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THE

Maritime Medical



News

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

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SEPTEMBER, 1890.

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

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

MATRICULATION.

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

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ON PAGE IV.

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The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

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A CASE OF RETRO-PERITONEAL HÆMORRHAGE.

BY JAMES McLEOD, M. D., CHARLOTTETOWN.

MRS. —, aged 52, a woman of splendid physique and healthy appearance, consulted me on July 17th, ult., for pain in the epigastrium which had persisted for a day or two. Her previous health had been almost invariably good, and she declared that she had never felt better than for the last five or six months.

Early in the same month she complained of pain in the region of the right ovary, but which was accompanied by no constitutional disturbance whatsoever. This pain, I may say in passing, disappeared upon the onset of the epigastric distress. On the morning of the 18th I found her suffering great pain in the epigastrium aggravated by toast and tea which she had taken for breakfast, but which she soon rejected. There was no constitutional disturbance; tongue clean, pulse and temperature normal, inspection and palpation giving a negative result. At noon I saw her again. Pain still increasing, no medicine or food taken as she dreaded a return of the suffering caused by the ingestion of food in the morning. I ordered morphia and to be repeated as required. I was soon again sent for and found her in extreme collapse, extremities cold, face ashen, pulse slow and feeble and temperature subnormal, and so intolerable was the pain that the patient declared it would kill her if not relieved. With the application of hot bottles and the administration of morphia hypodermically, and brandy and beef peptonoid per rectum, the patient slowly rallied, and two hours later the countenance assumed its natural expression, the pulse rose to 60, full and regular, and she expressed herself as feeling comfortable.

On the morning of the 19th, I found the patient

weaker, pulse 80, but she had been disturbed once or twice apparently from the rectal alimentation. She still absolutely refused all food and drink by the mouth. The lower part of abdomen was free from any pain, palpation and deep pressure being well tolerated. Later on, finding no improvement I proposed a consultation. At 3 p.m. held a consultation with Dr. Richard Johnson. The patient then complained of a bearing-down pain in rectum and uterus, and pain was elicited on pressure over lower part of abdomen also.

Upon making a vaginal examination I found the uterus fixed and tender to the touch. The symptoms rapidly became more severe, vomiting set in, first bilious in character, then duodenal, then dark coffee ground, the pulse meanwhile becoming more and more rapid and feeble. Death ensued at one o'clock on the morning of the 20th, immediately after the patient had vomited a large quantity of dark fluid blood.

A hasty post-mortem two hours later revealed the following: Abdominal adipose tissue about two inches thick, omental fat fully one inch thick, stomach, liver and spleen normal, no peritonitis. Upon raising stomach and liver the retro-peritoneum was found dark-red and remarkably bulging forward but not perforated. One gland behind the stomach was found indurated, and felt and cut like scirrhus.

Upon penetrating the retro-peritoneum hæmorrhage was found to have taken place in and around the pancreas and extending into the retro-peritoneal tissue down to the pelvis. The indurated gland, which was not, unfortunately, preserved, if cancerous, would appear to point to a primary cancer of the pancreas as the existing cause of the profuse and fatal hæmorrhage, but on the other hand the absence of a knotty uneven swelling or of small tumors in the organ, and also the absence of any of the diag-

nostic symptoms of primary cancer as described in Liemssen and the Annual of the Universal Medical Sciences, 1889, such as digestive troubles, cachexia, emaciation, progressive liver disease, vomiting, jaundice, dropsy, &c., would seem to exclude the hypothesis of cancer in this case. In the *British Medical Journal*, September, 1888, is recorded a case "the chief features of interest of which were the great accumulation of fat, &c.," "but here also the patient was anæmic and slightly jaundiced, &c." This present case would seem to be of a kind with the four cases reported by Klebs and Lenker and described in Liemssen, vol. viii, pages 622, 623, all of whom were corpulent, and Friedreich adds "that fatty degeneration of gland cells are always found along with general obesity—or, in other words, a hæmorrhagic pancreatitis, which, according to Shattuck, (Annual of the Universal Medical Sciences, 1890,) proves fatal in from two to four days.

Charlottetown, August, 1890.

REPORT OF A CASE OF RUPTURE OF THE UTERUS.

By C. J. FOX M. D., PUBNICO, N. S.

I HAVE thought it best, in view of the comparative rarity of this accident, to report the following case, the first of the kind that has come under my notice, not that it offers any especially novel features, but as a reminder that such may occur under circumstances where there is little reason to expect it.

October 21st, at 10 p.m., I was called to see Mrs. A. G. in confinement. She was a healthy woman of about thirty and the mother of five children. Her former labours had been uncomplicated, except that the pains had been rather severe, and up to the time that the membranes ruptured, nothing unusual presented in this case: then, however, I discovered the head in the right occipito-posterior position, frontal presentation, clearly a case in which the head could not pass without some change. Hoping, however, that flexion would occur from natural efforts, I waited for a short time, as the woman was not suffering so much as in some previous labours, and as it seemed about an even chance between flexion and greater extension converting the case into one of face presentation, which would have been more favorable with the occiput in the hollow of the sacrum.

Suddenly, however, at about 12.30 she cried out with pain in the epigastrium followed by vomiting, which I at first attributed to her having, as they said, drunk a large quantity of cold water. The head remained in the strait but the labor pains ceased and did not return. In a short time the nature of the case was evident as the womb could be felt as a firm mass of the size of a child's head above the pubes, while the foetus was clearly at large in the abdominal cavity, the feet being felt in the epigastrium where their presence had presumably caused pain and vomiting. As soon as I discovered this condition of things I sent for forceps, hoping that I might perhaps

save the child as the mother was evidently sinking. This, however, was, I am persuaded, a forlorn hope, as the foetus undoubtedly perished at once. Still I applied the forceps, but finding that the woman was dying I refrained from any further attempt, and she expired about 2 a.m., and hour and a half after the accident.

There was no external hemorrhage, but the patient complained of distress in the stomach and evinced a considerable amount of uneasiness, rolling about in the bed, &c.

A post-mortem was readily granted, and the next evening I made an examination, though I regret that circumstances would not permit me to make so thorough a one as I wished.

On opening the abdomen I found a large quantity of bloody fluid, pointing to hemorrhage as one of the more immediate causes of death. The uterus was entirely empty, the foetus and placenta having escaped through a transverse rent on the posterior surface of the womb extending through about half the circumference at the junction of the neck with the body. The escape of the head must have occurred from moving the body after death, as it had not receded previous to that event.

The question naturally arises: What caused the rupture? And to this the apparent answer would be, the contraction of the womb endeavouring to overcome an obstacle which, in this case, proved too great for its power of resistance. The principal trouble seemed to be the faulty presentation rather than position, as her previous labor terminated favorably with an occipito-posterior position of the head showing a tolerably roomy pelvis, but not sufficiently roomy to accommodate the occipito-mental diameter, and yet I do not think that the force was sufficient or long enough continued to account for the rupture without considering the probability of some weakness either inherent to the uterine tissues or caused by pressure between the occiput and the sacrum.

The next question that confronts us is: Could the accident have been prevented, and in what way? Ordinarily speaking we are bound to say that it might have been prevented by bringing about flexion, or, that failing, taking the choice of embryotomy or caesarean section, had the danger of such an occurrence been evident, though in this particular case I am inclined to think that the manipulations necessary to produce flexion might have precipitated the rupture, and as for the other measures the symptoms did not warrant their employment.

Perhaps, had I noticed then, as I have since in obstetrical literature, the reference to the contraction ring of Baudl, I might have found some occasion for anxiety, as no doubt in severe and long-continued labors it may be a valuable aid in forming a prognosis, which is so essential in a case of this kind where the treatment may almost be summed up in one word, prevention, though in some cases of rupture and escape laparotomy may offer a possible hope, yet scarcely practicable in ordinary country practice unless under exceptionally favorable circumstances.

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Sulphite Soda.....1 gr.
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CHARLES W. BROWN, M. D.

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SUPPURATIVE DISEASE OF THE MIDDLE EAR.

Paper read before the N. B. Medical Society at Annual Meeting held at Moncton, N. B., July, 1890.

BY G. R. F. CRAWFORD, M.D., L.R.C.P., Lond., Eng.

MR. PRESIDENT AND GENTLEMEN,—I feel an apology is due for trespassing upon your time, introducing a paper upon so commonplace a subject as Otorrhœa. Especially is this necessary from the fact of having nothing new or original to offer for the consideration of the Society; however, I promise that my remarks will be very brief, principally touching upon an important brain complication of this disease, two fatal cases of which it has been my misfortune to meet with in my practice during the past year. After a few remarks upon the treatment the subject will be opened up for discussion, and I trust some point may have been referred to in connection with the disease which may call forth the valued observations and suggestions of the gentlemen present, which in truth is the special purpose of the paper. As all of you are aware, gentlemen, the loss of hearing, discharge (fœted in many instances) and exhaustion from prolonged suppuration, important as these matters really are, become only minor considerations compared with the fact the subjects of this disease are in constant peril of their lives from meningitis or abscess of the brain, as well as other fatal complications having for a starting point disease in this portion of the auditory apparatus.

The above considerations invests this disease with an importance hardly second to any with which we, as medical men, have to deal, and as it will, with most of us, almost assuredly be our misfortune to meet with some of those serious complications, we cannot make ourselves too familiar or be too sharply on the alert for the earliest symptoms of an accident liable to take place at any stage of Otorrhœa, either in its acute or chronic form. I can hardly conceive of anything so appalling to the friends, as when a patient, who has been suffering for a few days with what has been considered earache, in the course of another few days is seized with brain symptoms followed soon by death; and I might say that it would be scarcely less appalling to the medical attendant if he had neglected to forewarn the friends that such an ending was one of the possible contingencies of these cases.

I will take up as little time as possible relating the two fatal cases occurring in my own practice during the past year.

First case.—W. D., aged 20, tailor.—Consulted me last December on account of a discharge from the ear. He had a history of a previous discharge about a year before. When I saw him the discharge had been in progress for about a week. Large perforation in drum head membrane. Whether the perforation had remained from former attack or not I could not tell. Under treatment discharge and other symptoms subsided and in about twelve days he was well enough to resume his occupation. I did not see him after that for about a week and supposed everything was going on well. At the end of that time I was called on account of a return of the pain. The patient, however, described this pain as different from the pain which he had when the discharge first began. It was more sharp and severe. This was the only symptom out of the usual course in such cases. I take it as a very significant point in cases of Otorrhœa, to have a return of severe pain without any manifest local cause, such as retention of the discharge or mastoid inflammation. There was free means of exit for

any pus which might be secreted in the tympanic cavity, moreover the disease had arrived at a stage of almost complete cessation of the suppurative process. There was no evidence of mastoid disease. This pain, as the sequel proved, was the beginning of the brain trouble which set in violently a day or two after and ended in death in about a week. I did not get a post mortem in this case, and can only surmise as to the mode of extension of the suppurative process to the meninges of the brain as the patient undoubtedly died of purulent meningitis. Was there caries of the upper tympanic wall from the former attack, or did the disease extend through the foramina to the vessels in this location? The former is the more usual mode of extension, as it is the more direct; but as there was no good reason to suppose that caries was present in this case the latter seems the more plausible theory of the manner of extension. However this may be, the post mortem records have settled the question that meningitis and abscess of the brain both occur with no *directly traceable* communication between the diseased tympanium and the part affected.

The vias (although not in the direction of the circulation) are said to be the channel through which disease germs are conveyed to the cranial cavity. A series of cells is also supposed to be the mode of propagation. The question as to how the disease is transmitted, when there is no caries of the tympanic bones, has not yet been satisfactorily answered.

Second case.—J. L., aged 18, admitted to the St. John General Public Hospital last August.—Had a very offensive discharge from left ear, which had existed with slight intermissions during eighteen years. On admission to Hospital he was evidently very sick, having a temperature of 102.5°. The fever and discharge continued to a greater or less degree for about three weeks when he died of unmistakable brain disease. Post mortem revealed a large abscess about the size of a goose's egg in the cerebellum of the same side as the diseased tympanum. There was extensive caries of the tympanic and surrounding mastoid region. In this latter the ulceration made its way quite *through* this part of the temporal bone. The opening was very small and evidently had not existed long before the death of the patient.

There was no external evidence of mastoid disease, but as the case was desperate I thought it best to make an incision, as directed by Wild, hoping to reach carious bone. I found the bone quite healthy at this point, but if I had made my incision quarter of an inch more internal (towards the auricle) I should have struck the opening above described, and thus have discovered a direct way to the seat of the disease. The rule now is, in all doubtful cases as to the direction in which the ulceration of bone is proceeding, is to open into the mastoid cells with drill or trephine, and if it can be made out definitely that any brain symptoms existing is caused by an abscess which can be localized, or by purulent meningitis, an attempt should be made to reach the collection of pus by further surgical interference when a mastoid operation has not relieved the symptoms.

The general trend of surgical opinion now is that in future, persons suffering from abscess of the brain should not be left to die as they have been in the past without an effort being made, by opening the interior of the cranium to reach the brain and drain the abscess; however it has been wisely said "that when *every member of our profession* is sufficiently impressed with the importance of Chronic Suppurative Disease of the Middle Ear and prepared efficiently to treat this disease in all its stages, the occasion for this operation will seldom arise.

The treatment mainly consists in the satisfactory answer of two questions, viz.: (1) How best to empty and keep the tympanic cavity clear of the secretion, and (2) How best to modify or suspend the suppurative process—which depends upon a pyogenic organism.

For cleansing purposes most surgeons use warm water syringing and the Politzer bag, or better still Valsalva's process of inflating the middle ear. The last proceeding dries out and effectually empties the cavity of morbid products, and should be repeated as often as necessary. Careful removal of the secretion by absorbent cotton on the end of a probe—dry cleansing—is quite efficient, but had better be done by the surgeon than entrusted to an attendant.

(2) The local treatment being principally directed to the destruction of the disease germs common to suppurative action, the reason can be readily understood for the great number of rival agents employed here as elsewhere in antiseptic surgery, viz.:—Corrosive Sublimate, Lactic, Boric, Salicylic and Carbolic Acid, Iodoform, Peroxide of Hydrogen. The last remedy seems to answer all the indications, being powerfully antiseptic and unirritating. It may be used by instillation after cleansing in 10-12% sol., twice daily. As far as my experience goes this remedy has been satisfactory, and I think worthy of a more extended trial, when it is hoped it will maintain the good reputation it has already attained.

The aim of aseptic surgery in this disease, as advocated by prominent aural surgeons, is to keep out the disease germs, which is correct in theory; but as the tympanum, as long as the Eustachian tube is patulous, is never closed to infectious germs, *packing* the external auditory canal with boric acid as strongly advocated by high authority, while it will not serve to exclude the disease germs, often has the effect of damming up the secretion, which is productive of great pain and danger.

Mr. President and Gentlemen,—I thank you for your patient attention to this hastily gotten up paper, and the most I can hope for is that some point referred to may awaken an interest among *every member* of the profession in one of the most common but I fear most neglected disease existing among us.

ADVANCEMENT OF THE INTERNAL RECTUS MUSCLE FOR DIVERGENCE, CAUSED BY OVER-CORRECTION FOR CONVERGENCE.

BY STEPHEN DODGE, M. D.

MISS ——— consulted me July, 1882, adult, V. R. 20/20 nearly L. 2/200. Had strabismus convergens of the left eye since infancy, until five years ago, when the Internal Rectus of both eyes were cut. She now has marked divergence of the left eye with weakness of the internal rectus of the same eye. Some time after the operation she was occasionally troubled with diplopia, and for the last three years has seen double nearly all the time, especially if the eyes were tired. The left eye has been more or less painful ever since the diplopia was so marked, and it has even increased for the last year. After the pain has been present in the left eye for some time, the right also becomes painful.

After atropine was dropped in the right eye, vision was improved by a + 60 cyl. glass, axis perpendicular, left also sees better with the same glass similarly

placed; but vision is so imperfect that the change is not so marked as in the right. Subcutaneous injections were employed daily, gr. 1/15 of strychnia for about twelve days. A reading glass, + 5s., was also used with which she practised daily for three or four hours altogether in trying to read. At first she was not able to make out more than No. 20 J., and very slowly. At the end of two weeks she could read No. 14 J. quite readily if the word was short; and she could even make out the letters of No. 12 J. slowly, and words of that size of type unless they were long, when she complained of being unable to see the centre of the word. For several days she had a tolerably strong Faradic current applied to the left eye. I could not attribute any improvement to the latter agent, but under the use of strychnia there was a decided improvement for a time. It was observed in about 15 or 20 minutes after the hypodermic use of this drug; as is generally the case when benefit arises from its suitable employment. But she was conscious that the use of the eye in reading, after the manner referred to, gave the best results. The field of vision improved in every direction. It was always better to the L. in the left eye than toward the R. But the field improved towards the nose equally with the opposite direction. Objects at first looked cloudy, but they became clear and more distinct.

The object of this attempt to improve the sight by exercise was to discover whether the nervous elements of the retina retained sufficient vitality to warrant the expectation that the activity of vision would be improved by an operation,—whether the dynamic relations of the internal and external recti muscles would become so changed as to lead to parallelism of the two eyes, and the operation become a permanent success. To begin with, the sight was very imperfect, yet the persistence of diplopia was a hopeful feature. Still, I was desirous of ascertaining, if possible, beforehand, the capability of the left eye for improvement in respect to its sight; and I was well satisfied with the tentative measures employed.

With the right eye closed the left fixes by turning inwards on looking at a light placed 16' away. At first the left eye is apt to tremble before seeing the light and fixing upon it. With the room darkened and the right covered, it is some time before the light used for fixing is seen by the left eye. With both eyes uncovered she sees double images crossed 7' apart at 16' away. She does not always see the double images readily under these conditions. She cannot bring the double images together with any combinations of prisms base inwards, and when more than one prism of 10° is added she has difficulty in seeing the double images at all. With a prism of 3°, base upwards, is placed over the left, and a red glass over the right, a prism of 10°, base inwards, over the left causes the double images to come together only about 6". The excursion of both eyes is about normal.

The improvement in vision in the left eye was sufficient to enable her to see 20/200 S.

WYETH'S ALKALINE AND ANTISEPTIC TABLETS.

AS SUGGESTED BY DR. CARL SEILER.

See his Article in the MEDICAL RECORD of February 27th, 1888, on
"ECCHONDROSES OF THE SEPTUM NARIUM AND THEIR REMOVAL."

EACH TABLET CONTAINS:

SODIUM BICARBONATE.
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SODIUM BENZOATE.
SODIUM SALICYLATE.
SODIUM CHLORIDE.

EUCALYPTOL.
THYMOL.
MENTHOL.
OL. GAULTHERIA.

DIRECTIONS.—Dissolve one Tablet in two fluid ounces of warm water, and use as a spray or wash, to be sniffed up the nose by the patient, morning and night.

This admirable combination has given such marked relief in so many cases of catarrh and its complications, that Messrs. WYETH have been induced after consultation with Dr. Seiler, and with his kind permission, to put up the solid ingredients in the form of a soluble tablet, so that the physician can direct his patient intelligently how to use them, and at the same time enable him to have the means, at all times, of preparing a perfectly fresh solution.

The solution, as prepared from these Tablets, has also been found very agreeable and beneficial as a mouth wash, in cases of Stomatitis and Retraction of the Gums, etc. It may also be used with benefit as a disinfecting and antiseptic cleansing wash for other mucous surfaces than the nasal mucous membrane. It is particularly useful in cases of dry catarrh with *ozæna*, as it destroys the disagreeable odor better than any other combination.

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It is many years (quite fifteen) since Messrs. WYETH asked the attention of Physicians to the above Elixir. It has been very largely prescribed with uniform satisfactory results, confirming their claims for the advantages of administering this deservedly favorite combination in solution over pill form. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians of experience hesitate to prescribe in powder or mass, either Quinine or Strychnia, from the want of prompt action, the frequent passing away from the system, undissolved and the occasional cumulative action of the Strychnia, when the pills are long retained. While this is a grave objection often noted in such powerful medicinal agents, it is equally true that *solutions* of Iron are much more efficient, being assimilated and absorbed with little danger of producing irritation, as is so often the case when given in Pills. Using pure alkaloids Quinia and Strychnia, *the excess of acid* is not required, avoiding in this way the development of the bitter taste, enabling us to prepare the Elixir, so that it will be readily taken by children as well as adults. We cannot exaggerate the therapeutic advantages of administering this prescription in the form we present it, and feel we have a right to ask medical men to designate WYETH'S manufacture of this preparation, not only because they first prepared it, but from the fact that Physicians can feel every assurance of the care and exactness of its manufacture, and that there is *one grain* of Quinine in each teaspoonful, a strength not possible at the price this Elixir is sold by many manufacturers.

Each fluid drachm contains two grains Phosphate of Iron, *one grain Quinine*, and one-sixtieth grain Strychnia in simple Elixir, flavored with Oil of Orange.

Adult dose.—One teaspoonful three times a day.

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- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnœa is so salutary that they sleep for hours after the first few doses.

Prepared by JAMES I. FELLOWS, Chemist.

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Please Mention THE MARITIME MEDICAL NEWS.

Operation.—Various methods have been devised for the purpose of securing an advancement of the internal rectus muscle in cases of this kind; but I adopted the plan proposed by Dr. Prince, of Jacksonville, Ill. I cannot do better than quote his description, which is substantially given as described by him. "The patient being asleep and a speculum introduced, a fold of conjunctiva over the insertion of the tendon of the muscle to be advanced is grasped with the fixation forceps and elevated. A needle, armed with a silk suture is passed through the elevated conjunctiva, parallel to and about two or three millimetres from the corneal margin, after which the needles are cut off, making two loop sutures. A small opening through the conjunctiva and Tenon's capsule, below and opposite the insertion of the tendon to be advanced, is then made in the usual manner, to admit of the introduction of Wecker's double hook, or appropriate forceps, which is passed underneath the tendon and drawn tense when the remaining branch is lowered upon the conjunctiva, including tendon and cellular tissue. This done, the tendon with the conjunctiva is separated from the ball at its insertion, by the introduction of one blade of the scissors through the opening previously made. Lifting the detached tendon from the ball by means of the forceps, the needles, carrying the double loop suture are introduced from within inwards through muscle and conjunctiva, the position of the points of puncture depending on the effect desired. Upon the introduction of the sutures, the forceps is to be liberated by separating the combined tendon and conjunctiva with scissors. A sub-conjunctival division of the opposite tendon (horizontal slit) having been made at the commencement when necessary, the advancement is accomplished in the following way." It will be borne in mind that in each suture there are two threads. For convenience they should be of different colours. The needle should now be cut off. Thus the two ends of one thread of the first suture are twisted together, and two ends of the thread of the second suture are twisted together, and finally these twisted ends are tied together after the tendon has been sufficiently advanced. If sufficient effect has been produced after waiting some hours, the remaining sutures are withdrawn. But if the effect has not been sufficient, the sutures may be still further tightened after loosening the knot (a single bow) and drawing the ends tighter. If too much effect, the stitch may be loosened or even cut with scissors, the tendon allowed to retract, and either the original suture tied more loosely or in case the knot was cut the supplementary suture employed. The advantage of this extra suture is in case any difficulty arises with the first. When it becomes necessary the extra suture is removed. The connecting stitch may be allowed to remain until it becomes loose, when it can be removed without pain.

Since this patient was under my care Dr. Prince has modified this operation in some of its details. The first suture is made to penetrate the superficial part of the scleral tissue to give greater firmness and security to this stitch. Again this stitch is made to

play the part of a pulley, around and beneath which the advancing suture is made to play.

There was nothing special to notice in regard to the operation upon this patient. She proved very troublesome to bring under the influence of the ether. Now-a-days I employ cocaine in strabismus operations. The healing proceeded very kindly, and the most gratifying part of the result was the very remarkable improvement in the acuity of vision. During the following summer she sent a sample of the type she was able to read, which was No. 8 J., equal to ordinary good sized reading type.

STATUS OF THE MEDICAL PROFESSION.

READ BY DR. EDMUND MOORE, BEFORE THE NEW BRUNSWICK MEDICAL SOCIETY.

MR. PRESIDENT AND GENTLEMEN,—The organizations known as Medical Societies exist not only for the advancement of the sciences, of which the physician is the acknowledged representative, but, also, for the benefit of the physician himself. If this society is purely a scientific one, no papers but those of a scientific character would be admissible. And, if the dictum of the leaders of science be correct, that a scientific contribution to be of any real and permanent value must be comparative and not descriptive, how improbable it seems that one with a limited field for observation should be able to offer anything of much worth.

Presuming that this society is not for the advancement of medical science only, but for the consideration of all matters affecting our relation to each other and the community, the theme of this paper, "The Public Status of the Medical Profession," need not be considered entirely inappropriate. To provoke discussion, which is the lowly ambition of some, does not happen to be that of the writer, for he does not desire to provoke anything of the kind. If the views advanced are too erroneous to entertain, he can appropriate the consolation to be derived from the remark of the wise and witty professor in a valedictory to his class, "We are not infallible, not even the youngest of us."

In the discussion of this subject we must take a wide view, not a narrow provincial one. By status, we do not mean civil status, the matter of precedence, and that sort of thing, does not disturb us as it has been agitating the clergy of late. I don't know that we have, or wish to have, any civil status. Neither does it mean individual status. As individuals, each one commands the esteem and has reposed in him the confidence he probably deserves. In this country, each one will, as a rule, find his level, if not cut off prematurely. And

"The fault is not in our stars,
But in ourselves, if we are underlings." 1

We mean the standing of the body medical, the profession, as a whole, in the eyes of society.

Some occupations are held in higher esteem than others. The degree of esteem is proportionate to the usefulness of the calling and the amount of intelligence and culture necessary for its pursuit. What profession, in our advanced stage of civilization, is more useful than the medical? The "Dr." is indispensable to our present state of existence. As long as sin has for its horrible accompaniment misery; as long as nature punishes every transgression of her laws, so long will medicine be required to ameliorate the misery

and mitigate the punishment. Its usefulness may readily be admitted.

A high degree of intelligence and a large amount of culture are necessary for the honourable and successful pursuit of Medicine. In no other calling are the highest qualities of head and heart called into requisition oftener. As we remarked at the outset, no paper is complete unless the comparative element predominates. Now, law, the sister profession as it is sometimes called, although we fail to recognize the kinship, is often laid under contribution to furnish comparisons with medicine. We do not wish in any way to underestimate Law. The subjects of study in the two professions are widely different. Medicine is founded upon the study of the human organism, upon the laws and phenomena of Life, the origin of which cannot be accounted for without the admission of miracle. The reflex beneficial effect of the pursuit of such a study upon the minds of those devoted to it, we need not allude to, as this subject was treated at length last year by a member of this association. How infinitely more elevating than the study of the Justinian codes, or any system of human jurisprudence. The bold front and the unlimited assurance, which are often developed in the study and pursuit of law, are qualities which become more and more conspicuous for their absence the longer one studies and pursues medicine.

Notwithstanding the greatness and appropriateness of the object of study, "The proper study of mankind being man," and the elevating tendencies of that study; notwithstanding the high aims and benevolent purposes, the philanthropic designs and the self-sacrificing heroism of medicine, we believe it does not receive the public recognition and consideration which is its due. The profession with its unselfish devotion to the good of the race, has, all through the years, been moving up and down this "vast planetary ambulance, this travelling hospital, we call earth," dispensing blessings upon the good and the evil, the just and the unjust, whilst itself is equipped with the two traditional pockets, a big one for the insults, and a small one for the rewards. A few of the rarer spirits among men, as Johnson, and Carlyle, and Scott, and Augustus Sala have bestowed upon us their tribute of respect. This tardiness of the world in general to recognize us, is only in accordance with a well-known principle that it appreciates and rewards its benefactors in inverse ratio to the value of their benefactions. That the public do not repose in us the confidence they should, may be difficult to prove in syllogistic fashion, but something in support of the statement may be advanced. Our instincts do not always err. In Germany alone, of all the civilized countries, does the profession receive due recognition. Medical men there are frequently called to the councils of the nation simply on account of their medical and scientific attainments, and not for any mere predilections they may have for statecraft.

The *Saturday Review*, a few years ago stated, that the profession in England must be rising in the social scale, because a greater number of its members than formerly are made magistrates. In these provinces this would be considered an indication of progress backward with a vengeance.

Honours were dealt out, during the late Jubilee year, in a very niggardly way to the medical profession in comparison with the legal and military professions. It is said that Medicine alone, among the professions and arts, is unrepresented at Washington by a statue of any of its great men. In alluding to the renowned dead, it seldom occurs to orators to place near the top of the list in the catalogue of the immortals, the name of Jenner or any other great medical

worthy. Men like Alexander and Tamerlane, who bring destruction, are more likely to be the objects of their adoration than those who bring salvation.

Again, who among us ever heard a clergyman in his public ministrations offer a petition, during epidemic periods, for the over-worked and ill-rewarded doctors? They who go down to the sea in ships to do business in the great waters, they, too, who guide the ship of state, whose patriotism may be no higher than that implied in Sam Slick's famous translation of the sentence, "*Mori pro patria dulce est*;" *Mori*, the more you get, *pro patria*, out of the country, *dulce est*, the sweeter it is, these all are the objects of the clergy's most prayerful consideration.

The world's givers seldom recognize the claims of Medicine in their donations. Legacies are made to construct huge telescopes and favourably situated observatories to increase our knowledge of the planets, which cannot influence us in any way, while but little is given for disease-investigating purposes. If medicine were the end of the law in all things medical, anti-vaccination societies, and all the advertized humbugs of the age would be unknown. The lingo about "infallible cures" for croup and "specific" remedies for dyspepsia would not be heard, nor heralded, especially by our religious press.

Now, why is it that the confidence of the public in Medicine is so weak? And what is the remedy for this state of affairs? In what way is the profession to be elevated to its proper position before the public? Perhaps, after all, it is unreasonable to expect that the people should properly appreciate Medicine. One can only truly appreciate what one understands—can only really see in anything what he has the power to see. Medicine can never be popularized like some other subjects, because the study of Practical Anatomy on which it rests can never become a universal study. For this reason, this inability on the part of the public to comprehend us, one cannot but admire the wisdom of those physicians who respectfully decline giving clinical lectures to the patient's friends. Silence here is golden. And on account of this excusable ignorance it is impossible for the patient to comprehend the physician's methods, or intelligently to follow the steps taken in his behalf. This is not the case in any other calling. The lawyer's client can, as a rule, be made to understand the necessity and importance of all that is being done for him, from first to last,—from the time he goes into the court financially robust until his sight grows dim and things have a far-off look, and he is carried out in a state of impecuniosity, bleeding at every pore, a financial corpse.

Medicine, again, appears to public disadvantage on account of the conditions under which it is practised. The time for consulting Medicine must necessarily be left to the discretion of the public; its aid is likely to be invoked frequently at times when it may be of little avail. The public, and even some of the profession, have not yet fully learned the higher functions of our art, which are, not so much the cure, as the prevention of disease.—Who ever heard of preventive law?—The Dr. in the eyes of most people, is only an opener of abscesses, a sort of saw-bones, a necessary accompaniment in human parturition, a writer of prescriptions, and, in a general way, himself a pachyderm, insensible to excoriations however long and deep. The idea of preventive medicine, first grasped by Jenner and lately developed by Lister and others, is only now taking a firm hold on the medical mind. It is in this line that we are to look for the highest order of achievements in time to come. When this idea comes to be comprehended, even super-

ficially, by the general public, their esteem for our art and their respect for our aims will be materially increased.

Further, a means of elevating the profession would be in adopting and carrying out business principles in the practice of medicine. It might be well for us to take a leaf or two from the Koran of the men of affairs. Perhaps the profession has played the good Samaritan long enough. It is just possible, that in this commercial age, we should away with so much pseudo-philanthropy and sickly wishy-washy sentimentalism. To this end a practical step in the right direction would be to seek, and persist until we obtain, the passage of an Act compelling each municipality to pay for all necessary medical and surgical attendance rendered to all indigent persons "within its gates." Time is wanting to allude at length to another means of enhancing the position of Medicine, which is, by raising higher the standard of preliminary education. It is possible for a young man to pass from a second rate village school to a medical college, right through our preliminary examination. No knowledge of logic or rhetoric is required. Our noble English literature is utterly ignored. For all the candidate knows Shakespeare may have written the *Novum Organum*, Milton, *Tam O' Shanter*, Carlyle, *The Comedy of Errors*, and Pope, *Sartor Resartus*. The need of an advance here is obvious. The intellectual orbit of an aspirant to the profession should be widened. Not only would narrowness and shallowness and one-sidedness and mental poverty be less possible in the profession, as a result of increased mental culture, but the profession would be better fitted to take its place in the rank of learning. The medical college course should be lengthened. To the great discredit of medicine the degree-mills have been grinding swiftly and grinding exceedingly small. The only sure way to prevent the ranks of the profession from being filled to plethora, is to raise higher and higher the standard of attainments, both literary and medical. Over-crowding, with all its attendant evils, would in a measure be avoided. The doctrine of the survival of the fittest does not afford a solution to the question of the present over-crowded state of the profession. It may be said in a general way that sometimes the unfittest survive. Microbes may resist all efforts at annihilation short of actual fire. The struggle for existence is not conducive to the development of genius. In a state of society where this struggle is most intense, where the pit is narrow and the fight fierce, the higher and nobler sentiments and aspirations are crushed out, and the man becomes not merely carnal but devilish.

There is another thing to which it is necessary to allude in the consideration of this theme, and that is the necessity, in some quarters at least, of a higher ethical spirit and a more elevated moral tone, if we are not to become a by-word and a reproach. Generally speaking, nothing can be said against the profession relative to its intercourse with society. No secrets confided "in confidence" are divulged, no mean advantages are taken, no immoral practices followed. In this respect our "hands are clean and our hearts are pure." It is in the matter of professional intercourse that we frequently break down. There has been a marked improvement in all ranks of society within the last one hundred years, in the manner of expressing differences of opinion. Time was when language, to be parliamentary, need not be civil, when liar and traitor were common words in the vocabulary of legislative debate. It is said that Johnson, when making his dictionary, to give a clear conception of the meaning of the word "villain," cited, as an illustration, the then Prime Minister of England. This is not the style

of the present time among any of the professions in which conclusions are aimed at by the exhibition of argument and the preponderance of evidence. We do not wish what we are about to say to be considered as a parting shot. Much less does the writer desire to pose as a self-constituted censor, or as having any right whatever to remonstrate or rebuke. But it seems as though there was a necessity for a chair or part of a chair in medical ethics in the colleges. We will certainly be allowed the privilege of filling, in imagination, such a chair, and that it devolved upon us to lecture the classes about to graduate. How would we outline such a course of instruction. Instead of dealing out the usual graduating pabulum, about society standing with open arms ready to receive them; instead of dismissing them with the impression that they understood "all mysteries and all knowledge," we would inform them that society exhibits no longing, expectant attitude toward them, and that no college, however distinguished, can do more than give the merest outline. They would be told that graduating at no seat of medical learning, however renowned, gives a license for rudeness, or the violation of the ordinary courtesies in consultation, or the use of questionable additions to professional cards and signs. From history and from life illustrations would be drawn to show that brains, medical or political, are not confined to any locality, that the place of residence is not the measure of the man, that while Old Sarnum has, as its representative, the immortal Chatham, the great city of London, has, as representatives, those who are unknown to song or fame.

Similarly, an obscure surgeon may emerge from the wilds of primitive Kentucky to establish the operation of ovariotomy, while, perhaps, the contemporary city physician's highest achievements is mean submission to peevishness, or dancing attendance upon pampered wealth and simpering folly.

With the Gospel of Charity thus inculcated by one with the proper authority, with these "few precepts" and many others from a medical Polonius, the outgoing classes would be expected to maintain the dignity of the profession, and thereby, enhance the progress and usefulness of our art.

Fellow-practitioners, possessed of nervous systems, with whom they would associate, would not, on that account, become "awearry of the world." The medical atmosphere would be purified, our influence in society more decidedly felt, and our advice in all matters connected with the moral, mental and physical well-being of humanity, more eagerly sought and more highly appreciated.

"ALBUMEN IN THE URINE—ITS CLINICAL SIGNIFICANCE."

BY G. E. BUCKLEY, M. D., GUYSBOROUGH, N. S.

NO recent studies in medicine have been of more practical value and interest to physicians, surgeons and obstetricians, than those connected with albumen in the urine. Great changes have taken place during the past few years in the opinions of medical men regarding its "clinical significance." Over twenty years ago I met my first patient with albuminous urine and anasarca. I felt that this patient—a middle aged lady—must die, as her fate had already been settled by an inflexible rule. She would not die however, and is still living and enjoying fair health. The unfavorable rule has since been

greatly modified. There is now some danger of our going to the other extreme, and of being misled by such terms as "cyclic," "intermittent," and "functional" albumenuria, and of looking too lightly upon a symptom which should generally be viewed as a danger signal.

When a medical man detects albumen in the urine of a patient his first duty is to examine carefully for local causes. In a clinical lecture on this subject, published in the *Lancet* (London), of January 3rd, 1880, Sir Henry Thompson says: "It happens to me, in the course of consultations, to observe that these phenomena—the admixture of pus with the urine and the presence of albumen—are, simply or together, frequently regarded in themselves, and apart from other facts, as necessarily presenting indications of very grave importance. Are they so? Certainly they are by no means necessarily grave; on the contrary, in the great majority of cases of elderly men, the presence of these products is not grave." Again he says:—

1. "When a patient's urine, habitually clear, *acid*, and free from the faintest blood-tint, throws down to the test of heat and nitric acid a notable quantity of albumen, the source of that albumen is the renal circulation, and if persistent the case is almost certainly one of grave import.

2. A very slight admixture of blood in any urine, no matter what the source of the hemorrhage, will produce a considerable deposit of albumen. It is evident then that the product in such cases, although sometimes grave, is not necessarily so, and that it may furnish an indication of the slightest possible import, inasmuch as a little blood may appear in the anterior passages, from a lesion which is slight and temporary in its nature.

3. Pus in the urine may, and most commonly does, proceed from some local condition of the bladder, occasionally, indeed, from local inflammation of the urethra. Nevertheless, albumen will be deposited on applying appropriate tests."

Having become satisfied that the source of the albumen is *not* local, but in the *renal* circulation, the next question to decide is whether it is a transient or permanent condition of the urine, and, if permanent, what is the purport of its presence. Is it associated with renal disease or not?

Dickenson, in his classical treatise on Albumenuria, makes a rough division of the renal gland into three structures—the secreting tubes with their epithelial lining—the fibrous tissue between them—and the blood vessels with the blood they contain—and says that in these we have the three loci of disease.

In inflammation of the kidneys the starting point may be said to be in the tubes—in granular disease in the tissue between the tubes and in lardaceous disease in the minute blood vessels. In advanced renal disease all the structures of the gland become involved. Any interference with the renal circulation produces albumenuria—especially renal congestion, and the natural question arises, Why is this so?

Dickinson explains it in this way: "Albumen is a colloid body which transudes with difficulty; its passage through the apparatus of renal dialysis may be generally accepted as an indication that the machine is mechanically imperfect or is working under unusual pressure. The urine is albuminous because it is mixed with serum or at least with its albuminous constituent which has passed from the blood vessels into the urinary ducts. There are three conditions mainly which are associated with unnatural leakage: 1st. Congestion—undue pressure within the vessels supplying the glandular structure. 2nd. Lardaceous change in blood and vessels which is accompanied by transudation of liquor sanguinis. 3rd. A loss by the secreting tubes of their epithelial lining in consequence of which they readily yield passage to fluids which otherwise could not traverse them unaltered.

All forms of Bright's disease come under one or other of these heads.

Acute Bright's Disease—being accompanied by dropsy and resulting generally from some definite cause, such as scarlatina and other zymotic diseases, exposure, fits of intemperance, &c,—is so easily diagnosed that one feels certain of the presence of albumen without an examination. In these acute cases it is the *quantity* present which is of special clinical import as showing in some degree the severity of the inflammatory action in the secreting tubes. The presence in the neighbourhood of several cases may lead to the discovery that a mild epidemic of diphtheria or scarlatina has been prevailing. Two summers ago I was surprised to find four cases of acute tubular nephritis, with dropsy, in as many separate houses in one settlement. On inquiry I found that these patients had previously had a mild form of sore throat with some swelling at the angle of the jaws. There had been no rash on any. I found also that the same type of sore throat—unaccompanied by rash—existed among the children in ten or a dozen families, but was not considered of sufficient severity to require treatment as is often the case when diphtheria commences in a place. The discovery of these four cases led to successful sanitary precautions against the further spreading of the throat trouble which could have been nothing else than mild diphtheria—although I did not positively see diphtheritic membrane in any of the few cases examined. Just here I may mention that the selection of drugs used in the treatment of many diseases has an important bearing upon the amount of albumen in the urine. Especially may this be said of salicylic acid and salicylate of sodium which are so frequently used in throat affections, scarlatina and rheumatism. "Albumen in the urine is always increased by Salicylic Acid." (See Year Book of Treatment for 1890, page 107), and the first appearance of albumen in these diseases would certainly indicate that other drugs should be substituted which would not increase the congestion in the kidneys. Last year I very much regretted having given salicy-

late of sodium in a case of sub-acute rheumatism. It relieved the rheumatic pains but increased the more dangerous congestion of the kidneys which I did not know existed when I first prescribed—not having then seen the case.

Acute Brights disease generally terminates favorably but may assume a chronic form and should be watched for some time. After apparent recovery from scarlatinal nephritis, especially, the case should not be lost sight of while albumen remains in the urine. A case of my own illustrates this and shows how essential it is to have almost a life history of the case in order to form a true estimate of the significance of the presence of albumen. Thirteen years ago a young man—then seventeen years of age—had scarlatina followed by scarlatinal nephritis, dropsy and uræmic convulsions. From this attack he slowly recovered, but the quantity of urine was not up to its normal standard for nearly two years after which he became apparently well. He then became a school-teacher and enjoyed very good health until four years ago when he contracted pneumonia. I did not see him during this attack, but shortly after. Resolution had not gone on as usual. There was severe cough with free expectoration of muco-purulent matter, and during the following few months several severe hemorrhages from the right lung. No symptom of phthisis was wanting, yet I do not think there was anything tuberculous about the case. The young man had commenced the study of medicine and had repeatedly examined his own urine, which he had found until lately to be generally albuminous. The kidneys had not thoroughly recovered and this was the secret, I believe, of the whole case. The cavity caused by the breaking down of the chronically influenced lung tissue has healed and there is no expectoration or symptom of lung disease. His body is well nourished and he enjoys good health. He tells me, however, that any extra exertion or exposure will cause albumen to reappear in the urine. This is a case which could not have been understood without an examination of the urine and a history of the case from the original attack of scarlatina. The patient himself called my attention to the continued presence of albumen. There never was any edema since shortly after the attack of scarlatina.

When there is dropsy with albumenuria, as generally happens with the "smooth white kidney," the nature of the case cannot be overlooked, but the same cannot be said regarding granular degeneration of the kidney or chronic interstitial nephritis. In the latter form of disease the quantity of albumen is comparatively very small and may be temporarily absent. Dropsy only occurs in from one-quarter to one-half the cases. It is generally chronic from the beginning, and may run a latent course for years. The following case will illustrate this: A near relative of my own, aged seventy, enjoyed apparently vigorous health, with the exception that every few days he had a sensation of dizziness, which he supposed was due to slight biliousness. He passed urine rather more frequently than usual, but this was thought, owing to his age, to be due to enlarged prostate. Without an examination of the urine, but with a thorough examination in other respects, an eminent physician pronounced this gentleman to be as "sound as a bell," but to be suffering from "sluggish action of the liver." A month later digestive disturbance became prominent, and there was a peculiar deep redness under the sides of the tongue. An examination of the urine was now made but no albumen found. There was, however, an extremely low specific

gravity with a diminution in the quantity. In a case of this kind the low specific gravity is perhaps of more importance than the albumen. The specific gravity ranged from 1.006 to 1.010, and there never was until shortly before death more than a trace of albumen. There was no edema until within two weeks of death. Three days before death uræmic coma set in. No food or very little could be retained in the late stages; diarrhœa set in and no symptom was wanting to confirm the diagnosis of "contracted kidney" or "granular degeneration." The duration of the disease was about three years. Shortly after my experience with this case a hard working woman—aged sixty—consulted me for flatulence which she said sometimes caused palpitation of the heart. There was a slight mitral murmur. On looking at the tongue I noticed the peculiar redness I had seen in the previous case. When I suggested an examination of the urine she thought it absurd, as the urine had a natural appearance and was not deficient in quantity. All she wanted was something for the "wind." I lost sight of the case for a few months when I was summoned to her on account of sudden paralysis of the right arm and leg. The urine was now examined and found loaded with albumen. She partially recovered from the paralysis, but after a few weeks edema with vomiting set in and the case soon terminated fatally. I might mention one or two more cases in which very obscure nervous and other symptoms might have been understood by an early examination of the urine, but these will be sufficient to show how deceptive the first symptoms of chronic Brights may be.

That form of Brights disease associated with the lardaceous or waxy kidney is generally a completion of some pre-existing wasting disease such as phthisis, caries, long-continued suppuration and syphilis. This is not by any means a local disease, but, as Dickenson says, "it has its origin in changes which pervade the whole frame and produce tangible results wherever arteries penetrate. Many organs are affected at the same time or in quick succession, and the kidneys are not exempt from the general influence. The primary change is probably—almost certainly—in the composition of the blood; the next a morbid deposit, which first appears in the walls of the small arteries, and afterward in the surrounding tissues." In phthisis and many wasting diseases the finding of albumen in the urine is simply a warning that death is approaching, but in bone disease, where operative interference is intended, it is of special significance. It is a positive indication that there must be no delay in operating, and that it may already be too late.

In the albumenuria of pregnancy, congestion of the kidney is produced mechanically, but this part of the subject is, I presume, ruled out of the section in medicine.

In inflammatory diseases, such as pneumonia, articular rheumatism, &c., albumen in the urine is not of serious importance, but as I mentioned before should have great influence upon the selection of the drugs used in treatment. In febrile diseases the "specific poison" is charged with causing albumenuria, but the latter is not generally a very serious symptom in such cases.

In bowel obstructions, the finding of the albumen in the urine, is of special clinical significance. In the *MEDICAL NEWS* for Jan. 3rd, 1885, is an editorial on "The Significance of Albumenuria in Strangulated Hernia," in which a German work (by Dr. Joseph Englisch) is reviewed. The writer shows that in certain strangulations of the bowels, certain derangements of the renal functions ensue, including albumenuria and in extreme cases anuria, and inclines to the

belief that these derangements are produced by the absorption into the blood of the products of decomposition. "The albumenuria thus caused has both a diagnostic and prognostic value. When present, we may infer that a loop of gut is being strangulated, while if the other symptoms of strangulation are present *without* it, we may conclude that it is an appendage of the bowel which is caught—or a portion of omentum, or that we have an inflamed hernia to deal with. The presence of the albumen also shows that the strangulation of the bowel has reached a degree which is dangerous to the individual. The presence of the symptoms of collapse, with sudden increase in the quantity of albumen, announces the supervention of gangrene." Hence he argues that if albumen be present, only gentle taxis should be used, and if this fail, the surgeon should resort to operative measures. The foregoing statements may not be absolutely correct, but I have not since met with any articles in the medical journals, which I take, attempting to refute them.

In the apparently healthy, albumenuria is often found after cold baths, forced exercise and severe mental strain, and also after the use of certain articles of diet. Dr. Jones, in the *London Lancet*, Feb. 27th, 1886, relates how the students of Yale, U. S. A., used to secure large crystals of oxalate of lime for microscopy, by repeatedly eating sauces and pies made from the stalks of the common rhubarb and collecting the crystals from their urine. This practice caused irritation of the kidneys and intermittent albumenuria. Dr. Jones says that he has good reason for believing that the too free use of cider will produce the same symptoms.

Very few physicians have the opportunity of examining repeatedly the urine of a large number of healthy persons. In one of the large training ships on the Thames, there were three hundred and sixty-nine (369) apparently healthy boys. Albumen was found in the urine of seventy-seven (77). (See an article by Dr. Alex. Sterlin, *London Lancet*, Dec. 10th, 1887.) This was not a mere passing condition, but lasted for months. The urine examined was passed at 9 a. m. The only one thing which appeared to have an intimate relation to the albumen was *rising* to the upright position. When lying in bed late in the morning there was no albumen. It was most frequent among the band boys, or those using wind instruments. Unfortunately Dr. Sterling does not mention how many of these boys had previously had scarlatina, which militates greatly against the value of the article. Dr. Johnson, of London, says that the terms "physiological," "functional," "cyclical," and the "albumenuria of adolescents" are misleading, and that in almost every instance, these cases of albumenuria may, by careful inquiry, be traced back to some recognized exciting cause. It appears to me that this is the correct view, although quite a variety of opinions were expressed on this subject, when it came before the British Medical Association last August, in a discussion on "the Prognosis of Albumenuria with special reference to Life Assurance." During the discussion, Dr. Maguire laid greatest stress upon whether there was high arterial tension or not, looking unfavorably upon those having high arterial tension. In all the fatal cases of chronic Bright's disease which I have met, there has been a very low specific gravity, and therefore the remarks of Dr. Harley, in the discussion referred to, seem most valuable. He said he made it a rule to pay greatest attention to the specific gravity of the urine. It was not the quantity of albumen in the urine which killed, it was the retention in the blood of excrementitious substances which proved fatal in Bright's disease.

In this rambling paper I have avoided the mention of

fibrinous casts and some other matters connected with the pathology of Bright's disease, and have simply tried to call the attention of the Society to some of those points connected with albumen in the urine, which appeared to me to be of the greatest clinical significance.

Notes and Comments.

AS usual an epidemic of cholera is following in the wake of the grip.

KLEIN renews the warning against fondling cats; which, he says, are liable to a pulmonary disease which in man produces diphtheria, and is produced by the latter.—*American Practitioner and News*.

A NEW private hospital has been started in Halifax under the auspices of the Church of England. Two professional nurses have come out from England to take charge. Instead of the usual staff, patients may be attended by any physician they may choose, and all denominations are admitted.

THE civic authorities seem determined to put the new hospital for infectious diseases between the General Hospital and the Poor House in spite of the advice to the contrary of nearly all the doctors in the city. We think that this is a case in which the opinions of medical men should be respected.

INFORMATION has reached Bonne Bay, Newfoundland, that a violent outbreak of diphtheria has occurred at Red Bay, a fishing settlement on the Labrador coast. The place is in a bad sanitary condition, and more than half the people are ill. The only hope is that a British warship will go to the rescue with doctors and medicines.—*Times and Register*.

THE Alvarenga Prize, of the College of Physicians of Philadelphia, consisting of one year's income of the bequest of the late Señor Alvarenga, of Lisbon, has been awarded to Dr. R. W. Philip, of the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, for his Essay on Pulmonary Tuberculosis, which will be published by the college.

DR. MIKHALOFF, of Sophia, Bulgaria, highly recommends the internal administration of iodoform in three-fourths of a grain doses five times daily, as an excellent remedy in hæmoptysis, hæmaturia, menorrhagia, metrorrhagia, flooding after abortion, intestinal hæmorrhage (including that of typhoid fever and tubercular ulceration of the bowels) bleeding from hemorrhoids, etc. He publishes a long list of instructive cases thus treated; and suggests a trial of iodoform in dysentery, in which both the hæmostatic and disinfecting power of this drug might prove beneficial.

SOMNAL is the name given to a mixture of alcohol, chloral and urethan, by Radlauer, a druggist of Berlin, who claims that in 30-drop doses it produces a quiet, deep and natural sleep, commencing half an hour after administration and lasting six to eight hours. But Leibreich states that the inventor does not know the composition of the agent and that his claims are fallacious, and Robinson (assistant of Prof. Fnerbringer), finds that it exerts a hypnotic effect only in about 30 per cent of cases, besides having a very undesirable, and occasionally even dangerous, secondary action on the heart.—*Notes on New Remedies*.

The Maritime Medical News.

September, 1890.

EDITORS:

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

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

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

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

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

DR. MORROW,
 ARGYLE STREET, HALIFAX.

WE call the attention of our subscribers to the slips which some of them will find in their journals reminding them of their subscriptions being due. If you will follow out the proposal there contained and send your subscriptions for the coming year in advance, you will facilitate very much the management of the journal. We ask your co-operation in this matter.

AT the July meeting of the N. B. Medical Society at Moncton, the question of the formation of a Maritime Medical Association was brought prominently forward. Delegates from Nova Scotia and P. E. Island were present, specially appointed by their respective societies to discuss the subject with their New Brunswick confreres.

A decision was arrived at to form such a Society and provisionally to elect officers to act on behalf of and at the time of the first meeting. The proposal to form such a Society came, we believe, from New Brunswick. It is therefore, we think, fitting enough that the first meeting should be held in New Brunswick. It appears wise, too, to hold the meeting in St. John, especially since the meeting is timed to coincide with or immediately follow the N. B. Society annual meeting, so this will insure a good attendance.

The Maritime Medical Association should be a strong society, and will, we are confident, prove a powerful body in influencing matters to the advantage of the profession. Many matters of detail in the arrangement for the successful life of the Society

have hereafter to be determined upon. There will be opportunity for thought and discussion before next year's meeting. Just now we hope that *all* will take hold and join in making this Eastern Canadian Association a strong one. We believe it cannot fail to be.

IT must be a matter of great satisfaction to the profession in Moncton, to know that the last meeting of the N. B. Med. Society was so successful in point of numbers and in the interest taken by those present. The Committee of Arrangements attended to their duty in a manner which reflected great credit on them, and they are to be congratulated on the result of their labors.

The letter read by Dr. J. Christie from the President, excusing himself from attendance on account of severe illness, was listened to with most profound regret by all present, and the resolution of condolence passed by the Society was no mere formality, but was the expression of sincere interest and sympathy, lightened by the hope that Dr. Duncan's disease may not be of the serious character he suspects.

One thing was very plainly brought out at this meeting, and that was that a very large part of the limited time was worse than wasted by the slow method of electing officers. It appears to us that the most instructive and useful functions of our meetings are the reading and discussing of the papers which members are kind enough to prepare, and the hearing and debating of other matters of professional interest. If the papers which have been prepared, often at the expense of a great deal of time and trouble, are to be relegated to the fag end of the second day, when the large majority have left for home, it will not take long to put a complete extinguisher on all efforts of the kind. We hope the members at the next meeting will adopt some method of curing this evil, either by changing the bye-law relating to the mode of electing officers, or by deferring the election to the end of the meeting. A change of some kind is certainly demanded. We think, too, that a closer recognition and practice of the ordinary rules of debate would save a great deal of time that is now unnecessarily wasted. We are aware, of course, that as a profession we have very little opportunity of cultivating fluency of speech or expertness in putting into terse language all we might wish to say on a given theme, and it might in some cases, therefore, seem somewhat tyrannical for the chairman to refuse permission to a member to speak more than once to a motion, but a closer adherence to this rule than was

the case at our last meeting is much to be desired, and members should certainly be kept strictly to the subject before the house. When this is not done interest soon wanes. The whole value of the discussion on Dr. Crawford's paper was lost by a silly squabble about specialists, which was altogether out of order, and which should have been promptly squelched by the Chairman.

The dinner at the Brunswick in the evening was a fitting and pleasant wind up to the duties of the day.

It was enlivened by music and song, as well as interesting and witty speeches, while the presence of delegates from Maine, Nova Scotia and P. E. Island added very largely to the interest of the occasion, and was the first fruit of our effort to draw closer together into one association, the members of the profession in the three lower provinces, and, we think, gave promise that our move in that direction was a good one, and likely to be followed with most beneficial results. One interesting remark was dropped by Dr. Addy, one of the speakers at the dinner, that the last time he was in Moncton there was not a single physician in the place, while now there is a large and growing town of some 10,000 inhabitants, employing some twelve physicians. The fact is worth noting, as showing that our country is developing, and rapidly, too, notwithstanding the disparaging statements we hear made, sometimes by persons who ought to know better, and at others by persons who do know better. Vivat Moncton.

ANNUAL REPORT OF REGISTRAR PROVINCIAL MEDICAL BOARD, JUNE 30, 1890.

During the past year the Board has been called together ten times. The total attendance has been fifty-eight, making an average of about six members each meeting. The travelling fees for the year have amounted to \$190.00.

Owing to want of funds the Board has been compelled, during the year past as in the year previous to it, to act, as far as prosecutions are concerned, pretty much on the defensive only. The only exceptions were in the cases of Bond and Kergan. In the former the Board thought it advisable to run the risk of some additional expense, and appealed to the Supreme Court against the decision of Judge Johnstone in this case. The result was favourable in that, the judgment of the lower court was reversed and the costs of the trial and of the appeal were put upon Bond. It is also still more satisfactory to know that there seems to be some prospect of this debt, which amounts, as will be seen by reference to Messrs. Garden & Co.'s account, to nearly \$300.00, being in

course of time paid off by Bond, as he has undertaken to pay by instalments of \$20.00 a month, and has already made the first payment on account.

Another important matter settled by the prompt action of the Board, was the breaking up of the association of a registered practitioner with Kergan, of the "Detroit Medical Council," the recovery from the latter of the cost of two suits, and the banishment of the fellow from the Province. This the Board would not have felt warranted in undertaking had it not been secured against expense, at least to a considerable extent, by the generous assistance of the profession in Halifax. In another very important case, the Board, to a certain extent, took the initiative in moving towards erasing the name of a man, Wm. Ainslie Goodall, who secured registration under the pretence of establishing himself as a specialist in Halifax, but really as the sequel proved, for the purpose of carrying on a disreputable practice throughout the Province, after a style similar to the Detroit Council, and under the title of the London Staff of Physicians and Surgeons. A notice was served on Goodall summoning him to appear before the Board, to answer for his conduct and show cause why his name should not be removed from the Register. The result has been that he has handed in his resignation to the management of the so-called Staff, has returned his registration certificate to the Medical Board, and the secretary of the Staff has written a most servile apology to the Registrar, indicating that its members would no more trespass upon this Province.

In another case, of perhaps even more importance, the Board has had to act on the defensive. Having refused to register one Dr. G. H. Baynes, a graduate of McGill, on account of conduct and modes of practice similar to those of Kergan and Goodall, it is now called upon to show cause why a writ of mandamus should not be issued by the Supreme Court compelling the Board to register him.

The expenses of these cases and others more remote, have run up a solicitor's account of over \$500.00, and this with travelling fees for over two years, as well as Registrar's salary for past year unpaid, make it to be hoped that some means will be devised by which an annual tax of at least one or two dollars may be made payable by each registered practitioner, towards the running expenses of the Board.

Of twenty-five applicants for registration, twenty were registered on their original qualifications and curricula. Of the remaining five, one was refused registration on the ground of infamous professional conduct, and as already stated, the matter is now before the courts, one has already made up what was deficient in his curriculum, and one or more will, no doubt, yet do so. The number of applicants has been considerably more (5) than last year, while the percentage of first registrations (80%) is the highest yet obtained. A slight allowance has to be made for the fact that three of the twenty additions to the register were cases of restoration, not primary registrations;

this, however, would not affect the percentage of rejections.

The usual three Matriculation Examinations were held during the year, and the attendance and general results were as follows:

1st Exam.:	Candidat	33	Passed 2	Failed in one subject only 0	Failed 1
Sept. 5, 1889.	"	"	"	"	"
2nd Exam.:					
Oct. 31, 1889.	"	11	" 5	" "	3 " 3
3rd Exam.:					
May 1, 1890.	"	8	" 4	" "	3 " 1
Total for 1889-90	22	11	6	5
" 1888-89	26	14	6	6

Four of those who failed in one or more subjects in the first instance, subsequently passed and are included in the eleven mentioned under that head. Including those who passed the Board's examination and those who were exempted from passing it, twenty-three names were added to the students' register, being three fewer than last year.

During the year twenty names have been added to the Medical Register, seventeen being primary registrations and three cases of restoration. During the same period five names have been erased, all on account of death. The deceased include

- Allan Cameron, M. D., Univ. N. Y., 1886; died at St. Boniface, Manitoba, Jan. 16, 1889.
- John T. Cameron, M. D., Harv., 1865; died at River John, Pictou, March 19, 1890.
- James H. Denison, M. D., Univ. Penn., 1850; died at Brooklyn, Hants, Dec. 24, 1889.
- William Fraser, M. D., Glasg., 1863, L.R.C.S., Ed.; died at New Glasgow, Pictou, June 20, 1890.
- William Pearson, Lic. N. S., 1857; died at Musquodoboit, Halifax, Sept. 14, 1889.

Compared with last year the additions have been eight more, while the number of erasures has remained the same.

The total number on the Register, July 30th, 1889, was 326.

The total number on the Register, July 30, 1890, was 341, being a gain of fifteen names, or more than twice the increase of last year.

One name was added to the Midwives' Register, that of Mrs. Minnie Hamilton, on presentation of the diploma of Queen Charlotte's Hospital.

The correspondence of the year included about 438 communications, 228 of which were received and 210 sent out.

The following amounts have been taken as fees during the year:

21 Physicians,	\$20.00	Registration Fees.	....	\$420 00
1 " "	2.00	(add. qual.)	"	2 00
1 Midwives,	5.00	"	.....	5 00
14 Students,	5.00	"	.....	70 00
18 " "	10.00	" and	.....	180 00
Exam. Fees			.....	180 00

Total of Fees..... \$677 00

being an increase in fees over last year of \$90.00.

In addition, \$10.00 were sent in as subscriptions to the Board, and \$1.75 was realized from sale of Registers, making total amount received by Registrar, \$688.75, an increase of about \$52.00 over last year, but still below either of the two previous years.

A. W. H. LINDSAY, Registrar.

The Treasurer, J. F. BLACK, M. D., in account with the Provincial Medical Board.

1889.		
July 1st.	Balance in hand.....	\$ 51 50
Sept. 11th.	Recd. from suits against J. W. Kergan	142 10
Dec. 31st.	Amounts received from Registrar to date	250 00
1890.		
June 30th.	" " " "	438 75
		<u>\$882 44</u>
1889.		
Sept. 11th.	Interest on note People's Bank.....	\$ 4 22
"	Expenses suits against J. W. Kergan.....	76 85
" 19th.	Nova Scotia Printing Co	7 50
" 23rd.	Registrar's Salary to June 30th, 1889.....	150 00
Nov. 6th.	Rent room for Exams. Hx. Med. College.....	6 00
"	Professor J. B. Currie.....	30 00
"	Revd. Ebenezer Ross	30 00
1890.		
Jan. 14th.	Note People's Bank, with interest.....	204 11
April 20th.	Knight & Co	9 00
" 23rd.	Dr. J. E. Church (Fees refunded).....	25 00
May 22nd.	Rev. E. Ross.....	15 00
"	Prof. J. B. Currie.....	15 00
June 30th.	Registrar's Account—Sundries.....	16 61
"	Balance in hand.....	293 15
		<u>\$882 44</u>

Audited and found correct.

W. B. MOORE, }
S. D. MACGILLIVRAY. } Auditors.

Liabilities of P. M. B., June 30th, 1890.

Due Members for Trav. Fees, 1887-1888, (balance).....	\$ 35 00
" " " 1888-1889	59 00
" " " 1889-1890	190 00
Registrar's Salary, 1889-90	150 00
Legal Advisers acct. to date.....	487 00
	<u>\$921 00</u>
Balance in hand	293 00
	<u>\$628 00</u>
Costs in Bond suits probably recoverable	284 00
	<u>\$344 00</u>

THE IDENTITY OF CROUP AND DIPHTHERIA.—In spite of the fact that so many Boards of Health assert the practical identity of croup and diphtheria, many physicians refuse to accept the evidence and persist in the belief that membranous croup is non-contagious. For the benefit of such we quote the following from the *Monthly Sanitary Board*: "At Mansfield, Ohio, a serious outbreak of diphtheria has been traced to a case of so-called membranous croup. At the onset a child was attacked with what the attending physician pronounced membranous croup. The case was not reported to the Health Officer. The child died on Monday but was not buried till Wednesday. Scholars sat up with the corpse and a public funeral was held. Two children in the same family and one in a neighbouring family were attacked about this time with genuine diphtheria. The Mansfield Board of Health will now require physicians to report cases of membranous croup which will be dealt with in the same manner as cases of diphtheria." This is only another illustration added to the long list showing that genuine diphtheria may develop from exposure to cases diagnosed as membranous croup.—*American Lancet*.

Society Proceedings.

PROCEEDINGS OF THE ANNUAL MEETING OF THE
N. B. MEDICAL SOCIETY AT MONCTON,
JULY 15TH AND 16TH.

The President and Vice-President being absent, Dr. Inches was elected to take the Chair.

Minutes of last meeting read and approved.

Dr. Fuller, delegate from Maine Med. Society, was introduced and made a few remarks in acknowledgement of cordial reception. A motion to change the time for electing the Members of Council from the evening to the afternoon session, was carried. Dr. Walker then read his report as Treasurer for 1888, he being absent at last meeting; his report was received and handed over to Audit Committee, consisting of Drs. J. Christie and Bruce.

Dr. Currie, Registrar, read the report of the Medical Council.

Dr. Thorne, 2nd Vice-President, having now arrived, took the Chair.

Dr. James Christie read a letter from Dr. Duncan, the President, in which "he conveyed his thanks to the Society for electing him to the distinguished position of President—a mark of esteem and confidence which he appreciated all the more highly, from having been elected to it during his absence," and expressed his great regret that he was unable to be present at the meeting, owing to severe illness. This letter was heard with a great deal of sympathy and regret on the part of all present, and a resolution was moved by Dr. Daniel, "That the Secretary be instructed to convey to Dr. Duncan an expression of the deep sympathy felt by the Society with him in his affliction." Carried unanimously. Bills from the Secretary and Committees to the amount of \$9, were ordered to be paid.

Dr. Walker called the attention of those present to the necessity of keeping in mind the provisions of the Medical Act, concerning the requirements necessary to be observed by the student commencing study of medicine. A neglect of this causing a great deal of trouble and disappointment to those who neglect this matter.

Audit Committee on Dr. Walker's accounts reported them correct.

Dr. Bruce handed in his report as Treasurer for 1889. Handed to Audit Committee consisting of Drs. Church and J. Christie. Adjourned.

AFTERNOON SESSION.

On motion, the Society proceeded to the election of members to the Medical Council. The Chairman then said there was a doubt as to the number of vacancies to be filled. Dr. Daniel then read section 37 of the Medical Act, which showed the term of office to be three years, and as only two years of his term had expired, he expressed the opinion that his seat would not be vacant before next year. Several members expressed the opinion that Dr. Daniel was elected to fill the unexpired term of the late Dr. Earle. Dr. Walker stated that he was appointed by government in a broken period in the same way, and that the Attorney-General when asked for his opinion as to how long his term would continue under the circumstances, said that it was for the full term of four years. Dr. Daniel then stated as it appeared to be the wish of the meeting, that the full number of members be elected, while he adhered to his opinion, he would resign

in deference to the wish of the members. This point therefore remains unsettled.

The following were nominated: Drs. Daniel, Bruce, McCully, Jas. Christie, Ryan, Lawson and Hetherington. Of these the first five were elected.

The election of officers of the Society resulted as follows:

<i>President</i>	DR. WM. BAYARD.
<i>1st Vice-President</i>	" R. G. BAXTER.
<i>2nd</i> "	" CHURCH.
<i>Secretary</i>	" A. F. EMERY.
<i>Corresponding Secretary</i>	" H. G. ADDY.
<i>Treasurer</i>	" WM. CHRISTIE.
<i>Trustees</i>	" CUKRIE, PURDY and LUNAM.

The delegates from the N. S. Med. Society—Drs. Morrow, Tobin and Muir—and those from the P. E. I. Med. Society, Drs. MacLeod and MacNeill, were introduced and addressed the meeting, stating that their respective Societies had authorized them to convey to this Society their unanimous feeling in favour of the formation of a Maritime Medical Association, and had given them power to act, provided the Provincial Societies were not interfered with. It was decided to consider the subject in the evening.

St. John was chosen for the next place of meeting, and Drs. Walker, Emery, J. Christie, H. G. Addy and Inches were appointed the Committee of Arrangements.

The reading of papers was now proceeded with. Dr. Edmund Moore read a paper on "The Public Status of the Medical Profession," which was attentively listened to and well received. The paper was discussed by Drs. Daniel, McCully, Tobin, J. Christie, Fuller and Joval.

Meeting adjourned.

EVENING SESSION.

Dr. Thorne in the Chair.

Dr. Crawford read his paper on "Suppurative Disease of Middle Ear." Remarks were made by Drs. Bruce, Gray, E. P. Doherty, E. O. Steeves, Myshraal, Daniel, Jonah, J. Christie, Tobin and Fuller.

The subject of the formation of Maritime Medical Association was then taken up, and Dr. Morrow submitted the scheme which had been matured by that Committee. After considerable discussion the scheme was adopted in its entirety, the first meeting to be held in St. John, July 22nd, 1891. The following provisional officers were elected:

<i>President</i>	DR. BAYARD, St. John.
<i>Vice do. for New Brunswick</i> ..	" WALKER, St. John.
" for Nova Scotia	HON. DR. PARKER, Halifax.
" for P. E. Island	DR. JOHNSON, Charlottetown.
<i>Sec.-Treasurer</i>	" MORROW, Halifax.
<i>Committee of Arrangements</i> ..	DRS. BRUCE, DAVID, W. CHRISTIE and HETHERINGTON.

The meeting then adjourned to the Brunswick Hotel, where a very pleasant evening was spent, and full justice done to the elaborate bill of fare generously provided by the members resident in Moncton.

Wednesday, July 16th.

The Society met at 9 a. m. Dr. James Christie in the Chair.

Dr. Daniel gave notice that at the next annual meeting he will move that the bye law relating to the election of officers be changed to read as follows:

"The officers shall be elected at the regular annual meeting, and shall hold office for one year or during the pleasure of the Society. The officers respectively shall be nominated by a committee of five, which committee shall be appointed by the presiding

WYETH'S COMPRESSED PILLS.

These COMPRESSED PILLS are made by DRY COMPRESSION, and can be furnished either sugar-coated or plain. They are readily soluble or diffusible, and, being flat in shape, are more easily swallowed than those of any other form. Owing to the absence of the excipients ordinarily employed in making Pills, they are smaller than those made by any other process. They are smooth, glossy and elegant in appearance, and are made only of the purest materials. Leading Physicians have found our Compressed Pills to be reliable and quick in their action.

Bisulphate of Quinine being a more soluble salt than the ordinary Sulphate, we recommend its use in preference to the other. When given in the form of a "Compressed Pill," it will act as promptly as a solution of ordinary Quinine.

All of WYETH'S preparations are now dispensed by the leading druggists, and are regularly prescribed by a large majority of the Physicians of America, who prefer them on account of their superior quality, elegance and flavor.

Samples of our goods furnished free on application in person or by letter.

Private or special formulas received from physicians and druggists are prepared under our personal supervision.

Estimates given in such cases of the cost on application.

WYETH'S COMPRESSED TABLET TRITURATES,

Combining Absolute Accuracy of Dose, Convenience of Administration, Speedy Disintegration, and Consequent Rapid Absorption, thereby insuring the most Effective Results.

We feel confident that few physicians will prescribe any of the more powerful remedies, such as Aconite, Morphine, Digitalis, Arsenic, etc., either in powders or in solutions, when fully aware of the advantages presented by WYETH'S TRITURATES, their accuracy and convenience in administration, coupled with the absolute freedom from danger in prescribing always attending to a greater or less extent the dispensing of dangerous drugs in the form of powders, drops, or large doses in solution.

The TRITURATES are absolutely exact, and will keep indefinitely; they can be readily swallowed with a mouthful of water, or, if smaller doses are required, for infants, the tablet can be reduced to fine powder by simply crushing with a knife or thumb-nail.

WYETH'S circular (which it will give us pleasure to forward) gives in detail all the claims they make for this series of preparations, together with a list of all the combinations. It embraces almost every drug in popular demand, and the doses are so graduated as to meet every indication.

We shall be glad to send samples of these Triturates to any physician who may desire to try them in his practice.

Complete lists, with prices, etc., of all our preparations, will be sent by mail on application.

WYETH'S COMPRESSED HYPODERMIC TABLETS, WITH NEW COMBINATIONS.

Messrs WYETH claim for their Hypodermic Tablets: Absolute accuracy of dose; ready and entire solubility; perfect preservation of the drug. Their convenience and utility will at once be apparent on examination.

They are put up in Cylindrical Tubes, convenient for carrying in Hypodermic or Pocket Case, ten tubes in a box, with twenty tablets in each tube.

NOTE.—It will only be necessary in ordering to specify the numbers. (See Price List.) These Tablets will be sent by mail on receipt of the proper amount.

DAVIS & LAWRENCE CO., Limited, MONTREAL,

GENERAL AGENTS FOR CANADA.

Please mention THE MARITIME MEDICAL NEWS.

WYETH'S BEEF, IRON and WINE.

EXTRACT OF BEEF, CITRATE OF IRON, and
SHERRY WINE.

In this preparation are combined the stimulant properties of WINE and the nutriment of BEEF, with the tonic powers of IRON, the effect of which on the blood is so justly valued. 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. The peculiar feature of this combination is that it

COMBINES NUTRIMENT AND STIMULUS.

Prompt results will follow its use in cases of sudden exhaustion, arising from either acute or chronic diseases, and will prove a

Valuable Restorative for all Convalescents.

As a Nutritive Tonic it would be indicated in the treatment of impaired nutrition, impoverishment of the blood, and in all of the various forms of general debility. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron, dissolved in Sherry Wine.

IMPORTANT.

MARCH 1ST, 1890.

We have been advised by Physicians and Druggists of Imitations of our **BEEF, IRON and WINE**, so similar in appearance (the bottle and style of label being an exact copy, with *verbatim* wording); that any one would be deceived, rendering it necessary for the purchaser to see that our NAME is on the LABEL to avoid being imposed upon.

The reputation of this combination has been created by that of our manufacture, and we feel that Physicians should give our article the preference, as they can depend upon the quality of the material, as well as upon intelligent manipulation in its preparation; while a great deal that is made and claimed to be equal to ours, is disagreeable to the taste, offends the stomach, and must disappoint the prescriber.

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Please mention THE MARITIME MEDICAL NEWS

officer immediately after the reading of the minutes, and the Society shall vote on the names handed in by such committee. If on a ballot being taken one or more of the gentlemen so nominated shall not be elected, the committee shall report the names of one or more other gentlemen to take the place of those not elected, and so on till the number is complete."

A committee was appointed to procure a number of copies of the Code of Ethics of the American Med. Association for sale to the members. Dr. James Christie and the Secretary were made the Committee.

Dr. Daniel read his paper on Contractions of the Palmar Fascia.

Dr. Gray read a paper on Treatment of Scarlatinal Dropsy. It was discussed by Drs. Myshraal, E. O. Steeves and Upham.

Dr. Myshraal read a paper on "Pharmacology from a Medical Aspect." Remarks were made by Drs. J. and W. Christie, Gray, Sayre, and Steeves.

Dr. Brydges read a paper on "Women as Medical Practitioners." Discussed by Drs. Daniel, Melvin, Steeves and Bourque.

Dr. James Christie related a case of laparotomy for obstruction of the bowels, the obstruction being found in the internal abdominal ring. The patient made a good recovery.

Dr. Crawford related two cases of sarcoma of the orbit, showing photographs.

A committee consisting of Drs. Walker, E. O. Steeves, Crawford, W. Christie and Emery, were appointed to revise the scale of fees and report at next meeting.

Five dollars was voted for caretaker of building in which meeting was held.

Votes of thanks were passed to the Oddfellows for the use of their hall, and to the Moncton members for the very handsome manner in which they had entertained the Society and carried out all arrangements.

Meeting adjourned.

A. F. EMERY,
Secretary.

THE Annual Meeting of the Pictou County Medical Society was held in Pictou on July 15th, the President, Dr. Geo. J. McKenzie, in the Chair. A petition was presented from the W. C. T. U., asking the Society to take into consideration the subject of the prescription of alcohol. The following resolution was adopted unanimously: "Having read the communication from the Women's Christian Temperance Union, we find ourselves in cordial sympathy with the objects of their Association, and desire to re-affirm our resolution, adopted at the annual meeting of 1882, that alcohol should be regarded as a drug, and its sale restricted to the drug store as is done with other poisonous drugs."

Dr. Mitchell drew attention to the loss this Society has recently sustained in the death of Dr. Fraser, of New Glasgow, and the President and Secretary were appointed a Committee to convey to Mrs. Fraser and family an expression of the regret and sympathy of the Society.

The tariff of fees lately drawn up by the Intercolonial Railway Employees Relief and Insurance Association, was next discussed, and it was unanimously resolved "that in case of attendance on I. C. R. employees this society adheres to its own scale of fees already published."

It was resolved also "that a copy of the foregoing resolution, with a copy of our scale of fees, be sent to the I. C. R. Relief and Insurance Association, and to each member of the Pictou County Medical Society."

Dr. McDonald gave notice that at the next meeting of the Society he would bring up for discussion the question of tendering for contracts.

It was agreed to hold the next quarterly meeting in New Glasgow (October).

Thereafter the members adjourned to the residence of the President where they discussed the delicacies of the season, likewise many philosophical, political, scientific and humorous questions, chiefly humorous.

JOHN STEWART, *Secretary.*

Special Notices.

CANADIAN MEDICAL ASSOCIATION.

The programme of the next annual meeting of the Association, which will be held in Toronto on the 9th, 10th and 11th of September, will include the following addresses and papers:—

Address in Medicine, by Dr. Prevost, Ottawa.

" Surgery, by Dr. Chown, Winnipeg.

" Obstetrics, by Dr. J. Chalmers Cameron, Montreal.

Address in Materia Medica and Therapeutics, by Dr. W. S. Muir, Truro, N. S.

PAPERS.

The Failure of the Removal of the Ovaries and Tubes to Relieve Symptoms—Dr. Jas. F. W. Ross, Toronto.

Abscess of the Brain—Dr. G. Stirling Ryerson.

Pernicious Anæmia (with report of two cases)—Dr. A. McPhedran, Toronto.

The Cardiac Complications of Gonorrhœal Rheumatism—Dr. R. L. MacDonnell, Montreal.

Pharmacology of Salicylamide—Dr. W. Beattie Nesbitt, Toronto.

Syphilitic Ulceration of the Vocal Cords—Dr. F. G. Finley, Montreal.

Cholecystotomy—Dr. F. J. Shepherd, Montreal.

Inhalations in the Treatment of Chronic Pulmonary Diseases—Dr. Price Brown, Toronto.

(a) The Local Administration of Bichloride of Mercury as an Alternative in Pelvic Exudations in Women; and

(b) Why Apostoli's Method Sometimes Fails—Dr. A. L. Smith, Montreal.

Chronic Urethral Discharges: their Diagnosis and Treatment. With a Demonstration of the Electric Endoscope—Dr. Edmund E. King, Toronto.

(a) Electricity in Gynæcology. Report of Cases;

(b) Porro's Operation. Report of Case—Dr. Holford Walker, Toronto.

A Contribution to the Operative Treatment of Injuries to the Spinal Cord in the Cervical Region—Dr. James Bell, Montreal.

Exhibition of Cases—Dr. B. E. McKenzie, Toronto.

A dinner will be given on the evening of the 11th by the members of the profession in Toronto, and a yachting excursion, to occupy a part of the afternoon of the 10th, is in contemplation.

N. B.—Members will please note that certificates entitling them to reduced travelling rates will not be issued this year, as heretofore, by the Secretary, but will be obtained from the agent at the starting point of the journey. Arrangements have been made by which (1) the Intercolonial Railway will give single fare rates to those attending the meeting. (2) The Richelieu and Ontario Navigation Co. will give fare and a third rates from Montreal.

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

Books and Pamphlets Received.

RECOLLECTIONS OF GENERAL GRANT. By George W. Childs.

FROM THE STUMP TO THE LIMB. A description of A. A. Marks' Artificial Limb establishment.

THE NEW TREATMENT OF PERITONITIS. By Emory Lamphear, M. D. Read before the Grand River District Medical Society.

ANNUAL CATALOGUES of the University of the City of New York, of the College of Physicians and Surgeons of Baltimore, and of the University of Buffalo Medical Department.

ARSENITE OF COPPER. The results of collective investigation. By John Aulde, M. D. A paper presented to the Pennsylvania State Medical Society at the annual meeting held in Pittsburg, June, 1890.

THE NATURE OF THE GIANT CELLS OF TUBERCLE AND THE ELEMENTS ASSOCIATED THEREWITH, AS SEEN IN COMPARATIVE PATHOLOGY. By Walter K. Sibley, M. B., B. C., B. A., Cantab.—From the *Journal of Anatomy and Physiology*.

Reviews and Book Notices.

RECOLLECTIONS OF GENERAL GRANT. By George W. Childs.

The first part of this little book is chiefly taken up with anecdotes from General Grant's private, political and military life, illustrating his character. Next comes a notice from *Harpers' Weekly* of a reception given to General Grant by Mr. Childs on the General's return from Europe. Then Mr. Childs describes the ceremony of making General Grant a member of the Grand Army of the Republic which took place at Mr. Child's office. An account is then given of the presentation by Mr. Childs to West Point of the portraits of Generals Grant, Sherman and Sheridan. The book closes with an extract from the *New York Sun*, February 1888, on "The West Point Report," containing several references to Mr. Childs.

This booklet can be read in a couple of hours and will interest the friends of either General Grant or Mr. Childs.

PLAN OF THE CITY OF HALIFAX. Knight & Co., Publishers.

This is a large coloured map of Halifax and Dartmouth, with concentric circles showing the distance between any two points. The map is folded up in a cover so that it may be put in the coat pocket. It is just the thing for strangers in the city. It may be obtained from Knight & Co., Granville St., for 15 cts.

Personals.

DR. MURRAY MACLAREN becomes a member of the Editorial staff of the NEWS with this issue, in succession to Dr. L. C. Allison.

PROF. POOLEY, of the New York *Polyclinic*, has placed Dr. E. A. Kirkpatrick in charge of his private and hospital practice for the summer, while the former spends the season in Europe. Office, 107 Madison Avenue, New York City.

DR. MORRELL MACKENZIE has been compelled to defer his anticipated visit to this country—in which it was said he would lecture as he went about—until next year, in consequence of ill-health.—*Medical and Surgical Reporter*.

INDICATIONS FOR THE USE OF GLYCERIN INJECTIONS AND SUPPOSITORIES.—The observation of the effects of glycerin injections and suppositories in a large number of

patients has led Dr. Polubinski (*Deutsche Medicinal-Zeitung*, June 19th, 1890,) to the following conclusions:—

There is no doubt that glycerin irritates the mucous membrane of the rectum. This is shown both subjectively in the burning produced by it, and objectively by the ascending of the mercurial column of the thermometer, if pushed deep enough within the intestine.

The increase of temperature and the desire to defecate are of but short duration, and the latter may often be overcome voluntarily by the patient. The irritation of the mucous membrane produces no local secretion, since the fæces, evacuated as a consequence of injections of glycerin, are only covered with glycerin. The author obtained the best results when the rectum and sigmoid flexure are filled with scybala. If fæces collect in the upper parts of the intestinal tract, glycerin is then inefficacious. According to the author, therefore, the cases in which glycerin enemata and suppositories are indicated are,—*first*, when the faecal masses are already in the rectum; *second*, when they are in the parts of the large intestine immediately above, as occurs so often in lying-in women; *third*, in diseases or physiological conditions which produce mechanical pressure on the rectum or sigmoid flexure, such for example, as new formations in the pelvis, pregnancy, etc.; *fourth*, in scrofulous children; *fifth*, in persons who, although they may daily succeed in having evacuations of the bowels, yet in whom the act of defecation is only accomplished with difficulty and accompanied by pain, and in whom in general the fæces are of excessive density.—*Therapeutic Gazette*.

HYDROGEN PEROXIDE IN DIPHThERIA.—DR. GEORGE W. MAJOR, of Montreal, has treated twenty-two cases of diphtheria with an aqueous solution of peroxide of hydrogen, applied locally. He has used it internally also, but the local use is that affording the results of which he writes in the *Montreal Medical Journal* for January. His experience with the peroxide solution has extended over two years, with cases of more than ordinary severity, and with a decided septic tendency. Fourteen cases presented nasal diphtheria. He has been enabled with this agent to keep the nose free from membrane. He says: "I have seen it remove membrane as quickly as it could form." In cases in which there was an offensive odor before the use of the peroxide, the discharges have after its employment become freed from their unpleasant odor. He commonly began by using a sixty per cent. solution of the so-called "ten-volume peroxide," but not infrequently used it in its full strength. The merits of this preparation are summed up to be: 1. It is void of offence to taste or smell, being odorless and almost tasteless. 2. Its use is painless and it is incapable of exciting any irritation in the parts to which it is locally applied. 3. It is not poisonous, and may be swallowed with impunity, if any excess of topical application happens to be used. 4. It is powerfully antiseptic and deodorant. 5. It is a perfect solvent of the exudate of diphtheria. It in no way precludes the employment of the bichloride solution or any other remedy, but rather paves the way to their more thorough action. When used internally, the dose given by Dr. Major has been from half a drachm to two drachms. He further states that Dr. I. N. Love, of St. Louis, has used the peroxide solution in weaker dilution than himself; the former adds to the ten-volume peroxide either three or two times its volume of water. Dr. Glasgow, of St. Louis, has used the peroxide for three years with most satisfactory results.—*N. Y. Medical Journal*.

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In calling the attention of the profession to this 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 or 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.

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Diseases of Women.—Professors Bache McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., J. R. Nilson, M.D.

Obstetrics.—Professors C. A. von Ramdohr, M.D., Henry J. Garrigues, M.D.

Diseases of Children.—Henry Dwight Chapin, M.D., Joseph O'Dwyer, M.D., J. H. Ripley, M.D.

Diseases of the Eye and Ear.—D. B. St. John Roosa, M.D., W. Oliver Moore, M.D., Peter A. Callan, M.D., J. B. Emerson, M.D.

Diseases of the Nose and Throat.—Clarence C. Rice, M.D., O. B. Douglas, M.D., Charles H. Knight.

Veneral and Genito-Urinary Diseases.—Frederic R. Sturgis, M.D., L. Bolton Bangs, M.D.

Diseases of the Skin and Syphilis.—R. W. Taylor, M.D.

Diseases of the Mind and Nervous System.—Professors Charles L. Dana, M.D., Graeme M. Hammond, M.D., A. D. Rockwell, M.D.

Anatomy and Physiology of the Nervous System.—Professor Ambrose L. Ranney, M.D.

Hygiene.—Professor Edward Kersbner, M.D., U. S. N.

Pharmacology.—Professor Frederick Bagoë, Ph.B.

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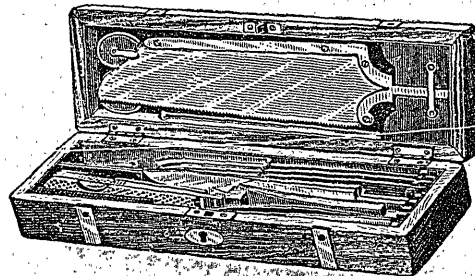
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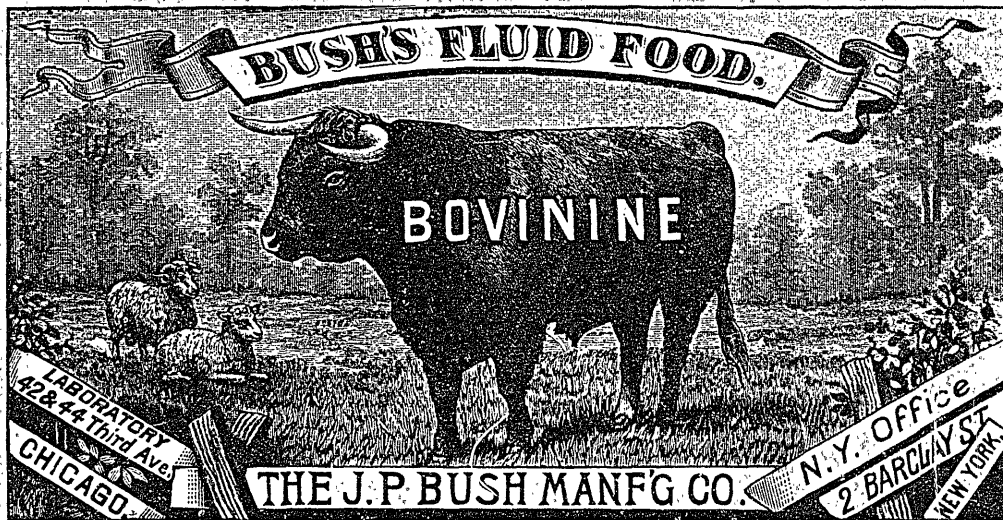
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2 Barclay Street, - New York City.

Please mention the MARITIME MEDICAL NEWS

THE TRUTH ABOUT PEPSIN.

The competition among pepsin manufacturers for the past year has been so great as to lead to not a little misrepresentation by the less scrupulous as to the actual facts. The controversy over the subject of pepsin tests and standards and comparative digestive power has gradually simmered down to a recognition of certain facts which all physicians should now recognize. These may be briefly stated as follows:

Since the last revision of the U. S. Pharmacopœia there has not been a single instance where the remedial value of a preparation has been so greatly enhanced, through the instrumentality of the manufacturing pharmacist as in the case of pepsin.

This achievement has resulted from the elaborate researches which have been conducted in the department of our laboratory devoted to original work. We have thus been enabled to increase the proteolytic or digestive power of commercial pepsin to a standard forty times higher than that required by our Pharmacopœia, and, at the same time, imparted to our product certain qualities which have been heretofore regarded as verging on the impossible.

Our pepsinum purum in lamellis and pepsinum purum pulvis meet all the requirements of a typical preparation, not only as regards their freedom from toxic substances, but in point of digestive activity as well. Both are capable of dissolving two thousand times their weight of coagulated egg albumen under the conditions of our published test, but should the experience of physicians indicate that a still greater activity is desirable, we are prepared to meet their wants in this direction, as a degree of activity has already been reached by us which is many times that of our present standard.

We supply pepsin in the following forms:

Pepsinum Purum in Lamellis; Pepsinum Purum Pulvis; Pepsin, Saccharated, U. S. P., 1880; Pepsin, Glycerole, Concentrated; Pepsin, Lactated; Pepsin, Liquid, U. S. P., 1880; Pepsinum Purum Tablets, 1 gr., Sugar Coated.

All information desired by physicians as to our pepsin products, our general line of standard medicinal preparations, pharmaceutical specialties, and the latest therapeutic novelties and improvements in methods of medication, will be promptly furnished on request.

NORMAL LIQUIDS.

In Normal Liquids, which we introduced in 1883, we made the first attempt to meet the requirements of physicians and pharmacists for a uniform and reliable class of fluid preparations of drugs not open to the objections and uncertainty of fluid extracts made by U. S. P. process.

The standard decided upon for these fluids was the result of long experience in the collection, purchase, examination and analysis of crude drugs with a determination of the amount and character of their active principles. The reliability of normal liquids soon led to their large consumption, and the medical profession have evinced their preference for them to such an extent as to make them now an established and popular method of exhibiting the toxic and narcotic drugs.

It is believed that the best interests of pharmacy and medicine will not be served unless **these or like preparations are officially recognized.** For concentrated tinctures of a definite strength, the name "normal liquids" appears to be happily chosen, as it implies a definite standard of strength. The list should embrace preparations of the more potent crude drugs, 1 Com. representing 1 gramme of drug of standard strength.

As a step in this direction we have long supplied the following normal liquids:

Aconite Root.
American Hellebore.
Belladonna Leaves.
Cinchona Root.
Cannabis Indica.

Cinchona Calisaya.
Coca.
Coichicum Root.
Colchicum Seed.
Conium Fruit.

Ergot.
Foxglove.
Gelsemium.
Henbane.
Ipecac.

Mandrake.
Nux Vomica.
Rhubarb.
Stramonium Leaves.
Stramonium Seed.

Circulars and reprints of articles on normal liquids and the necessity for a higher standard of accuracy for toxic and narcotic drugs sent to physicians on request.

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

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