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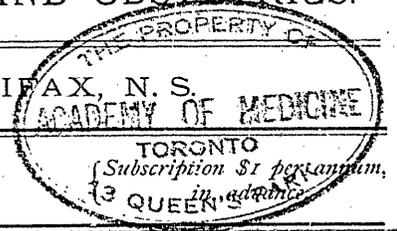
# Maritime Medical News,

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VOL. I.—NO. 6.

SEPTEMBER, 1889.



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The fifty-seventh 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.

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VOL. I.

SEPTEMBER, 1889.

No. 6.

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### SOME OF THE ULTERIOR RESULTS OF THE STUDY AND PRACTICE OF MEDICINE.

*Being a Paper read before the New Brunswick Medical Society, by DR. O. J. MCCULLY, Moncton.*

IT would be impossible for anyone to enumerate all the forces or influences whose resultant action has produced one of the simplest and most common place events of life. In such a serious thing as the choice of a profession, while one can often point to some more immediate circumstance or chain of circumstances which have determined his choice, those influences almost infinite in number which have brought him into the mental condition so that he is thus wrought upon cannot be traced because they are not contemporaneous with his own existence but extend back to an indefinite length in his ancestral history.

In making the choice of the medical profession we believe the student is more immediately influenced by some such consideration as follows: He thinks it will be a congenial method of earning his livelihood, or, having had some degree of scientific training it will further gratify a taste he has already acquired, or, being altruistic in his turn of mind he may, independent of mere utility, adopt the profession because he has reason to believe it will afford him the best opportunity to relieve human suffering. But there are other influences not here taken into account, though none the less important, which react on the physician, modify his thinking, mould his character, and which reach out into and permeate all society. And it is the results of these influences which we have seen fit to call "Some of the ulterior results of the study and practice of medicine."

Could we conceive of three young men alike exactly, physically, mentally, and morally, starting out at the same time to study Theology, Law and Medicine, and then at the expiration of a certain number of years that they were all subjected to an examination, we would find them differing most materially from each other in their mental tastes and

accounting for past and present phenomena in entirely different ways.

Now what are these influences which have been peculiar to the physician's study and work, and which materially modified his way of thinking?

From the very outset he becomes most eminently a student of science. There can be no better or wider field for the exercise of true scientific method, than is found in the curriculum of the medical student and in the after study and practice of medicine. What better field is there to train one to become a correct observer of facts than is to be found in that of Practical Anatomy and in noting the symptoms of disease. Where can the process of deduction be better shown than in framing a diagnosis from physical signs. We find ample room for classification in Comparative Anatomy and in *Materia Medica*, while the *Post Mortem* room is, par excellence, the home of verification.

The methods in Medicine are the same as in all sciences, and as exact as in Mathematics, but from the fact that all indications are not complete, and from the complexity of the factors which enter into investigations, deductions cannot be exact, particularly so long as we cannot translate physico-chemical phenomena into vital phenomena. The physician is continually brought into contact with a nature whose laws are always constant. He soon gets to see that chance and caprice have no place in the economy of nature. He learns that men sicken and die by as inviolable laws as that by which the sun rises and sets. When he sees anything happening out of the usual line of the sequence of phenomena, he does not assume to know the cause, and upon investigation not finding a rational one, he suspends his judgment. He becomes what every true student in any department of thought must become, an honest septic, not the self sufficient and conceited doubter who is content and proud to remain in doubt but he is possessed, as Goethe puts it, "of that acute scepticism whose whole aim is to conquer itself." Authority becomes to him as to every true student his *Bete noir*. When discussing some controversial

point he would not think of silencing his opponent by quoting from some ancient authority, and the more ancient the more convincing. In a dispute in Nosology he would not think he had demolished his opponent by quoting in support of his views Hippocrates, who gravely tells us that the body contains four fluids, blood, phlegm, yellow bile and black bile, a right proportion and mixture of which constituted health, improper proportion or irregular mixture disease; but he would set about to convince his opponent by verifying the experiments of Koch or Virchow. St. Paul's admonition comes to him in all its force, "Prove all things, hold fast that which is good." He becomes doubtful, calm and judicial. This mental training is continually being called into play, for there are so many theories of diseases and modes of treating them, that for his own guidance and for the safety of the people he has continually to sit in calm judgment. For instance in the matter of Christian science so called, the correctly educated physician approaches the matter with a perfectly unbiassed mind. He is presented with certain testimony as to the healing of the sick, he is told that certain conditions being fulfilled certain results will always follow. On investigation he finds this to be false, but he admits that certain conditions being fulfilled cures do sometimes follow. Then he asks why? If the causes as set forth by the Christian Scientists be the true ones, the conditions being fulfilled cures should always follow. A case of Scirrhus should yield as readily as one of Hysterical Paralysis. One temperament should be as susceptible as another. This he finds is not so but his own experience has taught him that mental impressions, no odds how produced, acting on the brain and the whole nervous system affect the nutrition of the body by stimulating or obstructing its functions. He realizes that there is such a thing as Psychic Therapeutics. He sees here a force employed irrationally and capriciously and it is for him to give it its proper place in Therapeutics and to take it out of the hands of quacks who have so abused it, and to select those cases where it will be of use, and naturally employ it. This power of looking at natural phenomena naturally is not peculiar to the profession in this age, but it has been a great power for good from the very earliest of historic record. It is not centuries ago that they were hanging witches on this continent. When we realize how much easier it is to accept authority than to investigate or even think, and how little we know to day of the relation of mind to matter, we are not much surprised that our forefathers seeing the manifestations of epilepsy and insanity should conclude that they were due to possession of evil spirits. Nor are we surprised that the poor victims were imprisoned, tortured, and put to death to rid the world of these demons. But we find Hippocrates, Galen, and the Arabian physicians thinking in advance of the age in which they lived and contending that insanity and epilepsy were diseases and that those thus affected should be treated mildly.

During the middle ages, that time of intellectual gloom when authority was the only court of appeal, when in Germany alone during a hundred years no less than one hundred thousand were put to death as witches, and when those afflicted with nervous and mental disorders were treated with a cruelty only exceeded by that of religious persecutions, the physicians, (but not all of them by any means,) were the only ones who raised a voice against this brutal way in which man tried to enforce nature's great law of the survival of the fittest. And we make bold to say if it had not been for the medical profession and its allied workers we would still be hanging witches and casting out

devils by exorcism and torture. But we find in this age great need of that organized common sense which comes of the study of science. The student of nature believes as sincerely as he can that an idiot is born into the world by no accident, but by immutable laws; but we find many who believe and teach that such a misfortune as this, that plagues, epidemics and sickness, do not come about in a natural way, are not in any way preventable, but are a peculiar way, which a benign Providence has of manifesting His kind especial interest in a community or an individual. While men are taught this they will be longer in learning what it is the physicians duty to teach, that all illnesses are to a great degree preventible, and if men would escape disease they must know nature's laws and live in harmony with them.

A child of three or four summers, of fragile beauty, winning in ways and precocious in its intellect, sickens and dies of some tubercular manifestation. The parents are convinced by being told that it was too fair a flower to bloom in this world of thorns and that out of love for them it has simply been translated to a heavenly garden. To tell them the plain, bitter truth would be cruel indeed, but how much better had the parents known the conditions under which such offspring have been produced and knowing those conditions to have avoided the calamity of such children being born and the sorrow incident to their untimely death.

We cannot conceive of a body of physicians sitting in solemn conclave to legislate to prevent marriage to a deceased wife's sister, but we can conceive in the near future of their securing legislation to prevent those afflicted with diseases which they are sure to transmit to their offspring, from thus perpetuating their weakness and disease.

If this mental discipline which comes of the study of nature's laws were diffused among the masses quackery would not ride rampant as it does to-day. People would not demand humbug and would not go away dissatisfied if they did not get it. They would not pin their faith to such charlatanism as Christian Science, Faith Healing, the laying on of hands, of the seventh son and a hundred kindred humbugs, but would come to think that knowledge in a profession which knows would be found in the diligent student and careful observer rather than in one pretending to a knowledge of the black art.

While the student of our science and the practicer of our art becomes an honest doubter he grows however, in the truest sense religious. Says St. Chrysostom "The true shekmah is man," while another devout ancient says: "There is but one temple in the universe and that is the body of man. We touch heaven when we lay our hands on a human body." This is no mere sentimentality but it is scientifically true, for could we but know the how, the why, the when, and the whither, of the veriest wretch living we should know all things worth knowing.

In the study of the mechanism of the human body and the wonderful adaptation of each part to perform its function, the physician sees as much to excite his wonder as he would in the harmony and immensity of the stars. And as in silent awe he wonders he worships, for as Carlyle says: "Worship is simply transcendent wonder." As he stands ever in the presence of sublimities and profundities which he knows he can never know he feels a humility unknown to him who flippantly reads as he runs and thinks that he understands. But as far as he can comprehend he sees a harmony, a power making for the good of the whole race, the working of inexorable beneficent laws which are unknown to him who has not worshipped in nature's temple, and whose homage

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has all been paid at the shrine of authority and of precedent. Do not think he grows at all in sympathy with superstition, which so often cloaks true religion, or with sectarianism or dogmatic creed, for no man of science was ever a religious bigot. Says Prof. Huxley, "true service and true religion are twin sisters and the separation of one from the other is sure to prove the death of both. Science prospers exactly in proportion as it is religious, and religion flourishes in exact proportion to the scientific depth and firmness of its basis."

Not only does the physician's education give him the best of mental and moral discipline but the knowledge he acquires apart from its personal utility is of the greatest relative worth. Knowledge is desirable only in as far as it is useful, in so far as it enables us to regulate our conduct aright. Says Spencer: "For the average man the desideratum is a training that approaches nearest to perfection in the things which most subserve complete living." No knowledge perhaps has ever been so useful to mankind at large as that disease is to a great degree preventable, and a knowledge of the means by which this desirable end can be brought about.

Out of this has grown Sanitary Science which in the last half century has made a progress as startling as is to be found in any department of science.

There were no less than 400,000 people living in England and Wales in 1887 who would have been dead had the death rate continued as it was from 1871 to 1880.

Before the Crimean War there were twice as many men died in barracks from disease as now. Previous to this in campaigns the death rate from disease was four times what it was from wounds, while in the late Franco-German war the Germans lost less than one-third from disease. By the prevention of disease and by the improved methods of treating it when developed, human life has been lengthened 25 per cent. in the past 50 years. While in the golden age of Queen Elizabeth the Londoner paid the last debt of nature at 20, now he is not called upon till he is 47.

When we realize that nearly all acute and chronic diseases could have been prevented had the laws of our physical well being been known and obeyed; how much the average duration of human life falls short of what it might be; how useless in this age of high tension is intellectual culture without a corresponding physique; that vigorous health is the pre-requisite of all enjoyment, and that the knowledge which conduces to that end concerns all men for all time we get a more correct idea of its utility and importance than to regard it simply as the means of earning the physicians bread and butter.

Not only is the physician's knowledge of the means of maintaining the physical well-being of the race of the greatest utility, but his researches in Biology are of the greatest philosophic worth. One can only see chaos in social and religious growth, without some idea of the development of life. Here we find the key to what has been before a problem too difficult for solution. If all theologians could see in their departments growth and change taking place by laws analogous to those in Biology and of equal constancy the world would soon be rid of much religious narrowness and bigotry.

We have not held that medical men are the superiors intellectually to men in other avocations, we will not even say that they are their equals, but have endeavored to set forth those causes which act on all those who study medicine in a truly scientific spirit and practice it as an art and which bring to it a mental discipline second only to that of

those who devote their whole energy to the study of science. We have tried to show that the knowledge which they have gained and which they have so generously given to their fellows is second in its utility to none; that the profession has ever lent its support to all well directed altruism; has ever been the foe of irrationalism and bigotry, and has always been in keeping with the most advanced thought of its age.

And now in conclusion we will give you the too flattering opinion of one not of our guild, who has framed his opinion from an extensive intimacy with eminent physicians now living, and from a study of how they have played their part in the past. Robert L. Stephenson says in the dedication of Underwood: "There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule. He is the flower, (such as it is,) of our civilization; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably to have exhibited the virtues of the race."

#### APOSTOLI'S TREATMENT.

BY J. F. BLACK, M. D., HALIFAX.

**A**BOUT seven years ago a young surgeon of Paris began experimenting with the use of electricity in the treatment of certain forms of disease of the female pelvic organs. He has carried on his investigations and now "Apostoli's method" is known in all quarters of the globe.

In August last at the meeting of the B. M. A. in Glasgow, I had the pleasure of an introduction to him and of being present at the meeting of the Gynaecological Section of the Association at which he read a paper on his system of treatment, eliciting a long and interesting discussion participated in by many of the best gynaecologists and surgeons of the old country. The impression made upon my mind by that discussion was that, although many, and especially those surgeons most interested in abdominal operations, expressed doubts as to the beneficial results obtained from the method, still a good majority acknowledged its great importance and advantages as a remedial procedure, and quite a number endorsed it completely, and related their experience with it as decidedly satisfactory.

While in London I had the opportunity of talking frequently with Dr. Keith and his son, who perhaps more than any others have adopted the method in England, and of seeing some of its practice in their hands. So fully is Dr. Keith convinced of its efficacy that he told me emphatically he never expected to again perform hysterectomy for the treatment of fibroids of the uterus.

Dr. Playfair, too, has largely employed the method, and in his wards at King's College Hospital, by the kindness of his house surgeon, Dr. Jones, now of our city, I had frequent opportunity of seeing cases under treatment.

When in Paris I visited Apostoli's clinique but was disappointed in finding him absent from the city. The appearance of the place and its surroundings and its appliances was not such as to impress one with the idea of his having so far made the practice of his method a financial success, however much so it may be otherwise.

I am not going to attempt to give you any extended paper on this subject for I am quite aware that you have all read the literature pertaining to it. But I was sufficiently impressed with the importance of the method to lead me, when in Paris, to purchase the necessary appliances for its application, and I have thought that many members of this Society might not have had an opportunity of seeing them and might be interested in doing so.

Apostoli does not claim any originality in the idea of using electricity in the treatment of fibroids or other diseased conditions of the uterus, but maintains that he has reduced its use to a definite system, and has made important innovations in regard to the methods of its employment.

His application of it is: 1st, to all cases characterized by hyperplastic growth in or about the female reproductive organs; 2nd, to the checking of hemorrhage resulting from abnormal conditions of the parts; and 3rdly, to the relief of painful affections connected therewith, not only in connection with growths, but in various other states. The chief difference between electricity as applied by Apostoli and as formerly used, is in the employment of very powerful and concentrated currents applied for a short time, instead of weak and diffused currents used for longer periods, also in the puncturing of the tumour or growth by the internal electrode. The form of electricity he employs is the continuous current which may be got from any suitable battery, and is, I believe, obtained by some American surgeons by tapping the electric light system in cities so lighted. In addition to the source of supply of electricity the most important requirement is a Galvanometer by which instrument the force used can be constantly and accurately measured and recorded.

In the application of the treatment the fundamental principle is the passage of a current of electricity through the part to be affected, and this is done by placing one electrode on the surface of the body and the other internally through the vagina, either simply in contact with the diseased part or else inserted into its substance. The external electrode is applied over an extended surface, the internal one is in the form either of a small metallic bar or of a sharp needle.

In the use of the method the strictest antiseptic precautions are to be observed more particularly where the internal electrode is inserted into the substance of the growth. This is done by syringing out the vagina before and after the application with an antiseptic solution, and by having the internal electrode perfectly aseptic.

When the treatment is used for the removal or diminution of fibroids or other enlargements the negative pole is applied internally, where the object aimed at is the arrest of hæmorrhage the positive pole is so applied; in pain the negative pole but sometimes the other. Although Apostoli recommends puncturing the growth with the needle whenever this is feasible, he does not regard it as essential, and I was told by Keith that he was doing so in his practice less than at first, thinking that if the electrode comes well in contact with the tumour either in the uterine cavity or in the vagina it is all that is necessary.

Before showing you the apparatus I will allude to a few of the objections which have been made to the method as practiced and reported by Apostoli:

First, It has been said that many of the cases reported where the size of growth was diminished were simply cases of sub-involution of uterus or of chronic metritis. To this it may be replied that a majority of the women had never been pregnant, and also that a reasonable amount of skill in

diagnosis would suffice to distinguish between such cases and cases of true fibroids.

2nd, That the uterine measurements often show no diminution after treatment and reported improvement. This may be explained by the fact that fibroids may exist without increase in measurement of uterus, and also that the fibroids may very much diminish without the increased uterine measurements undergoing any change.

3rd, That many of the reports of cases are incomplete. Considering the nature of the cases this could hardly be otherwise, and the including of incomplete cases instead of only giving the satisfactory ones would seem an evidence of fairness.

4th, That the treatment is long and troublesome. Of this no one is more aware than Apostoli and his followers, but it is becoming less true each day, and if the results are satisfactory the argument is not one which should have much weight.

5th, That the method is an old story. To this I have already alluded and stated that although electricity had previously been applied to the treatment of uterine diseases it remained for Apostoli to demonstrate—what form should be used, how it should be applied, how often, where, and for how long, in fact everything that was necessary to reduce the treatment to a system. This is all that Apostoli claims, but it seems to me quite enough to entitle it to the name of a new system.

6th, That the method is dangerous. (1) From the intra-uterine application. (2) From the making of galvanopunctures. (3) From using high intensities of current.

As an answer to the first danger Apostoli reports over 1000 applications without bad results.

The second is of course a more reasonable objection, and in the hands of an unskilled operator doubtless the practice is by no means devoid of danger, but, as I have already said, the necessity of actual puncture is becoming less insisted on, and where it is considered necessary the observance of following rules will generally enable danger to be escaped:

1. Constant and complete antiseptic precautions.
2. Punctures not to be made oftener than once in 8 or 15 days, so as to avoid accumulations of foetid matter, punctures to be at once given up as soon as there is any evidence of febrile symptoms and rise of temperature.
3. Punctures always to be superficial, never above one centimetre— $\frac{39}{100}$  of inch in depth.
4. Never puncture in anterior cul de sac, but always laterally or in Douglas's cul de sac, always carefully examine seat of puncture before it is made.
5. Use very fine needle.
6. Puncture as near as possible to body of uterus and from without inwards.
7. Choose most prominent part of tumour and, if necessary, make it more prominent by assistant pressing on abdomen.

Lastly, if possible make application at patient's house.

Thirdly, The use of high intensities. Whatever theory may say clinical experience has shown that high intensities can be born, but Apostoli does not encourage the abuse of excessive intensities, such as the administration said to have been made of currents of more than 500 milliamperes.

The amount of current is to be judged by the way it is tolerated by the patient, the general fact being that the benefit increases in proportion to intensity of current used.

On the whole question of danger it may be remarked that the method comes directly into comparison with the formidable operations of oöphorectomy or hysterectomy, and that of

course any method of treatment of such formidable affections as those in which this is used cannot be expected to be free from all risk.

7. It is objected that the method does not result in the complete removal of fibroids. To this Apostoli replies that he has never claimed the complete removal in most cases, but that he does claim in 95 out of 100 cases the following results :

An anatomical diminution of the size of the tumour ; the quick and lasting cessation of hemorrhages ; the disappearance of the symptoms due to pressure, and the restoration of the patient to a state of comparative health.

As the case was well put by one of the speakers at Glasgow, There are two classes of patients affected with uterine fibroids, one in which the diseased condition is either not noticed by the patient, or where it is at most a source of inconvenience to her ; the other where it is a cause of great danger to life, of severe pain, of intense discomfort.

Now if without the risks and terrors of a severe operative procedure we can transfer patients of the second class into those of the first we have accomplished a very great deal, and this at least Apostoli's method will do in a great majority of cases.

With regard to the method itself of course it is not claimed that it is perfected or that improvements may not be made in it. Apostoli himself is constantly experimenting. American ingenuity has naturally been brought into play to invent new electrodes, new batteries, and new modifications of the minutia of the treatment generally. The apparatus which I show you was obtained in Paris from Gaisse, the maker, who does all of Apostoli's manufacturing for him, and is that which he was using at that time.

For the external electrode various substitutes have been recommended, but in spite of its being "dirty, cold and troublesome" Apostoli still uses the clay, as he thinks none of the others have the same quality of "plastic adaptive adhesiveness." For the platinum electrode he was trying one made of gas carbon but was not quite satisfied of its superiority—one great advantage would be lessened cost. Keith showed me one made of flexible material and insulated to within a very short distance of the point by which he thought he got the current more concentrated, and which was more easy of introduction into the uterine canal.

Dr. Black then showed the apparatus, the paper having been read before the N. S. Med. Society.

#### CASES IN PRACTICE.

BY G. E. COULTHART, M. D., *Fredericton.*

##### *Congenital Inguinal Hernia including Testis (Strangulated).*

J. P., aged 58, has had an Inguinal Hernia since his earliest recollection. The hernia partially descended into the scrotum, and the testis on that side lay in the upper part very near the penis. Has worn a truss for the last 15 years. On December 24th, 1888, in the afternoon, while at work at a load of hay, he felt the hernia escaping from beneath the truss pad, but continued his labours until the load was complete. With great difficulty he made his way home, a distance of half a mile, arriving there in a state of prostration. Having on two previous occasions managed to replace the gut when it had slipped by the truss pad, he tried for half an hour or more to return it. When I saw him at 7 p.m. I found the hernia the size and shape of a

good sized pear, the longest diameter parallel to Poupart's ligament, and the testis in the most external portion of the tumour. General condition fair. He had vomited twice, the vomit being contents of stomach. Prostration considerable. Pulse quickened ; pallor marked ; expression anxious. Full anaesthesia with chloroform induced, and for 10 minutes taxis was tried ineffectually. Morphine was then given hypodermically, and ice applied to the tumour through the remainder of the night.—December 25th, 11 a.m. The vomiting still continuing, and a dragging pain having developed itself, and no favourable symptoms at all being present, the pubis and scrotum were shaved, the bladder emptied, and chloroform given. Dr. Coburn assisting me an incision was made  $4\frac{1}{2}$  inches in length along the longest diameter of the tumour. When the sac was opened the bowel was found considerably reddened, but still in a good condition. A double ligature of iron dyed silk was thrown about the cord close to the testis and that organ removed. The inner margin of the external ring was divided about one-eighth of an inch, but the bowel would not return until a similar incision had been made in the internal ring. The bowel having been returned the tissues forming the cord of the testis were allowed to block the inguinal canal, and the edges of the ring itself were brought together by three sutures. Corrosive sublimate lotion 1 to 1000 had been used throughout, and the wound having been well washed out with it, and the few bleeding points touched with the torsion forceps, the edges of the wound were brought together with the iron dyed silk. The ——— moist iodoform and corros. sublimate gauze dressings were applied, the line of sutures having first been painted with iodoform collodion and a drainage tube inserted. Patient recovered nicely from the chloroform, though some bilious vomiting continued for 24 hours.

Temp. on afternoon of 1st day rose to 100°.6—pulse 84. After the first day temp. and pulse continued normal for eight days. External wound healed by first intention. On 8th day temp. rose to 100°.6 and on removing the dressings I found that an abscess had developed over the external ring. In 24 hours it evacuated itself through the opening left by the drainage tube. The bowels were freely moved on 4th day by an enema. On 14th day slight discharge from track of drainage tube. Patient up and about and now wearing, as a matter of precaution, an elastic truss.

Remarks :—The formation of pus over external ring was due, no doubt, to the fact that the silk used had not been sufficiently carbolyzed having remained in the solution but a very few minutes. Had it been boiled and then placed for an hour or more in the antiseptic solution no trouble, I think, would have arisen. I have very strong doubts also about the utility of a drainage tube in such a case, if strict antiseptic precautions have been taken.

##### *Osteo-Sarcoma of Tibia.*

L. M. aged 17, tall, slender, and of physique below the average, first noticed about 18 months ago, a swelling on the "shin bone" under the right knee. The swelling at first grew slowly and gave but little concern to either the patient or her mother. A physician who happened to be in the neighbourhood saw it and advised treatment. Tinct. Iodine was applied for a few weeks and then it was discontinued. Six months ago plaintiff fell into the hands of a christian scientist so-called, who promised many things but performed few. As the enlargement kept increasing, and the pain at times was extreme, and the difficulty of locomotion

tion grew greater, the mother sought other advice, and the plaintiff came under my care.

January 22nd, 1888. I found her very anaemic moving about when necessary with great difficulty, care-worn and haggard. On examination there was found a spindle shaped swelling in the upper part of right leg 10 inches in length and 19 inches in the greatest circumference, embracing more than one-half of the length of the tibia, firm, almost of bone-like consistence to the touch, the skin tense and shining, and at one point fluctuating on account of broken down tissue beneath. The leg below the growth was very small as also the thigh, there being great loss of flesh. The mother was made fully acquainted with the serious condition of the patient, and amputation of the limb above the knee joint was advised and consent given.

February 4th, at 10.30 a.m., Dr. Coburn assisting, the patient was chloroformed, the limb having been thoroughly cleansed with soap and corros. sublimate solution. A circular incision was made just above patella. Owing to the attenuation of the soft tissues it was deemed advisable to make another incision on the outer aspect of thigh, at right angles to the first one, which incision was carried down to the bone, and the muscles dissected off the bone, from the line of circular incision to the proposed point of amputation 6 inches above the knee joint. A good rectangular flap was thus obtained. The usual antiseptic precautions were taken. The vessels were ligatured with strong chromicized catgut and iron-dyed silk previously carbolyzed. One rubber drainage tube was placed in the most dependant part of the flap, and a bone tube at the upper corner of the lateral incision. Wound dressed with corros. sublimate and iodoform gauze covered with absorbent cotton and rubber protective, the whole encircled with corros. sublimate gauze bandages.

Patient rallied well from the chloroform. The pulse being weak while under chloroform brandy was given hypodermically and per rectum. 10 p.m., temp 99°, p. 120. No pain, considerable vomiting.

5th, a.m., temp. 99° 5, p. 120. Passed urine. Bowels moved normally. Patient very comfortable. At 4 p.m. the dressings being considerably stained by the discharge of bloody serum they were removed and similar material replaced.

6th. Temp. 98° 4. Patient slept comfortably last night. Bowels again moved naturally.

12th. Temp. has been normal since the 6th inst. There being some discoloration of dressings they were removed and the lines of incision were found completely healed except at points of exit of rubber tube. The bone tube had been absorbed and point of exit almost healed. The gauze dressing were reapplied, the rubber tube having been removed, and pulv. iodoform dusted over the openings in the flap corners. The dressings removed were found but little soiled, and with no offensive odour. There was no swelling, redness, or tenderness present in the stump. To all intents and purposes the healing process had completed itself in the 8 days.

19th. The dressings were again removed. Drainage openings healed.

Remarks:—The features of the case seem to have been the almost entire freedom from pain after the operation, and the rapidity of the healing process. The patient, after the vomiting had subsided, ate well and slept well, and complained only of an occasional twinge in the loss of the amputated limb. The line of amputation was 6 inches above knee joint. The tumour had involved the integument

to such an extent immediately below patella that removal through the joint would have left an insufficient flap. By going higher we also got above the tendons and secured a more fleshy and substantial flap, with but little danger of loss from sloughing. A good chance is afforded for the use of an artificial limb, better, according to a recent writer, than if the amputation were at the knee joint.

The growth was confined entirely to the Tibia. Dr. Surry, having had considerable experience at McGill University, kindly prepared some sections from the tumours, which under the microscope revealed the giant cells peculiar to this form of sarcoma of the bone.

#### STRANGULATED FEMORAL HERNIA IN THE MALE; OPERATION AND RECOVERY.

BY RICHARD JOHNSON, M. D., *Charlottetown, P. E. I.*

Mr. D. R., aged between 60 and 70 years, residing about 8 miles from Souris, had noticed, for a considerable time, a small lump in his left groin, occasionally the seat of some pain, but not sufficient to excite any alarm.

On Saturday afternoon, July 27th last, while forking hay, he was suddenly seized with severe pain in the part, accompanied with a large increase in the size of the lump, and soon followed by vomiting and great prostration. These symptoms were at first considered by himself and those around him as probably attributable to some error of diet, and over-exertion in the heat of the day. Under this view of the case, the ordinary domestic remedies were employed until the following Monday night, when the increasing severity of the symptoms induced them to send for their family physician. Dr. Muttart, of Souris, on his arrival at once discovered a large strangulated femoral hernia; and after unremitting but unavailing efforts to afford relief by the administration of medicine, the use of the bath, and some cautious attempts at reduction by taxis, requested my assistance on Wednesday morning. The correctness of his diagnosis being beyond doubt, it was now clearly evident that nothing but operation afforded any hope of relief or recovery. The incessant vomiting and hiccough, obstinate constipation, abdominal distension and distress, pinched face bathed in beads of sweat, blue nails, hard and fixed tumour, from which the pain had gone, and the restless tossings of the patient, indicated that his powers were being taxed to the utmost limit of endurance. The only remaining ground of hope was in the ascertained facts of his previous good health and excellent manner of life, in his present unbroken pulse of between 90 and 100, and of fair volume, and the profound tranquility of his mind steadied and sustained by Christian faith.

The case was fully and fairly put to the patient and his friends, who unanimously requested that relief should be sought by operation, which was promptly decided upon.

It required between 3 and 4 hours of travel to and fro to procure further medical assistance, and otherwise to make suitable preparation for the operation. This was commenced between 4 and 5 o'clock in the afternoon and completed in about half an hour, with the assistance of Drs. Muttart, McLean, and McLellan.

The tumour, with its coverings, was of the size of a large hen's egg. The primary incision, by transfixion of the integuments, revealed entire absence of circulation, and the operation throughout was almost absolutely bloodless, the only use of the sponge being to wipe out some dark sanious

fluid. The whole mass was found to be constricted at the hernia, a few sweeps of the finger around which sufficed to break up some adhesions and to dilate the constricting ring, thus relieving the strangulation. The livid sac was so tightly stretched upon the almost blackened bowel as to require the most cautious manipulation, and it was left doubtful as to whether or not the peritoneum was completely divided. After renewedly applying warm sponge and towels over the yet unreduced hernia, for the space of about 10 or 15 minutes, with the result of the faintest indication of returning circulation, it was decided to venture upon passing it back into the abdomen. The canal was then syringed with 1-3000 sublimate solution, and the wound closed with silk suture, drainage being provided for by a small roll of rag, (in the absence of anything better,) soaked in carbolized oil. The dressing was rendered antiseptic by the use of iodoform, carbolized acid, absorbent cotton, and moist sublimate pads.

My first visit after operation was made with Dr. Muttart about 2 hours subsequent thereto, when the patient was found resting quietly. Temperature normal. Pulse 95. Bowels had moved seven or eight times, throwing off purgatives previously administered. In 10 hours afterwards he was again visited, when all untoward symptoms had disappeared. Under Dr. Muttart's continued care he made steady progress toward recovery, the wound healing by first intention. This morning a message has been brought to me direct from Mr. R. that he is well and about his work again.

This case seems to be worthy of record, because of the encouragement it affords to operate upon hernias of this class occurring in persons of this age, even after four full days of strangulation. It is of special interest to myself, as having been incidentally brought under my care during the spending of my vacation at Souris, and as affording additional proof, in my experience, of the wisdom of the advice given many years ago by Prof. H. J. Bigelow to his class at Harvard, where after depicting certain grave surgical emergencies, which might possibly arise in the course of their future practice, and in which the indications for treatment might be doubtful, and the prognosis uncertain, his teaching was, "Gentlemen, in such cases you must 'cut and run for luck.'"

#### A CASE IN OBSTETRICS SHOWING THE BENEFIT OF INTRA-UTERINE DOUCHE IN PUERPERAL SEPTICÆMIA.

BY S. R. JENKINS, *Charlottetown.*

Mrs. S., aged 26, married, family history—good. One year previous to marriage had severe uterine hæmorrhage during a house-cleaning, at which time she lifted some heavy furniture. Suffered severely with pain in back and vomiting. Of a rather nervous temperament. One month previous to delivery of first child she fell down stairs, but with no consequences, recovering well from effects of the fall. First labor was normal—about 14 hours. Made good recovery.

Whilst nursing first child she menstruated regularly. In January, 1888, a horse ran away with her, frightening her very much. At the same time she became unwell and had an idea that she might have a miscarriage. A month previous to this she had been suddenly stricken with a severe pain in the back whilst sitting in dining room, and was unable to be removed for 48 hours. She also became

unwell at that time. She nursed first child until ten months old, not knowing until that time that she was pregnant as her catamenia had been regular, and so continued until within one month of her second child's birth. During the last two months of her pregnancy she suffered a good deal with pain over the region of the right ovary, and during that time she twice imagined she was in labor.

On November 23rd, 1888, she was delivered of a female child. Labor normal. Placenta and membrane came away entire without trouble. On November 25th, at 5 a.m., had severe chill lasting fully an hour, followed a few hours later by a rise of temperature to 105½° F, pulse 130. Lochia were not diminished nor offensive. At this time vaginal injections of bi-chloride 1 to 2000 were used three times a day. Evening temperature 103½° F, pulse 108.

November 26th Temperature 103°, pulse 108. Used intra-uterine injections of bi-chloride 1 to 3000 followed by hot water. The Lochia by this time were offensive and diminished in quantity. Considerable pain over uterus and the organ was slightly enlarged with tenderness extending towards right side. No tympanitis. Poultices were ordered and six grains of quinine every 4 hours and brandy *ad libitum*.

27th. Temperature 102½, pulse 104. Treatment same as 26th. Lochia about the same. Pain more marked on right side.

28th. Temperature 101½, pulse 100. Same treatment. Retention of urine existed from time of chill. Catheter used three times in 24 hours.

29th. Temperature 100½, pulse 96. Lochia not offensive. Still some slight tenderness. No tympanitis. Retention of urine. Ceased intra-uterine injections and used vaginal three times a day.

30th. Patient doing well. Pain still on right side. Extending from uterus to ovary there was a large mass covering an area of dulness size of open hand and well defined; quite hard and tender. Uterus still remaining somewhat enlarged.

December 4th. (No record was kept from last date, and it may be mentioned here that the temperature after the intra-uterine injection was always several degrees lower. No accurate record of temperature was kept on these occasions.) 4 a.m. Patient had a severe rigor, followed in an hour by temperature 104, two hours later temperature 105½, pulse 120 and bounding. Again continued intra-uterine injections. Discharge not offensive though containing a good deal of pus and blood. At 2 p.m. patient had another severe rigor lasting fully one hour, followed by unconsciousness with stertorous breathing. (It was thought there was partial paralysis of face which soon passed off followed by tetanic convulsions confined chiefly to upper half of body, seeming to involve the expiratory muscles chiefly.) The convulsive attack would generally be accompanied or preceded by a scream as if it had an epileptic tendency. The attack would last two or three minutes, patient's face becoming cyanosed. (No history of epilepsy in family.) These attacks continued six or eight hours, during which time 4 oz. chloroform was administered by inhalation. There was no return to consciousness during the interval between convulsive seizures. About 4 a.m. there were apparent signs of returning consciousness. She gradually became rational complaining of no headache or pain in abdominal region. During the coma state urine was drawn and tested for albumen with negative result—bowels were also moved. Pulse during this time gradually became very feeble but did not fail. The temperature

afterwards never rose above 100½. No further record was kept.

December 11. Patient doing well. Had no retention of urine from 8th.

13th. P. wels moved. Had a slight rigor with pain in abdominal region, temperature rose to 103½, pulse 100.

14th. Pulse 90. Temperature 97. No pain. Marked improvement in every respect. From this time recovery was rapid.

(This case, shewing that a lowering of temperature following the intra-uterine douche when the Fallopian tube and broad ligament—intra uterine organs—were the sites of *materie morbi*, is interesting and instructive, and affords another instance of the benefits of that powerful therapeutic agency in puerperal septicæmia.—EDITOR.)

### PNEUMONIA, WITH SPECIAL REFERENCE TO ITS EPIDEMIC AND CONTAGIOUS TYPES.

BY G. E. BUCKLEY, M. D.,

(A paper read before the Nova Scotia Medical Society, with ensuing discussion.)

THE increasing prevalence of pneumonia during the past few years and its peculiar types make this subject of more than ordinary interest, and will, I trust, be sufficient justification for bringing to the notice of the Society the disease as I have found it in my own practice,—since 1867.

Previous to the spring of 1883 pneumonia was a rare disease in the eastern section of Guysboro County and chiefly met in its regular acute form, the cases occurring singly and being produced by exposure, excessive exertion and similar accidental causes.

During March, 1883, while the winter was still unbroken, and after an unusually steady, cold winter, during which the ground was constantly covered with snow, an epidemic of influenza prevailed over the county. In one small settlement there were at least twenty cases of pneumonia. In these the ordinary symptoms of influenza, such as coryza, pains in the limbs, spasmodic cough, &c., were wanting, and they did not differ from ordinary acute pneumonia, excepting that the expectoration was more profuse. Three or four aged persons died, but none under sixty years of age. Except in one case where there was a large pleuritic effusion, recovery was rapid, in most cases the crises being on or about the fifth day. Although I did not meet with any regular cases of influenza in this settlement, nor within eight or ten miles of it, yet it was prevailing over such a large section of the county, that I presume the influenza and pneumonia must be attributed to the same cause—probably meteorological. The disease was of an epidemic character, but could scarcely be called contagious. From two to six cases were found in each house, but all in the settlement were attacked about the same time or so nearly together as to exclude the idea of contagion.

Between the years 1883 and 1888 pneumonia was again rare. During May, 1888, when influenza was not, to my knowledge prevailing over any part of the eastern section of the county, pneumonia appeared in a settlement thirty miles distant from the place where the cases just mentioned occurred. The first family attacked contained eight members, all of whom were prostrated by the disease within one week. Four had simple pneumonia with very high tempera-

ture, one pleuro-pneumonia followed by large pleuritic effusion, and the remaining members broncho-pneumonia. Two neighbouring families assisted in nursing, and within two weeks all the younger members of these were attacked. One strong man, aged about sixty, who was very active in assisting, contracted the disease and died within the first twenty-four hours. From these the disease spread through the settlement, but gradually assumed a much milder form, many or perhaps most of the later cases resembling or being epidemic catarrhal fever. The disease in this second epidemic was much more severe than in 1883, although there were no fatal cases among the young. The disease was different but it would be difficult to describe just in what way. The patient appeared to be suddenly overwhelmed by the disease, the serious cases having that anxious appearance that one observes in cases of diphtheria that are quickly fatal. There was frequently vomiting in the first stage, always a moist furred tongue throughout and nearly always rather profuse sweating. The temperature, which was frequently 105, in a few cases which I had a chance to observe pretty closely did not commence to decline until after the improvement in the condition of the lungs was very decided. Convalescence, which was generally established from the seventh to the ninth day, was more protracted than in ordinary acute pneumonia. There could not have been less than thirty cases. Probably there were many more. As has been said of some other epidemics "it was an essential fever with pulmonary lesions." That it was contagious in some degree I have no doubt. There were cases of diphtheria in this settlement the year previous, and I had an impression that the pneumonia might have arisen from some septic cause. I believe instances have been recorded where pneumonia has originally started in factories from some irritating dust or infectious source, and when once established has continued to spread independently of the first cause. I believe an epidemic recorded in the April No. of the *American Journal of the Medical Sciences* was of this nature.

The following cases, which I think were plainly due to disregard of sanitary rules or want of knowledge of such matters, very much resembled in type the cases in the second epidemic. During the spring of 1881 I visited a family, three members of which were prostrated by pneumonia. A daughter who had been absent some months was asked to return home and assist in nursing, she had not been home more than a week when she also contracted the disease. A year later at the same season several members of the same family passed through another attack of pneumonia. All recovered. The position of the dwelling occupied by this family was such that some of the rooms were always damp, being half underground. These the family preferred to occupy while they saved the airy pleasant rooms for visitors. During the present spring, (in April,) five children belonging to two separate families but living in the same house, contracted pneumonia on different days. In this instance one thousand or fifteen hundred bushels of partially decayed potatoes were stored in the cellar under the house. On the day after their removal all were convalescent, although the first attacked had been sick ten days and the last not more than three or four days. A relative of the first child attacked came a distance of several miles and assisted in nursing. After his return home he had a slight attack, and his mother living in the house with him died two weeks later of pneumonia.

During May of the present year four members of the

same family were suddenly attacked by pneumonia. All were living or visiting together a few days before the attack, but on the day of attack were many miles apart and very differently employed. There was neither pneumonia, catarrhal fever, nor influenza in that district. These cases were extremely severe and of a typhoid type. In two there was delirium. The crises occurred on the ninth day. That these cases had one common cause seems more than probable. It is scarcely safe to mention bacteria without being an experienced microscopist, but an article appeared in the June number of the *American Journal* by Drs. Prudden and Northup of New York on pneumonia complicating diphtheria, in which I think a very reasonable view is expressed, and from which I quote the following: "In acute lobar pneumonia, the clinical history, lesions and complications of which are so well defined and typical, the presumption is decidedly against more than one species of bacteria being the common and ordinary inciting cause. On the other hand, in the lobular and broncho-pneumonias, both of adults and children, if they are bacterial in origin at all, the presumption appears rather in favor of the hypothesis that there may be many species of bacteria which may serve as the inciting cause of the lesion under different circumstances."

My experience has been that wherever the disease appeared to have anything contagious or infectious about it, the sanitary surroundings have been anything but satisfactory, and the microscope—which is of such extreme value in skilled hands—is not a necessity where heaps of rubbish require removal. There appears to be great diversity of opinion regarding the infectiousness of pneumonia. In 1885 the editor of the *Medical Press* wrote as follows: "That pneumonia is sometimes conveyed from person to person must, we think, be admitted, notwithstanding that some of the examples quoted to that effect are capable of other explanation. Insanitary conditions, in which ill ventilation as well as defective drainage ought to be included, appear to favor such conveyance, and it would seem necessary that the intercourse should be intimate and prolonged, like that of patient and nurse, or of bedfellows. In such circumstances, infectious pneumonia must, we think, be admitted as a reality, a rare characteristic of the disease, of which we are not, at present, in a position to offer an explanation. Yet, while admitting as much, it must be affirmed at the same time that pneumonia as we commonly see it has no infectious character." The general principles above stated still hold true but infectious pneumonia is not so rare as when the article was written in 1885.

With regard to treatment, at the present day it certainly must be the first duty of a medical man to look after the sanitary surroundings of the patient. If these are attended to and the patient is isolated, kept quiet, properly nourished and nursed he is almost certain to recover if under sixty years of age. In cases of regular, acute pneumonia occurring singly in healthy subjects the treatment by venesection, opiates and diaphoretics can scarcely be said to have been improved upon. In the first epidemic, acute catarrhal pneumonia, I found most benefit from acetic acid in small doses, frequently repeated, opiates, solution of acetate of ammonia and quinine were also of special service. Externally poultices were used in the first stage and sometimes later on blisters.

In the second epidemic and in those cases which appeared to arise from septic causes, supporting measures were required very early in the treatment. In these cases I found opiates to disagree. They appeared to increase the temperature and delay convalescence even when used in the

form of Dover's Powder. Others must have had the same experience, as from a lecture on pneumonia by Chas. Fradk. Knight, M. D., before his students at Mercer's Hospital, Dublin, reported in the *London Lancet* of January 29, 1887: I quote the following: "You have been taught for years to avoid opium in all forms of pulmonary disease. I admit that in cases of pneumonia where opium or its preparations have been given, the object aimed at, namely, allaying pain and reducing the frequency of the respiratory act, have been obtained. But is this advisable? Can we not by other means relieve the pain, and is not the increased frequency of the respiratory acts a conservative process compensating for the lung tissue which is inactive? Again in cases related to me and in those recorded in which opium has been given, complications, especially cerebral, have arisen." If opiates must be given for the relief of pain their effects should certainly be carefully watched.

Quinine I found to be especially useful. When no special medication appeared to be required I gave Citrate of Potash in infusion or Syrup of Wild Cherry.

Antifebrin I have tried but always found it make the patient uncomfortable by increasing the already excessive action of the skin. On giving it to one woman whose temperature was 105—in doses of only three grains—she asked me if those white powders were intended to drown her. I could see no real benefit from it. It is true it lessened the temperature, but as has been often remarked, simply reducing the temperature does not cure the disease.

Antipyrin was of more service, having a calming effect. Digitalis was of signal service in a number of cases with symptoms of heart failure. Alcoholic stimulants in many cases appeared of more service than all other remedies combined.

For the relief of pain henbane and the application of anodyne poultices gave most relief in all of the cases which appeared to arise from septic causes.

Where convalescence was retarded by an appreciable amount of pleuritic effusion I found iodide of Potassium in tincture of cinchona the most reliable remedy.

DR. PARKER asked if in neighbouring districts a similar condition of things existed, whether the cases improved in the houses after the debris from the cellars was removed; and whether people in the country now paid more attention to the removal of decomposing vegetables and other matter from their cellars and houses?

DR. BUCKLEY had not heard of the state of affairs beyond his own district, he noticed a distinct change for the better after the vegetable matter was removed from the cellar, and thought the people were improving in attention to sanitary matters.

DR. PARKER asked how many cases he had and the number of deaths.

DR. BUCKLEY replied that the number of cases met with (not all in his own practice) was about 50, and the deaths were 8, all old people. The young survived.

THE PRESIDENT (DR. CAMPBELL).—Did you regard the cases as due to climatic causes or as following inflammation?

DR. BUCKLEY.—The latter.

DR. STODDARD mentioned the Michigan State Board of Health Reports for 1888, which embodied meteorological statistics as to the amount of ozone and moisture in the atmosphere at different times. It was proved that more pneumonia prevailed when ozone was in large quantities and the air was dry. These statistics covered 10 years. The ozone was said to act upon the hæmoglobin of blood and set the fibrin ferment free.

DR. CHISHOLM had treated cases of pneumonia in Newfoundland with bad hygienic surroundings when one after another of a family took it in such a manner as to indicate

strongly a contagious character. By some pneumonia is regarded as akin to erysipelas. *v. g.*, Dr. Ord, of St. Thomas Hospital, mentions that analogy.

Thus Dr. Chisholm had seen Dr. Ord treat a case of pneumonia in a child with tincture of the chloride of iron which was given after the delirium had subsided and prostration ensued.

DR. MOORE, Kentville, confirmed the good effect of tinct. of iron which he gave with glycerine and stimulants after the acute stage had passed.

DR. DEWITT asked why should one wait till the acute stage was over. They did not do so with erysipelas.

DR. PAGE narrated the case of a strong hard-working man, aged 50, in whom with constitutional symptoms very similar to those of erysipelas pneumonia of the right lung developed. This soon subsided but was shortly followed by tenderness across the abdomen, tympanitis and other signs of peritoneal inflammation. This also subsided to be followed by a pneumonic development in the left lung. The man died. Was the affection throughout possibly of an erysipelatous character.

Dr. Page remarked that there was an evident feeling that sanitary precautions were more important than drug treatment. If we combat the cause we do much greater service than in afterwards drugging the patient.

DR. REID, Dartmouth, said that the subject of pneumonia was hazy. Years ago the term meant inflammation of the lungs. In New York it seems to mean a disease unlike the N. S. type. Inflammation of the lungs is an expression widely used. More or less pulm. congestion will attend various epidemics. The ordinary pneumonia of 30 years ago is no more like erysipelas than is peritonitis. He seems at a loss to know what disease Dr. Buckley was describing. He thought the patients suffered from some special form of microbic disease with pulmonary congestion as a symptom. That the tincture of iron is beneficial in pneumonia is no reason for drawing conclusions as to analogy between pneumonia and erysipelas. But we have had no special proof that the iron is good in ordinary pneumonia.

DR. M. A. B. SMITH reported a case of pneumonia that came under his notice when resident at the Victoria General Hospital. The attending physician did not expect the patient to recover. The nurse gave tincture of iron by mistake—the patient recovered.

DR. PARKER.—Has any gentleman observed in cases of pneumonia that erysipelas has appeared on the surface of the body. He had seen erysipelas of the surface associated with diphtheritic disease internally. If there was a close relation between pneumonia and erysipelas why is it not observed more frequently. He assumed that Dr. Buckley had the ordinary stethoscopic signs of pneumonia and was impressed with the belief that his cases were pneumonia.

DR. REID, Dartmouth, said his point was that it was not clear that the term pneumonia really expressed this disease.

DR. REID, Windsor, mentioned a case diagnosed as pneumonia. On the third day erysipelas of the skin developed and patient shortly died. Aged 50.

DR. BUCKLEY said he regarded his patients as suffering from a zymotic disease associated with pneumonic symptoms.

DR. PAGE remarked that there was a pneumonic congestion symptomatic of constitutional poisoning and that it was safe and wise to treat such with iron.

DR. WEEKS said that there were different types of pneumonia. For instance a man after falling in the water might be attacked by a pneumonia as a result. There were other causes leading to it. There seemed also to be an epidemic form. The treatment of these different types was not the same.

DR. STEWART asked "What is pneumonia?" The word pneumonia was a widely "distributed" term. There were different diseases different in etiology comprised within the one term. What do you mean by calling pneumonia an erysipelatous disease? Is it that it is a blood disease? Is it that there is dyspnoea? Or that there is a cellulitis? Or is it that it is contagious?

Erysipelas is a specific disease known to be associated causally with a definite micro-organism a streptococcus. If a form of pneumonia can be called erysipelatous, it must depend upon micro-organisms. Etiology seems to be the point of dispute and misunderstanding. He referred to the undoubted injurious effect of storing vegetables in cellars as is so commonly done.

The PRESIDENT remarked that we had an extraordinary winter, the climatic circumstances being most peculiar. He referred to the P. E. Island epidemic, 26 physicians reporting 546 cases with 26 deaths. It was estimated that the number of cases reached upwards of 1500. Is there any evidence to show that we in Nova Scotia had experienced any epidemic of influenza.

There was no report of such.

#### NOTE ON A CASE OF SCARLET FEVER.

A little girl aged five years, always strong and healthy, showed symptoms of the disease, the eruption appearing on 31st January, 1889. She went through a severe attack of the fever, desquamation was taking place and she seemed to be going on favourably. On the morning of the 18th February at her request her mother gave her a drink and laid down beside her. In about ten minutes she heard a gurgling noise and getting up discovered blood pouring from her mouth and nose. The little patient expired almost immediately.

The cause of death was, no doubt, rupture of one of the branches of the carotid artery, the vessel having probably undergone softening and sloughing, as a result of disease. Dr. Charles West in his "Lectures on the Diseases of Infancy and Childhood," states that he has only seen one instance of this in his large experience, although it came thrice under the observation of Dr. H. Kennedy of Dublin.

As this is such an unusual sequel in scarlet fever, and as I have not seen a similar case, I deem it worth recording.

C. H. L. JOHNSTON.

*St. John.*

#### A CASE OF HYDROCELE TREATED BY STRAPPING.

R. T., aged 20 years, single, stramous diathesis. Consulted me in October last with reference to a hydrocele of right tunica vaginalis. Patient stated that he had been tapped three times. Advised him to undergo treatment with carbolic injection, but he would not consent. On tapping about 16 oz. of fluid was drawn off. Was again consulted by the patient in February last, and on drawing off the fluid, which amounted to about ten ounces, found a nodule on the lower part of the testicle. Decided to try strapping with common adhesive plaster. The plaster remained on two weeks. Since removal of the strapping, which was about six months ago, there has been no recurrence of the hydrocele.

F. S. KENNEY, M. D., *Carleton, St. John.*

SULFONAL.—In the London *Lancet*, July 13th, T. Lauder Brunton, M. D., says: "Sulfonal appears to be one of the most effective of all the newly introduced hypnotics, and although it does not, like morphine, compel sleep, it induces sleep in a pleasant manner, and has few disagreeable effects, and little or no danger.

THE German Medical Congress has recommended that drunkenness be recognized as a reason for placing a person under trustees.

Elegance in  
Medication

WM. R. WARNER & CO.'S

# EFFERVESCENT PREPARATIONS

ANÆMIA.

SCROFULA.

## Pil. Chalybeate Comp.

(WARNER & CO.)

Nux Vomica is added as an ingredient to Pil. Chalybeate to increase the tonic effect when desired.

**R**

COMPOSITION OF EACH PILL.  
(Chalybeate Mass.) Carb. Protoxide of Iron, gr. 2½.  
Ext. Nuc. Vom. gr. ¼.

Dose.—1 to 3 Pills.

Most advantageously employed in the treatment of Anæmia, Chlorosis, Phthisis, Scrofula, Loss of Appetite, etc.

## PIL: ANTISEPTIC.

FORMULA:—Sulphite Soda, 1 gr.  
Salicylic Acid, 1 gr.  
Ext. Nuc. Vomica, 1 gr.

DOSE.—1 to 3 Pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism.

RHEUMATISM.

INDIGESTION.

## PIL: ANTISEPTIC COMP.

(WM. R. WARNER & CO.)

Formula.—Sulphite Soda, gr. i.  
Ext. Nuc. Vomica, gr. ¼.  
Salicylic Acid, gr. i.  
Powd. Capsicum, gr. 1-10  
Concent'd Pepsin, gr. i.

Try this Pill in all cases where there is no well defined malady, yet patient is not well.

When the Potash Salt is preferred the Physician can prescribe

WARNER & CO.'S EFFERVESCENT

SPEEDILY RELIEVES

Nervous Headache, Sleeplessness and Brain Fatigue.

# BROMO POTASH

(WARNER & CO.)

COMPOSITION OF EACH TEASPOONFUL:

**R** Brom. Potash, gr. xx.  
Caffein, gr. i.



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SOLUBLE COATED PILLS, GRANULES, PARVULES,  
ELIXIRS, FLUID EXTRACTS, ETC., ETC.

AGENTS IN HALIFAX,

—BROWN & WEBB.—

CONVENIENT.

RELIABLE.

ACCURATE.

# WM. R. WARNER & CO.'S SOLUBLE COATED GRANULES

PREPARED ESPECIALLY FOR PRESCRIBING.

THE FOLLOWING LIST COMPRISES FORMULÆ OF GREAT VALUE TO THE BUSY PRACTITIONER.

*The coating of the following Granules will dissolve in one and quarter minutes.*

**Acid Arsenious**, 1-20, 1-30, 1-50 gr.  
Medicinal properties—Antiperiodic, Alterative. Dose, 1 to 2.

**Aconitia**,.....1-60 gr.  
Med. prop.—Nerve Sedative. Dose, 1 to 2

**Aloin et Strychnine**,.....  
Med. prop.—Tonic, Laxative. Dose, 1 to 2.

**Aloin et Strych. et Bellad.**....  
Med. prop.—Tonic, Laxative. Dose, 1 to 2.  
Aloin, 1-5 gr. }  
Strychnine, 1-60 gr. }  
Ext. Belladon. 1/8 gr }

**Atropine**,.....1-100 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Atropinæ Sulph.**.....1-60 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Caulophyllin**,.....1-10 gr.  
Med. prop.—Emmenagogue. Dose, 1 to 4

**Codeia**,.....1/2 gr.  
Med. prop.—Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

**Cerrosive Sublimate**, 1-12, 1-20, 1-40 and 1-100 gr.....  
Med. prop.—Mercurial Alterative. Dose, 1 to 2.

**Digitalin**,.....1-60 gr.  
Med. prop.—Arterial Sedative. Dose, 1 to 2.

**Elaterium**, (Clutterbuck's) 1-10 gr.  
Med. prop.—Diuretic, Hydragogue Cathartic. Dose, 1 to 2.

**Ext. Belladonna**, (English.) 1/4 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Ext. Ignatia Amara**,.....1/4 gr.  
Med. prop.—Nerve Sedative. Dose, 1 to 2

**Ext. Cannabis Indica**,.....1/4 gr.  
Med. prop.—Anodyne. Dose, 1 to 4.

**Ext. Hyoseyam**, (English.) 1/4 gr.  
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

**Ext. Nuc. Vomiceæ**,.....1/4 and 1/2 gr.  
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

**Gelsemin**,.....1/4 gr.  
Med. prop.—Emetic, Diuretic, Cathartic, Dose, 1 to 2.

**Hyoseyamaia**,.....1-100 gr.  
(Crystals Pure Alkaloid.)  
Med. prop.—Anodyne, Soporific.

**Leptandrin**,.....1/4 gr.  
Med. prop.—Cathartic. Dose, 1 to 4.

**Mercury Prot. Iodid**,.....1/4 gr.  
Med. prop.—Alterative. Dose, 1 to 4.

**Mercury Prot. Iodid**,.....1/4 gr.  
Med. prop.—Alterative. Dose, 1 to 2.

**Mercury Prot. Iodid**,.....1/8 gr.  
Med. prop.—Alterative. Dose, 2 to 4.

**Mercury Iodide Red**.....1-16 gr.  
Med. prop.—Alterative. Dose, 1 to 3.

**Morphinæ Sulph.**.....1-20 gr.  
Med. prop.—Anodyne.

**Morphinæ Sulph.**.....1-10 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Morphinæ Sulph.**.....1/2 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Morphinæ Sulph.**.....1/4 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Podophyllin**,....1 10, 1/2, 1/4 and 1/8 gr.  
Med. prop.—Cathartic. Dose, 1 to 4.

**Podophyllin Comp.**.....  
Med. prop.—Cathartic and Tonic. Dose, 1 to 2.  
Podophyllin, 1/2 gr. }  
Ext. Hyoscyami, 1/8 gr. }  
Ext. Nuc. Vom. 1-16 gr. }

**Strychnine**, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.  
Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 3.

**Strychninæ Sulph.**.....1-32 gr.  
Med. prop.—Tonic, Dose, 1 to 2.

**Veratrinæ Sulph.**.....1-12 gr.  
Med. prop.—Powerful Topical Excitant. Dose, 1.

**Zinc Phosphide**,.....1/4 and 1/8 gr.  
Med. prop.—Tonic. Dose, 1 to 3.

Please specify Warner & Co.'s when ordering or prescribing and get the full therapeutic effect

Granules sent by mail on receipt of price.



From the VENTRICULUS CALLOSUS GALLINACEUS.

A powder: prescribed in the same manner, doses and combinations as Pepsin, with superior advantages in INDIGESTION, CHOLERA INFANTUM, MARASMUS and STOMACH TROUBLE in which Pepsin is usually given.

**A SPECIFIC FOR VOMITING IN PREGNANCY,**

—IN DOSES OF 10 TO 20 GRAINS.—

PREPARED BY **WILLIAM R. WARNER & CO.** Manufacturers and Originators of

Effervescent Bromo-Soda, Bromo-Potash, Triple Bromides, and a full line of Effervescent Salts

PHILADELPHIA.

NEW YORK.

LONDON.

PREPARATIONS SUPPLIED BY ALL LEADING DRUGGISTS.

## *Hospital Practice.*

### GENERAL PUBLIC HOSPITAL, ST. JOHN.

NOTES BY DR. ESSON, *House Surgeon.*

*Case 1.*—H. M., female, aged 24 years. Admitted June 4th to G. P. Hospital, St. John, complaining of severe symptoms of vesical calculus, from which she had been suffering for the past three years. Blood was passed with the urine, during all this time, and pain was constant in the lumbar and hypo-gastric regions. The pain was always rendered more intense when standing. She also had great sense of weight in the region of the bladder during this time.

On examination of bladder by Dr. Daniel, (patient being under anæsthetic, the parts being two tender to allow of examination otherwise) a large calculus was discovered.

June 10th. Lithotripsy was tried, but stone found too large to admit of being seized by lithotrite.

June 14th. Supra-pubic lithotomy was performed by Dr. Daniel. During operation peritoneum found extending very low down, behind the pubes. An incision  $1\frac{1}{2}$  inches in length was made in the bladder and a calculus of very firm consistence was removed weighing  $2\frac{3}{8}$  ounces. Patient recovered from anæsthetic quickly. After the operation, a soft rubber catheter was introduced through the urethra, and left in 24 hours.

June 15th. Catheter removed, to be passed every 3 hours afterward. Urine altogether through wound.

June 16th. Owing to suppression of urine, no doubt from the effects of the anæsthetic, a diuretic was given which served to increase urine to normal amount.

Ever since operation patient kept in lateral position to maintain free drainage from wound. Some tympanitis noticed two days after operation. Temperature not above  $100^{\circ}$ . Pulse 90 to 110.

June 20th. Some urine passed through urethra. Patient placed in dorsal position with shoulders raised, catheter kept in bladder all the time. In a few hours patient was seized with severe colicky pains which were promptly relieved by giving one ounce of castor oil.

June 21st. Considerable urine by urethra. Catheter removed, to be passed every 3 hours. The urine for some time after this passed entirely through catheter during day and through the wound during the night. Considerable blood and mucous mixed with urine.

July 9th. Urine ceased coming through wound, passed entirely through urethra.

July 20th. Wound completely healed. Patient discharged. August 4th, urine normal, no pain nor tenderness in region of bladder, and general condition of patient very good.

During the whole course of treatment, the bladder was washed out daily, with a 10 grain solution of boracic acid.

*Case 2.*—E. C., male, aged 27 years. Admitted to G. P. Hospital, St. John, June 21st, 1889, complaining of intense pain in region of bladder from which he had been suffering for 6 or 7 months. June 29th, on examination, a vesical calculus was detected.

June 29th. Supra-pubic lithotomy was performed by Dr. Daniel, and the debris of a large phosphatic calculus was found, a noticeable peculiarity being the soft consistence of

the fragment removed, weight 1 ounce. After treatment same as in Case 1.

July 10th. Catheter left in bladder.

July 21st. Two pieces of stone passed through urethra. Bladder daily washed out with 10 gr. solution of boracic acid ever since operation. Urine passed entirely by urethra August 10th, wound completely closed August 14th. Patient able to walk around, and in very good condition, August 15th. Temperature during whole course of recovery was from  $98\frac{1}{2}^{\circ}$  to  $100^{\circ}$ . Pulse 80 to 110.

NOTES BY DR. F. S. KENNEY, *Late House Surgeon.*

*Case 3*—A CASE OF HYDROCELE TREATED BY CARBOLIC ACID INJECTION.—M. H., married, aged 45 years, admitted to hospital March 1889, under care of Dr. G. Hetherington. Had been tapped twice previously about one year and one and a half years ago. On examination found a hydrocele on the right side of scrotum and an hæmatocele on the left. On tapping  $18\frac{5}{8}$  were drawn from right and  $14\frac{5}{8}$  from left side. After tapping 40 min. of melted crystals of carbolic acid were injected into each side, the instruments having been heated in water to prevent the acid from crystallizing in them. After withdrawing the canula the scrotum was manipulated to allow the acid to come thoroughly in contact with the sac. Patient was kept in bed 6 days and discharged two days later. Up to present date there has been no recurrence of either the hydrocele or the hæmatocele.

## *Society Proceedings.*

### MINUTES OF NINTH ANNUAL MEETING OF N. B. MEDICAL SOCIETY.

*Held at St. John, July 23rd and 24th, 1889.*

**D**R. LAURANCE MACLAREN, President, called meeting to order at 10 a.m., after which he read a paper on "Alcohol, and its effects in health and disease."

Officers were then elected for the ensuing year, viz. :—

<i>President,</i>	DR. DUNCAN, Bathurst.
<i>1st Vice-President,</i>	" ALLISON, St. John.
<i>2nd " "</i>	" THORNE, Havelock.
<i>Recording Secretary,</i>	" EMERY, St. John.
<i>Corresponding " "</i>	" S. C. MURRAY, Albert Co.
<i>Treasurer,</i>	" BRUCE, St. John.
	" O. J. McCULLY, Moncton.
<i>Trustees,</i>	" WM. CHRISTIE, St. John.
	" H. G. ADDY,

*Afternoon Session.*

Dr. Charles Holden, St. John, read a paper on "Scarlet Fever." Drs. N. J. Murray, Greenwich and Bruce, St. John, brought clinical cases before the Society.

Papers were then read by Dr. McCully on "Some of the ulterior results of Study and Practice of Medicine;" by Dr. Foster McFarlane, St. John, on "Some of the results of laceration of the cervix uteri and conditions for Operative Procedure;" by Dr. Murray Maclaren, on "Leprosy in New Brunswick."

SECOND DAY.

*Morning Session.*

Dr. P. R. Moore, Sackville, read a paper on "Hepatic Abscess." Dr. Walker of St. John, not having returned from Europe, the Society was deprived of the pleasure of hearing his paper on "What I saw in British Hospitals."

The gap was filled by Dr. J. T. Steeves, of St. John, reading a paper on the "Criminal Insane."

Dr. Sterns, Superintendent of Hatford Insane Hospital, and Dr. Bennett, of Lubec, Me., were introduced to the Society and asked to take a seat on the platform. Dr. Sterns briefly addressed the meeting, dwelling on some points in Dr. Steeves' paper.

The following resolution was passed unanimously and ordered to be forwarded to Dr. Musgrove:—

*Whereas*, The Society learns with regret that on account of his health Dr. T. W. Musgrove intends shortly to remove from the Province, this Society desires to place on record its keen appreciation of the great loss sustained by the removal of one of its most active members.

Dr. Musgrove, since the formation of this Society, has always taken, both as an officer and as a member, a very special interest in all matters pertaining to the Society and the profession. We sincerely hope that in the more genial climate of the West his health may be entirely restored and that he may be soon again among us. If, however, he is obliged to remain permanently, we confidently bespeak for him in his new field that measure of success and high standing in the profession which his talents and fine social qualities are eminently fitted to command."

The following committee was appointed to confer with other medical societies in the Maritime Provinces with the object of forming a "Maritime Medical Association": Drs. P. R. Moore, Sackville; J. W. Daniel, St. John; S. C. Murray, Albert; Wm. Christie, St. John, and G. A. Hetherington, St. John.

Drs. Adler of Philadelphia, and Charles Hay of Morristown State Asylum, were introduced to the Society.

#### *Afternoon Session.*

Dr. J. W. Daniel, St. John, showed specimens and related three successful cases of operation for stone in the bladder by supra-pubic lithotomy, two being in the male and one in the female sex. He also related a case of strangulated hernia ending fatally, the strangulation having existed for five days, and the patient was not seen in time to operate earlier.

After some discussion the following resolution was passed:—

*Resolved*, That N. B. Medical Society memorialize the Canadian Executive with the object of having the duty on surgical instruments and appliances removed."

After tendering votes of thanks to President and Secretary the ninth annual meeting was brought to a conclusion.

This was the largest meeting since the formation of the Society in 1883, the total number present being 64.

The next annual meeting will be held in Moncton.

G. R. J. CRAWFORD, *Secretary*.

### ANNUAL REPORT

OF REGISTRAR PROVINCIAL MEDICAL BOARD,  
JUNE 30, 1889.

**D**URING the past year the Board has met five times, that is, only one special meeting was required in addition to the regular quarterly meetings. With the exception of the Annual Meeting the business has always been transacted in one session. The average attendance at all meetings has been six, or one less than last year.

The work of the Board during the year has been performed quietly and unobtrusively, not that there have been no complaints of irregular practice, although even there have been few and often not very specific, but the Board being still in arrears for expenses incurred the previous year no new prosecutions could be entertained. In this connec-

tion it is rather curious to note that the most unreasonable complainants are those who have contributed nothing towards relieving the continued financial embarrassment of the Board. The only case which the Board has been compelled to carry on has been that of the cancer quack Bond, and in which judgment has been given in the County Court in favor of defendant. According to the report of counsel: "The result of the trial was due to two causes; first, the failure of the witness to adhere to the story which they had previously told Mr. Naylor at Shubenacadie, and secondly, the peculiar view taken by the judge as to what constitutes in law acting or professing to act as a physician or surgeon." Bond's services, according to Judge Johnson, "were not in law the services of a physician or surgeon, but of an apothecary or druggist." On account of the important issues involved in such an absurd decision the Board decided to appeal to the Supreme Court, although, as the defendant has stated upon oath that he earns nothing and is wholly dependent upon his son, it is more than probable even should the appeal succeed that the Board will incur the whole costs of trial and appeal.

Although it might appear at first sight, especially to those who have had to shoulder the financial responsibilities, that the prosecutions undertaken by the Board have been unfortunate and futile, there is no mistake they have had a good moral effect in preventing the annual inroad into the province of the peripatetic quack, and also in securing the fulfilment of the law as regards time and extent of study before graduation, and his subsequent registration by the regular practitioner as a matter of routine duty. We have now few cases of men beginning practice without registering or at least reporting themselves to the Board. The old difficulty, with reference to the preliminary examination, has also now almost entirely disappeared; students now know that they cannot escape it, and as a rule it is disposed of as required by the Act, before professional study is commenced.

Not only have the prosecutions referred to been of direct benefit to our own province but they have been taken notice of in other parts of the Dominion. Ontario is now struggling to rid itself of such men as Washington, Sovreen and others, and only a few days ago the College of Physicians and Surgeons of that province applied for information with reference to our dealing with the first named impostor, and was willing to pay for the information. This had hardly been furnished when a second letter was received asking assistance in another case.

With the exception of the Bond case however, the attention of the Board has been chiefly occupied in dealing with the matter of preliminary education, in adjudicating upon applications for registration and other routine business.

The applicants for registration have been considerably fewer this year than during 1887-8, viz: 17 as compared with 32. Of these 17, 8 were able to register at once on their original qualifications, while 9 were in the first instance rejected owing to deficiencies in their curriculum. Four of the latter subsequently rectified these objections by passing special examinations, and were thereafter duly registered, leaving 5 still rejected.

With reference to the Preliminary Examination several satisfactory changes have been adopted.

(1.) In order to suit the convenience of those going abroad to begin medical study a third regular examination has been appointed to be held on the first Thursday of September each year.

(2.) The necessity of a candidate making at least 25%

in order to be entitled to a supplementary examination in one subject has been done away with.

(3.) Also the requirement of having to pass again in all subjects in the event of failure at a supplementary examination in one subject.

(4.) The examination for the N. S. grade A license, (Teacher's,) has been included among those recognized *pro tanto* by the Board.

(5.) The Examiners have been required to furnish the Board with copies of the questions set at each examination, and also to return the candidates answers.

(6.) The various colleges whose examinations have hitherto been accepted by the Board, have been required to forward regularly copies of their examination questions.

(7.) The requirements of the examination have been modified so as to correspond as closely as possible with the examination prescribed by the General Medical Council of Great Britain.

During the past year the Board has succeeded in securing the recognition of its matriculation examination by the British Medical Council, and has applied for similiar recognition to the College of Physicians and Surgeons, Ontario.

No special examinations have been held during the year, the attendance and general results at the three regular examinations were as follows:—

1st Exam., Sept. 6, '88.	Candidates, 1, passed, 0, failed in one subject, 0, failed, 1
2nd Exam., Oct. 25, '88.	Candidates, 18, " 10, " 5, " 3
3rd Exam., May 2, '89.	Candidates, 7, " 4, " 1, " 2
Total for 1888-9.....	26 14 6 6
" 1887-8.....	34 23 2 4

Three of those who failed in more than one subject subsequently passed in all, and are included among the 14 passed.

Including those who passed the Board's Examinations and those who were exempted from passing it, 23 names were added to the Student's Register, being 11 fewer than were registered last year.

During the year only 12 names have been added to the Medical Register, all being regular primary registrations. During the same period 5 names have been erased, 4 on account of death, and one on account of fraud in securing registration.

The deceased include the oldest and almost the youngest members of the profession, viz:

EDWARD CARRITT, L. R. C. S., Edin. 1827.  
Died at Dartmouth, Oct. 31, 1888.

BENJAMIN FRASER, M. D., Hesse, L.R.C.S., Edin. 1834.  
Killed by Railway Accident at Windsor, July 4, 1884.

JAMES C. FARISH, M. D., Univ. Penn. 1837.  
Died at Yarmouth, April, 19, 1889.

JAMES SIMPSON LATHERN, M. D., C. M., McGill, L. R. C. P., London, 1883.  
Died at Halifax, Jan. 26, 1889.

Compared with last year the additions have been 15 fewer and the erasures also 1 less.

The total number on Register Jan. 30, 1888 was 319.  
" " " " 1889 " 326.

Being a gain of only 7 names, whereas last year the increase amounted to 21 names.

One name has been added to the Midwives Register, Mrs. Robt. Melvin being granted a license by the Board after being examined and recommended by the examiner in Midwifery, Dr. Page.

The correspondence of the year included about 376 communications, 185 of which were received and 191 sent out.

The following amounts have been taken as fees:

25 Students,	\$10.00.	Exam. and Registrar'n Fees.	\$250.00
1 Midwives',	15.00.	" " "	15.00
14 Physicians',	20.00.	Registration " "	280.00
1 " "	2.00.	(add qual.) Registration " "	2.00
8 Students'	5.00.	Registration " "	40.00

Total of Fees. . . . . \$587.00

being \$223.00 less than last year.

In addition to the above amount \$50 were received from the profession, \$4.00 directly, and \$46.00 through the Secretary of the Nova Scotia Medical Society, to whom is due the thanks of the Board for gleaning this amount after the ground had twice been gone over by the Board. The total receipts for the year have thus amounted to \$637, a decrease of \$432 compared with last year, and of \$103 compared with 1886-7.

A. W. H. LINDSAY, Registrar.

TREASURER'S REPORT.

The Treasurer in account with Provincial Medical Board of Nova Scotia.

1888.	Cr.	
July 1.	By balance in hand.....	\$330 58
Nov. 5.	Interest from Building Society.....	1 08
Dec. 19.	Cash from Registrar to date .....	458 00
1889.		
June 30.	Cash from Registrar to date .....	179 00
		<u>\$968 66</u>

1888.	Dr.	
July 19.	To Travelling Expenses, on acct. Dr. McGillvray	\$ 10 00
" "	" " " Dr. Page.....	20 00
" "	" " " Dr. Muir.....	12 00
" "	" " " Dr. Moore ..	14 00
" "	" " " Dr. McMillan.	5 00
" 20.	Graham, Borden & Parker, on account.....	50 00
" "	Registrar, on account Salary for 1887.....	100 00
Aug. 7.	Dr. Lemon—Reg. Fees refunded.....	20 00
Sept. 3.	MacGregor & Knight.....	1 20
" 3.	Registrar—Balance Salary for 1887 .....	50 00
" 27.	Dr. Kendal—Reg. Fees refunded.....	25 00
Oct. 10.	Nova Scotia Printing Co .....	7 48
Nov. 5.	Peoples Bank of Halifax, reducing note....	300 27
" 17.	Prof. J. B. Currie, Matric. Exam. Fees. ....	42 50
" 17.	Rev. E. Ross, " " " .....	42 50
Dec. 19.	Halifax Medical College—rent room.....	6 00
1889.		
Jan. 18.	Dr. Page—Fee examining Mrs. Melvin....	10 00
" 30.	Rev. E. Ross, Matric. Exam. Fees.....	5 00
" 30.	Prof. J. B. Currie, " " " .....	5 00
Mar. 16.	MacGregor & Knight.....	2 30
May 5.	Peoples Bank of Halifax, reducing note....	128 32
" 13.	Graham, Borden & Parker, <i>in re</i> Bond ....	17 00
June 8.	Prof. J. B. Currie, Matric. Exam. Fees....	15 00
" 8.	Rev. E. Ross, " " " .....	15 00
" 29.	Registrar's account—sundries .....	10 50
" "	Halifax Medical College—rent room.....	3 00
" 30.	Balance on hand .....	51 59
		<u>\$968 66</u>

The following represents outstanding liabilities to meet which there are no funds at present in hand except the \$50.00 balance:—

Note due September 11th.....	\$204 14
Registrar's Salary .....	150 00
Graham, Borden & Parker.....	50 00
Travelling Fees—Members.....	94 00
Bond Suit—Costs, not rendered.....	
	<u>\$498 14</u>
Less Cash.....	50 00
Balance.....	<u>\$448 00</u>

## Correspondence.

To the Editor of the Maritime Medical News:

DEAR SIR,—I have read with a great deal of interest Dr. Reid's paper on "The Relations of the Professions to Society," and as I was unavoidably absent from the last meeting of the N. S. Medical Society, I beg leave to make a few remarks through the NEWS on the Doctors interesting subject. It is very true that the medical profession of Nova Scotia does not occupy that confidence amongst the "masses" that it should, whatever may be said of the other professions. Notwithstanding this, I think if the Doctor will investigate the subject a little closer, he will find that "quackery" and "patent medicines" lend a more powerful influence over the "masses" in lowering the dignity of our profession in society than many of the causes named. The case of the Civil Engineer of a city seems to be an illustration not very well taken. We all know that the Civil Engineer of a city from his education as such, must have some knowledge of "Hygiene and Sanitation," and if perchance he should have any doubts on the subject, he can have the advice and counsel of the City Medical Officer who is selected for this position because his knowledge of "Hygiene and Sanitation" entitles him to the place. His remarks on the pugilistic tendencies of our brethren of the pulpit might with some force be applied to our own household.

We are advised to take a lesson from our shrewd aggressive friends the "lawyers," for places at the "public crib." In this I think we are fully abreast of the times; I cannot conceive how the medical profession can expect more patronage from the government than they have under the present list of registered practitioners in the Province of Nova Scotia. He must either decrease medical colleges and students of medicine or else increase the number of City Medical Officers, Provincial Hospitals, Insane Asylums, Alms Houses, Dispensaries, Infirmarys, Marine Hospitals, Health Officers, Coroners, and all other public institutions requiring the services of a medical man. I cannot agree with the Doctor that medicine has fallen from its "high estate," or that the legal profession possess more intelligence or sagacity than the medical profession, except that the lawyers perhaps equalize the supply and demand of their numbers with more judgment than the Doctors of Medicine.

Sometimes a medical man is compelled to neglect his patients and business and remain from day to day in a court of justice as a witness for the paltry sum of fifty cents per diem. In this he may be placed on the plane of a common laborer. This piece of injustice injures the country practitioners much more than those in cities and towns for various reasons, the principle one being that the medical man of a city can attend to his calling as well as testify in court without at the same time neglecting his patients.

I was really not aware until I read the Doctor's paper that any regularly educated physician had ever in this Province responded as the lowest bidder for the pauper practice. If such be the case it is neither the fault of the medical man nor of the overseers of the poor, but the fault must lie in the multiplicity of medical schools and the ease with which full-fledged Doctors of Medicine are set afloat upon the community. I cannot otherwise conceive how medical men in a lucrative practice could fall so far below the dignity of our profession as to tender for "pauper practice," when we have enough of that class to attend to without bidding for it from "county boards."

I agree with the Doctor that the medical profession should be well represented in our legislative halls, provided we have men shrewd enough in politics to get there. It would have a good effect in lessening the ranks in the active profession as well as dividing the spoils more equally between "law" and "medicine."

In regard to "A sanitary officer" for each county, I will remark that in the present plethoric condition of the medical profession throughout the country there is fortunately in every neighborhood a registered physician of more or less experience and these are supposed to act as sentinels on the "watch-towers of Hyea" for the benefit of the health of the "masses;"

and if these men are skillful in their profession and conduct themselves in such a manner that the community in which they reside cannot afford to do without their services, there would be no practical use for a "County Sanitary Inspector."

I fully concur with the Doctor that the medical profession should have a "Parliamentary Bills Committee," whereby the interests of the profession could be more satisfactorily looked after than under the present laws of the Province. The errors of some of the disciples of Esculapius should not lead us into the belief that the profession of medicine is on the downward grade, either in the legitimate channels of the profession or in political economy.

Drs. Tupper, Parker, W. J. Almon, and others, present brilliant examples that the members of our profession have been "honored by society" in the halls of legislature and at the bedside of suffering humanity. I confess that I do not comprehend what is meant by "A medical missionary to enlighten the people (in every community I suppose) how to escape misery, disease and death." I am sure if we could have such a prodigy he would have a larger practice than your humble servant who was taught that every medical man is charged with the health of the community in which he resides for the benefit of his constituents as well as himself. "A medical missionary" savors of the South Sea Islands or some other "heathen lands." Certainly "Divinity" has not let us retrograde so rapidly that "a band of Thugs" reside in every community," and that we are again in need of these useful appendages (missionaries) in civilizing barbarous nations.

I trust that in this friendly criticism I have said nothing to mar the feelings of my much respected friend, Dr. Reid. His subject is truly interesting and worthy of consideration by all classes of society.

Law, Divinity, and Medicine, like Truth and Simplicity, should go hand in hand. Each has a divine origin, each a sublime aim. Law guides our feet in the paths of justice—Medicine is entrusted with keeping the temple of the soul pure; and Divinity "shapes our ends" and teaches us the road to the portals of Paradise.

Yours truly,  
R. RANDOLPH STEVENSON.

July 25th, 1889.

A VERY interesting occasion was that recently at the London Hospital, when Sir Andrew Clark was made the subject of a portrait on behalf of his associates and other friends. According to the "Lancet," Dr. Clark made a feeling response, and became autobiographical, narrating the trials of his student life. He had been thrown on the world without a friend, his parents died before he knew them, no relative had he to whose home he could resort, he went to London without letters, and he had there just one acquaintance. Added to this his health was poor. He had a small patrimony and a great love for work. By some chance he became an assistant in the London Hospital; at this stage an opponent said of him: "Poor Scotch beggar, let him have the place: he cannot possibly live more than six months." He offered these and other reminiscences for the encouragement of his juniors, and especially for those who love work for the work's sake.—*N. Y. Medical Journal.*

THE MAXIMAL DOSES OF NEW REMEDIES.—The following are the *maximal* single doses of some of the newer remedies as mentioned in *Merch's Bulletin* for June: Asparagin, grs. 1½; baptisin, gr. ½; daturine, gr. 1-64; duboisine, gr. 1-64; fuchsin, grs. 4; agaricin, gr. ¼; aloin, grs. 4½; antifebrin, grs. 15; apiol, grs. 15; arbutin, grs. 15; guaiacol, grs. 1½; iodole, grs. 3; iridin, grs. 3; kairin, grs. 15; naphthalene, grs. 15; phenacetin, grs. 15; resorcine, grs. 45; salol, grs. 30; solanine, grs. 1½; sulphonal, grs. 60; terpinol, grs. 4½; urethane, grs. 75; xylo, grs. 39; paraldehyd, grs. 60.—*Canadian Practitioner.*

# The Maritime Medical News.

September, 1889.

EDITORS:

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

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

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

DR. MORROW,  
 ARGYLE STREET, HALIFAX.

THE postponement of the annual meeting of the New Brunswick Medical Society seemed to work as it was supposed it would, and the double attraction of carnival and society meeting caused a meeting of sixty-four members, the largest number of members who have yet assembled at any single session of the society.

The business of the Society was carried rapidly through, perhaps too rapidly, and we think more time should have been given to the discussion of the papers read, some of which were of very great merit, showed evidence of original thought and work, and bore testimony to the expenditure of much industrious labor in their composition. With regard to 'discussion' it may be said that if men will not speak there is no use in waiting for them to do so, but on the other hand it should not be forgotten that physicians as a rule are not ready debaters, they have never cultivated the faculty of public speaking, and in matters requiring debate or public discussion often require encouragement rather than the reverse. In fact the nature of their studies and the practice of their profession beget in them a judicial rather than an argumentative condition of mind.

The Society appointed an important committee, viz: that to confer with other Lower Province Societies, with the view of forming a Maritime Medical Association.

We publish in this issue an interesting paper read at the meeting of the Society by Dr. D. J. McCully, of Moncton, it will be found to repay a careful perusal.

THE recent case of criminal arsenical poisoning known as the "Maybrick case," in Liverpool, England, has excited wide spread interest in America as well as in Great Britain, and viewed from a medico legal standpoint is of considerable importance, the effects of arsenic, in over doses, on the system having been thoroughly discussed in elaborate detail.

Mrs. Maybrick, the wife of a cotton broker was charged with causing the death of her husband by administration of arsenic.

The poisoning continued over a period of several weeks, and the cause of the illness, as has often been the case before, was not suspected until too late to be of service in saving the victim's life.

The early symptoms were nausea and vomiting, numbness in the extremities, debility and foul tongue, later on, abdominal pain, inability to retain any food, excessive thirst, and throat inflamed and highly irritable, finally diarrhoea, tenesmus and increasing weakness which terminated in death.

The conjunctivae were entirely unaffected and the mind was for the most part clear.

The case was diagnosed and treated as acute dyspepsia or gastro enteritis. The post mortem examination shewed slight redness at the top of the oesophagus, a small ulcer on the posterior surface of the epiglottis, the margins of which were also eroded. The cardiac and pyloric ends of the stomach were much inflamed with several ecchymoses; part of the duodenum and some of the remaining intestines including the rectum were also inflamed. The chemical analysis proved the presence of arsenic in the intestine, liver and kidney, none was found in the stomach or its contents, heart, lungs or spleen.

The poison was also found in a bottle of Valentine's extract of beef, in a saucepan used for preparing the victim's food and in numerous bottles of medicine, fly papers, poison for cats, etc., which were found in the house.

During the trial the question arose as to the cause of acute inflammation of the stomach, and it was held by Dr. W. Carter and others that this condition could not occur idiopathically but required the presence of an irritant poison of some kind, and hence, in this case death was due to the administration of a poison, arsenic, and that the post mortem appearances could not point to anything except death by irritant poison.

Injection of the conjunctivae occurs in chronic cases and not always then, and this case was considered much too acute for the appearance of that symptom.

It was pleaded in defence that Mr. Maybrick died from idiopathic gastro enteritis, that the presence of arsenic in his organs was due to the habit of dosing himself, and that the presence of the fly papers, arsenic, etc., was accounted for by their being intended for use as cosmetics by Mrs. Maybrick. This view, however, was not accepted by the jury.

Diarrhœa and tenesmus did not appear as early as might have been expected, and indeed only occurred three or four days before the end.

Arsenic is rather a favourite criminal poison, partly because it is so well known and can be readily administered, and partly because if the poison is spread over some time, suspicion may not be aroused and the illness may be considered a severe gastro-enteritis. The "Madeline Smith" case, which occurred in Edinburgh, and at which Sir Robert Christison gave scientific evidence, was such a one. More recently at Cork the wife of Dr. Cross, a retired army surgeon, suffered from great thirst and constant vomiting, as in the "Maybrick case," and died after two weeks illness. Her husband registered the cause of her death as typhoid fever. Subsequently, suspicion having been aroused the body was exhumed and examined, no ulcers of small intestine were found, but arsenic was discovered in the stomach and other organs, also some strychnine and there was no doubt that the unfortunate lady died from the effects of either of the poisons, probably arsenic, perhaps both, administered by her husband.

In the "Maybrick case" the package of arsenic was mixed with one-third, ( $\frac{1}{3}$ ), of charcoal, and not with one-sixteenth, ( $\frac{1}{16}$ ), part of its weight of soot, or the  $\frac{1}{2}$  of indig as laid down by law.

**WE** cordially endorse the action of the New Brunswick Medical Society in appointing a committee to confer with committees of the Nova Scotia and any other interested Medical Societies, upon the question of forming a Maritime Medical Association. This step has been much advocated in the past from reasons which are strong and permanent.

Instead of two Provincial meetings side by side, each sparsely attended, how much better would it be to have one society presenting greater interest and attracting a larger total attendance. The interest *would* be greater and the attendance we believe, undoubtedly larger.

The distances to be travelled would be but little increased to most and not at all to many. The Society as a scientific body would be more valuable

and more imposing than either Society alone; and we believe it is in accordance with a sound general principle to give greater recognition to the fact that we of the different provinces are of one country, like interests and common brotherhood. Space alone prevents us just now from presenting other inducements to the giving of this proposition a favourable reception. They are considerable, while we think there is little or nothing to be urged against it. We shall refer to the question again; meanwhile we would gladly receive expressions of opinion.

**A**NOTHER matter claiming the interest and attention of the N. S. Profession is the impecunious state of the Provincial Medical Board. The trouble is very evident and very real, namely insufficient sources of income.

The Board has many important duties to perform, though these duties are sometimes rendered impossible of performance through lack of funds. For instance, the prosecution of quacks and illegal practitioners entails considerable expenditure, and in matters of this kind the Board has incurred some indebtedness.

We think a simple remedy, and one which will be heartily approved by the Profession, would be the imposition of a small annual tax on all registered practitioners; say to the amount of \$1.00. This is done in other Provinces and States, in most cases, we understand, the tax being rather larger than that named, which, however, would probably be sufficient to meet the difficulty.

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### *Reviews and Book Notices.*

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**PHYSIOLOGY OF THE DOMESTIC ANIMALS.**—A text book for Veterinary and Medical Students and Practitioners. By Robert Meade Smith, A. M., M. D. Professor of Comparative Physiology in the University of Pennsylvania, &c., &c. Price, cloth \$6.00, sheep \$6.75 net. F. A. Davis. This is a comprehensive volume of 921 pages, with over 400 illustrations.

In the first part of the book the author gives a very thorough, clear, and well written consideration to General Physiology.

The chapters on The Structure of Organized Bodies, Cellular Physics, and Cellular Chemistry form an admirable 'up to date' and well illustrated description of those subjects. The Physical and Chemical processes of cells are given more full and careful attention than is to be found in some much used text books of Human Physiology.

The second part of the book deals with special Physiology, and we may say at once contains in a very readable form what is know of the physiological functions and processes in the various domestic animals, and this knowledge is of greater extent on many points than is perhaps generally understood. But this is not surprising when it is remembered that it has been from observations of and experiments upon the domestic animals that much of our detailed knowledge of Human Physiology has been obtained.



TO THE MEDICAL PROFESSION.

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In cases of consumption and all pulmonary diseases, with emaciation, cough, debility, hemorrhage, and the whole train of too well-known symptoms, the benefits of this article are most manifest.

**Cod Liver Oil** in its natural form alone, cannot be very well borne by the stomach from want of digestive power in that organ; it causes eructations, and is apt to derange the digestive organs, and even causes vomiting and diarrhoea, and so strong is the disgust it excites at times that, although the patient stands in the greatest need of it, the use of the remedy has often to be discontinued.

**Recognizing this fact**, we have succeeded in putting it in a form that the most susceptible stomach will tolerate, it BEING A PERFECT EMULSION, sweet and PALATABLE AS CREAM.

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Brunton points out that the introduction of the method of giving small doses at frequent intervals has "*the very great advantage that the desired effect can be produced with greater certainty and with less risk of an overdose being taken.*"

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The Compressed Triturates are "intimate mixtures of substances with sugar of milk." In no way are they allied to the sugar of milk globules or pellets, dependent so largely upon chance for the absorption of the medicaments poured down the side of the bottle. The following directions are those given in the Pharmacopœia, U. S., for the preparation of Triturates: "Take of the substance ten parts, sugar of milk in moderately fine powder ninety parts, to make one hundred parts; weigh the substance and the sugar of milk separately; then place the substance, previously reduced, if necessary, to a moderately fine powder, into a mortar, add about an equal bulk of sugar of milk, mix well by means of a spatula and triturate them thoroughly together. Add fresh portions of the sugar of milk, from time to time, until the whole is added, and continue the trituration until the substance is intimately mixed with the sugar of milk and finely comminuted."

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1. The Compressed Triturates are made with the pure drug and sugar of milk.
2. The process of trituration employed so finely subdivides and separates the mass of medicament that this is said to be more active than would be the same quantity given in the ordinary way.
3. They contain each a very small dose, so that by giving one at a time—they may be repeated often—the taste of the drug is hardly, if at all perceived.
4. Being made with sugar of milk, one of them, if not taken whole) added to a little milk or other fluid is at once "broken up" and distributed throughout the liquid.
5. Pulverulent substances, like calomel, are by this means especially distributed well, and for the moment suspended throughout the fluid.
6. Being very small, and not globular, they are easy to swallow.
7. They do not harden and become insoluble with time, nor do they crumble, like pills.
8. They afford the advantages derivable from the administration of small doses repeated often, which are: 1. That if the drug be given in but little liquid, the absorbent power of the mucous membrane, of the mouth and gullet, are called repeatedly into requisition. 2. That if given on an empty stomach (as is generally desirable) unpleasant symptoms are avoided. 3. In the case of idiosyncrasy the doses can be stopped before large amounts have been given. 4. Administered in this way, drugs are better tolerated than is otherwise the case.
9. A greater effect is alleged to be obtainable by this method from a small quantity of medicine than is possible by the usual plan.
10. In some cases Compound Triturates are repeated as often as every five or ten minutes, and it is surprising *how soon a very small dose of medicine repeated often amounts to a very large quantity.*
11. If taken whole, one of the Compressed Triturates dissolves and falls to pieces in the stomach at once, and is never voided unchanged.
12. They afford accuracy of dose, without the trouble and annoyance of weighing or measuring.
13. They can be taken at any time and in any place, even when the patient is following his ordinary avocation.
14. They are only a few lines in thickness and about one-fourth the circumference of a lead pencil.

## Sample List of Compressed Triturates.

Aconite Tinct.....	.1 min.	Anti-Con- ) Aloin 1-5 gr.	Strych.....	1-60 gr.
Arsenious Acid.....	1-100 and 1-50 gr.	stipation ) Belladon. Ex. 1-8 gr.	Ipcac.....	1-16 gr.
Belladonna Tinct.....	.1 min.	Apomorphine Mur.....		1-50 gr.
Calcium Sulphide.....	1-10 gr.	Atropin Sulph.....		1-100 gr.
Capsicum Tinct.....	.1 min.	Digitalin.....		1-100 gr.
Digital Tinct.....	.1 min.	Euonymin Resin.....		1-8 gr.
Hydrarg. Perchlor.....	1-100 gr.	Hydrarg. Iod. Rub.....		1-20 gr.
Hydrarg. Cum Creta.....	1-3 gr.	Hydrarg. Iod. Vir.....		1-8 gr.
Hydrarg. Subchlor (Calomel).....	1-10 gr.	Morphine Sulph.....		1-20 and 1-8 gr.
Hvoseyamus tinct.....	1 min.	Opium Tinct. (Laudanum).....		2 min.
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Please mention THE MARITIME MEDICAL NEWS.

Therefore a careful perusal of this work of Prof. Smith's is that of a most valuable commentary upon Human Physiology.

The author gives by far the most extensive consideration to digestion; and no doubt this function claims perhaps the most detailed description.

We should like to have found a somewhat fuller account of the Renal Secretion and also of the Reproductive Processes; and we missed a complete resume of the experiments upon dogs, especially as to the conditions and circumstances of the bilary functions. But we would be misunderstood if we conveyed any other impression than that of warmly congratulating Prof. Smith upon this most creditable result of his labours. The section on the Physiology of Movement alone would make the book a valuable one; and is artistically illustrated with instructive plates.

The Nervous system is very well described in a section which contains very many facts in Animal Physiology of the greatest interest. It is difficult, indeed, impossible within a limited space, to call attention to all the admirable features of this substantial work,—we believe the only one of its kind in the English language. We value the work for ourselves, and have profited by it as it elucidates and lights up here and there the subject of Human Physiology; and we confidently recommend those who take an interest in the science of Physiology in whatever department, to procure this book.

**SWEDISH MOVEMENT AND MASSAGE TREATMENT.**—By Prof. Hartvig Nissen, Director of the Swedish Health Institute, Washington, D. C. &c. With 29 original wood engravings. Price \$1.00 net. F. A. Davis.

In the beginning of the century, Petri Henrik Ling, a Swedish Instructor in Gymnastics and a student of Anatomy and Physiology, succeeded in getting the Swedish Government to recognize his new ideas as to the value in different chronic diseases, of various movements and manipulations of the body. "The Royal Gymnastic Central Institute" was established in Stockholm by the Government, and Ling was its first President.

"Dr. Joseph Schreiber, of Vienna, in his Manual of Massage and Muscular Exercise says, The most powerful impetus, however, given to the revival of mechano-therapy, originated with a Swede, the creator of the modern movement cure, whose doctrines, spreading to England and to Germany, have after many decades, and in spite of being marked by some extravagances, gained universal recognition."

This little volume contains a history of the Swedish mechano-therapy, a classification of the movement, and a full description of the same, e. g., contripetal stroking, pressing, kneading circular friction, vibratory friction, nerve compression, muscle rolling, slapping, friction, percussion, vibration, finger rotation, hand rotation, forearm rotation, arm rotation, (single and double) shoulder rotation, flexions, extensions, arm torsion, &c., &c. Then follow notes on the different diseases which are benefited by the employment of this treatment, and the suitable forms of movement for each disease are indicated.

To any interested in this undoubtedly interesting subject, this inexpensive well illustrated manual will explain the methods used.

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### Notes and Comments.

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It is reported that a man twenty-five years old died in New York, on August 4, of actinomycosis.

THREE Canadians were admitted Licentiates of the Royal College of Physicians of London on the 25th of July; Drs. G. H. Bowlby, J. A. Cross, and G. C. Stephen.

THE President of the Royal College of Surgeons of England for the coming year is Mr. Jonathan Hutchinson. The vice-Presidents are Messrs. T. Bryant and Croft.

THE Maritime Provinces were very fairly represented at the meeting of the Canadian Medical Association at Banff. Some seven or eight medical men went from Nova Scotia alone.

**THE DECREASE OF HOMŒOPATHY IN EUROPE.**—In Austria there are only 218 homœopaths, out of the whole number of medical men, which is 7,183; and only 44 of these profess to practice homœopathy exclusively—and the number also is said to be steadily decreasing.

**THE MORBID AND THE BEAUTIFUL.**—The University of Bologna, one of the oldest in the world, has appointed a beautiful young lady, Dr. Giuseppine Cattani to the chair of morbid anatomy. The lady made a decided sensation at her maiden lecture on account of her knowledge of the subject and her fascinating loveliness.

THE Nova Scotia Provincial Medical Board have taken steps to restrain a person calling himself Dr. Kergen, from illegally engaging in the practice of medicine. At this moment we are not aware of the results of the proceedings. Supported by the law, the Board should deal with such cases with a firm hand. We should think that another Society might very properly pay some active attention to this visitor.

THE Carnivals at Halifax and St. John were both largely attended, and cannot fail to extend the reputation of the two cities. The coolness of these Maritime Provinces with attractive scenic and other surroundings are becoming known to those who wish to escape the summer heat of the United States. We are now fast becoming recognized as possessing many beautiful and healthy summer resorts, whose attractions cannot be excelled, nor in some characteristics equalled on this continent. Many of our Provincial towns and villages are sharing in the entertainment and accommodation of the season's visitors.

"**WARNER'S SAFE CURE.**"—According to the *National Druggist* the entire stock of these alleged remedies in the Vienna Pharmacies was recently seized by the police. The law requires that a copy of the formula be deposited with the authorities and the pharmacists. This has been complied with, and the *Pharmaceutische Post*, from which the account is taken, believes that the offence lay in the quack-like and charlatan recommendations which accompany them, and against which many severe rulings and examples have recently been made. It will apparently take many years to educate this country even to the point of compelling the formula of these nostrums to be published. The recent failure of this question in the New York Legislature is not encouraging.—*Occidental Medical Times*, July, 1889.

**BROWN-SEQUARD'S DISCOVERY.**—The following remarks shortly indicate the present position of the Brown-Sequard elixir question. At a recent meeting of the Société de Biologie M. Brown-Sequard re-asserts the alleged beneficial effects of the subcutaneous injection of the fluid obtained by macerating the fresh testicle of the dog, sheep, or other animal. He is at present experimenting as above, and also on the female with the ovarian fluid similarly prepared. The reports in the medical journals are creeping into the secular press, with comments, jocose or otherwise, some regarding the matter wholly from the serious side; while the medical press, most of which make comment, are cautious in according the discoverer the benefits he claims for it. That Brown-Sequard is in earnest, however, does not admit of doubt. "All that I have no longer been able to do," he says, "or that I have done poorly for many years past by reason of my great age, I am able to-day to do very effectively. I was afflicted with an obstinate constipation, due to paresis of the colon and rectum; now my bowels are perfectly regular, without the necessity of any laxative; I urinate passably well and the projectile force of my jet of

urine has tripled, which proves that my bladder has recovered its former vigor. I have had a similar experience in regard to my other organs, as well as my limbs. I can remain standing for three hours without feeling the least sense of fatigue. But this is not all; I am in better condition for work than ever. For a long time it was impossible for me to apply myself to any brain work in the afternoon, now I can indulge in my ordinary tasks without difficulty, consequently, there is both an increase of physical and mental vigor, which I owe to these injections; I am really thirty years younger thereby." As usual a homœopath is putting forward a claim supplanting Brown-Sequard as the original experimenter and discoverer.—*Physician and Surgeon.*

ACCORDING to the "Journal of Useful Inventions" there has lain for many years in the Museum of the Patent Office a model of "an after burial safety casket." When a supposed corpse, buried in this casket comes to life, one of its first impulses is to kick. The kick moves a plate to which the foot is attached: the plate moves a rod; the rod slides away a glass plate from above the face of the buried one. A way is thus opened into a vertical ventilated shaft furnished with a ladder. The late patient seizes the rounds of the ladder and climbs to the top of the shaft, which overlooks the ground. After partaking of wine and food which have been placed in the shaft, he lifts the glass top of the shaft and gazes again upon the green earth. Then, emerging from his resting place, he rejoins his weeping family. All this but shows how superior at times the common sense of a lay mind is to the scientific speculations of those learned in medical science.—*Maryland Medical Journal.*

### Selections.

TREATMENT OF CHRONIC URÆMIA BY MORPHINE.—At the Medical Society of London (April 8th, 1889) Dr. Stephen Mackenzie read a paper on this subject. Three cases were reported. *Case 1*—A woman aged thirty-eight. Diffuse chronic nephritis of some years standing; anasarca; ascites; breathlessness; urine one-half to two-thirds albumen; heart hypertrophied; double papillo-retinitis. Treatment of renal symptoms at first afforded great benefit, and in about six weeks she was free from dropsy and breathlessness and able to leave her bed. One evening there was a sudden attack of intense dyspnoea (fifty respirations to the minute); heart's action weak (150-200 per minute); cyanosis; clammy sweat; intense mental excitement. Nitrite of amyl, alcohol, ammonia and ether were administered without any relief and then one-sixth of a grain of morphine was injected hypodermically. In a few minutes the dyspnoea was less urgent, in twenty minutes the patient was able to lie down and on the following morning was in her usual condition. Several subsequent attacks, after intervals of complete freedom from dyspnoea were treated in a similar manner after the failure of other remedies. Morphine hypodermically and internally never failed to afford relief, and at no time were toxic effects induced. The patient died three months and a half later of symptoms of chronic Bright's disease.

*Case 2*—Woman aged about twenty-eight; granular kidneys of four years' standing. Considerable anasarca, about one-third albumen in the urine; hypertrophy of the left ventricle; mitral incompetency, double papillo-retinitis; much breathlessness; headache. After decided improve-

ment for a time she suffered from severe headache, nausea, breathlessness, irregular action of the heart and great sleeplessness. Chloral, bromides, nitro-glycerine, and inhalations of oil of juniper were used without effect or with but little effect. Ten minims of solution of hydrochlorate of morphine were then administered, with rapid alleviation of all the symptoms. It was repeated on many subsequent occasions with equal benefit and with no drawbacks. The patient died of the combined effects of a carbuncle and the renal disease about two months after the treatment was employed. Ten minim doses of solution of morphine always promptly relieved distressing symptoms; five minim doses were not sufficient.

The principles of the treatment of uræmia were declared to be three: 1, the elimination of the poison; 2, the counteraction of the poisons; 3, the prevention of the absorption and the retention of further poisons. Morphine is valuable in fulfilling the second indication, as it frees the bloodvessels from the spasm induced by the poison in the blood. The indiscriminate use of morphine was not recommended and in the light of the asserted susceptibility of patients with disease of the kidneys to the toxic effects of opium, it would be given with eyes open to its possible danger.—*Montreal Medical Journal.*

### Personals.

DR. ANDREWS, of Turk's Island, has been enjoying a rest in visiting his friends in Nova Scotia. We were very pleased to see him and were much interested in hearing him describe special types of disease met with in the West Indies. We hope that he will find his health thoroughly recuperated by the change.

THE following new names appear upon the N. S. Medical Registrar of 1889, which has just been issued. Walter Babbitt, M. D. C. M., Trin. Univ., 1887, F. T. M. S., Parrsboro; John J. Cameron, M. D., Bell. Hosp. Med Coll., 1889, Antigonish; Howard Douglas Fritz, M. D. C. M., McGill, 1888, Joggins Mines, Cumberland; Foster Fitch Eaton, M. D., Univ. N. Y., 1889, Upper Rose Bay, Lunenburg; Angus B. Gillis, M. D. C. M., Queen's Univ., 1888, Bass River, Cumberland; Joseph Hayes, M. D., Univ. Penn., 1888, Springhill Mines; Guy Carleton Jones, M. R. C. S. Eng., 1887, Halifax city; John W. Robertson, M. D. C. M., Queen's Univ., 1888, Hopewell, Pictou; Charles Osborne Tupper, M. D., Jeff. Med. Coll. 1886, Amherst; Charles Fenwick Wylde, M. D., C. M., McGill, 1887, Westville.

It is very desirable that medical men should assist the Registrar in maintaining the accuracy of the Register, by notifying him of changes of address; there is no charge for this. Quite frequently; too, samples of medicines &c., and pamphlets of interest are sent by various parties according to the addresses in the register.

### Books Received.

- THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS.—By D. W. Cathell, M. D., Baltimore, Md. F. A. Davis, Publisher, Philadelphia.
- SWEDISH MOVEMENT AND MASSAGE TREATMENT.—By Prof. Hartvig Nissen, late Instructor in Physical Culture and Gymnastics at the Johns Hopkins University, Baltimore, Md. F. A. Davis.

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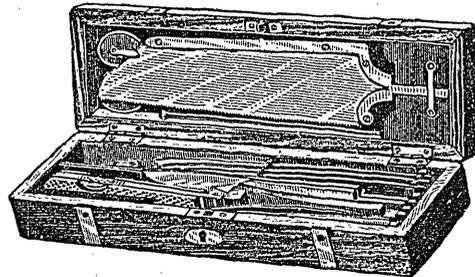
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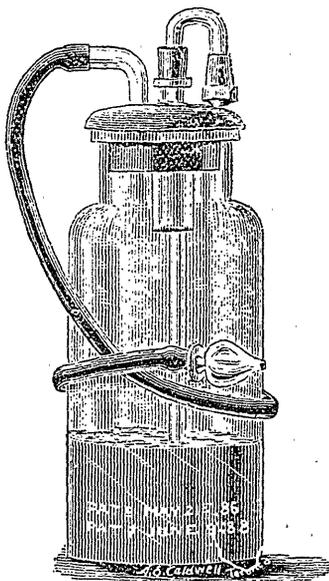
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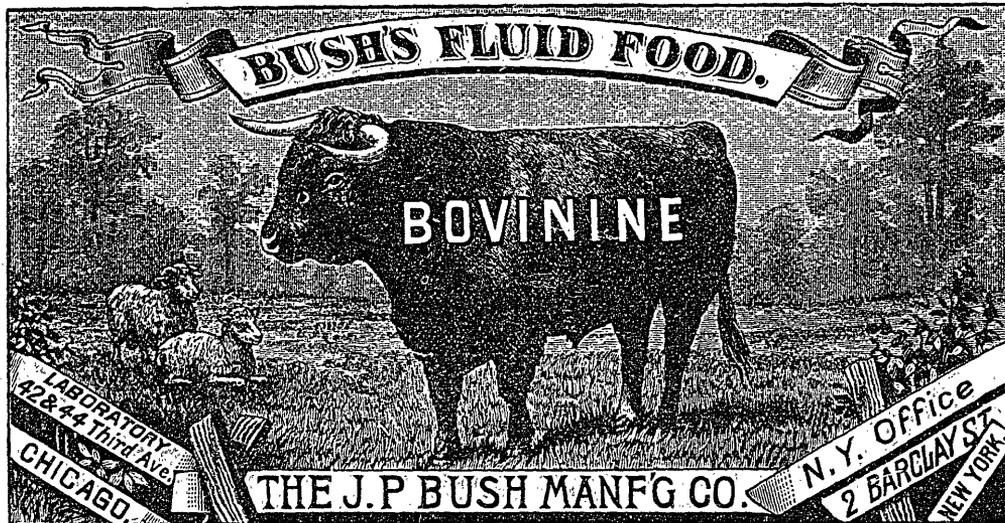
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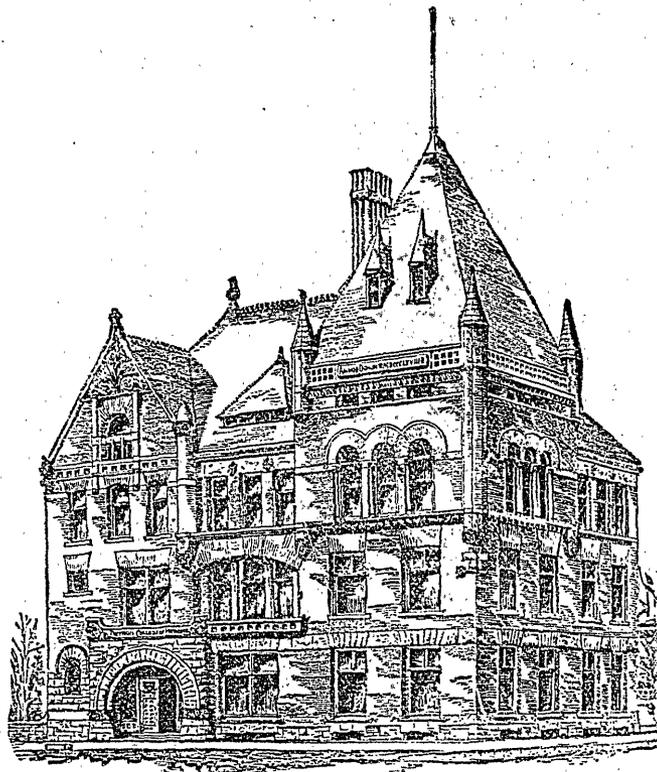
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