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Wednesday and Thursday, August 22nd and 23rd, 1894.

The Twenty-Seventh Annual Meeting of the Canadian Medical Association will be held at St. John, N. B., in August 22nd and 23rd next.

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

Arrangements are being made with the Railways whereby Members and delegates and their wives may obtain Return Tickets at a reduced rate.

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"The Association shall be composed of Licensed Members of the Medical Profession in the Dominion of Canada, in good and regular standing, and whose practice is not based on any exclusive doctrine."

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

The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 48 by 40 feet. The first flat contains the research laboratory, lecture room, and the Professor's private laboratory, the ground floor being used for the Curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view. **MATRICULATION.**—Students from Ontario, and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces, before entering upon their studies; Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to **R. F. RUTTAN, M. D., Registrar,** Medical Faculty, McGill College.

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VI.

HALIFAX, N. S., AUGUST, 1894.

No. 8.

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PRESIDENT'S ADDRESS BEFORE NOVA SCOTIA MEDICAL SOCIETY, JULY, 1894.

C. J. FOX, M. D., PUBLICO.

Gentlemen.—It is with extreme diffidence I find myself in the position I to-day occupy, and can only regret that a more representative man had not been chosen. And yet I have to thank you for the appointment as an entirely unexpected token of esteem, the more so as I was unable to be present at the last meeting of the Society. As the position is a novel one to me, I must crave your generous indulgence if in any respect I fail to come up to your ideal of what the president of this honorable body should be.

It gives me great pleasure not only as president of this society, but as a practitioner of Yarmouth County, to welcome all present at this the first meeting of the association in the western metropolis of the province; and I hope it may arouse an interest in the proceedings of our organization which

though I trust it has been felt, it must be admitted, has not been manifested very largely in the past by physicians in this part of the province.

Now while I have no right or desire to deliver a lecture to those who do not find it expedient to attend the meeting of this or some kindred association. I have thought it might not be unprofitable to expend a few minutes in considering the matter of medical societies in general, and of our own in particular. It may be properly asked: What is the object of these societies? This is a question that need hardly be answered to any here, and yet I fear there are many outside the profession who have an erroneous idea of the purpose of our gatherings, some seeming to think it a sort of secret organization for the benefit of the profession as opposed to the public.

In answer to the above questions as to what may usually be expected from meetings of this kind, I think that the first thing that would suggest itself to the minds of most of us, and

more especially when we glance at the programmes issued would be a record of experiences and a discussion of scientific medical subjects.

Now while the exchange of professional ideas and the suggestion of new or the improvement in old methods of treating diseased conditions, will continue to hold a primary place in the minds of those who attend these meetings, it must not be forgotten that for many hard working practitioners it is the only approach to a holiday they have from one year to another, and they require something besides an everlasting grind of shop wherever they turn. The unexpected meeting and hearty hand-shake with some old friend perhaps a college chum, out of sight for years will be remembered when somebody's dissertation on phlegmasia dolens or the like has been long forgotten.

The feeling of brotherhood engendered will not be the least item to be placed to the credit of such occasions as the present. As we come to know each other better, it will be strange if there is not something to like in each as well as much to learn from one another. If you will allow me I will quote a passage from an address before the American Medical Association some years ago by Dr. N. S. Davis, of Chicago: "One of the best benefits received at meetings like this is the feeling of cheerfulness and pride in our profession inspired and a renewed determination to make it honorable, and meetings of this kind furnish us each with that magnetism which has more to do with curing our patients than our pills and powders."

I am not called on to prove the necessity for these gatherings; that proof lies in the prevalence of them. I cannot say when the first society was established but of late years their growth has been phenomenal for we find them now in almost countless numbers wherever the art of medicine is practised, and ranging in magnitude

if not in importance from national associations down to county organizations.

We can understand this when we consider that man is an animal who is not at his best in a state of isolation. No matter in which rank of the industrial army he may be placed he will be a better worker for being subject to the attrition of companionship and this companionship with its attendant advantages of frequent comparison of notes and experience, is out of the reach of a great majority of the practitioners of the province.

The country physician who has no confrere within reach is apt to get either careless or egotistic and for him the only salvation is to get out occasionally and see and hear what others are doing and how much better they may be doing it than he, though I do not by this intend any reflection on country doctors in whose ranks I am honored in being placed myself. The difference between the town and country practitioner was neatly put by a recent writer in that the former when he met a difficult case stepped across the street and called in help, while the latter sat down to think.

Those in more populous centres who are subject to, in some cases unfortunately hurried by, keen competition will feel the good effect of the relaxation and the atmosphere of good fellowship that as a rule pervades these gatherings. We are professionally a body of communists, and while we esteem it as our duty to share with our fellows that which falls to our lot in the shape of new ideas, we claim as a right that each one who is placed in a position to do so should make a like contribution as occasion offers, and it seems to me that no more fitting medium for the mutual exchange could be devised than such gatherings as the present where conclusions drawn and opinions expressed will receive that keen but kindly criticism which is more to be appreciated than the calm

indifference or unuttered dissent of the reading public.

Besides the social and scientific functions, medical societies have another and important object, the conservation of the legitimate interests of the profession from a legal standpoint. Now while we ask for no invidious class legislation we have a right both as professional men and as citizens to be protected from the depredations of the horde of ignorant and impudent charlatans, who would in the absence of legal prohibition foist themselves upon a public who, though well informed upon matters in general, must of necessity be at a loss in regard to questions of a professional character.

With the average legislative bodies it seems useless to ask for the enactment of any measure in the direction of the elevation of the professional standing of physicians unless the demand is backed by some more potent force than the opinion of isolated individuals, and it is only the united voice of the whole profession as uttered through their representative bodies that will reach the legislative ear.

In addition to social, scientific and medico-legal matters, medical societies have in some places been looked to to regulate affairs as between physicians themselves; but as far as this province at least is concerned, this is a function that has perhaps wisely been left largely in obedience. No honorable man needs a code of ethics and no dishonorable one will be bound by it.

Having referred to medical societies in general, and their duties to the profession, I may say just here that I was not aware of the title that my address was to bear until I received the programme of the meeting a few days ago, so that, if the preamble is longer than the address proper or if I have apparently not kept very rigidly to my text, I trust you will bear kindly with me. It now follows in order to consider in how far the Medical Society of Nova Scotia has conformed to what is expect-

ed of such an organization.

As regards the scientific department I need merely I think refer those who have not been in the habit of following up the meetings, to the reports of proceedings and papers published from time to time in the Maritime Medical News, to show that good work has been and is being done, and the list of papers now before us may be taken as an earnest of what may be expected in the future. It is a society that numbers amongst its active members most of the best men of the province, men who are ready to sacrifice some slight present advantage for their own ultimate benefit and that of the profession at large, and their work will compare favorably with that of any other society under similar conditions.

I have referred to the social feature of these gatherings and what was said under that head applies especially to these meetings, they are in fact what they were intended to be, a sort of family reunion.

Lastly to what extent is the profession indebted to the Nova Scotia Medical Society for legislative measures to advance the interests of those it represents. In reply to this I could not do better than refer you to the admirable address of our then president, Dr. D. A. Campbell in 1889, in which he refers to the first medical society of Nova Scotia in 1854, having been formed from the Medical Society of Halifax as a nucleus. I make the following extract: "Repeated efforts to obtain legislation ended in failure. The question was then taken up by the Medical Society of Halifax. A committee appointed for the purpose reported as follows: 'With regard to the improper treatment of bills presented of late years to the legislature. Your committee are of opinion that the only alternative now left by which an effectual resistance may be offered to the unjust procedure of the committees of assembly appointed to investigate the petitions of medical men, is

a union of the profession throughout the province. To effect such union your committee suggest that the Medical Society of Halifax should become a provincial association and its title altered accordingly, and further that the practitioners throughout the province be invited by a circular to become members of the association."

In 1854 the association was organized and the Hon. W. Gregor, elected President, the country members having heartily endorsed the scheme. A memorial was drawn up for presentation to legislature and the Act of 1856 was introduced by the late Dr. Webster of Kentville.

I will not enlarge on this Act as the most of you know more of it than I, further than to instance it as evidence of what can be done by united action under a body and a name after individual efforts have proved futile.

Again where this Act of 1856 was found to be inadequate to the needs of the country and we were in danger of being flooded by bogus diplomas or overrun by the holders of none at all and further when it became a necessity to take an advance step in order to keep the standing of the profession on a par with that of the neighbouring provinces our present Medical Society of Nova Scotia met the emergency by the appointment of a committee that drafted the bill which afterwards became the Act of 1872, that under which we are now working and which secures us all that we can reasonably ask.

I may sum up by saying that all the progressive work having in view the advancement of the interests of the profession in this province during the last quarter century have emanated directly or indirectly from this Society, and that where it was found necessary to take steps to safeguard the rights secured and prevent the destruction of the fabric erected, some of the active members of the society were found to the front successfully battling against

influences that at one time appeared to seriously threaten the existence of the present Medical Act.

I think enough has been said to convince each one of us, who will consider the matter from the proper standpoint, that this Society has claims upon our loyalty, that we cannot afford to disregard. It is the only organization from Cape North, to Cape Sable, that binds the profession into one body and yet the question arises: Why out of nearly four hundred names on the register, we have a yearly attendance of from thirty to forty. This I will not attempt to explain. It is sufficient to say that those who came are doubly repaid, in that while it is a benefit to each individually, their presence tends to exalt the profession in the estimation of the public for the latter is apt to honor those who most honor their own.

I wish to speak briefly of one other matter that concerns us not merely as physicians but as citizens. It is one the importance of which we may be inclined to overlook in the busy round of every day duties, but it is one that needs only to be mentioned, I think, to commend it to your consideration, I refer to the question of the necessity for keeping a record and the publication of the vital statistics of the Dominion. That it has become a necessity there are I think few if any amongst us will dispute. We have at present no official means of ascertaining whether the majority of deaths is caused by Asiatic Cholera or Delirium Tremens. We cannot inform ourselves whether a disease is more prevalent under certain conditions of locality than others; in fact we cannot be certain of any fact except such as comes under our own limited notice. There is not even any record of the birth or death rate of the population of the Dominion.

Briefly stated, what is our position in reference to this matter? In reply to a question on this subject I have a

note from Mr. Geo. Johnson, Dominion Statistician, in which he says that all the provinces have made arrangements for the collecting of statistics of births, marriages and deaths except Nova Scotia, and P. E. I., but that is merely a provincial measure and but a half-one at that. What we need is something that will cover the whole country and embrace a much wider range of subjects than that.

It does indeed seem strange that we who are looking forward to being called a nation should have allowed ourselves to go on in this hap-hazard way for nearly thirty years of our national life without being able to tell whether the natural tendency of our population is one of increase or decrease. Why gentleman it would be an argument of no mean importance to put into the mouths of our immigration agents were the facts published to show that this is one of the healthiest countries taking it from sea to sea, that there is on the face of the globe.

I have read with interest the report of Dr. Farrell, delegate to the congress of Hygiene and Demography made to the provincial government, and in his concluding remarks he calls attention to the fact that in this province as well as in the provinces of the Dominion, legislation in regard to the public health does not receive the attention it deserves.

It is true we have a health act passed by our provincial parliament in 1888, which if carried out would materially assist in preventing the spread of contagious diseases, and would add to the general health of the population; yet in this act there is no reference even remotely to the necessity for keeping any record of the working of the same. This is demanded in the interest of the Provincial Board of Health, who without this knowledge will be unable to estimate the success of their commendable efforts to enlighten the public in relation to contagious diseases, and their prevention. It is regrettable that in matters of this class

our legislative bodies both Dominion and Provincial seem satisfied to allow things to drift according to the same rule or rather no rule which has prevailed since the settlement of the country. They can give you the number of quintals of fish caught, or the number of bushels of barley raised but they cannot tell the number of souls born in any given year or any series of years. They will give you the quantity of eggs shipped, but are unable to say how many human lives have passed across into the future. The one is dollars and cents, the other is well something more important, yet they don't seem to appreciate it.

Having spoken of the necessity for some such measure as I have referred to, I feel inclined to leave the matter for others more capable to build upon as I have no scheme elaborated for carrying out the object in view and from the fact that the matter of statistics is in the hands of the Dominion Government it becomes a difficult one to handle as any action on the part of the latter would entail a considerable outlay. The difficulties of the case may be inferred when we consider that in reference to this matter when brought up in the House the late Sir John McDonald, suggested that a convention of delegates from the federal and various provincial governments should consider the case and arrange some workable scheme whereby the desired end might be reached. At the same time he referred to the enormous cost of appointing Dominion officers especially for that purpose.

I do not know whether Sir John's suggestion has been carried out but I presume not from the fact that no mention of it has been made in the press.

In conclusion I would express the opinion that as the Canadian Medical Association is national in its character, it would be the most suitable agency for formulating any scheme of the kind in so far as the medical profession is concerned.

PROBLEM OF INFANTILE FEEDING.

G. CARLETON JONES, M. D., Halifax.

I think most of us will acknowledge that the question of artificial feeding of infants is a problem, the solving of which is by no means an easy task. At this time of year it appeals to us more particularly, for the rational and scientific treatment of acute dyspeptic diarrhœa, the most common variety of "summer complaint," is by dietetic measures. The administration of drugs is of very minor importance to the consideration and regulation of the quality and quantity of the food given. We can also look to errors in diet as producing other abnormal conditions of childhood. The many and manifold ailments that are put down to that purely physiological process "teething" are nearly always due to a stomach distended with starch and intestines swarming with micro-organisms. "Teething" is the scape-goat, which has to bear the penalties incurred by dirt and carelessness.

We are all agreed that the only proper food for the young infant is its mother's milk. Therefore it behooves us as medical men to endeavor to prevent mothers from weaning their children. This custom is increasing with modern civilization, especially in the higher ranks of life. No mother ought, except under the most exceptional circumstances, to wean her child under six months. If, however, it should happen that it is necessary to bring up the child by artificial means, what course are we to follow?

We have agreed that the best food for the infant is human milk; if we cannot get the mother's milk then let us have that of a foster mother. The wet-nurse is a rarity in this country; more's the pity. Many conditions of social life tend towards the abolition of this very useful personage in a country of this kind. In Europe, and more especially on the continent,

nothing in the way of substitution is ever thought of amongst the upper classes but the wet-nurse. Any person who has visited Paris cannot have failed to notice these strong, healthy women, in their characteristic and picturesque costumes, with their charges in the streets and public places. The calling is not looked down upon, indeed the reverse. I do not say that such a condition of things could arise in this country, but I do say that it lays entirely with the medical profession to encourage the use of wet-nurses and to urge the importance of utilizing human milk when the child is deprived of its own maternal supply. There ought to be no difficulty in Halifax at least of procuring suitable wet-nurses.

But supposing it be impossible to substitute another woman's milk for the mother's, and with the majority of our patients it is impossible, for the wet-nurse is a luxury that all cannot afford.

What are we to give the infant?

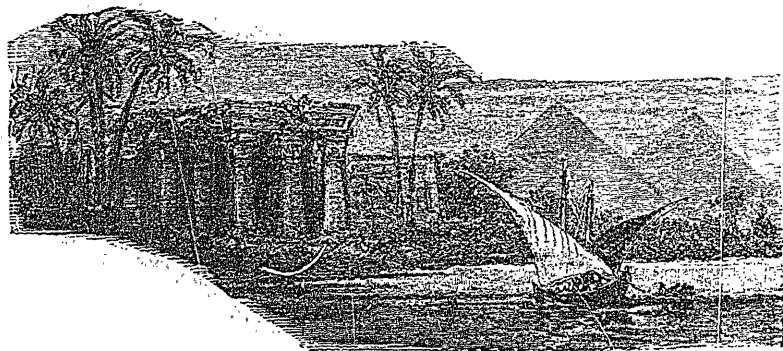
We agree that the best food for the infant is human milk, and as it is impossible for man to improve on nature, therefore human milk must be our standard. We see the composition of human milk; we must therefore attempt to substitute a food resembling as closely as possible this chemical composition. We must also bear in mind the important fact that the child draws the milk direct from the nipple and that human milk direct from the breast is sterile.

We see at the glance the composition of the various substitutes for human milk. Do they or do they not come up to our standard?

Take this food Nestle's, the most advertised and talked about of them all. If we look at its chemical combination we must condemn it; it has a large quantity of starch, for the digestion of which the infant has no provision. Practically no fat, too little albuminoids, and one-half too little sugar.

In Convalescence

Doctors frequently tell their patients that a Change of Climate or a Sea Voyage would be the best thing for them.



Very few people however can afford to follow this advice so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

Wyeth's Beef, Iron and Wine

AS A STRENGTH GIVER.

It is a valuable Restorative for Convalescents.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

As a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart and cases of sudden Exhaustion, arising from either acute or chronic diseases.

Doctors and members of other professions find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and Patients have been much disappointed in the benefit anticipated, and often ill effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing please ask for "Wyeth's," and do not be persuaded to take any other.

JOHN WYETH & BRO.,

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P. S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co'y.

Of Particular Interest

TO

Doctors, in Prescribing

For Nursing Mothers.



A leading Ottawa Doctor writes:

"During Lactation when the strength of the mother is deficient, or the secretion of milk scanty. I find **WYETH'S LIQUID MALT EXTRACT** gives most gratifying results.

During Lactation **WYETH'S LIQUID MALT EXTRACT** not only supplies strength to meet the unusual demands upon the system at that time, but it improves the quality of the milk.

WYETH'S

LIQUID MALT EXTRACT

Is strongly recommended by Physicians to those

Who are run down.

As it is a very valuable tonic.

Who have lost appetite.

As it produces a decided relish for food.

Who have difficulty after eating.

As it is an excellent digestive agent.

Who suffer from nervous exhaustion.

As it will be found very beneficial.

Who are troubled with chilliness.

As it effectively promotes circulation.

Who have tendency to consumption.

As it fortifies and strengthens the system.

Who are in later stages of consumption.

As it re-supplies in a measure the waste of strength.

Who are unable to digest starchy food.

As it will correct this very effectively.

How can we expect a child to thrive on this mixture? The free advertising of these foods does a great deal of harm. Women get the idea that it is a very simple matter to rear a child on these mixtures; they wean the infant and embark on something which they know nothing whatever about, and which often ends disastrously, even when knowledge and experience is brought to bear upon it. The medical profession is to some extent responsible for the use of these foods. They often recommend a mixture the composition of which they are in total ignorance. It stands to reason that even if the original analysis of these foods were all that could be desired that it is an impossibility for that standard to be maintained when the output is so enormous and the competition so keen. The patent food manufacturer is not a philanthropist, but a commercial man. He wants to make money, but to do that he must have the backing of the medical man; therefore he bribes him with paper weights, blotters and calendars. All authorities on this subject condemn most emphatically the use of these patent proprietary foods, and I think that we should do the same. Are we to include condensed milk in this condemnation? I would say no, for there are times and cases when condensed milk is very useful and very beneficial, but it must be given in the proper manner. It will be seen for the table that the proportion of fat when condensed milk is diluted nine times is very small. While this food is easily digested, it has no nutritious value. We must therefore add fat in the form of cream; roughly speaking, one drachm to the ounce will bring it up to the required standard. Condensed milk is slightly deficient in sugar, and therefore it is advisable to add a small quantity of milk sugar to the mixture.

We cannot condemn so emphatically the class of predigested foods. They

are very useful where there is much disturbance of digestion. But as a permanent food their use is to be deprecated, for, as one author says, the baby's stomach is intended to digest albuminoids and not to have albuminoids digested for it. The peptogenic milk powder of Fairchild Bros. & Foster differs somewhat from these foods. The object here is to bring about the change of the casein in cow's milk into the soluble and diffusible form in which the albuminoids exist in human milk. It would be interesting to hear the experience with this food; my own has been somewhat limited and not altogether satisfactory.

To get a proper substitute for human milk we take cow's milk as our basis. We must first of all dilute it and make it alkaline. Some physicians are in the habit of adding barley water. The objections to this are that the mixture is acid and that a small amount of starch is present, an element which we do not want under any circumstances. We find that with the aid of lime water, cream and milk sugar we can get a mixture resembling very closely human milk. This is the mixture introduced by Dr. T. M. Rotch, of Boston, and which I have used for the last three years, with the most satisfactory results. The composition of this, as you see, resembles very closely that of human milk. He says cream 20% of fat diluted $\frac{1}{4}$. Now we cannot get centrifugal cream here of known percentage, but if we take ordinary cream, skimmed always by the same person, and after standing the same length of time each day, we will strike a fairly fair average of 15% cream, unless we use the milk of fancy cattle, which is not desirable when feeding infants. As regards the sugar to be added to this mixture, our object being to introduce nothing that is foreign to the composition of human milk. It would therefore be reasonable to suppose that milk sugar would

be preferable to use to cane sugar. We find that this is so, for reasons into which it is not necessary for me to go.

A frequent mistake in making these foods is to add too much lime water—about 6.25 per cent. is quite enough, or roughly speaking, $\frac{1}{2}$ oz. to $\frac{1}{4}$ pt.

To prepare one pint of this food for use in 24 hours, take milk and cream as soon as it comes and mix. Milk $\bar{5}2$, cream $\bar{5}3$, water $\bar{5}10$, milk sugar $\bar{5}6\frac{3}{4}$, place in steamer for 30 min.—remove, add lime water $\bar{5}i$, place on ice, and give proper amount at proper times. In this food we dilute the albuminoids so that they can be digested, and at the same time having the requisite amount of both fat and sugar, and also an alkaline mixture.

We have a mixture of fairly accurate chemical proportions, but we still have another condition to produce, namely, sterility. It has been shown that a cubic centimeter of cow's milk contains nearly one million bacteria. We must remedy this before we can have an ideal food. The general opinion of the profession at the present time seems to be that the sterilization of milk interferes with its nutritive value.

Leeds says that sterilization at the boiling point of water causes the destruction and coagulation of the starch liquifying ferment and the coagulation of the albumen. The casein is then acted upon very slowly by pepsin and pancreatine and by prolonged heating milk sugar is destroyed. These changes must therefore interfere very greatly with the nutritive value of the milk. I think I am right in saying that it does not require a temperature of 212° to destroy many of the germs existing in milk. We must therefore attempt, if possible, to strike the temperature at which the germs will

be destroyed and yet will the nutritive value of the milk be not interfered with. Roughly speaking, we can, with the Arnold steam sterilizer, when we remove the hold, get a temperature of between 110° — 176° . Submitting the food to this for 30 min., or pasteurizing the milk, as it is termed, and then cooling rapidly on ice, we can destroy nearly all the germs existing in milk, and certainly all the pathogenic germs.

It is said by Dr. Starr that while raw milk contained 250,000 or more bacteria to the c. c. the same specimen after pasteurization contained none.

An authority says that milk can be pasteurized by simply immersing it in boiling water, the source of heat having been removed and leaving it there for 30 min.

It may be said that the milk as used in the country districts does not require to be so treated. Now I think that hardly a specimen of milk as used for domestic purposes in the country but what could be shown teeming with bacteria. But there is no use to try and get a perfect food both in composition and other characteristics unless we have perfect cleanliness and asepticism in every detail. We must pay attention to every minute detail. We must abolish that abomination the long tube feeding bottle and the most stringent and definite rules laid down as regards the number of feedings and the quantity of food given at each feeding. The cause of nearly all of the infant's digestive troubles is either over-feeding, too frequent feeding, improper foods or impure foods. Sometimes one, sometimes all these conditions exist. Where they do exist we must correct and endeavor if possible to feed the bottle-fed infant on a plan that is consistent with science and clinical experience.

*Comparison of Human Milk with Cow's Milk and Cow's Milk Modified.**

	REACTION.	STARCH.	WATER.	SOLIDS.	FAT.	ALB'DS.	SUGAR.	ASH.
Human Milk	Slightly alkaline	0	88	12	3.4	1.2	7	0.1-2
Cow's Milk	Slightly acid..	0	86.8	13.2	4	4	4.5	0.7
Cow's Milk, 2 pts. Water, 1 pt. }	Slightly acid....	0	91.20	8.80	2.67	2.67	3	0.46
Cow's Milk, 1 pt. Water, 2 p.s. }	Slightly acid....	0	95.60	4.40	1.33	1.33	1.50	0.23
Condensed Milk	Neutral.....	0	28	72	10	10	50.0	2.0
Condensed Milk, 1 pt. Water, 9 pts. }	Neutral.....	0	90.31	9.69	1.33	1.25	6.73	0.26
NESTLE'S FOOD :								
Fat, 1.91 Albuminoids, 8.23 Sugar, 38.92 Ash, 1.59 Starch, 40.10 Water, 10 pts. } 1 pt.	Neutral.....	3.65	91.75	8.25	0.17	0.75	3.54	0.14
MERLIN'S FOOD.								
Fat, 0.15 Alb. 5.95 Sugar, 48.20 Ash, 1.89 } 3.	Slightly acid..	Present.	91.74	8.26	2.004	2.17	3.69	0.4
Milk.....48 Water.....48								
BARLEY-WATER :								
Barley water, 1 pt. Milk, 2 pts.	Acid	0.47	90.75	9.25	2.66	2.66	3	0.46
ROTCH'S MIXTURE :								
Cream, 20% diluted 1/4 } oz. 2 Milk, oz. 1 Lime water, oz. 2 Milk sugar, dr. 3 3/8 Water, oz. 3	Slightly alkaline	0	88.42	11.58	4	1.11	6.26	0.21

* From Dr. Rotch's Article in Keating's Cyclopaedia of the Diseases of Children.

Correspondence.

BERN, July 4, '94.

When I last wrote you it was my intention to have said something of Professor Ogston's work and the Aberdeen Infirmary, and also of my visit to Leeds, but I was too much pressed for time. And now that I am in Switzerland I had better confine my attention to what I see here.

My object in coming to Bern was to study some of Professor Kocher's methods. He is, as you know, one of the most eminent continental surgeons, distinguished as much for the originality of his work as for the skill and dexterity with what he operates. In one department in particular he is *facile princeps*, that is, in the treatment of diseases of the thyroid gland. Goitrous tumours are exceedingly common in Switzerland, hence the large field from which Professor Kocher has gained experience. I have now been here for a fortnight, and have already seen him remove several goitres, besides treating others in different ways; I saw him do three in one morning, and his assistants tell me he has removed as many as eight in one day. A great many of these are comparatively small tumours, but some are enormous.

But thyroidectomy is only a small part of Kocher's work. He is chief surgeon to the Insel-spital, the hospital for the Canton Bern, and is also in the City Hospital, besides a large private hospital practice, but the Insel-spital, with three hundred beds is the chief scene of his work.

Work begins early in the day: at six o'clock in the morning the house surgeons make their rounds and do some dressings. At half-past seven, the professor comes and makes his round of the wards, and at eight o'clock in the theatre, gives a clinical lecture. This is generally in the form of a clinical examination. A patient is

wheeled into the theatre on his bed, a student called down from the benches, is requested to examine, make his diagnosis etc.: the professor questioning him and cross-questioning at every step, and correcting, or guiding the investigator. Then when the examination has been made, the house surgeon reads the history of the case, the *anamnesis* as it is always called in the German schools, and Bern is chiefly German, and then the professor goes rapidly over the chief points in the case. He is a good lecturer, bright, alert and animated, and very skilful at the blackboard. Sometimes he operates during the clinic, and occasionally the house surgeon operates under his directions: for instance; yesterday a case of disease of the mastoid was operated on thus by the house surgeon. But the chief operations are done in a special operating theatre, a veritable "glass house," where every device to secure aseptic conditions during the course of an operation, has been carried into effect. These special "aseptic" operating rooms have been so frequently described in various medical journals that I shall not take up your time with any account of this one. And besides, I am more than doubtful of the necessity for all these elaborate details.

The clinical lecture generally lasts until a quarter or half past nine, and then the professor and his assistants and any visitors, adjourn to the operating theatre, only two or three students taken in rotation being allowed in.

We array ourselves in linen overcoats: the professor and his assistants have in addition, rubber aprons and boots, and operating goes merrily on for three or four hours.

The antiseptics employed are carbolic acid, per-chloride of mercury, lysol, iodoform, and sterilised water. For dressings sterilised or sublimated

gauze, but very many wounds are dressed simply with a strip of iodiform gauze, painted over with collodion. Many of the abdominal wounds are so dressed, and as a rule healing is rapid, remarkably rapid and unaccompanied by inflammatory reaction.

Last week the cantonal medical society, which holds its meetings every two months met in Bern, and we were invited by Prof. Kocher to attend the meetings. It was interesting to compare the *personnel* of this society with that of our own Provincial Society, which was probably meeting about the same time: one could not forget he was in a foreign country, and yet there was a striking similarity in general appearance, more, I think than would be found in a less cosmopolitan country than in Switzerland. I could almost fancy I recognized various well known members of our own "corps," our massive and genial secretary, for instance, but then his counterfeit presentment had a big sabre cut across his left cheek, honourable reminder (to him) of his student days and their ancient duelling customs.

All seemed eager for scientific information, and all were cordial and happy.

On Wednesday morning Prof. Kocher gave a demonstration of some of his cases to the society. It may be interesting to you to know what they were.

The first case shown was one of excision of the superior maxilla done about a week before. It appears that Prof. Kocher performs tracheotomy and ligature of the external carotid as preliminaries in all his excisions of the upper jaw.

The second was one of removal of the tongue and tonsil for carcinoma; Kocher's own incision viz. under the angle and ramus of the jaw.

The next case was one of appendicitis

on a boy of fifteen or sixteen, operated on a week previously; there had been extensive suppuration with peritonitis, coils of bowels matted together and enclosing collections of pus: these were opened and cleansed by mopping and washing. The wound was still open, being plugged with gauze, the boy was doing very well indeed.

The next case shown was one of pylorotomy, done the previous day, one of the best pieces of surgery I have ever seen done. The patient looked well, when wheeled into the theatre, and appeared to take fully as lively an interest as the medical society did in the portion of his stomach which was handed round upon a plate for inspection, a zone of stomach at least three inches in length and with a tumour on it as large as a turkey's egg. (This patient is doing very well, he was allowed to have meat and potatoes yesterday *i. e.* within a week of operation.)

In Billroth's method of pylorotomy, an end to end anastomosis is made, the larger opening being sutured up until an opening is left of a size to fit the distal section. But Prof. Kocher is very emphatic in recommending his own method, in which he completely closes the proximal section, and makes a small opening in the stomach wall, to which he fastens the duodenal extremity. He thinks a much more secure union is thereby attained. His mortality is now at the comparatively low figure, for such an operation, of fifteen per cent.

The next two cases shown were also cases of removal of the pylorus for carcinoma, both done over a year ago, and both apparently in excellent health, with good appetite and good healthy colour, and nothing abnormal in the abdomen. One was a man of about thirty-five, the other about fifty.

Next was shown a woman, operated on a few days ago for malignant

stricture of the colon, by excision of the diseased part, and the formation of an artificial anus.

Then a young girl, four inches of whose small intestine had been removed eight days ago for tuberculous ulceration, walked into the theatre. She had the pale unhealthy look of a tuberculous case, but nothing to indicate recent operation of such a nature. The excised section was exhibited, and also several other similiar specimens. The results in resection of bowel appear to be most gratifying, and some of the operations have been very extensive. In one case Kocher removed successfully *six feet ten and three quarter inches*.

The next subject of remark was pathological, the bladder and urinary organs of a man who had been the subject of hypertrophy of the prostate and who had been sent in to hospital suffering from the effects of numerous false passages made in the attempt to pass a catheter. Professor Kocher recommended a flexible metallic instrument which could be bent into a half circle, or rather more of a curve for such cases.

The last two cases were one of hydronephrosis in a little boy, and one of osteomyelitis of the forearm and shoulder.

Immediately after this clinic of Professor Kocher's, we attended one by Sahli, professor of medicine, and author of work on diagnosis, just published, which is very highly spoken of. His demonstration was also very interesting, and some of his nervous cases would have interested you very much. Sahli, who is a comparatively young man is evidently much thought of, and there was a large and very attentive audience. The first case he showed was one of exophthalmic goitre in a young woman, treated by a new method, devised by a Russian physician and which appears to be nothing more than the administration of phosphate of soda in doses amounting to about

one drachm daily. There was considerable improvement in the case, as could be judged from the photographs passed round.

A young man was shown in whom a true anatomical paralysis was combined with hysterical paralysis. Also an elderly man, a nervous case, who was made the subject of a very interesting clinical lecture in diagnosis, differentiating various spinal lesions.

A young man was shown, the subject of an enormous thoracic aneurism, with cardiac hypertrophy. He was to be treated by the introduction into the sac of fine wire; no mention was made of Macewen's method.

Then a case of acute abdominal disease was shown; there was peritonitis with distension, and tenderness in the right iliac region. Prof. Sahli laid stress on the presence of indican in the urine as showing the existence of some septic process, and he also made use of the hypodermic needle, making a puncture in the iliac region, and withdrawing a few drops of serum, which on examination was found to contain micrococci. From these facts he inferred the existence of perforation, and this was found to be the case when the patient was operated on by Prof. Kocher the same afternoon.

I can hardly imagine a more pleasant place in which to spend a few weeks in attending hospital, than Bern. The hospital is an excellent one, and all connected with it are cordial and obliging. There is, as you will have gathered from these hurried notes, a large store of clinical material, and it is utilised by masters in the science and art of our profession. Then there is all the charm and novelty of foreign surroundings, the customs and the costumes of the people afford an endless study. And the climate is delightful, the air clear and invigorating, while the scenery is truly magnificent. The picturesque hills and ravines in

the immediate vicinity, among which the winding stream of the Aar, with its green-blue glacier fed waters, flows swiftly, are enough of themselves to make Bern beautiful, but beyond and above them the eternal snow fields of the Alps, with peaks and spires of crystal, rise like phantoms into the blue sky.

Yours truly,
S.

“REMINISCENCES OF THE LATE
MEDICAL CONGRESS AT ROME.”

By Dr. W. Tobin F. R. C. S., Official Delegate to the Congress.

DEAR MR. EDITOR :

I have much pleasure in supplying some personal reminiscences of the late International Medical Congress, particularly in its social aspects.

Duly accredited as a delegate by the N. S. Provincial Medical Board, and later on authorized by an order-in-council to represent the Dominion of Canada at the Congress, I had facilities for assisting at most of the official functions, besides partaking of social entertainments which would have not been available perhaps to a stranger in his private capacity.

It was unfortunate that the meeting had to be postponed from September till the month of April on account of the cholera epidemic in Italy just previous to the former date. September would have suited most medical men—English French and Americans, it being one of the holiday months, when schools are closed, the season over in Paris, London and New York, and doctors could more easily have left their practices (without loss of money). Besides, the meeting came at the moment when Rome was most crowded with other tourists, it being just after Holy Week. The hotel accommodation was scarcely equal to the unusual strain, some seven thousand medicos, including their wives and their sisters and cousins and

their aunts, being added to the usual sight-seeing influx.

However, having spent the better part of two previous winters in Rome some years ago, and knowing the city thoroughly, I had secured my quarters a month at least in advance, and so suffered no personal inconvenience.

Cook's Tourist Agency in London had arranged for an all round Italian trip, taking in the Congress, which permitted one (at greatly reduced rates) to travel from London or Paris via Mont Cenis, Turin and Genoa to Rome, returning via the Riviera and Marseilles to Paris, or vice versa. I was glad to avail myself of these circular tickets; but instead of joining one of their personally conducted parties of medical men, which was to leave London a few days previous to the Congress and return almost immediately after, I set out a fortnight beforehand and returned about a fortnight after the congress, thus having more leisure for travelling, none of the crowd, and no trouble about lodgings. Besides, I arrived in time in Rome to assist at some of the ecclesiastical functions of Holy Week and Easter, which were conducted on a scale of unusual magnificence. Those who arrived later had great difficulty in securing rooms, all the hotels being full, and had to pay greatly enhanced prices for inferior lodgings.

The Congress was inaugurated by the King in person at the Costanzi Theatre on the 29th March, a brilliant function, to which the wives of delegates were invited, but here, as elsewhere during the meetings, the overcrowding was remarkable, many of the best places being occupied by Italian people who had nothing to do with the congress. The speeches delivered in rotation by the prominent representatives of various nationalities in answer to the address of the King might as well have been given in dumb-show—none but those in the im-

mediate neighborhood could hear a word. The variety of uniforms of the men and their decorations and the toilettes of the ladies lent eclat to the occasion.

At the reception to the profession in the Palazzo di Belle Arte on the previous evening (28th March) the same overcrowding and want of order and proper arrangement was visible. The heat and crush were terrible, and made it impossible to see anything of the medico-hygienic display, which was the *raison d'être* of the gathering.

During the week following a variety of entertainments were provided by the King, the city of Rome, the Minister of Public Instruction (Dr. Bacelli) and private individuals. The Forum, the Coliseum and the Capitaline Hill were brilliantly illuminated one evening, reserved seats being provided for the professional visitors on the Palatine Hill, from which a magnificent view of the display was obtained. On another evening the municipality held a reception in the Galleries of Painting and Sculpture of the Capitol, and a weird effect was obtained by viewing the works of ancient art there contained under the glare of the modern electric light. The King one afternoon threw open the gardens of his palace on the Quirinal to the official representatives of the Congress and received them in person, assisted by his beautiful spouse the Queen Marguerite and a number of the nobility, court functionaries and civil and military notabilities. The refreshments, including the best brands of Italian wines, were on a large scale, and were amply done justice to by the thirsty visitors.

A grand dinner provided by the municipality in the Baths of Caracalla, where tables were laid for some five thousand people, worthily concluded the series of hospitalities, of whom all carried away from Rome a grateful recollection. The Minister Bacelli

was particularly hearty in his endeavors to make the visit pleasant to the members of his own profession.

A number of excursions had likewise been arranged for visiting the objects of interest in the neighborhood of Rome, some of them under the auspices of the Red Cross Society, which had a special hospital on the Polyclinic grounds.

Members were also provided with passes which opened to them the museums, picture galleries, ruins and objects of religious and archaeological interest in the Holy City. Dr. Russell Forbes conducted parties over the principal points of interest and delivered appropriate lectures on historical and archaeological subjects.

The Pope, not to be outdone in honoring the profession, invited a number of the Catholic delegates to his private mass in the Scala Ducale of the Vatican Palace on the Sunday after the congress opened, and some eight hundred Catholics were present, including your humble servant.

The Roman nobility threw open their palaces and picture galleries; the painters and sculptors their studios; the musicians and other artists lent their aid in providing amusements for the visitors. The torch light procession conducted by the artistic fraternity of Rome was a sight never to be forgotten as it wound its way through the brilliantly illuminated Corso, dense with masses of holiday people, on a summer-like night in April.

After the congress was over Cook had provided excursions to Naples, Herculaneum, Baiae, Capri, &c., and to Sicily, taking in Palermo, Syracuse, the former for three, the latter for ten days, at special rates and personally conducted, but having visited these places years ago I concluded my journey (after spending an extra week in Rome) by a run through the Austrian Tyrol to Munich, thence back to Genoa and then to Paris via Nice and the

SYR. HYPOPHOS. CO., FELLOWS

CONTAINS

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It has gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to the stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt : it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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

NOTICE—CAUTION.

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

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

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

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Delicious Dishes made in a few minutes at a trifling cost.

WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

WYETH'S RENNET makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet it is always light and easy of digestion, and supports the system with the least possible excitement.

PRICE 25 Cents PER BOTTLE.

FERMENTATIVE DYSPEPSIA

WYETH'S COMPRESSED TABLETS.

BISMUTH SUBGALLATE, 5 GRAINS.

Dr. Austin Flint says:—In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence.

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A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calamine in all bronchial or laryngeal troubles.

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.

Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

NOTE—We will be pleased to mail literature relating to any of Wyeth's preparations, particularly of the new remedies.

DAVIS & LAWRENCE CO., Ltd., - Montreal,

AGENTS FOR CANADA FOR

JOHN WYETH & BRO.

Riviera, thus fittingly ending a month of such pleasure combined with instruction as it may never be my lot to enjoy again.

Regarding the arrangements for professional purposes, &c., the congress was not so great a success. The Polyclinic, where the sectional meeting was held—a series of buildings in the cottage hospital style—was situated too far from the centre of the city, outside the walls in fact, in the neighborhood of the old Campus Martius and close by the Cemetery of San Lorenzo. The rooms were well adapted for the purpose, but the building was too far away and not readily gettable by tram car or omnibus. Cab fare is very cheap comparatively in Rome, but journeying out there several times a day ran away with a lot of paper money, for Italy is condemned to a paper currency, and gold is at present at such a premium that one could almost live in Rome on one's exchange.

At first great confusion existed in the various sections, and Americans and English were loud in their complaints of the want of system, the difficulty of obtaining information from official sources and the not to be avoided difficulty of the language. Very few of the English speaking visitors understood Italian, though most spoke French, and many German. And the Italians and the Germans preponderated, and had it all their own way, most of the papers read being either in German or Italian. The secretaries of the various national committees had their hands full in trying to make something like order out of disorder. Each nation had its own committee room, England and her colonies having one large one in the centre of the main building. Curiously enough Canada was paired off with the United States—a temporary annexation which produced lots of good humoured chaff and amusement.

In our committee room, I found on the first day, Dr. Jacobi of New York, the sole representative of the Americans but a number of visitors gathered there shortly after and we soon numbered (Canadian and Americans) some 130. Great discontent was exhibited with the arrangements, and a sub-committee was quickly formed of which Dr. Jacobi acted as president and I as secretary, to obtain information on various points for our people, assist in getting tickets for entertainments, &c., and make ourselves generally useful, one member of the committee being on duty for an hour each day in the committee room, during the sectional meetings. The polyglot character of the congress was often inveighed against, and it was proposed by more than one to have sectional meetings of our own, confined to English speaking people—this is a matter likely to be acted upon at the next great International Congress. The Official Journal was of little use so far as giving either a synopsis of papers already read or for furnishing information of papers to come before the sections. Papers too which had been forwarded in due course, had been mislaid, and Dr. Ketchum of Toronto spent some days in vainly searching for one of his, and finally had to re-write it from notes and read it at the tail end of the meeting.

The Hall where the general addresses were given was better situated, being in the centre of the city, just out of the Via Nazionale. But its space was too limited—It provided accommodation for hundreds when thousands were in attendance. Here the most notable addresses read were those of Bouchard of Paris "On the part played by nervous debility in the product of fever,"—by Virchow "On Morgagni and Anatomical thought"—by Foster, of Cambridge University, "On the organization of Science," and by Jacobi of New York, his subject being "Non

Nocere." These addresses were given in the afternoon after the Sectional meetings were over, and were largely attended.

An exhibition of Hygiene and of medical appliances, drugs and mineral waters, &c., was held in the adjoining building (the Palace of fine arts) and here, as I have already stated, a reception had been offered the doctors and their families on the evening previous to the formal inauguration of the congress.

In concluding these desultory remarks, which I have confined principally to dealing with the social aspects of the Congress, I must vote it a great success as a social gathering. No more interesting city than Rome could have been chosen for the purpose—nowhere could one have been received with more kindness and hospitality—but as a scientific gathering, devoted to furthering the interests of medicine, it was not such an unqualified success. It was too large, too cumbersome to be properly handled, and the foreign tongues undoubtedly were to most a great obstacle—so much so that in the words of one of our Trans-atlantic visitors one would be inclined to vote all such Polyglot conventions a huge mistake.

W. TOBIN.

LETTER FROM Dr. T. W. WALSH.

MR. EDITOR:

In the last issue of this journal your article criticizing the Fullerton inquest, especially that portion referring to my evidence is to say the least amusing.

In a local journal used principally by medical men practising in the Maritime Provinces any question which may arise, should be discussed without the bias and prejudice which too frequently creeps into the lay press.

After reading your statement that I stated that Hypostatic congestion was a characteristic feature in morphia poisoning, and giving Osler as an

authority. I first felt you must have read an imperfect copy of my testimony, but on reading my evidence as published by you I can find no such statement or any that could be construed into any such meaning.

I did state that a toxic dose of morphia would produce pathological changes very similar to those found at this Post Mortem. Referring to the lungs I stated Osler mentions seeing the condition named, twice in morphia poisoning.

I do not know what the other remarkable statements are until you mention them. I believe they are imaginative. In connection with above case there is another question worthy of discussion. Dr. G. M. Campbell, I believe, after hearing the statement of the two men who accompanied the deceased to the city, gave a certificate of death from exhaustion. Is it wise for medical men to give certificate of death, stating such indefinite terms as cold exposure, exhaustion, &c., in cases where deceased was never seen in life by physician? If so the practice may be open to very many abuses.

TH. W. WALSH, M. D.

To the Editors of the Maritime Medical News:

SIRS:

I notice in the July No. of the MARITIME MEDICAL NEWS a communication from Dr. Farrell headed, "Hystor-rhaphy or ventro-fixation of the uterus with four successful cases."

Case No. 2 was a patient of mine from the 1st of April until she was discharged from the V. G. Hospital. Her condition when she came under my treatment was as follows: She had a large ventral hernia in the line of incision and the rectocele and cystocele did not seem to be improved by the colporrhaphy. I am informed that the ventral hernia appeared early in March while she was a patient of Dr. Farrell,

so that it could not have escaped his notice and still no mention is made of the hernia in the published report of the case, why this very important feature of the case should have been overlooked it is difficult to understand.

Again the term "successful" as applied, in said communication, to the operation of ventro-fixation of the uterus is misleading. The operation may be successful in its immediate results and unsuccessful in its ultimate results. To thoroughly understand what the term "successful" should mean in this operation the object to be accomplished by it should be borne in mind, viz: *To bring about an anti-flexed condition of the uterus and to retain it permanently in this position by the production of adhesions between this organ and the parietal peritoneum.* Adhesions are as a rule easily obtained and the immediate result may appear successful but through these adhesions frequently grow narrow and elongate so that the uterus becomes actually suspended to the abdominal wall by a slender cord, in which case a relapse of the old mischief is almost sure to follow. This has been the experience of Dr. Kelly of Johns Hopkins Hospital and Dr. Farrell in reporting his cases might have made allowance for the possible development of conditions similar to those above described.

I may have something to say later on about some cases of "Erasion" or "Arthrectomy," which happened to come under my notice.

Yours,

N. E. MCKAY.

22 Brunswick St., July 25th, 1894.

THE fourth annual meeting of the Maritime Medical Association was held in St. John, at the rooms of the St. John Medical Society, on the 18th July, at 4 p. m. The meeting was then adjourned until August 21st at 8 p. m., then to meet in the City Council Chamber. All papers will be read at the meeting of the Canadian Medical Association, August 22nd and 23rd.

(496) ADHERENT PLACENTA.—Poitou-Duplessy (*Archives de Tocol and de Gynec.*, May, 1894), read a case at a meeting of a French society, which gave rise to an interesting discussion. The placenta adhered. Its removal was at once attempted, but as there was much resistance at the cervix and as all hæmorrhage had ceased, he did not persevere in his attempts until a few hours later, when the flooding re-appeared. Gueniot said that adherent placenta was the most serious of all the more frequent complications in obstetrics. The degree and extent of the adhesion can never be absolutely determined. Poitou-Duplessy had done rightly under the circumstances. In one case, where Gueniot attempted to remove the adherent mass entire, the patient died. A piece of tissue was found, firmly adherent, and also a perforation through which the finger could be passed. Parak related two fatal cases of retraction of the cervix after delivery of the fœtus and before expulsion of the placenta. Charpentier insisted that, as a rule, the placenta should be delivered artificially directly the obstetrician finds that it is adherent. In two cases where he acted thus and a small piece of placenta remained, the uterine cavity and vagina were plugged with iodoform gauze. The plugs and the remains of the placenta were spontaneously discharged. Of course care must be taken lest fragments of membrane remain after the placenta has come away entire.—*Brit. Medical Journal.*

A PRESCRIPTION FOR ULCERATION OF THE STOMACH.—In the *Journal de Medecine de Paris* for March 6, 1894, the following prescription is given for cases of chronic gastric ulcer:

R. Chloroform ℥ xv;

Subnitrate of bismuth, gr. xlv;
Distilled water, ℥ iv.

1 to 2 teaspoonfuls every hour or two.

Shake well before taking.

—*Therapeutic Gazette.*

Maritime Medical News.

AUGUST, 1894.

EDITORS.

D. A. CAMPBELL, M.D. Halifax, N.S.
 A. W. DANIEL, M.D., M.R.C.S. St. John, N.B.
 MURRAY MACLAREN, M.D., M.R.C.S. St. John, N.B.
 JAMES MACLEOD, M.D. Charlottetown, P.E.I.
 JOHN STEWART, M.B. Pictou, N.S.
 G. M. CAMPBELL, M.D. Halifax, N.S.

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

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

DR. G. M. CAMPBELL,
 9 Prince Street, Halifax.

We have to thank many of our subscribers for a prompt remittance. There are still some to hear from.

A MALPRACTICE case was tried in the June term of the Supreme Court of P. E. I., in which the plaintiff was awarded two hundred dollars damages. Much, contrary to the general rule, to the satisfaction of the medical profession. The "doctor," the defendant in the suit, treated the plaintiff for a period of about three months for a frost-bitten foot, *lime* and *wood-ashes* figuring very prominently in the treatment. The patient finally came to the Charlottetown Hospital, where it was found necessary to amputate the foot.

The doctor, Firman Jodieux by name, a native of old France, is one of a class fortunately few in number, whom the statute does not restrain from practising medicine for a reward, because they were in the practice of medicine previous to the passing of

the Medical Act, and the legislature considered it reasonable and equitable to permit them to continue in the same practice. And because, also such characters could exert some influence at election the term of years of practice was made, to suit them all, as short as possible! However, as these nondescripts cannot register, all the public who deserve to be safe-guarded against ignorant pretenders are sufficiently protected. The judge in his charge very properly reminded the defendant Jodieux that the privilege he enjoyed under the Act did not exempt him from all the responsibilities of a regular practitioner.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association will hold its 22nd meeting in Montreal from the 25th to the 28th September next. The Association was organized in 1872 for the purpose of inaugurating measures for the restriction and prevention of contagious and infectious diseases, and for the diffusion of sanitary knowledge among the people. The growth of the Association and the work its has accomplished more than justify its existence. Its membership has been augmented from year to year until it now constitutes the largest and strongest sanitary body in the world, and embraces in territorial extent the United States, the Dominion of Canada, and the Republic of Mexico. Under the impetus given by its work, state and local boards of health and sanitary associations have been organized, sanitary publications increased, and hygienic knowledge widely and extensively diffused.

Among its members may be found physicians, lawyers, ministers, civil and sanitary engineers, health officers, teachers, plumbers, merchants, etc., in fact every profession and many of the industries are represented in its list of members. The only qualifications re-

quired for membership are a good moral character, an interest in hygiene and the endorsement of two members of the Association. The membership fee is five dollars, which hardly covers the cost of the copy of the Proceedings of the Convention to which every member is entitled.

The local Committee of Arrangements is at work to insure a large and profitable meeting, and it is to be hoped that the number of Canadians who will join the Association for this Canadian meeting will compare favorably with what has been done elsewhere.

The railways have reduced their rates to one fare and one third, provided certificates of attendance be produced when leaving Montreal on the return trip. Special blanks for this purpose, will be furnished on demand.

An excursion to Grosse Isle Quarantine Station (over 200 miles from Montreal) has been arranged by the local Committee, leaving by boat on the afternoon on the 28th to return early on the 30th, and will be most attractive both from a sanitary and scenic point of view, the Quarantine Station being well equipped and the route to Grosse Isle being through the most interesting part of the Province of Quebec.

For application blanks or further information, address Dr. Irving A. Watson, Concord, N. H., or Dr. E. Pelletier, Montreal.

CANADIAN MEDICAL ASSOCIATION.

Elaborate preparations are being made in St. John, N. B., for the reception of the Canadian Medical Association in Aug, 22nd and 23rd inst.

The gathering will probably be one of the largest the Association has ever had. From reports that come in from time to time, it is believed that the profession of the maritime provinces will turn out almost to a man. From Montreal, Toronto and points further

west there will be large delegations.

The following are some of the papers promised :

Cases in practice—R. J. McKeehtnie, Nanaimo, B. C.

A year's experience in appendicitis—Jas. Bell, Montreal.

A case of tuberculosis of arm of 14 years standing, cured by inoculation with erysipelas—W. S. Muir, Truro, N. S.

The treatment of diseases of the ovaries and fallopian tubes—A. Lapthorn Smith, Montreal.

Intestinal Antisepsis in Typhoid Fever—D. A. Campbell, Halifax, N. S.

The use and abuse of the various cauterizing agents in the treatment of nasal affections—E. A. Kirkpatrick, Halifax, N. S.

The present status of Asthenopia—F. Buller, Montreal.

Eye-Strain headache—J. H. Morrison, St. John, N. B.

Note on epilepsy—W. H. Hattie, Halifax, N. S.

Influence of mind on disease—J. A. McKay, Walford, Ont.

Miners' heart—R. A. H. MacKeen, Cow Bay, Cape Breton, N. S.

Address in Surgery—J. F. Black, Halifax, N. S.

— — —E. A. Praeger, Nanaimo, B. C.

Some functional derangements of the liver—J. E. Graham, Toronto.

Treatment of certain forms of uterine hemorrhage—F. I. Bibby, Port Hope.

Address in Medicine—Wm. Bayard, St. John, N. B.

Ophthalmic and Aural cases—Stephen Dodge, Halifax, N. S.

Lengthened sittings in litholoxylax —J. Francis Teed, Dorchester, N. B.

Papers will be read in the order in which they are received by the Secretary. It is important that those intending to contribute papers, will communicate with the Secretary at an early date.

NOVA SCOTIA MEDICAL SOCIETY.

The N. S. Medical Society met in annual session at the Grand Hotel, Yarmouth on Wednesday evening July 4th. Notwithstanding the attractions of the St. John meetings in August, the attendance was up to if not beyond the average. Dr. C. J. Fox, of Pubnico, president for 1893-94 occupied the chair. The secretary read the minutes of the last annual meeting held in Bridgewater.

Dr. W. A. C. Randall on behalf of the local committee in a short speech welcomed the visitors to Yarmouth, on the occasion of the first meeting of the association ever held here.

He regretted that the efforts to have a harbor excursion had been given up but invited the association to supper in the Grand Hotel, Thursday evening.

After the appointment of a nominating committee the president delivered his address. It will be found on another page.

Dr. A. C. Page of Truro, moved a vote of thanks to Dr. Fox for his excellent address. In doing so he gave some reminiscences of the association in his usual witty manner. He pointed out the fact that Nova Scotia had made provision for the collection of vital statistics prior to confederation.

Unfortunately the Dominion government abandoned the scheme a few years after. The vote of thanks was seconded and passed and conveyed to the president by Dr. W. S. Muir, in a few well timed eulogistic remarks. Dr. Fox briefly acknowledged the vote of thanks.

A communication was read from the Provincial Health Board acknowledging a resolution of the society at its last annual meeting and showing that in accordance with the suggestion it had been decided to issue information to the public respecting the infectious character of tuberculosis.

Dr. A. P. Reid read a very able paper

which we hope to publish in an early issue on "Water supply of Towns."

A short but interesting discussion followed in which Drs. Campbell, March, McKay, Chisholm, Webster and Hawkins took part. It was resolved that Dr. Reid's paper should appear in the lay press for the benefit of municipalities.

The second session met at 9.30 a.m., July 5th.

The nominating committee reported recommending Halifax for the meeting of 1895 and the following local committee of management: Drs. Wickwire, Farrell, Jones, Tobin and Trenaman.

Officers for 1894-95.

President—A. P. Reid, Halifax.

1st Vice-President—C. A. Webster, Yarmouth.

2nd Vice-President—H. H. McKay, New Glasgow.

Secretary-Treas.—W. S. Muir, Truro.

COMMITTEES.

Medicine—M. Chisholm, S. W. Brown, Putnam, Kent and Lockwood.

Surgery—Drs. J. F. Black, Foster, C. S. Marshall, Arbuckle and Finn.

Obstetrics—Carleton Jones, Harris, Sponagle, McLean, Bissett.

Therapeutics—H. A. March, Halliday, Morrison, Turnbull and Goodwin.

The following resolution moved by Dr. Muir and seconded by Dr. McKay, was passed after some discussion:

"WHEREAS: The system in vogue at the Victoria General Hospital is in our opinion, not the best that can be devised in the interests of the public;

AND WHEREAS: The appointment of assistant surgeons and physicians and special departments of gynecology and diseases of children should be in accordance with modern ideas and methods;

RESOLVED: That this society memorialize the Medical Board and government in favor of the changes above specified."

Dr. Campbell read a paper on the "Treatment of Empyema" which was briefly discussed by Drs. Muir, Jones,

Coleman, Hawkins, Chisholm, McKay, and others.

Dr. Fuller here announced that the Hon. L. E. Baker would be pleased to have the association visit his residence during the afternoon. It was decided to accept the invitation. Dr. H. H. McKay read a paper on "Iodide of Potassium as a means of early diagnosis in pulmonary tuberculosis," and notes of a case of "Eclampsia." A discussion followed in which Drs. Page, McLean, Coleman, March, Jones, and others took part.

The society met again at 2 30 p. m., The following papers were read and discussed.

"Some facts and fancies concerning Influenza," by Dr. Turnbull.

"The problem of infantile feeding," by Dr. Jones.

"Notes of a case Extra-uterine pregnancy," by Dr. W. S. Muir.

"Foreign bodies in the hand," by Dr. Coleman.

"Epidemic diseases occurring in Yarmouth county," by Dr. C. A. Webster.

"Notes of two cases of "Menstrual Disorder" by P. A. Arbuckle. A case of salivary fistula was reported by Dr. Hawkins, and a specimen of thrombus of the left middle cerebral artery exhibited by Dr. Campbell.

The following papers were read by title.

"Diuretics," by Dr. Halliday.

"The importance of early operations for cancer," by Dr. E. Farrell.

The evening session was taken up by a discussion on "Placenta Previa," and "Hip-joint disease."

Only a full report would do justice to these discussions, especially the one on placenta previa.

The usual votes of thanks were passed and Dr. W. A. C. Randall of Yarmouth, elected an honorary member of the society. The doctor thanked the society in fitting terms. We clip the following from the *Yarmouth Times* :

The meeting closed at 10 o'clock last night, after which the visitors were en-

tertained at supper in the spacious dining room of the Grand Hotel. The menu was a creditable one to Manager Wilson and his staff. An excellent programme of music was furnished by Medcalf's orchestra. After supper, Dr. Randall presiding, the evening was devoted to speech and song. Dr. Muir gave "Scots wha hae" and "A Warrior Bold" in a manner which evoked the heartiest applause. Most of the toasts were impromptu and the beverages mild. The visitors spoke in the kindest terms of Yarmouth and expressed themselves as delighted with their trip. The gathering broke up at an early hour this morning with "Auld Lang Syne" and "God save the Queen."

THE P. E. I. MEDICAL SOCIETY held its annual meeting in Charlottetown on July 19th ult. Dr. F. D. Beer, President, occupied the chair. The attendance was not so large as could have been wished. After the routine business of the Society had been attended to, the Medical Council submitted its report of receipts and expenditures for the past year and assets estimates for the ensuing year, both of which were approved of by the Society, and an assessment of two dollars per member was voted. The president then delivered the annual address, his subject being, The progress of Medical Science and Therapeutics during the last year. For this very excellent and practical address, Dr. Beer received a cordial and unanimous vote of thanks, and it was on motion ordered to be published in the MARITIME MEDICAL NEWS.

Dr. Conroy then read a paper on Appendicitis which evoked a very interesting discussion, and which was also on motion, ordered to be published.

The afternoon session was taken up with discussions on various subjects including Surgery, Medicine, Legislation, Reciprocity, &c. The election of

officers for the Society for the ensuing year resulted as follows :

President Dr. P. Maclaren, Brudnell ; First Vice-President, Dr. H. D. Johnson, Charlottetown ; Second Vice-President, Dr. MacIntosh, Murray River ; Third Vice-President, Dr. A. MacNeill, Kensington ; Secretary, Dr. S. R. Jenkins, Charlottetown ; Treasurer, Dr. Dorsey, Charlottetown ; Executive Committee, Dr's. Jenkins, Johnson and Warburton.

The Society in pursuance of the Medical Ad then elected a new Medical Council which commenced immediately after the adjournment of the Medical Society, and elected its officers as follows :

President, Dr. James MacLeod, Charlottetown ; Registrar, Dr. Richard Johnson, Charlottetown ; Secretary-Treasurer, Dr. R. MacNeill, Stanley.

—♦—♦—♦—

CALOMEL FUMIGATION IN DIPH-
THERIA.—In a paper in the *Medical News* (May 12, 1891) Dillon Brown reports very favorably on a measure which, although not new, deserves attention, the use of calomel fumigation or inhalation in the treatment of diphtheria. His cases, numbering 733, show recovery of 35.4 per cent, without this calomel treatment. The constitutional treatment with large doses of alcohol is continued, and intubation practiced for the relief of laryngeal stenosis, but he notes that the demand for this latter interference is much less under the fumigation treatment. The local application of the calomel is as follows : A tent is arranged about the patient after the manner of that described in the preceding note. From 15 to 40 grains of calomel are placed on a strip of iron or so-called tin across the top of an ordinary pot de chambre in which an alcohol lamp is set. The whole thing is placed within the tent and the sublimation begun. This usually occupies about ten minutes or more. About 15 grains should be sublimed every ½

hour to 3 hours, according to the progress of the disease. The following precautions are noteworthy : 1. The child's skin should be covered so as to attack only the affected mucous membrane. 2. Whiskey should be given before each sublimation. 3. After each sublimation the mouth, gums and teeth should be cleansed with a weak solution of potassium chlorate, and if the gums become sensitive some anti-ptyalism wash should be sponged thereon frequently. 4. If prostration or anemia seem to be greater than local manifestations would account for, the amount and frequency of the calomel applications should be diminished and stimulants increased—iron and whiskey should be used freely. 5. If nasal passages are not affected it may be wise when large doses are being used to cut off fumes from the nasal passages by a loose cotton plug in the nares. 6. It is important that only pure calomel be used. 7. Nurses and attendants should be cautioned against unnecessarily inhaling fumes as they will suffer from mercurilism when the patient will not. Brown comments on some recent statistics collected by McNaughton and Maddren as follows : Reports from 242 physicians in different parts of the country embrace 2417 cases of tracheotomy showing 586 recoveries, or 24.2 per cent ; 5546 cases of intubation, showing 1619 recoveries, or 30.5 per cent ; 505 cases of mercurial inhalation, showing 275 recoveries, or 54.5 per cent. 85 of the 505 were operated upon after being unsuccessfully treated by the sublimation method, of these 20 recovered, leaving thus 48.7 of recoveries under the sublimation method alone. It is worthy of note that in these statistics the percentage of recoveries in those cases first treated by the sublimation method, and then either intubated or tracheotomized is greater (54.1 per cent) than that among those treated either by tracheotomy (24.2 per cent) or by intubation (30.5 per cent) without the sublimation treatment.—*Medical Fortnightly*.

Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "*Treatment of Cholera*," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate**. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate**, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

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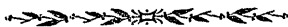
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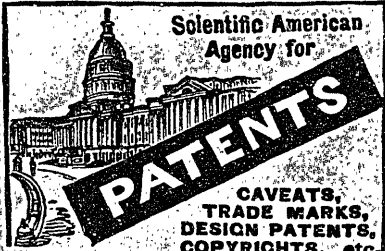
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