

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE

Maritime Medical



A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

PUBLISHED BI-MONTHLY AT HALIFAX, N. S.

VOL. II.—NO. 4.

JULY, 1890.

{ Subscription \$1 per annum,
in advance.

THE PITH

OF THE

PEPSIN AND THE PEPTONES.

“If now, a peptone is present, you have not a substance capable of doing this work, but, on the contrary, you have the produce of such work already performed, and to just the extent to which such peptones are present your product is ineffective * * * * *”

“Finally, I may say that it is a mistake to believe that a pepsin does any better work because of its being freely soluble.”—*Dr. Rusby.*

“It has been observed during this investigation, that deliquescent pure pepsins were no better than saccharated in their average strength.”—*Dr. Eccles.*

“There is a class of preparations on the market which claim on their labels to be pure pepsin, none of which that I have met with are pepsins at all. * * * * *”

“These preparations were in the form of scales originally, and changed to this pasty mass on standing in a cool, dry place in my store in uncorked bottles.

“They are soluble in water and by Vittich’s and other tests are without doubt peptones, and should never be dispensed except when demanded by the physician.”—*Prof. Bartlett.*

FAIRCHILD’S PEPSIN IS NOT A PEPTONE,

IT IS THE MOST ACTIVE, IT IS ABSOLUTELY PERMANENT.

If your patient complains about the powders becoming sticky, investigate—place the blame where it belong—on the peptone which the druggist has been told is “just as good,” “same thing,” and “cheaper” than Fairchild’s.

FAIRCHILD BROS. & FOSTER,

82 and 84 Fulton St., New York.

THE BEST ANTISEPTIC FOR
Both Internal and External Use.
LISTERINE

Antiseptic, Prophylactic, Deodorant, Non-Toxic, Non-Irritant, Non-Escharotic, Absolutely Safe, Agreeable, Scientific, and Strictly Professional.

FORMULA.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid*
DOSE.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted, as necessary for varied conditions.*

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in **LISTERINE** will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:—

A TABULATED EXHIBIT of the action of **LISTERINE** upon inert laboratory compounds.
FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of **LISTERINE** as a general antiseptic for both internal and external use; and particularly
MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of diseases of the oral cavity, by W. D. MILLER, A. B., PH. D., D. D. S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions **LISTERINE** appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

Lithiated Hydrangea.

KIDNEY ALTERATIVE—ANTI-LITHIC.

FORMULA.—*Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of fresh Hydrangea and three grains of chemically pure Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.*

DOSE.—*One or two teaspoonfuls four times a day (preferably between meals).*

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria and Vesical Irritations generally.

We have had prepared for the convenience of physicians **DIETETIC NOTES** (sample of which is herewith shown), suggesting the articles of food to be allowed or prohibited in several of these diseases.

A neatly bound book of these **DIETETIC NOTES**, each note perforated for the convenience of physicians in detaching and distributing to their patients, mailed gratis upon request, together with the latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL CO.

St. Louis, Mo., U. S. A.

The Retail Drug Trade promptly supplied with our products by any Wholesale Druggist of Canada, or from our Canadian Depot at Toronto, by W. LLOYD WOOD, Agent.

Please mention the **MARITIME MEDICAL NEWS**.

GOUT

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

UNIVERSITY OF TORONTO.

MEDICAL FACULTY.

WILLIAM T. AIKINS, M. D., LL. D., Professor of Practical Surgery.
 H. H. WRIGHT, M. D., L. R. C. P. & S. U. C., Professor of Principles and Practice of Medicine
 J. H. RICHARDSON, M. D., M. R. S. C., Eng., Professor of Anatomy.
 UZZIEL OGDEN, M. D., Professor of Gynæcology.
 JAMES THORBURN, M. D., Professor of Pharmacology and Therapeutics.
 W. W. OGDEN, M. D., Professor of Medical Jurisprudence.
 M. H. AIKINS, B. A., M. B., M. R. C. S., Eng., Professor of Primary Anatomy.
 W. OLDRIGHT, M. A., M. D., Professor of Sanitary Science.
 L. MCFARLANE, M. D., Professor of Clinical Surgery.
 J. E. GRAHAM, L. R. C. P., Lond., Professor of Clinical Medicine and Dermatology.
 R. A. REEVE, B. A., M. D., Professor of Ophthalmology and Otolology.
 A. H. WRIGHT, B. A., M. D., M. R. C. S., Eng., Professor of Obstetrics.
 R. RAMSAY WRIGHT, M. A., Professor of General Biology and Physiology.
 W. H. PIKE, M. A., PH. D., Professor of Theoretical Chemistry.
 W. H. ELLIS, M. A., M. B., Professor of Applied Chemistry.
 JAMES LOUDON, M. A., Professor of Physics.
 I. H. CAMERON, M. B., Professor of Principles of Surgery.
 DANIEL CLARK, M. D., Professor of Psychology.

LECTURERS, DEMONSTRATORS and INSTRUCTORS.

A. B. MACALLUM, B. A., Lecturer on Physiology and Demonstrator of Histology.
 JOHN FERGUSON, M. A., M. D., L. F. P. S., Glasgow, Demonstrator of Anatomy
 THOS. MCKENZIE, B. A., M. A., Demonstrator of Practical Biology.
 G. H. BURNHAM, M. D., M. R. C. S., Eng., Clinical Lecturer on Ophthalmology and Otolology.
 GEO. R. McDONOUGH, M. D., L. R. C. P., Lond., Instructor in Laryngology and Rhinology.
 W. J. LOUDON, B. A., Demonstrator of Practical Physics.
 O. R. AVISON, M. D., Demonstrator of Materia Medica and Pharmacy.
 JOHN CAVEN, B. A., M. D., L. R. C. P., Demonstrator of Pathological Histology.
 ALEX. MCPHEDRAN, M. B., Lecturer on Clinical Medicine.
 H. WILBERFORCE AIKINS, B. A., M. B., M. R. C. S., Eng.,
 GEORGE PETERS, M. B.,
 ALEX. PRIMROSE, M. B., M. R. C. S., Eng.,
 W. P. CAVEN, M. B., L. R. C. P., Lond.,
 G. A. FERE, M. B., L. R. C. P., Lond.,

} Assistant Demonstrators of Anatomy.

The regular course of instruction will consist of four Sessions of six months each, commencing October 1st.

Teaching of Biology, Physiology, Chemistry, Physics, Pathology and Bacteriology in the lecture rooms and laboratories of the new building of the Biological Department, and the School of Practical Science. Largely practical. Facilities unexcelled.

Teaching of Anatomy in the lecture room, dissecting room, demonstrating rooms, bone room and anatomical museum of the Medical College. Special attention paid to dissecting.

Lectures and demonstrations in Materia Medica and the final subjects in the Medical College.

Clinical teaching (largely bedside) in the Toronto General Hospital, Burnside Lying-in Hospital, and other medical charities of Toronto.

Fees.—Lectures and Demonstrations: 1st year, \$73; 2nd year, \$76; 3rd year, \$74; 4th year, \$76. Registration for Lectures, \$5.00. Registration of Matriculation, \$5.00. Annual Examinations, each \$5.00. Degree, \$20.00. Hospital Perpetual Ticket, \$24.00. Lying-in Hospital, \$8.00.

The SUMMER SESSION for 1889 will commence on Monday, April 29th, and continue until July 5th.

Fee for Summer Session, \$20.

W. T. AIKINS, M. D., LL. D.,

Dean.

ADAM J. WRIGHT, B. A., M. D.,

Secretary

LIQ - TONG - SAL.

TONGALINE

FOR THE CURE OF

Neuralgia, Rheumatism, Nervous Headache, Gout, Sciatica,
Dysmenorrhoea, and where the use of
Salicylates is indicated.

It contains no Morphine or Opium in any form whatever, nor has it any unpleasant or injurious reactionary effects.

FORMULA :—Each fluid drachm represents—Tonga, thirty grains ;
Extractum Cimicifugæ Racemosæ, two grains ; Sodium Salicylate,
ten grains ; Pilocarpin Salicylate, one hundredth of a grain ; Colchicin
Salicylate, one five hundredth of a grain.

TONGALINE, unlike external remedies, arrives at once at the seat of the disease, and is adapted, by its peculiar composition, to neutralize the secretions of poisoning matter and to carry them out of the system by the natural channels, giving relief speedily and thoroughly.

Sample and all information on application to

THOS. LEEMING & CO.
MONTREAL.

Anything New ?

should be a constant question on the lips of the Physician when he enters the Drug Store. For it PAYS him "to be up to the times" and avail himself of the new remedies brought out from time to time.

One thing is sure, viz., that

Hattie & Mylius,

ACADIA DRUG STORE,

are constantly receiving all the new and latest drugs, and if there is a CHANCE of getting anything you want in the Drug-line the Acadia Drug Store is SURE to have it. We would also respectfully invite all the Doctors to call on us and see the IMMENSE VARIETY of rare and valuable drugs constantly kept on hand.

REMEMBER

we will get anything for you that you may desire to try and we will stand the risk of having it on our hands in case it does not prove successful.

HATTIE & MYLIUS,
Halifax and New Glasgow.

LEGS ~~AND~~ ARMS

WITH RUBBER HANDS AND FEET.

(MARKS' PATENTS.)

The Rubber Hand and Foot possess the most natural appearance, the greatest durability and comfort of all artificial limbs. Vast numbers of mutilated men and women are, by the use of rubber feet and hands, enabled to mingle with the rest of the world without betraying their loss.

November 1, 1887.

MR. A. A. MARKS :

Dear Sir,—I wish to say through your pamphlet, to all whom it may concern, this is to certify that I have had constantly in use two of Mr. A. A. Marks' patent artificial limbs since 1878, and I am glad to state they have come up to my greatest expectations on account of their simplicity of construction and great strength. The patent rubber feet give elasticity and naturalness of movement that can not be had in other kinds. I am in the oyster business, and have not lost any time on account of wearing two artificial limbs. I cheerfully recommend them to all requiring artificial substitutes as the best, as they are the safest and most natural of any there is made, so far as my knowledge extends. During my nine years of experience on artificial limbs I have worked hard seven years at the oyster business, doing the raking myself.

Yours respectfully,
ALBERT W. MILLS,
Rowayton, Fairfield Co., Conn.

By a copyright formula, furnished by us on request, applicants can supply us with all the data necessary to secure fit and satisfactory results, while they remain at home. One-half the legs and arms furnished by us are made from measurements and profiles, without our seeing the wearers. This new method is a great convenience for those living at a distance. Fit always guaranteed.

A Treatise of 400 pages, with 200 illustrations, and a thousand testimonials, sent free of charge.

ADDRESS—

A. A. MARKS, 701 Broadway, New York City.

Please mention THE MARITIME MEDICAL NEWS.



McGILL UNIVERSITY,

MONTREAL.

FACULTY OF MEDICINE.

FIFTY-SEVENTH SESSION, 1889-90.

FACULTY:

SIR WILLIAM DAWSON, LL.D., F.R.S., Principal and Professor of Natural History.
R. PALMER HOWARD, M.D., LL.D., L.R.C.S., (Edin.,) Dean of the Faculty.

EMERITUS PROFESSORS.

W. WRIGHT M. D., L. R. C. S. ROBERT CRAIK, M. D. DUNCAN C. McCALLUM, M. D., M. R. C. S. E.

PROFESSORS.

ROBERT P. HOWARD, M. D., LL. D., Professor of Medicine.
G. E. FENWICK, M. D., Professor of Surgery.
G. P. GIRGWOOD, M. D., M. R. C. S., Eng., Professor of Chemistry.
GEORGE ROSS, A. M., M. D., Professor of Clinical Medicine.
THOS. G. RODDICK, M. D., Professor of Clinical Surgery.
WILLIAM GARDNER, M. D., Professor of Gynecology.
F. J. SHEPHERD, M. D., M.R.C.S., Eng., Professor of Anatomy.
F. BULLER, M. D., M.R.C.S., Eng., Professor of Ophthalmology.
JAMES STEWART, M. D., Professor of Materia Medica and Therapeutics,
and Registrar to Faculty,

GEORGE WILKINS, M. D., M.R.C.S., Eng., Professor of Medical Jurisprudence
and Lecturer on Histology.
D. P. PENHALLOW, B. Sc., Professor of Botany.
RICHARD L. MACDONNELL, B.A., M.D., M.R.C.S., Eng., Professor of Hygiene
and Demonstrator of Anatomy.
T. WESLEY MILLS, M.A., M.D., L.R.C.P., Lond., Professor of Physiology.
JAS. C. CAMERON, M.D., M.R.C.P.I., Professor of Midwifery and Diseases of
Infancy.

DEMONSTRATORS, INSTRUCTORS, &c.

R. F. RUTTAN, B.A., M. D., Lecturer on Chemistry.
WM. SUTHERLAND, " L. R. C. P., Lond., Assistant Demonstrator of
Anatomy.
GEO. W. MAJOR, B.A., M.D., Instructor in Laryngology.
A. D. BLACKADER, B.A., M.D., M.R.C.S., Eng., Instructor in Diseases of
Children.

R. J. B. HOWARD, B.A., M.D., F.R.C.S., Eng., Assistant Demonstrator of
Anatomy.
WYATT G. JOHNSTON, B.A. M.D., Demonstrator of Pathology.
JAS. BELL, M.D., Assistant to the Professor of Clinical Surgery.
T. JOHNSON ALLOWAY, M.D., Instructor in Gynecology.
F. G. FINLEY, M. D., Assistant Demonstrator of Anatomy.

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

The fifty-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.

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

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

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

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

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

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

MATRICULATION.

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

HOSPITALS.

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

REQUIREMENTS FOR DEGREE.

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

For further information, or Annual Announcement, apply to

JAMES STEWART, M. D., Registrar,
Medical Faculty, McGill College.

EXTENSION OF TIME

Is often asked for by persons becoming unable to pay when the debt is due. The debt of nature has to be paid sooner or later but we all would prefer an EXTENSION OF TIME.

PUTTNER'S EMULSION OF COD LIVER OIL

WITH

Hypophosphites of Lime of Soda

may give this to all who are suffering from Coughs, Colds, Consumption, General Debility, and all Wasting Diseases. Delicate Children who otherwise would pay the debt very speedily may have a long EXTENSION OF TIME.

Try PUTTNER'S EMULSION.

BROWN BROS. & CO.,

CHEMISTS AND DRUGGISTS, - - HALIFAX, N. S.

LIQ. EXT. TONGALINE.

Read THOS. LEEMING & CO.'S Advertisement
ON PAGE XII.

THE NEW YORK

POLYCLINIC AND HOSPITAL.

A Clinical School for Practitioners of Medicine and Surgery.

WINTER SESSION, 1888-90, Closes July 1st, 1890.

SUMMER SESSION, 1890, Beginning July 1st, and Closes Sept. 15th, 1890.

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

FEES FOR TICKETS IN SESSION :

GYNECOLOGY—Professors Munde, Wylie, Sims, Coe,	Six weeks Course, 60 Clinics,	\$35.00
SURGERY—Professors Wyeth, Gerster, Gibney, Fluhrer,	“ “ 60 “	35.00
MEDICINE AND PHYSICAL DIAGNOSIS—Professors Page, Heineman,	“ “ 36 “	25.00
NERVOUS SYSTEM—Professors Gray, Sachs,	“ “ 36 “	15.00
CHILDREN—Professors Holt, Seibert,	“ “ 39 “	15.00
THROAT, NOSE AND EAR—Professors Delavan, Gleitsman, Pomeroy,	“ “ 60 “	20.00
EYE—Professors Gruening, Webster, Pooley,	“ “ 60 “	15.00
SKIN—Professors Robinson, Bronson,	“ “ 24 “	15.00
OBSTETRICS—Dr. Ayers,	“ “ 12 “	15.00
Tickets admitting to all of the above courses for 6 weeks,		100.00
“ “ “ “ 3 months,		150.00
“ “ “ “ Summer Session		50.00

The Physicians in studying at this School are divided into classes and attend the demonstration at the Polyclinic and the various Hospitals with which the Faculty are connected.

For further information address,

JOHN A. WYETH, M. D., Secretary; or, WILLIS O. DAVIS, Clerk,

214, 216, 218 East 34th Street, NEW YORK.

Please mention THE MARITIME MEDICAL NEWS.

The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. II.

JULY, 1890.

No. 4.

CONTENTS.

ORIGINAL COMMUNICATIONS :	PAGE	EDITORIAL :	PAGE
Leprosy in New Brunswick. Paper read before the New Brunswick Medical Society, July, 1889. By M. Maclaren, M. D., M. R. C. S., (Conclusion).	49	Postponement of Issue.	58
General Paresis. A lecture delivered at the Halifax Medical College, by George L. Sinclair, M. D., (Conclusion).	51	Meeting of Medical Societies.	58
The Cartwright Lectures on Vital and Medic. Statistics, (Conclusion).	53	Gonorrhœa, &c.	58
		Diphtheria in Halifax.	59
		Anæsthesia and Anæsthetics.	59
HOSPITAL PRACTICE :		SELECTIONS :	
Notes by F. G. Esson, M. D., General Public Hospital, St. John, N. B.. . . .	55	Extracts from President's Speech at N. S. Medical Society, July, 1890.	60
SOCIETY PROCEEDINGS :		Practical Conclusions of Hyderabad Chloroform Commission.	61
The 22nd Annual Meeting of the Nova Scotia Medical Society.	55	On Apparent Death.	62
Canadian Medical Association.	56	Hypnotism.	62
Formation of Medical Society in Cumberland County.	56	REVIEWS AND BOOK NOTICES.	63
St. John Medical Society.	57	PERSONALS.	64
NOTES AND COMMENTS.	57	MISCELLANEOUS.	64

LEPROSY IN NEW BRUNSWICK.

*Paper read before the New Brunswick Medical Society,
July 1889.*

BY MURRAY MACLAREN, M. D., M. R. C. S.

(Continued from last number.)

Description of the Disease.—The premonitory symptoms, progress and modes of termination of leprosy, as seen in New Brunswick, are quite similar to those seen elsewhere. The tubercular and anæsthetic, forus may be more or less distinctly represented, but that they are merely variations or forms of the same disease can be readily seen. I will give brief notes of three cases taken in 1886 which will serve to illustrate many of the prominent characteristics of the disease.

P. N., age 31, admitted into Lazaretto, 1880. Leprosy had been known in his father's family; his parents were healthy; some years previous to his becoming leprous he had intimately associated with a leper. Four years before admission to Lazaretto he began to feel unwell, first had pains running down the legs into the soles of his feet; then dark, yellow spots appeared on his legs, followed by the same on his arms and breast and shoulder, then over eyebrows. At the time of admission, in 1880, the hands were a little swollen, there were discoloured patches over eyebrows and on body, the hair coming off where the patches existed, and there was a diminution of feeling in these parts. When seen in 1886 he presented a marked leonine appearance, the nose broadened and tubercular, the forehead in folds and thickened, lips swollen and ulcerated, so with the ears. The whole face was darkened with pigment, and some of the nodules were ulcerated. The tongue was ulcerated; palate perforated and voice husky. The arms and legs were somewhat swollen and tender and presented

numerous ulcers. Fingers bent, nails irregular and cracked, the feet tender and sore. The scrotum had tubercular ulcers, testicles swollen and tender. The whole body was darkened with increase of pigment.

Michael G. or O., age 30, admitted 1882. Leprosy had occurred in father's and mother's families. He presented mainly the tubercular form in a much more advanced stage than in the former case. The face and hands were extensively ulcerated, sight almost destroyed and general condition much lowered.

M. S., age 72. Admitted into Lazaretto 1844, discharged 1849, and re-admitted in 1880. Her father and mother had been free from leprosy and, as far as known, all her ancestry. Three of her brothers were lepers and a sister-in-law, by whom, it is said, the disease was introduced into the family. Her husband remained free from leprosy and died in 1874.

In 1832 she was married and bore two children before 1838, when leprosy appeared on her, after that she had three more children and then entered the Lazaretto in 1844. The hands and feet then were chiefly affected and being considered cured she was discharged in 1849. She gave birth to a child in 1850 and to another in 1854. She again entered the Lazaretto in 1880. When seen in 1886 her fingers and toes had disappeared but the sores had been completely healed. There was diminution of sensation in both hands and feet. There were a few small ulcers on the feet but none elsewhere, occasional pains in the limbs, otherwise she was an active, healthy woman. A slight ectopion of both lower eyelids existed, but this very possibly was not leprous. Her youngest child a girl, became leprous when 9 years of age, and after 22 years of leprosy, died in 1885. All her other children, grand and great grand children have so far been healthy.

These three cases illustrate leprosy in its different

forms, the first two representing more especially the tubercular form, extensive leprous tubercles and ulcerations. Both cases are now dead. Noel was leprous for ten and Gould for nine years.

In the third case the anaesthetic form was represented. There were very few tubercles, but a loss of sensation in the extremities with amputation of digits.

In the case of M. S. the disease has remained stationary for many years and it was 48 years since she became leprous.

An examination of the cases, (82 in number,) admitted into the Lazaretto from 1868 to 1888 shows an exact equality of the sexes, 41 males, 41 females. As regards age there was a great variation. The youngest male admitted was 7 years, the oldest 51. The youngest female 7, the oldest 55. Lepers are on an average four and a half years affected before admission. Of the 75 deaths which occurred during the same period, 41 were males and 34 females. The earliest death after admission among males was four months, among females six months, (one death five days after admission not counted.) The greatest duration of life after admission was 12 years for males, 15½ for females. The common duration of life among lepers is eight to nine years.

Progress of the disease.—Previous to the opening of the Lazaretto, 1844, there were about 20 deaths. From 1844 to 1888, a period of 34 years, there were admitted into the Lazaretto 194 cases. Nearly all the subjects of leprosy ultimately resort to the Lazaretto, but some have certainly died outside, so that up to 1888 it may be estimated that there have been 230 cases in this province which have extended over a period of 73 years. From 1858 to 1873, a space of 15 years, 71 cases were admitted into the hospital, and from 1873 to 1888, a second period, 53 cases were admitted. There were admitted from 1858 to 1868 forty-two cases, from 1868 to 1879 fifty-six, and from 1878 to 1888 twenty-six.

From these figures it will be seen that leprosy has never been very extensive, and further that it has considerably decreased, actually as well as relatively, the population of the district having been about trebled.

Causation.—Although there are many different accounts of the way in which leprosy was introduced into this province, they are so slimly authenticated that it is unnecessary to mention them. It has been maintained by many authorities, and at the present time by Mr. Jonathan Hutchinson, that the disease is produced by some special kind of poison taken in connection with food, particularly fish. Mr. Hutchinson states as regards the cause: "Can we possibly doubt that the poison is a specific one, as specific for instance as those of syphilis and small-pox? Here again Hansen's discovery of the bacillus, (confirmed as it has been on all hands,) comes to our aid. It demonstrates to us the possible and probable cause of the specificity and sameness of the disease. We can understand why it affects rich and poor alike, for the poison is one against which riches and the social

comforts which they bring, afford no protection whatever. We feel sure that there is nothing in even the slightest degree associated with poverty, dirt or hardship, we feel sure that nothing that we know of under the name of climate has anything to do with it. What then have we left us to inquire about? Little or nothing I would submit excepting the all important question of food. Since it can begin without inheritance, is with the utmost difficulty contagious, since it affects those who live in cold climates just as it does those who live in hot climates, pays no respect to wealth and station, to age or sex; but of those who live in the districts and conform to the local modes of life, picks out one here and another there, we are I think driven to the conclusion that it must depend on some very special kind of poison of rare occurrence, taken in connection with food. Such hypothesis would cover all the facts and none other would."

This view is not at all borne out by what can be observed in our own affected district, which is only 45 miles in length, and of the 82 cases already mentioned, 58 have arisen in the parish of Tracadie alone, which has been the headquarters of the disease, while the remainder come from the other parishes: Niguac 3; Pokemonde 9; Shippegan 6; Caraquette 6. It does not seem possible that this district, and especially Tracadie, should have food in any way different from a large part of the extensive northern and eastern coast, which is quite similar to the leprous district in soil, climate, food, including fish, and inhabited by a similar race of people with the same manners of life. Besides this, the fact that no case is known to have occurred among the indians dwelling within the affected area helps to disprove this theory. The disease would seem to be largely hereditary and to have been introduced in some unknown way into the province among the French. The cause of its having remained so defined is due to the isolated character of the district and the fixed habits of the people. Most of the cases at the Lazaretto readily show a leprous ancestry, for example,

ANSELM LANDRE AND MARY BRIDEAU.

Ursule. (Leper.)	15 other children.	Fanny. (Leper.) Married Victor Savoy.	Isabella. (Leper.)
3 Sons (Lepers.)	Daughter	Daughter	Son Gregois.
	Leper		12 Children.

In this family for four generations there have been seven lepers.

W. R. WARNER & CO.'S SOLUBLE COATED PILLS!

The Coating of the following Pills will dissolve in $4\frac{1}{2}$ minutes.

Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains | Pulv. Rose los $\frac{1}{2}$ grain.
" Mastic..... $\frac{1}{2}$ grain. | M. ft. one pill.

Lady Webster Dinner Pills This is an excellent combination Officially designated as Aloes and Mastic, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Pil. Antidyspeptic.

(WM. R. WARNER & CO.)

(Dr. Fothergill.)

R—Pulv. Ipecac..... $\frac{3}{4}$ gr. | Strychnine.....1-20 gr.
Pulv. Pip Nig..... $1\frac{1}{2}$ gr. | Ext. Gentian.....1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of Dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil Anticonstipation.

Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anemia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pilular form, and we are warranted in announcing that WARNER & CO'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

R—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext.....1 gr.
Assafoet da.....2 gr | Ac. Arsenious.....1-30 gr.

"I use this pill for nervous and hysterical women who need 'building up.'" This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co's Bionio-Soda, one or two pills taken three times a day

Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph. Fe SO₄ | Ferri Carb Fe Co₃
Potass. Carb. K₂ CO₃ | Po ass Sulph. K₂ SO₄

Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate $\frac{1}{2}$ gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose, 1 to 3 Pills.

Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION.

R—Pepsin Conc't... 1 gr. | Gingerine.....1-16 gr.
Pv. Nux Vom. $\frac{1}{4}$ gr. | Sulphur..... $\frac{1}{4}$ gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted. As a dinner pill, Pil. Digestiva is unequalled and may be taken in doses of a single pill either before or after eating.

Pil. Antiseptic.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS.

Sulphite Soda.....1 gr.
Salicylic Acid.....1 gr.
Ext. Nux Vomica..... $\frac{1}{4}$ 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.

Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS.

Sulphite Soda.....1 gr.
Salicylic Acid.....1 gr.
Ext. Nux Vomica..... $\frac{1}{4}$ gr.
Powd Capsicum.....1-10 gr.
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

R—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna, $\frac{1}{2}$ gr.
Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.
Try this Pill in habitual Constipation.

Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism & Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia;
Ext. Colchicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

1228 Market Street, Philadelphia.

18 Liberty Street, New York.

LIQUID PANCREOPEPSINE.

(WM. R. WARNER & CO.)

A REMEDY FOR INDIGESTION.

Containing Pancreatine, Pepsin, Lactic, and Muriatic Acids, Etc. The Combined Principles of Indigestion. To aid in Digesting Animal and Vegetable Cooked Food, Fatty and Amylaceous Substances.

Dose:—ʒiv, containing 5 grs. Pepsin, after each meal with an Aperient Pill taken occasionally.

This preparation contains in an agreeable form the nature and assimilative principles of the digestive fluid of the stomach, comprising Pancreatine, Pepsin, Lactic and Muriatic Acids. The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

The value of Liquor Pancreopepsine in this connection has been fully established, and we can recommend it with confidence to the profession as superior to pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substance, and may be employed in all cases where from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

ELIXIR SALICYLIC ACID COMP.

(WM. R. WARNER & CO.)

A Potent and Reliable Remedy in Rheumatism, Gout, Lumbago, and Kindred Diseases.

This preparation combines in a pleasant and agreeable form:—Salicylic Acid, Cimicifugæ, Gelsemium, Sodii Bi-Carb., and Potass. Iodid., so combined as to be more prompt and effective in the treatment of this class of diseases than either of the ingredients when administered alone.

This remedy can be given without any of the unpleasant results which so often follow the giving of Salicylic Acid and Salicylate of Sodium, viz.: gastric and intestinal irritation, nausea, delirium, deafness, nervous irritability, restlessness, and rapid respiration; on the contrary, it gives prompt relief from pain, and quiets the nerves without the aid of opiates.

Elixir Salicylic Acid Comp. has been extensively used in private practice for several years with almost unvarying success and with better results than any other mode of treatment yet suggested.

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual in the cure of one of the most stubborn classes of disease.

The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case.

Each teaspoonful contains five grains of Salicylic Acid.

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere

SYR. PHYTOLACCA COMP.

(WM. R. WARNER & CO.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC.

COMPOSITION:—Phytolacca Decandra, Stylingia Sylvatica, Lappa Major, Corydalis Formosa, ʒʒ. vi., Xanthoxylum Fraxineum, Potassii Iodidum, Cascara Sagrada, ʒʒ. ij., in each dessertspoonful.

Syr Phytolacca Comp, the Composition of which has been given to the profession, has been known and used by Physicians, myself and others of my acquaintance, and found superior to other alterative compounds now in use. It has been used with great success in the treatment of Lupus, Herpes, Psoriasis, Acne, Glandular Enlargements, Strumous Affections, Granular Conjunctivitis, and Eczema. As a remedy for Syphilitic Diseases of the Skin and Mucous Membranes, it has proved to be especially valuable in my hands in a large number of cases where all the usual remedies had failed to improve their condition, and when Syr. Phytolacca Comp was administered the improvement was very prompt and satisfactory.

It will be seen that Syr. Phytolacca Comp. contains the best alterative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

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

CHARLES W. BROWN, M. D.

ELIXIR CASCARA SAGRADA.

(WM. R. WARNER & CO.)

Used as a Remedy in Habitual Constipation, and as a Tonic in Stomachic Debility.

Med. Prop.—Mildly Laxative, Anti-Rheumatic. Dose—ʒi to ʒij.

Each fluid oz. contains 60 grs. Cascara Sagrada.

WM. R. WARNER & CO., MANUFACTURING CHEMISTS,
1228 MARKET STREET, PHILADELPHIA. 18 LIBERTY STREET, NEW YORK.

Supplied by all Leading Druggists in the Dominion.

AGENTS IN HALIFAX, - - - BROWN & WEBB.

Contagion.—That leprosy is also to some extent contagious is shown in the records of some 10 cases of English speaking people who have acquired the disease by residence in the district, or who have come in close contact with lepers, among whom were J. M., whose father was an American, his mother Irish. He worked at Tracadie and developed leprosy in 1846.

A. S., a Scotch emigrant who had associated with Tracadie lepers for a time. He died in the Lazaretto in 1846. His two nephews, who lived with him on the North-West Miramichi, became diseased and died in the Lazaretto about 1850.

The latest case of which I have heard was that of N., who had worked in Tracadie, and died of leprosy in 1870. There had been no leprosy in his family. This case was seen by Dr. John Benson, of Chatham. The contagiousness, however, is not great or there would be many more examples. None of the nurses at the Lazaretto have fallen victims to the disease.

"Recent microscopic discoveries," says Mr. Hutchinson, "have done something to explain the difficulty of contagion, while at the same time confirming our belief in its possibility. They have shown that the microbe, which is no doubt the means of contagion, flourishes only in the true skin and never invades the epidermis, and further, that it is not present in the granulations of ulcerated parts."

Practically, Mr. Hutchinson thinks, the disease is not contagious; but it seems to me that the disease to a moderate extent is so.

In conclusion we may congratulate ourselves that leprosy has so far not extended itself throughout the province, but there has been, as shown by the figures given a decided decrease.

The Principle of Segregation is of the greatest importance and to its efficient attainment we may confidently look for the extinction of the disease. Segregation proves beneficial by isolating the lepers and thus avoiding contagion, as well as the danger of spreading by hereditary transmission. It is important that the lepers should resort to the Lazaretto at the earliest manifestation of the disease and not after its 3rd or 4th year. The difficulty is that it is not very noticeable at first and the subject, especially if the father of a family, wishes naturally to remain at home as long as possible to support his wife and children. One would therefore think it advisable that special provision be made by the governors to meet such cases, and so encourage the lepers to go to the Lazaretto at an early stage of the disease.

The Lazaretto itself, although fairly comfortable and well conducted would be much more efficient were the building considerably larger and provided with a resident medical officer, for it is only after prolonged and close observation that an exact knowledge of the disease can be obtained.

Leprosy to a small extent has existed for some years on the island of Cape Breton. The Dominion Government has lately taken steps to have the lepers removed to the Tracadie Lazaretto.

The position of the Lazaretto was changed to Tracadie in July, 1849, as residence on Sheldrake Island was repugnant to the lepers.

A LECTURE ON GENERAL PARESIS, DELIVERED AT THE HALIFAX MEDICAL COLLEGE, APRIL, 1890.

BY GEO. L. SINCLAIR M. D.

Assistant Superintendent Hospital for Insane.

Concluded.

ETIOLOGY AND PATHOLOGY.

I have already told you the kind of people who are liable to this disease, viz., men in their physical and intellectual prime, but who have been free livers; who have very likely indulged in *excess* of some kind. It may have been mental work, or late hours or a diet of highly seasoned animal food, suppers with free use of alcoholic drinks, excessive sexual indulgence and possibly some time in their lives they have had syphilis. Now *excess* is a word which has rather a comparative than a fixed meaning; excess in one person may be moderation in another and *vice versa*. The peculiarities of each individual must be taken into account in deciding whether or not his use of various things is that of excess.

Clouston regards General Paresis as a disease of the outer layer of the cerebral convolutions, of the mind-tissue as he calls it. It is, he says, essentially a death of that tissue, and the causes of this death are those which have exhausted trophic energy by over stimulation, and this over stimulation is brought about by "over and promiscuous sexual indulgence, combined with hard muscular labor, a stimulating diet of highly fed flesh meat, the brain all the while excited and poisoned by alcohol and syphilis, all these being begun early in life and kept up steadily. He says in England the Durham miner when earning good wages fulfills the most perfect conditions for the production of general paralysis and as a consequence every sixth lunatic admitted into their county asylum is a sufferer from this disease. The importance of syphilis *per se* as a producing cause is not settled. Personally, I think it sufficient, and I have notes of several cases in which it is at least the most probable exciting agent. Of course it would be a natural thing for one of the men who indulged in "promiscuous and excessive sexual congress" to contract syphilis, and there is great difficulty in deciding as to cause and effect.

Pathological changes in the brain.—In speaking to you as to the pathological changes, I cannot do better than give a resume of the description in Clouston's work. The calvarium is thickened and hardened and in some cases the diploe has entirely disappeared. The dura mater is also thickened and adherent to the skull. Beneath it is found a layer of red gelatinous material, which he says is not the result of inflammation, but a new formation as it contains elementary blood-vessels. The arachnoid is also thickened and beneath it, between it and the pia, is found a variable amount from 4 oz. to 6 oz. of a thick fluid which varies in colour from simple milky opacity to distinct red; this will flow away if the membrane is punctured. He says its presence is compensatory taking the place left by the shrinkage of the convolutions. The pia is thickened and reddened and upon being separated from the brain takes with it layers of the cerebral substance leaving the hemisphere eroded, like cheese at which rats have been gnawing.

The ventricles of the brain contain fluid and are apt to be enlarged. Their lining membrane is thickened, due to hypertrophy of the epithelium, and looks like frosted glass. The microscope shows that the brain tissue is degenerating, especially the superficial layer of the intellectual (frontal?)

portion. The neuroglia has hypertrophied and accumulation of the matrix material and enlargement of the cells, have strangled the proper nerve fibres. The nerve cells also are degenerated and the spaces are clogged by broken down material which is not removed because the peri-vascular spaces, the lymph channels of the brain, are also blocked by the results of brain degeneration.

Sections of the convulsions show the gray matter divided into two distinct layers, the outer gray and opaque looking with a line of red demarcation between it and the next. There is no real sclerosis but the outer layer may be firmer than usual, though sometimes it is distinctly softened. The whole gray matter, in old standing cases is palpably thinner. The white matter is often congested in irregular patches its peri-vascular spaces enlarged and the coats of its small vessels thickened and toughened.

In old cases also, there is scarcely any nervous tissue which is not affected, the retina, peripheral nerves and sympathetic ganglia markedly so.

Prognosis.—Most unfavorable. I do not know of any case in which cure has been accomplished. Cases have been so reported but I am inclined to think sufficient time has not elapsed to claim a legitimate and complete cure. Remissions do occur and last for variable periods, depending upon different circumstances, but the patient relapses if he calls upon his brain to exercise other than what might almost be called its automatic functions.

We sent away to the care of friends, a man who passed out of the first stage and did not go into the second but I fear he is a mental wreck. Another patient of ours was removed by his relations at the urgent solicitation of his wife, but he came back to us in a few months and a little later died in convulsions. A third case is back with us now after remaining at home a few months. This case is interesting because the patient has had two relapses. I do not think he has ever been the man he was since the original attack, but his delusions became less prominent and his excitement also less. As long as he is content to lead a simple agricultural life he does well, the moment he attempts to conduct any business he breaks down.

While the question of sexual abuse as a producing agent of the disease in the beginning is undecided, I think there is no doubt of the danger the general paretic incurs by returning to nuptial pleasures. Dr. Savage says they are "fatal joys." It is a delicate subject to allude to in speaking to a wife—if you hint that the husband has been indulging too freely, she may become indignant at the idea and say that he is perfectly true to her. You can explain that you do not mean he has been poaching on others' preserves, but hunting too indefatigably upon his own.

How long does the disease last? We used to think about three years. I know it is longer, and we have one case that is living nearly eight years after admission here.

TREATMENT.

The prognosis being bad you will anticipate that I have little which is encouraging in the matter of drug treatment.

If you were able to diagnose such a case in its very early stages, it would be best to send the patient away to the country in charge of a good nurse *and without the wife*. The trouble is that patients will not listen to a suggestion of being in any way ill or submit to any restriction upon his personal liberty. Absolute rest from mental work is urgently demanded and should be obtained if possible.

When the patient is admitted here we inquire as carefully as we can into the history of his past life to see if there is

any reason to suspect syphilis. If we find any record of venereal disease, we give Iodide of Potash in large and increasing doses. Bichloride of mercury has been advised and has been used, but with no specially good effect.

For the excitement which is very frequently present, and which has often a rapid heart action, I have found nothing better than Tr. Digitalis and Bromide of Potash—in full doses. The patient should be kept as much as possible in the open air. His bowels should be regulated by some form of aperient and I am rather partial to one of the mercurials. His food should be sufficient and nourishing, but these people are very apt in the early stage to over eat and they should not be permitted. When the patient sleeps badly or is noisy some form of hypnotic is called for. I do not like to use either morphia or opium. The after effects are undesirable. We have tried Tr. Digitalis in large doses as a sedative, but are not very well pleased with the effect, better results have followed in our hands the use of Chloral Hydrate, in 30 or 40 gr. doses—and still better the hypodermic use of Hydro Bromate of Hyocine in doses of gr. $\frac{1}{10}$ or $\frac{1}{20}$. This is as certain to produce quiet and sleep as any drug with which I am familiar.

For the Epileptoid Seizures, if they continue, or fail to be controlled by having the patient in bed with cold applications to the head, I inject gr $\frac{1}{2}$ of Morph. Sulph. hypodermatically and generally the effect is marked, and promptly stops the convulsion. In two cases, strong plethoric men, I bled freely from the arm. Here also the result was curative of the fits. As the disease advances and the patient becomes more paralysed, special attention must be given him during meal times, to prevent choking. His food should be cut up and he should be fed by the nurse,—keep such patients out of bed as long as possible. When the stage of absolute inability sets in, every thing must be done to prevent the formation of bed sores. If possible, a water bed should be under, failing this an elastic spring bed, and the patient changed from side to side. So liable are these sores to come, that even if one limb lies across the other for a short time, this slight pressure will cause a blister to form, and this speedily will enlarge and become a stinking, spreading sore.

During this last stage the patient emaciates rapidly, although taking a fair amount of food. This should now consist entirely of liquids, especially milk and its preparations. Swallowing is badly performed, and there is liability of solid food becoming lodged in the pharynx and choking the man to death. The bed sores should be kept clean and dressed with powdered Oxide of zinc, and over this a layer of soft picked oakum placed round, with a few strips of sticking plaster. Sooner or later diarrhoea occurs, and carries the patient off, or a series of convulsions set in and death results. I may mention to you that quite recently the surgeon has stepped in and trephined the skull of paretics, then punctured the membranes and drained off some of the fluids which are in excessive quantity within the cranium. In two cases reported amendment has followed—but the time is not long enough since the operation was performed to say that cure has resulted. The theory is that by relieving tension which the excessive fluid accumulation causes, the nutrition of the brain is improved, and that good will follow which may be permanent. Further experience and more cases are required to establish the wisdom of the treatment or the truth of the theory.

OLIVER WENDELL HOLMES says that his prescription for longevity is the acquisition of incurable disease.

TO THE MEDICAL PROFESSION.

Wyeth's Specialities.

Compressed Tablet Triturates, Compressed Pills, Compressed Hypodermic Tablets.

COMPRESSED LOZENGES

Of U. S. P., B. P., London Throat Hospital, and other Standard Formulæ

Soda Mint and Chlorate of Potash Tablets,

Compressed Cocaine Tablets and Lozenges,

FOR HAY FEVER, ROSE COLD, ETC.

Wyeth's Peptonic Pills Spencer's Chloramine Pastilles, Wyeth's Fluid Extracts, Elixirs, Wines and Syrups, Pure and Saccharated Pepsin, Dialyzed Iron, Wyeth's Liquid Extract of Malt, Rubefacient and Anodyne Cones, Menthol Pencils.

MAY BE HAD OF ALL THE DRUG TRADE.

WYETH'S BEEF, IRON AND WINE.

EXTRACT OF BEEF, CITRATE OF IRON AND SHERRY WINE.

CAUTION!—We have reason to believe that our BEEF, IRON and WINE is being imitated by some (not over-scrupulous) Druggists of the Dominion of Canada. In some cases these imitations are put up in bottles similar to our own in style and appearance, having our labels copied verbatim, omitting only our name, so that purchasers might readily be deceived; it therefore becomes necessary for us to "caution" you in ordering BEEF, IRON and WINE, to be particular in specifying our make (WYETH'S), and in seeing that you get the genuine article made by us.

This caution is also very necessary when buying BEEF, IRON and WINE, in smaller quantities than the original bottle, as we know other inferior makes are often substituted for our genuine article.

We claim that the reputation for this medicine was created by our preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

We will be glad to give quotations for compressing Special Formulæ of Lozenges, Triturates, Hypodermics, and Pills in quantities; and also for Sugar Coating and for Special Formulæ Elixirs, Syrups, Fluid Extracts, etc. Price Lists and other printed matter and Samples will be sent by mail on application.

DAVIS & LAWRENCE CO., LIMITED, Montreal.

General Agents for the Dominion of Canada.

Please Mention THE MARITIME MEDICAL NEWS.

WYETH'S SPECIALITIES.

MEDICINAL FLUID - EXTRACTS.

Our list of FLUID EXTRACTS embraces not only those official in our Pharmacopœia, but also those whose therapeutical value has induced their use among Physicians.

Our many years experience as practical pharmacetists, thorough knowledge of the character and properties of each drug, together with appliances for manufacturing (which for completeness and economy of working, cannot be excelled), enable us to produce a line of Fluid Extracts of unsurpassed purity, activity and reliability. We ask for them the most careful and critical examination and comparison, claiming, as we do, their superiority over almost all other similar preparations in the market. We feel confident our claims will be sustained by any unprejudiced and experienced druggist.

Every detail of their manufacture, from the crude drug to the completion of the operation, is based upon the most extended and intelligent knowledge of the characteristics of each drug.

SOLUBLE COMPRESSED HYPODERMIC TABLETS.

We claim for our Hypodermic Tablets : Absolute accuracy of dose ; Ready and entire solubility ; Perfect preservation of the drug. Their convenience and utility will at once be apparent on examination.

NOTE.—For convenience in ordering, it will only be necessary to specify the Numbers on our price list.

They are put up in cylindrical tubes, convenient for carrying in hypodermic or pocket cases, each tube containing twenty tablets, ten tubes, or two hundred tablets, in a case.

We also furnish neat leather pocket cases holding 10 tubes, with space for Hypodermic Syringe and Needles. These can be filled with any kinds on the list that may be required (price \$1.00 for the empty case), with name and address printed on case in gold letters, and the list price added for the tubes ordered to fill case. They will be sent by mail, postage paid, on receipt of price, by addressing the

DAVIS & LAWRENCE COMPANY, LIMITED, MONTREAL,

General Agents for the Dominion.

NOTICES OF MEDICAL JOURNALS :

From the Lancet Analytical Records.—"Fellows' Syrup contains the hypophosphites of iron, quinine, strychnia, manganese, lime and potash—the strychnia amounting in a dose of one drachm to one sixty-fourth of a grain. The preparation therefore includes a number of powerful nervine tonics. The reaction of the preparation is practically neutral—an advantage in many cases where the acid solutions of quinine and iron are objectionable or inadmissible. The compound is skilfully prepared, and the difficulties of keeping the remedies which it contains in solution, and in a form in which they are not liable to change, have been very successfully overcome."

FELLOWS' HYPOPHOSPHITES.

SPECIFIC EFFECTS AND INSTRUCTIONS FOR USE.

TO STIMULATE THE APPETITE.—Take half the Tonic Dose, as directed, in very cold (not iced) water, fifteen minutes before eating.

TO STIMULATE DIGESTION AND ASSIMILATION.—Take the remaining half of the Tonic Dose, during meal time in water.

TO INCREASE RAPIDLY IN WEIGHT.—Take the Tonic Dose as directed, and adopt the free use of new milk in addition to the regular food.

TO SUSTAIN MENTAL EXERTION.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

TO GIVE POWER TO THE VOCAL CHORDS.—Take the Tonic Dose fifteen minutes before singing and lecturing.

Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

TO PREVENT RECURRENCE OF NIGHT SWEATS.—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat glands.

TO PREVENT SWEATING HANDS AND FEET.—Take the Tonic Dose as directed, avoid undue excitement, and occupy the mind with pleasant unwearrying pursuits.

FOR CONVALESCENCE from Typhoid and other low Fevers, and Debility from residence in hot and malarial localities, employ the Tonic Dose.

TO STRENGTHEN AND DEVELOP NURSING INFANTS.—Let the mother take the Tonic Dose as directed, with the food.

TO PROMOTE SLEEP.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

NOTE.—In prescribing please give prominence to the name *Fellows*, thus :

Syr : Hypophos : Fellows.

and avoid disappointment

Please Mention THE MARITIME MEDICAL NEWS.

THE CARTWRIGHT LECTURES ON VITAL AND MEDICAL STATISTICS.

Delivered before the Alumni Association of the College of Physicians and Surgeons, New York, Nov. 14th, 20th and 22nd, 1889.

BY JOHN S. BILLING, M. D., LL. D., U. S. Army.

PART III.—(Concluded.)

The data upon which to base medical statistics must be obtained either from published records, from unpublished memoranda collected by means of correspondence, or by the so-called collective investigation methods, or from personal experience. The published data include such records of private practice as are given in journals, transactions, monographs, etc., records and statistics of hospitals, statistics of public medical services and of medical and life insurance societies.

Detailed reports of cases such as are suitable for use in statistical work are not over-plentiful. We have only summary statements of tables of results. This is the case with regard to much the larger part of the great mass of reports of results of hospital and asylum practice which have been published during the last hundred years, either in the form of separate annual reports or in summaries for journals or societies. These reports give some information as to the prevalence of certain diseases in certain places at certain periods of time, and in this way have some historical value, but they do not show the proportion of cases of disease or death to the living population in which these occur, and very few of them give the data by sex and age in the manner required by the statistician. Some of these calculate death-rates with reference to the total number admitted during the year, and others to the total number disposed of during the year by discharge, transfer, or death. A few of them give the average daily number under treatment during the year and the average number of days' treatment for each case, sometimes making a distinction of sex, but almost never of race or age.

Comparison of gross death-rates of different hospitals, however calculated, are of little value for the purpose of determining either the sanitary condition of the place, the skill of the medical staff, or the merits of the particular system of treatment, owing to the great variations in the class of patients admitted. Of course the statistics of hospitals for special classes of diseases can only be compared with those of the same kind; and even for general hospitals, the fact that the gross death-rate of one is higher than that of another proves very little.

In comparing hospital death-rates, it is now generally agreed that it is best to make use of the death-rates in relation to the total number of persons disposed of by discharge, transfer, and death of a series of years. Comparison of the number of deaths with the admission only is apt to give very misleading results. A better method than this is that of Bertillon, who adds to the number at the beginning of the year one half the sum of those admitted and of those going out. It is also desirable to know the ratio of deaths and discharges to the mean population of the hospital, which is obtained by dividing the number of days of treatment by three hundred and sixty-five; but in this connection it is to be remembered that when the mortality is calculated with relation to the number of days' sojourn in the hospital, those physicians who keep their patients the longest will show the lowest death-rates.

From what has been said in these lectures it will be seen that no form of hospital statistics can be considered as satisfactory which do not give the distinction of sex and age, and this not only for the total of all the patients, but for each of the several forms of diseases treated.

Suppose that, for the sake of testing the relative efficiency of two different modes of treatment or of the general progress made during a series of years in therapeutics, we take the statistics of a particular disease, which should be one having a tolerably definite train of symptoms so as to be easily recognized. A disease which it is common to select for this purpose is acute lobar pneumonia. Suppose, now, that in a given group of cases of pneumonia subjected to one method of treatment the mortality or the proportion of death is found to be greater than in another series of cases subjected to a different treatment; are we thereby authorized to conclude that that mode of treatment connected with the lowest mortality is really the cause of the low mortality? By no means. Before we can do this we have to settle the character of the cases, the proportion of those in each group occurring in advanced age or in intemperate persons, or in those affected with other diseases, or in certain races, because all these circumstances influence the death-rate. We have also to take into account the total number of cases in each group in order to make an allowance for the probable error due to small numbers. If the two groups of cases have occurred in different localities or have been treated in different institutions, we have then to take into account the special influences of the locality or institution, as far as it is possible to do so, and not until all these corrections have been made can we fairly estimate the relative influence of the treatment.

In the absence of statistics of cases and deaths by ages, we can get very little information from statements of death-rates from pneumonia. For example, the death-rate in United States hospitals from pneumonia from 1877 to 1888 was 18.72 per cent of the cases treated. Was this a high or a low death-rate? We can only say that it was probably rather below the average, since the average death-rate for males between twenty and fifty years of age is 19.9 per cent. of cases treated. The need of such considerations is well illustrated in a paper by Dr. C. W. Townsend and A. Coolidge, contained in the *Medical News*, July 27, 1889, p. 85. This paper is a discussion of all the cases of acute lobar pneumonia treated at the Massachusetts General Hospital from 1822 to the present time, the figures being divided into periods of ten years, making seven decades in all.

The conclusions arrived at by the authors are as follows:

1. In the thousand cases of acute lobar pneumonia treated at the Massachusetts General Hospital from 1822 to 1889 there was a mortality of 25 per cent.

2. The mortality has gradually increased from 10 per cent. in the first decade to 28 per cent. in the present decade.

3. This increase is deceptive for the following reasons, all of which were shown to be a cause of a large mortality:

(a) The average age of the patients has been increased from the first to the last decade.

(b) The relative number of complicated cases has increased.

(c) The relative number of intemperate patients has increased.

(d) The relative number of foreign

4. These causes are sufficient to explain the entire rise in the mortality.

5. Treatment which was heroic before 1850, transitional between 1850 and 1860, and expectant and sustaining since 1860, has not, therefore, influenced the mortality rate.

6. Treatment has not influenced the duration of the disease or of its convalescence.

Suppose we try to estimate the relative value of a particular treatment of rheumatism, say, by salicylates. We find several tables in medical literature giving the results treated by this and other methods. As a type, take the analysis of 1,200 cases treated at Guy's Hospital given by Dr. Hood (*Brit. Med. Jour.*, Dec. 31, 1881, p. 1119), in which he gives the average duration of illness, number of relapses and the number of cases of cardiac complications in 350 cases treated with salicylates and in 350 cases treated without them, and concludes that relapses and cardiac complications were more frequent under the salicylate treatment, but that the pain ceased sooner and the average length of stay in hospital was less. But the cases are not tabulated by sex, age, race, etc., so that we can estimate the bearings of these circumstances on the results, nor in any tables are these results thus classified.

Within the last twenty-five or fifty years in civilized communities the gross mortality has diminished, there has been a prolongation in the average expectation of life, and the mortality of the years of infancy has greatly diminished; but how much of this is due to preventive medicine, how much to improved conditions of habitation and to the lowering of the price of food, and how much to improved methods of treatment? Dr. Zweifel endeavored to answer this question in a lecture on the influence of medical knowledge on the life of the people, delivered in Leipsic in 1887. ("Der Einfluss der ärztlichen Thätigkeit auf die Bevölkerungsbewegung.")

Taking as a basis for his calculations the figures of Bavaria for ten years and those of Saxony for thirteen years, he found that, for 100,000 living population, the average number of deaths from tuberculosis increased from 250 to 258; from inflammation of the lungs, from 222 to 270; from croup and diphtheria, from 98 to 123. He remarks that these are saddening figures, in spite of the sanitarians and health resorts, in spite of ventilation, new methods of treatment by inhalation, compressed air, etc. The number of men who die from disease of the respiratory organs is steadily increasing, and he queries whether Süssmilch was not right in his phrase "Göttlichen Absterbeordnung" ("Divine law of death").

On the other hand, he shows that the mortality from typhus has fallen from 62 to 34. But the question is whether this is due to a diminished prevalence of the disease, or to a diminished mortality in the same number of cases of the disease due to improved medical treatment. It may be noted in this connection that the chief effect of improved sanitation appears in the lessened mortality in children under five years of age, and that it is chiefly in the mortality occurring after these ages that we are to look for the influence of improved medical treatment. In examining this, however, it is to be remembered that improved sanitary conditions, affecting chiefly infants by preserving a number of feeble and sickly children, tend to produce a higher rate of mortality in succeeding years. In cases admitting of surgical treatment, and in childbirth, there can be no doubt as to the diminished mortality in the practice of those who

use the best accepted modern methods, but these methods are not yet used scientifically by half of the profession, and the results are not perceptible in the general death-rates thus far collected.

It must be admitted that the greater part of the increased expectation of life is probably due to better food, purer water, greater cleanliness, and improved methods of preventing the spread of contagious diseases. If we look at the curves representing the loss of life in large masses of people at different times and places we see that the laws of life and death have but a narrow range of variation after the age of infancy has passed, and that improvements in therapeutics have lifted the lines but very little. They have lessened suffering greatly, but they have not greatly deferred death.

In our present state of knowledge there are certain forms of disease and derangement of organs whose tendency is to recover without any treatment, or in spite of bad treatment. There are also certain diseases and derangements which are incapable of cure by any known method of treatment. Otherwise, man would not be mortal. Between these two classes is a small number of cases of disease the result of which depends on the treatment. In order that medical statistics may give us any information in regard to this last class, we have got to give some idea as to the proportion of each of the two other classes.

In vital statistics, as in other branches of social science, it is not true that the effects of causes acting in combination are equal to the sum of the effects of each of the causes acting separately. Different causes of death having no relation to each other do not have a joint effect which is equal to the sum of the effects of each cause taken separately, and it is therefore difficult to bring the pneumonia of vital statistics within the boundaries of mathematical formulæ. In the doctrine of this kind of averages time and number are not convertible terms.

Statistics apply to masses of men, to communities, not to individuals. We find a mass of matter moving in a certain direction with a certain velocity and endeavor to calculate the direction and amount of the force which have produced this result. In like manner we may consider the tendency of death in a community as a resultant of several forces as indicated in the diagram, and endeavour to estimate the influence of each of these forces in producing the result.

In studying medical and vital statistics one is somewhat in the position of a man on the deck of a large Atlantic steamer, out of sight of land and gazing on the troubled ocean. He sees many waves, large and small, apparently moving in very different directions, and it is not until he has, by careful examination and repeated comparison, learned to distinguish the ripples due to the wind now blowing, the large cross-seas resulting from force which were acting a few hours before, and the long rolling swells which indicate to some extent the direction and force of the tempest of yesterday, that he can begin to understand the roll of the ship on which he stands; while to appreciate the force and direction of the great current which is sweeping with it all the troubled water and the ship itself requires skilled observation with special instruments, and the use of charts which embody the experience of hundreds of voyages. So also in viewing the records of human life, disease, and death, the variations which are at first most perceptible are often those which are most superficial and which give little or no indication—of the magnitude and direction of the movement of the great masses beneath.

Hospital Practice.

GENERAL PUBLIC HOSPITAL, ST. JOHN, N. B.

F. G. ESSON, M. D., Superintendent.

Case 1.—A. D., 23 years. Diagnosis Urethro Vaginal Fistula. Under care of Dr. Wm. Christie. Confined 3 years ago, parts torn considerably during confinement. Semi-purulent discharge from vagina ever since. The immediate cause of the fistula was the compression of the soft parts between the child's head and the bony wall of the pelvis. Confinement very prolonged. Admitted, complaining of involuntary flow of urine from the vaginal orifice on rising, and severe pain after micturition. On examination a large urethro vaginal fistula was discovered. General condition very good. Treatment.—Patient operated on by Dr. Wm. Christie, May 28th, 1890. Ether given as anesthetic. Patient in Sim's position. Edges of fistula pared and carefully adapted with silk, (No. 5,) sutures. Sutures not passed through mucous membrane of urethra. After the operation patient catheterized every two hours for ten days. During this time there was some slight leakage through fistula. Sutures removed on 11th day. Patient catheterized every 4 hours till 18th day; no leakage occurring, patient was allowed to pass urine voluntarily from this date. No leakage has occurred since 14th day and on examination fistula is found to be completely healed, 28th day.

P. S.—Contraction of vaginal orifice from sloughing of soft parts rendered the case difficult of operation.

Case 2.—G. A., 65 years, male. Senile cataract (mature,) right eye. Under care of Dr. M. F. Bruce. General health good. Operation, Cocaine as anesthetic. Large peripheral section upwards in cornea. Broad iridectomy. Capsule lacerated quadrilaterally. Nucleus easily extruded. Edges of wound brought together into apposition with spatula. Course of healing, normal. Treatment lasted 14 days. Vision at time of discharge § —.

Case 3.—M. S., 50 years. Senile cataract, mature, right eye. Under care of Dr. M. F. Bruce. General health, good. Operation same as in Case 2. Healing normal. Treatment lasted 25 days. Vision at time of discharge §+.

NOTHING could exceed the uniform courtesy and hospitality shown the delegates by the people of Granville Ferry at the recent annual meeting. The leading men of the place united with Dr. Coleman in throwing open their houses and had accommodation ready for twice as many as were able to go. No trouble seemed too great for Dr. Coleman or the other hosts, if only the success and enjoyment of the meeting could be increased. We are sure that we only echo the sentiments of all who were present when we say, that no conventional expression of thanks can begin to convey the appreciation, we all felt, of the unsurpassing kindness shown us by all with whom we came in contact. Several faces familiar at our annual medical meetings were missed at Granville Ferry, among which we may mention those of Dr. Page, of Truro, and Dr. Sinclair, of Dartmouth, whose genial presence usually adds much to the meetings.

Society Proceedings.

THE 22nd Annual Meeting of the Nova Scotia Medical Society was held in Granville Ferry, Annapolis County, on July 2nd, 3rd, and 4th, President W. B. Moore in the Chair.

There were present Drs. W. S. Muir, Truro; E. Roach, Tatamagouche; J. Stewart, Pictou; J. Somers, S. Dodge, D. A. Campbell, J. F. Black, G. E. DeWitt, W. Tobin, A. Morrow, of Halifax; L. G. DeBlois, and F. Primrose, Bridgetown; A. Robinson, and Weathers, Annapolis; J. A. Sponagle, Middleton; G. Barnaby and J. A. Coleman, Granville Ferry; F. Best, Somerset; J. N. Fitch, Lakeville; G. W. Bell, Kingston; A. M. Perrin and Webster, Yarmouth; C. J. Fox, Pubnico; C. S. Marshall, Mill Village; R. J. Ellison, Bear River; P. N. Balcom, Aylesford; G. E. Drew, Petite Riviere; J. N. Mack, Bridgewater; J. G. Ross, Lunenburg; F. S. Creelman, Maitland.

The main feature of the opening session was the exceptionally interesting and instructive address by the President, upon the subject of Medical Education. A short extract from this address appears in our present issue. There was so much of value in Dr. Moore's effort that it was decided by the meeting to have the address printed in full in the two leading morning dailies of the Province.

The session was adjourned after the appointment of the nominating committee, consisting of Drs. Stewart, Campbell, Roach, Somers, and Fox.

At the Evening Session the first paper was on "Albuminuria, its Clinical Significance," by G. E. Buckley, M. D. Dr. Buckley's paper embraced many points of interest and will be published in a subsequent issue.

Drs. Campbell, Barnaby, Fitch, and others discussed the paper and reference was made to the amount of cider drunk at certain times of year, the large percentage of alcohol often present, and the influence upon the kidneys.

Dr. Somers then read a paper on "Abscess of the Lung," in which he stated that the text books and treatises did not adequately describe the condition or the circumstances under which it arises, though reference is often made to gangrene of the lung.

Dr. Somers described three cases of the disease.

Dr. Campbell discussed the Pathology of the condition, explaining that inflammatory processes in the lungs may, as elsewhere, pass on to suppuration, the suppurative process in pulmonary tissues being identical with that in other tissues, except in regard to modification dependent upon the different conformation, density, &c., of tissues.

An invitation was extended to the Society by Dr. Coleman to a sail up the Bear River to the village, and it was agreed to have the excursion on the following morning. About 10 o'clock Wednesday morning all were on board the strong tug W. M. Weatherspoon with the best of weather.

A business meeting was held on board the tug and the following officials elected for the ensuing year:—

- President..... J. A. COLEMAN, M.D., Granville Ferry.
Vice-Presidents..... { STEPHEN DODGE, M.D., Halifax.
G. E. BUCKLEY, M.D., Guysboro.
Secretary-Treasurer..... W. S. MUIR, M. D., Truro.

COMMITTEES.

- Section I. Medicine.—Chairman, J. Somers; Drs. Creelman, Roach, McKeen, C. J. Black, Best.
Section II. Surgery.—Chairman, J. F. Black; A. D. McGillivray, C. Webster, J. S. Ross, D. N. Muir, J. Morton, W. Tobin.
Section III. Obstetrics.—Chairman, C. J. Fox, Pubnico; J. N. Mack, A. Robinson, DeBlois, Curry, A. S. Kendall, R. J. Ellison.

Section IV. Therapeutics.—Chairman, A. Morrow; C. S. Marshall, J. N. Fitch, J. W. McLean, Drew, J. M. Barnaby, J. A. Sponagle.

Section V. Sanitation.—Chairman, D. A. Campbell; T. A. Stoddard, G. W. Bell, Fritz, Bethune, McKay (Wallace), F. Primrose.

Baddeck was appointed as the place of next meeting.

The following were elected members of the Medical Board: Drs. Creelman, W. B. Moore, J. Somers, J. A. Black, S. Dodge, and D. A. Campbell.

Drs. W. S. Muir, Arthur Morrow, and W. Tobin were elected delegates to Moncton to confer with the New Brunswick and P. E. Island Associations with a view to the formation of a Maritime Medical Society.

At the afternoon session Dr. Morrow opened a discussion upon "Diphtheria," dealing with the possibility and great importance of Prevention by thorough sanitary precautions, the chief modes of fatal termination, by septic poisoning, heart failure, and laryngeal or tracheal obstruction, the medicinal treatment by Hydrag. perchlor., Tr. Ferri perchlor., sodium sulphite, Tr. Digitalis and strychnine, discussing also local applications such as carbolic acid, lime water and glycerine, and the operative measures of Intubation and Tracheotomy. On this last point Dr. Morrow advanced the following propositions:—

1. There are cases of Diphtheria which without intubation or tracheotomy will die, but which can be saved by one of these operations.

2. A larger number of cases will be saved by early intubation than by the generally late tracheotomy.

3. There are some cases of Diphtheria which can be saved by tracheotomy and not by intubation.

Dr. Campbell maintained that intubation was recommended and should be employed as a substitute for tracheotomy, *i.e.*, like tracheotomy as a last resort.

Dr. J. F. Black spoke of intubation as a comparatively easy operation after a little practice, and mentioned several cases where temporary relief had been obtained, but which ultimately proved fatal.

Dr. Black read an interesting surgical resumé entitled "The Surgery of To-day." We hope to print this paper at an early date.

Dr. Dodge read a paper on "The Advancement of the Internal Rectus Muscle," giving illustrative cases.

At the evening session Dr. Fox read an account of a case of "Rupture of the Uterus," which proved fatal to both mother and child. The rent took place on the posterior aspect of the uterus at the junction between cervix and corpus.

Dr. Morrow spoke of the procedure advised by Tait in such cases, namely immediate abdominal section with a very good prospect of saving the child and a fair chance of saving the mother who is otherwise certainly doomed. He considered it to be an operation which might properly be undertaken by any intelligent practitioner in city or county.

Dr. DeWitt read a paper on the use of the Curette in certain uterine diseases, with a report of cases.

Dr. Fitch and others took part in a subsequent discussion which led to a description by Dr. DeWitt of the manner in which he diagnosed a prolapsed ovary.

Dr. W. S. Muir read an interesting paper on "The Use of Cocaine," detailing the various minor surgical procedures in which it was suitable.

In the discussion which followed several cases were mentioned where untoward results ensued upon the administration of the drug.

Dr. Campbell read some most interesting extracts from the diaries of the first Dr. Almon in which was illustrated the extent to which the mercury treatment was pushed about a century ago.

A most cordial vote of thanks was passed to Dr. Coleman and "our hosts" for the unprecedented hospitality with which the Society was entertained.

At the closing session, July 4th, Dr. Stewart read a paper on "Physical Education," in which he urged that more attention should be paid to this subject in our school system. Drs. Campbell, Somers, Black, Tobin, Creelman and Fitch supported the views advanced.

The Hon. Dr. Parker, Drs. Moore, Wickwire and DeWitt were appointed a committee to confer with the Local Government on the appointment of a commission for the consideration of this question.

Dr. Dodge then discussed the necessity of some provision being made for supplying the Medical Board with sufficient funds to enable it to discharge its duties. He recommended the imposition of a small annual tax of from one to two dollars upon all registered practitioners. He gave a sketch of what the Board had done, what it could not do for lack of funds, and what it could do if the means were available. He referred to an erroneous impression among many in the country that the work of the Board was more in the interest of the city than of the country practitioners.

Drs. Muir, Perrin, Campbell, Webster and Morrow spoke to the question, reference being made to the failure of any general response to a previous appeal for voluntary contributions.

The Secretary and Dr. Morrow were appointed to act in conjunction with the Medical Board in ascertaining, by means of a circular, the sentiment of the profession *in re* the proposed annual contribution as a preliminary to securing a change in the constitution of the Board. A vote being called for, the motion in favor of the proposal to impose an annual tax was carried unanimously by the meeting.

Then adjourned a most pleasant session of the Association. Never before was the Society the recipient of so much and so cordial hospitality, and probably never before was the Society so indebted to a Committee of Management as this year to Dr. Coleman.

CANADIAN MEDICAL ASSOCIATION.

MONTREAL, June 25th, 1890.

The twenty-third Annual Meeting of the Canadian Medical Association, will be held in Toronto, on the 9th, 10th and 11th of September next.

Arrangements will be made with the Railroad and Steamboat Companies for a reduced travelling rate, and certificates entitling members to such reduction will be issued by the Secretary on application.

Members intending to present papers at this Meeting, are requested to notify the Secretary at as early a date as possible of title of the paper intended to be read.

JAMES BELL, M. D., Secretary.

WE note with pleasure the formation of a Medical Society in Cumberland County. In no County in Nova Scotia can be found a larger or more intelligent body of medical gentlemen. It is to be hoped that the example set by Cumberland will be followed by other counties in which

no organization exists. In Halifax, Pictou, Cape Breton and Colchester Societies have been in operation for some time, and two distinct advantages have been realized, improved professional relations and a high scale of fees. The following is a list of the officers:

President Dr. R. Mitchell, Amherst.

1st Vice-president . . . J. Byers, Spring Hill.

2nd " " J. M. McKay, Wallace.

3rd " " C. A. Black, Amherst,

Secretary D. J. E. Trueman, Maccan.

Treasurer Wm. Rockwell, River Hebert.

Delegates to N. S. M. S.—Dr. D. G. Allen, Amherst, and Dr. Beggs, Parrsboro; alternate—Dr. Trueman and Dr. Rockwell.

Executive Committee.—Drs. Mitchell, J. Byers, C. A. Black, J. E. Trueman and Wm. Rockwell.

Committee on bye-laws.—Drs. Tupper, Dobson, Black; Allen and McQueen, of Amherst.

Special Committee.—Drs. Bliss, Amherst; McIntosh, Pugwash; Morrison, Oxford; Hayes, Spring Hill and Dobson, Amherst.

ST. JOHN MEDICAL SOCIETY.

At the Annual Meeting of this Society, held June 4th, the following gentlemen were elected officers for the ensuing year:

DR. J. W. DANIEL *President*.

" MURRAY MACLAREN . . . *1st Vice-President*,

" G. R. J. CRAWFORD . . . *2nd Vice-President*.

" THOMAS WALKER *Treasurer*.

" G. A. HETHERINGTON . . *Corresponding Secretary*.

" B. N. MCLEARY *Recording Secretary*.

Notes and Comments.

THE Maritime Provinces have some grand places for summer resorts and sanitariums. This matter does not receive all the attention it is worthy of.

ANY one interested in Medical Canada will find much of interest in Dr. R. W. Powell's recent work "The Doctor in Canada." For those contemplating a change of location the book should be of much value.

LEGACY TO THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL.—Among the legacies of the late Honorable Daniel B. St. John, of Newburgh, N. Y., was one of ten thousand dollars to the above named institution.

WE call the attention of our readers to the high position occupied by the firm of A. A. Marks, manufacturers of artificial limbs. Many specimens of this firm's work are in the provinces and have given the greatest satisfaction.

SIR MORELL MACKENZIE has been awarded (*New Eng. Med. Monthly*) £1500 damages in his suit against *The St. James Gazette* in connection with his treatment of the late Emperor of Germany, and £150 in a similar suit against the *London Times*.

DR. MYRSHALL, the obliging representative of Messrs Parke, Davis & Co., was present at Granville Ferry and we think deservedly scored some points for his firm. Reference was made several times during the session to the dependable strength of P. D. & Co.'s preparations.

THE Bishop of Peterborough has introduced a bill in the House of Lords regulating children's life insurance. Under five years, but four pounds can be taken; over five, to fourteen in boys and sixteen in girls, eight pounds are allowed. The money can only be paid to the undertaker.

THE new wing of the St. John General Public Hospital has been completed at a cost of about \$11,000, the addition being a continuation of the original design of the building, which now presents a finished and imposing appearance. When opened the hospital will have beds for about eighty patients, and a number of private rooms in addition. A large new operating room has been added, giving abundance of overhead as well as lateral light, there is also a gallery provided for those viewing the operations, which will allow the operator and his assistants more freedom in their movements than has always been the case.

LEMOINE ON THE TOXICITY OF BORIC ACID.—The author narrates three cases in which severe poisoning occurred from large doses of boric acid. There were confluent rubecula-like eruptions on certain parts of the body accompanied by continuous nausea, vomiting, intense headache, and insomnia without elevation of temperature or acceleration of the pulse.

In one case there was a general urticaria with vomiting and quiet delirium.

The vomiting and eruption were evidently attempts to eliminate the drug; the other symptoms are of nervous origin. The author thinks toxic symptoms are much more apt to occur in persons with diseased kidneys.—*Bull. Méd. du Nord*, May 9, 1890.

BALDWIN (J. F.) ON INTUBATION IN MEMBRANOUS CROUP; PAPILOMA OF LARYNX CURED BY INTUBATION; INTUBATION IN TUBERCULAR LARYNGITIS.—The case of papilloma was that of a boy eight years of age, the growth being attached to the margin and upper surface of the left vocal cord and to the anterior commissure. It was soft and very large. Attempts to remove it with forceps, both with and without an anæsthetic, were not successful. The tube, one of large size, was worn at night only for about a month, when the growth was found to have disappeared, except at the anterior commissure. To remove this portion of the growth two curette-like projections of gold-plate were soldered over the front of the tube. On the second withdrawal of this armed tube every vestige of the neoplasm was removed. There was no recurrence, and the voice was finally recovered.—*Columbus Med. Jour.*, March, 1890.

A WEAK solution of nitrate of silver (1 in 4000 to 1 in 2000) used as an injection in acute gonorrhœa, seems to give much more generally satisfactory results than any other drug. In the male during the acute stage the injections should be frequent—several times a day—gradually the number of injections may be reduced, but a daily injection should be continued for some time after all discharge has ceased. In cases which have become chronic when first seen care must be exercised in increasing the strength of the solution for the male; but in the female the cervix and vagina should be swabbed with a solution of the strength of about 1 in 8; after using this solution the vaginal walls should be kept apart for a time with pledgets of cotton wool soaked in glycerine. The application may be followed after two or three days by the injection of weaker solutions of the same drug. In all cases attention must be paid to diet and general health.

The Maritime Medical News.

July, 1890.

EDITORS:

D. A. CAMPBELL, M. D., Halifax, N.S. J. W. DANIEL, M.D., M.R.C.S., St. John, N.B.

ARTHUR MORROW, M. B., " 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.

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

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

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

DR. MORROW,
ARGYLE STREET, HALIFAX.

THIS issue has been delayed, so as to include a report of the N. S. Medical Society annual meeting.

WE hope our readers will not fail to make the annual meetings of the respective Provincial Medical Societies decidedly successful, and this can only be done by a very general attendance of the members. The New Brunswick Society meets at Moncton for the first time, and we have no fear that the profession in that enterprising town will fail to do all in their power to make this year's meeting an attractive and instructive one. In addition to listening to the papers that will be read and disposing of the various matters of business that may come before them, the society will have to elect five of their number of not less than seven years standing, to represent them for the next three years on the medical council.

The members of council occupy a post of great responsibility, and one requiring the exercise of impartial and dispassionate judgement in carrying out the requirements of the Medical Act; the future status and well being of the profession, as well as the protection of the general public against uneducated and unqualified persons, depend in a large measure upon their faithful discharge of duty, and more especially on their insisting upon the carrying out of those sections which relate to the preliminary as well as the scientific education of the medical student.

The member of council is called upon to give a good deal of his time and devote a considerable amount

of attention to the various matters with which he is called upon to deal; but while there is no pay or emoluments attached to the office, it is an honorable one, and no one should accept it unless he is willing to freely give it his time and best service. The matter of a Maritime Medical Association to which reference has been made in a previous issue of the NEWS, will also be brought forward, and we hope will receive the careful consideration of the meeting.

THE time was when gonorrhoea either in the male or female was looked upon as a very simple and unimportant affection, but since the ulterior effects of this disease in both sexes have been more carefully noted, since, especially the successful manner in which the peritoneal cavity has been invaded both for exploration and the removal of diseased organs, has thrown so much light upon the pathology of pelvic visceral affections, and since the endoscope has made a complete view of the inner surface of the male urethra a possibility, a more correct view of the seriousness of the disease has been obtained. So serious, indeed, have been its effects in many women, that it is credited with destroying the "health of a larger number of women than even the poison of syphilis."

It is not alone the vicious who may be affected in this way, for as is well known there are many cases of young women previously healthy and always pure in morals, who have become invalids, or even lost their life by contracting this disease on their marriage, the husband, it may be, supposing himself cured, whereas the disease has been brought into renewed activity by his new relations. The severe effects in the female, of course, are those present when the disease causes a purulent infection of the cervix and body of the uterus, and then, perhaps, travels into the fallopian tubes, producing inflammation, pyosalpinx, peritonitis, pelvic abscess, etc.; thus where it does not actually destroy life, leaving the patient in a condition of confirmed invalidism. In the male are frequently produced prostatic catarrh, an extension of the inflammation into the ducts opening in this part of the urethra, inflammation of the vesiculæ seminales and abscess of these organs, as well as stricture, granular patches, and erosions of the mucous membrane. A disease which drags in its train such an array of important symptoms, symptoms that are fraught with so much mental worry as well as physical pain and discomfort, should be attacked in a more serious and thorough manner in both sexes than is usually the case; more especially should the treat-

ment of the disease in the female be a thorough and radical one.

We would commend to our readers who may be interested in the subject, the articles referring to it in the American System of Gynaecology, the lectures delivered before the Royal College of Surgeons last year by Mr. Matthew Berkeley Hill, and a paper by Dr. Charles Cullingworth, on the "etiological importance of gonorrhoea to some of the more common diseases of women," published in the *British Medical Journal* last July.

We think a full appreciation of the possibly disastrous effects of this disease is scarcely yet felt by the majority of the profession, and certainly not by the general public, or we should not see so many young travellers jauntily display their favorite prescription, which, with a faith worthy of a better cause, they complacently carry with them in order to be ready for emergencies.

THERE has been considerable discussion in the Halifax papers concerning the recent prevalence of diphtheria. Citizens have been urging sanitary protection, medical men had and have reiterated the necessity of more thorough sanitary measures, hotel proprietors have complained of the lessened number of visitors, and the city council as usual, attempt to throw the responsibility upon the profession, saying "why didn't you tell us." It is a matter of public record, that early in the year, committees of citizens accompanied by medical gentlemen visited the doubtful parts of the city, and reported to the council that the sanitary state of many back yards was dreadful, and that in numerous places the drainage was absolutely unprovided for, or what is just as bad, was neglected and allowed to get out of working order. In many yards all refuse was simply piled up, only needing warm weather to make it a putrifying mass. The privies were many of them beyond description, filthy and fearful.

The medical associates of the committees foretold the inevitable result, disease. Their warnings were received as usual with 'pooh-poohs' and 'we know all about that' or with silly denials of the unpalatable statements. The result is an epidemic of diphtheria, which kills off many, and which naturally diverts from Halifax a large summer travel. The disease has now abated. All or much of this might have been prevented by the expenditure of a moderate sum of money, which not being done, has resulted in the loss

of many lives and of thousands of dollars. When will the council wake up? Has the city medical officer done all he can?

THE subjects of anaesthesia and anaesthetics are once more brought prominently before the profession. From the discovery of ether in 1846 there have been periodical recurrences of discussion on these important topics, and the same will, we presume, continue to recur at intervals until a new agent or a method of procedure for producing insensibility to pain shall be found, which by common consent shall be accepted as safe in action, ready in application and incapable of producing any troublesome or persistent after symptoms.

The report of the Hyderabad commission is certain to provoke a lively and prolonged discussion, as it revolutionizes what seems to have been well established, that the risk of death is greater with chloroform than ether. The statement that "chloroform may be given in any case requiring an operation with perfect ease and absolute safety, so as to do good without the risk of evil," will not meet with acceptance until the evidence on which it is based is submitted to the most searching criticism.

The history of the commission deserves notice, as the later phases of the work tend materially to strengthen the conclusions arrived at. In 1888 Surgeon Major Lawrie, of Hyderabad, a devoted admirer of the celebrated Syme asked the local government to appoint a commission to inquire into the action of chloroform, on the ground mainly that his extensive experience confirmed the teaching of Syme that this agent arrests respiration before stopping the heart, and that it is far more important to watch the breathing in giving the agent, than the pulse. The commission was appointed, and after numerous experiments confirmed Dr. Lawrie's contention. The report was sharply criticized by the leading journals, notably by the *London Lancet*. Dr. Lawrie was not readily silenced by such adverse criticism, as he immediately asked for a second commission which in addition to the original members should contain a representative appointed by the *Lancet*. The *Lancet* named Lauder Brunton, a very distinguished pharmacologist, and the report assumes importance from the fact that he previously held views differing in toto from it.

The investigation was of the most searching character—many animals of different kinds were experimented upon—the experiments were varied in every possible way, and every precaution taken to

secure accuracy. The practical conclusion we publish in another column. In one respect the results were uniform, for in every case where chloroform was pushed respiration ceased before the hearts action. They also found that if artificial respiration was commenced within 30 seconds after the animal ceased to breathe it was generally successful.

Among many points referred to may be noted the advisability of giving alcohol in moderate amounts before commencing the inhalation, the use of morphine subcutaneously in prolonged operations, the doubtful advantage of atropine in lessening the risk of heart failure and the fact that chloroform does not increase the tendency to shock or syncope but rather obviates it. It is satisfactory to record that the local authorities did everything in their power to forward the work of the committee

Selections.

EXTRACT FROM PRESIDENT'S SPEECH AT N. S. MEDICAL SOCIETY, JULY, 1890.

There is especially one point by attention to which, if the notice of medical educators was directed to it, and students instructed as to its importance, much improvement in the exactness of the practice of medicine, particularly in Therapeutics, would result. I allude to the generally uncertain and indefinite way in which drug treatment for the relief or cure of disease is carried out. We are not apt to consider the serious aspect of the matter, and the uncertain results from the use of drugs, unless our attention has been especially directed to the subject; and certainly it is a condition of affairs not by any means desirable, that a prescription for a remedy known to be an active agent for the relief of an ailment, it may be serious if not fatal in its character, should be filled with an agent which in no wise fulfills the expectation of its value, and valuable time is lost if the life of the patient is not jeopardized. There is no doubt that much of the scepticism and lack of faith, existing among the older and more experienced members of the profession, regarding the efficacy of drug treatment of disease, is due to the want of uniform strength and activity in the medicinal agents in common use. Every practitioner of experience has on numberless occasions been disappointed and mortified at his failure to produce results of treatment which he had a reasonable right to expect from the use of remedies indicated, and scepticism sooner or later follows.

If any one will take the trouble to look up the literature of the subject, they will find that the variation in strength of many of the more active and important drugs in constant use is something appalling, and the more we consider the subject, the more marvellous does it appear, that in this advanced age of our art, when medical education has been brought to such an apparent degree of scientific perfection, such a state of haphazard and unscientific treatment of disease can be tolerated. The fact is that the education of physicians in the drug treatment of disease does not appear to have kept pace with that in other branches of the art, and there is evidently a want of precision and expectation of

definite results from the exhibition of remedies, not by any means desirable in a scientific profession. I have frequently heard old and experienced medical men state, that the longer they practised, the less faith they had in the drug treatment of disease, and though much of that want of faith is doubtless due to the fact that when they began practice, they had almost too much faith in drugs to the exclusion of other matters, which experience failed to confirm, yet I am sure that not a little is due to the fact that they possessed very little knowledge of the strength and activity of the preparations used.

Surely if there is any science in the application of remedies to disease, this is a subject to which the attention of medical educators and the profession in general, should be called, as unquestionably the success of physicians and the confidence of the general public in such definite results of the remedies for disease, depend in no small degree upon its consideration. How often is it the case that a physician will make his diagnosis, and write his prescription for the remedy indicated, being very particular about the directions and the dose, and complacently thinking that he is treating the case on the most approved scientific principles, which prescription on being filled at different drug stores, or at the same drug store at different times, may vary in the active principles of the agents employed in the proportion of fourteen to one. Probably in our own country the state of affairs is not so bad, but such a condition exists in the state of New York, according to the report of the committee of the New York State Pharmaceutical Association, an extract from which is presented in a very able paper on the subject by Dr. H. H. Rusby recently read before a meeting of the Philadelphia County Medical Society. It is shown in this extract that samples of spirits of nitrous ether varied so greatly that a patient would need to take about a pint of one to equal a teaspoonful of another, while of 50 samples of Hoffman's Anodyne, only 8 were good, and of Iodide of Potassium, none were up to the standard, and only a few could be considered even fair. Dr. Rusby proceeds to show that such active medicinal agents as Aconite, Belladonna, Colchicum, Cocoa, Nux Vomica, Stramonium, and Jaborandi, varied enormously in their strength, and in serious and acute cases where it is necessary to get the patient quickly under the influence of the remedy indicated, the fact that the only guide to the strength of the preparation lies in its trial, establishes the possibility of the case being either in a serious condition, or even lost before the proper dose has been found. To give you an extract from the above address, which will present the matter more forcibly than in my own words, Dr. Rusby says: "Am I not safe in saying that a medical practice which has no more reliable basis than our present method of supply, is not better than semi-barbarous. Do not wonder gentlemen, at the great number of failures which attend your treatment, and the irregular results which follow the administration of your medicines, but when you remember that in fifty consecutive drug stores, the same preparation exists in forty different strengths ranging from 25 to 150 per cent., wonder on the other hand that you have done one half so well as you have, and never permit any one to say in your presence that medication at its best is unreliable or uncertain. Let us inquire into the cause and remedy of this undesirable state of affairs. The cause may be simply referred to the practical estimation of the value of silver and cents. In this age of competition and cheap production, the greatest quantity for the least money, especially in articles where quality is difficult to estimate, is the principle on which pharmacists as well as others are apt to run

their business, and quality is necessarily sacrificed to cheapness. The remedy is as obvious as the cause, and consists in the education of physicians to the importance of mere definite practice, resulting in the demand for assayed preparations of standard and uniform strength. Such preparations in most instances, are quite within the reach of the profession, and it only requires the exercise of determination to obtain them.

The pharmacist and physician should work harmoniously together and lead the general public to understand that nothing but the best and most certain of medicinal agents shall be used for their ailments, and on their part they shall pay a reasonable price in return. This argument is used by druggists that if they ask a reasonable price for filling a prescription with articles of undoubted quality and strength, they are met with the assertion that the same can be got elsewhere for less money, probably inferior articles being supplied and so the thing goes on, the lives and health of individuals being made subservient to mercenary interests. The absurdity of such a course is perceived when it is remembered that people will throw away dollars without number on worthless trash or patent cure all mixtures which apart from the fact that what action they have, may be for harm rather than good, contain little or nothing of intrinsic value. Such is the weak credulity of the general public who apparently like to be humbugged and it will be a long day before the profession can effect any radical improvement in that line; but if physicians were educated to the importance of the matter they would at least insist that so far as their treatment went it should not be handicapped, by the use of inert or worthless articles from purely commercial principles but that so far as the present state of the science would permit, that a definite and scientific procedure in the administration of remedies should be carried out.

PRACTICAL CONCLUSIONS OF HYDERABAD CHLOROFORM COMMISSION.

The following are the practical conclusions which the commission thinks may fairly be deducted from the experiments recorded in this report:

I. The recumbent position on the back and absolute freedom of respiration are essential.

II. If during an operation the recumbent position on the back cannot, from any cause, be maintained during chloroform administration, the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. If there is any doubt whatever about the state of respiration the patient should be at once restored to the recumbent position on the back.

III. To insure absolute freedom of respiration, tight clothing of every kind, either on the neck, chest, or abdomen, is to be strictly avoided; and no assistants or bystanders should be allowed to exert pressure on any part of the patient's thorax or abdomen, even though the patient be struggling violently. If struggling does occur, it is always possible to hold the patient down by pressure on the shoulders, pelvis, or legs without doing anything which can by any possibility interfere with the free movements of respiration.

IV. An apparatus is not essential, and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take

up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces an element of danger into the administration. A convenient form of inhaler is an open cone or cap with a little absorbent cotton inside at the apex.

V. At the commencement of inhalation care should be taken by not holding the cap too close over the mouth and nose, to avoid exciting, struggling, or holding the breath. If struggling or holding the breath does occur, great care is necessary to avoid an overdose during the deep inspirations which follow. When quiet breathing is insured as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea and see that the respiration is not interfered with.

VI. In children, crying insures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensibility, they should always be allowed to inhale a little fresh air during the first deep inspiration which follows. In any struggling persons, but especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anaesthesia, and this may only appear, or may deepen, after the chloroform is stopped. Struggling is best avoided in adults by making them blow out hard after each inspiration during the inhalation.

VII. The patient is, as a rule, anaesthetized and ready for the operation to be commenced when unconscious winking is no longer produced by touching the surface of the eye with the tip of the finger. The anaesthetic should never under any circumstances be pushed till the respiration stops; but when once the cornea is insensitive, the patient should be kept gently under by occasional inhalations, and not allowed to come out and renew the stage of struggling and resistance.

VIII. As a rule, no operation should be commenced until the patient is fully under the influence of the anaesthetic, so as to avoid all chance of death from surgical shock or fright.

IX. The administrator should be guided as to the effect entirely by the respiration. His only object, while producing anaesthesia, is to see that the respiration is not interfered with.

X. If possible the patient's chest and abdomen should be exposed during chloroform inhalation, so that the respiratory movements can be seen by the administrator. If anything interferes with the respiration in any way, however slightly, even if this occurs at the very commencement of the administration, if breath is held, or if there is stertor, the inhalation should be stopped until the breathing is natural again. This may sometimes create delay and inconvenience with inexperienced administrators, but experience will make any administrator so familiar with the respiratory functions under chloroform that he will in a short time know almost by intuition whether anything is going wrong, and be able to put it right without delay before any danger arises.

XI. If the breathing becomes embarrassed, the lower jaw should be pulled, or pushed from behind the angles, forward, so that the lower teeth protruded in front of the upper. This rises the epiglottis and frees the larynx. At the same time it is well to assist the respiration artificially until the embarrassment passes off.

XII. If by any accident the respiration stops, artificial respiration should be commenced at once, while an assistant

lowers the head and draws forward the tongue with catch-forceps, by Howard's method, assisted by compression and relaxation of the thoracic walls. Artificial respiration should be continued until there is no doubt whatever that natural respiration is completely re-established.

XIII. A small dose of morphia may be injected subcutaneously before chloroform inhalation, as it helps to keep the patient in a state of anæsthesia in prolonged operations. There is nothing to show that atropine does any good in connection with the administration of chloroform, and it may do a great deal of harm.

XIV. Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving a patient confidence and steadying the circulation.

The commission has no doubt whatever that, if the above rules are followed, chloroform may be given in any case requiring an operation with perfect ease and absolute safety so as to do good without the risk of evil.

EDWARD LAWRIE, (*President*),
T. LAUDER BRUNTON, }
G. BOMFORD, } *Members.*
RUSTOMJI D. HAKIM, }
EDWARD LAWRIE, *Surgeon Major.*

HYDERABAD, December 18, 1889.
(True copy.)

The. Gazette.

ON APPARENT DEATH.

M. Brouardel (*Gaz. des hôpit.*, No. 55, 1889) thinks that too often physicians consider individuals as being dead when they are not so in reality. Aged people, he states, infants, the newly born, and all enfeebled persons are predisposed to apparent death. It is a well known fact, it is alleged, that after a difficult labor the newly born is apt to be apparently dead for two, three, and sometimes four hours; and that those who are familiar with the life of newly born animals know that often they begin their respiration after the administration of a warm bath lasting for half or an entire hour; and, according to Paul Bert, the newly born has a special resistance of its tissues that accounts too for the tolerance to certain intoxications, as that of strychnine.

The physician is most apt to be deceived by hysterical persons, who are capable of living like hibernating animals, producing 3 instead of 20 grammes of urea, and 40 instead of 550 grammes of vapor in the twenty-four hours. Under such conditions a false diagnosis is apt to be made, the falsity being recognized, in the case of hysterical patients, at the critical moment—as the author expresses himself, at the moment the person is to be laid in the coffin.

In persons convalescing from grave diseases, the author goes on to say, syncope is easily induced at the moment the patient rises; the deficient cerebral circulation and venous stagnation in the lower limbs are favorable conditions to the occurrence of apparent death. He further relates the case of a criminal who was hung in Boston at 10 A. M., taken down at 10.25 A. M., and transferred to the anatomical amphitheatre an hour thereafter, when his pulse recommenced to beat. On opening the thorax, the pulse was seen to beat 40 a minute, and it stopped beating at 2.45 P. M. A similar case of Hoffmann's is quoted. In this case the explanation of the accident is that the cerebral blood-supply, though deficient, yet was enough to maintain life.

The author does not accept this reason; it seems illogical

to him that the heart should stop under the influence of simple cerebral anæmia, when it continues to beat for about twenty minutes after complete decapitation.

He believes that in infectious diseases and algid fevers there are a good many examples of resurrection; the ptomaines he considers to have characteristic anæsthetic properties; injected into a frog, the latter assumes any given cataleptic properties that may be desired.

Allusion is made to the apparent death of animals subjected to congelation. One similar fact is reported to have happened in a grenadier; the man passed three hours in the water in the month of January; resuscitation was brought about by virtue of the persistent care of a young surgeon who was intimately attached to him. Another series of apparent deaths, the author states, is to be looked for in commotion of the nervous system by lightning, which is at the head of the list of causes.

M. Lestier's seven cases are quoted, where the subjects, under the action of lightning, had remained apparently dead for periods varying from several minutes to three hours. Physicians who took the observations stated that no pulse could be felt at all, the excitation having been strong enough to stop the heart's action. A case of Budin's is recited in which a sailor is said to have fallen apparently dead under the influence of an electric discharge; all means used failed to resuscitate the man; he was finally subjected to the influence of hailstones that were falling on the deck, and resuscitation was successfully brought about after continuous treatment for an hour and fifteen minutes. Other facts are related, and it is concluded that such cases are to be classed under the heading of syncope or cerebral commotion. The author alludes to the fact that people have been buried for eight and fifteen days, and yet been resuscitated.

The caution is given not to mistake alcoholic cases; two such are reported in which the subjects were restored to life—one of M. Laborde's, in which the rectal temperature had been 24° C.; the second, M. Bourneville's, in which the rectal temperature had been 25° C.

The author says in a convincing manner that physicians are too hasty to diagnosticate death in unfortunate cases of the use of anæsthetics; he thinks that much more time should be spent trying resuscitation before the case is pronounced hopeless. He finally advises great caution in diagnosticating death, especially in cases of hysteria and syncope. It is easy to hear the heart beat, he alleges, when the heart muscle is contracting vigorously, but in experiments of vivisection it is well known that the heart without actually stopping, may at the same time not be heard for a certain period.—*N. Y. Med. Journal.*

HYPNOTISM.

While it has been generally admitted that subjects who have been frequently hypnotized lose the power of resisting the customary manipulations of the operator, or, in other words, that the natural suggestion of going to sleep at the sight of the operator and his proceedings is stronger than the auto-suggestion not to yield (just as we may fall asleep, in spite of all effort, at a lecture or social gathering), yet great stress has been laid upon the original consent of the subject to submit to the operation, as well as upon a considerable power of resistance by sheer determination. Dr. Herrero, a Spanish writer on the subject, has recently announced a means of hypnotizing anybody and everybody, *volens volens*.



TO THE MEDICAL PROFESSION.

EMULSION OF COD LIVER OIL

— AND THE —

Hypophosphites of Lime and Soda.

GUARANTEED NOT TO SEPARATE NOR SPOIL IN ANY CLIMATE.

This Preparation is a compound of the purest Norwegian Cod Liver Oil and the Hypophosphites of Lime and Soda with Glycerine.

By combining the Hypophosphites in this manner with the Oil, not only the remedial power of all are increased, but we are enabled to administer the Phosphorous that is loosely combined in them, in a form that will be most readily assimilated; the stomach receives it without irritation, and it is taken up along with other food and carried into the economy to be there resolved and to supply the waste which often constitutes the first link in a chain of morbid action.

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 cructat ons, and is apt to derange the digestive organs, and even causes vomiting and diarrhœa, 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.

PREPARED BY

**DAVIS & LAWRENCE CO'Y., Limited, Manufacturing Chemists,
MONTREAL, CANADA.**

WYETH'S

LIQUID MALT EXTRACT.

Containing all the Nutrient Properties of Malt, with the least possible Amount of Alcohol.

This is a perfectly pure, and extremely agreeable preparation of malted-barley with hops, combining the nutritive and digestive properties of malt, with the well-known bitter- tonic qualities of hops. The very low percentage of alcohol contained in it (less than three per cent.), and the large amount of nutritious extractive matter (fifteen per cent.), render it the most desirable preparation for administration to nursing women invalids, children, etc. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation.

The diastatic principles of the malt render this preparation of great service in cases of malnutrition, dyspepsia, etc., causing the assimilation of starchy foods, increasing the appetite, storing up fat, etc., etc.

The rapidly increasing demand for the MALT EXTRACT in the Dominion of Canada, has induced us to start its manufacture in the city of Montreal, on account of which we are enabled to supply the demand at greatly reduced prices.

Single Bottle 40 cts. One Dozen, \$3.00.

JOHN WYETH & BROTHER, Manufacturing Chemists.

PHILADELPHIA.

DAVIS & LAWRENCE CO., AGENTS, MONTREAL.

Please Mention THE MARITIME MEDICAL NEWS

WYETH'S COMPRESSED TRITURATED DRUGS.

Safer, Pleasanter, and more Efficient and Convenient Medication for Infants,
the Fastidious, and Idiosyncratic.

AN INNOVATION.

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."

WHAT ARE COMPRESSED TRITURATES.

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 Pharmacopœi, 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."

RESUME OF ADVANTAGES.

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.	Ipecac.....	1-16 gr.
Belladonna Tinct.	1 min.	Apomorphine Mur.		1-50 gr.
Calcium Sulphide	1-10 gr.	Atropin Sulph.		1-100 gr.
Capicum 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.	
Hyoscyanus tinct.	1 min.	Opium Tinct. (Laudanum).....		2 min.
Nux Vomica Tinct.	1 min.	Phocarpin Mor.		1-20 gr.
Tinct. Camph. Co. (Paregoric).....	2 min.	Podophyllin Resin.....		1-4 gr.

Waistcoat Leather Pocket Cases, containing ten tubes of 25 Triturates each (any selection), supplied at \$1.25.
May be obtained of all wholesale houses. Samples of Triturates free to medical men.
In all orders specify WYETH'S and avoid disappointment.

DAVIS & LAWRENCE, MONTREAL, - - Sole Agents for Canada.

Please mention THE MARITIME MEDICAL NEWS.

A great number of those classed as non-hypnotizable will succumb, says this authority, if the process be maintained for a sufficient length of time. As this is very trying to the operator, a device may be resorted to by which the subject is forced to gaze continuously at the bright object, the operator re-enforcing the suggestion to sleep. If, however, the subject resists the proceedings, one may blind him, and force him to assume the position necessary for hypnotization. But this drastic process may be dispensed with; for in those cases in which it is necessary, for therapeutic or correctional purposes, to hypnotize a person, Dr. Herrero has another method. It is based upon the discovery that in light chloroformization there is a stage in which the subject obeys suggestions as readily as in hypnotism. This period may at first be brief, but may be prolonged by care and practice. While in this "chloroformic somnambulism," the suggestion is given that in future no such agency will be necessary to hypnotize the subject, in some the suggestion is made gradually that they will resist less and less; and so on. While this disposes of those unconsciously resisting hypnotization, does it appear to those opposing it voluntarily? Here is a case in point. A patient showed a morbid fear of hypnotism, regarding it as a satanic art, and absolutely refusing to be hypnotized. It had been attempted over and over again, but in vain. Chloroformization was proposed, to which she consented. The first day it required fifteen grammes to bring on the susceptible period, then thirteen and so on until the patient went to sleep by merely staring at the doctor's fingers, and became a good hypnotic subject. By this means, then, it is proposed to induce a state by the action of drugs from which the transition is easy and certain to ordinary hypnotism. It seems probable that there will be much discussion and experimentation in this novel mode of extending the powers of hypnotism.

By auto-hypnotism is meant the power to put one's self to sleep. We do this every night, and persons differ very markedly in the ease and rapidity with which they fall asleep both at night and at other times. Dr. Coste de Lagrave has developed his power to a considerable extent, making himself at once operator and subject in an hypnotic experiment. The best time to experiment is just after awakening. One may then attempt to go to sleep for a short time only. One may wake and go to sleep again three or even five times in an hour. The sleep is light, may be accompanied by dreams, and the sleeper be sub-consciously aware of his condition. When the sleep is still lighter, and self-consciousness is largely present, the auto-hypnotic state has appeared. Dreams may occur, though the dreamer is perfectly conscious that he is dreaming, and may even attempt to direct these dreams. This amounts to auto-suggestion. To enter this state, the author lies down, closes his eyes, tries to sleep, keeping his eyes fixed on the desired auto-suggestion. Here are a few instances of his success. As the result of a dysentery contracted in Tokin, he could not walk a mile without extreme fatigue. One evening he gave himself the suggestion not to become tired, and the following day he was able to take a long walk. He suggests good appetite, and suggests away desepsia and cold feet, even under the most trying circumstances, such as in the open air on a cold day, and finds that his feet are really warm to the touch. Hallucinations are thus excited. He writes, talks interestingly, all by auto-suggestion. But the process is not without its disadvantages. Fatigue, depression, and some times severe headache, are the results. Like all phases of hypnotism, it has its uses and abuses. While this power is thus unusually developed in the cases cited, it undoubtedly

exists to a lesser degree in many; and it would not be difficult to find in the habits of all a close analogy to what is he termed "auto-suggestion."

The name of retro-active hallucinations has been given by Dr. Bernheim to hallucination suggested back into the experience of the hypnotized subject. He is told that so many days or weeks ago he was a witness of such and such an act. The suggestion is accepted, perhaps additional details are added, and the fictitious event is embodied with ordinary experiences of life. The case to be here noted is interesting, on account of influencing several at once, some without direct personal suggestion, and on account of being accepted by a person who happened to be sleeping normally. In one of the wards of the hospital, Dr. Bernheim hypnotized eleven patients while one was sleeping normally. He tells one of his subjects, "You see No. 3 seated on a chair. Yesterday he came back intoxicated, sang and shouted through the halls, struck the keeper making his nose bleed. You were there." The illusion soon developed; and the subject repeated the whole story, adding that the nurse came with a basin of water and washed off the blood. A neighboring subject was then aroused, and asked what happened yesterday to No. 3. After some hesitation, he repeated the story. And so on with all the others, including one who was sleeping naturally. No. 3 himself admitted that he struck the keeper, but he did not begin the quarrel. None of these patients had ever assisted at such an experiment before. The experiment may not succeed at all times and with all subjects; but it shows, that, when the sleeper has his attention fixed upon the person who is speaking, he hears and accounts everything. On awakening, he does not recall this of his own accord; but, as soon as a hint is given, he recalls it all, and accepts it as a reality. As a practical outcome of the observation, Dr. Bernheim gives the warning not to tell secrets in the presence of a sleeper.—*Science*, Feb. 28, 1890.

Reviews and Book Notices.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY.—By S. A. Liebig, Jr., Ph. D., and George H. Rohe, M. D. F. A. Dean, Publisher, Baltimore, Md.

We have excellent works dealing with the application of electricity to medicine, notably that of Von Ziemssen's. The rapid progress of electrical science and its more extended use for diagnosis and treatment, necessitates fresh treatment of the subject from time to time.

The work before us written by a skilled electrician and an accomplished medical man, discusses the subject in its relation to medicine very concisely and for this reason we commend it to all who are interested in the subject. It is particularly well adapted for students and the general practitioner. There are a great many in practice who, either from want of time, haste or other circumstances cannot avail themselves of the advantages of electricity. At the same time they are thoroughly convinced of its benefits, and desire to obtain sufficient knowledge of the subject to wisely advise their patients. To such we strongly recommend this publication.

The volume is divided into three parts. In part first the elementary principles of electricity and magnetism are discussed. The subject of electro static machines, of batteries, galvanometers, and various modes of resistance, coils, etc., are carefully dealt with. Kirchoff's & Ohm's laws are also expounded. A short description of the electric motor and modifications of the ordinary telephone is added.

Part second takes up, first the effects of electric currents upon the various tissues and organs of the body in health, then shows how these effects are modified by disease and indicate

the methods by which these modifications are utilized for purposes of diagnosis. A most excellent chapter, copiously illustrated and descriptive of the various appliances most useful in electro-therapeutic work closes this section.

In part three the applications of electricity in the treatment of disease are considered, particular attention being devoted to the uses of electricity in gynecology, the diseases of the male genito-urinary organs, and in diseases of the skin.

THE DOCTOR IN CANADA. HIS WHEREABOUTS AND THE LAWS WHICH GOVERN HIM: A READY BOOK OF REFERENCE. By Robert Wynyard Powell, M. D., Ottawa.

This interesting book contains copies of the different Provincial Medical Acts, the Public Health Acts, an account of the Licensing Bodies and Teaching Faculties in the Dominion, a list of the Hospitals with their staffs, and a description of other Medical Institutions.

It also gives information concerning the Medical Journals, a list arranged according to towns of the licensed practitioners, and the names of Medical Legislators in Canada.

There is also included a comprehensive list of the medical officers in the Canadian Militia, health officers, coroners, railway medical appointments and medical examiners for life insurance in the different companies. It will readily be seen that such a book presents in a convenient form a large amount of information.

We believe that this book is calculated to fill a distinct lack on our book-shelves, containing, as it does, a great deal of matter, which, before its appearance, we were often in search of, but never knew just where to find. We confidently recommend this book to all of our readers who have ever felt the want of such a source of information. We feel safe in saying that the perusal of this book should be of great interest to every practitioner in the Dominion. The book may be obtained from Dr. Powell.

Personals.

Dr. F. U. ANDERSON and Dr. TERNAN are additions to the list of practitioners in Halifax.

We have pleasure in offering our congratulations to Dr. Simon of St. John, who, on June 4th, joined the ranks of the benedicts, Miss Finley of the same city being the happy bride. We wish them both a bright and prosperous career.

Miscellaneous.

THE DEVIL TO PAY.

When Gutenberg, Coster and Faust first began
In secret, the great art preservative to plan,
The ignorant masses, suspecting some evil,
Traced all their mysteries right to the devil:
And thus the assistant who tends to the fires,
And does such odd jobs as the office requires,
Who handles the rollers, and washes the same,
By the name of the devil has gone into fame.

As years crept along till they reached modern times,
An occasional printer was short in his dimes,
And once it occurred that an editor found
At the end of the week he'd not cash to 'round;
He counted and figured to get it all square,
The foreman and comps. must each one have his share.
When he'd got it all fixed, as he thought, in dismay
He discovered and cried: "There's the devil to pay."

So now 'tis a proverb, grown common in years,
When worry or care at the office appears;
When bills can't be met, or when trouble is rife;
When blood-thirsty men seek the editor's life;
When subscribers won't "ante," and ads are shy;
When his "cake is all dough" and his form is all "pi"—
A proverb that comes in the editor's way,
And so he exclaims: "There's the devil to pay."

—Harry J. Shellman, in the Journalist.

THE University of Pennsylvania requires a four year course in order to obtain the medical degree.

A YOUNG physician was showing a friend a recent purchase he had made in the way of a skeleton. "Very interesting," commented his friend. "One of your patients, doctor?"—*Exchange.*

THE vacancy among the Queen's Physicians in Ordinary, caused by the death of Sir Wm. Gull, is to be filled by the appointment of Dr. R. D. Powell the senior of the three Physicians Extraordinary.

A BALTIMORE boy is said to have suffered a unique accident. While drinking coffee from a flask his tongue was drawn into the flask by suction, and becoming fast, swelled, requiring the services of a physician to release it. That boy certainly had a pretty strong breath.

ADVERTISING Agent (of Scrubb's Soap)—I see by a paper that physicians say that there are bacilli in soap.

Scrubbs (the proprietor)—Bacilli! What's them?

Agent—I don't know, I'm sure.

Scrubbs—Well, any way, the next "ad." you get out for our soap, don't forget to mention that we don't use no bacilli in ours.—*Lawrence American.*

CHILBLAIN LOTION.—A Tōkyō medical practitioner speaks highly of the usefulness of the following lotion for chilblains in the *Chemist and Druggist*, May 3, 1890:

R Caustic potash 8 grains.
Glycerin ½ fluid ounce.
Rectified spirit 6 fluid drachms.
Water to 3 fluid ounces.

After bathing the hands in warm water, rub them with the lotion. This should be done two or three times a day.

AN endeavour was made lately to form a Medical Society for Hants and Kings Counties. A day of meeting was appointed, but from various causes the attendance was too slim to admit of the accomplishment of the project. We hope to hear, at an early date, that a second attempt has been fully successful.

THE ANNUAL MEETING

OF THE

New Brunswick Medical Society

— WILL BE —

HELD AT MONCTON,

— ON —

JULY 15th and 16th, 1890.

As this is the year for the election of members of the Medical Council, and as there will be present representatives from the Nova Scotia Medical Society, in connection with the formation of a Maritime Medical Association, it is hoped that a large number of members will attend.

A. F. EMERY, M. D., SECRETARY.

G. M. DUNCAN, M. D., PRESIDENT.

NERVOUS EXHAUSTION.

HORSFORD'S ACID PHOSPHATE.

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated, and promotes digestion.

Dr. B. H. Boyd, Lafayette, Ind., says: "I have used it in several cases of nervous exhaustion with uniformly good results."

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

Prepared under the direction of Prof. E. N. HORSFORD, by the

RUMFORD CHEMICAL WORKS, PROVIDENCE, R. I.

Beware of Substitutes and Imitations.

CAUTION:—Be sure the word "Horsford's" is PRINTED on the label. All others are spurious. Never sold in bulk.

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

Eighth Year—Sessions of 1890.

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

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

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

FACULTY.

Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.—Andrew H. Smith, M.D., William H. Porter, M.D., Stephen S. Burt, M.D., George B. Fowler, M.D., Frank Ferguson, M.D., Reynold W. Wilcox.

Surgery.—Lewis S. Pilcher, M.D., Seneca D. Powell, M.D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.

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

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

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

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

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

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

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

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

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

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

Pharmacology.—Professor Frederick Bagoë, Ph.B.

For further information please call at the school, or address

CLARENCE C. RICE, M.D., Secretary,
226 East 20th Street, New York City.

Please mention THE MARITIME MEDICAL NEWS.

WHEELER'S TISSUE PHOSPHATES.

Bone-Calcium Phosphate $\text{Ca}_2 \text{P.O.}_4$, Sodium Phosphate $\text{Na}_2 \text{H.P.O.}_4$, Ferrous Phosphate $\text{Fe}_2 \text{P.O.}_4$, Trihydrogen Phosphate $\text{H}_3 \text{P.O.}_4$.

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphate prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Penmartin Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Phosphorus, the oxidizing element of the Nerve Centres for the generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of Functional Activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron the Oxidizing Constituent of the Blood for the Generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Sherry, uniting with tonic power the property of calming Irritation and Diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of Subduing Fever and Allaying Irritation of the mucous membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of Faulty Nutrition, the outcome of Indigestion, Mal-assimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

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

There is no strychnia in this preparation, but when indicated, the Liquor Strychnie of the United States Dispensatory may be added, each fluid drachm of this solution to a pound bottle of the Elixir making the 6th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from seven to 12 years of age, one dessert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M. D., Montreal, D. C.**

Put up in pound bottles and sold by all Druggists for One Dollar.

HALIFAX MEDICAL COLLEGE.

THE TWENTY-SECOND SESSION of the Halifax Medical College will be opened on **MONDAY, NOVEMBER 3rd, 1890.**

The regular order of lectures will begin on that day and will be continued during the six months following.

The College building erected for the special purpose of medical teaching is in every way fitted for the object in view. It is situated in an open, airy locality, in close proximity to the Victoria General Hospital and the new City Alms House. The lecture room, dissecting room, etc., are well lighted, warmed and ventilated, and are fitted with appliances for imparting knowledge in the different subjects of medical education.

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

DRUGGISTS' ASSISTANTS AND PHARMACY STUDENTS

generally, will be interested to know that the College has decided to revive the curriculum formerly established in Pharmacy, and by co-operation with the Pharmaceutical Society, all endeavours will be made to provide a course thoroughly satisfactory in this department.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1890-91.

The REGULAR SESSION begins on Wednesday, September 24th, 1890, and ends about the middle of March, 1891. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon at least two regular courses of lectures is required for graduation.

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

The CARNegie LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular and Catalogue, giving requirements for graduation and other information, address Prof. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

**IT PAYS
ADVERTISERS
TO KEEP POSTED.**



pays for a book of more than 200 pages devoted to Newspaper Advertising, and containing information valuable alike to experienced and intending advertisers.



pays for a year's subscription to **PRINTERS' INK**, a journal no advertiser alive to his own interests can afford to be without.

Issued twice a month and containing articles bearing on every branch in advertising; in fact the trade journal of American advertisers. A sample copy will be sent for Five Cents. Address

**GEO. P. ROWELL & CO'S
Newspaper Advertising Bureau,
10 Spruce St., New York.**

ANTISEPTIC MATERIALS,

Bandages, &c.,

IMPORTED BY

Buckley Bros.,

DISPENSING CHEMISTS,

87 and 89 Barrington St.,
201 Brunswick St.,
49 Spring Garden Road,

HALIFAX, N. S.

BANDAGES, Roller, Cotton, Bleached and unbleached.

- " Heavy Bleached English.
- " Linen, Light and Heavy.
- " Elastic, 2, 2½ and 3 in. wide.
- " Empire (woven Elastic).
- " Flannel, red and white.

CATGUT, assorted.

COTTON WOOL, Absorbent.

- " Borated.
- " Salicylated.
- " Carbolated.
- " Sublimated.

GAUZE, Borated.

- " Carbolized.
- " Encalyptol.
- " Iodoform.
- " Naphthalin.
- " Sublimated.
- " Salicylated.
- " Thymol.

JUTE, Tarred.

DRAINAGE TUBES, Rubber and Bone.

LINT.

BUCKLEY BROTHERS.

ESTABLISHED 1818.

LEITH HOUSE.

KELLEY & GLASSEY,

(SUCCESSORS TO A. McLEOD & Co.)

Wine and Spirit Merchants.

— IMPORTERS OF —

ALES, WINES AND LIQUORS,

Among which is a very superior assortment of

PORT AND SHERRY WINES, CHAMPAGNES, BASS'S ALE, GUINNESS'S STOUT, BRANDIES, WHISKIES, JAMAICA RUM, HOLLAND'S GIN, suitable for medicinal purposes; also SACRAMENTAL WINE, and pure spirit (65%) for mixing.

WHOLESALE AND RETAIL.

Vaccine Virus,

PURE AND RELIABLE

ANIMAL VACCINE LYMPH,

Fresh Daily.

LIBERAL DISCOUNT TO DRUGGISTS.

Send for Circular.

10 Ivory Points, double charged.....\$1 00
10 Quill Slips (half-quills), double charged 1 00

Orders by Mail or Telegraph Promptly Dispatched.

New England Vaccine Co.,

Chelsea Station,

BOSTON MASS.

WM. C. CUTLER, M.D. J. F. FRISBIE, M.E.

MEDICAL PRACTICE FOR SALE, And Residence to Let or Sell.

My practice of 30 years standing in a beautiful country village, worth \$2,000 per annum to a good man; over 2 acres land in high state of cultivation; can sell \$50 to \$60 worth of plums, besides other small fruits, yearly; yields 3 tons best hay. Buildings good; business easily increased as only one other physician in county. Fine farming settlements near. Good reasons for selling.

Address— "DOCTOR,"
Post Office, Baddeck, Cape Breton.

F. C. SIMSON & CO.,

Wholesale Druggists,

DEALERS IN

FINE CHEMICALS & POWDERED DRUGS,

209 Hollis St., Halifax, N. S.

We beg to invite attention to our stock of above-mentioned goods.

Our Laboratory being fitted with every facility we would particularly mention to the profession our

Fluid Extracts,

Elixirs,

Tinctures,

Compound Syrups.

WHOLESALE AGENTS FOR

Wyeth's Preparations.

Thayer's Pills and Lozenges.

A complete list of N. Y. Pharmacal Associations preparation's constantly on hand.

Medical Practices and Drug Stores

BOUGHT AND SOLD.

Assistants, Substitutes and Partners

PROVIDED.

Address with stamp—

DR. E. N. JOHNSON,
Lock Box 45.] Norristown, Penn., U. S. A.

KNIGHT & CO.,

PAY SPECIAL ATTENTION TO THE WANTS OF THEIR MEDICAL PATRONS.

All English and American Medical Publications obtained with greatest despatch, and in most cases at a less net cost to purchasers than if they ordered individually from the publishers.

JUST OUT:

Winckel's Obstetrics.

Diseases of the Skin, by T. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow.

PHYSICIANS CONVENIENT VISITING LISTS AND LEDGERS.

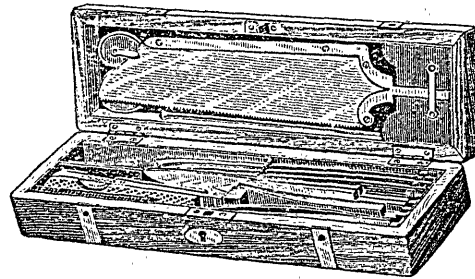
Medical students will save time and expense by giving us a list of the books they require. Write us for information, or call and see our samples.

KNIGHT & CO., Granville St., HALIFAX. N. S.

CHAPMAN'S

Supply

Surgical



Depot.

A Complete Stock of SURGEONS', DENTISTS', and STUDENTS' REQUIREMENTS of best quality procurable at moderate prices.

Dissecting Cases from \$1.35 to \$4.50, Apostoli's Batteries and Electrodes, Gaiffe's French Batteries, Galvanometers, Dissecting Sets (Weiss and other makes), Skeletons, Half Skeletons, and Skulls, Down's and Matthews' Binaural Stethoscopes, Pocket Dressing Instruments, separately, or in cases, Beck's Microscopes, Cover Glasses and Slides, Harvard Operating Chairs, (superior to all others,) Champion and Acme Trusses, Galvano and Thermo Cauteries, Galabin's (Simpson-Barnes) Obstetrical Forceps, Hick's Accurate Clinical Thermometers, Dental Forceps, (English and American), Artificial Teeth, (plain and gum,) Intra-Uterine Tubes and Douches, Pocket, Hand and Buggy Vial Cases, Antiseptic Absorbent Jute, Gauze and Cotton, Washed Gauze and Rubber Bandages, Enema Syringes, Atomizers, etc., Improved Vaginal Donche Apparatus. Sole Agent in Canada for Hazard, Hazard & Co's (W. F. Ford's) Surgical Instruments, and Johnson & Lund's Artificial Teeth.

IMPORT ORDERS A SPECIALTY.

All orders executed intelligently and promptly. Having business connections in London, Paris, Berlin, Vienna, New York and Philadelphia, I am enabled to offer peculiar advantages for importation of Special Instruments.

References, by kind permission, THE MCGILL MEDICAL FACULTY.

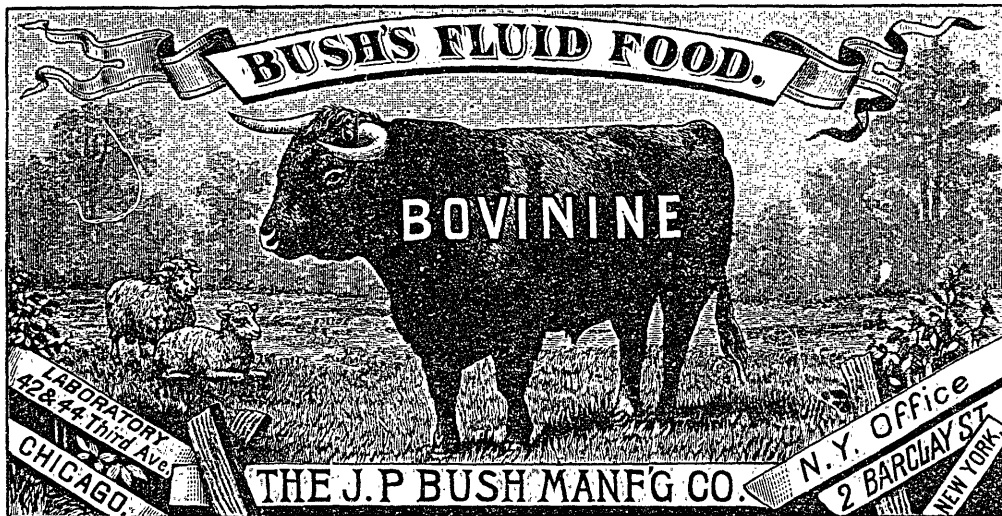
Agent for MONTREAL MEDICAL JOURNAL, MARITIME MEDICAL NEWS, and DOMINION DENTAL JOURNAL.

J. H. CHAPMAN,

2294 St. Catherine Street, Corner McGill College Avenue,

MONTREAL.

Please mention THE MARITIME MEDICAL NEWS.



“Nutrition is the Physical Basis of Life.”

This axiom, formulated by the lamented Fothergill, conveys a world of meaning to the intelligent physician. If a food can be obtained containing all the elements necessary for the nourishment and support of the body and which can also be readily assimilated under every condition of disease, an immense advantage is obtained in controlling symptoms and restoring wasted tissues. Mal-nutrition and mal-assimilation are potent factors in a long train of severe illnesses. **Bush's Fluid Food, Bovinine**, combines in a concentrated form all the extractive or albuminous properties of uncooked beef together with its stimulating salts.

Dr. Geo. D. Hays, of New York Post Graduate School, in an exhaustive paper on Artificial Alimentation thus alludes to Bovinine: “Of the preparations of raw food extracts one has a clinically proved value. It is rich in nitrogenous substances and phosphates. It is readily digested and absorbed and can be relied upon for the entire sustenance of the body for a considerable period.”

The blood corpuscles which carry such a wealth of vitalizing power, are found in Bovinine intact, as revealed by the microscope in countless thousands.

B. N. Towle, M. D., of Boston, in a notable paper on Raw Foods, read before the American Medical Association at Washington, D. C., May 6th, 1884, thus refers to Bovinine: “I have given it to patients continually for months with signal comfort especially in complicated cases of dyspepsia attended by epigastric uneasiness arising from inervation, and in nervous debility of long standing. Raw food is equally adapted to acute lingering diseases”

PALATABLE TO THE MOST FASTIDIOUS TASTE.

Samples to Physicians on Application.

CAREFULLY PREPARED BY—

The J. P. BUSH MANUFACTURING COMPANY

2 Barclay Street, - New York City.

Please mention the MARITIME MEDICAL NEWS.

THE TRUTH ABOUT PEPSIN.

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

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

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

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

We supply pepsin in the following forms:

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

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

NORMAL LIQUIDS.

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

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

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

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

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

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

Ergot.
Foxglove.
Gelsemium.
Henbane.
Ipecac.

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

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

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

Please mention **THE MARITIME MEDICAL NEWS.**