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VOL. III.—NO. 6.

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

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

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

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

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

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

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

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the ward, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

EQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, have studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examinations.

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WINTER SESSION, 1890-91, Begins Sept. 15th, 1890.

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GYNECOLOGY—Professors Munde, Wylie, Sims, Coe,	Six weeks Course, 60 Clinics,	\$35 00
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For further information address,

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Please mention THE MARITIME MEDICAL NEWS.

Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

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No. 6.

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Original Communications.

HYGIENE.

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

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

CHAPTER I.—DEFINITION.

THIS subject is rather hackneyed, and it is generally assumed that every one knows about all there is any occasion to know on this *vital* subject, *vide* letters by the score in our daily papers by representatives of every condition of men—and, as might be expected, very dictatorial in character. There is occasion to fear that the writer indulged in this common delusion, but he was fortified by the fact that he had several diplomas—signed by eminent men who personally guaranteed his knowledge—and what more is needed to enable a man to speak with authority?

“Fools rush in where Angels, &c.”

However, many years ago circumstances demanded a knowledge that on the closest “intraspection” (excuse this word it is probably of a new coinage) he failed to discover, and though his personal ignorance may neither surprise

nor concern the readers of this journal, yet it affected him about as much in the one way as the other. What was to be done about it? Why—consult the authorities—nothing easier—well that depends—of later years there are books that are of value—but formerly, there is reason to think that the men who did write on this subject were in somewhat the same condition as the searcher after knowledge was. The profession, in so far as correct or systematic practice is concerned, “was at sea with defective chart and uncorrected compass.”

Turning to the Sanitary Engineer—save the mark—every builder and architect was a sanitary engineer with theories as numerous as there were individuals coupled with a dogmatic assertion, and given with an honesty that only ignorance of a dense character could furnish. In this dilemma the writer had to look backward and analyze his knowledge but found nothing of moment until he got back to the practical teaching of his first instructors, which, at the time, he had not the capacity to understand, and even yet there is much he is unable to explain that was given in those earliest lessons.

In introducing to your notice his earliest teachers (though not of profes-

sional rank) he would desire to repay a debt, or rather give credit to those that he fears have never been generally appreciated—though their ministrations have not been confined to the writer.

HYGIENICS OF SURGERY.

The reader will, it is trusted, pardon an attempt to give as briefly as possible a *resume* of the first series on Clinical Surgery. Don't for a moment think there is an intention to give anything original—for the more it is inquired into there is the less chance to find anything "new under the sun." Listerism, at least in its principles, was copied, no doubt unconsciously, from my first clinical teacher, for when thoroughly analyzed and reduced to its elements it is, as was so concisely put by Dr. Farrell many years ago in his inaugural address to students, "Listerism is cleanliness." Hence all the discussions (often acrimonious) so far on the subject have referred to the merest details.

It has been often asserted that a surgical operation with the trephine is required to the end that a *joke* or a new idea may get access to the brain of a man who has the same nativity as St. Patrick—yet the Milesian blackthorn so deftly wielded by the Dr. was sufficient to explain to the writer the soundness of the practice illustrated by his first clinic.

A boy, at some time in his career as such, has a pet dog that like its kind is given to an amorous propensity too often accompanied with quarrels, resulting in severe lesions of continuity that require skilful surgical and hygienic treatment. We may class *Dietetics* under the head of *Hygiene*. Carlo was found one morning in a retired corner very carefully dressing a series of severe wounds, several of which were *punctured*—a class difficult to manage. The writer was more than interested in the subject, for, in addition to curiosity, a true and favored friend was in difficulty. Knowledge acquired since then enables the writer to better describe the case: The limb was placed so that all the muscles were relaxed and it was kept

at perfect rest (1st and 2nd axioms of surgery). 3rd. The dressing. At certain places it was most carefully and lightly touched—at others much more force was used—this was conducted as often as it was required—with, as a result, perfect cleanliness not only of the wounds but all their surroundings. The healing surface had always that look which is so pleasing to the surgeon. At no time during the treatment was there any appearance of discharge—of pus, of smell, or of fetor, and the hair in the vicinity was kept scrupulously clean. As a rule "healing was by first intention," or at least without any evidence of suppuration—*a la Lister*. This was only a part of the treatment. Carlo abstained from food except a little milk, but was very grateful for water that he used often, but in small quantity at a time. All of which is sound hygiene in surgical fever. This condition often demands a laxative, and Carlo's instinct directed him to eat grass in small quantity which produces this effect.

But it would take up too much of your time to dwell longer on what every one thinks he knows—yet it took a Lister to explain the theory of this practice.

Seeing no purulent discharge, I assumed that the dog was not subject to this, but Lister has shown that, by a very elaborate *technique*, he can accomplish as much as a dog can with his tongue. The canine surgeon has however this advantage, that he has the seat of injury always under observation and can anticipate an unfavorable condition, while his human compeer must work in the dark, as, for various reasons, he hesitates to undo the dressings. Canine treatment of fracture, under his limitations as to apparatus, is admirable. The limb is placed in as favorable a position as possible and kept very quiet—with all muscles relaxed—with, as a result, much less shortening and deformity than might be expected.

These first lessons were even more highly appreciated when, in after years, an experience with even intelligent

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

CHARLES W. BROWN, M. D.

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

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members of the *genus homo. var. Ang.* and a therapeutics that would not be surpassed by a lineal descendant of Confucius, confirmed them.

As examples.—Called to see a boy with an injured instep and found it enveloped with a foul *quid* of tobacco and commencing erysipelas. Again,—called to see a young woman who had pain in the back from natural causes which was thoroughly understood by patient and attendants and for which my services were requested. On entering the house there was an unsavory odor, and on introducing my hand it entered a huge *catuplasma stercoris bovis* extending from the shoulders to the hips. On protesting against this form of poultice—the protest elicited sorrow for my ignorance. At another case treatment was varied by the use of a *catuplasma stercoris humani* which, like the previous prescription, had to be fresh and warm that their virtues might be obtained in full.

At another time the writer was indoctrinated into the virtues of *Pilulæ Ignorum* when collected from the field at the proper time.

Hence there is no occasion for wonder, that admiration for the writer's first clinical teacher was intensified, to which may be added that the longer he lives the greater the appreciation, for there are details in the practice with which he thoroughly coincides, though as yet unable intelligently to comprehend it. For example—his temper was easily roused, but when sick he was the incarnation of meekness and good humour.

But the reader may say we have had enough nonsense—a few common facts diluted with a lot of stuff the writer assumes to be witty. Well the writer will accept the reader's criticism in this regard and he will feel amply repaid for his work, including his failure as to wit, if he can impress one idea on the mind of any reader, viz., that HYGIENE is CLEANLINESS, nothing more, nothing less. The difficult question is how to obtain it—the terms *Listerism*, *Cleanliness* and *Hygiene* being synonymous

—and the converse *Dirt*. The dictionaries (even the International) fail to give a definition of this term satisfactory to scientists, and that of an unknown author is adopted, viz., "Matter out of place."

The reader may justly say that if the preceding part of this paper means anything it is that "*Health is quite inconsistent with filth of the most pronounced type*," and this is undoubtedly the fact failing which the earth's human population would be easily numbered. To explain this incongruity there is no need to depend on the hackneyed expression "the exception proves the rule," (because the phrase is a fraud every way it can be looked at). On the contrary, to the scientific mind of the day it clearly proves the soundness of our accepted pathology—"That taken as a whole disease is the result of the growth and decay of living organisms in the animal economy, and that the organisms can only reach the man or animal through a neglect of proper and obtainable cleanliness. Prevent the arrival of the germs of the disease and filth *per se* will not induce disease, but let the pathogenic element get an entrance and the saddest pages in human history record the conflict of the trio—GERM, FILTH and GENUS HOMO."

What is the history of every epidemic from the *plagues* that decimated the ancient world and middle ages down to cholera and diphtheria of our times and la *grippe* of *to-day*, that appears to specially flourish in the houses of wealth and the homes of princes, because its germ there finds its most congenial pabulum?

It is not polite to say that this means filth or uncleanness in high places, it is better form to style it "unsanitary," or "defective hygienic conditions." This, however, all means the same thing, and if characterized by the grosser terms it might be more effectually dealt with.

In concluding this chapter let me again insist that Hygiene is, neither more nor less, the scientific term for cleanliness, and it is not to be wondered

at in judging of its attributes that it is placed only next to Godliness.

In studying up this subject so as to be familiar with it—you will excuse the writer for giving his authorities, and this the more because he is old enough now to be able to afford to quote as such those who, not being "titled among men," yet who did their duty and did it well, and laid bare their practice to him, his being the fault if it were not understood. He has had many other similar instructors that treated of different departments in Hygiene, and as we go on these will be introduced to the reader with the *hope* that he may be interested, but with the *certainty* that whether or not the teachers will not be offended even if they could be made cognizant of any want of appreciation.

CARUNCLE OF THE URETHRA—WITH NOTES OF A CASE.

BY FOSTER MACFARLANE, M. D., *St. John.*

M. G., aet. 22, native born, single, employee in cotton mill. Her appearance indicating fair health. Good appetite; fairly well nourished; mother living; has good health. She has no knowledge of her father, Patient always enjoyed good health up to the 18th year of her age. After that time, she stated, that at times, she would have strange feelings she could not describe, not a pain, but, in her own language, an uncomfortable feeling low down in the pelvis, accompanied by difficulty in stooping and making exertion. She also had at this period more or less leucorrhoea. Later these feeling became aggravated, accompanied by frequent and painful micturition, obliging her at times to leave her work and walk the floor for hours. During these exacerbations she was obliged to void urine every five minutes. After thus suffering for a time, her symptoms would abate and she would enjoy comparative comfort until the next attack. She first menstruated at 13 years of age, and has been always regular since. The flow continues for three days and is unaccompanied by pain, she uses 5 or 6 napkins during the period.

By inspection the vulva was found swollen and hyperaemic and extremely sensitive to the touch. On gently separating the labia a

growth was discovered in the vestibule on the left margin of the meatus. It seemed to be made up of several small growths which almost surrounded the orifice, and were so impacted into each other as to give them the appearance of one solid growth. It was so exceedingly sensitive that only a visual inspection could be made without an anaesthetic. The base of the growth was ovoid, measuring, I should judge, about 1.5 C. M. in its greater and 1 C. M. in its lesser diameters. It was pyramidal in shape and its surface was highly vascular as was revealed by its bright scarlet summit. The rest of the growth being covered by a light gray secretion which could not be wiped off to allow an examination, owing to the extreme sensibility of the parts.

In a *resumé* of the case the following symptoms were noted:—Difficulty in stooping and on making exertion, frequent and painful micturition, and extremely sensitive and vascular growth situated at the orifice of the urethra, and these accompanied by leucorrhoea. There seemed no doubt but the case was "*Caruncle of the Urethra.*"

This neoplasm to which has been given the name "Caruncle" likewise received the names of "*Vascular tumor,*" "*Irritable vascular excrescence of the Urethra,*" &c.

Pathologists are agreed that the "growth consists of hypertrophied papillae that spring up at the edges of the meatus and sometimes along the walls of the urethra, as little vascular growths, which are of a bright scarlet color, exquisitely sensitive under pressure and are of a soft, spongy, and erectile structure, with a smooth, fissured or granulated surface not unlike a raspberry. They are generally pear shaped and in size vary from a small pea to that of a horse-bean. Their vessels which are exceedingly numerous terminate in an abrupt loop. They are also supplied with nerves, a circumstance that accounts for their extreme sensitiveness."

This disease seems to occur oftener in middle-aged married women, but young girls are not exempt.

As a rule it produces great suffering. Sexual intercourse is accompanied with great distress. It is very often the cause of dyspareunia and hence sterility. She has frequent and painful micturition, and in aggravated cases the suffering is so great that it passes the point of endurance, and the effects upon the nervous system is such as to cause the sufferer sometimes to end her miseries by suicide.

The diseases with which this may be confounded are "*Prolapsus of the Urethra*," "*Syphilitic Growths of a warty character*," and "*Polyloid Papilloma*," usually attached to the walls of the urethra. From the first a careful examination will readily distinguish it. In prolapsus of the urethra the tumor is situated on the posterior margin of the meatus, owing to the imperfect support this part of the urethra received from the loose interurethro-vaginal cellular tissue, while the anterior wall is not so liable to prolapse, as it has a firmer support in the tissue held by the pubic arch. Urethral caruncle is almost always on one or both sides of the meatus. When syphilitic growths exist, similar developments will be found on other parts of the vulva, besides, neither of these conditions are as painful as the one we are considering. The Papilloma being free from pains and tenderness may be readily excluded.

Dr. Thomas of New York, says: "It is impossible to say how long this growth may continue to exist, when not interfered with. He knew it to last for years, not much changing in shape and size, continuing always excessively sensitive and annoying."

The prognosis is favorable, but when a number of small fungus, warty growths surround the meatus and extend up the urethra a cure is exceedingly difficult, for no sooner are they removed than a morbid development rapidly produces more.

In the treatment of the case we are considering she was placed under an anaesthetic and remaining in the dorsal position with the thighs fixed, the tumor was grasped by forceps at its base and drawn towards the operator, and its attachments cut with scissors. The hemorrhage was controlled by the Thermo cautery. She made a good recovery resuming her work after the ordinary time for healing

ADHERENT PLACENTA.

BY F. A. L. LOCKHART, M. B., C. M., *Edin.*,

*Late Clinical Assistant in the Gynaecological
Wards in the Royal Edinburgh
Infirmary.*

THE following case may prove interesting, as it demonstrates, very conclusively, I think, the necessity of having skilled medical attendance at labour cases, instead of trusting even the most healthy woman to the care of midwives or unqualified men.

I was called to see the following case by a friend of mine, he having been sent for by the man who had charge of the case—say Mr. B—, who was unqualified.

History.—Mrs. C., a primipara, aet., 24 years, was delivered of a healthy and normal-sized female child on the morning of January 22nd. According to "Mr. B." the labour was perfectly normal, the placenta and membranes coming away without any assistance. He said that he examined them and found them to be complete. The patient's whole pregnancy had been normal, there being merely general weakness, for which he had given her strychnia. At noon on the 23rd, the patient's temperature ran up to 102° F., she complained of pain in the back, and her pulse was quick and weak, so I was called in.

When I saw the patient at 7.30 p.m. on January 23rd, she looked very flushed and complained of intense pain in the back. Her temperature was 100.8° F. and her pulse 100. She had no rigors. On making a vaginal examination, a soft smooth mass—strongly resembling the umbilical cord—was felt protruding from the vulva. I followed this into the vagina, but had to wait for the patient to be anaesthetised before I could go further, as the uterus was firmly contracting and the cervix wouldn't admit my hand without giving patient more pain than she could well bear. As soon as she was unconscious, I insinuated my hand, in the form of a cone, through the cervical canal and into the uterus. The mass of tissue was found to be adherent to the anterior wall of the uterus—along the middle line, the attachment being about one inch broad and extending from the internal os to very near the fundus. The internal surface of the uterus was smooth and its walls were very firm, contracting powerfully on my hand. After a great deal of work, I managed to scrape away the entire mass with the fingers of my right hand, pressing on the uterus with my left through the abdominal walls. During the operation—which was conducted on the strictest antiseptic principles—the patient lost a great deal of blood, but, as soon as the mass was completely detached and I had douched the uterine cavity with hot perchloride of mercury solution (1-3000), the haemorrhage ceased and gave no more trouble. Before leaving, I ordered three grains of quinine every four hours.

On returning next day, I found the temperature to have fallen to 98.5° F., and the pulse normal. The pain was much less,

lochia profuse, and the uterus firmly contracted. During the night the patient had felt a rigor. I ordered the vagina to be douched with a 1-5000 solution of corrosive sublimate every six hours, and since then the temperature never rose above 99°F.

Brown says, "Abnormal adhesion of the placenta and hour-glass contraction of the uterus are more frequently encountered in the experience of the young practitioner, and they diminish in frequency in direct ratio with increasing years." This may often be the case, but I am convinced that the only way that "increasing years" would have removed the above placenta would have been by a process of putrefactive degeneration, which would in all probability have removed the patient also.

One noteworthy point in the above case is there being no complaint of pelvic, or even abnormal, pain during pregnancy, as most will agree with me in saying such is usually felt in cases of adherent placenta, being due to a localised placentitis or deciduitis.

944 Dorchester St., Montreal.

Reviews and Book Notices.

MEDICAL SYMBOLISM.—By Thos. F. Sozinsky, M. D., F. A. Davis, Phil. and London. Price, \$1.00.

This volume bears the impression of careful research. The writings of the ancient and modern archaeologists have been carefully examined, for the purpose of furnishing some explanation of the origin of the various symbols associated with the healing art.

The legendary history of medicine is fairly well detailed, and the two most interesting chapters of the work are devoted to the consideration of the two most cherished symbols of our art: the Serpent and Staff.

Medical amulets, talismans and other curious matters are discussed; the whole making a volume of value to any wishing to become acquainted with the origin and early growth of medical science.

For a severe case of burn involving both hands. I saw the case a short time after the accident. Immediately after the burn, iodine was applied. For a dressing I used white lead made thin with linseed oil, and painted this thickly all over the burned surface; over this was placed a thick layer of cotton and bandages applied. The dressings were frequently changed, each time painting the surface over with white lead. The result was the patient recovered in one week.—
I. T. TAYLOR.—*Times and Register.*

Selections.

THE NEW KOCH INSTITUTE.

In last Saturday's sitting of the Prussian Diet, an animated debate took place on the proposed annual grant of 165,000 marks for a clinical and scientific Koch Institute to be affiliated to the Charité Hospital. Dr. Graf, of Elberfeld, the member who on November 29th last put the question to the Government that drew forth von Gossler's famous speech, while admitting that the therapeutic value of tuberculin was exceedingly doubtful, contended that its scientific importance was of the very highest order. He quoted von Thiersch, von Bergmann and others, who were unanimous in their opinion that the remedy should not be given up, and ended by declaring that it was the duty of Germany to accede to this demand of the Budget Commission. Herr Broemel said that the question under consideration was not only a medical one, but had a constitutional side as well, and Parliament was entitled to a full and exhaustive answer as to whether the proposed institution was necessary and useful. The words "high scientific value" did not decide the question. As to the practical results of the treatment, taking together all that had been published, the result was a decided *non liquet*. On the other hand the dangers of the treatment were unquestionable. These dangers were hardly alluded to in Koch's two publications, but there could be no doubt that in many cases the results had been disastrous. Parliament had the full right to inquire whether the Government had proceeded with proper caution in the matter. It would have been more for the good of humanity if there had been less *mise-en-scène* and more openness. In the use of the remedy a great want of the usual medical caution had been shown, and this was in great part due to the fact that the nature of the remedy had been kept a secret. Koch himself had felt the impropriety of such a course. Herr von Gossler had told them that he took upon himself the entire responsibility of the step, but what was the world to do with the responsibility of a retired Prussian Cultusminister? At the Wiesbaden Congress doubts had been expressed as to whether all the bottles of tuberculin were of the same degree of concentration. Until it could be exactly dosed, the use of the remedy must always be

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is composed of 126.6 parts of Iodine and 1 part of Hydrogen, or each 100 parts contain 99.22 parts of Iodine and .78 parts of Hydrogen; these elements have such a light affinity for each other that the acid is quite readily decomposed, and as heat and light cause this decomposition, it is very important to

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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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attended with risk. In this state of affairs it seemed imperative to return to experiments on animals, and imperative, too, that Koch should publish the results of his own experiments on animals. He (the speaker) quite agreed that the State should do all in its power to secure the continuation of these investigations. But there must be no more secrecy; there must be no more experimenting on human bodies with a secret remedy. Herr Geheimrath Althoff, speaking for the Government, said that the institution would not be used for experiments with a secret remedy. It would be governed by the maxim, *salus aegroti suprema lex esto*, and all the scientific work and the discoveries that might be made within its walls would be freely published. An institute of this sort had been planned for many years, and Koch's discovery had only served to accelerate the execution of the project. The whole medical world was unanimous in its opinion that we were on the threshold of a new therapeutic era, and that the fight against infectious diseases should be taken up with renewed vigour. That was the object of the new institute; that was its *raison d'être* and its justification. Professor Virchow said: The institute in question is not exactly destined for the treatment of tuberculosis. I will not say that tuberculosis is quite excluded from it, but certainly when its programme was first laid down, Koch himself was of opinion that the tuberculosis affair was settled, and that he had no reason to occupy himself with it further. The plan is a much wider one, namely, to find out how this remedy can be applied to other diseases. Now, if the first supposition be incorrect, it may be questioned whether the inference as to other diseases is as important as was supposed, when the establishment of this great institution was decided upon. I have never given an opinion as to the value of the Koch treatment as a whole, simply because I should not know how to express myself about it. I have only made a certain number of observations, which, it is true, gave a certain bias to the whole question, and above all, favoured quiet and impersonal investigation—so greatly needed in such a difficult question. Dr. Graf is optimistic. He has no right to speak of the value of the treatment until the value has been proved; and, in point of fact, it has not been proved. But it would be foolish if we were to say that the remedy is of no value; it is a poison, a dangerous substance. The whole

matter has had extraordinary developments, which no one could have predicted, and thus hope became aroused that by means of so powerful a drug great results would be attained. Nor can we say that this hope has been destroyed. Speaking accurately, not one single case is known in which a cure of any form of tuberculosis has resulted from the treatment. . . . I can express no opinion as to whether the remedy will continue to be used, say in ten years, or whether by that time sufficient experience will have been gathered. All I can say is the following: The Government Commissioner has told us that the plan for the institute is of old standing. Nevertheless, no one will deny that finally it was taken up with the greatest haste and precipitation. . . . We have been told in Commission that negotiations are now to be entered into with the other departments of the Charité as to how matters are to be arranged. We were of opinion that these negotiations should have come first. At the time when Koch was considered omnipotent in the domain of protective medication, it may have seemed justifiable to dispossess, so to speak, all other clinicians and directors of departments, and to say: "You understand nothing about the whole matter; we shall take all that from you—Koch will manage it all." Now there is another side to the question. These other departments serve for clinical instruction; in them young doctors prepare themselves for treating infectious diseases later on. Now I hear that a lecture theatre is to form a part of the new institute, but its whole plan is not clinical. That would not coincide with the objects in view. On the other hand, clinical instruction cannot be given so low a place as to do without sufficient material. As regards this material, it often happens, for instance, that the professor of the infectious diseases of children finds himself without material. And if there is another person who takes away the cases of measles and scarlatina, the children's clinic will become a desert. As regards enteric fever the case is similar. In short, it is impossible that the superiority which this institute was designed to have should be maintained for any length of time—impossible that it should monopolise the advantages which up to the present all the clinics have shared in. I will not dwell on the fact that financially there is a similarly unjust arrangement. Koch's scientific assistants are to begin with salaries such as are not drawn by many of our professors. . . .

Without dwelling on details, I may remark that the annual expenses represent a sum which is about equal to that received by all the scientific departments of the University together for purposes of investigation. . . . I can only hope that the outlay may bring the hoped-for results. I will not oppose details, but I trust that in future the matter will be approached in a soberer and also a juster spirit. After a few supplementary remarks from Graf and Broemel, the debate closed and the sum was voted.

HYDRASTIS CANADENSIS IN UTERINE HÆMORRHAGES.

Jules Bataud refers to the paper by Schatz, and to the recent theses by Cabanes and Pigache, which contain a *résumé* of the recent literature upon hydrastis. Bataud himself has studied the effects of hydrastis in four cases of uterine hæmorrhage which occurred in the wards of the Saint-Lazare.

The first case was that of a prostitute twenty-seven years old, with secondary syphilis, who was unexpectedly arrested while street walking, and was taken to Saint-Lazare. She was of a very nervous and impressionable temperament. Menstruation was regular, scanty, and accompanied with dysmenorrhœa. The patient had never had a child or a miscarriage, and, though she had been at the hospital a dozen times before, had never had uterine hæmorrhage. At the time of admission it was found that she had an enormous papulo-hypertrophic syphilitic of the vulva and anus. On the night of admission she was seized with profuse hæmorrhage from the uterus, preceded by dysmenorrhœal pains, though she had menstruated only fifteen days before. The cause of the hæmorrhage was thought to be congestion of the ovaries and uterus, induced by the shock of her sudden arrest—such an effect is said not to be uncommon in patients brought to Saint-Lazare. An examination of the uterus and ovaries showed no cause for the hæmorrhage. The patient was given ten drops of fluid extract of hydrastis thrice daily, and the hæmorrhage ceased nine days after its first appearance. It is not clear from the text whether she took the hydrastis from the beginning of the hæmorrhage or not. The drug was continued for twelve days after the hæmorrhage had ceased. The following menstrual period continued only three days, and the flow was scanty as usual.

The second patient, a woman, twenty-one years old, was admitted for gonorrhœal urethritis and vaginitis, with discreet vegetations about the anus and vulva. Menstruation was regular and painless, lasting four or five days. She had had neither children nor miscarriages. While descending the stairs, one day after admission, she fell, striking her side over the region of the kidney. Two hours later she was seized with acute pain, and was obliged to go to bed. The same night very profuse and painful hæmorrhage from the uterus came on. There was a large ecchymosis in the lumbar region. Forty drops of fluid of extract of hydrastis were given daily, in four doses. The next day pain and hæmorrhage were less, and in five days from the beginning of the administration of hydrastis, and in six from the time of the accident, the hæmorrhage had ceased.

In the third case, a woman, twenty-three years old, was admitted for syphilitic erosions of the mouth. Her menstruation had always been regular, scanty and painless, lasting four or five days. She had had neither children nor miscarriages, and never had menorrhagia or pain in the abdomen until three months before admission, when she rolled down stairs. This accident was followed by a sensation of heat and weight in her abdomen. Two days later menstruation set in, and was painful and much more profuse than normal, and continued ten days. In the interval between her menses the pains continued, and leucorrhœa developed. The last menstruation before admission was similar to the one just described. The uterus, vagina, and vulva were intensely congested. The dull curette disclosed no lesion of the endometrium. At the next menstruation the patient was kept in bed, and was given forty drops of fluid extract of hydrastis a day, beginning on the second day after the appearance of the flow. Menstruation lasted only seven days, and was less painful. The hydrastis was continued until the next menstruation appeared, which was not painful, lasting only five days, and was not as profuse as before. The congestion of the uterus is said to have been completely cured.

In the fourth case, a woman, thirty-nine years old, had been curetted eight months before for metrorrhagia due to an endometritis following abortion. The patient was cured by the operation, and menstruation became normal as to quantity and duration. On the second day of one of her menstrual

periods, she had intercourse with her husband. Instead of the flow ceasing on the fourth day as usual, it continued for eight days longer, the patient suffering at the same time from sensations of heat in the pelvic organs. Bataui saw the patient on the tenth day of the hæmorrhage, and gave her four one-grain pills of hydrastin a day. The sensations of heat and the hæmorrhage diminished from the first, and ceased on the second day. Since then she has had two periods, each lasting only four days. Absence of endometritis was proved by curretting the womb. Hydrastin was used instead of the fluid extract of hydrastis, because of the disagreeable taste of the latter.—*Revue Médico-Chirurgicale des Maladies des Femmes.*

DRAINAGE IN SURGERY.

Curiously enough the reaction against carbolic acid and the paraphernalia of the antiseptic surgeon seems to threaten the existence of the drainage tube, which we were taught to consider a most important item in the latest system of original procedure. Twenty-five years ago surgeons drained to evacuate the pus, a decade since they still drained, but with object of getting rid of discharges which might take on putrefactive changes. At the present day surgeons drain for the same reason that some people go to church, because it is "the right thing to do." Of course, if one accepts the views of which Mr. Tait is the patron and friend, that germs are ubiquitous and that the only way is to starve them into surrender by carefully removing all exudative material on which they could feed, then, of course, drainage is a primary necessity, though even the pontiff himself does not pique himself upon any undue consistency in this respect. If, on the other hand, one accepts the statement that by proper attention to aseptic management, the entrance of microbes can be prevented, then the evacuation of discharges becomes not only unnecessary but even undesirable, save when necessary for the relief of tension. Serum ought not to be treated as something to be got rid of, for it plays a very important rôle in the process of tissue repair. It must be admitted on theoretical grounds that the drainage tube is in many cases calculated to do harm. An aperture intended to let out discharges is admirably suited to let in microbes, thus acting like the ventilation shafts which

obstinately refuse to fulfil their function of letting air out, but collect all the draughts in the neighborhood to pour them into the room already well provided with inlets. At the best the drainage tube is a foreign body, hindering reunion and setting up more or less irritation in the tissues upon which it infringes. In deciding whether or not to drain, surgeons are usually guided by the size of the wound, though why a large wound should call for drainage more than a small one it is not easy to understand, seeing that the amount of absorbing surface is the same proportionately in the one as in the other. Drainage, in fact, is on trial once again, and its sphere of usefulness will certainly be largely curtailed in the course of the next few years.—*Med. Press*, April 1, 1890.

MANTON (W. P.) ON THE AFTER-TREATMENT OF NORMAL MIDWIFERY CASES.

In briefly summing up my experience in the treatment of normal lying-in cases, I subscribe to the following creed:

1. I believe that the normal pregnant and parturient woman should be examined as infrequently as possible, and left entirely alone as regards douching.
2. I believe that the external genitals should be cleansed with a mild antiseptic lotion and pledgets of absorbent cotton immediately following delivery, and at least twice a day afterwards, the vulva in the interval being covered by an aseptic pad.
3. I believe that the vaginal douche should not be employed in normal child-bed until after the lochia alba have become established, when all abrasions of the vaginal mucous membrane will probably be healed, and the dangers from infection by means of the douche nozzle, the fingers, etc., will be practically *nil*. The lochia alba are usually established about the eighth day *post partum*.
4. I believe that at this time, while the hot vaginal douche is not absolutely necessary, it is comforting and grateful to the patient, and, as has been pointed out by Pinard, undoubtedly exerts an influence in promoting both uterine and vaginal involution.
5. I believe that slop diet following delivery is both unreasonable and pernicious in its effects upon the mother, while easily digested food, and, after the bowels are moved, "full diet," assists her in rapidly

regaining her strength, and produces better breast milk for her offspring.

6. I believe that the obstetric binder is of the greatest service in affording comfort, and furnishing support to the relaxed abdominal walls, while it hastens their involution and prevents pendulous abdomen.

7. I believe that, as careful investigation has shown, uterine involution is not wholly completed until the end of the second month, the lying-in woman should be kept in the recumbent position for the first four weeks *post partum*.

8. I believe that the practical application of this creed would result in few cases of subinvolution, and the host of minor local ills from which so many of our American women suffer.—*Phys. and Surgeon*, May, 1891.

THACHER (J. S.) ON SOME UNSUCCESSFUL CASES OF CEREBRAL SURGERY.—The author reports the results of an autopsy upon a case which several surgeons, in consultation with a well-known neurologist, had diagnosed as one of cortical inflammatory lesion of the right hemisphere of the brain. The patient was a girl, twelve years of age, who was undeveloped for her age. She had received some injury on the head on November 28th, and two weeks after this she began to suffer from left-side convulsions. At times there was a deviation of the optic axes to the left, and the left pupil was dilated. The temperature was very irregular, rising at times to 105° or 106° F.; the pulse was sometimes very rapid; the respiration was slow. The urine was examined once during life, with negative result; but at the autopsy the urine which was in the bladder contained much albumin and casts. The patient was subjected to the operation of trephining, and died about one hour after the operation.

It was interesting to note that the line drawn upon the scalp before the operation to determine the position of the fissure of Rolando, exactly corresponded with this fissure. No lesion of the brain could be found except that made at the time of the operation. The drainage-tube had pierced the right hemisphere and the right ventricle, and reached about one-quarter of an inch into its floor, piercing the caudate nucleus. The left ventricle of the heart was found hypertrophied. One kidney was small, irregular, and nodular, with patches looking like scar tissue; the cortex was somewhat

thickened, and the markings were pale and indistinct. The other kidney was enlarged, and presented otherwise much the same appearance. The uterus was extremely small for a child of that age.

Dr. Thacher has met with three similar cases in which no brain lesion could be found. In one, diabetes was the only cause of death found; in the second, there was possibly enough syphilitic disease of the blood-vessels to account for the cerebral symptoms; and, in the third, that of a pistol-shot wound over the right eye, in which a surgeon had trephined at the back of the skull without finding the bullet, the autopsy showed that the bullet was lodged under the orbital plate of the frontal bone, and not in the brain.—*Med. Record*.

THE TREATMENT OF TUBERCULOSIS BY CANTHARIDINATE OF POTASH.—Professor Liebreich (*Berlin Klin. Wochen.*, 1891, No. 9), communicated to the Berlin Medical Society, on Feb. 25th, a paper on the "Treatment of Pulmonary Phthisis by means of the Active Principle of Cantharides." The internal use of cantharidin is followed by the exudation of serum from the capillaries of the kidneys, lungs and other organs. The exudation is more abundant in the case of capillaries which are already irritated. Presumably, therefore, a dose of cantharidin which is insufficient to produce such exudation from healthy capillaries will suffice to do so from capillaries previously disturbed, as is the case with the pulmonary capillaries in phthisis. The value of the exudation might be twofold: (a.) The serum might improve the nutrition of cells and so correct a morbid tendency; (b.) It might act prejudicially on the bacilli. Liebreich advises that the treatment be commenced with one decimilligramme of the cantharidinate of potash. He allows a day to intervene and then increases the dose to two decimilligrammes. His maximum dose was six decimilligrammes. He emphasizes the care that is required in the avoidance of the treatment where the kidneys are disturbed. His experiments were in course of progress, but so far as they went, they encouraged him to believe that good results were to be expected from the method. After the communication was made, Drs. Heymann, G. Guttman and B. Frankel maintained the value of the method by reference to a considerable number of cases which they had thus treated. The cases were mostly laryngeal, with frequent

pulmonary affection. In Heymann's cases there was marked improvement, both general and local, and the characteristic symptoms diminished or disappeared; but he did not observe change in the bacilli. Franckel, on the other hand, reports a diminution in the bacilli and an alteration in their staining proclivity. They required, in his experience, much longer exposure to the influence of the staining medium than under ordinary conditions. Franckel reports that he was able to trace progressive improvement, and, in some instances, disappearance of several of the more characteristic phenomena of laryngeal tuberculosis, and he thinks the good result was directly the outcome of the action of the remedy on the bacilli.—*Edinburgh Medical Journal*.

EPILEPSY FROM A DEPRESSED FRACTURE PRODUCED WITH THE OBSTETRIC FORCEPS.—A boy, sixteen years old, came under Mr. Lane's care for epilepsy (*Lancet* Jan. 17, 1891). He had been subject to these fits for two years, or from the age of fourteen years. When he was about to have a fit he noticed a twitching at the junction of the middle and lower thirds of the leg on its outer aspect, and his foot and knee then jerked in a manner that resembled ankle clonus and knee-jerk. A pain then ran up the outer side of the leg and thigh, through the left side of the trunk to the arm, then to the left side of the face, and, when the fit was severe, to the right arm.

On examination, a groove three inches and a quarter long was found on the right side of the head, extending from an inch behind the coronal suture to about the same distance in front of the lambdoid suture. Its anterior extremity was vertically above the external auditory meatus, and its lower limit reached just below the temporal ridge. From this it extended downward and backward toward the external occipital protuberance. The left arm was the smaller and weaker, its muscles were less firm and its movements were distinctly clumsy. There was no difference in the appearance of the muscles of the legs, but the patient had never had the same confidence in the left that he had in the right leg. By simply raising the left foot to a right angle, a very rapid clonus could be obtained. By using more force a clonus could be produced in the right ankle. The plantar, knee, and abdominal reflexes were exaggerated on both sides, but most decidedly on the left. The depression on

the right side of his skull was said to have been noticed immediately after birth, the delivery having been effected with the forceps with much difficulty. It had become less conspicuous as he had grown older. The depressed area of bone was finally removed. It was found to be very thin and vascular, and appeared to encroach but little on the cranial cavity. The dura and subjacent brain appeared healthy. The wound healed by primary union. Since the operation, fits have occurred at longer intervals and are much slighter. He has gained power in the left arm and leg, and never suffers from headache, and has become mentally much brighter.—*Med. and Surg. Reporter*.

WHOLESALE POISONING AT A WEDDING BREAKFAST.—Detailed reports of the disastrous wedding breakfast in the neighborhood of Louisville, in Kentucky, put a different complexion on the occurrence and destroy all the sensational romance of the story. Sixty guests assembled at the wedding and sat down to the banquet in the afternoon; of these no fewer than forty were subsequently seized with symptoms of irritant poisoning, the time of onset varying from four to sixteen hours after the meal. Five of the persons so attacked had died up to the date when the facts were placed on record, and as that was only some ten days after the occurrence, it is possible that other victims may yet have to be enumerated. By a process of exclusion the salad was fixed upon as the incriminated article, none of those who escaped having partaken of it. The salad was accordingly examined by Dr. H. M. Goodman. Its composition was curious if correctly given, namely, chicken, celery, olive oil, mustard, salt and pepper; and some chicken broth was mixed with it. A careful examination failed to detect any metallic poison, nor did it give the tests for tyrotoxinon, but the residue obtained after extraction by the Stas-Otto method gave certain undoubted ptomaine reactions, and 1 cubic centimetre of this injected into the leg of a chicken caused death in three quarters of an hour. There was strong reason to suspect the chicken broth of being the chief cause, for one of the cooks admitted that she had tasted some of the chicken the day before and that she had been subsequently attacked with symptoms very similar to those of the rest of the victims, and she had not tasted any of the other articles that were served at the banquet. The chickens

were killed on a Monday and were left standing in the water in which they had been boiled till the following day, the wedding being on the Wednesday, and the weather at the time being hot. The symptoms began with pain in the abdomen followed by vomiting and watery diarrhoea, and it is pointed out that the delay in their appearance is consistent with ptomaine poisoning, but not with metallic poisoning.—*Brit. Med. Journal.*

STIMULATION IN PULMONARY TUBERCULOSIS.—There are several probable errors quite commonly practised in the usual treatment of pulmonary tuberculosis. One is, that the patient is too frequently gorged with nourishment, and the digestive apparatus consequently kept in a state of disorder. I have seen a young phthisical girl, who always had a clean tongue, increase in stature and improve in health for several years, subsisting mostly on infusions of tea and coffee, but with so small a supply of reconstructive and carbonaceous foods that I decline stating the amount, fearing impeachment of my veracity, or of my powers of observation. A certain strength of arterial tension is desirable, but that can be gained by a frequent liberal supply of pure water. Milk is a good food, and possibly more than three meals per diem is frequently desirable; but very frequently better nutrition can be gained by a decrease in food, both as to frequency in the giving and as to the quantity consumed. The food should be immediately adapted to the digestive ability of the patient in quality as well as in quantity, rather than to attempt to stimulate the digestive apparatus to accomplish work of which it is only capable during a general condition of vigorous health. Another probable error is the giving of alcohol as a beverage, under the belief that when thus consumed it is a source of force. Stimulation is necessary for life; but there are good and bad methods of stimulation, and unwisely chosen avenues for introducing stimulation to the body. Alcohol, without doubt, can be used so that its preponderating effect is stimulating; but as ordinarily used as a medicinal beverage its preponderating effect is anæsthetic, narcotic and depressing. The aromatic and flavoring ethers, etc., in certain wines and liquors, are of a certain value in stimulating the nutritive process, and may be used to that end; but the ultimate preponderating effect of alcohol in the

general system is not of advantage in the curative treatment of phthisis, and for such treatment there are better tonic remedies than alcohol.—Kitchen in *Medical Record.* April 4.

DEATH FROM DISEASE OF THE CERVICAL GLANDS.—A fatal termination due directly to diseased cervical glands is an unusual occurrence. The accident is, however, possible, and with the slightest symptoms of interference with respiration, either direct or indirect, delay in operative interference is dangerous. This is true even when the enlargement of the glands is moderate and recent. A number of such cases have been reported in the English journals, and they would seem to be more common in England than in this country. Dr. Thornton, in a recent number of the *British Medical Journal*, reports two of considerable interest. The first patient was a girl, eight years of age, having a few small isolated glands on each side of the neck. The mediastinal glands showed no enlargement and there was no pressure on the trachea. The child gradually wasted and after five months died. A week before her death she began to cough up foul-smelling pus. The autopsy showed the superficial cervical glands to be ordinary tuberculous glands, caseating in parts. Immediately behind the lower end of the trachea there was an abscess cavity with two or three small glands matted together, degenerated and discharging into the abscess sac at its upper end. Between the lower end of the abscess and the trachea there was a ragged opening. In the second case the glands gradually enlarged to form compact masses, filling both anterior triangles, but without causing apparent pressure on the trachea. Symptoms indicating suppuration were present, but none could be detected on examination. The respiration was free, but had a peculiar harsh sound, which had been noticed also in the first case. The patient died suddenly with gasping and choking. An autopsy was not allowed, but, from a consideration of the symptoms and mode of death, it is reasonable to suppose that the boy died from the sudden bursting of a glandular abscess into the trachea, with the pouring out of sufficient matter to cause suffocation or perhaps spasm of the glottis. It is at least certain that death resulted in a subject whose only apparent disease was enlargement of the cervical glands.—*N. Y. Medical Journal.*

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

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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.

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Please mention THE MARITIME MEDICAL NEWS


From the "New York Medical Journal," May 18th, 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 articles 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 casss, 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 CLALYBEATE (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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Maritime Medical News.

June, 1891.

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DR. MORROW,
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A WORD ON BUSINESS.

A LARGE number of our subscribers have not yet paid up their subscriptions for the present year. Some are in arrears for the preceding year also. Kindly give this matter your attention, and the best and surest way to attend to it promptly is to enclose the amount due on the same day as you read this notice.

THE 23rd Annual meeting of the Nova Scotia Medical Society will be held this year at Baddeck, C.B., on July 1st and 2nd, inst. It is gratifying to note that the interest taken in the meetings is steadily increasing. The attendance at last year's gathering was ahead of any previous one, and the prospects for the present meeting are very encouraging.

In former years the great difficulty was to secure a sufficient number of interesting papers; *i. e.*, practical papers calculated to evoke profitable discus-

sions. No fears are now entertained in this respect. For the last three or four years there has been a superabundance of material, and a notable improvement in quality. There is still room for further improvement in the latter respect. Any one who desires to receive a favorable hearing must present their views in a pithy and practical style.

Ample opportunities will be afforded to view the unrivalled scenery of Cape Breton. The trip will indeed be profitable and pleasant to everyone who may have the privilege of attending.

The officers of the Society are :

President.—W. J. COLEMAN.

1st Vice.—S. DODGE.

2nd Vice.—G. E. BUCKLEY.

Chairmen of Sections :—

Medicine.—JOHN SOMERS.

Surgery.—J. F. BLACK.

Obstetrics.—C. J. FOX.

Therapeutics.—A. MORROW.

Sanitation.—D. A. CAMPBELL.

Committee of arrangements at Baddeck.—J. L. BETHUNE, M. P. P., and S. G. A. MCKEEN.

HALIFAX HEALTH ACT.

A CAREFUL examination of the Act to provide a Board of Health for the City of Halifax fails to reveal many redeeming features among its numerous clauses. Pushed through the Legislature without ascertainment of the views of any considerable representation of the profession, and in opposition to the well understood wishes of the City Council, it is not surprising that any wise enactments it did originally contain have been deleted or rendered practically inoperative.

All sensible men, both lay and professional, have long ago arrived at the conclusion that no sanitary legislation can hope to be successful which does not provide for the appointment of a well-trained, judicious, and adequately paid health officer who shall devote his whole time to the duties pertaining to his office.

The city medical officer rarely performs other duties than those usually allotted to a police surgeon and attending physician to the Alms House, and for which he receives a salary by no means excessive. Hence the deplorable condition of affairs of which we have had such striking evidence during the past two years.

The absence of any provision to remedy so grave a defect is a serious objection to the Act.

Further, it is clear that political consideration, not fitness, will influence appointment to the Board. This, coupled with the division of a sum of \$500.00 per annum among its members, will make it much inferior to the organization it is intended to supersede. We must defer consideration of some details of the measure until the next issue.

THE St. John local committee of arrangements is working energetically to make the July meeting of the Maritime Medical Association a success, and a success we are satisfied it will be. We already have assurances of a number going from Nova Scotia, and trust that the Island will send a substantial contingent; and then, with the genial and active efforts of Dr. Bruce (chairman of local committee) and his co-workers, there need be no fear as to the N. B. representation, which, under the circumstances, will no doubt largely outnumber the other two provinces combined. The date of the meeting is July 22nd, and it should be the largest and most representative medical gathering ever held in the Maritime Provinces.

OBITUARY.

We regret to have to record the death, since our last issue, of two Nova Scotian practitioners, Dr. James Wier, of Kennetcook, Hants Co., and Dr. H. A. Ellison, of Weymouth, Digby Co. Dr. Wier graduated at Harvard in 1872; Dr. Ellison graduated at the University of New York in 1877. Though many were aware of the illness of the latter, few probably supposed that the announcement which appeared in our last issue, of his desire

to dispose of his property and practice in Weymouth, was to be so soon followed by his death. To the relations of the deceased we extend our sincere sympathies.

Notes and Comments.

THE MEDICAL COUNCIL CURRICULUM.—The committee to consider this subject has held some meetings, and will probably bring in a complete report at the June meeting of the Council. In our last issue we referred to the fact that much information had been received respecting the courses in foreign Universities. Expressions of opinion have been received from the various medical teaching bodies of Ontario, and from McGill, of Montreal.

We are pleased to find that a general interest has been awakened in this direction, and a general desire has been shown to keep this province well to the front, as far as medical education is concerned. The members of the committee have evinced a determination to investigate the subject very fully, and deserve much credit for their zeal, apart from any consideration of the conclusions arrived at.—*Canad. Practitioner.*

The above indicates that the Ontario Medical Council is determined to move with the times in the way of progression and development. We believe the provincial boards of the Maritime Provinces are actuated by the same intentions. In Nova Scotia we are glad to understand that a discussion with a view to management of the prescribed compulsory curriculum is already decided upon; such matter as compulsory duplicate didactic classes deserve, and we are confident will receive due and enlightened attention.

In order chiefly to meet the latest regulations of the General Medical Council, and retain the recognition by that body of our medical matriculation examination, a few changes have been recently made in the requirements of the examination by the Medical Board, and have been approved by the Governor-in-Council.

The new standard of examination is as follows:

COMPULSORY.

English Language.—Including Grammar, Composition, and Writing from Dictation.

Arithmetic.—Including Vulgar and Decimal Fractions, Extraction of the Square Root.

Algebra.—To the end of Simple Equations.

Geometry.—Euclid, Bks. I., II., III., with easy questions on the subject matter of the same.

Latin.—Grammar, Translation from specified authors, and translation of easy passages not taken from such authors. (3)

Elementary Mechanics of Solids and Fluids. (4)

OPTIONAL. (5)

One of the following subjects, viz. :

History of the Dominion of Canada, with questions in Modern Geography.

History of England, with questions in Modern Geography.

French—Translation and Grammar.

German—Translation and Grammar.

Greek—Translation and Grammar. (6)

REMOVAL OF THE GASSERIAN GANGLION FOR SEVERE NEURALGIA.—Mr. William Rose reports in the *Lancet* a case in which he performed the operation of removal of the Gasserian ganglion. The patient had previously submitted to several operations on the branches of the fifth nerve for the relief of intense neuralgia, but the relief obtained was only partial and temporary. Finally the pain in the upper jaw and cheek became so intensified that the slightest touch upon the gum, the sudden approach of a person, or the banging of a door, sufficed to induce a paroxysm of agony. Opiates had practically no effect, so that an attempt to remove the Gasserian ganglion was decided upon. The superior maxilla was removed and a ring of bone about the foramen ovale was carefully taken away with a half-inch trephine. The ganglion could then be seen lying upon the apex of the petrous portion of the temporal bone. It was loosened by passing an aneurysm needle beneath it, and removed in three or four pieces with the aid of a narrow probe-pointed bistoury and a fine hooked forceps. The dura was not injured and the bleeding was slight. The patient suffered somewhat from shock, but recovered, and now considers herself in better health than she has enjoyed for years. The pain ceased after the operation, and did not return. More than six months after the operation sensation and taste were practically absent from the right half of the anterior portion of the tongue, but distinctly present posteriorly. There was circumscribed anæsthesia, with wasting of the muscles of the right cheek. There was no paralysis of the facial nerve. An unfortunate accident after the operation was the loss of the right eye from ophthalmitis.—*New York Medical Journal.*

BARBERS AND CONTAGIOUS DISEASES.—Antisepsis is now the law of the land in Germany, and it is not long since some viola-

tion of its rather changeable precepts was punished with imprisonment. The victim in that case was a midwife, but medical men have, we believe, been threatened with similar penalties. Barbers are, in some parts of Germany, subject to strict rules as to the disinfection of their razors, curling irons, etc. That enactments of this kind might with advantage be made general not only in the Fatherland, but in other countries, is shown by a case recently reported to the Berlin Dermatological Society by Dr. Oesterreicher. A man, aged 30, presented himself, with a papulo-squamous eruption, enlargement of the lymphatic glands in the neck and elsewhere, mucous patches on the soft palate and other secondary syphilitic lesions. The patient denied all knowledge of any primary infection, nor did the most minute examination of the genitals reveal any suspicious appearance. On the left side of the face, however, there was an area of cicatricial thickening exactly resembling a healed hard chancre; this, the man stated, was a result of a cut received some time before whilst in the hands of the barber. Dr. Oesterreicher had no doubt that the disease had been inoculated in that way. In 1884, Dr. Löbl, of Vienna, reported a number of cases in which sycosis, herpes tonsurans, and alopecia furfuracea, had been communicated by dirty razors and other implements of the hair-dresser's *armamentarium*, and urged the desirability of making it compulsory for these artists always to disinfect their instruments before use.—*Brit. Med. Journal.*

CASE OF SUDDEN AND UNEXPECTED DELIVERY IN THE ERECT POSTURE.—There being only a limited number of cases of sudden and unexpected delivery in the erect posture on record, the following case is perhaps worthy of mention :

S. D., aged 21, who had previously, after a lingering labour, given birth to one child, was recently visiting a friend, when she felt a sensation of giddiness. She therefore left and started on her way home. Having walked fifty yards a sudden pain in the abdomen was experienced; the pain was so acute that she retired to a neighbouring out-house. She had no sooner arrived there than she gave birth to a full term male child. The child fell head foremost on to the stone floor. The fall was broken by the cord, the cord was ruptured, and no hemorrhage occurred; the child sustained no injury, not even a bruise being apparent, and is still alive

(two months after the occurrence). The mother walked back to her friend's house, and has made a good recovery.

There had been a miscalculation of two months in this case of the probable date of parturition, and the mother had no idea of the cause of the pain until the child fell from her.

E. HUGH SNELL, M.B., B.Sc. Lond.

Obstetric House Surgeon to the Queen's Hospital, Birmingham.

—*Brit. Med. Jour.*

BOULLAUD (H.) ON DESQUAMATION OF THE ENTIRE URETHRAL MUCOUS MEMBRANE.—A man, of twenty-eight, had an arthritis of the right knee-joint, of possibly a gonorrhœal origin. After a few months it was found necessary to open the joint to remove pus and some fungosities. Some small fistulous tracts remained open for more than a year. Later he contracted a second gonorrhœa, which began to yield to an injection of vegetable astringent mixture which, having undergone fermentation, excited a copious purulent discharge, and an injection of sublimate 1:3,000 was substituted.

The next day the patient found it impossible to urinate, and there seemed to be some obstacle in the urethra. On making a violent effort the urine came with a gush, and it was seen to contain a folded, whitish cylinder, which the patient took for a worm.

Microscopic examination showed the mass to be the desquamated urethral mucous membrane, fourteen centimetres long and three millimetres in diameter. Recovery soon followed.—*Le Limousin Méd.*, March, 1891.

ILLEGAL PRACTICE OF MEDICINE ON A DEAD BODY (*Gazette Hebdom. des Sciences Médicales*).—A singular question has recently arisen as to the rights of an unqualified practitioner to perform a surgical operation on a dead body, and was brought before the tribunal of Espalion, which has decided in the negative. The circumstances are as follows: A woman, named Riols, had died at the hamlet of Sarrin. The curate of the parish, who had administered the customary rites of the Church, was in the chamber of death with a neighbor, and persuaded him to perform a Cæsarian operation to endeavor to save the child, the woman being pregnant. The operation was performed successfully, and the child lived. The amateur surgeon was summoned before the tribunal and

sentenced to pay a fine of fifteen francs for illegal exercise of medicine.—*Provincial Med. Journal.*

DANGERS OF SULPHONAL.—Although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Bress'auer, of Vienna, show clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that out of twenty-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had borne it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow, or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally the cause of death was heart failure, with œdema of the lungs.—*Maryland Med. Jour.*

SUMMER DISTURBANCES OF CHILDREN.—In fermentative disorders of the alimentary canal in the young, middle-aged or old, Listerine has given most satisfactory results. In the summer diarrhœa of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

R. Bismuth Sub. Nit. half a drachm.
Tr. Opil. twenty drops.
Syr. Ipecac.
Syr. Rhei Arom. aa two drachms.
Listerine. half an ounce.
Mist. Creta. one ounce.

M. Sig.—Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.—D. J. ROBERTS, M. D., in *Southern Practitioner*.

NEW SYDENHAM SOCIETY'S Lexicon of Medicine and the Allied Sciences. By Henry Power, M. B.; and Leonard W. Sedgewick, M. D., London: The new Sydenham Society.—This is the most complete and valuable lexicon of medical terms ever published. It is a very extensive work, consisting of six to eight large volumes. It is issued in parts, the first part appearing in 1883, the latest in 1889. The latest issue

is part xvi., from Lin. to Mas., in which the word-symbol "Listerine is thus defined: "Listerine—A solution containing the anti-septic constituents of thyme, eucalyptus, baptisia, gaultheria. and mentha arvensis, with two grains of benzo-boracic acid in each drachm. It is recommended by J. Lewis Smith as a preventive and antidote of scarlet fever, in doses of a teaspoonful, for an adult, every three or four hours."

TREATMENT OF COLD ABSCESS.—The employment of ethereal solutions of iodoform in the treatment of cold abscesses often causes a great deal of pain. In consequence of this, Billroth employs the following treatment:

The abscess is thoroughly opened across its greatest diameter, and its walls are rubbed with a tampon of iodoform-gauze. After this the cavity is washed out with a solution of corrosive sublimate, of the strength of 1 to 3000, and finally after the edges of the wound have been sutured, a mixture composed of 100 parts of glycerin and 10 parts of iodoform is injected through a drainage-tube, and allowed to remain in contact with the diseased surfaces.—*Medical News.*

MESSERS. PARKE, DAVIS & COMPANY, manufacturing druggists, Walkerville, Ont.,

have been very busy shipping large consignments of their goods. Last week some of the largest shipments yet made since the firm started have been to Victoria, B. C., Montreal, Quebec and to Fredericton and St. John, N. B. As this firm is getting more and more widely known as one of the largest firms in their line of business in the west; its volume of business is increasing by leaps and bounds; large orders are yet on file and will be filled as fast as possible.—*Mercury.*

We received a visit not long since from Dr. D. B. Myshra, the Maritime representative of Parke, Davis & Co., whose report of business in his territory entirely corroborates the above notice. Many physicians throughout the Provinces are now using the products of this enterprising house very largely, and the removal of the duty by their manufacture within our own country, now places them, quality considered, at a very reasonable price.

A PLEASANT VEHICLE FOR CASTOR OIL.—The following mixture is recommended as an efficient means of disguising the taste of castor oil. The only disadvantage is its

New York Post-Graduate Medical School and Hospital.

NINTH YEAR—SESSIONS OF 1891.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is closing the ninth 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 Ross, 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., A. D. Rockwell, 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 B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D.

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

Obstetrics.—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.

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

Pharmacology.—Professor Edward Barge, Ph. B.

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bulk in proportion to the dose of oil administered.

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	Water.....	120	" M.

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TREATMENT OF CONVULSIONS IN CHILDREN.

—T. G. Davis recommends, if the patient is cyanotic, a few whiffs of amyl-nitrite, followed by inhalations of chloroform and hypodermic injection of tincture veratrum viride—one-half drop for each year up to six years.

Personals.

Dr. M. A. Curry, of Halifax, is about to sail for Great Britain, where he intends to profit from the advantages afforded in the great clinical centres.

Professor Chiene (Chair of Surgery, Edinburgh University) is expected to visit Canada in the course of a couple of months. We hear that he will likely get as far as St. John. He lectures to classes well up in the hundreds at Edinburgh, and has a strong hold upon the affections of his students. He is a cautious, yet keen and bold operator; and a fine looking, kindly hearted man. It is a pity that the time of his visit does not bid fair to coincide with the meeting of the Maritime Medical Association, as it would be a treat to hear an address from him.

Professor Chiene is to give the opening address in surgery at the forthcoming meeting of the British Medical Association, just previous to his departure for America. Many Canadians—old students of his—will have a warm welcome for John Chiene.

A CHRISTIAN scientist asked a patient whether he had ever tried faith-cure for rheumatism. "Yes, I am trying it now. I've got in my pocket the left hind-foot of a grave-yard rabbit, that was killed in the dark of the moon, and I'm blamed if I don't think its helping me."

ECONOMICAL.—*Sam Johnsing*—"I'se all right now. I'se gwinter git up."

Mrs. Johnsing—"What dat, you fool niggah? Jess you stay right dar in bed 'tel you has tuck all dis meysin what I dun paid a dollar fur. You tink I gwine hab it wasted?"—*Siftings.*

CANADIAN Medical Association.

TWENTY-FOURTH

ANNUAL MEETING,

16th, 17th and 18th September, 1891.

The Twenty-fourth Annual Meeting of the Canadian Medical Association will be held in Montreal, on Wednesday, Thursday and Friday, 16th, 17th and 18th September.

Members desirous of reading papers or presenting cases will kindly communicate with the Secretary, as to title of paper or nature of case, as early as possible.

Arrangements are being made with the various Railway and Steamboat Companies whereby Members can obtain Return Tickets at considerably reduced rates.

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NOVA SCOTIA Medical Society.

TWENTY-THIRD

ANNUAL MEETING,

—AT—

Baddeck, - Cape Breton,

JULY 1st and 2nd, 1891

THE 23rd Annual Meeting of the Nova Scotia Medical Society will be held at BADDECK, CAPE BRETON, on Wednesday and Thursday, July 1st and 2nd.

Medical men desirous of reading papers, or presenting cases before the Society, are to notify the Secretary before the 1st of June at the latest, of the title of such paper or case.

W. S. MUIR,

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TRURO, N. S.

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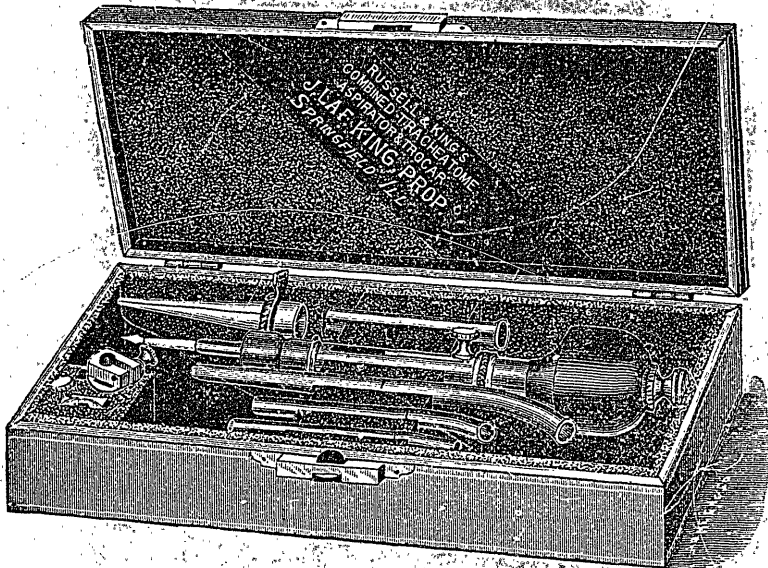
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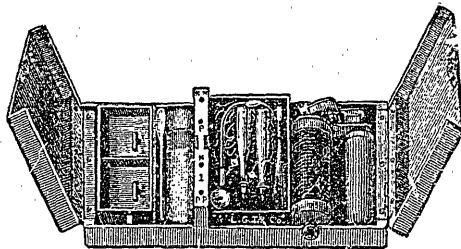
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The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in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

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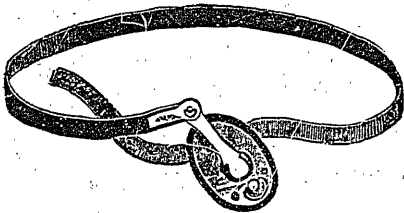
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Certificates of attendance on the various courses are accepted as qualifying candidates for examination before the licensing bodies of Great Britain and Ireland, and the Medical Schools and Universities in Canada and the United States.

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