen cases of severe p p. hemorrhage are included in this series. In all of them my chief reliance was in keeping the uterus empty, by the removal of clots with one hand as quickly as they formed, introducing from time to time, as opportunity arose, pieces of ice or lumps of snow, while with the other hand a severe kneading process with downward pressure into the pelvis, was constantly maintained. Ergot and stimulants were given by the attendants under my directions. I firmly believe that many mother's lives are thoughtlessly sacrificed in this connection by valuable time lost at a most critical period, when every second is of priceless value, by the medical attendant getting ready boiling water or some other agent, for the purpose of intra-uterine douching. What we most desire at these times is to excite uterine contraction, and I have never yet seen a uterus refuse to contract where it was properly emptied by a hand passed within it, the other hand exerting firm kneading pressure over the fundus. Another sine qua non is rapidity of action on the accoucheur's part.

Puerperal Septicaemia.—I come now to a part of my tale which to me

is a sad one—the deaths of mothers from puerperal infection. In my table, if you will remember, there were in the first 250 cases five cases of puerperal fever, and in the second 250 cases four of the same disease. These facts, associated with the other fact, that the last 500 cases in the table did not furnish one case of septicaemia, have been potent factors in impelling me to compile this series as an evidence that asepsis has its victories in obstetrics, just as much as in gynæcology or in general surgery.

Eight mothers died from puerperal septicaemia, all of them among my first 500 cases. Five of the cases were in primiparae—the other three in multiparae. Forceps were used in four cases. In three of the cases the children were born before my arrival. A certain degree of sequence was present as regards the disease. There were cases 25 and 29; then case 53; next followed 206 and 212; 326 and 361 came next, followed by 471 and 482. Case 471 lived for 11 days after the labour, and case 361 for 25 days. I was in doubt as to where to classify this case, but was obliged to record it as a sub-acute form of septicaemia occurring in a frail, delicate woman. In those days vaginal and uterine washings of corros-sublimate, as well as curetting for foul endometrium, were scarcely known. Carbolic acid injections, one dram to water one pint, were used by me in nearly all my cases but were of no benefit except from the point of cleanliness. To be serviceable as an antiseptic, carbolic acid would require to be used in such an amount in the vagina and uterus, as would render it painful and dangerous.

Commencing with my 500th case, I have used in every case of labour in the after treatment for vaginal injection, twice daily for seven days a 1 to 1000 solution of corros. sublimate. I am fully aware that many writers deprecate its use in this way and that many think that an injection ante partum followed by another at the close of the labour is all-sufficient. Many others use corros. sub. injections only when there has been an instrumental delivery, and where abrasions may have resulted somewhere along the genital canal. As for myself, my convictions are firm and my belief unshaken, that they should be used after every case of labour. Abrasions somewhere along the genital tract may occur in any labour, be it normal or complicated. My belief of this has been for many years my guide-book in using a germicide solution. Is it not strange that a surgeon should take the utmost pains to render aseptic an open wound, and to guard it most carefully against the introduction from without of dangerous germs, and yet he often times allows with

impunity noxious organisms to enter per vaginam the genital tract, and to establish unimpeded a route to the goal of germ ambition, the placental site.

In 700 cases of labour following out this germicidal plan, I have met with but one case where there was elevation of temperature sufficient to give me anxiety, and my doubts as to its meaning were such as to forbid the classification of the case as one of puerperal fever.

Deaths of Mothers.—As before mentioned eight died from septicæmia, some of the sthenic, others of the asthenic form. One died from placenta prævia, one from pneumonia 48 hours after labour, one from volvulus of transverse colon 48 hours following labour, and the last from organic cardiac disease one hour after labour.

Chloroform was administered in 789 cases and the refusal of the patient to take it, or my failure to arrive in time were the chief causes which deprived the other 211 women of its use. As far as danger to the lungs or heart goes, there are no circumstances under which the drug may be more favourably or more safely exhibited. I cannot state definitely the reason. The pros and cons of this anaesthesia business have been discussed *ad infinitum et ad nauseum*. In every case where there was instrumental interference the patient was fully anaesthetized. Experience has taught me to maintain a profound and healthy respect for chloroform anaesthesia, and this respect does not fail me in the lying-in room. I believe firmly that its use when fully pushed predisposes to post-partum hemorrhage, causing a certain amount of uterine inertia, and necessitating careful compression over the fundus after the birth of the foetus.

Use of the Forceps.—It will be observed that in the 1000 cases the forceps were used 370 times; or if we take the last 500 cases they were used 220 times. I am a firm believer in the proper use of the forceps. When the head has once entered the inferior strait, and the labour lags from any cause, I do not hesitate to chloroform fully and use them, saving the patient prolongation of the labour, and obviating considerable suffering. My convictions are that there is no operation so frequently done, which requires as much skill in using to the best advantage. The application in nine cases out of ten is comparatively easy, but when the head once fairly bears upon the perineum, especially in a primipara, in my opinion, an extra good sense of touch, as well as of careful exercise of muscular power, is eminently in order. There are cases where the right hand must know what the left hand is doing, and where full reciprocity

must exist between the sense of touch in the left and the due exercise of muscular power in the right hand.

In conclusion, let me quote an eminent writer on obstetrics :

“ A knowledge of the mechanism of labour has been fitly described as the keystone of the art of obstetrics. For without an intelligent apprehension of the various doctrines involved, the practice of midwifery is reduced to a mere handicraft in which a certain amount of manual dexterity may be attained, but which, under such circumstances, is utterly unworthy of the dignity of a science.”

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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 stimulative, 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 several 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 or 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 to write "Syr. Hypophos. FELLOWS."

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

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We make many hundred cathartic formulas of pills, elixirs, syrups, and fluid extracts; and for that reason, our judgment in giving preference to the MEDICATED FRUIT SYRUP, we feel is worthy of serious consideration from medical men.

The taste is so agreeable that even very young children will take it without objection; the addition of prunes and figs having been made to render the taste agreeable rather than for any decided medical effect. It is composed of Cascara, Senna, Jalap, Ipecac, Podophyllin, Rochelle Salts and Phosphate of Soda, being treated separately, enabling us to deprive the vegetable drugs of the bitter and disagreeable taste, inherent in nearly all of them.

The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

The absence of any narcotic or anodyne in the preparation, physicians will recognize is of great moment, as many of the proprietary and empirical cathartic and laxative syrups, put up and advertised for popular use, are said to contain either or both.

It will be found specially useful and acceptable to women, whose delicate constitutions require a gentle and safe remedy during all conditions of health, as well as to children and infants, the dose being regulated to suit all ages and conditions; a few drops can be given safely, and in a few minutes will relieve the flatulence of very young babies, correcting the tendency of recurrence.

JOHN WYETH & BRO.,

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NOVA SCOTIA MEDICAL SOCIETY.

(Continued.)

Wednesday evening, 8 p. m. President in the chair. Dr. A. D. MacGillivray introduced a "Discussion on Abortion." He first mentioned the various causes, death of foetus, disease of foetal appendages, kidney disease, pronounced anaemia, high temperatures, external violence, &c., &c. There are few or any prodromal symptoms. However, slight shifting pains in the back, increased desire to urinate, watery discharge from vagina, are symptoms which should put us on our guard. Hemorrhage is a leading sign. Pain is rarely present. There may be none for three or four days. Hemorrhage is apt to be excessive at first, then stops suddenly, then comes on continuously. Large clots are rarely found before fourth month. In presence of these symptoms, the physician has to ask himself several questions. Is the woman pregnant? There may be hemorrhage without pregnancy. If pregnancy exists, is abortion threatened or inevitable? Is the abortion incomplete or accomplished? In threatened abortion the os and cervical canal are not dilated, the pains are easily controlled. Where abortion is inevitable, the cervix is dilatable and the presence of the foetus may be recognized by the finger, during a pain, the pains are not amenable to sedatives. Where abortion is complete, the pain and hemorrhage cease. Usually the discharges are thrown away, so it is impossible to say whether there has been an abortion or not. It is better, however, to wait. The hemorrhage will surely return if abortion is not complete. In threatened, we should warn the patient that symptoms may recur: should tell her how they may be avoided, should keep the general health good, should avoid overwork, should keep her in recumbent position four, five or more days, and use the bed pan for urine and faeces. Where the abortion is inevitable, then make patient aseptic, have hands and instruments thoroughly aseptic. If the hemorrhage is profuse, it is our duty to tampon, which may be done with safety up to the fourth month. Usually the contents of the uterus are found upon the tampon when removed, if not, wash out the vagina and replace the tampon. Opium and ergot are of no use. If hemorrhage excessive after fourth month, try and empty the uterus. Use curette if the finger fails.

Dr. McDougall considered displacements of the uterus, lacerations of the cervix, and excessive vomiting as frequent causes of abortion. In

threatened abortion each case must be treated according to circumstances. Not justified in producing abortion unless life of patient is in danger. Opium the best to control hemorrhage. Secundines may be retained a long time without producing trouble.

Dr. J. W. Reid thought that in recurring abortions the cause should be sought for, and, if possible, removed, a misplaced uterus should be replaced, the blood improved in anaemic women. He had found liquor sedans and fluid extract of prunifolium of great service in some cases. Potassium iodide of great service where abortion due to syphilis. Where abortion is inevitable the question was between waiting and curetting. At first he adopted the expectant plan. He now dilates the cervix forcibly and curettes with surprising results. This can be done without an anaesthetic. Under three months there is very little hemorrhage and a tampon not required. One or two vaginal douches should be used. Curetting removes every possible danger.

Dr. Cunningham said that he would like an expression of opinion as to the prompt removal of the placenta at the third month. At first he was accustomed to remove it promptly; now he usually waits for two or three days, using tampons if hemorrhage persists, later he employs the curette if necessary.

Dr. Johnson at first adopted the expectant plan and gave opium. Now he gives a rattling good dose of quinine with the effect of bringing everything away quickly. He gives at least twenty grains of quinine.

Dr. Cameron adopted the expectant plan with tampons and Barnes' dilators. Has nearly always been able to remove the placenta with his finger.

Dr. Kendall said that in driving long distances in the country it was difficult to decide what to do with the secundines. He had never seen any serious trouble arise from leaving them, but he had seen mischief follow attempts at removal. The curette is a lame instrument, and anaesthesia was required for its careful use. Finger is the best for a large adherent placenta.

Dr. Wm. Mackay had seen a great many cases of abortion among the miners' wives. After 25 years experience he had found abortion usually due to violence, a fall, a heavy lift, &c., &c. Some regard abortion as a happy event. In the large majority of cases you can remove the placenta immediately. Use the curette if the finger fails. Keep patients quiet and clean. He had noticed two periods in the year

when abortions most common, viz. : 15th of March to 15th of April, and 15th of Sept. to 1st of Nov.

Dr. W. S. Muir had never noticed any benefit follow the use of prunifolium.

Dr. Stewart stated that high barometric pressures increased the tendency to hemorrhage. He was much interested in Dr. McKay's observation as to two periods in which abortion occurred more frequently.

Dr. Trenaman found that in a great many cases everything was over before he was called. He used tampons if hemorrhage severe. He found it very hard to keep patients quiet.

Dr. J. F. MacDonald used to empty the uterus at first, but now he waits. Abortion should be prevented if at all possible, as the habit may be set up.

Dr. Bissett stated that Dr. Cameron of McGill used a test tube cleaner. He thought it was good to clear out the uterus.

Dr. McKeen used tampons. He prevented abortion in one case.

Dr. Farrell then introduced a discussion on "Spondylitis and Psoas Abscess." He said that many cases run a full course without treatment. He thought it was a good plan to let the first stage take its course without surgical interference. Diagnosis must be made early if possible. At first the child complains of being tired and gets stiff towards the evening. For complete examination, strip the child. Make him pick up something from the floor. In doing this a healthy child bends his back, a diseased one his knees. Look for tubercle and weigh carefully all true causes of the disease. As to treatment, the important indication is to put the part affected at rest. The plaster of paris jacket will secure this aim best, and should be employed for a year.

Always remember the possibility of tubercle in the system and direct the general treatment accordingly. The general systemic treatment is even of more importance than the local treatment. See that digestion is well performed and that the diet is ample and antituberculous. A psoas abscess is best left alone, according to the authority of many, the danger from sepsis being so great. He detailed the history of a case which simulated hernia, but having one hand on the spine, found swelling and fluctuation there also when pressure was made on hernia-like tumor. On aspiration, $1\frac{3}{4}$ pints of pus were withdrawn, and $1\frac{1}{2}$ ounces of iodoform solution were injected. Swelling appeared after three weeks, when $\frac{3}{4}$ of a pint of pus was aspirated. Four weeks later aspirated again. Since that time he has done well. Some sero-pus still exudes from point of last aspiration.

Dr. John Stewart said that early diagnosis was a point of very great importance. Hip joint disease and spondylitis may both be present. The so-called "growing pains," sacro-iliac disease, rheumatism, stone in bladder, may all be confounded with spondylitis.

Rest the most important factor in treatment. Plenty of good food and fresh air are indispensable. In abscess—repeated aspirations are necessary. Some patients are very susceptible to iodoform, so that care must be exercised in using it. Hydrogen Peroxide has not been found to be good—dangerous in some cases through gas evolved.

Dr. Farrell in answer to Dr. MacKeen, said, that the Taylor brace was all right in principle but was hard to adjust and not near so simple of application as the plaster jacket.

Dr. DeWitt said that he was afraid to inject iodoform now for fear of poisonous effects. He had injected fifteen grains with glycerine into a joint which was followed by symptoms of poisoning. He also cited other instances where susceptibility to iodoform existed.

Dr. Stewart said that ten grains of iodoform was the safest dose to use. Sixty grains had been injected without any ill effects. Fatal cases have been reported. Rashes have often been observed.

Dr. MacKeen stated that the slightest contact with iodoform would produce eczema in his own case. Meeting adjourned.

Thursday, July 2nd. Meeting called to order at 9.15 a. m. President in the chair. Report of Nominating Committee was received and adopted.

Dr. J. F. MacDonald, Hopewell, President.

Dr. J. C. MacDougall, Parrsboro, 1st Vice President.

Dr. A. J. W. Reid, Windsor, 2nd Vice President.

Dr. W. S. Muir, Truro, Secretary-Treasurer.

The following committees were also appointed :

Medicine.—Drs. G. E. Buckley, A. Kendall, M. S. Dickson, G. M. Campbell, G. D. Turnbull.

Surgery.—Drs. J. W. Mackay, G. Putnam, D. MacIntosh, N. F. Cunningham, J. W. MacLean.

Obstetrics.—Drs. J. J. Cameron, M. A. Curry, D. N. Morrison, Lewis Johnstone, C. P. Bissett.

Therapeutics.—Drs. A. Halliday, H. H. Mackay, E. C. Hart, F. W. Goodwin, J. A. Sponagle.

Pictou was selected for the next place of meeting with the Pictou County Medical Society as a Local Committee.

Dr. MacDonald, Hopewell, then read his paper on "Preventative Medicine."

An interesting discussion followed, participated in by Drs. Trenaman, DeWitt, J. W. Reid, Halliday, McKeen and McDougall.

Dr. John Stewart then read a paper, of Dr. Coleman's of Granville Ferry, entitled "Cases of mistaken diagnosis." A vote of thanks was passed and the secretary instructed to convey the same to Dr. Coleman for his very instructive paper.

A paper by Dr. C. H. Morris of Musquodoboit, was also read by Dr. Stewart, the title of which was "Did Ergot do it?"

Dr. M. A. B. Smith, then read his paper "Some practical points in the application of Plaster of Paris Jackets."

A discussion followed in which Drs. DeWitt, Wm. Mackay, Stewart, Cameron, Kendall, H. H. MacKay, MacKeen and Smith took part.

Meeting adjourned to meet again in the evening. The afternoon was devoted to a thoroughly enjoyable excursion to Louisburg.

At the evening session Dr. John Stewart read his paper on "Empyema" with report of cases.

Dr. McDougall thought that tuberculosis was the cause of most cases of empyema. He had observed cases where cough had kept up and recovery was not complete.

Dr. Kendall had resected rib in a child. Made a good recovery in 5½ weeks. Pleurisy apt to become purulent in children. One case opened spontaneously. In another case broke into bronchus with rapid recovery of patient.

Dr. Halliday cited a case in which a competent surgeon had opened into the peritoneal cavity instead of the pleural. He considered that majority of empyemas were tubercular.

Dr. Farrell said that empyema presented many puzzling conditions with great variations in the clinical history. Some cases get better where aspiration under strict antiseptic precautions has been repeated. Is it advisable however to continue aspiration? Fluids quickly become purulent in young children. The expectant treatment is bad in young children. He was convinced that resection was the best method. The fluid was evacuated quickly and rapidly. Irrigation should be avoided if possible. Brain symptoms and paralysis have followed.

Dr. Muir.—Effusion was apt to be overlooked. Diagnosis was difficult in children. Neglected pleurisies gave rise to appearances of lateral curvature. Tuberculosis usually behind these cases. Drainage

tube gives good results in these cases. Sudden deaths have been reported from irrigation.

Dr. Farrell said that he always used a metal tube, an idea advanced by the late Dr. Muir of Truro.

Dr. MacKeen asked how long drainage should be kept in and whether hydrostatic pressure had been employed. In a case of his own he kept patient blowing into a bottle.

Dr. Stewart believed most pleurisies to be tubercular. There are however post-pneumonic, traumatic, cancerous and possibly idiopathic pleurisies. In one case, there was severe abdominal distress with displacement of the heart. The fluid was purulent and abominably foecal. During progress of case a curious grayish membrane presented at the opening which turned out to be a piece of costal pleura three inches by four inches. Even if pleurisy is tuberculous, good hopes of recovery may be entertained. In one case, where symptoms of consumption were present, with a sinus in the side, the sinus was enlarged with a counter opening and irrigation carried out, the patient is now well and a member of the Halifax police force.

A loculated empyema may lie on the diaphragm and give rise to no physical signs. Radical operation will be the one yet adopted. Pressure of drainage tube apt to produce necrosis of ribs. Irrigation is to be approached with fear and trembling, as very untoward results have been reported. Irrigation has to be kept up according to circumstances, in some for weeks, in others for months. An apparatus consisting of two Wolf's bottles may be fitted up to help the expansion of the lung.

Dr. Hart cited an infant of nine months where heart was displaced by pleuritic effusion.

Dr. H. H. MacKay, then opened a discussion on "Treatment and Prognosis of Pulmonary Tuberculosis." In cases of few physical signs, where there is slight elevation of temperature, jerky respiration, possibly some dullness, languid at business, dry cough, the prognosis is good. Tell patient the exact trouble. You will gain his confidence, and then he will help you in the treatment. Give him every hope. Send him on a trip if possible. Get him to wear woolens. Plenty sleep with outdoor employment are efficient aids. Have his teeth examined; and if they require attention send him to a dentist. Creasote and tonics give the best results.

Cases with decided rise of temperature and profuse expectoration, are best treated at home. Fatigue of travel is bad for them. They

diffuse the disease. Treatment is palliative. For night sweats, sponging should be tried. Agaricin with cordeia gives relief in some cases. Atroinpic is apt to cause dryness of the throat.

Dr. Wm. MacKay said that early diagnosis was of great importance. The sputum should be examined. Get the physical system in good condition as soon as possible. Attend to the digestion. Progress of disease may be arrested for a time at least. When the stomach is in good condition, creasote may then be pushed. He had given as high as eighteen drops three times a day. He could not ascribe any benefit from the use of creasote. Nuclein had given some hope. He cited the case of a student at Rome who had temperature of 103°, pulse 120, night sweats and very poor digestion. Nuclein was prescribed, and at the end of five days temperature was 90°, pulse 80, with stomach digestion much improved. He gained ten pounds in weight. Change of climate may have been the cause of improved condition. He relapsed. Hygiene of first importance in treatment. Send patients to a dry atmosphere if possible. A good stomach, with good food and plenty oxygen will give good results.

Dr. Cameron thought that creasote was the only drug that really gave any results. Good hygienic surroundings are very important.

Dr. Hart said that in his experience he was consulted too late. Among 230 Micmac Indians, Baddeck, 175 of them were tubercular, some of these were spitting blood for seven or eight years.

He did not think it wise to tell the patient, but to tell some member of the family.

Dr. MacDonald, thought that 50% of early cases made a complete recovery. Creasote had given him the best results.

Dr. Stewart stated that Coghill had recently reported good results from the subcutaneous use of pure guaiacol.

Dr. Muir thought that creasote gave best results where stomach was bad. Beverly Robinson had introduced its use with the idea of helping the stomach.

Dr. Reid had obtained good results from nuclein in a daily dose of 15 to 20 min.

Dr. Farrell considered that sunshine, good food, rest, and attention to digestion gave the best results. The condition of the teeth should be inquired into.

This brought the scientific part of the programme to an end. The

Society then elected the following members of the Provincial Medical Board, viz.: Drs. John Stewart, J. F. Black, Wm. Tobin, D. A. Campbell, N. F. Cunningham, Wm. MacKay, M. P. P.

The Secretary was instructed to write letters of condolence to the widow of the late Dr. MacPherson, of North Sydney, and the friends of the late Dr. Chisholm, of Antigonish.

After the customary votes of thanks, the Society adjourned to meet in Pictou the following July.

PAPERS FOR THE CANADIAN MEDICAL ASSOCIATION.

President's address, Jas. Thorburn, Toronto; address in bacteriology, J. G. Adami, Montreal; address in medicine, Geo. Wilkins, Montreal; address in surgery, John Stewart, Halifax; addresses in midwifery, J. F. W. Ross, Toronto, J. D. Thorburn, Toronto: hemorrhagic pancreatitis, A. McPhredan, Toronto, Wm. Osler, Baltimore; 100 cases of retroversion of the uterus, treated by ventro-fixation and Alexander's operation, with results, A. Laphorn Smith, Montreal; the influence of mitral lesions on pulmonary tuberculosis, J. E. Graham, Toronto; a note on amputation at the hip joint in tubercular disease, A. Primrose, Toronto; tetany following scarlatina, J. B. McConnell, Montreal; the foot, its architecture and clothing, B. E. McKenzie, Toronto, H. S. Birkott, Montreal; ophthalmia neonatorum, R. Ferguson, London: observations on the relation between leukaemia and pseudo-leukaemia, C. F. Martin and G. H. Matthewson, Montreal; etiology and treatment of acne vulgaris, A. R. Robinson, New York; thyriodectomy, D. Marcell, St. Eustace, Que.; some observations on the heredity of carcinoma, T. T. S. Harrison, Selkirk: some applications of entomology in legal medicine, Wyatt Johnston and Geo. Villeneuve, Montreal; physiological demonstrations of interest to medical men Wesley Mills, Montreal; the theory of the eliminative treatment of typhoid fever, W. B. Thistle, Toronto; oral surgery, C. Lenox Curtis, New York, H. N. Vineberg, New York; clergymen's sore throat (?), J. Price Brown, Toronto.

One fare and a third rates has been secured on the railways except the Intercolonial, where the single fare holds; i. e., persons travelling from points traveled by I. C. R. will pay full single fare to Montreal. On returning they will pay $\frac{1}{3}$ of the fare to Pt. Levis, and from there will be returned free.

MARITIME MEDICAL ASSOCIATION.

CHARLOTTETOWN, July 8th, 1896.

The sixth annual meeting of the Maritime Medical Association opened in the Legislative Council Chambers, the President, Dr. P. Conroy, in the chair.

The president, on behalf of the P. E. I. men, extended a hearty welcome to the visitors from N. B. and N. S. He was also pleased to see visitors from Montreal and Boston.

On motion, Drs. Jas. Bell and H. F. Hamilton of Montreal, Ernest W. Cushing of Boston, John H. Bond of New York were elected Honorary Members.

Minutes of last meeting were read and confirmed.

A letter of regret from Dr. Jonah of Eastport, Me., as to his inability to attend the meeting was read.

A nominating committee was appointed. Dr. Walker objected to appointment as unconstitutional.

The president then read his address.

On motion of Dr. John Stewart, seconded by Dr. James MacLeod, a vote of thanks was tendered Dr. Conroy for his excellent address.

Secretary read a telegram from F. N. G. Starr, Secretary of the Canadian Medical Association, inviting the members of the Maritime Medical Association to be present at the Montreal meeting.

Dr. E. W. Cushing, Boston, addressed the Association on pelvic inflammation. Inflammation may arise from autoinfection where there has been a previous gonorrhoea or suppurative process. This may cause fresh infection during pregnancy or after labor. An old cyst in the region of ovary may burst during labor. There may be a violent hemorrhage with violent pains, and symptoms of shock. A mass may be found on either side, which is tender. Dr. Cushing related a number of cases of localized inflammation where operation proved beneficial. Whenever pus forms, it must be removed, otherwise patients get run down, refuse food and pass a miserable existence.

Dr. James Bell, Montreal, endorsed the principles advanced by Dr. Cushing. He had no belief in the existence of an exudate but believed

it to be simply what Dr. Cushing described, viz., thickened omentum and thickened intestinal walls glued together forming a mass.

Dr. James MacLeod cited a case where patient had chills and night-sweats. There was a mass in pelvis, which however disappeared under influence of purgatives. The mass literally "went to pot."

Dr. J. W. Daniel, reported an ovariectomy. Case where unsuspected tubercular peritonitis existed as a complication. There was a large quantity of ascitic fluid. Contents of cyst were semi-solid. The visceral and parietal layers of the peritoneum were thickly studded with tubercles. The patient did well for two or three days, afterwards she gradually went down and died. The operation seems to be curative in some cases of tubercular peritonitis.

Dr. Cushing, stated that in addition to dissemination of tubercles over peritoneum there may be epithelial grafts, from rupture of cyst or if cyst malignant then get newgrowths grafted everywhere. Use drainage in these cases. Intestines are apt to be glued together and the growth of grafts may be stunted.

Dr. James Bell, considered that in Dr. Daniel's case, the presence of tubercular peritonitis and ovarian cyst was a pure coincidence. He thought the treatment of tubercular peritonitis was overrated. Tuberculosis is a limited disease. If joints get well why should not the peritoneum. In fact tubercular peritonitis gets well oftener than we suppose. Many cases remain unaffected by the operation. In answer to Dr. MacLaren as to how long drainage should be left in he stated that it depended on the case. The discussion was continued by Dr. Walker and Cushing.

On motion Dr. McPhail of Montreal, was elected an Honorary Member.

Meeting adjourned until afternoon.

At the afternoon session Dr. Sinclair, Superintendent Nova Scotia Hospital for Insane, read a paper on Paranoia, which will be found in a subsequent NEWS.

Dr. Sinclair made his subject very interesting and read extracts of letters from a paranoiac, which illustrated very clearly this peculiar type of insanity. He drew attention to the need for early diagnosis and watching in these often dangerous cases.

Dr. McLeod of Charlottetown opened the discussion of dietetics with a carefully prepared and suggestive paper which we hope to be able to present to our readers. He considered the subject from the physiological

side and called attention to the injurious effect of a too exclusive meat diet. The discussion was postponed until the evening session. Society then adjourned to attend an "At Home" at Government House.

At 8 p. m. the discussion on dietetics was resumed. Dr. Daniel in the chair.

Dr. Stewart referred to the researches of Bidder and Weber on the influence of diet in tuberculosis, potash being considered injurious and a dietary in which soda should predominate over potash, and with abundant fat recommended.

Dr. Sinclair spoke of the diet for nervous diseases. He does not approve of the exclusively meat diet, and believes he has seen Bright's disease set up by the so-called Salisbury treatment. He considers a meat diet particularly bad in epilepsy, has observed the fits increase on a meat diet and improve when the supply of meat was reduced or cut off. In these cases he believes the free drinking of water is good. He recommends a milk diet in nervous diseases. Has known a person to live on bread and milk for fifteen years and enjoy good health. Melancholic and maniacal patients must be fed. The best diet for them being milk, eggs, sugar and a little stimulant. Beef tea is not a food, but a stimulant. He believes most people take too much food. He had known a patient live for three weeks with no food whatever. He lost twenty pounds in weight, but was well. At another time he went four weeks without food, he lost thirty pounds in weight but was much better and saner than when taking food. A very curious thing was that during this time he had a regular and natural looking stool every day. In nervous disease generally he recommends milk diet, very little meat, and the use of green vegetables.

Dr. Mader (Halifax) discussed the dietary for acute and infectious disease, as in scarlet fever, where he strongly recommends a milk diet. He believes in alcoholic stimulants as saving the tissues of the patient and so acting as a food.

Dr. James Ross (Halifax) spoke from the point of view of the dermatologist. He referred to the discussion on diets in skin disease in the dermatological section of the Brit. Med. Assoc. meeting at London last year and to the great variety of opinions expressed there.

Dr. Farrell (Halifax) pointed out the great importance of attending to the teeth and deprecated the common custom among farmers in the country of giving their children skim-milk instead of the milk containing its cream.

Dr. Walker (St. John) spoke of the great importance of thorough cooking, stating that oat meal porridge required boiling for at least two or three hours. As to the effect of diet on skin disease he referred to the frequency at the skin clinics in Edinburgh, of cases of psoriasis coming from Shetland, where the dietary was largely composed of oat meal and fish. He referred to the necessity for careful storing of milk as it is so apt to taint and to take up foul effluvia. He advocated a more mixed diet in typhoid fever, would give chicken, etc. He also combatted the idea that it is injurious to eat just before going to bed and held that in many cases a light supper was beneficial.

Dr. Taylor (Charlottetown) related some good cases treated by Salisbury's method, but protested against its indiscriminate adoption in all cases of dyspepsia.

Dr. Murray Maclaren (St. John) referred briefly to the dietetics of gout and rheumatism.

Dr. MacLeod replied, and closed a very interesting discussion.

Dr. F. F. Kelly (Charlottetown) read a paper on a case of Puerperal Eclampsia which will appear in the NEWS, and it was discussed by Dr. Daniel (St. John) and others. Meeting adjourned.

MORNING SESSION, Thursday, July 9th.

The Nominating Committee brought in their report, which was on motion received and adopted. The following officers were elected, viz. :

J. W. Daniel, St. John.....	<i>President.</i>
A. Warburton, Charlottetown	<i>Vice-President.</i>
G. L. Sinclair, Dartmouth.	"
G. E. Coulthard, Fredericton.....	"
G. E. DeWitt, Wolfville	<i>Treasurer.</i>
G. M. Campbell, Halifax.....	<i>Secretary.</i>

The Treasurer's report was read and referred to auditing committee.

A committee was appointed to convey the condolences of the Association to Dr. Bayard, of St. John, on his illness, and also to the relatives of the late Dr. Chisholm, of Antigonish.

Dr. R. MacNeill, of Stanley, read an able, scholarly paper, pleading for some reforms in our system of medical education, and for a reciprocity of medical degrees throughout Canada. The paper was discussed by Drs. Johnson and Walker.

Dr. Hamilton, of Montreal General Hospital, read a case of a peculiar eruptive disorder affecting the pharynx and fauces and external parts of the body, and showed photographs. It was regarded as a case of dermatitis herpetiformis. The paper was discussed by Dr. James Ross (Halifax), who pointed out the difficulties of diagnosis from pemphigus. Dr. Daniel (St. John) also discussed the paper.

Dr. N. E. MacKay (Halifax) read an essay on "Excision and Erasion of the Knee Joint," in which he declared strongly in favor of excision and showed the weak points of arthrectomy. Dr. MacKay made a good presentation of his case and was able to support his argument by a remarkably good series of cases of excision. Dr. Farrell (Halifax) followed, and pointed out that in certain cases arthrectomy gave brilliant results, narrating one case in a little boy, who had this operation performed and who now runs about with no limp and a flexible knee. Dr. Farrell also spoke highly of the "expectant" treatment, and expressed the opinion that in many cases amputation is really the best operation. He then went on to open the next discussion—"On Tuberculosis of Joints." This was a wide subject, and the discussion mainly confined itself to treatment. Dr. James Bell (Royal Victoria Hospital, Montreal) took part in the discussion. He considers the field for arthrectomy a very limited one.

In the afternoon, Dr. Cushing (Boston) gave an interesting address on "Hysterectomy," discussing the merits of the abdominal and vaginal methods.

Dr. McNeil of Kensington, showed two cases of serious injury to the skull and brain. In the one case, the recoil of a muzzle loading gun had shattered the gun-stock and driven the "taug" of the breech into the forehead, fracturing the frontal bone and penetrating into the brain. The patient was able to walk home holding the gun-barrel in his hand, the breech being firmly fastened in the bone. Brain substance escaped when the wound was dressed. A good recovery has ensued.

In the other case, who was a patient of another physician, a bay fork falling from the loft of a barn penetrated the skull with one of its tines a little to the left of the median line and just behind the coronal suture. A severe illness followed, with aphasia which continued for a long time. This young man had been able to speak both Gaelic and English, but as he regained the power of speech, he relearned his English, but remains quite ignorant of Gaelic.

Dr. James Ross (Halifax) gave a skin clinic on two cases: 1. Sycosis nonparasitica. 2. Eczema rubrum.

At 4 p. m. the society adjourned to spend the afternoon in a variety of excursions, taking chiefly the form of drives in the beautiful garden-like environs of Charlottetown, and enjoying the hospitality of the medical men of the city, extended, as usual, with lavish hand.

In the evening, Dr. Dodge (Halifax) read an interesting paper on a case of nasal disease treated successfully by simple means, after having undergone much active treatment in various places, and protested against the frequently irrational operations practised on the nasal passages. Dr. Taylor (Charlottetown) discussed the paper and testified to the complete success attending the simple treatment advocated by Dr. Dodge.

Dr. Mader reported a case of exophthalmic goitre. (See NEWS.) Dr. Walker (St. John) discussed the case and spoke of treatment.

Dr. Stewart (Halifax) referred to the use of phosphate of potassium as recommended by Sahli of Bern, and endorsed by Kocher. Dr. MacLeod also described a case.

Dr. Ross (Vernon River, P. E. I.) read a very interesting account of an epidemic of diphtheria, in which he had used antitoxin with unmistakably good results. The paper was discussed by Dr. Walker (St. John), Dr. Hamilton (Montreal), Dr. Huntley McDonald (Antigonish, N. S.)

After the usual votes of thanks the association adjourned to meet in St. John.

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

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Editorial.

THE CANADIAN MEDICAL ASSOCIATION.

The Canadian Medical Association will meet in St. George's Sunday School Room, No. 15 Stanley Street, Montreal, on August 26th, 27th, and 28th,

The local committee are putting forth every effort to make the meeting a success. There will be "clinics" at 12.30 each day at the various Hospitals, General, Hotel Dieu, and Royal Victoria. The "clinics" will be followed by the reading of papers in the theatre of the Hospitals, and in order that time may be saved, light lunches will be served.

On two afternoons, Wednesday and Thursday, there will be short excursions, and on Thursday, August 27th, at 7.45 p. m., the Association dinner will be held.

Special arrangements have been made with the Street Car Company, so that no time will be lost in going to the Hospitals from the place of meeting.

This promises to be the largest meet of the Association ever held.

The Inter-Provincial Registration Committee, about which so much interest centres, is booked to meet on August 26th, at 10 a. m.

The regular Sessions of the Association commence at 12.30 noon.

THE meeting of the Nova Scotia Medical Society was a successful one in every sense of the word. The discussions were well sustained and brought out the opinions of all present. The excursion to Louisburg was highly appreciated by the visitors, and the members of the Local Society for Cape Breton county deserve great credit. Dr. Wm. McKay was indefatigable and explained the historic points of Louisburg so that all were satisfied that they were on historic ground. The meeting in Sydney will be long remembered by those who had the privilege to be present.

THE meeting of the Maritime Medical Association at Charlottetown was very enjoyable. The papers as a rule were short and pointed and brought out valuable discussion. The time for discussion of some papers seemed too short, and consequently many were prevented from speaking whose opinions were of value. The presence of visitors from Montreal, Boston and New York added interest to the proceedings and emphasized the fact that medical men wherever found are working with the same ends in view. It is a matter for regret that so many men outside of Charlottetown failed to put in an appearance.

THE Sydney and Charlottetown Clubs were very kind to the visiting medical men. They did all in their power to make the visitors feel at home in their club rooms. May these two clubs flourish and prosper.

C. P. BISSETT and bride of St. Peter's, were among the visitors at Sydney. We hope that Dr. Bissett and Mrs. Bissett may have a long and happy wedded life.

THE skin clinics by Dr. James Ross of Halifax, were highly appreciated and demonstrated that he knew whereof he was speaking.

GEO. MINGAY, representing Parke, Davis & Co., of Detroit was present at Sydney and Charlottetown, and distributed samples of the very excellent preparations of this standard firm.

ALL the medical men at both meetings seemed to be unanimous in the opinion that *they were not sorry they came.*

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Maritime Medical Association.

SIXTH ANNUAL MEETING.

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