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## Contents.

	PAGE		PAGE
ORIGINAL COMMUNICATIONS :		CORRESPONDENCE :	
Hygiene. By A. P. Reid, M. D. ....	171	Canadian Medical Association .....	185
Presidential Address of Dr. M. McLeod, at Meeting of P. E. Island Medical Association, July, 1891, ( <i>Continued</i> ) .....	176	SELECTIONS :	
Croup in its Relation to Diphtheria. By P. R. Inches	178	Case of Tubal Pregnancy; Rupture about twelfth week : Abdominal Section : Recovery.....	186
EDITORIALS :		NOTES AND COMMENTS .....	
Disposal of the Dead by Cremation.....	184	REVIEWS AND BOOK NOTICES.....	
Medical Men who go to Court.....	184	PERSONALS.....	
			188
			183
			188

## Original Communications.

### HYGIENE.

BY A. P. REID, M.D., &C.

*Superintendent N. S. Hospital for Insane, Prof.  
of Hygiene and Med. Jurisprudence,  
Halifax Medical College.*

### CHAP. III.—DIRT, OR MATTER OUT OF PLACE.

Before attempting to describe a thing it is well to know what it is, in so far as it can be found out, and the reader will excuse an attempt to be precise as well as accurate.

In using the terse old Anglo-Saxon word of 4 letters *dirt*, though not so polished or euphonious as others, yet it conveys a very distinct impression inclining to accuracy rather than polish.

The same idea might be expressed by a Defective Hygiene—Insanitary conditions, noisome products, etc., etc., but to the writer's fancy the correct scientific meaning is "matter out of place."

Let us analyze it:

When on a railway train, and a particle of iron rubbed off the wheels get into the eye, there is no hesitation in calling it *dirt*; but in its proper place in the wheel no such idea is suggested. Or if these particles light on the sandwich at lunch they would be *dirt*, but if given as a powder in prescription as "ferrum pulveratum," they would be

highly esteemed, and so we might give instances by the thousand.

We may also have invisible dirt. Carbonic acid in quantity in the air we breathe would be dirt, but in "aerated water" is highly valued: or it may be a living thing, as a fly in the soup, dirt—but on carrion fulfilling its life's duty it is a benefit to all living things; to vegetables by assisting in preparing their food; to animals by removing a probable source of disease.

Since then *matter* IN or OUT of place means perfect Hygiene or its converse, then our whole subject is bound up in this consideration. In this also we must combine the two kingdoms of nature, vegetable and animal, as they are interdependent.

Scientific research is often indefinite, even contradictory; but one biological fact is accepted *nem con.*, viz.: "That the products resulting from the retrograde metamorphosis of tissue—be they solid liquid or gaseous—the substances which have undergone a change in their automatic relations as a result of the process called life, or using simpler expressions, such as tissue waste or excretory products, all or any are poisonous to the life that produced them, be it animal or vegetable, if they be retained for any time in contact therewith." As an illustration—

The *torula cerevisiæ* gives alcohol and carbonic acid as the result of its life action, and the presence of 10 per cent. of alcohol or a sufficiency of carbonic acid, arrests its living functions, and in larger quantity destroys the

life which produced them. This well known fact is clearly understood by the alcohol manufacturer, and he rarely pushes the fermentation beyond 5 or 6 per cent. of alcohol, more frequently 3 per cent., when he wants to get all the work he can out of the "torula."

The same law is the basis upon which Koch relies for the destruction of comma bacillus by "tuberculin," and so we might take up every variety of life.

Every one knows how destructive to animal life are the solid liquid or gaseous excrementitious products if they be retained in too large quantity by the animal economy, or if they be introduced from without in such quantity as the organism is unable to eliminate.

Hence, in treating of Hygiene, we must consider that those things most inimical to animal life are chiefly the products of its own existence—the dirt—or the matter out of place, which is the bane of health and life, and "the thorn in the flesh" of the sanitarian.

They must be considered under two heads:—

1st.—Their presence "in propria persona" when their quantity is the measure of their evil influence, and

2nd.—The products which result from the changes which they undergo after excretion, when they become not only much more virulent, but the "nidus" for bacterial life which may decimate a community.

These changes have been previously referred to, and used to be classed as fermentation or putrefaction, but by biologists at present these terms mean the new life established in these products from the dust of the atmosphere, or self-contained germs that finally split this refuse into simple chemical elements, but before reaching this harmless condition poisonous compounds—ptomanes—a new race of germs and other things we are not well acquainted with, are apt to appear in this unsanitary procession.

All microbes are not inimical to human health. Many, and mayhap the majority, are of special service in as many ways, but why is man so punished by certain classes of these germs; and what protection has he got against them?

Some theologians would answer, "it is due to man's natural depravity," but as we can only be guided by observations the answer must be, we do not know, to the first query; and to the second, that the senses

instinctively abhor the conditions which give rise to this class of germs, and this is the rule throughout animated nature. And if by perversion or any other cause the senses fail to do their duty, then other means are forthcoming, which will compel obedience to natural laws on penalty of the life or lives of the delinquents. Since it is the instinct of the *genus homo* chiefly which becomes perverted, so he suffers, and as he tends to pervert the natural life of his companion species—vegetable and animal—so do they in like manner suffer.

The deleterious products or excreta can be classed as follows, and when the term *tissue waste* is included these four classes are included:—

1st.—*Gaseous*—Carbonic acid and vapor of water combined with virulent nitrogenized substances that pass away in the exhalations from the lungs and skin.

2nd.—*Fluids*—Substances in watery solution that are expelled by the skin, mucous membranes and kidneys.

3rd.—*Solids* removed by desquamation and by the intestinal tract.

4th.—Products of the decay of the body as a whole after death.

All these "tissue wastes" are modified by the condition of the organism producing them at the time they separated from it, whether it was in a state of health or disease, or in other words whether these products were only harmful as simple waste or excreta, or specially virulent by containing germs, given off by a body laboring under specific disease.

In treating this subject it must be divided up into sections, and how to do so without being tedious is the dilemma upon which the writer is perched, and he must get the reader's assistance before again reaching *terra firma*.

Previous to getting into this uncanny position the path must be cleared.

It has been again and again stated that *tissue waste* is the great source of bad Hygiene and disease as well, that it is a poison, etc., etc., all of which are facts. But again it is a continuous normal constituent of the body in perfect health, as in disease, and it must be so if we look at its *genesis*. Every thought, word, act or effort, of the economy means tissue waste. Every fluid and solid is charged with it, but *per se* it does not cause disease unless it accumulates from a failure in some of the emunctories or (and here you may differ with the writer,

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**TO DOCTORS.**


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but he considers his position cannot be effectively assailed) when in normal quantity by furnishing a nidus for foreign (disease) germs; it nourishes them while going through their life changes, which changes are grouped together as zymotic diseases. These are often called filth diseases, and correctly so, the writer would say doubly so, because first, as it is ordinarily accepted they proceed from some form of so-called filth from the outside of the economy; and second, we would say because they depend for their sustenance on what can be termed filth, which is naturally and continually present in the economy.

It is the firm belief of the writer that every disease, specific or not, is due to the presence of tissue waste in abnormal quantity, or quality, or both; but in specific types there is a foreign element present.

Experience shews the truth of this proposition, for no matter what the *pathy* or *theory* from Hippocrates down, the treatment of disease is "to act on the emunctories" or to remove tissue waste, though much more mystifying language is and has been used. However, as we are now treating of Pathology, we cannot further discuss this subject, and will close by stating that the duty of the physician is bound up with tissue waste while within the body, and that of the Sanitarian with the same material after it has been expelled from the economy.

We can go farther and say that, *per se*, it is not a cause of disease after its removal by the emunctories, even if it is retained for a time in contact with the economy—if *no foreign matter gets at it*.

But, and this is the key to the whole subject, foreign matter will get at it unless it be sterilized and then hermetically sealed, for the air normally contains germs which cause changes in tissue waste, rendering it poisonous to the being from which it came, or, in fact, to any one in its vicinity.

Impart a specific virulent contagium and it is the nidus, the soil specially adapted for any noxious growth.

THE LIVING BEING AND TISSUE WASTE CANNOT BE TOO SOON AND TOO WIDELY SEPARATED FROM EACH OTHER.

If this be so, and the animal kingdom is in common with man liable to disease thus produced, Why do animals escape?

A very pertinent question it would be well for us to consider, for perchance it may point out the road for man to follow to escape punishment, and we will consider it in the next Chapter

#### CHAP. IV.—THE HYGIENE OF INSTINCT.

Animals in a state of nature very rarely suffer from disease; rising in the scale of intelligence. savage tribes are not much subject to disease except when they come in contact with what it pleases them to call civilization.

Rising still higher in the scale, we come to the nomadic tribes with their flocks and herds (of a previous age rather than the present), and there was a similiar immunity.

Let us now consider Civilization:

1st: *Ancient*—History informs us that as communities became popular they became subject to disease—sporadic and epidemic—and on the authority of Hippocrates the maladies were similar or allied to those of to-day.

2nd: *Modern*—Pioneers and settlers in new countries have, as a rule, good health and a minimum of disease; but the same families, living in the same place, when they become better off, become subject to various maladies.

It is a common saying in America at least that 100, 80, 60, 40, 20 years ago there were few doctors in proportion to population and but little sickness. It may be answered that there being few doctors, people had to do without them, and though this may account for it to some extent, yet it is not a sufficient explanation.

The writer's experience of the past 30 or 40 years is, that less disease prevailed, and sometime since, when visiting the field of his first efforts for the relief of "Corpora Aegra", he found that where he and another supplied every demand, there were now over ten practitioners, and each of these was satisfied with his practice. Though the population (it was a country district, no towns included) had increased, it had not more than doubled.

Coming now to the centres of civilization, whether represented by cities, large towns and commercial centres, or at a distance from these and in country districts where modern incursions shew the wealth and intelligence of their occupants—with all the conveniences and privileges that wealth confers—and it is in such places that we find disease of serious type shew itself. Not only amongst the wealthy and their fine houses, but their dependents and contemporaries who may live in every variety of residences down to the hovel and the cellar, all are similarly and, it would not be a great stretch of the imagina-



tion to say, equally affected, let it be in town, city or country.

The reader will justly say, what a contradictory series of propositions.

We must analyze them and find out whether it be not in our power to eliminate the accidental, and discover the active combinations which mar the health and happiness of the human family.

The explanation is easy in the light of the axiom in the preceding chapter, *The living being and tissue waste cannot be too widely separated from each other.*

Most animals in a state of nature being nomadic in their habits are at once separated from their excreta, which exposed to air, light, &c., are utilized by lower forms of life and rapidly rendered innocuous.

Those of different habits, as beavers, &c., are careful to keep their living apartments untainted. The lower types of the human family are somewhat similar in their habits and enjoy like immunity. The nomad *may* regularly frequent certain camping grounds but his residence being always limited as to time, natural agencies dispose of deleterious residues before his return.

In the earlier days of the settlement of a country, the residents live in houses generally well ventilated owing to rudeness of construction, and the refuse is rapidly acted on by air, light and vegetation—the privy generally above ground has its contents similarly disinfected.

Summing up all these examples of immunity from disease, we find one common factor in explanation: Scattered communities and thinness of population. By parity of reasoning the converse should obtain: *Density of population and pro rata increase of disease.* This is a matter of common observation, and is so self-evident that there is no need of further argument to prove the proposition. As a corollary to the above, if such means were to be adopted in dense populations as would remove excreta from the living as rapidly and effectually as obtains in the more primitive conditions, there would be like immunity from disease.

This no doubt will be granted without argument, and hence the business of the Sanitarium is to accomplish this result. It is difficult to carry this out and costly withal, but it is doubly so owing to the want of correct knowledge not only of what is to be done, but of the way to do it.

So intimately associated with these are the air we breathe, the water we drink and

the food we eat, that ail must be handled in common.

The Hygiene of instinct means that in thinly populated places the natural abhorrence of the waste products of the individual's life causes them to be placed where they give no offence, and under such conditions that natural agencies perfectly dispose of them, and this so rapidly that their capacity for evil is annihilated.

But there is a dark spot in this fair picture due to an instructive laziness or antipathy to work, common to all animated nature, which combined with carelessness would minimize if not neutralize this sanitary success.

That this is not jeopardized is due to another wise dispensation of providence (classed generally as) parasites, to illustrate.

The epidermis is removed not by absorption but expoliation, and negligence in its removal would entail a lot of maladies, which negligence is thus corrected.

The genus *pediculus* luxuriates in effete epidermic scales and where this food obtains in abundance so do they flourish in numbers, size and activity with, as a result, a very perfect removal of worn out epidermis, for what is not used as food is swept away by the very active efforts of the individual to allay the irritation thus produced.

The writer has very frequently had his attention called to this method of enforcing sanitary rules among the aborigines of this continent, and mused on the great benefit accruing to the individuals by efforts the value of which he did not appreciate from a sanitary point of view, though he appeared to be interested and gratified and very deeply in earnest in conducting this special form of exercise. Somewhat on the same principle as giving a child a gumdrop which it relished without being aware of the medicament it concealed.

In like manner other varieties of parasite indirectly enforce sanitary rules throughout animated nature, man included. Unfortunately all forms of parasite (that afflict mankind particularly) are not so harmless in their life work as the germs referred to, and on this account sanitation becomes a much more complicated problem than the simple method detailed which combined a most marked interest and activity with apparent pleasure for a profitable result.

Another practice obtains with the lower types particularly which may be classed as instructive, and is practiced no doubt for the

pleasure it gives rather than the result which it unconsciously brings about.

This is the bath—

Everyone is familiar with the varied methods adopted by animals in carrying out this sanitary rule from the water bath—the sun bath, the sand bath, and the dust bath, down to the mud bath, which so delights the porcine germs, and has even at times been fashionable, if not efficacious, in the treatment of human ills.

The bath is a valuable sanitary practice, though we can scarcely say that it is absolutely necessary for the *genus homo-car-Tramp* was never known to indulge in such practice, at least voluntarily, and our records fail to disclose any such thing as disease—in a tramp. Now and then we hear of one killed or injured by accident, but a sick tramp, never!

However, the bath cannot be excluded from the sanitary practice, even of instinct, and though it is needless to refer to its “modus operandi,” we may refer to some of its varieties.

Our aborigines, as a rule, were at home in water as on land, but they made a very general use of the vapor bath. The writer has often seen their practice, and doubts not the efficiency.

Along the margins of rivers near Indian camping grounds, the *sweat-house* was very common, a dome shaped earthen mound with a small opening at one side and a deep hole in the centre, with sufficient space inside to allow a man to curl himself around the hole in the middle. Sometimes the construction was branches of bushes curved into shape and tied together, this being covered with blankets or skins.

A few stones were heated and put into the hole in the middle, and when the bather had crawled in he was handed in some water, which he threw on the stones in quantity to steam himself to his satisfaction. When this was carried as far as desired, he crawled out, and reeking with perspiration jumped into the adjacent river.

In civilized life a similar bath is called Russian, and allied to it is the Turkish.

These are valuable as remedial, but not less so as sanitary measures, and as in some forms they are common to animated nature, they may be classed as instinctive.

The Hygiene of instinct means much more than need be here stated, but reference may be made to another condition. With

the fall of man was the divine command, which entailed *labor to live*, and not to man alone, but to all animated nature does the same command apply, and to a failure in properly carrying out this order may we attribute a very large percentage of ill-health.

Severe labor and a restricted diet are consistent with perfect health if no insanitary condition be present, and to all those men or animals who must labor in the open air to get enough to eat, health and long life (barring accident) is the rule, and for this reason—that these conditions are those which prevent an accumulation of effete matter in the economy, either as unrequired nutritive ingesta or an accumulation of metamorphosed tissue, because a limited diet prevents the former, and healthy active emunctories the latter. This condition obtains with the animal in a state of nature, or the man who has to work hard for a living, but does not obtain with the stall fed ox, or pedigree stock in animal life, or the gourmand, or man in easy circumstances in our civilized life.

But there is no occasion to dwell further on this subject, as the reader no doubt understands it as well as the writer.

Yet we can class properly regulated diet and exercise amongst the principles practiced in the Hygiene of Instinct, and it is liable to be infringed as we rise in the scale, and the more wealthy and civilized the community the more likelihood of infraction of sanitary laws, with diseases as punishments.

Sanitary science has for its object to indicate the means by which wealthy, enlightened and crowded communities may enjoy freedom from disease approaching that which is the result of the habits and instincts of the lower members of the families of animated nature, who escape the poisonous influences of the compounds to be discussed in the next chapter.

(To be continued).

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TRUE TO HIS PRINCIPLES. — Physician (arrived too late): “Did he struggle much?”

Widow (applying handkerchief): “Oh, no! My Daniel was not that kind of a man. He always did things the easiest way to get ‘em done.”—*Pharmaceutical Era*.

**PRESIDENTIAL ADDRESS AT MEETING  
OF P. E. ISLAND MEDICAL ASSOCIATION,  
JULY, 1891.**

BY JAMES MCLEOD, M.D.

(Continued.)

Co-operation for mutual protection is now more necessary than ever, for without any such vexatious prosecutions we all know that the responsibilities of the regular physician with the advance of the science and art of his calling, are becoming more and more exacting. But outside the regular profession we find those who are not disturbed with any such responsibilities. First in importance as to numbers and as to advertising value to the newspaper are the patent medicine manufacturers. I do not intend to include just now in this category the druggist, who, of all men, should guard most jealously the rights of regular practitioners, but who I regret to say occasionally steps out of his own proper sphere and takes up the role of the patent medicine man. We all know the patent medicine man and his methods. A description of him by Dr. Chas. F. Chandler is so graphic and true, that as possibly some here present may not have read it, I offer no apology in reproducing it in full: "These firms of manufacturers of proprietary medicines nine out of ten live solely by the newspapers, and sometimes are admirably managed. I know some establishments in which there is a regular staff employed. I know something about them because they try to bribe me to certify to the value of their concoctions. As I say, there is a regular staff. There is the literary man who writes the letters, giving marvelous accounts of marvelous cures; there is the artist who shows the patient before and after taking twenty-two bottles of the medicine; there is the poet who composes poems on the subject; there is the liar who swears to what he knows isn't true, and the forger who produces testimonials from his own imagination. Without exaggeration I should say that nine out of ten of these proprietary medicines are frauds pure and simple; the real business is advertising for dupes. The medical part of it is but a side issue. I am pretty sure if I were to pound brickbats and spend \$100,000, in offering it at a dollar an ounce as a sure cure for some disease which cannot be cured, I should get back at least \$110,000. Thus

giving me \$10,000 for my trouble. Nineteenths of the medicines sent out in this fashion have no more curative properties than brickbats." And what of the other one-tenths that *has* medical properties? Those who use these are their own diagnosticians and prescribers! Not a wise practice!!

An ancient Chinese medical author wrote upon six sorts of distempers, the sixth and last being about those who credit impostors (this distemper is not now unfortunately extinct). But what are the facts to-day? What do we see? Why hundreds of the noblest and best intellects of the age devoting their lives to the discovery of the hidden meaning of the processes of life and disease, and their discoveries no sooner made than given a world-wide circulation—not kept secret for the purposes of gain, but quickly made the common property of all the followers of the healing art. The *New York Tribune*, quoted by the *Medical Record*, puts this fact fairly: "Physicians are almost the only members of the community who do not make money out of their important discoveries. It is a point of honor among them to allow the whole world to profit by their researches when they find a new remedy for wide-spread disease. Their reward is in the benefit which the sick and helpless receive, and in the gratitude which should not be stinted of the community at large." And the editor adds, "Koch's discovery will not be valueless if it only impresses on the profession and the laity those facts."

But this creature of the age—the patent medicine man—he has, or pretends to have, a secret, and he means to turn the sufferings of his fellow-man to his own private gains, for he knows that the greedy multitudes will swallow anything well advertized, with sublime faith:

When a threatening lung disorder,  
Shows its first proclivity,  
Do not let it cross the border,  
Jude it with activity.

Many a patient, young or older,  
Owes a quick recovery  
All to Dr. Pierce's golden  
Medical Discovery!

A golden discovery indeed! There are millions in it! What need he or any of his ilk care if he mocks the most pathetic of all human hopes—that of the consumptive—or cheats the dying or the hopelessly incurable of his last dollar? Who are his victims? The illiterate and ignorant? Not always or

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Keep this Syrup in a COOL, DARK PLACE; it should also be CORKED tightly.

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

The following list embraces, not only **Wyeth's Tablets of Free Phosphorus** of varied proportions, but also its combinations with various other vehicles that have from time to time, and from eminent sources, found much favor with physicians:

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"    "    Phosphorus Compound.....	35
Phosphorus 1-100 grain, Extract Nux Vomica 1-6 grain.	
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Phosphorus 1-120 grain, Ferri Carb, Sacch. 1 grain, Extract Nux Vomica 1-8 grain.	
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Wyeth's Pill Phosphorus et Ext. Coea Compound.....	80
Phosphorus 1-100 grain, Extract Coea 1 grain, Extract Nux Vomica 1-4 grain, Vallet's Mass 1 grain.	
Wyeth's Pill Phosphorus et Ext. Coea Comp. et Quinia..	100
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Wyeth's Pill Phosphorus et Ferri.....	80.50
Phosphorus 1-100 grain, Ferri Carb. Sacch. 2 grains.	
Wyeth's Pill Phosphorus et Ferri et Quin. et Strychnia....	75
Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain, Quinia Sulph, 1-2 grain, Strychnia 1-60 grain.	
Wyeth's Pill Phosphorus et Ferri et Quinia Sulph.....	75
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Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Comp.	95
Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain, Quinia Sulph, 1 grain, Acid Arsenious 1-50 grain.	
Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Compound et Strychnia.....	95
Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain, Quinia Sulph, 1 grain, Acid Arsenious 1-50 grain, Strychnia 1-60 grain.	
Wyeth's Pill Phosphorus et Ferri et Strychnia.....	45
Phosphorus 1-150 grain, Ferri Carb Sacch. 1 grain, Strychnia 1-60 grain.	
Wyeth's Pill Phosphorus, Nux Vomica et Damiana.....	60
Phosphorus 1-100 grain, Extract Nux Vomica 1-8 grain, Extract Damiana 1-2 grain.	

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sloughing tissue, which imposed on early observers. If detached from connection, a number of minute bloody points on subjacent tissue attest the firmness with which false membrane adhered to it, but beyond increase of their vascularity the parts do not in general display any marked alteration." "I doubt, however whether that rigid classification which would refer all these cases in which exist distinct erosion or ulceration beneath to a separate category is useful.

Bristowe's description of same: "Exudation white-greyish, opaque, well-defined patches on congested surface, often on both tonsils vary in thickness, more or less coherent, moderately adherent to subjacent surface, which is left excoriatid but not excavated by their removal."

"Dr. Wilks, referred to as authority on pathology, but a professed duallist, says, "that after long and careful consideration he could find no anatomical difference between diphtheria and croupous exudations.

West says: "I have come indeed to the conclusion which I long hesitated to adopt, that whatever differences soever existed between croup and diphtheria, they must be sought for elsewhere than in the pathological changes observable in the respiratory organs; and when once it has invaded the air passages, diphtheria seems to produce precisely the same changes, to the same extent, and with the same rapidity at least as primary croup."

Greenfield examined microscopically the air passages of twenty cases arising from most various etiology, and general condition, and concludes that whether regard be had to membrane itself, parts subjacent, or presence or absence of micrococci, no certain line of demarcation can be drawn between any classes of cases from morbid anatomy alone. The large majority of cases were due to one set of causes, those also concerned in producing diphtheria.

"Virchow formerly held there was a distinction, but latterly gave it up because he found in practice that the too alleged forms of exudation were alike. He, however, maintained that death of adjoining tissue is the characteristic feature in diphtheria.

This latter view has, however, been shown also to be incorrect, ulceration and necrosis not being the usual accompaniment of diphtheria, though it may take place, while such a change does sometimes take place in croupous cases.

Wagner declares there is no difference in the exudation.

Rindfleisch also.

But Wagner and Oertel differ; see Ziemssen vol. 6, page 925, and vol. 6, page 959.

Authorities for this statement could be multiplied, but these given have such weight that it is unnecessary.

Fourth, Albuminuria has been considered as a peculiar accompaniment of diphtheria. Such is not the case. It is not always

present in diphtheria, and it is sometimes present in cases of croup.

Fifth, as a sequela of diphtheria, certain forms of paralysis are well known to appear, and the fact has been brought forward as a distinction from croup. It may be difficult to controvert this point, for it is only in a small proportion of cases of diphtheria of all localities, and which recover, that paralysis appears. I do not know what percentage but it is not large. As 90% of cases of membranous croup of whatever causation do not recover, there is only 10% of a not very prevalent disease to examine for this sequela. Therefore, even if paralysis occurred as often as in general diphtheria, one might be baffled for a lifetime in finding a case arising from tracheal croup.

But yet *it is asserted* to have been observed as following cases cases of membranous croup.

These are the points usually made to prove the dual character of the disease, for years they were not disputed, but later research has disapproved their validity and they are no longer tenable.

Some reason or arguments for belief in the identity of the two may be given, and in doing so it may be taken for granted that diphtheria is a well-marked contagious disease, while croup, if of simple inflammatory origin, is not so.

It has happened to many to have a case of membranous croup manifesting itself by the usual symptoms laid down by older writers, and being treated as a disease of sthenic character, in which several days after the onset undoubted proof of diphtheria has been discovered, when such a course was never suspected. Patches of membrane have appeared on the tonsils, palate nares or mucous membrane of other orifices, or on branches of the skin, and have also infected those in attendance, with diphtheria. Instances of such a circumstance has especially happened after tracheotomy performed without any thought on the part of the operator than that of the case being one of simple membranous croup. The sequence of events in such cases is too evident to require pointing out.

The following cases occurred in my own practice, and one of them at least can be corroborated by a gentleman likely present. In September a little girl 8 years old had complained for a day or more, and when she was first seen had the hoarse cough of croup. Nothing abnormal could be seen in the

pharynx, but some frothy mucus. She had quick, frequent pulse, with high temperature. The most marked feature besides was incessant cough. From Friday till Tuesday, she continued in this condition with obstructed respiration, and she was treated for membranous croup. Calomel being administered in frequent doses, and also antimony to vomiting. The diagnosis lay between membranous croup, and non-membranous catarrhal inflammation. Diphtheria was considered, but only in a speculative way. On Tuesday, distinct patches were seen on the tonsils, afterwards on the palate, and other parts of the fauces. There was from this time little doubt of its being diphtheria. She ultimately got well. During the second week of her illness, a small sister of the patient, who had communication with the sick one exhibited symptoms of pharyngeal diphtheria, of which disease she died in a short time. Then another child six years of age had an attack. In this case, if the first child had not shown ocular signs of diphtheria in the pharynx subsequent to the tracheal symptoms, and the other children remained well it would have been counted as croup, without question of diphtheria, whatever the event.

Another case :

On a Thursday a girl about 8 years of age was seen suffering from the symptoms of croup. There were no reasons for considering it diphtheria, except that it was croup. On Sunday evening the dyspnoea was so great that nothing but tracheotomy would save her. The operation was performed under very adverse circumstances. On the evening of the operation patches of false membrane appeared on the fauces, afterwards the incision over the trachea became covered with diphtheritic membrane, and pieces of membrane came away through the tube. It was evident the disease in the windpipe was diphtheria. When the operation was performed no one else was ill in the house, but within a very short time, perhaps four days, two young women, both of whom were interested in the little patient so much as to be in constant attendance on her, contracted diphtheria. The mother also, and a young sister of near the same age, had attacks of pharyngeal diphtheria. In this case, without the subsequent appearance of diphtheria in other situations than the trachea, and in other persons in attendance, it would not have been suspected that the primary case was other than membranous croup. One

such case does not prove identity in all cases, but such cases are comparatively frequent, and it is the observation of them which is causing conviction that the two forms of the disease are one.

Diphtheria is not likely to recur in the same individual, for like all infectious zymotic diseases, it is probably self-protective. Croup is rarely seen a second time, if ever in the same one, while if it were a simple inflammatory disease arising from cold it would be more likely to recur in the same person.

The non-membranous or catarrhal is pre-eminently so, since children who suffer from this spurious form again and again are met with by every one. A boy 12 years old complained 24 hours after exposure in the rink with wet feet till thoroughly chilled. For the first period, while thought to be purely catarrhal, it was with some distrust it was treated so. The fever, pulse, headache, hoarse croupy cough, and obstructed respiration, were like what one meets in membranous or tracheal diphtheria, and it did not set in all at once at night as is so often the case. Afterwards he had coryza, bronchial catarrh, with disappearance of croupy symptoms, and after a fortnight he was completely well. The difficulty of diagnosis between these diseases is acknowledged by all writers.

(See Ziemssen, Vol. 1. pp. 663).

But such a case might easily be treated as one of genuine croup. None would say now that in this case there was any false membrane, altho' this could not be proved except there had been examination by the laryngo scope, which is difficult to use in such a case. Why should there not have been an exudation of false membrane if such is the characteristic of simple idiopathic inflammation of the mucous membrane of the trachea. That is the exact kind of an attack that is claimed as existing in croup. No one claims for membranous croup a specific character, except those who say it is diphtheria, and who believe that diphtheria is caused by a specific poison. That there are cases of false membrane occurring after accidental causes, and with measles, small-pox, scarlet fever, or septicæmia, is true, but it is probable that they are simply co-incident cases of diphtheria, and such are considered by eminent authorities as caused by that poison. In those cases of membranous croup where cold has seemingly been the cause, it is not improbable that ordinary catarrhal inflammation or laryngitis has been excited,

and then the surface been infected by diphtherial glums, which otherwise could not gain a foothold.

Diphtheria prevails more in the country districts than towns. It is asserted and shown that this is characteristic of membranous croup. Also,

It may be asked what good is all the discussion about it. What matter is it anyway?

Well, first, it is better to be correct if one can.

Second, the treatment of a disease founded on the pathology of the older writers on croup, and still adhered to by some, must be very different from that of diphtheria if there is any ground for therapeutics at all.

Third, if these cases are diphtheria, the isolation of the patient is of the greatest importance, and the prevention of infection as far as possible of those around and in attendance. This would not be needful if they are cases of simple inflammatory character, not infectious, and so all the inconvenience and extra alarm of infection avoided.

It may be of some importance to notice that in respect of the notification of infectious diseases, and the action of boards of health thereon, it is probable cases of croup are not treated as diphtheria, even by many of those who are quite convinced that it is so. If the measures taken for isolation and purification by these bodies are necessary, and few will say they are not, then these cases are suffered to exist as centres, from which the disease is propagated; no precautions are taken, and persons in direct attendance or communication with the infected go about their usual avocation, and the children mingle at school with others. It has been recorded where diphtheria prevailed with increasing severity in a community for four years as croup principally, that the medical officer of health himself returned cases of diphtheria as croup and enforced no precaution, while he held the view that the terms were synonymous and used them indifferently. Thus a large portion of cases were obscured under a meaningless term, and the authorities lulled into security, so that no measures were taken to prevent the existence of an infectious and fatal disease. And here it might be considered how such cases should be received in hospitals where infectious cases are treated in separate wards or buildings.

In view of the acknowledged difficulty of diagnosis, should a case of membranous croup without apparent diphtheritic symptoms

be treated in contact with the other patients?

It is not fair to those in a general hospital to have a patient suffering from diphtheria alongside. Yet it is also not fair to a patient not suffering from diphtheria of any kind to be put into a ward with those suffering from that disease, for we know, as mentioned before, that one suffering from any inflammatory disease of the air passages, as catarrhal, for instance, is the more susceptible to the diphtheria infection.

It would seem only judicious and right that any case with symptoms of croup, whether at home or in a public hospital, that the physician is satisfied is not simple catarrhal, or accidental, should be isolated, and treated as probably infectious.

Mr. President, it may appear to many of those here to-day that I have taken up the time of the Society unnecessarily, because the drift of opinion has of late years been strongly towards that of identity, and the point need not be discussed.

But *it is true* that there are many whose opinions are valuable, and worthy of respect, who emphatically dispute the view stated, and yet a larger number who have hardly given the matter much attention, nor thought at all about it, but take it for granted that clinically at least, croup is not diphtheria.

I believe, however, Sir, that if one examines all these facts and reasons, he can hardly come to any other conclusion than that membranous croup *is* diphtheria, therefore identical with it, and should in all cases be treated with the precautions recognized as necessary in the treatment of that disease.

(Read at Meeting of Maritime Medical Association).

A ROLAND FOR AN OLIVER.—While cross-examining Dr. Warren, a New York counsel declared that doctors ought to be able to give an opinion of a disease without making mistakes.

"They make fewer mistakes than the lawyers," responded the physician.

"That is not true," said the counselor; "but doctor's mistakes are buried six feet under ground, a lawyer's are not."

"No," replied Warren, "but sometimes hung as many feet above ground."

FAIR MAIDEN (a summer boarder)—"How savagely that cow looks at me." Farmer Hayseed—"It's your red parasol, mum." Fair Maiden—"Dear me! I knew it was a little out of fashion, but I did not suppose a country cow would notice it."

# Maritime Medical News.

October, 1891.

## EDITORS:

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

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

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

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

DR. MORROW,  
 ARGYLE STREET, HALIFAX.

THE subject of the disposal of the dead by cremation is again being revived in England, and would appear from a paper lately read by Sir Spencer Wells that the idea is gaining ground, and prejudices against it are gradually being set aside. Those connected with the movement during the last eleven years have endeavored to introduce cremation by having the matter thoroughly discussed and investigated, and so educating the minds of the people up to it. Already 60 human bodies have been cremated during the first six months of this year.

The paper referred to ably states the dangers which arise from the burial of those dying from infectious diseases, such as Anthrax, Cholera, Scarlet and Yellow Fevers, and demonstrates how these diseases are subsequently spread. The main objection to cremation is that in certain cases of death evidences of poisoning and injury would be destroyed. This, of course, has considerable force, and greater care would require to be observed in granting certificates of the cause of death.

The advantages of destroying the germs of disease, however, would greatly assist the efforts being put forth at present of trying to completely stamp out infectious diseases, and is a subject worthy of our full consideration.

VARIOUS recent cases have illustrated the unfavorable prospects enjoyed by a medical man who "goes to the courts." The dictum which has been laid down in some places that a medical man *must* respond to a professional call seems wholly unjust. The function of the courts is, we have always understood, to dispense justice in accordance with the laws, and when judges have held a medical man liable to damages for not responding to a call, no law concerning the matter being on the statute books, they have it would appear acted unconstitutionally and unjustly. In some of the European states there is a law compelling medical men to go where summoned to any case. Such a law passed by the representatives of the people has at least a good object, and would perhaps be unobjectionable on one condition, namely, that the legislature guaranteed the payment of a fair fee. Otherwise the law is palpably unjust, compelling the expenditure of time and labor in another's interests only, and insuring no remuneration.

If medical men will but remember that their knowledge and time are their commercial stock in trade, and resolutely refuse to give medical evidence in courts without first securing a guarantee of a proper fee, one step forward will be taken in the education of the Bench on matters medical. We do not mean that medicine is all commercial. We would be sorry that the noble motives and aims and principles of the profession should ever be lost in or soiled by an undue consideration of money. But with the enormous amount of gratuitous medical work; with the consequent lessened value of medical services in the eyes of many; with the resulting increasingly hard struggle on the part of

# SYR. HYPOPHOS. CO., FELLOWS

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

**THE OXIDISING AGENTS**—Iron and Manganese;

**THE TONICS**—Quinine and Strychnine;

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

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

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

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

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

## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

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

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

FOR SALE BY ALL DRUGGISTS.

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Please mention THE MARITIME MEDICAL NEWS.


*From the "New York Medical Journal," May 13th, 1889 :*

# A TONIC FORMULA.

By AUSTIN FLINT, M.D., LL.D.,

Professor of Physiology in the Bellevue Hospital Medical College, New York; Visiting Physician to Bellevue Hospital.

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

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

TONIC CHALYBEATE (FLINT'S). Per Bottle of 100 Tablets, - \$0.35.

Sodii Chloridi (C.P.) 3 drachms, Potassi Chloridi (C.P.), 9 grs., Potassii Sulph. (C.P.) 6 grs., Potassii Carb., 3 grs., Sodii Carb. (C.P.) 36 grs., Magnes. Carb., 3 grs., Calc. Phos. Præcip, 30 grs., Calc. Carb. 3 grs., Ferri Redacti Merck., 27 grs., Ferri Carb., 3 grs., M et ft. Pil. No. LX.

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Please mention THE MARITIME MEDICAL NEWS.

the young men necessary to attain to an independent position, we think it time to reconsider and depart from our foolishness in the past in, we will not say casting pearls before swine, but in scattering gratuitous medical services where no fair principle of generosity calls for it.

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### Correspondence.

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#### CANADIAN MEDICAL ASSOCIATION.

*To the Editor Maritime Medical News :*

DEAR SIR,—As your readers are aware the meeting of the Canadian Medical Association took place this year at Montreal, on the 16th, 17th, and 18th September, and thinking that a short account of the same might be of interest, I send you a few of the impressions made on a visitor.

The sessions, which were held morning, afternoon and evening, took place in the school room of St. George's Church, which was kindly placed at the disposal of the Association without charge by the accomplished and large hearted Dean Carmichael. The room is a very handsome one of large dimensions and capable of comfortably seating about a thousand persons. The first session occupied chiefly in the disposal of routine business, till 12 o'clock when the members were conveyed to the Hotel Dieu, when a clinic, which was largely attended, was held by Dr. Hingston this visiting medical officer of the Institution. After giving a short and interesting account of its early founding and continuous support by the sisterhood in charge, the Dr. introduced some patients among whom were a case of hip joint disease in a boy of 11, and a case of enlarged spleen in an adult woman. In the former case he excised the head of the femur, doing the operation very quickly and in a manner which showed him to be a skillful operator. He tied no vessels, but left on them Péans forceps and filled the wound with aseptic wool; thus leaving the ultimate dressing for some hours later on. He stated that in the case of enlarged spleen he intended to operate by removal. I was sorry that this operation was left for a subsequent date, for although the result might not be considered of the most promising character for the patient, it is one that is so seldom performed that a good deal of interest would necessarily

attach to it per se. On the following day at 12 the members were conveyed to the Montreal Gen. Hosp., and I cannot too fully express the gratification I felt at the method pursued at this clinic. No operations were done here, but a number of cases were presented showing the results of treatment adopted. Some of these had been operated on several years ago, none of them under one year; and among them were cases of radical cure of hernia (Macewan's operation), transplantation of skin by Thiersch's method, tarsectomies of various degrees for talipes varus, a very successful case of rhinoplasty in which it was difficult to discover the scar of union, osteotomies for knock knee and tibial deformities, a compound fracture of lower end of femur in which  $4\frac{1}{2}$  inches of lower end of femur were removed and articular surfaces nailed together, this case showing good motion of joint and very little apparent shortening on walking, and others; all making an exhibit that certainly could not be surpassed anywhere, and Mr. Thomas Bryant, editor of Bryant's Surgery and Pres. of Royal Col. of Surgeons, London, who was present, openly expressed his satisfaction and approval. These cases were from the practice of Dr. Bell, and the pleasing feature among them all was the perfection of the result. Dr. Stewart showed a case of hysterical contraction of flexors of forearm in a male, which he was treating by hypnotism and with success. He hypnotized the patient before the members. A number of other cases were shown by Drs. Shepherd and Sutherland, and the whole clinic was one that did credit to the operators and to the Hospital, and was an education and encouragement to all who had the good fortune to be present. The next morning your correspondent was shown by Prof. Bell a new operation for trephining, the advantage of which is that the bone is always successfully replaced, its nutrition not being interfered with, and thus no opening is left in cranium after the wound heals, an improvement over the former operation apparent to all. The Doctor performed the operation on a cadaver. It consists in first making an incision down to the bone and through pericranium of size and shape required, but so that flap remains attached at one portion to the rest of the integument: the flap is not raised, but with a thin chisel shaped instrument, the outer ends of which are blunted and rounded the line of incision is carried completely through the bone, the section being subcutaneous under neck of flap. The bone and



its integument are then raised together and pressed back, thus bringing into view the dura mater. The nutrition of flap—both integument and bone being uninterfered with, when replaced the opening in skull and soft parts is closed by living tissues which soon reunite. The operation is one of German or at least Continental origin. On this day at 12 a visit was made to the Notre Dame Hospital, where Dr. Foucher, the oculist of the institution, showed some cases, and Dr. Brosseau held an interesting clinic, chiefly with reference to visical calculus—(of which he showed a numerous collection, among which were some specimens of very large size) and the various methods of removing them. He gave his preference to the lateral perineal operation even over lithotomy, but had not much experience in supra pubic lithotomy. At the three Hospitals mentioned the members of the Association were treated most hospitably—(no pun intended); in each case a most tempting and recherché luncheon was provided by the governing bodies, and most thoroughly appreciated by the visitors. This hospital has only been in existence ten years, and like the others is supported by voluntary contributions; its nursing and domestic economy are confined to Sisters of Charity (Sœurs Grises), and though essentially French and Roman Catholic it is open to the sick without distinction of nationality or religion. The admission of patients is left entirely to the Medical Board, and paying patients have the privilege of being attended by the physician of their choice, whether on the hospital staff or not. The Montreal General, whose capacity at present is only about 150 beds, is having very large additions made to it, not before they were needed, and when these are finished it will be more worthy of the City to which it belongs than it is at present. I had also the pleasure of being shown over the Western Hospital—(for lying in and female diseases only) by Dr. F. W. Campbell, Dean of Bishop's College, a very neat and well appointed institution. I am also indebted to the Dr. for many courtesies during my visit. In fact the profession in Montreal are deserving of the utmost thanks for their kindness to visitors, a kindness which culminated in a magnificent banquet at the Windsor, at which over 250 sat down to dinner.

Finding this letter has already grown too long, I must omit mention of many things to which I would like to refer, and will only say that the meeting was a most successful

one, and the success was largely due to the interesting and instructing clinics held each day. The presence of Mr. Bryant too was most opportune, though accidental. He spoke often, and always with easy, fluent and classic diction, that made listening to him a delight. Needless to say his remarks were also of the greatest practical value.

Apart from the meeting, the visit to Montreal was a great pleasure in itself. The improvements made in the last few years and still going on are enormous, none of them being more striking than the new granite roadways, as smooth as a billiard table and hard enough not to be injured by wheels or horses feet, the widening of some of the principal streets, and the handsome and elaborate architecture of many of the new buildings. It is getting to be a beautiful city and worthy of being called the commercial metropolis of our Dominion.

Yours truly,

St. John.

VICTOR.

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### *Selections.*

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#### **CASE OF TUBAL PREGNANCY: RUPTURE ABOUT TWELFTH WEEK: ABDOMINAL SECTION: RECOVERY.**

(Under the care of DR. ILIFFE.)

*Reported by Mr. G. G. Parsons, House-Surgeon.*

Mrs. E. T. was admitted to the Coventry and Warwickshire Hospital on July 12th. The history of her illness was as follows:

The patient had been in her usual good health until about sixteen hours before her admission. While walking home from market on the evening of July 11th she was suddenly seized with agonizing pain in the abdomen and faintness, and felt "as though something had burst in her inside." She was taken home in a cab, and, when seen late the same night by Dr. Brown, was extremely collapsed and apparently dying. A mixture containing morphine and ether was administered. Next day, as the patient was still alive, Dr. Brown ordered her removal to hospital, with a view to operation.

*State on Admission.*—The patient was a strong-built woman, aged 37. She had menstruated last twelve weeks before; previous to that she was quite regular. The face and mucous membranes were extremely blanched, expression pinched and anxious. Pulse 132, small and irregular. The abdomen was distended, very tender, tympanitic about umbilicus, and dull at flanks. There was some

ill-defined fulness with increased resistance over left side. *Per vaginam* the os was somewhat patulous, but with this exception nothing abnormal was found. The patient was almost constantly retching, and brought up a light mucus staided with bile. There was great dyspnoea, respiration 40 per minute, very shallow, and thoracic in character, Temperature on admission 96° F. Two hours after admission the patient was placed under chloroform, and Dr. Hiffe performed abdominal section.

*Operation.*—An incision  $4\frac{1}{2}$  inches long was made in the middle line between the umbilicus and pubes. On opening the peritoneum a large quantity of dark fluid blood escaped, and a number of large clots were found, principally on the left side. The right Fallopian tube was distended, presented a large laceration, and contained a foetus three quarters of an inch in length. The right tube and ovary were ligatured with carbolized silk, removed, and the pedicle returned. The peritoneal cavity was the washed out with a large quantity of warm water, coloured with Condy's fluid. A drainage tube five-eighths of an inch in diameter, was placed in the pouch of Douglas, and allowed to pro-

ject from the inferior angle of the wound for 2 inches. The abdominal wound was then closed with carbolized catgut, sutured, and dressed with salicylic wood and a flannel bandage. At the end of the operation, which occupied half an hour, a half-grain morphine suppository was placed in the rectum. The patient was allowed nothing by the mouth for the first forty-eight hours except a little ice. Nutrient enemata were administered every four hours, and a No. 10 gum elastic catheter placed in the rectum for the purpose of relieving flatus. The patient had no vomiting subsequent to the operation, and her temperature on no occasion rose above 101°. There was a considerable discharge of blood-stained serum from the tube for the first two days, so that it was necessary to change the dressing several times a day, but the fluid was not sucked out by means of a syringe. The tube was removed on the tenth day.

*September 10th.* The patient has made an excellent and uninterrupted recovery. Her temperature, pulse, and respirations are normal. She has no abdominal pain or tenderness. The bowels act regularly. She menstruated for the first time since the

## New York Post-Graduate Medical School and Hospital.

### TENTH YEAR—SESSIONS OF 1891-92.

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

In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in those branches in our own Hospital.

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

#### FACULTY.

- Diseases of the Eye and Ear.*—D. B. St. John Roosa, M.D., LL.D., President of the Faculty; 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, M. D.
- Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M.D.
- Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.
- Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D.
- Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George H. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D.
- Surgery.*—Lewis S. Pilcher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.
- Diseases of Women.*—Professors Baehc McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.D., J. R. Nilsen, M. D., F. J. Boldt, M. D.
- Obstetrics.*—C. A. von Randohr, 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., Aug. Caillé, M. D.
- Hygiene.*—Professor Edward Kershner, M. D., U. S. N.
- Pharmacology.*—Professor Edward Bazoo, Ph. B.
- Electro Therapeutics.*—Wm. J. Morton, M. D.

For further information please call at the school, or address

**CLARENCE C. RICE, M. D., Secretary,**

**F. E. FARRELL, Supt.**

**226 East 20th Street, New York City.**

operation about three weeks ago, and she is now able to perform her ordinary duties.—*British Medical Journal.*

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### *Notes and Comments.*

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The twenty-third session of the Halifax Medical College will open on Monday, Nov. 2nd, on which date lectures begin. There are indications of an increased attendance. Gradually the facilities of the college are being augmented, and recent expenditures in that direction include Histological apparatus (microscopes, microtome, mounting appliances, etc., etc.) Alterations in the Medical Act were made at the last session of the Legislature, which greatly facilitate the supply of anatomical material. During the year certain additions have been made to the breadth of the college curriculum and to the teaching staff.

Dr. Cunningham, of Dartmouth, will undertake certain work in the surgical department.

A course of lectures on Diseases of children will be given by Dr. Carleton Jones.

Drs. G. M. Campbell and W. D. Finn become respectively Demonstrators of Histology and Pathology.

Drs. G. M. Campbell and F. U. Anderson have been appointed assistant demonstrators in anatomy.

Dr. M. A. P. Ternan becomes class instructor in clinical surgery, and A. H. McKay, B. A., B. Sc., F. R. S. C., lecturer on Bacteriology.

For chronic suppurating wounds, especially sinuses that are obstinate in healing, we recommend a trial as a lotion of Hydrogen Peroxide. A lotion made by diluting the ordinary 15 vol solution obtained from the druggists with three times its bulk of water, we have found to work thoroughly satisfactorily. The thoroughness with which such a lotion will purify and remove all purulent matter from a suppurating tract is most gratifying. The preparation of Charles Marchand is (we have satisfied ourselves) a thoroughly reliable one.

We regret to see reports of small-pox in the Province of Quebec. A number of cases have developed, the original source meanwhile not yet being clear.

In case there should be the slightest evidence of a tendency to spread, we trust the authorities will immediately enforce a rigid

quarantine, and confine the disease within narrow limits.

Vaccination should now be the order of the day, and should not be deferred. The animal lymph of the New England Vaccine Co., Chelsea Station, Boston, Mass., is thoroughly reliable, and if ordered direct can be depended upon as fresh.

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### *Reviews and Book Notices.*

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ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Fourth series. In five volumes. F. A. Davis, publisher, Philadelphia.

In looking over this latest series of the Annual our already high opinion of the work has become still more favorable. It is true that some smaller annual publications give to the busy practitioner a surprising amount of valuable condensed information as to the latest advances in medicine and surgery. But Dr. Sajous' work does more. It is really an annual encyclopedia, the range of subjects treated being of the widest, yet the material on any one subject being within convenient and immediate reach. We certainly consider a first class (private) medical library to be incomplete without it, and we think the teacher, writer and scientific practitioner will find these volumes invaluable as a source of exhaustive recent information on any matter coming within the wide scope of the work. This scope includes medicine and surgery, general and special, Legal Medicine, Demography, Histology, Technology, Bacteriology, Anatomy, Physiology, Embryology, and interesting sections on Therapeutics, Electro-Therapeutics, Climatology, etc. As an editorial compilation we regard it as entitling Dr. Sajous to the highest congratulations.

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### *Personals.*

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Drs. Farrell, of Halifax, and Stewart, of Pictou, are due home from a trip to the other side. We have published from time to time most interesting letters from the zealous pen of Dr. Stewart, to whom we are indebted.

Dr. Curry, of Halifax, is shortly expected from London.

Dr. M. A. B. Smith, of Dartmouth, is another of our local medicos who has been profiting by a stay in the British medical centres.

Drs. James Christie and Daniel represented the N. B. Med. Society at the Canada Medical Association at Montreal.

We regret to report the death of Dr. Samuel George Woodforde, an old practitioner of St. John.

# PHYSICAL EXHAUSTION.

## Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. Cowles, Camden, Me., says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

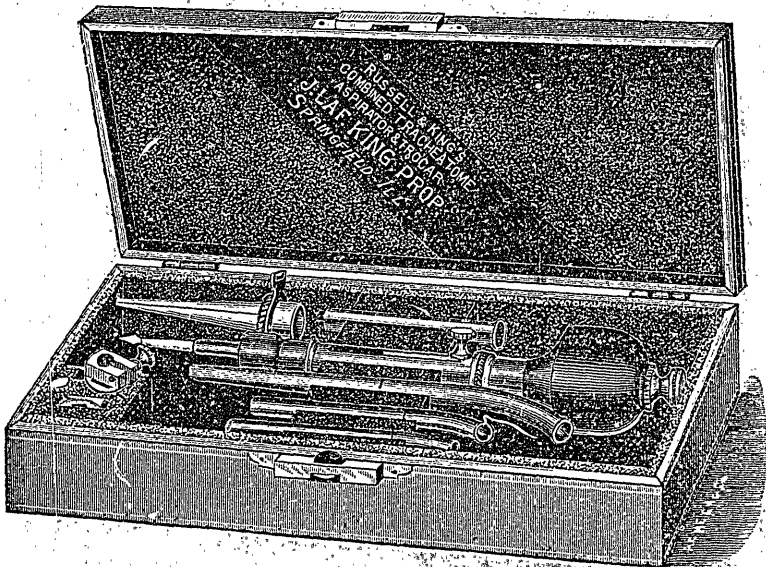
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With KING'S COMBINED, INSTANTANEOUS, TRACHEOTOME, TROCAR and ASPIRATOR, Bloodless Tracheotomy can be performed in five seconds without the aid of knife, anæsthetic or assistance, rendering an EARLY OPERATION possible. Circulars supplied on application.

Harvard Operating Chairs, King's Suture Needle, King's Pocket Amputating Case, O'Dwyer's Inhalation Sets, Outerbridge's Dilators for Sterility, "Empire" Elastic Bandages.

A full line of best quality, new and standard surgical instruments always on hand.  
References by kind permission: The McGill Medical Faculty.

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Please mention THE MARITIME MEDICAL NEWS.

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**Wheeler's Compound Elixir of Phosphates and Calisaya.** A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone-Calcium Phosphate  $\text{Ca}_3\text{2PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the best Active Principles of Calisaya and Wild Cherry.

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

**NOTABLE PROPERTIES.**—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and assimilation of food.* When using it, Cod-Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good-will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a NATURAL FOOD PRODUCT no Substitute can do their work.

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

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

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## BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

—SESSIONS OF 1891-92.—

The REGULAR SESSION begins on Wednesday, September 23rd, 1891, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation.

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

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