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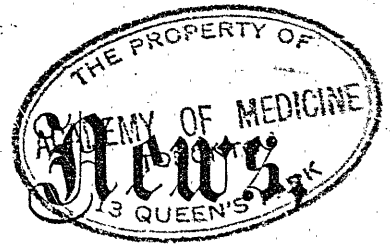
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Maritime Medical



A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

PUBLISHED BI-MONTHLY AT HALIFAX, N. S.

VOL. I.—NO. 2.

JANUARY, 1889.

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CONTENTS.

	PAGE		PAGE
ORIGINAL COMMUNICATIONS:		Provincial Medical Boards and Medical Education	39
Haematoma Auris in the Insane. By G. L. Sinclair, M. D.	27	New Brunswick Health Act	40
Suppurative Inflammation of the Tympanum. By C. J. Miller, M. D.	28	Sewerage matters in Halifax	40
A case of Uterine Hydatids. By J. F. Macdonald, M. D.	29	Reciprocal Registration	42
Wound in Axillary Region. By J. H. Gray, M. D.	29	Treatment of spinal curvature	43
Case of Miscarriage. By J. A. Sponagle, M. D.	30	REVIEWS AND BOOK NOTICES	44
Non-Articular Acute Rheumatism—Clinical Note. By Murray Maclaren, M. D.	30	NOTES AND COMMENTS:	
An Address delivered at the opening of the Training School for Nurses, in St. John. By W. Bayard, M. D., &c.	30	The Canadian Practitioner—Worldly Wisdom—Accident at Windsor—Sir Morell McKenzie in Edinburgh—New operation for prostatic enlargement—Phosphoric acid in the treatment of Ulcers—Hydrotherapy, &c.	44
HOSPITAL PRACTICE:		SELECTIONS:	
General Public Hospital, St. John:		Treatment of Diphtheria, Abraham Jacobi, M. D.—Amputation of the pregnant uterus, Lawson Tait, F. R. C. S.—Headaches from overlooked causes in the Naso-pharynx and ear, Dr. Gradle—Evolution and Etiology of Tumours, W. Roger Williams, M. D.—Intra-Muscular Injections of Mercury in Syphilis, Mr. Astley Bloxam, &c.	45
Popliteal Aneurism—Aneurism of Dorsalis Pedis Artery—Submaxillary Tumour—Ovarian Tumour	33	OBITARY:	
A case of Supra pubic Lithotomy. By P. Conroy, M. D.	34	Edward Carritt, L. R. C. S.—William Hamilton Hobkirk, M. D., F. R. C. S., Eng.	49
Victoria General Hospital:		PERSONAL AND GENERAL	50
Infantile Hernia—Compound Fracture of the Skull	35	LETTERS	50
SOCIETY PROCEEDINGS:		BOOKS AND PAMPHLETS RECEIVED	50
Halifax Branch, B. M. A. Assoc.	35		
Meeting of Medical men in St. John.	43		
CORRESPONDENCE	36		
EDITORIAL:			
Caesarian Section	38		
Membranous Croup or Diphtheria ?	39		

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The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. I.

JANUARY, 1889.

No. 2.

HAEMATOMA AURIS IN THE INSANE.

BY G. L. SINCLAIR, M. D.

Nova Scotia Hospital for the Insane.

AS far as I can learn, Ferrus, in 1838, first called attention to the peculiar blood tumour which appears upon the ear of the insane, and to which the above name has been given. One cannot believe that it had no existence previous to that date, more especially if the view held by some that it is due to violence received by patients from attendants is still thought worthy of credence. I find the affection mentioned in Tanner's work on practice, but it is not referred to in Roberts' treatise.

Greisinger's remarks would lead you to suppose it peculiar to the insane. Certain it is that I never saw a case until I became connected with the Hospital for the Insane. In the *American Journal of Insanity* for 1870, Dr. Hun, attached then I believe, to the Utica Asylum, gave details of 24 cases. Of these only one was a female. Eight patients having it laboured under general paralysis, six under melancholia, four under acute mania, four under chronic mania, two under dementia. Dr. Hun considered that the affection arose from cerebral congestion or centripetal irritation of the sympathetic system by the emotions. All writers agree that occurring in the course of an attack of insanity it is a bad sign so far as recovery is concerned. I have kept a careful record of the cases occurring at our hospital since I have been connected with it. They amount to twenty-one, five females and sixteen males. Of the females four were cases of mania and one a case of melancholia. Of the males eight were cases of paresis, two of paralytic insanity, four of acute mania and two of chronic mania.

In my cases the tumour appeared upon both ears in all the females and in four of the males; upon the right ear only in six males and upon the left ear only in six.

In Dr. Hun's report of 24 cases, he says nine died in the asylum, nine were discharged unimproved, six drifted into dementia and remained in the asylum. Of my cases seven are living now in the hospital two incurable certainly, and females. Three were discharged cured nearly three years ago and have remained perfectly well, and the remaining eleven died in the hospital.

Greisinger's description is the best with which I am acquainted. He says: "The skin of the Concha becomes swollen, smooth and tense, and indistinct fluctuation may be felt; the entire ear becomes painful, hot and red. If cut, or ruptured, there is observed

a cavity filled with half clotted, half fluid blood, which rapidly fills again after being emptied. Sometimes it empties itself by spontaneous rupture. Upon closer examination the tumour is seen to consist of an extravasation of blood under the perichondrium which is thereby separated from the cartilage. In a few weeks the redness and swelling usually abate, there remains more or less thickening of the part, which is followed by shrivelling and persistent deformity of the Concha Auris ("the shrivelled ear of the insane.")

CAUSE.—As to cause it is by some held to be of spontaneous origin due to some disease of the coats of the blood vessels, others maintain it is the result of injury either from the hands of cruel attendants, (and to explain this is instanced its more frequent appearance on the left ear of the patient, that being more convenient to the right hand of an attendant), or from the patient striking the ear against the bed post. The accidental traumatic origin is the more probable. I would certainly in the absence of other signs of injury about the person of a patient, not regard it as any evidence of cruel treatment. Indeed, I have brought the affection before you principally to say this.

TREATMENT.—Formerly we treated these cases by instructing the attendants to adopt every precaution to prevent the tumour being ruptured. Should this accident occur a deep cavity filled with grumous material resulted, which discharged itself, and healed slowly with much puckering of the organ. Clouston recommended painting the tumour in its early stage with Liq. Epispasticus. He claimed that by this means the swelling was aborted and the resulting deformity was greatly lessened. Our first experience in this treatment was unsatisfactory. Of late we have invariably adopted it and with excellent results. As soon as the swelling begins we put a piece of cotton wool in the meatus to prevent the blistering fluid passing in, and then apply the liquid freely over the whole organ giving it several coats. After the blister resulting from this treatment subsides we usually find the haematoma greatly reduced in size, and the subsequent shrivelling of the ear very much lessened, in fact the only trace left of the tumour is a slight thickening of the Concha which can hardly be regarded as a deformity, and would not be noticed unless the ear is taken between the fingers.

Sometimes in spite of this abortive treatment the tumour increases in size and in epileptics especially, some accidental violence causes its walls to rupture. When this happens we carefully syringe out the cavity with some Antiseptic solution and cover the ear with a large pad of absorbent cotton wool.

SUPPURATIVE INFLAMMATION OF THE TYMPANUM.

(Read before the Pictou County Medical Society, Oct. 9th, 1888.)

BY DR. C. J. MILLER, NEW GLASGOW.

IT is not pretended that this is a strictly correct diagnosis of the case to which the following brief outline notes refer. Suppuration, in fact, was not a very prominent feature in the case, and as to its precise situation, I can venture little more than conjecture. If the diagnosis were based on symptomatology, the case would unhesitatingly be dubbed otalgia, for this was the most prominent characteristic about it, and in the patient's estimation the most important. I will proceed to give something like its clinical history.

A machinist or iron worker about 38 years of age, of fairly good constitution, was the subject. In his work he is exposed, especially during winter, to sudden extremes of temperature and moisture. After a series of such exposures general indisposition with vertical headache came on. The headache became general and coryza developed. The cephalalgia persisted with a good deal of severity for two or three days. It may have been to some extent due to or aggravated by a few gr. iiii ss. doses of quinine he had taken for the symptoms that preceded the headache. During the third or fourth night nausea and vomiting occurred followed by cessation of the headache.

Next night he did not sleep on account of pain in the right ear. There was also pain around the ear and over the forehead, and some swelling down the right side of the neck. After instillation of a solution of Cocaine gr. xvi, and Morphine gr. viii to an ounce of equal parts of Glycerine and water, there was a short respite from the otalgia. But soreness over mastoid process and right half of face remained. Presently the earache returned with increased severity and was barely controlled by instillation of a solution of Atropia (gr. iv to ʒi) and hypodermatic injections of Morphia. This state of matters continued for four or five days during which there were rigidity and tenderness of the right posterior cervical muscles. The auditory canal at this stage presented nothing abnormal except some tumefaction, not sufficient however to interfere with a tolerably satisfactory view of the membrana tympani, which did not appear abnormal as to color or shape. Functionally the ear was considerably impaired.

The otalgia was intense and subject to exacerbations, during which the unaffected ear was also the seat of pain. For fifteen days there was very little apparent change in the case, the history being paroxysms of pain superadded to an underlying constant pain, which the free use of Morphia and Atropia did not entirely overcome. During all this there was, as may be supposed, some constitutional disturbance due chiefly to the ear trouble, but also in part, no doubt to the treatment,—furred tongue, anorexia, constipation and some rise in temperature.

On the sixteenth day some pus made its appearance in the meatus of the affected ear. Two or three hours previously the passage had been examined by speculum and mirror, and carefully swabbed out and explored, with a view to the discovery of any visible indication of an abscess, but nothing was noticed except a little general swelling of the upper and posterior walls of the meatus near the insertion of the membrana tympani. Even after the discharge of pus its exact point of exit could not be exactly made out.

For nine or ten weeks there was an occasional slight discharge from the ear. Pain in and around the ear was still experienced, though much less acute than it was before the discharge. Throbbing and rough grating sounds in the ear, synchronous with the carotid pulsation were also much complained of. These intra-aural or subjective sounds in combination with external sounds produced a very disagreeable effect, because the former in rhythmical succession interrupted or excluded the latter, and thus there was produced a sort of double pulsation sound in the ear. At intervals during this time he was at work. Noise lessened the hearing power of the affected ear. This according to some neurologists, is an indication that the disease was located in the percipient apparatus, or in other words that it was centric and not peripheral. Another sign pointing to an inflamed or irritable acoustic nerve was that loud or prolonged noise aggravated the pain and discomfort in the affected ear. For a day or two during the thirteenth week he complained of a sharp darting pain in the ear shooting inwards and felt most acutely at the root of the tongue on the right side. At this time there was no discharge from the ear, but most of the indications for a few days led to the conclusion that an abscess was forming somewhere in the ear. There was severe intra-aural pain requiring the hypodermatic use of Morphia. The walls of the meatus were swollen so as almost to occlude the passage. The external tissues around the ear were also swollen so that the auricle was dislocated outwards or pushed away from the side of the head. Pain and tenderness over mastoid eminence were also present, and for a few hours there was a profuse serous discharge from the nostrils that was described as being hot. At this time there was little, if any, constitutional disturbance. Under fomentations medicated with chloroform, and a blister to the neck, the symptoms subsided without any further evidence of suppuration.

After this the patient resumed his occupation, but the ear was quite often the seat of pain, and along with the corresponding side of the head has continued sensitive to cold. He frequently has headache and this generally leads up to otalgia. Right posterior cervical muscles apt to become stiff and painful if his feet get wet and cold. On each side of the sagittal suture there is a tender spot which patient thinks is higher in temperature than the rest of the scalp. Functionally the affected ear is tolerably good, and

noise is not productive of any discomfort or diminution of hearing power.

The treatment of the case has been partially detailed. After the purulent discharge appeared, the meatus was treated with powdered boric acid and occasionally syringed with warm alkaline lotion. A mixture that acted well as a general sedative and sleep persuader contained Tr. Belladon, m. vii ss., and Chloral Hydrat, gr. xv, in each dose. Tonics and Alteratives at intervals were also exhibited.

NOTES OF A CASE OF UTERINE HYDATIDS.

Read at the October meeting of the Pictou County Medical Society.

BY DR. J. F. MACDONALD, HOPEWELL, N. S.

MRS. ———, Aet. 49, mother of eight children. Youngest child 4 years old. Aborted 14 months ago, after which Catamenia appeared for two months, then ceased for six months; after this they occurred in a very irregular manner for 7 months.

May 20, 1888, began to feel unwell. Stomach irritable; for two weeks nausea and vomiting pretty constant. Still attending to her household duties. Getting much worse. On June 5th I was called to see her, when the above history was given. Is now in bed, nausea constant, vomiting violent and frequent, pain in back, stomach and abdomen, tenderness on pressing over stomach. Uterus large as at six months pregnancy, outline irregular, at times firmly contracted, again relaxed. Upon Auscultation a loud, distinct bruit is heard apparently placental, but no foetal heart sounds could be detected.

Examination per speculum. Os large (about 2 in. in diameter), hard to touch and extensively ulcerated, continuous discharge from os of brown or rust colored mucous. The nausea, vomiting, gradual enlargement of uterus, (about 4 months since she first noticed it) and bruit, indicated pregnancy. The condition of the os and cervix, would account largely for the nausea and vomiting. All treatment directed to the gastric disturbance was without benefit. But as the ulceration healed and the enlargement subsided, the stomach improved a little. Suspecting pregnancy, and the ulceration having healed, the applications to cervix were discontinued when all the symptoms became as severe as before. The vomiting became almost incessant, the pain and tenderness on pressure continuous.

July 6th. One month from my first visit. Examined patient in consultation with Dr. Miller. The examination and consultation revealed nothing new. The os and cervix still large and oedematous, but no ulceration. Still suspected pregnancy, Gave Cocaine, and applied it to os; seemed to have no beneficial effect. Patient becoming much weaker, the nausea, vomiting and pain still severe. Advised emptying the uterus. Waited for patients consent and continued the Cocaine.

July 14th. She was taken with sharp bearing down pains, sudden and copious hemorrhage, "felt as if something was coming from the womb" when a large mass was expelled, the delivery being materially assisted by the patient's own hand. Nearly two hours elapsed from the time hemorrhage began until I reached the patients bedside. I found her pale and weak, but feeling easy, said she felt much relieved. The os was filled with a soft, solid mass, which I took away, and emptied the uterus, or rather completed the operation. The os was largely dilated, soft and flabby, inside surface raw looking. Uterus contracted quite firmly after washing out with carbolized solution, hemorrhage ceased. Ordered the vagina to be syringed twice a day with carbolized water, using a half gallon at each time. During the following three days the discharge was copious and very offensive, necessitating the use of the syringe more frequently. After this the discharge gradually lessened.

21st. Uterus nearly normal in size. Os and cervix smaller; discharge small, not offensive. On passing the sound into the uterus about half an ounce of pus flowed away; no odor. Patient is comfortable, though weak. No nausea. Appetite good. From this time patient progressed favourably. Examining the discharged mass, found it easily broken up; in color resembling liver. Imbedded in the mass or forming the larger portion of it were clusters of clear globular bodies, in size from a small grape to that of a millet seed, much resembling clusters of grapes; they were easily separated from the mass and contained a clear fluid. The quantity discharged was about 6 lbs., some of it I could not find; it had been buried. The progressive enlargement of the uterus, its size, the body causing the enlargement being within the uterus, the placental bruit, the nausea and vomiting indicated pregnancy. While the other symptoms, pain in stomach with tenderness on pressure, uterine contractions, occasional hemorrhages, absence of foetal heart sounds, together with the age of patient, caused considerable doubt as to correctness of diagnosis of pregnancy, they did not disprove it, for we know that they may and do occur during pregnancy.

Since the above notes were written, on September 23rd, the patient had a sudden and copious hemorrhage with discharge of hydatids, but no return of other symptoms. Had the Cocaine anything to do with the manner in which the case terminated?

WOUND IN AXILLARY REGION.

Charles P——, aged sixteen, while working in a mill July 20, was struck with an edging from a circular saw, in the right axilla. It passed between the axillary artery and the shoulder joint. The men at the mill pulled the stick out, and I passed my finger in the wound, and concluded it was all removed; but on turning him over I found it bulging close to the spine, alongside the sixth spinal process. I cut in, and with considerable difficulty removed a stick 6 inches long, and over an inch in diameter. I placed a long drainage tube in the wounds, both front and back, and dressed them with carbolized oil. He was very much prostrated when he

came to the office, and I feared collapse; he soon rallied, but breathing caused very severe pain. A dose of morphia, gr. $\frac{1}{4}$ quieted him, and he passed a comfortable night.

21st., 10 A. M. Patient quite comfortable, pulse 78, temp. 99, resp. 36. Tongue coated but moist, bowels moved during the day, and he took a little nourishment.

22nd., 10 A. M. Pulse 97, temp. 101°, resp. 36, but takes very little nourishment.

23rd. Pulse, temp. resp. same as yesterday in the morning, but the temp. fell in the evening.

24th., 10 A. M. Pulse 96, temp. 102 $\frac{1}{2}$ °, resp. 36. General appearance favorable, but did not sleep well last night. The wound in front is suppurating considerably.

25th. Temp. normal.

26th. Temp. 100°.

28th. " " "

He now improved every day. Up to the 30th, he was entirely helpless, but afterward his strength rapidly returned. There was a considerable discharge through the drainage tubes, but that lessened, and in three weeks the wounds were healed, and in one month he returned to his work. The remarkable feature about this case is that the stick passed clear through him, without injuring the great vessels or lungs.

J. H. GRAY, M. D., *Fairville, N. B.*

CASE OF MISCARRIAGE.

Mrs. M——, multipara, pregnant. About 12th May, 1886, flowing commenced and lasted for nearly two weeks, when a three months foetus suddenly came away, while she was about her ordinary household duties. The next day it was as though nothing had happened, and so she remained doing the work for a large family until the 10th of June, when uterine hemorrhage re-commenced suddenly and severely, and what seemed like a four months foetus—followed in an hour by another—was delivered. Again in a short time the flowing ceased completely, and as on the previous occasion beyond a somewhat enlarged uterus no one would have known but that everything was all right. I may say that on both occasions I did not see the case till several days after, and then it did not seem to my mind justifiable to interfere. On the 20th of July, and again a few days afterward there were sudden and severe gushes of blood from the uterus which lasted ten or fifteen minutes and then ceased entirely. Aug. 1st I was hurriedly summoned, and found Mrs. M—— in a state of collapse from profuse hemorrhage. Proceeded at once to empty uterus—first having to dilate the os by means of the fingers, and after forty-five minutes hard work succeeded in removing two placenta—the larger being attached to the side of the uterus, and the smaller well up in the fundus. To my surprise there was not the slightest sign of decomposition, both placenta being in a perfectly natural state. By careful treatment the patient soon revived and recovered without any trouble.

Now then Mr. Editor, what would you have done under the circumstances? Undoubtedly there was risk in leaving her as she was, but suppose after the first foetus had come away, efforts had been made to completely empty the uterus, would it not have been very improper treatment? I think so, and so did Dr. S. N. Miller, who saw the case once or twice. But still I would ask any of the readers of your *Journal* their opinion. The point is just this, is the absence

of pain and hemorrhage, even *when the foetus has come away*—sufficient ground for adopting the expectant plan of treatment in miscarriages?

J. A. SPONAGLE.

Middleton, N. S.

CLINICAL NOTE—IN REFERENCE TO CASE OF NON-ARTICULAR ACUTE RHEUMATISM.

Wm. B——, Act. 27, tinsmith, complained on Nov. 27, of this year, of chills and sore throat. When seen on the following day, his temperature was 103 Fah., although feeling chilly. Free perspiration, aching in lumbar region, tonsils and fauces inflamed, nausea and loss of appetite. On the 30th Nov., the perspiration was even more copious, with sour odour, temperature a little over 101 Fah., creamy tongue, throat much improved, flying pains in the lower limbs. He had no previous attack of rheumatism,—heart, lungs, and kidneys were normal.

Treatment after first few days was salicylate of soda, citrates and counter irritation. The case presented all the characters of a moderate attack of acute rheumatism with the unusual absence of inflamed joints, the sheath of one tendon and apparently the deep fascia of the back only being involved.

MURRAY MACLAREN, M. D.

Saint John.

AN ADDRESS, DELIVERED AT THE OPENING OF THE TRAINING SCHOOL FOR NURSES, AT THE GENERAL PUBLIC HOSPITAL, IN ST. JOHN, ON OCTOBER 4TH, 1888.

BY W. BAYARD, M. D., &C.

LADIES.—The success of a hospital depends largely upon its management, upon its medical staff, and upon its nursing staff—each are links in the chain; if one is weak the whole fabric must suffer.

The commissioners and medical staff have been educated for their work, and it is the wish of both that the nursing staff shall be placed on an equal footing with themselves. The commissioners have therefore deemed it advisable to establish a "training school" with the view of educating you for the calling you have embraced. The medical staff will, from time to time, instruct you upon various subjects connected with your duties, and I will now invite your attention to a few general remarks upon nurses and nursing.

Since the period when Dickens portrayed "Sariey Gamp," a great change has taken place in the public estimation of "nurses," and properly so. This change is largely due to the example and teaching of Florence Nightengale, who still lives to witness the result of her good work,—to the fact that as a class they are more refined and better educated, to the feeling that the calling has assumed the position of an art, and to that love of humanity which induces many heroic women to abandon home comforts and social pleasures, to embrace a work with few attractions and many hardships.

The good nurse of the present day is truly a "ministering angel" in the sick room; she may be found in every household, from the castle to the cellar

tenement, wherever pain and disease are rife, exercising her glorious calling with kindness and gentleness, regardless of the breath of pestilence. She does not hesitate to make her home in the fever hospital, daring the fate the bravest well might shun. Such women should, and I believe do, command the esteem and respect of every right thinking individual.

I may be asked what qualifications are required for making a good nurse. This question is more easily asked than answered, so much depends upon intelligence, disposition, manner, and I might add personal appearance. Some adopt the calling from necessity, others from a sentimental desire to do good. But all, before commencing the study should be satisfied that nursing is her vocation, that they have a fondness for attending the sick, and that they possess the physical strength to perform the work.

The nurse who intends to win in the field of competition must have her heart in her work, and should possess intelligence enough to take ideas and directions quickly; she should possess a kind, patient, gentle and sympathizing disposition; her manner should be bright and cheerful, not boisterous, but gliding quietly and gracefully about her work, recollecting that noise of any kind is out of place in a sick room. Her hand should be light and dexterous; nothing is more repugnant to the eye of a friend, or to the feeling of a patient, than rough handling. When I speak of personal appearance I do not mean to convey the idea that a pretty face is the consideration; the "tout ensemble" should take the eye, she should be neatly and becomingly dressed and tidy in her personal appearance. In a hospital her dress should be such as to distinguish her from the other working staff, indeed the same may be said when she is at private nursing. I recollect when the Princess Louise visited this hospital, among her first remarks to me was "I see your nurses are not in uniform." Having no valid reason to assign for the omission I contented myself with the promise that we hoped to have them so soon; that hope was not fulfilled for years, and to your matron we must give the credit for that which I have long wished to see accomplished. I have visited very many hospitals in England, France, Germany and America, and I cannot call to mind one in which the nurses were not in what the Princess called uniform. She is the best nurse who can subordinate her ideas to those in authority, and who performs her work cheerfully, quietly and without excitement. I do not expect that this ideal picture will be filled by every nurse, but the nearer she approaches it the better for herself and her patient.

Your duties in this hospital are systematized and mapped out for you and are more or less of a routine character. You have your matron and the house physician to appeal to when in doubt, and let me advise you whenever the doubt exists in your mind how to proceed, to apply to them; they will think none the less of you for so doing, indeed they should think more of you inasmuch as it will prove to them that you are cautious and wish to do your duty

correctly. But you must not lean too heavily upon them, for by so doing you will not be fitted to take the responsibility that will necessarily be thrown upon you when you leave this institution.

You will be brought in contact with all classes; some will appreciate your kind services, others would do so if they knew how to express their feelings, others again are brutal in their ideas, feelings and associations, and might wound your self respect by coarse and vulgar remarks; should such conduct ever be exhibited towards you, meet it with dignified silence, never retort, but proceed with your work and report the matter to the matron or the house surgeon.

Your eye will greatly assist your memory; observe carefully what is being done about you, note the symptoms and appearance of the patients under your care. Learn how to take the pulse, the temperature and the respiration. Indeed you should learn to be the eye and the ear of the physician during his absence and be able to report to him any change that may have taken place in your patient.

Let me strongly urge you to attend strictly to the ventilation of your ward; your own health demands it as well as that of your patients. After remaining in a sick room for a time your senses become oblivious to the vitiated state of the atmosphere in it, but it is none the less baneful.

Pure air is composed of Oxygen, Nitrogen and Carbonic Acid gases in various proportions, with watery vapor and traces of Ammonia. It is the Oxygen in the air that sustains life; a warm blooded animal cannot exist in an atmosphere from which the Oxygen gas has been extracted. It has been computed that the respiration of an adult person will absorb the Oxygen gas from a hogshead of air in an hour. In other words, place a man in an air-tight space containing 10 hogheads of air, and he should not live longer than 10 hours in it. At each inspiration of an adult about 30 cubic inches of air enter the lungs to be brought in contact with between 5 and 6 millions of air cells through which the blood flows with great velocity. You can therefore readily understand the rapidity with which gaseous substances will enter the blood.

The changes produced in an occupied air-space by respiration and transpiration are as follows: The amount of Oxygen is greatly lessened, the Carbonic Acid and watery vapor are largely increased. Ammonia and organic matter are evolved, and suspended matter in the shape of low forms of cell life and epithelium scales is thrown off. The change in the character and quantity of Oxygen exhaled, with an increase of Carbonic Acid, together with the organic impurities, so vitiate the air as to render it one of the most potent of all predisposing causes of disease.

To keep a sick room at a healthy standard the air should be renewed at the rate of about 4000 cubic feet per hour for each occupant. This must be exclusive of that which passes through the walls and the chinks of the windows; allowance must also be made for the combustion of light. It has been computed that for

every foot of gas consumed in an occupied space 1800 cubic feet of air should be introduced. A common gas burner will burn 3 cubic feet of gas per hour. You will perceive from these facts how necessary it is that the vital air should be renewed. The air should be taken from the outside at an altitude of from 6 to 40 feet; above that until you arrive at 100 feet, it is impure. The inlets should be equal in size to the outlets. The fireplace and chimney when heated form the best outlet. When there is no fire a lighted lamp placed on the hearth will create an upward current. A simple mode of ventilating a room is to hinge three inch strips of wood at the bottom of the sash, shut the windows upon them and allow the air to enter between the meeting rails. You have this last mode of ventilation in your wards, but I cannot say that I have seen it used as often as I think necessary. I have dwelt upon this subject because I feel that every nurse should understand it thoroughly, and I may have trenched upon what may be said to you by some members of the medical staff; if so, it will well bear repetition.

When you come to enter the field of private practice you will be thrown upon your own resources, and subjected to criticism by those who have no friendly interest in you, and who may be hard to please, exacting and irritable, expecting you to anticipate their every wish. I have seen such exhibitions of temper when the nurse was doing well, as to make me echo the remark of a leading London surgeon who said to his patient: "You had better send to heaven, my dear sir, and demand a hospital trained angel with a cast iron back." Happily such conduct is exceptional, but when it does present itself, you are sure to conquer it by kindness and gentleness.

When you are employed the management of the sick room devolves upon you. Do not assume charge as if you knew everything and the friends nothing; by so doing you wound their feelings while a little tact will soon create lasting confidence. The cleanliness and purity of a sick room argues good nursing. All ejections should be removed immediately, and no food of any kind should be kept in the room, particularly milk, which possesses the property of absorbing germs of all kinds with rapidity. The room should be kept bright and cheerful, little talking and that of a pleasant character, no whispering.

A nurse should never describe in a sick room her hospital experience, or the cases she has attended privately. She is often placed in confidential relations with the patient or the members of the family; nothing would be more unpardonable than to break that confidence; the listener might be amused while the gossip is being related, but upon reflection he will conclude that his turn may come next. Indeed she cannot be too particular in being silent respecting all she sees or hears in a private house where she has been employed; unguarded remarks, though innocently intended, would give her such a character as to cause her to be shunned, no matter how good her other qualities. When you have obtained the confidence of

the family they will naturally look to you for leadership in case of emergency, it is then that you should be calm and quiet; should you have any doubt how to proceed, immediately acquaint the medical attendant who will advise you or visit his patient.

The responsibility for the management of the case must rest upon the medical attendant; he is employed to direct, you to carry out those directions, which you should do to the letter. You could scarcely commit a greater mistake than to question the wisdom of his directions or the correctness of his diagnosis. Nor should you by word or act break down the confidence reposed in him. Nurses sometimes in their zeal to appear learned, overstep the bounds of prudence. This brings to my mind that when in London, about 15 years ago, I attended one of my nieces in her confinement. The nurse—a trained one—was the best dressed lady in the house, displaying two valuable diamond rings, the history of which she gave us, one from the Duchess of somebody, the other from Lady somebody else, in fact her tongue did not cease wagging for hours. The next morning when I visited our patient, I had hardly entered the room before the nurse said to me "Sir, I think I will give Mrs. Capt. Hall a 'Tamar Indian.'" This was said with such a patronizing air that I felt forced to rebel, and asked her whether she thought herself the medical attendant or the nurse; she said she was the nurse, but she knew that Dr. Priestly always gave it. I made answer that I believed Dr. Priestly understood his profession too well to give a powerful purgative the day after confinement, unless under very peculiar circumstances, and those circumstances did not exist in the present case. Upon reflection, she acknowledged that he gave it on the second or third day. Here you have an illustration of the fact that "a little learning is a dangerous thing," she knew that the purgative had been given, but she did not know *when* it should be given. It is true she was a London swell nurse, while I was from the backwoods of America. However in a few days we understood each other better and got on well. She was a good nurse, but she assumed a position she was not able or intended to fill.

The life led by a nurse is varied indeed, now attending in some mansion, where a servant is told off to wait upon her, then nursing a young wife where nothing that is required is at hand. To fulfill her duty wherever she may find herself and give satisfaction to all, she must possess infinite tact and patience, be a good observer, and quick to read the characters of those with whom she comes in contact. The cheerfulness which may please one patient may displease another, and the constant attention which will soothe one, will irritate another. Therefore, the nurse who pleases all may indeed be classed as a ministering angel, who carries wherever she may go an atmosphere of noble labour and unselfish enterprise.

There are three chief branches of nursing—district, hospital and private, the duties of the three are the same, except that those nursing in the districts are supported and paid from a fund raised by subscription

or in other ways. They visit the houses of the indigent, or those who cannot afford to pay for a nurse, wherever sickness exists, and attend to the various wants of the patient. I sincerely hope that from this hospital we may be able to afford a staff of nurses for that purpose. Only those who are daily brought in contact with the misery accruing from the want of such nursing can appreciate the necessity for it. Imagine a small child with hip disease and abscess, where ignorant handling would produce exquisite agony, the skilled nurse alone knows how to move the small sufferer so as not to jar the diseased limb. Another patient bedridden and suffering from disease requiring constant poulticing,—the wife a helpless, nervous woman with her room in confusion. In a few minutes the trained hand has removed the crumbs from under him, replaced the cold sloppy poultice with a warm firm one, given him a warm cup of gruel and made him comfortable. Or the sick young mother, in a dark and impure room with a crying child at her side, too often drugged with "sleepy stuff" to enable the mother to obtain the rest which nature demands. Here the nurse can teach the mother that infants thrive on light and air, not upon "sleepy stuff." Each nurse could visit from ten to twelve such cases a day and return to her home at night. I am quite sure if we could induce some of our kind friends who are taking such an interest in this institution, to visit such cases as I have described, and see the misery that could be relieved by such nursing, there would be no lack of funds for the support of it.

Now ladies I must conclude these few remarks; they have not by any means filled the picture I wished to have drawn. But such as they are, you must accept them as a proof that the commissioners and the staff are alike interested in your future welfare. We all promise to perform our parts, and let us hope that your conduct may be such that when you leave this institution you may enable us to point to you with pride as having belonged to our nursing staff.

Hospital Practice.

GENERAL PUBLIC HOSPITAL, ST. JOHN.

NOTES BY DR. A. F. EMERY, *Resident Physician.*

Case 1.—Popliteal Aneurism.

Gilbert A—, age 28. Admitted July 22nd, under care of Dr. J. W. Daniel. Stated that a few days ago he received a blow from a stick in the hand of a second party, in the popliteal region which was followed by soreness and swelling. On examination a pulsating tumor about the size of a half orange was found filling up left popliteal space. Popliteal aneurism diagnosed. Digital pressure was applied to femoral artery and kept up for an hour and a half constantly. This stopped the pulsation for a short time, but it gradually returned. A horse shoe shaped (Signorini) tourniquet was next applied to femoral for two hours. The pressure became too painful to bear any longer, and though all pulsation ceased while tourniquet was in place, it returned gradually after instrument was removed, and was unsuccessful

in curing the trouble. Dr. Daniel then sat down upon the femoral in Scarpa's triangle and ligated it, using a catgut ligature. The subcutaneous cellular tissue was very much discolored and bruised by the pressure that had been applied. The edges of wound were brought together with catgut, the wound healing by first intention. Patient discharged cured three weeks afterwards.

Case 2.—Aneurism of dorsalis pedis artery.

S— D—, aged 40, admitted January 2nd, under care of Dr. J. W. Daniel. Stated he had cut his foot with an axe while chopping wood five weeks previously, that it had bled very profusely at the time and afterwards. Patient looked white and exsanguinated. Examination showed a pulsating tumor on dorsum of left foot between metatarsal bones of great and second toes. Diagnosis—traumatic aneurism of dorsalis pedis artery. On Jan. 4th, Dr. Daniel cut down upon and ligated the dorsalis pedis using a catgut ligature; pulsation was diminished but not abolished. He then tied the posterior tibial behind inner condyle of tibia. Pulsation disappeared. Both wounds healed by first intention. Patient was discharged January 14th, apparently cured, at his own request, but against the wishes of attending surgeon.

Feb. 1st. patient was readmitted under care of Dr. M. McLaron, pulsation having returned in aneurism; dorsalis pedis was found to be again completely pervious. The aneurism was laid open freely, clots turned out, and the sac ligated at each end. Wound healed nicely, no return of pulsation, and was discharged cured March 1st.

Note by Dr. Daniel.—The return of this aneurism was no doubt due to too early absorption of catgut ligature and consequent opening through of dorsalis pedis.

Case 3.—Submaxillary tumor.

S— H—, aged 55, married, admitted Nov. 17th, under care of Dr. W. Christie. Some time previously had an operation performed on lower lip for removal of epithelioma. Became aware about three months ago of a small tumor in left submaxillary region. On admission tumor was size of pigeon's egg, and appeared adherent to surrounding tissue. There was no reappearance of epithelioma. From patients' history, tumor was thought to be malignant, and on November 20th, Dr. Christie cut down upon and removed it. Tumor proved to be submaxillary gland with an enlarged lymphatic gland adherent to it. Wound healed rapidly, mostly by first intention, and patient was discharged cured, Nov. 29th.

Case 4.—Ovarian tumor.

E— S—, 33, married, admitted November 1st, under care of Dr. Daniel. Patient had been married seven years, no children. First noticed a swelling in lower part of abdomen four years ago. It did not appear to her to be circumscribed, but to completely fill the lower part of abdomen. When admitted abdominal swelling extended from ensiform cartilage to pubes and filled abdomen laterally. She was in fair condition and spirits, though thin; before swelling appeared had always been fleshy and well nourished. Abdominal wall tense, dull on percussion, with fluctuation distinct in every direction; measured 38½ at level of umbilicus, although she is quite a small woman. This measurement increased within a fortnight to 40 inches. Per vaginam uterus occupied normal position, and did not appear fixed. Diagnosis, ovarian cyst probably unilocular. Temperature normal, pulse about 90. On November 28th, Dr. Daniel operated and removed a large unilocular cyst.

There were no adhesions. Cyst proved to be of the broad ligament and was probably parovarian, and on the right side. The ovary which was enlarged and shewed a graafian follicle just ready to burst was removed with cyst. The pedicle was tied with carbolio silk and dropped into peritoneal cavity, the abdominal wound was then entirely closed. It required considerable trouble and time to control the oozing from abdominal wound before it was closed. Very little shock after operation. Patient has made uninterrupted recovery up to date, temperature at no time above 100.8° or pulse 100. Wound was dressed for the first time on the 5th day after operation when all the stitches were removed. Patient at this date (Dec. 13th) is feeling well and wants to sit up. The tumor contained 580 ounces of fluid which is exceptionally large for a cyst of the broad ligament.

SUPRA-PUBIC LITHOTOMY.

DR. P. CONROY, CHARLOTTETOWN, P. E. ISLAND.

J. B. aged 67, admitted to "Charlottetown Hospital" Nov. 1st, 1888. Diagnosis of stone in the bladder had been made some months before by his medical attendant at his home in the country. This diagnosis was easily confirmed on his admission to the hospital. The history of the case is as follows:

About twenty years ago patient passed a calculus from the kidney which never escaped from the bladder. Since that time his bladder has always been a source of trouble, and during the last ten years he has been a constant sufferer. For the four months previous to his admission to the hospital, patient had been unable to leave his bed, and suffered the most intense pain. Patient made up his mind as a last resort, to be taken to the hospital for the purpose of undergoing an operation for the removal of the stone. He was placed in a large box, and carried to the nearest railway station, and thence by rail to the hospital.

On the day after his admission his condition was as follows:—Pulse 110 temp. 101.5, tongue coated, countenance haggard, copious muco-purulent expectoration, caused by an aggravated attack of chronic Bronchitis, due to exposure during his transportation to hospital. Suffering great pain in the bladder and obliged to retain the half recumbent position. Urine passing in quantities of one ounce at a time, and containing (microscop. exam.) a quantity of pus. No casts, no albumen, reaction alkaline, quantity of urine passed in 24 hours 12 oz. Notwithstanding the unpromising condition of the patient it was decided to yield to his urgent entreaties to have something done to relieve his great suffering.

During the first week of his admission to the hospital, it was found necessary to postpone the operation from day to day on account of his extreme debility and great dyspnoea, in the hope that his symptoms would improve. By reason of the probable large size of the stone and its position as located by the sound far back in the fundus of the bladder, as well as of a natural preference for the supra-pubic operation, it was decided to operate after this method. The bladder at this time could not contain more than two ounces of fluid injected by means of a fountain syringe. It was feared that the undilatable condition of the bladder would increase the risks of the supra-pubic operation, but still it was hoped that under an anæsthetic a greater quantity might be injected.

On the 8th day after his admission, his general condition not improving much, it was decided that no good could come from any further delay. When placed on the table his

temperature was 101½ pulse 120, very miserable. On account of patients' severe bronchial complication, and the probable affection of the kidneys by extension of the suppurative process from the bladder, it was considered best to give chloroform instead of ether, and its administration was entrusted to Dr. F. Kelly. Assisted by Dr. McLeod and Dr. S. R. Jenkins, the operation was performed as follows:—The pubis having been shaved the previous day, the abdomen and genitals were well washed and disinfected. The bladder was washed out with a warm solution of Boracic acid and then slowly distended with 10 oz. of the same solution. In default of the usual rubber belt for dilating the Rectum, a sheep's bladder was used, in the neck of which was inserted and securely tied, a gum elastic catheter. Fifteen ounces of water were then injected into this bladder after having been suitably placed in the Rectum. Then it was found by percussion that the bladder had risen well under the abdominal wall. An incision three inches long was made down through the linea alba and the bladder was brought into view. By depressing the stem of the catheter which was left in the bladder its point could be felt under the finger. The Peritoneal fold was detached by the finger and handle of scalpel and pushed out of the way. The bladder was seized and held securely by a tenaculum. Two needles armed with strong silk were then passed through the entire thickness of the bladder on either side of the tenaculum. The cord was then taken from the end of the catheter and the fluid allowed to escape. An incision about three inches long was then made between the loops of silk through the bladder wall, and in passing in the finger, the stone was felt occupying the extreme fundus of the bladder and lodged securely in a sulcus. The stone was seized with a strong pair of forceps, and dislodged by a twisting motion from its attachment to the bladder. The edges of the wound in the bladder were then securely stitched with catgut to the abdominal wall. The external wound was brought together by stitches at the extremities, and a drainage tube was placed down into the bladder through the wound. The wound was then dressed with indoforn gauze, packed around the tube, and then a layer of absorbent cotton and a bandage over all. A soft catheter was also passed in through the urethra and tied to the penis. No vessels were cut and there was no loss of blood. The stone weighed 3½ oz., and measured in its greatest circumference 6¾ inches. Patient took the chloroform well and his pulse seemed to improve under its influence.

Nov. 9th., 11 A. M., 24 hours after operation. Pulse 120, weak and thready, temperature 103, vomiting, urine scanty, almost suppression, pain at seat of wound, great prostration, passed a poor night. Ordered—Quinine sulph. gr. v., every four hours, also a mixture containing spts. æth Nit., Tr. Digital, Tr. nuc. vomica, opium as required to relieve pain and Peptonoids and Brandy per Rectum.

Nov. 10th., 11 A. M. Pulse 108, temp. 101½, passed a fair night, slept some. Washed out bladder with Boracic solution. 3 p. m., slept four hours, temp. 100, pulse 95, feels hungry, took few oysters, urine flowing freely, somewhat bloody.

Nov. 11th., 10 A. M. Pulse 96, temperature normal, no pain, takes milk and beef tea freely, cough troublesome.

Nov. 12th. Pulse 88, temp. normal, gave enema, bowels moved well. Removed tube from wound, wound healing kindly, no urinary infiltration, urine not bloody, flowing freely through catheter into nursing bottle attached to thigh.

Nov. 24th. 16 days after operation. Patient sitting up on chairs by bedside, feels well.

Dec. 13th. Patient has steadily improved, has gained greatly in flesh and strength, wound is now almost entirely closed.

The history of this case strikingly exemplifies the superiority of the supra-pubic method over all other cutting operations for the removal of stone from the bladder.

VICTORIA GENERAL HOSPITAL.

From Notes furnished by Dr. Pearman, House Surgeon, and Mr. N. D. Finn, Clinical Clerk.

CASE—INFANTILE HERNIA.

Operation for Radical Cure,

UNDER DR. FARRELL.

On Sept. 27th, a male child aged 1 year and 7 months, was admitted for treatment for a swelling in the "Left Inguinal" region, connected with which was the following history:—

The patient had always been a healthy child from birth, up to the time that this swelling in the groin was noticed. The mother says that when the child was six weeks old she was holding it over a basin of water, to wash it. Whilst in the act of washing, she was frightened by the approach of some person from behind, and let the child slip from her grasp. When falling she tried to catch it around the abdomen, and exerted considerable pressure on the abdominal wall. The next thing she noticed was a swelling in the "Left Inguinal" region, and the left side of the scrotum occupied by a tumor like mass, which would return to the abdominal cavity when the child was reclining, and could also be pushed up into the cavity. Gradually, however, she found that the mass would not return to the abdomen as easily as on previous occasions, and that some difficulty was experienced in pushing it back. It began to distress the child very much, especially as the child was irritable and troublesome. On examination there was no difficulty in making out the ~~case~~ to be one of Hernia. *case*

On Oct. 19th the patient was put under Ether, and the operation for the "radical cure of Hernia, performed by Dr. Farrell, assisted by Drs. Parker and Black. The "gut" was returned to abdominal cavity and an incision was made about two inches in length, in the line of the inguinal canal, cutting through the integument and fascia, until the "Hernial sac" was reached—this was freed from all its adhesions, and puckered up with cat-gut sutures and stitched to both pillars of the external ~~sutures~~ "Abdominal Ring." The wound was closed and dressed with antiseptic dressing. Before the external dressings were applied, a small glass marble was placed over the ring to more completely lock up the opening and a pressure bandage applied. The child was so restless that all dressings had to be done under chloroform. There was considerable external suppuration, but the child made a good recovery. After the parts were all well healed, a light truss was applied. The gut never came down after the operation. On Nov. 29th the patient was discharged "well."

CASE—COMPOUND FRACTURE OF THE SKULL WITH DEPRESSION OF THE BONE.

Recovery Without Operation.

UNDER DR. FARRELL.

ON Nov. 13th, 1888, a man about 22 years of age, was brought to the hospital in an insensible condition, suffering

from an extensive lacerated wound of the scalp. The wound was occasioned in the following manner:—The patient, whilst in pursuit of his work as a laborer, was struck on the head by a plank, which fell about 18 feet; he fell and was picked up insensible, bleeding profusely from the wound. The patient was put on the operating table, and on examination of the head a large lacerated wound about 4 inches in length was found on the left side of the head. Considerable extravasation of blood was present. On further examination, a sharp, but somewhat ill defined ridge of bone was felt, about $\frac{1}{2}$ inch below the temporal ridge on left side, and extending forward for a distance of about 1 inch. A depression about three lines deep was found in the above mentioned. The pupils were somewhat dilated, but no marked paralysis existed in any part of the body.

A muttering delirium lasted for 1½ hours. Whilst on the operating table the patient had two convulsions, epileptiform in character. Pulse 65 per minute, full and strong. Breathing stertorous. The patient gradually came out of the comatose state and regained consciousness. The wound was not united by sutures; but was dressed antiseptically, and left to heal by granulation. The treatment in this case consisted in the application of "Littes'" coil to the head, sinapisms to the calves of the legs, and the soles of the feet, and active purgation by means of croton oil. The patient recovered, and was discharged "well" fourteen days after the injury.

The patient was seen by Dr. Farrell about two hours after his admission. He had then partly recovered consciousness and the symptoms of concussion were rapidly passing away. Although the fracture was compound and the depressed portion could be plainly felt, it was determined to delay operative interference on account of the almost total absence of symptoms of compression. He recovered without a bad symptom.

Society Proceedings.

HALIFAX BRANCH BRITISH MEDICAL ASSOCIATION.

AT the date of our last issue we were unable to secure the Annual Reports of this society, on account of the absence of the Hon. Secretary, Dr. W. Tobin.

ANNUAL REPORT HALIFAX BRANCH B. M. ASSOCIATION.

The Halifax branch has completed the first year of its existence. Inaugurated at a preliminary meeting in Halifax, on the 28th of June, 1887, it received the adhesion of some 20 members of the profession; ten others subsequently joined in the movement. The bye-laws were drawn up by a committee appointed for the purpose, and officers for the year were elected on July 4th. On August 21st it received the sanction of the General Council assembled in Dublin, and was formally recognized as a branch of the Association. This year the branch has successfully carried out the objects for which it was started, viz.: "To co-operate with the parent association in promoting the best interest of the profession, to advocate the general and society interests of the members in Nova Scotia, and to draw together at stated intervals the members of the branch, naval, military and civil, for the reading of short papers and the discussion of professional topics."

Five ordinary meetings have been held during the winter months, at which papers on medical subjects have been read.

Cases have been related and pathological specimens and new instruments have been exhibited. Two special meetings were held with reference to a proposed amendment of the Public Health Act, and a committee was appointed to meet and confer with the Local Government on this subject, with a result most satisfactory to the profession. During the year we have had to regret the loss of five members of the branch. Accession during the year has raised our membership to thirty-three.

It is to be hoped that our ordinary meetings this year may be as well, if not better attended than those of the past. Our success so far promises well for the future of the Halifax branch.

W. TOBIN, *Hon. Secretary.*

ORDINARY MEETING—DECEMBER 6TH, 1888.

Deputy Surgeon-General McDowell, C. B., President, in the chair.

The committee appointed to arrange about place of meeting during the winter, was not yet able to make a report. It was decided to meet until further notice, on the first Thursday of each month.

Dr. Campbell reported—1st. A case of congenital absence of the lower jaw, recently observed in a still born mature fœtus. The ears were large and appeared to lie on the side of the neck, and the mouth was represented by a small circular aperture in the middle line about a half an inch behind the nostrils. 2nd. A case of stricture of the ileum. The patient was a negro about thirty years of age, and unable to converse in any European language. No history could be obtained, or knowledge of the subjective symptoms. He wasted steadily, vomiting and obstinate constipation being noticed towards the close of the illness. Treatment afforded no relief. No positive diagnosis could be made anti mortem. Post mortem found a stricture about the middle of ileum, the lumen being greatly narrowed. No explanation could be offered as to the cause of the contraction, as there was not the slightest trace of a constricting band or new growth; all the organs were normal. The specimen was exhibited. 3rd. A case of wound of the ulnar nerve. The patient fell on some broken crockeryware and received a lacerated wound on the anterior surface of the forearm, about two inches above the wrist. The nerve injury was not observed at the time the wound was dressed. Some days after the following condition was noted: Total loss of sensation over the inner aspect of the palm, little finger and side of ring finger; the finger is abducted and extended. Movements of thumb feeble. The patient could neither adduct nor flex the fingers in the slightest degree. This inability to use the hand persisted for four months, an operation to suture the divided nerve having been declined. The hand wasted considerably. At the end of this period sensibility became manifest in some parts, increased gradually, and at the present date, that is one year from the time of the original injury, the functions of the hand were almost completely restored, except that the movement of the little finger is somewhat impaired. The distribution of the nerve below the injury, and the function of the muscles supplied was described in detail. Attention was directed to two points: 1st. The absence of clawing of the fingers, described by Duchenne and regarded by him as an invariable sequence of paralysis of the interossei. 2nd. The total inability to flex the fingers. Either the interossei perform an important part in initiating flexion, or the long flexors must have suffered from reflex paralysis; probably the latter supposition offers a

correct explanation. Remarks on this case were made by Drs. Fowler, Farrell and Chisholm.

Dr. W. B. Slayter exhibited a patient, æt 25, with a sarcomatous growth involving the right shoulder, who had recently consulted him. In August last the shoulder was violently wrenched, considerable pain and swelling of the joint ensuing. Shortly after patient received a second injury of the same shoulder and since then the pain has been intense, and the swelling has increased with great rapidity. The shoulder is now enormously enlarged and the arm œdematous. His diagnosis is sarcoma of a very malignant type. He requested the opinion of the members as to the expediency of an operation, to which he was himself averse. All present concurred in the diagnosis; there was considerable difference respecting the advisability of an operation. Drs. Cowie, Fowler and Chisholm, were in favour of operations, though admitting the chances of recovery from such a procedure were unfavourable. Dr. Farrell was strongly opposed to operating, and expressed the opinion that operations attempted for the relief of conditions where the chances of recovery were slight, tendered to discredit surgery in the public mind. Dr. Morrow spoke of one or two cases similar to this, that he had seen operated upon, and which were attended with fatal results shortly after. Dr. DeWitt also referred to a case he had seen but was not aware of the result.

Dr. E. Farrell exhibited specimens of neuromata removed from ends of divided nerves after amputation of the arm. The first specimen was removed from the inner side of the arm; it was imbedded in the cicatrix and situated at the extremity of the nerve. The second specimen was removed from the outer side of the arm from the musculo-spiral nerve. It was about the size of a bean, and situated about an inch and a quarter from the extremity of the nerve. The arm had been amputated some months before; a severe pain in the stump with muscular twitching necessitated the operation.

Dr. Farrell also reported a fatal case of injury of the brain. The patient had fallen some sixteen feet, alighting on the head. When admitted to the Victoria General Hospital he was comatose; the pupils were dilated, there was no paralysis or bleeding from the ears. Death ensued two hours after. Post mortem there was found extensive laceration of the brain, effused blood, and fracture of the base of the skull. A spiculum of bone was found pressing on the medulla. The specimen was exhibited.

The meeting then adjourned.

Correspondence.

SIR,—I am in receipt of a copy of the MARITIME MEDICAL NEWS, and must say I am pleased with its contents and general appearance.

The profession in this province is yet without organization or a medical Act. It may be a surprise to the outside world that we are so inactive in that respect. The blame does not rest alone with the profession, but with the legislature and the public. In 1871 we attempted an organization and had an Act passed that year, and amended in 1874. The legislature would only pass these laws for a period of five years, consequently not being continued, the law and the Medical Board under it died a natural death. When the profession put forth efforts in this direction, the cry was raised that it was a scheme of the doctors to fleece the people—to enable them to charge exorbitant fees, and

the wisdom and intelligence of our legislature could not rise above the popular feeling of the time—hence the enactment for five years. A law of this kind is not sought so much on account of protection to the profession, but in reality it is claimed by the profession as a protection to the people. It is conceded that all good government has for its object the happiness of its subjects, hence we find laws regulating the education, morals and health of the community, and that we are yet in Prince Edward Island without a medical law similar to that of our sister provinces is a standing wonder, if not a constant reflection on the wisdom of our legislature. A session or two ago the profession made another start and prepared a bill, and through the discreditable actions of some of our politicians, it miscarried.

The popular mind in this province never understood that a law of this kind is for their own protection. When they do we will be able to get the Act passed without much trouble. It seems to me that a matter of such vital importance to the general welfare should claim the prompt and early attention of our legislators during the coming session. Theology and law requires that any one entering these professions shall possess a liberal education before they attempt to interpret the laws of God and the laws of man. If in all the departments of practical science we require men of large and liberal culture, and if in fact, only such succeed in their profession what should be required of physicians in whose hands are placed the lives and health of the community; and what shall we think of a community who will patronize ignorance, and crown with success a bold and unblushing quackery?

When such practitioners palm themselves off on the community, and multitudes by their imposing, impudent and lying advertisements are lured into their dens, it is time the conservators of the health and lives of the people should interpose, and by the strong arm of the law expel them or abate them as they would a nuisance. When we get a law placing the profession in this province on a level with the other provinces of the Dominion, then there should be a move made to have one central law for the whole Dominion. Every province should have reciprocity in this matter, and the simplest way to obtain it is to ask the general government to enact it. The Provincial Legislature could then re-enact it in the provinces, and thus be made to extend over the whole Dominion. A man who is a lawful, respectable and honorable practitioner in one part or section of this Canada of ours, should be recognized in all other parts of the Dominion. The time will come, doubtless, when this reform or change will be effected. The medical profession should occupy the highest position, and physicians who are not drones in their profession, should be regarded with the greatest possible confidence as conservators of health and morals.

I hope the MARITIME MEDICAL NEWS will advocate the formation of a Central Medical Board for this Dominion that will nationalize all the practitioners of medicine in it, from the Atlantic to the Pacific. We are Canadians, and there are no Geographical or Ethnographical divisions or distinctions to divide us and frustrate the accomplishment of this reform.

R. MACNEILL.

STANLEY, P. E. I.

In the first number of the MARITIME MEDICAL NEWS, we have the address delivered at the last annual meeting of the Nova Scotia Medical Society, by Dr. William McKay,

who after stating the objects of the "Health Act," asks:—"How then can this be attained without trained and capable men as members of the various Boards of Health?" I do not think I will be considered a seer when I prophesy of these Boards of Health, that of the 1500 men who will be appointed in this province, at least two-thirds will be as ignorant of Sanitary measures as the Quack was of Anatomy, who when asked on the witness stand what the Thorax was, said it was a big vein that runs down the back bone.

Dr. McKay also shows us the responsibility of the medical profession in this matter. That there should be some means of instructing these men there can be no doubt. But what a gigantic task. One of the first lessons should be cleanliness, and this would necessitate an introduction to pure water as conducive to health. The problem of water supply is yearly increasing in interest all over the world. The quantity of pure water in any given area is necessarily more or less limited, and subject to increasing sources of impurity as the number of inhabitants increase; cleanliness is a great part of civilization. Pure thoughts and ideal aspirations have no home where filth of body and surroundings abound.

The histories of all nations, ancient and modern have frequent reference to water supply, either as wells or cisterns mentioned in old testament history, or the vast aqueducts by means of which Rome was enabled to supply her citizens not only for ordinary purposes, but also for the baths in which her population indulged. The quality is also to be considered, for we are practically without water when such a condition of things exists as was depicted some years ago in the *London Punch* by a cartoon representing a sailor of the royal navy, in mid ocean taking from the water-tanks the defunct carcasses of rats, mice and other vermin, and exclaiming: "Water, water everywhere, but not a drop to drink!"

Prevention is better than cure in all things, yet oftentimes in view of the many interests concerned, and the lack of effective knowledge as to what will or will not prevent sanitary evils, nothing is done, and the evil comes, costing more a hundred fold than the most expensive measures. The instinct of self preservation when viewing a possible future contingency, is not strong enough to counteract the desire for large profits at once, especially when the speculator will not be the first to suffer. It becomes us then to so study facts and inferences as to present conclusions to local Board of Health that will impress them with the necessity of carrying out our suggestions, and of eventually providing a practical system of Sanitary Inspection which will do much to advance preventive medicine and hasten the time when more shall die between the ages of 75 and 100 years, than between 1 and 10 years as at present.

Halifax.

T. A. STODDARD, M. D.

THE glycerine treatment of constipation, enemata of from forty to fifty grains being used, may now be said to have been tried and approved. L. Novotny, (*Pester Med. Chir. Presse*), has used it in two hundred cases of various forms of diseases. In almost all defecation took place within one or two minutes, but in four or five cases not until two or three hours had elapsed. No unpleasant action was observed. Reisinger and others also report satisfactory results. We have used it in constipation from lack of muscular tone, and in that following opiate treatment with results that left nothing to be desired.

The Maritime Medical News.

January, 1889.

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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.

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ON entering upon the duties of Medical Journalism, we have met with a very friendly reception.

We thank the editors of the journals received, for extending to us the courtesy of their exchange lists; and we are gratified by the many complimentary notices of our first number.

WITHIN the last few years the operation of the Caesarean section has been brought rather prominently before the notice of the profession, and so extreme in their views are some of its advocates that they go to the extent of asserting that it should take the place of craniotomy and embryotomy, and that the present position of abdominal surgery justifies this opinion.

To the operation, as performed in old times, there is attached a more general and historic interest than, perhaps, to any other surgical procedure. That it was done in early times there appears to be no doubt, and it is possible that these 'Caesares,' these *cut out* persons would find themselves objects of interest, of a certain amount of distinction, and would probably be looked upon with superstitious reverence as being lucky, or the favorites of the gods. In this way the term may have gradually acquired a signification such as it has at present, and it is within the range of possibility that the 'Kaiser' owes his title to the early influence of this operation. In literature frequent reference is made to the practice, and when the bloody Macbeth boasts of his charmed life, and the inability of any born of women to make him bleed, it is with relief that we hear Macduff roar out,

"Despair thy charm,

And let the angel whom thou still hast serv'd
 Tell thee, Macduff was from his mother's womb
 Untimely ripped."

A number of cases are on record, with favorable results, where the abdominal walls and pregnant uterus were ripped open by horned cattle, but the most startling ones are those in which the section has been self performed, the woman cutting into her pregnant uterus through the abdominal walls with a razor or other sharp knife. It is remarkable that of the six cases so reported, five are said to have recovered. As a surgical procedure it has been attended with terrible fatality to mother and child, partly owing, no doubt, to the surgeons' unwillingness to perform so formidable an operation, except as a last resort, and by the delay lessening chances of recovery. Since antisepticism has grown into a science, abdominal surgery is not the *bête noir* that it was, and the mortality to both mother and child from the section performed according to Sanger's plan has become very much diminished. Dr. R. P. Harris gives the results* of the first fifty cases of Sanger's operation in Europe and United States, as follows:—

Women saved.....34

Children extracted alive.....45

Women lost.....16

Children extracted dead.....5

And of the first fifty in Europe alone :

Women saved.....39

Children extracted alive.....48

Women lost.....11

Children extracted dead.....2

These reports, while they do not give as favorable maternal results as craniotomy are certainly very encouraging, but they were obtained chiefly in Maternity Hospitals where the patients were favored from the commencement of labor with every advantage of skilled attendance and perfect asepticism. Prof. Jay of Baltimore, however, reports† a case of this operation with double oöphorectomy, performed in a little negro cabin, which was only partially cleansed and in which both operator and patient must have labored under serious disadvantages. The patient recovered, the child was extracted alive, but died soon afterwards. This case was a ricketty woman with a very deformed pelvis, the conjugate diameter being only 1½ inches, and craniotomy could not be performed. After looking over recent literature on the subject,—and the "Annual of Universal Medical Sciences, Vol. IV," has a very interesting article—we think, that for the present, the correct practice is to induce premature labor where the pelvic deformity has been discovered in time, to rely next on cranio-

*Annual Universal Medical Sciences, 1888,
 †American Journal Medical Sciences,

tomy, and to do Sanger's operation in those cases in which the former operation is impossible, or where the mother is dying and the child is known to be alive. In Prof. Jay's case it will be noticed that he removed both the ovaries, in the belief that a woman with such a deformed pelvis should never again become pregnant. In this we think he was correct, for we cannot conceive of a case requiring this operation once that would not require it in a succeeding pregnancy, if the fœtus remained in utero long enough to become viable; but we would prefer Dr. Garrigues' operation of ligating the fallopian tubes, as being less mutilating, less dangerous, and quite as effective.

IS "Membranous Croup," fatal, as a rule, in young children, a distinct disease, or due to the specific poison of diphtheria, whatever that may be? Wagner in Ziemssen teaches, "with reference to the fact that croup and diphtheria belong together, no doubt can prevail." Oertel in the same work writes, "Bretonneau first called this form of angina diphtheritis—a name which he gave to the disease because of its essential characteristic, the exudation. According to this writer, an inflammation without exudation is never a diphtheritis, and no inflammation with exudation is diphtheritis, when it does not spread by contagion." Also, "Accordingly if we consider croup an independent form of disease and do not, as has repeatedly happened since Bretonneau's time, identify it with diphtheria, we must indicate by the name croup only a purely local inflammation of the larynx and mucous membrane, called forth by different deleterious natural influences, atmospheric relations, etc., in which the degree of inflammatory irritation is so high that there is no longer produced a sero-purulent, but a fibrinous exudation. The clinical distinction between the two diseases will consequently lie in a careful estimate of the general symptoms, the affection of the glands and kidneys, in the non-contagiousness, and partly also in the sporadic appearance of the croupous inflammation." Steiner from the same work asserts that "the attempt to distinguish croup and diphtheria as two entirely different diseases has been unsuccessful both from an anatomical and from a clinical standpoint." So also Strumpell in his text-book of medicine asserts: "There is no essential difference between croup and diphtheria; diphtheritic inflammation is the severer form of the disease, croupous inflammation the milder," and contends that "the proposition that there are two distinct diseases "croup and diphtheria," is entirely

untenable," Dr. Chas. West in his lectures on diseases of infancy and childhood, distinguishes between diphtheria and croup, and is thus authority for a belief in a non-diphtheritic membranous croup; while Jacobi in Pepper's system of medicine, discredits belief in the "so-called sporadic membranous croup."

We have quoted sufficiently to shew that pathologists and clinical observers are divided on the question of the identity or the non-identity of croup and diphtheria. Of course no physician denies the possibility, and more or less frequency of primary laryngeal diphtheria, but are we therefore to assume that all membranous or pseudo-membranous affections of the larynx are necessarily diphtheria? Considering that the specific poison of diphtheria is still unknown, but that its extreme contagiousness is admitted; that many irritants, such as ammonia, will cause membranous exudations, not distinguishable microscopically from those of diphtheria; that croup almost invariably attacks one member in a household containing many children; that, on the other hand, in diphtheria, given one case, unless complete isolation is practised, as a rule all other members of a liable age are attacked, a mild form in one child developing often the severest form in the next; that, in short, *contagiousness* is an element particularly pronounced in the one, and no less conspicuously absent in the other, would seem to us to give the believer in the different causation and origin of the two diseases the vantage ground over his opponent; the onus of proof rests certainly on the latter. Not all cases, however, called croup are membranous. In catarrhal laryngitis there is fever; in membranous croup this is usually absent. In the former there is difficulty of inspiration, in the latter of expiration as well. But the absence of glandular enlargements given by Oertel as symptomatic of croup cannot fairly be claimed as diagnostic, as owing to the absence of lymphatics in the vocal cords, no enlargement in either case need be expected. The absence or presence of albumen, however, we think significant, and of value in diagnosis.

PROF. JAMES STEWART in an introductory address to the medical students of McGill University, assails with considerable force the various Provincial Medical Boards. The address is published in the November issue of *Montreal Medical Journal*. The following is a summary of the attack: Medical Boards may have been of some service in the past—their usefulness is now gone—and in many ways they

act as "drags on the wheels of medical progress." They especially hamper practical teaching in the schools by adhering to a curriculum which requires students to take two courses of six months each of the following subjects: Anatomy, Practical Anatomy, Theoretical Chemistry, Materia Medica, Physiology, Practice of Medicine, Practice of Surgery, Midwifery, Clinical Medicine, Clinical Surgery, two courses of not less than three months each of Medical Jurisprudence, etc., etc. Laboratory work is largely ignored, the amount of Clinical Midwifery demanded is insufficient, and the absence of general pathology in some cases a grave defect. An error is committed in permitting students to study Materia Medica and Physiology in their first year. Finally, for the most part Boards are composed of men who are not teachers, and who, consequently, are not in a position to judge of the need of students. Many of them argue thus—the more lectures, the longer the courses, the fewer men there will be to graduate.

The requirement of a double didactic course, the gravamen of the charge, is not the creation of Canadian Boards. It was deemed essential in Great Britain until quite recently. It is insisted upon by every medical school in America, Harvard being the only exception we know of. The advisability of change has scarcely received any notice in the medical press, and it has not been discussed to any extent in medical societies. Dr. Stewart's views we regard in the main as sound, and before long we hope to see them carried out, nevertheless we think it would be inadvisable for Boards to make radical changes in the curriculum in advance of professional opinion.

The question must be dealt with by the Maritime Boards at an early date, as under the existing regulations registration must be refused to British graduates unless they have previously gone to the expense of obtaining registration in Britain. It certainly seems anomalous to accept courses of instruction given, it may be, in third rate institutions, and to refuse to register diplomas received from Harvard or Edinburgh, yet no other course is left open to the Maritime Boards, unless a change is made in the present requirements for registration. The wide difference between the curricula of British, Canadian, and American schools makes it difficult to frame regulations that will meet every case. The easiest solution of the difficulty, we think, would be the enactment of a resolution somewhat similar to that adopted by the Illinois Board, by defining the phrase "medical schools in good standing" to mean only those colleges which shall,

after a certain date, require four years of professional study.

Diplomas obtained from such colleges might perhaps be registered without further enquiry. In other cases conformity with a fixed minimum curriculum in harmony with the requirements of modern medicine should be insisted upon. The Maritime Boards have not reached the degree of efficiency attained by those of Quebec and Ontario, nevertheless they have done excellent work during the short time they have been in existence. They have placed the preliminary educational test on a satisfactory basis. The duration of professional study has been extended to four full years. The public have been fairly well protected from charlatans. All this has been effected in the face of considerable opposition. Consequently there is a general feeling in the profession that medical education is safer in the hands of their accredited representatives than if left to the unrestricted competition of medical schools.

THE presence of such a large number at the meeting of the medical profession held in St. John, Nov. 13th, shewed very clearly the general dissatisfaction felt with the Health Act and Regulations. The first resolution offered was not carried, owing to a misunderstanding on the part of three or four present. It is just as well, however, that a resolution of so much importance should be defeated as carried by a small majority, for no legislation could be asked to carry out the idea of the resolution, unless there was practical unanimity on the subject. From the speeches made, we gathered that it was the opinion of the meeting:

- 1st. That the clause of the Act requiring notification to principals of schools, should be repealed.
- 2nd. That reports to health boards other than simple notification are vexatious and unnecessary.
- 3rd. That all reports should be paid for.
- 4th. That chairmen of Health Boards or Health Officers appointed by them should be paid such salary as would enable them to perform their duties.

It is very satisfactory to know that the view here taken of the Act and Regulations is endorsed by leading citizens who have looked into the subject. The *St. John Globe* in the course of a discriminative article says:—"It (the Act) involves public work not within the particular sphere of the physician's ordinary labor, and the state has no just right to demand it of him. . . . These regulations, if carried out, owing to

the time they demand in their proper execution, affect the liberty of the person to whom they apply, and compel him to do a variety of duties, many of them unpleasant, for which no pay is provided. . . . Suppose the state, or anybody acting under its authority, real or imaginary, required merchants, or manufacturers, or mechanics, or editors, to perform duties of this kind, there would be at once an upheaval. No doubt the public health is superior to the convenience of any individual, but here is a clear case of too much machinery and too little oil to make friction easy. We don't wonder that medical men are not giving their cordial support to the impositions placed upon them by an Act and its subsidiary regulations which impose upon them so much reporting, so much of espionage, so much interference one with the other. What is necessary is to find a middle course, to pay men to perform the duties here laid down, if they must be performed, and to cease imposing upon any class of citizens, duties which, while they may be very necessary of themselves, ought to be performed as a duty for which there would be proper remuneration."

We believe many of these regulations are illegal, and as a matter of fact they are being largely ignored. It would be some recompense to physicians who have reported to know that their action had been followed by at least an attempt to ascertain the cause of the present epidemic of scarletina, but as far as any such result is concerned, their reports might just as well have been sent to the man in the moon.

OF late there have been many references in the papers of Halifax to sewerage matters. Complaints have been made by individual citizens of the absence of sewers in their immediate neighbourhood with which they could connect their house drains; this too within the limits of the thickly populated parts of the city. On the other hand, it is a fact that there are sewers laid along the line of some of the principle streets, which might as well not be there so far as any use made of them by many householders is concerned.

The trouble is a want of intelligent system, a lack of appreciation and systematic application of sound sanitary principles.

In laying main sewer pipes along the principle streets, the city authorities have done something, it is true. But of itself what a feeble and incomplete satisfaction of the strong demands of public sanitation.

So long as individual householders have the option of connecting with the sewers or not, so long will the placing of the sewers utterly fail to accomplish the objects, and to satisfy the demands in consideration of which they are put in position.

But the City Council, possibly, lacks the authority to go further. In sanitary matters, perhaps more than most others, thoroughness is indispensable either to efficiency or to economy. If the due conservation of the public health requires that sewers shall be placed within reach of the individual house drains; then it also demands that *every* house shall have its drains connected with the sewer. Any house owner who neglects to connect the drains with the sewer, not only foolishly ignores an easily available, and, for health's and cleanliness' sake, a necessary sanitary appliance, but also constitutes a menace to the health of his neighbour in clear contravention of a desirable standard of legal Hygiene.

We think the responsibility for this state of affairs does not lay wholly with the City Council and the householders; the medical profession, we are forced to admit, shares the responsibility.

It should never and need never be expected of a body of laymen or of a community of householders, that they can or will adopt energetic, precautionary and health assuring sanitary measures. Because the laity have still but a dull conviction of the objects to be sought after, little knowledge of the ills to be guarded against, still less acquaintance with the precise practical means to be taken for the purpose.

It rests with the profession, especially with those who have the ear of the governing bodies, to strongly urge the necessity of a thorough and adequate sewerage ~~of~~ ^{age} equipment, and a thorough general sewerage disposal.

We are confident that medical men who may occupy positions entitling them to do so will strongly and energetically press in these matters, the early attainment of a standard becoming the times and such as is to be expected of a city like Halifax, if it is to keep pace with progress in such matters elsewhere; and if it is to earn and retain a reputation as one of the most desirable summer health resorts on this continent.

It is high time:

1. That a complete sewerage equipment should be constructed so as to admit of convenient connection with every house, at least in the thickly built area of the city.
2. That the drainage scheme should be constructed

in accordance with the dictates of carefully considered conditions, such as the area of the district, number of inhabitants, (due allowance being made for future increase,) the rain fall of the district, and proportion to be admitted to the sewers, the physical characters and water supply of district, the nature of outfall and methods of sewerage disposal.

3. That every house owner be obliged adequately to connect the house drains with the main sewer before the house is inhabited, under penalty for non-compliance with the law.

The necessary powers for the last should, if necessary, be obtained from the legislature; and most conveniently, perhaps, as an addition to the recently framed Health Act.

After the above was written we were glad to see that at a meeting of the City Council held on Dec. 20th, a resolution, making it obligatory for owners of tenements on streets in which there were sewers, to connect their houses with the same, passed unanimously.

A consistently thorough application of the principles recognized in the above resolution is all that is required.

BY this time, most if not all of our readers, will have had an opportunity of examining for themselves the medical circular which has been lately issued from the Department of Agriculture at Ottawa, addressed to the members of the medical profession in Canada, and requesting the benefits of its experience concerning preventible diseases in general, and tuberculosis in particular. The practitioner who sits down seriously to grapple with the six questions propounded will find them a good exercise, not only for his powers of memory and research, but also for his skill in condensing the expression of his ideas into the least possible amount of writing. The answer to Question No. 1 alone ("what proportion of disease and of premature death might be prevented by judicious public and individual sanitary measures?") might furnish matter for a fair sized pamphlet, containing little more than an enunciation of plain facts. Question No. 6, (the theory of the origin of tuberculosis in domestic animals,) might be the text for an equally extended reply. All this may perhaps sound like hyper-captious criticism, but, seriously, it appears to us rather a momentous undertaking for a busy practitioner to sit down in an uncertain interval between other personally urgent matters and endeavor to compress the sum total of his knowledge of such wide-spreading and important subjects into two or

three curt sentences. The fact that his answer may possibly be used as a basis for legislation, ought not to make his sense of responsibility any the lighter. Such considerations should not be lost sight of by those who receive and appraise the answers sent to Ottawa. We do not propose, just in this place and at this moment, to enter into detail upon these important questions of public hygiene. One remark, however, we may perhaps be allowed to make. While attention is being largely directed, and very properly so, towards attempting to check the spread of disease by legislation and by acting upon public regulations of more or less complexity, each individual practitioner during the time of public panic should never forget the power of his personal influence and the importance of its being directed in the proper direction. While making every allowance for real dangers it is no small or trivial part of his duty to combat the terrors, the selfishness, the ignorance, and the thoughtless inhumanity of the non-infected public. It is from these unpleasant, but perhaps inevitable traits of human nature that infectious diseases acquire more than half of their actual mischief, and perhaps more than nine tenths of their potency for causing trouble and annoyance.

IT is not unheard of for physicians who have provided their cases of spinal curvature with a corset or plaster of paris jacket, to consider their work, for the time being, done, and the correct treatment applied. Whereas it should never be lost sight of that the corset is only useful as a means of retaining the improved position obtained by self-suspension, and must be supplemented by proper exercises.

A valuable paper, by L. H. Sayre, M. D., on the treatment of Rotaro-lateral Curvature of the Spine, is contained in the N. Y. Med. Jour. for Nov. 17, 1888.

Dr. Sayre describes in detail many systematic forms of exercise designed to develop and strengthen the muscles of the back, upon which exercises, for slight deformity, he relies entirely for a cure; while in more advanced cases, he in addition employs the *adjuvants* of self-suspension, (by pulley and head swing,) and plaster of Paris jacket.

Among many illustrations are two showing a boy whose back was straighter and position better without the brace, which some medical man who lacked an intelligent grasp of the rationale of his treatment, had applied, than with it.

The proper employment of the art of treating spinal curvature can only follow a careful study of its principles.

It is well known that the question of reciprocal registration of medical degrees, between Great Britain and the Colonies, is one presenting many difficulties of detail, and necessitating some considerable re-arrangement of the standards of requirement in the different provinces. But those difficulties, while they will occasion delay in their adjustment, will not, we feel sure, prevent an ultimate successful arrangement.

Sectional prejudices, local shortcomings or eccentricities of standards, will give way to a general worthy standard, acceptable to all.

During the May Session of the General Council of Medical Education and Registration, held in London, the President, in the course of his address, observed that the formation of either a Colonial or a Foreign Register (*i. e.*, in G. B.) was not yet within measurable distance.

During the recent session, (Nov. 27, 1888) the President remarked that no entry, either in a Colonial or a Foreign Register, had yet been made.

He said that a request had been received that a graduate of the University of New Zealand might be registered as a Colonial practitioner under the act; and that the Executive Committee had, after due inquiry, recognized the diploma of the University of New Zealand as deserving of registration.

It appears that the Privy Council decides as to the eligibility of colonies or foreign countries to come under the provisions of the act; while the Executive Committee of the General Council decides upon the value of the diplomas of particular universities of the admitted colonies and countries as deserving registration.

In reference to inquiries as to when there would be a chance of registering these Foreign and Colonial degrees, the President explained that the Council were in nowise responsible for the delay. They had to obtain certain guarantees of reciprocity, and that was a very difficult matter to carry out. He said that no university had, so far, complied with their requirement, except that of Otago. The delay arose from ignorance of the conditions of registration.

We understand that correspondence, which has been referred to the Prov. Med. Board, has passed between the Prov. Sec. of New Brunswick and the Imperial authorities upon the matter, and it will be remembered that Dr. Black has given notice of his intention to bring the subject before the Nova Scotia Board at an early date. So the conditions and "sine quibus non," of a mutually acceptable basis, will, no doubt, gradually be evolved and understood.

MEETING OF MEDICAL MEN IN ST. JOHN.

THE largest meeting of purely local medical men ever in session at one time in this city, met yesterday afternoon in response to a call sent out for the purpose of giving an expression of opinion regarding the Public Health Act and the regulations of the provincial board of health; also to consider the act dealing with the registration of births, marriages and deaths. Those present were: Drs. Laurence Maclaren, John Berryman, D. E. Berryman, Johnston, McCleary, Murray Maclaren, Inches, Travers, Bayard, McCarron, Steeves, Addy, Kenny, Jas. Christie, Wm. Christie, Musgrove, Preston, Walker, Daniel, Hutchison, Holden, Hetherington, Gilchrist, Emery, F. McFarland. M. MacFarlane and Crawford.

On motion, Dr. L. Maclaren was appointed chairman and Dr. J. W. Daniel secretary.

After a few remarks concerning the object of the meeting, Dr. Walker delivered an able speech. He pointed out that the regulations promulgated were vexatious and in many cases unnecessary; that they exceeded the powers given by the act; that they imposed work upon physicians which should be done by the health officials, and that the system adopted by the Health Act of compulsory reporting of infections by both the householder and physician had been proved a failure in limiting the spread and mortality of zymotic disease; it was really a detriment instead of a benefit to the public health. He also objected to the act, in that it required the physician to notify the principal of the school the pupil may be attending, of the existence of infectious disease, arguing that that work should be done by the health officer. Dr. Walker concluded a forcible address by moving the following preamble and resolutions:

Whereas, The dual compulsory system of reporting infectious diseases adopted by the public health act, 1887, has been proved ineffectual in controlling the spread of zymotic disease and actually a detriment to the public health;

Whereas, The act aforesaid imposes in addition on the medical attendant the duty of notifying the principal of the school attended by any pupil the subject of an infectious disease; and

Whereas, The bye-laws and regulations of the Provincial Board of Health, which are supposed to be made under and by the authority of the act aforesaid, require also information as to "name of school attended by children of that house"—measures employed for isolation and disinfection, and an additional report showing length of time sick, death or recovery, means of disinfection employed and when employed; and

Whereas, The blank forms furnished by the health office require in addition to the above, the name of the parents and their place of occupation, and the chief health officer of the province orders every physician to send in a monthly report whether he has anything to report or not.

Therefore Resolved, That in the interest of the public health the dual compulsory system of reporting infectious diseases by physician and householder should be changed, and the single system adopted of reporting by the householder, upon whom alone the onus and responsibility of such report should fall, and not on the physician;

Resolved, That the officials of boards of health are the ones to collect the information required by the regulations and blank forms; and

Further Resolved, That, as under the act, the chairman of local boards of health shall be medical men, and, as their work is laborious and a benefit to the public, we consider that they should receive adequate remuneration.

The resolutions were seconded by Dr. Preston.

A lively debate followed in which nearly every physician present made a speech.

After about two hours of debate the preamble and resolutions were finally disposed of, the first clause in the

preamble being defeated, as was also the first resolution, that dealing with dual compulsory reporting. The remaining clauses in the preamble and the resolutions were adopted.

On motion of Dr. F. McFarland, seconded by Dr. Hetherington, it was decided to appoint a committee of five to frame amendments to the health and registration acts, and submit them to a future meeting for consideration.

The following committee were appointed:—Drs. Walker, Holden, Daniel, John Berryman, and Wm. Christie.

At half past six, after a two and a half hours session, the meeting adjourned to reassemble at the call of the committee.—*Copy of Secretary's Minutes.*

Reviews and Book Notices.

TREATMENT OF DISEASES OF WOMEN, PUERPERAL AND NON-PUERPERAL.—By Chas. N. Goodwin, M. D. Leonard & Co., 141 Broadway, New York.

This book, it is professed, comprises "the latest contributions to this important branch of medical science, based upon the most recent practical experiences and investigations of the present day," by many eminent specialists. The contents, as its name denotes, deals almost exclusively with treatment.

The different views of writers as to the treatment of various diseases are concisely and consistently grouped, affording a ready means of conveniently contrasting and considering their several methods. The chapters on the management of the puerperal state, and on uterine displacements are specially interesting.

The book forms a handy and trustworthy little work for reference.

Notes and Comments.

It does not seem to have been perfectly understood that at present, during our first year, we publish *bi-monthly*—every second month—as is stated on the title page of every number.

THE Dominion Government has dispatched the chief quarantine inspector to Calgary to investigate, and so far as possible to check, disease that has broken out among the cattle of the ranches in the neighbourhood.

THE *Canadian Practitioner* announces that hereafter it will be published as a semi-monthly. We congratulate our ably conducted and valued contemporary upon its progress and prosperity, and cordially wish its editors a continuance of the success of their Journal.

WE fear that we had almost fallen into the popular error of supposing that pigs not only wallowed in dirt, but thrived best in it. But Edwin Chadwick, C.B., President of the Sanitary Congress, held in Brighton, last August, says that a pig that is washed puts on a fifth more of flesh with the same amount of food, than does an unwashed pig, and that he has "abundant evidence that the holy doctrine of 'wash and be clean,' is even more economical for children and men."

728 is the record in numbers of the articles printed during 1888 in the Archives of Gynecology, on the special subjects of its title. It is the aim of the editors to publish all current thoughts in these departments of medical know-

ledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription, \$3 per annum. Payment is not asked till end of the year.

WORLDLY WISDOM.—Professor Charpentier, Paris, gives the following advice to physicians as to the most prudent answer to be given when they are asked what they think the sex of the child is going to be. "Reply by asking the mother what sex she would prefer in the child, and then give it as your opinion that the opposite sex is the one to be looked for." In this way if the sex turns out to be the one prognosticated you will be thought a wonderful man, while if it proves to be the one the mother has wished for, she will be so pleased that she will easily overlook your error.

ANOTHER accident at Windsor, resulting in the death of a lady, has to be recorded as due to the dangerous custom of allowing the trains to run through the ordinary streets with no fence or guard of any sort. It surely betokens a lamentable lethargy in those who are responsible for the above state of affairs.

Dr. Fraser's sad death aroused considerable indignation, How long must this fatal record become before the evil is remedied. We would like to believe that no court in the Dominion would hesitate to award damages for injury resulting from this culpable neglect of precautions on the part of the railway company or town authorities.

SIR MORELL MACKENZIE recently visited Edinburgh in response to an invitation of the students of the University. His reception at their hands was of a most hearty character. He gave the first of a course of lectures in aid of the funds of the Students Union, his subject being,—the Influence of Culture in Professional Success.

At the outset Sir Morell took exception to the view of those who held that therewas an antagonism between wide culture and professional knowledge and skill, who believed only in what they called solid facts, and despised altogether what they termed elegant triflings.

Practical men might succeed who had no culture, but that was, he said, in spite of their want of culture, and not in consequence of it. Culture implied flexibility of mind, general development of all the faculties.

Sir Morell's welcome on the part of the Profession of Edinburgh, does not seem to have been so cordial as was his reception by the students.

PROSTATIC ENLARGEMENT.—Importance is to be attached to a new operation for the relief of this condition, devised by Dr. Hunter McGuire, of Richmond. The operation is similar to suprapubic cystotomy for stone. The only difference is that he made the opening into the bladder as low down on its anterior wall as possible, and left the opening in the skin at the upper end of the incision. A drainage tube was kept in for a short time. The result was that the patient passed his urine through the artificial urethra thus formed. The artificial urethra did not leak, nor did the urine dribble away, no matter what the position of the man's body was. The urine was retained for several hours, often from four to six, and then passed in a strong stream thrown several feet from the body the last coming in jets as from a natural outlet. The improvement in the patient upon whom he had done this operation had been wonderful. The artificial urethra or fistula, had the same relation to the bladder that the spout of a coffee pot has to the pot.

DR. GROSSICH has met with success in the treatment of ulcers by phosphoric acid. He covers the ulcer with a bit of lint dipped in a two per cent. solution of pure phosphoric acid in distilled water; and renews the dressing three or four times a day.

The slight burning sensation at first soon passes, and within twenty-four or thirty-six hours the ulcer cleans and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollische treated tubercular affections of the joints with injections of the phosphate of lime with great success.

Dr. Grossich has also had good results with this treatment, and cites cases.

The treatment by solution of phosphoric acid was first employed in a case of tuberculous abscess of eight months duration; and also a case of eczema marginatum which had lasted more than a year, and good results followed.—*Medical World.*

THOUGH chronic diseases—digestive and nervous disorders, skin troubles, the syphilitic taint, etc.—are those most benefited by the hygienic measures included in the term hydrotherapeutics, simple water applications are of much service in acute cases, such as fevers, pneumonia, and peritonitis. Take, for instance, that compound of flannel and water, the fomentation, so useful in bronchitis or pneumonia. It must be properly applied or it is only a source of added worry. A thick pad of flannel carefully sewed together—not loose folded flannel—wrung out dry from hot water at a temperature just bearable, is applied to the chest and a blanket wrapped round, all being done with the greatest speed to avoid exposure, and the application renewed every ten minutes. After an hour's application the surface of the skin is rubbed with a cold or tepid towel, and then with dry flannel. The fomentation as a counter-irritant is quite as effective as a mustard plaster or a turpentine stupe, never frays the skin, may be repeated as often as required, and is soothing and sleep-producing. This same fomentation over the abdomen combats insomnia successfully. A cold-water compress at night, well covered with flannel, has again and again dispersed what promised to be sore throat; and hot and cold water in headache are remedies almost too trite to mention.—*N. Y. Med. Journal.*

Selections.

TREATMENT OF DIPHTHERIA.

BESIDES sepsis the great dangers in diphtheria are heart failure and strangulation. Heart failure is usually developed gradually. It is foreshadowed by an increasing frequency and weakness of both heart beats and pulse, by an occasional intermission, by unequal frequency of the beats in a given period (say ten seconds), or by the equalization of the interval between systole and diastole, and diastole and systole. This latter condition which is normal in the embryo and fœtus is always an ominous symptom. Heart failure is due, apart from the influences common to every disease and every fever, to tissue changes in the myocardium in the nerves or both. These changes may be due to the ill nutrition of the tissues, resulting from every septic condition of the blood, or specific alteration due to the diphtheritic process. Failure may either come on after having given warning or it may be on you without any. Thus every case of diphtheria, except perhaps those cases of the mild tonsillar

form ought to make one anxious and afraid. Indeed there is no safety and no positive prognosis until your patient is quite recovered and even advanced beyond the period in which paralysis may develop. Whatever enfeebles must be avoided; absolute rest must be enjoined. The patient must be in bed without excitement of any kind; take his medicine—which ought to be as palatable as possible—and his liquid food, and evacuate his bowels in a recumbent or semi-recumbent position; crying and worrying must be prevented, the room kept airy and rather dark so as to encourage sleep if the patient be restless,—and restless he is unless he be under the influence of sepsis and thereby subject to fatal drowsiness and sopor.

In no disease, except perhaps pneumonia, have I seen more fatal results from exertion on the part of the sick, or from anything more than a change of postures. Unless absolute rest be enforced neither physician nor nurse are doing their duty. The latter must avoid all the danger attending the administration of medicines, injections, spray and washes. Preparations for the same must be made out of sight, every application made quickly and gently. On no condition must a patient be taken out of bed for that purpose. I know of children dying between the knees of nurses who called themselves trained and had a diploma.

Pharmaceutical preparations such as digitalis, strophanthus, spartein, caffeine, besides camphor, alcohol and musk, must not be postponed until feebleness and collapse have set in. These conditions are at least possible, even probable; and this is certain that a cordial stimulant will do no harm. It is advisable to use them at an early date, particularly in those cases in which antipyrine or antifebrin are given. Besides it is not enough that the patients should merely escape death, they ought to get up *cito tuto et jucunde*, with little loss and speedy recuperation. A few grains of digitalis or their equivalent—preferably a good fluid extract—may, or must be given in a pleasant and digestible form daily. When a speedy effect is required, one or two doses of 2 or 4 grains each are not too large, and must be followed up by smaller ones. When it is justly feared lest the effect of digitalis be too slow, I give with or without it, sulphate of spartein. An infant a year old will take one-tenth of a grain four times a day as a matter of precaution, and every hour or two hours in an emergency.

Of the same importance are alcoholic stimulants. The advice to wait for positive symptoms of heart failure and collapse, before employing the life saving apparatus, is bad. There are cases which get well without treatment but we do not know before hand which they will be. No alleged mild case is safe until it has recovered. When heart failure has once set in—and often will it occur in apparently mild cases—our efforts are too often in vain. Thus alcoholic stimulants ought to be given early and often, and in large quantities thoroughly diluted. There is no such thing as danger from them or intoxication in septic diseases. A few ounces daily may suffice, but I have often seen ten ounces daily of brandy or whiskey save children who have been doing badly with three or four.

Caffein, or in its stead coffee, is an excellent cardiac tonic, except in those cases in which the brain is suffering from an active congestion. For subcutaneous injections the salicylate (or benzoate) of caffeine and sodium which readily dissolve in two parts of water is invaluable for emergencies, in occasional doses of from one to five grains in from two to ten minims of water. From five to twenty grains of camphor may be given daily as camphor water, or in a mucilaginous emulsion which is easily taken. It does not so disturb the

stomach as carbonate of ammonium is apt to do; for rapid effect it may be administered hypodermically in five parts of almond oil which is milder and more convenient than ether. Strychnine may be added regularly from the beginning of failure, but mainly in cases with little increase of temperature. Its effect is more than momentarily stimulating; but the very best internal stimulant in very urgent cases is Siberian musk. I prefer to give it from a bottle in which it is simply shaken up with a thin mucilage. In urgent cases it ought to be given in sufficient doses and at short intervals. When ten or fifteen grains administered to a child one or two years old, will not, within three or four hours restore the heart's action to a more satisfactory standard, the prognosis is very bad.

Besides exhaustion at the height of the disease, we have paralysis during convalescence, or intense anaemia after apparent recovery. This anaemia may be general or is local, and then mostly cerebral.

In urging upon you these remedial measures in the dangers of diphtheria, I beg of you not to take me for a meddler and interferer. Like yourself, I see many a case of sickness, and treat many without medicine. But there must be a reason for both medication and non-medication; and there must be medication where there is an indication for it. Where there is there is also an indication for a sufficient dose. I believe in nature and in spontaneous cures, but I know also that nature destroys with the same equanimity and indifference with which it allows the getting well. I believe in the action of medicine and the responsibility of the physician. I know that when a political Nihilist commits a single murder the newspapers of the world talk loudly of it. When a therapeutical Nihilist commits a hundred homicides a quiet certificate and the silent sod cover the sins of omission.

Perhaps the most useful internal remedy is mercury. Empiricism has often praised calomel in small and large doses. My acquaintance with mercury in this connection is not at all new; more than four years ago I published a number of cases which got well under its use, at the same time that Dr. Shallon, of Brooklyn, published an article on the same subject. Since I have employed it,—I prefer the bichloride,—my conviction of the utter uselessness of internal medication in so called membranous croup is thoroughly shaken. Until about six years ago I felt certain of a mortality of 90 or 95 per cent. of all the cases not operated upon. These figures were not taken from small numbers for I compared those of others with my own. The latter are not a few either, for within the last thirty years I have tracheotomised nearly 600 times, have assisted at as many more operations, and have seen at least 1000 cases of laryngeal diphtheria, which were not operated upon at all. During the last six years I have seen no less than 2000 cases, perhaps many more; amongst them recoveries have not been rare at all, at all ages from four months upward. The uniform internal medication consisted in the administration of a dose of the bichloride every hour. The smallest daily dose ever given by me in the beginning was 15 milligrammes ($\frac{1}{4}$ grain) to a baby of four months; this was continued a few days, and the dose then somewhat diminished. Half a grain daily may be given to children of from three to five years for four or eight days or longer. The doses vary from $\frac{1}{10}$ to $\frac{1}{30}$ gr. They require a dilution of 1 in 6000 to 10,000 of water or milk. There is no stomatitis, gastric or intestinal irritation is very rare. It occurred in a few cases but then it was found that the dilution had not been sufficient, 1 in

2,000 or 3,000 only. If ever it exists small doses of opium will remedy it.

The benefit to be derived from the remedy depends greatly upon the time of its administration. Tracheotomy or intubation is required as a rule, after days only, and can often be avoided if mercury is given in time. If the operation become necessary after all, the treatment must be continued diligently. Never have I seen so many cases of tracheotomy getting well, since 1863, as when the bichloride was being used constantly in 1882, and the five subsequent years. Nor am I alone with these favourable results; there are dozens of practitioners in New York city, with whose methods and results I am well acquainted some of whom are connected with me in some capacity or other, who confirm the above statements. My experience with the bichloride is mainly gathered in cases of laryngeal and bronchial diphtheria; it is there where it has been particularly effective. Still but few of these were quite localized affections. Our cases of diphtheritic laryngitis are mostly descending and complicated with either diphtheritic pharyngitis, rhinitis or both. Not a few, mainly of the latter kind, exhibit constitutional symptoms of sepsis, many such have also got well. It has so happened that cases of nasopharyngeal diphtheria with septic symptoms have not often been treated by me with bichloride. What little I have seen, partly in my usual consultation practice, partly in the results of the Willard Parker Hospital for diphtheria and scarlatina, where Dr. Priest has acted upon my suggestion, has confirmed the teachings of Lynn and Pepper who rely on the bichloride of mercury as their sheet anchor in the very worst form. The results are enviable when compared with others, nor is the reason for its efficacy very obscure. If an antiseptic which enters the circulation without previous decomposition is required, and which at the same time is safe and efficient, it is the bichloride; if the virus be bacteria, so much the better. It is not necessary to introduce into the circulation for the purpose of counteracting the effect of bacteria solutions sufficiently strong to destroy them; for such doses would destroy blood cells first. According to T. Mitchell Prudden, a solution of $\frac{1}{8}$ of one per cent. of carbolic acid, prevents the emigration of white blood corpuscles under circumstances otherwise favourable to inflammation, and Koch found that though bacteria are not easily killed their growth is stopped by a solution of one part of carbolic acid in 850, and their activity by one in 1200. These effects are all that are required for practical purposes. If the growth and activity of the bacteria be stopped the cells will see to it that the republic suffer no harm. Now the bichloride of mercury is the most powerful of all the antiseptics. A child of from 35 to 40 pounds carries about 2 pounds of blood, equal to about 15000 grains. One sixth of a grain of bichloride floating in the circulation ought to be able to stop both the activity and the growth of parasites, if parasites there be.—*Abraham Jacobi, M. D., British Medical Journal, Sept., 1888.*

WHY HE WAS SO LEAN.—A lean, misanthropic physician, in a small hamlet, had as his only opponent a handsome robust man. The strife between the two was violent. One day a lady asked the first why he was continually in bad health, whereas the other was well all the time? "You see, madam," he replied, "the only man who can treat him I am, the only physician I can get is he."—*Jour. de Medecine, de Paris, according to The Scalpel.*

ON HEADACHES FROM OVERLOOKED CAUSES, IN THE NASO-PHARYNX AND EAR.

AFTER referring to a form characterized by a diffuse pain through the head, lasting from one to several days, which is sometimes due to circumscribed follicular tonsillitis or follicular angina, the writer proceeds :

(2) "A second more common type of headache is a dull occipital pain, lasting only perhaps some hours or days, but frequently returning. It is occasioned by enlargement of the pharyngeal tonsil in the form of adenoid vegetations. It occurs especially during the congestion started by a fresh "cold," but at other times as well. I have met with it only in children. Any extensive glandular hypertrophy at the roof of the pharynx can scarcely be overlooked by any attentive physician. But a minor degree of enlargement in an otherwise healthy child may give rise to no symptoms but those of impeded nasal respiration at night, and may hence escape detection. The treatment is as simple as it is efficacious, namely, operative removal of the pharyngeal tonsil.

(3) Headaches due to hypertrophy of the nasal mucous membrane have come under my observation a limited number of times, but always in individuals either of a neurotic type or run down in health from overwork or worry. The pain was either frontal or diffuse, not very severe and not constant, but increased by excitement or mental work. The nasal lesion consisted in hypertrophy of the mucous membrane, especially on the middle turbinated bone, from the free edge of which the swollen membrane protruded as if it were too large for the bony frame. In some of the cases distinct polypi were present. Catarrhal symptoms, or at least catarrhal secretions, are not a necessary feature of this condition. Some of the patients, indeed, scarcely paid any attention to their nasal symptoms. I have generally found that where true hypertrophy of the mucous membrane predominates, the vascular irritability and permanent enlargement of the submucous cavernous tissue are not very marked. The nasal lesion can be cured by frequent spraying with nitrate of silver solution, and in proportion as the nose improves, the headaches diminish. Wherever the mucous membrane projects in polypoid form, it is of course the quickest way to remove it with the hot or cold snare.

I will not refer at present to the various forms of headache associated with the condition of irritable nose. For in that form of trouble in which there is more or less enlargement of the cavernous tissue and consequently marked—though it be temporary—obstruction of the nasal passages, the patient will himself call the attention of the physician to the state of his nose.

(4) A fourth type of almost continuous headache I have met with in children, dependent on diminished patency of the Eustachian tubes. When the hearing is not impaired a fairly intelligent child may suffer from a feeling of fullness in the ears without ever complaining of its ears. Occasionally the obstruction of the Eustachian tube, and subsequent reduction of intratympanic pressure, gives rise to persistent headaches, which stop at once on inflating the middle ears. If the Eustachian obstruction be one-sided the child notices a difference between the two ears. But if both Eustachian tubes are involved without marked impairment of hearing, the ear trouble may not be suspected, and it is only after inflation that the child feels that its ears are now "more natural" than they were before. Such slight Eustachian obstruction, and the headaches dependent thereon, can be readily cured in children by a few inflations, either by

Politzer's method or, still better, by means of the Eustachian catheter. The naso-pharynx should, of course, receive due attention, in order to prevent a return of the Eustachian obstruction."—Dr. Gradle in the *Journal of the American Medical Association*.

LAWSON TAIT in communicating a record (*Brit. Med. Jour.*) of a second series of one thousand consecutive cases of abdominal section, reports a death rate of 5.3%, the mortality of his first series having been 9.2%.

This improved record is due chiefly to a diminished mortality in his operations of ovariectomy, removal of uterine appendages for myomatous and inflammatory diseases, hysterectomy, and opening and draining in cases of suppurative peritonitis.

Concerning an operation termed by him "amputation of the pregnant uterus," founded on the principle of Porro's operation, but differing in detail, Lawson Tait speaks as follows:—

"This operation, I venture to predict, will revolutionize the obstetric art, and in two years we shall have no more of craniotomy, (except for hydrocephalus,) and evisceration, for this new method will save more lives than these proceedings do, and it is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it. No special instruments are required, nothing but a knife, some artery forceps, a piece of rubber drainage tube, two or three knitting needles and a little perchloride of iron.

My method of operating is to make an incision through the middle line, large enough to admit my hand, and then I pass a piece of rubber drainage tube, (without any hole in it,) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. I then take a single hitch and draw it tight around the cervix, so as to completely stop the circulation. I give the ends of the tube to an assistant, who keeps them well on the strain, so as to prevent the loose knot from slipping, the reason of this being that should there be any bleeding and any necessity for further constriction, I could secure this in a moment, without undoing any knot, and the simplicity of this method greatly commends it. I then make a small opening in the uterus, and enlarge it by tearing with my two forefingers, seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted, and is easily drawn through the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges into the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made. The uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way.

The operation takes far less time to perform than it takes to describe, and as there is hardly any possibility of complications, it is one of the simplest operations that can be undertaken, and must always be pretty much the same; for this reason no one need be in any fear about undertaking it, for in the absence of variation in the difficulties to be encountered, it differs entirely from any operation in

abdominal surgery. If performed before the patient has been mauled about by ineffectual attempts to deliver, its mortality will be no greater than that of ovariectomy, and the arguments in its favour against all alternative proceedings are, first, that it cannot be more dangerous to the mother than most of these are, that it saves the life of the child, that it prevents the unfortunate mother from again being placed in a similar condition, and it certainly has the great advantage over alternative proceedings having a similar object, that its great simplicity, as contrasted for instance with operations proposed by Thomas, Müller, and Säger, will make it possible for the country doctor, less experienced in surgery, to perform it without hesitation. These complicated and difficult proceedings may have their advantages, though I confess I do not see them, but they will be left for the hands of experienced specialists. The operation I have described will be the operation of emergency, when only the resources of general practice are at hand.

A VALUABLE paper by Prof. Austin Flint in the *New York Medical Journal* furnishes a strong confirmation of the beneficial influence of creosote in phthisis. He says:

"In conclusion, the records of the ten cases reported show that creosote by the stomach and the inhalations, in cases of solidification without cavities effect prompt and decided improvement in all phthisical symptoms, with increase in appetite, weight, and strength, even with surroundings much less favourable than would obtain in many cases in private practice.

In cases with small cavities much less improvement is to be looked for, but some benefit may be expected.

In cases with large cavities the treatment seems to have little more than a palliative influence."

We give the results in the matter of body weight.

CASE.	GAIN IN WEIGHT.	REMARKS.
I.	11½ lbs. in 27 days	
II.	9 " " 28 "	
III.	10 " " 28 "	
IV.	10 " " 16 "	
V.	20 " " 37 "	
VI.	6 " " 39 "	
VII.	8½ " " 22 "	
VIII.	13 " " 49 "	[sides, &c.
IX.	No change in weight	Large cavities on both
X.	2 lbs in 15 days	

As might be supposed, the gain in weight was associated with much improvement in other symptoms and physical signs.

The creosote was given internally in doses of three drops three times daily; in certain cases special symptoms, *e. g.*, night sweats, poor appetite, or cough were treated by atropia, a tonic before meals, (iron, quinin and strychnin,) a cough mixture, (sp. chloroform, ac. hydrocyan, dil. and syr. wild cherry,) respectively.

Inhalations of equal parts of creosote, alcohol and sp. of chloroform are used. Ten to fifteen drops of the mixture were placed upon the sponge, and inhaled for fifteen minutes, three or four times daily, increased until said inhalers were used almost constantly. No other medication was employed.

The Inhaler used was a perforated zinc one modified by Dr. Beverly Robinson and manufactured by Hazard, Hazard & Co., New York.

The cases in the above table, which showed no gain in weight, or very little, were cases in whose lungs there were larger or smaller cavities.

PATHOLOGICAL.—Dr. W. Roger Williams gives in the *Lancet* his views on the evolution and etiology of tumours, and has adopted a classification accordingly.

He says that the various pathological new formations originate by reversion of cells, which are usually engaged in maintaining the normal structure of the body, to an embryonic state of activity. The morbid products, though themselves redundant, represent a reduction or minus of the corresponding healthy structure whence they originate, differing from them only in degree.

In all of these cases, as in the new formations of embryonic life, the subordination of the local processes to the specific hereditary tendency of the whole appears to be lost or diminished, so that unspecialized cells then manifest their potential reproductive qualities by taking on semi-independent growth and development.

In short, there is departure from the definite order, regular stages, and fixed periods of the normal evolutions. He says we need assume no specific difference between malignant and non-malignant neoplasms.

Most non-malignant new growths are of highly organized structure; and as in the case of the corresponding normal tissue, which histologically they closely resemble, the cells of the part suffer loss or impairment of their proliferous (reproductive) power owing to their protoplasm being used up and converted into special tissues. Those tumours lack infectious properties because they are highly organized.

On the other hand all lowly organized neoplasms are more or less malignant, and the most malignant are those of the lowest organization.

Thence, it may be concluded, that upon its grade of organization is chiefly dependent, the degree of malignancy of a given neoplasm. In light of these views, he sees no probable truth in the theory that new growths are the outcomes of general blood disease, dependent upon the presence of micro-organisms.

GLYCERINE AS A SURGICAL DRESSING.—"We want a dressing that is non-irritating, antiseptic, will not become adherent, will allow free drainage, will not allow the discharges to get hard and caked, will be truly miscible with the discharges, and not evaporate at any temperature of the body, nor occupy the place intended for the discharges." Thus writes Mr. Fleming, M. R. C. S., in a paper condensed in the *Brit. Med. Journal*. He thinks we have the desideratum in the Glycerine of Starch of the Pharmacopoea with some antiseptic dissolved in it, *e. g.*, corrosive sublimate 1 in 1000 parts. This application is not irritating, is antiseptic, and is removed easily from any wounded surface. Glycerine being truly miscible with the discharges is quite absorbent, and not evaporating, prevents the discharges from becoming caked, or hard and dry.

The Glycerine, itself hygroscopic, does not usurp the place of the discharge, or prevent the free escape of the watery vapours. After several days such a dressing will still be found moist, soft and heavy with the amount of liquid it has absorbed.

It is most commonly applied thickly spread on one or more layers of Gamgee tissue or some absorbent material.

Mr. Fleming has had most encouraging results with incised wounds, lacerated and confused wounds, chronic granulating ulcers and in ten cases of purulent conjunctivitis.

We think this practice well worth a trial.

BLOODLESS TREATMENT OF INGROWING NAIL.—Dr. Patin recommends the following procedure for removal of ingrow-

ing toe-nail, which he has employed with excellent results in all of his cases. After thorough cleansing of the nail, a solution of gutta percha 10 parts, in 80 parts of chloroform, is applied with a brush to the interstices between the nail and the granulations. This is repeated several times on the first day, and subsequently at longer intervals. By exercise of care and patience it will be found that the nail is gradually lifted from the underlying parts, and can then be removed without pain with the scissors. If a properly fitting shoe is worn no recurrences need be apprehended. The solution applied in this manner exerts a double effect, the chloroform is anæsthetic, and the gutta percha acts mechanically, forcing its way between the granulations and the nail, and finally liberating it from its abnormal position. — *Gaz. des Hôpitaux, 1887.*

INTRA-MUSCULAR INJECTIONS OF MERCURY IN SYPHILIS. — Mr. Astley Bloxam, Surgeon to Charing Cross Hospital, and Lecturer in the School, discussed this subject some time ago, before the Medical Society of London.

This method of treatment is very largely practised in Germany, different preparations being used. Some inject a preparation of calomel in glycerine (1 in 10); some use the calomel simply suspended in water, shaking the bottle well before filling the syringe. A solution of the perchloride is also used.

Mr. Bloxam finds a solution of sal alembroth most satisfactory, and in no case followed by abscess, after proper cleansing precautions were taken.

The solution contains percloride of mercury and ammonium chloride; 10 drops containing one-third grain of the perchloride. He injects this deeply into the substance of the buttocks once a week, changing sides at each injection. The primary sore had generally healed up by the second injection, and the secondary symptoms soon were overcome, only the throat and glands then giving evidences of the disease. At this stage he injects only once a fortnight, and later, only once a month, continuing the treatment thus for a year or eighteen months, some eight or ten grains of the salt sufficing for the whole course of treatment. The advantages claimed are great promptness in action, the knowledge of exactly what amount of mercury is being absorbed at any given time, and the patient's freedom from the gastric derangement apt to follow administration of the drug by the mouth. The pain of injection is slight. The solution must be deposited well in the substance of the muscle, beyond the fascia and cellular tissue overlying the muscle; otherwise abscesses are more likely to form.

THE operative treatment of separation of the Abdominal Parietes following *Laparotomy*.

R. Chrobak (*Internat. Klin, Rundschau 1887, Nos. 44 and 45*), remarks that bandages and supports are by no means satisfactory in the treatment of the occasionally enormous hernias which appear at the seat of the laparotomy wounds; nor is excision of the superfluous skin successful in giving permanent relief.

Chrobak has operated upon two cases with complete success. He divides the thin skin together with the peritoneum, the latter is immediately sutured. The superfluous skin is resected, and all fat and connective tissue down to the sheath of the recti muscles is dissected away. By means of strong sutures penetrating not only the sheaths but the muscular substance also, the diastasis is obliterated. A small drainage tube is placed in the wound and the skin is sutured.

Maydl has operated upon several cases in a similar manner; he splits the sheaths of the two recti muscles and unites the sheaths and the muscles of the two sides separately to each other. — *American Journal Medical Sciences.*

Obituary.

Dr. CARRITT, recently the Senior Physician and Surgeon in Nova Scotia, died at Dartmouth, on the 31st day of October last. He was born in the county of Lincolnshire, England, on the 26th of July, 1800, graduated at Edinburgh in 1826, married Miss Harriet Peacock, of that city, and came to Nova Scotia the same year (1826). He commenced the practice of his profession in Halifax, and subsequently removed to Truro. In 1842 he settled in Guysboro where he continued his professional labors until 1884, in which year, in consequence of the death of his wife and failing health, he was induced to retire from practice. His remaining days were spent in Dartmouth with his daughter, Mrs. Robert Cutler. Two sons and three daughters survive him.

Dr. Carritt, while well known to some of the older practitioners of the Province, was unknown, except by reputation to most of those who commenced their career within the last quarter of a century, but all who were brought in contact with him, either socially or professionally, entertained the highest respect for him, both as a man and a practitioner of ability and extended experience. He was a man of literary tastes and desired to impart a like spirit into the minds of those with whom he was brought into contact.

About the time he went to Guysboro, "Mechanics' Institutes" were doing good work in England and America; and although the field for imparting to others the mental tastes he himself possessed, was very limited, he organized such an institution, and was thus enabled to perform educational and literary work for the locality in which he had cast his lot. For 42 years he resided in the shire town of Guysboro and it may be said that for many years he had the medical charge of the whole, or nearly the whole of that county, and had to grapple alone with all the difficulties and trials connected with a mixed surgical, medical and midwifery practice.

Those were the days when journeys had to be taken on horseback, (over roads and by-ways which could not be travelled in carriages) or in open boats. The older inhabitants of the county can well remember the hardships Dr. Carritt had to endure, and the unselfish and generous spirit he exhibited to the poor farmers and fisherman, whose families he constantly visited and supplied with medicine, when there was not the shadow of a chance of his being remunerated for his services. A similar condition of things existed, largely over the whole province in the first half of the present century. Well educated men, principally from British schools, some of them from the navy and army, occupied the fields. Many of them, metaphorically speaking, *existed, they could not live*. They often wanted the common comforts of life, with hundreds of pounds on their backs. A pound note or a sovereign was a rare sight, almost continually longed for; and their families were often deprived of the educational advantages of other and older provinces or countries. Professional periodicals had no existence. Professional intercourse and consultation were beyond their reach. The public, of the sparsely populated district where they dwelt, reaped the advantage of their labors, and they themselves were rewarded, when the life here ceased, and the life beyond was entered upon.

How different is the condition of things to-day. The towns, villages, and country districts, are now abundantly supplied with medical men, good or fair carriage roads have been constructed along the coast line and through the interior, of all the counties of the provinces. Railroads, almost out of proportion to the population, exist, patients can be prescribed for, and consultations held, by telegraph and telephone, and the land is flooded with medical periodicals containing valuable and practical matter, at reasonable prices. All these advantages and privileges, the cultured and genial Edward Carritt, and those whose life work terminated years ago, were deprived of. Those of us who now occupy their fields, may truly say, that the lines have fallen unto us in pleasant places, and we have a goodly heritage.

D. McN. PARKER.

WILLIAM HAMILTON HOBKIRK, M.D., F.R.C.S., England, whose death took place on Oct. 29th, 1888, was in his 79th year. Dr. Hobkirk was born in England, in the year 1810. He studied his profession at Guy's and St. Thomas' Hospital, London. He obtained his membership of the Royal College of Surgeons, in 1837, and some years later was made a Fellow. He located in Charlottetown, in 1838, and had been during many years one of the most prominent citizens, and leading physician of that city. He had medical charge of the troops stationed there in earlier days, and for many years was health officer for the city and quarantine officer for the port. He was, until within a few months of his death, the consular agent in his province for France.

He was a diligent and cultured representative of his profession, courteous in manner, and greatly respected both by his professional brethren and his fellow citizens.

Personal and General.

THE New York Academy of Medicine is forty years old, and has nearly five hundred members.

DR. ALEX. PRIMROSE has been appointed one of the assistant demonstrators of anatomy in the Medical Faculty, Toronto University.

THE *Sanitary News* says there has not been a single epidemic reported this summer that was not directly traceable to neglect of ordinary sanitary requirements.

DR. JOSEPH DWYER, the originator of Intubation of the Larynx, has been appointed Professor of Diseases of Children in the New York Post Graduate Medical School and Hospital.

DR. LAWSON TAIT takes as his assistants three physicians, charging them each one hundred dollars a month, during which time they assist at all his operations and become familiar with his methods.

ALL who know Dr. Ruggles, of Weymouth, will hear with pleasure that after having undergone an operation for cataract, he has regained his sight. Dr. Ruggles is now, we believe, the medical patriarch of Nova Scotia.

DURING the winter elementary lectures will be delivered at the Natural History Society Rooms, St. John, by Dr. W. W. White, on Origin of Species; Dr. Crawford, on Organs of Sense in Animals; Dr. Kenny, on Zoology; and D. A. F. Emery, on Digestive Apparatus of Animals.

THE substantial additions made to the Victoria General Hospital are expected to be ready for occupation by about May next.

The wards are large, high and well lighted, and will

increase the accommodation of the Hospital to some 150 beds, the present number being about 86.

It is intended that certain wards will be devoted to special classes of cases, there being particularly in view a gynecological ward.

The enlarged Hospital presents a considerably more imposing appearance than did the original building.

Letters.

To the Editor of the Maritime Medical News:

SIR,—I hail the first number (just received) of the MEDICAL NEWS, as indicating a progressive spirit amongst the medical profession of the Maritime Provinces. I have on more occasions than one, through the public prints and otherwise, advocated that the time had come when the younger men at least, of the profession, would be largely benefitted by some medium through which they could ventilate and exchange their medical views in some other manner than through the newspapers.

A work of this description is much needed in the Maritime Provinces. It will serve as a journal through which the doctors can exchange their opinions on the various topics that come under the jurisdiction of a Medical Journal. It is true that the field is pretty well occupied by the various American and Canadian periodicals in medical literature, and the fact that three-fourths of the graduates in Medicine and Surgery, (in Nova Scotia at least), are from the United States, would indicate that (from a medical point of view), a preference is made for the medical literature of that country. But as we now have a full fledged Medical Journal launched forth from our own *Sanctum* may we not hope that the MARITIME MEDICAL NEWS may prove to be a credit to its founders and promoters, and that its career may be as prosperous as its columns are meritorious.

Yours truly,

R. R. S.

LITTLE RIVER, P. O.,
Halifax County, N. S.

Books and Pamphlets Received.

- WRITING MACHINES FOR DOCTORS—By John Auld, M. D.
REPORT ON HYDROPHOBIA—By Chas. W. Dulles, M. D., Philadelphia.
MINERAL AND THERMAL SPRINGS OF CALIFORNIA—By W. F. McNutt, M. D., San Francisco.
CERTAIN EYE SYMPTOMS OF INTRACRANIAL ORIGIN—By J. W. Sterling, M. B., (Edin.), Montreal.
TREATMENT OF DISEASES OF WOMEN, PUERPERAL AND NON-PUERPERAL—By Chas. N. Goodwin, M. D. Leonard & Co., New York.
THE MONTHLY INDEX—A Monthly Bulletin of the Medical Exchange, published by E. G. Jones, M. D., 312 Union Ave., Paterson, N. J., U. S. A.
TREATMENT OF HYDROCELE BY INCISION OF THE TUNICA VAGINALIS AND BY A NEW PROCEDURE—By W. F. McNutt, M. D., M. R. C. P., Edin., Prof. of Principles and Practice of Medicine in the University of California.

COMMUNICATIONS, letters, &c., have been received from Prof. Austin Flint, New York; Charles W. Dulles, Philadelphia; Dr. J. W. McKay, Thorburn; Dr. D. W. Johnson, Tatamagouche; Messrs. Leonard & Co., New York; "Pioneer" Publishing Co., Billings, Clapp & Co., Boston; Dr. E. G. Jones, Paterson, N. J.; Journal Publishing Co., Baltimore; Surgeon-General's Office, War Department, Washington; Chas. E. Sajous, M. D., Philadelphia; A. J. Murchison, Toronto; Messrs. Fairchild Bros. & Foster, New York; Editor *Nursing Record*, London, Eng.; Dr. Purdy, Moncton; John B. Alders, New York, &c., &c.

SPURIOUS "ACID PHOSPHATE."

OFFICE OF DR. MORRIS H. HENRY, 581 Fifth Ave., New York.
 Mr. N. D. ARNOLD, Rumford Chemical Works, Providence, R. I. Oct. 27, 1888.

My Dear Sir:—I am very glad indeed to see that you have issued a caution to Physicians who prescribe "Acid Phosphate." The notice is timely. Within a few months I have seen cases where spurious preparations were (unwittingly) used without benefit. My own experience in the administration of your preparation dates back to 1870. I think I was one of the first to call especial attention to their great value as a beverage at meals, to assist digestion, to avoid dyspepsia, relieve nervousness, and as an aid to induce sleep. I have had no reason to change my views. My additional years of experience have confirmed my first impression. I am, my dear sir, faithfully yours,
 (Signed) MORRIS H. HENRY.

To Mr. N. D. ARNOLD. Nov. 8, 1888.

My Dear Sir:—In answer to your favor of yesterday, I have no objection to your publishing my recent letter to you, for I sincerely believe that the only way in which spurious articles can be driven from the market, is by the widest publication of endorsements of genuine preparations, from those who are privileged by education and Honest experience to speak authoritatively on therapeutic agents offered to the profession and the public.

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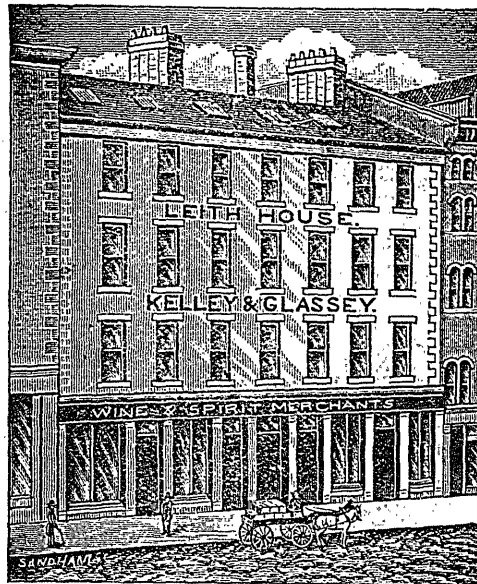
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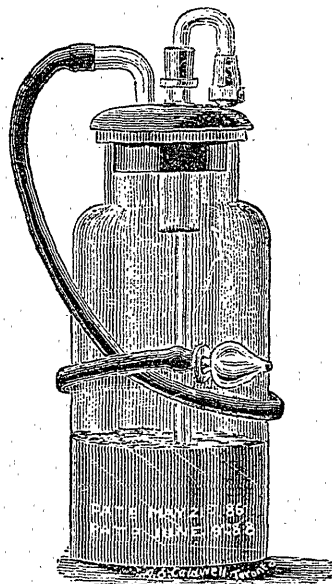
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At this juncture it gives us pleasure to state that we have never relied for our supplies of cascara sagrada on the inferior article offered in the market, but in accordance with our usual methods take every precaution to obtain supplies from reliable sources.

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