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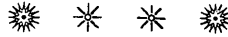
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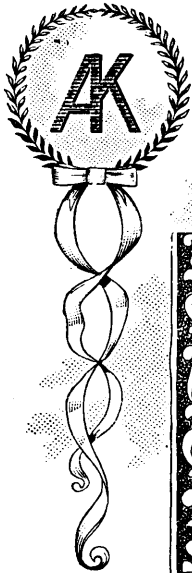
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Original Communications.

ADDRESS IN SURGERY.

By JOHN STEWART, M. B., Halifax, N. S.

At the 29th Annual Meeting of the Canadian Medical Association, held in Montreal, Aug. 27th, 1896.

In considering this era of many books when in our own territory, the intellectual atmosphere is really obscured by the perpetual precipitation of what we are pleased to call literary matter, one is struck by the fact that the man who has done the most important work of the era, the man whose work is the inspiration of a large part of this surgical literature, has never written a book. The published writings of Sir Joseph Lister exist only in scattered papers in the pages of various medical and scientific journals. They might all be collected in one small octavo volume. But I will venture to say that octavo volume would contain more of the marrow of surgery than many bulky treatises. It would indeed, I believe, be found to throw a clearer light on the great problems of medical science in general, than any single volume that can be named.

The enormous practical importance of the work Lister has done in establishing antiseptic surgery has, I cannot help thinking, overshadowed to some extent the equally great importance of his earlier work on pathology. Equal importance I say advisedly, for the pathological principles acquired in his earlier work prepared the way for the

acceptance of the Germ Theory and gave it a rational basis to work on. A practice founded on isolated data, a purely empirical practice with no definite homogeneous pathological groundwork, must be unsatisfactory, unmanageable, even at times dangerous. One cannot have a better example of this than the history of venesection.

It is my purpose in this short paper to draw attention to some of the cardinal points in the teaching of Lister. And first I shall speak of his work on the essential nature of inflammation, as I consider it gives the key-note of all his teaching. It would be impossible to overestimate the importance of these researches. They occupied him for several years, and the results are published in the Transactions of the Royal Society for 1858. They may be called the Principia of Surgical Pathology. This work removed many erroneous impressions as to the nature of the inflammatory process: it proved the correctness of many of the surmises arrived at by the marvellous genius of John Hunter, but replaced his definition of inflammation by an entirely different one, and gave us a new idea of the subject. And some of the most interesting facts in physiology and pathology were for the first time discovered and demonstrated.

At the time when he began his work the question of the nature of inflammation was in a most unsettled condition. All sorts of theories were held about it, and there was little but theory. But the subject was being eagerly investigated. Many influences, a consideration of which may not detain us now, had combined to awaken a spirit of research into vital phenomena, and experimental pathology and microscopic analysis were being brought to bear on what may truly be called, this burning question. The web of the frog's foot and the membranous wing of the bat were, on account of their transparency, the favorite subjects of study.

It is well known that the application of an irritant to the web of the frog's foot resulted in changes in the calibre of the blood vessels and abnormal accumulation in them of blood corpuscles. Lister set himself to discover whether these phenomena were related to each other as to cause and effect. The Astley Cooper prize had just been awarded to Wharton Jones for an essay in which he contended that the stagnation of the blood was due to a contraction of the arteries. It occurred to Lister that if a mild irritant were employed, one might get "the alteration in the blood vessels without the concomitant alteration in the blood," and he experimented with warm water. As a result of his

experiments, he arrived at the conclusion that "the arteries regulate by their contractility the amount of blood transmitted in a given time through the capillaries, but neither full dilation, extreme constriction, nor any intermediate state is capable *per se* of producing accumulation of corpuscles in the latter." His next step was by a series of most ingenious experiments, which it is impossible to describe in the limits of this paper, to establish the fact that inflammation "may be brought about in two totally distinct ways, viz., either by the direct operation of a noxious agent upon the tissues or indirectly through the medium of the nervous system."

Then, from a study of the phenomena observed in the affected tissue he arrived at an explanation of the essential changes underlying these phenomena. As this was the earliest exposition of the modern doctrine of inflammation, we may consider it in some detail. A strong inference may be drawn from the following experiment: A frog was placed in a jar of water strongly charged with carbonic acid. When the limbs had ceased to act, it was withdrawn. It was found, though the heart was still beating, the blood-vessels were loaded with stagnating blood. After a time the frog regained consciousness and resolution occurred in the vessels. We may infer that the carbonic acid poisoning the web as well the brain, paralyzes for a time the functional activity of both, and that the return of circulation, like the recovery of cerebral functions, depends on the restoration of the dormant faculties of the affected tissues. The same conclusions are present in cases of galvanic shock.

Then, the condition of the blood corpuscles in the inflamed part is suggestive. In healthy frog's blood, the corpuscles have no tendency to adhere; in the inflamed web they adhere to each other and to the wall of the vessel as they do in shed blood. If the blood, then, passing through the vessels of an inflamed part behaves as it does when let out of the body and in contact with dead matter, the inference is, that the tissues of this part are more like dead matter than living—that their vitality is at a low ebb. A consideration also of the nature of the agents acting as irritants, would lead to the same conclusions. All of these irritants, chemical, thermal, mechanical, electrical, are such, that if applied sufficiently strongly, or for a long enough time, they will kill the tissues.

But direct evidence on the question was obtained from an unexpected quarter. While examining a frog's web in which he had induced inflammation by a grain of mustard, Lister observed to his astonish-

ment, that in addition to the usual appearances of inflammation in the irritated part, the pigment cells in this area had a totally different appearance from what they had elsewhere. This observation opened up a new path for investigation and led to most important results. It has long been known that changes occurred in the colour of the frog, similar to, though not so marked, as those of the chameleon. It was also known that the pigment was situated in certain cells of the skin, and German investigators had concluded that the changes in shade from light to dark were caused by contractile changes in the protoplasm in the chromatophorous cells. But Lister showed that the change was not due to a change of shape in the cell, but to variations in the distribution of the pigment. He showed that the cells were branching cells, the processes of which subdivided and anastomosed so as to form a reticular meshwork in the skin. When the skin of the frog is pale, the pigment granules are aggregated in a small black mass around the nucleus, the branches of the cell being seen with difficulty. Where the skin is dark, the pigment granules are scattered throughout the protoplasm, being more closely packed in the smaller branches, until finally they come in contact, and give the appearance of fine dark lines. And there are intermediate conditions corresponding to the hue of the frog. If the frog is exposed to light, it becomes pale, if secluded from the light it becomes dark. How is the change brought about? Is it a direct action of sunlight on the skin, or is it reflex, through the eye? Lister decided this in a simple way, he blindfolded the frog, made a little hood or jacket for it, leaving only an opening for air, and now found that whether exposed to light or not, the dark colour was permanent. This proved that the movement, or, at least, that the concentration of pigment was a reflex change, through the eye and similar to the contraction of the pupil. Before this experiment, there was no evidence that any function but that of muscular contraction was under the influence of the nervous system. Further experiment showed that the spinal cord held the same relation to the concentration of the pigment granules as to the contractility of the arterial musculature. Division of the sciatic nerve or of the spinal cord was followed in the one case by relaxation of the arteries; in the other, by diffusion of the pigment granules and the corresponding darkening of the skin. But in time, contractility and concentration returned. Transverse segments could be removed from the spinal cord with the same result. After a longer or shorter time, there was a restoration of the suspended function. But when the whole

spinal cord had been cut away the nervous control of these functions was lost and permanent relaxation and diffusion resulted.

And the direct action of the irritant on the pigment cells was shown to be distinctly of the nature of a paralysis or arrest of function. In the inflamed spot on the frog's web, the pigment is in an immovable condition. If a frog of medium colour has been the subject of experiment and if we place it in a white basin and expose it to light it soon becomes pale, but the irritated spot remains dark. If, on the other hand, we cover it in a jar and exclude it from light it becomes dark, but the irritated spot appears pale by contrast. Power of concentration as well as power of diffusion is lost.

The same results were obtained when the experiment was varied by acting on a portion of the web entirely removed from the foot so that the influence of the nervous and circulatory systems were eliminated. This is absolute evidence that this particular form of tissue loses its power of action when an irritant has acted sufficiently long upon it. It has not been destroyed; after a time its power returns. If the irritant has been too powerful or continued for too long a time the tissue may lose its properties permanently, it may die.

Similar results were also obtained in a series of most interesting experiments upon ciliated cells.

And so, from the behaviour of the blood in an irritated, that is, an inflamed part, from a consideration of the nature of irritants, and of the behaviour of the tissues when irritated, "we are drawn to the inevitable inference that the occurrence of inflammatory congestion in a part, indicates an enfeebled state of the tissues bordering more or less closely on death, and if continued, leads to death."

These experiments showed that the phenomena of inflammation could be induced in tissues entirely cut off from the influence of the nervous or circulatory system. This is proof that the tissues possessed life in themselves. Again, when the irritation was removed inflammation passed off, therefore the tissues possessed inherent powers of recovery. This idea of the inherent vitality of the cell, the self-preserving power of the tissues, is a favorite one in Lister's teaching. One of his earliest contributions to surgical literature is a note of a case in which, on account of secondary hæmorrhage, a tourniquet had been applied to the arm so as completely to stop the circulation in it, and had so remained for thirty hours before he was called in to amputate. The arm was of course swollen, cold and discoloured, but encouraged by the

results of the observations he was then carrying out on this subject of the vitality of the tissues, he decided to tie the brachial and give the arm a chance, and with complete success.

And blood is a tissue in which the phenomena of depressed function and renewed vigour may be seen, and which has an inherent power of resisting noxious agents. And this not only in its fluid state. Coagulation does not necessarily imply death of the blood. Lister showed in a series of most remarkable experiments that blood in its normal condition has no tendency to coagulate. In most text-books of physiology Brücke's theory of coagulation is adopted, namely, that coagulation is prevented by the peculiar action of the blood vessels. But we cannot prevent a tendency unless the tendency be there to prevent. The vascular parietes exert no special action on the blood, they simply continue to live and to hold their normal relations to the blood. We have as much right to say that the blood exerts a peculiar influence on the walls of the blood-vessels to prevent their degenerating. What is it that induces coagulation? Contact with dead, or rather with non-living matter. Now take the case of a wounded vein. There is, of necessity, a clot in the wound. But this clot does not extend, the blood flowing over it does not coagulate upon it, the blood-clot does not induce coagulation, therefore it is living tissue. Later on, when antiseptic surgery enabled him to study the whole subject under new conditions, Lister was able to prove the truth of theories he had been led to form as to the behaviour of blood-clot in a wound. I find in some text-books references to Schede's method of utilising blood-clot in wounds and, if I mistake not, I have read of Halstead's blood-clot, but I do not find that blood-clot behaves differently in Hamburg or Baltimore from what it did in the Royal Infirmary of Edinburgh a quarter of a century ago, when one of Lister's favourite demonstrations was the vascularisation of blood-clot and epithelial growth upon it. Some of you will remember Hunter's famous case in which he believed organisation had taken place in a blood-clot in the tunica vaginalis.

These principles explained healing by first intention. The tissues irritated by the passage of the knife, present the early stages of inflammation, dilatation of vessels, stasis of blood, effusion of liquor sanguinis corpuscles which glue the sides of the wound together and in which organization at once sets in. In such a wound, it may be that none of the cardinal signs of inflammation show themselves. And the germ theory explained the too frequent failure of this method of union. The

initial cause of irritation has passed away, but septic germs had gained access to the wound and led to a persistent irritation, directly, by their poisonous action on the tissues; indirectly, causing reflex irritation through the nervous system.

In the same way granulation tissue was shown to have no tendency to suppurate unless irritated. The bearing of this upon the treatment of ulcer is evident. Remove the irritation and the tendency to suppuration ceases. When granulations are covered over by epithelium, their structure is not changed, but external agencies are excluded and no more pus is formed. Also, when two granulating surfaces are brought together, they cease to form pus. Each protects the other from irritation. Then, too, when antiseptic surgery began, and it was shown that some antiseptic agent was necessary to purify the skin, the hands, the instruments, Lister showed that the less the antiseptic, with its unavoidable irritation, acted on the wound, the better. Twenty-five years ago, when the most extravagant ideas were abroad as to antiseptic treatment, when wounds were being pickled in antiseptics, and abscess cavities were being over-distended with carbolic acid, these were Lister's words, "The injured tissues do not need to be stimulated or treated with any mysterious 'specific'; ALL THAT THEY NEED IS TO BE LET ALONE. "Nature will then take care of them, those which are weakened will recover and those which have been deprived of vitality by the injury, will serve as pabulum for their living neighbours." This is the watchword of Lister's whole system of treatment. Remove the obstacle to healing: relieve irritation, assist Nature. The most potent and frequent hindrance to the healing process was septic infection, and naturally engrossed the largest amount of attention, but this principle underlies Lister's work in all directions.

In the quotation just given, we have the first indication of a new principle: "pabulum for their living neighbours." That which struck Lister most in the study of granulation tissue under the new conditions of antiseptic surgery was its power of absorbing dead tissue, as sloughs and necrosed bone. It was generally supposed that matter had to be in a state of solution before it could be absorbed. Lister showed this was not necessary. He pointed out that the granulations ate the dead bone, "nibbling" was the word he used in describing the process. And this observation led to the successful reintroduction of animal ligatures. Many of these observations, for example, the specific action of living tissues, the germicidal action of the blood, and even of the white cor-

puscles, and this "nibbling" of dead substances by the cells of granulation tissue, were forerunners of the modern doctrine of phagocytosis. Lister laid stress on the fact that a granulating surface was a non-absorbing surface, and that a wound was safer from infection when once covered by granulations, and spoke of the granulating surface as a "living plaster," or protective. Metchnikoff's theory explains this by assuming that the amoeboid cells of the granulating surface are capable of coping with the micro-organisms which find their way to it.

We can see that the trend of Lister's thought was much influenced by the teaching of John Hunter. To one of these lines of thought I will now refer, and that is the influence of the nervous system in pathological processes, what Hunter spoke of as "sympathy." We have just seen the importance which Lister attached to the action of the nervous system in inflammation. While he proved that inflammation might occur independently of the central nervous system, he held that in ordinary circumstances it played a very important part in the process, and he believed with Hunter, that in such events as pneumonia, following upon chill, or the sudden congestion occurring in the kidneys after the passing of a bougie into the bladder, we had proofs of inflammation brought about reflexly through the nervous system.

Hunter pointed to the good effects of bleeding from the temples in iritis and similar things as an example of this sympathy, or what he sometimes called textural contiguity. He also pointed to the general contraction of the arteries occurring in venesection. And Lister observed that the reduction of pressure in the veins resulting from the action of gravity, as in an elevated arm, led to reflex contraction of the arteries and local anæmia, and long before Esmarch described his bloodless methods. Lister had turned this observation to advantage, and by simply elevating the limb and then applying a tourniquet, secured absolute anæmia in the part to be operated upon.

Early in the history of antiseptic surgery, Lister, in treating of suppuration, considered it due to two causes, that is, the abnormal stimulus of the tissues which led to suppuration might be excited through the action of the nervous system, or the direct action of stimulating salts, and sub-divided the latter into putrefactive stimulation from bacterial products and the irritative action of antiseptics themselves. This was before Ogston's work and when the science of bacteriology was in its infancy. It would appear now that the aphorism of Weigert must hold, and that without micro-organisms we can have no suppuration. But

the question has two sides, there is the soil and the seed, and the deterioration of tissue which makes it a fit soil for the growth of germs, may be brought about by altered nervous action. But if this doctrine of suppuration is pushed further, and all inflammation, as some pathologists would have us believe, is micro-organismal, if this is the orthodox faith I cheerfully confess myself a heretic, for I cannot understand why the products of bacterial life should have a monopoly of inflammatory power.

One of Lister's favorite instances of this action of the nervous system was the practice of counter-irritation, whether by blisters, or in acupuncture, or in the use of the actual cautery. It has been said that in the light of modern pathology, counter-irritation is an exploded theory and an obsolete practice. I should be sorry to think so. Counter-irritation, like venesection, may have been unwisely used, but the fact remains, that it is one of our most powerful and trustworthy methods of treatment.

As much as twenty years ago it was Lister's practice, in early cases of gelatinous degeneration of the knee-joint, with perhaps effusion, to make free incisions through the infiltrated tissues into the joint, and this was in a certain proportion of cases followed by very satisfactory results. We know now that this disease was tuberculosis, an infective inflammation. I believe the explanation of these cures to be that partly as a result of the relief of tension, partly as a consequence of the counter-irritation caused by the open wounds, reflex nutritional changes were set up which improved the vitality of the tissues and enabled them to cope with the tubercle bacilli.

Gentlemen, I have perhaps tried to cover too much ground in the time at my disposal. But there are two or three things suggested by this survey of Lister's doctrines to which I would like to draw attention. First, we see the supreme importance of a thorough training in the branches of knowledge on which scientific surgery is based. It was his training in chemistry and physics, and his remarkable, we may almost say unrivalled, skill in microscopic technique which enabled Lister to carry out these researches.

Again, I wish to point out that Lister's teaching is to a very great extent clinical and practical. There is not one of the principles which we have been considering which is not capable of demonstration at the bed-side, or at least for which strong inferences may not be drawn from the facts of our daily work.

Lastly, I must refer to the spirit in which Lister works. On the one hand, devotion to the good of his fellowmen, the best interests of the patients committed to his care, on the other, a reverent attitude towards the Eternal Power who manifests Himself in these mysteries of life. It appears to me that in his habits of observation, his method of study, and, fortunately for humanity, in the general result of his work we have a fine illustration of the thought of an ancient eastern poet who has said :

“ Devoutly look, and naught but wonders shall pass by thee,
Devoutly read, and then all books shall edify thee,
Devoutly speak, and men devoutly listen to thee,
Devoutly act, and then the strength of God acts through thee.”

CANADIAN MEDICAL ASSOCIATION.

The twenty-ninth annual meeting of the above association was held in Montreal Aug. 26, 27 and 28.

The members were all heartily welcomed by the members of the Reception Committee. About half past ten the meeting was called to order by Dr. T. G. Roddick, M. P., the Chairman of the Local Committee, who opened the proceedings with a short and very pleasing address of welcome to all the visiting members. The present meeting, he said, was the eighth in the Association's twenty-nine years existence, in which they had honored Montreal by holding it here. He and his confreres considered it a great honor, and thanked them for it. He referred to the many changes that had taken place since last they met here, in 1891, and spoke of the enlarged hospital accommodation. Before concluding, he spoke of the honor which had been conferred upon not only him, but upon the medical profession of Canada, by the British Medical Association, and he hoped that the meeting of the British Medical Association in Montreal next year would be an event never to be forgotten.

After the applause had died away, the President of the Canadian Medical Association, Dr. James Thorburn, of Toronto, was called to the chair, and general business was proceeded with.

INTERPROVINCIAL REGISTRATION.

On the conclusion of this business the Committee on Inter-Provincial Registration, the President of which is Sir James Grant, of Ottawa, met and spent some time in session. The report which the Committee is now considering is the one brought in by the Committee at the last meeting, and which reads as follows:—

“The Committee appointed at the last meeting to look into the question of inter-provincial registration would beg to express their regret that by the system which at present obtains a graduate in medicine entitled to practice in one Province is not free to exercise his functions in all the Provinces of this large, but sparsely-settled Dominion;

“That this condition of things prevents the names of medical practitioners in this Dominion being placed on the British register, becoming thereby British practitioners, which the Council of Medical Education of Great Britain has more than once signified its willingness to grant;

"That with this end in view, it is, therefore, most desirable that there should be a uniform standard of matriculation, a uniform standard of medical education, and a uniform method of examination for the whole Dominion.

"That to effect this purpose, the Secretary be instructed to communicate with the various Provincial Councils, before their next meeting, asking that each Council discuss the question, and, if possible, appoint one or more delegates to a Dominion Committee for the purpose of adjusting a suitable curriculum and carrying out the suggestions herein contained, and that such Committee be requested to forward their finding to each of the Provincial Councils and to the Secretary of this Association before the next annual meeting."

OBSERVATIONS UPON THE RELATION BETWEEN LEUCHAEMIA AND PSEUDO-LEUCHAEMIA.

A paper thus entitled, prepared by Dr. C. F. Martin and Dr. G. A. Matheson, was read by Dr. Martin. It drew attention to the interest awakened of late in the examination of the blood for diagnostic purposes. Cases were quoted to shew that a diagnosis could not be made from the appearance of the blood, apart from other clinical phenomena. Inasmuch as the differential diagnosis between leuchaemia and pseudo-leuchaemia has rested heretofore on an examination of the blood, it was worth while to consider, in view of recent work, to enquire if these should be called separate diseases. Prior to the era of blood examination, French writers grouped together all those diseases which appeared to involve mainly multiple lymphatic glandular structures. It was after this that the two diseases in discussion were separated. Recent observation had borne out the old theories of those who recognized between the two conditions no destructive morbid anatomy. The clinical symptoms were alike, too, with the exception that there was a difference in the amount of leucocytosis. It was now questionable whether such a variable symptom should *per se* form a basis for the classification of disease. From a review of the work of the different men who were investigating this subject, and from a study of cases that had come under their own observation, the authors were inclined to agree with the old French classification, regarding the difference in the leucocytosis as a result of examination at different periods in the disease.

The report given above was then considered by the Committee on Inter-provincial Registration and a sub-committee appointed to draft a scheme:

The sub-committee, made up of representatives from the various councils of the Dominion, prepared a scheme which, with a few alterations, was acceptable to the general committee, and which was adopted by the Association at a later stage.

It read as follows:—

“Your committee beg leave to report that, having examined the present requirements of the licensing boards of the several provinces, with a view to obtaining by mutual concession a uniform standard of matriculation, education and examination, would recommend the following:

I. *Matriculation.*—The schedule of subjects shall comprise (1) English language, including grammar, composition and writing from dictation; (2) arithmetic, including vulgar and decimal fractions and the extraction of the square root; (3) algebra, to the end of simple equations; (4) geometry, euclid, books 1, 2 and 3, with easy deductions; (5) latin, grammar, translation from specified authors, or of easy passages; (6) fluids, comprising the elements of statics, dynamics, hydrostatics, and elementary chemistry; (7) history, England and Canada, with questions in modern geography; (8) and any one of the three following subjects: French, Greek and German, the requirements being the same as in Latin.

“Fifty per cent. of the marks in every subject shall be necessary for a pass, and 75 per cent. for honors.

“In lieu of the above will be accepted a degree in Arts of any university in Her Majesty's Dominions, or from any college or university that may hereafter be recognized, but no matriculation in Arts in any university will be recognized.

“II.—*Professional Education.*—The curriculum of professional studies shall begin after the passing of the matriculation examination, and shall comprise a graded course in the regular branches of four yearly sessions of not less than eight months of actual attendance on lectures in each year, the subjects to be anatomy, physiology, chemistry, materia medica, therapeutics, practical anatomy, histology, practical chemistry, pharmacy, surgery and clinical surgery, medicine and clinical medicine, including diseases of eye, ear, throat and nose, and mental diseases, obstetrics, diseases of women and children, medical jurisprudence, and toxicology, hygiene, pathology, including bacteriology.

“That at least twenty-four months out of the graded four years, of eight months each, be required for attendance on hospital practice, to

begin with the second year of study. That proof of attendance on not less than six cases of obstetrics be required.

"III.—*Examination*—(a) All candidates for registration in the various provinces, in addition to having fulfilled the foregoing requirements, shall be required to undergo examination before examiners to be appointed in each of the provinces by their respective councils, or by means of assessors, as in the Province of Quebec, or by delegating their authority to one central body, as has been done in Manitoba. Each examination shall comprise all the subjects of professional study, shall be both written and oral, and 50 per cent. of the marks shall be required in every subject for a pass. (b) The committee make these resolutions merely as suggestions for the consideration of the councils of the several provinces as a mutual basis of agreement, and that each be requested to report thereon to the next annual meeting of the association, and also to send one or more delegates to represent them at that meeting.

"In order that the councils may be enabled to consider the question with a full knowledge of the facts, it is decided that each registrar should send to every member of every council in Canada a copy of the statutes and of the regulations in connection with the council that he represents."

The report is signed by Drs. R. A. Payne, R. S. Thornton, Thomas Walker, J. M. Beausoleil and Edward Farrell, representing five of the councils of the Dominion.

A minority report from Drs. MacLeod and MacNeill, two members of the committee, was also presented, in the absence of these gentlemen, by Dr. Roddick.

After a brief discussion, the majority report was adopted by the association, and was ordered to be printed and sent to every member of the different provincial councils in the Dominion.

A clinic was then given at the General Hospital.

Dr. Shepherd presented a patient who had been operated upon for gastric ulcer successfully; a case of fracture of the skull with rupture of the meningeal artery and the foramen spinosa in which he had tied the common carotid artery to control the hemorrhage; the second case, a fracture of the skull, was caused by the bursting of an emery stone in which he had trephined and raised the inner table which was extensively injured and depressed; a patient in whom he had performed excision of the ankle and also a fifth patient in whom he had removed malignant tumor from the bulbous portion of the urethra.

Dr. Blackader presented a patient who had progressive muscular atrophy, a case of disseminated sclerosis, a case of multiple neuritis and case of lead palsy.

Dr. Huthchison presented a patient who had suffered from a bad fracture of the femur and a second patient in whom he had amputated an arm for gangrene.

Dr. F. J. Shepherd presented a patient with a cervical rib.

These cases were sometimes, he said, taken for supposed malignant disease, aneurism, or hard enlarged glands. He presented another patient suffering from urticaria factitia.

Dr. C. W. Wilson presented a patient upon whom he operated to relieve a condition of flat foot. To maintain the corrected position he had used Whiteman's plates which were made out of beaten steel which were formed to fit the foot and maintain it in a corrected position until the foot was sufficiently strong to support the weight of the body itself. He also showed a case of Pott's disease.

Dr. G. Gordon Campbell presented a patient suffering from scurvy. When he presented himself at the hospital, his gums were immensely swollen and fungoid and bled easily. Patient could not eat. There were some ecchymoses over the body. He was put on fresh vegetables and the juice of lemons.

Dr. H. Meek, of London, reported three cases of abdominal section for conditions comparatively rare. The first was a hysterectomy for a fibro-cystic tumor of the uterus, the stump being treated extra-peritoneally. The second was for a sarcoma of the ovary. The third was for a volvulus of the splenic flexure of the colon, caused apparently by old adhesive bands in its mesentery.

Dr. Proudfoot, of Montreal, presented a baby with an imperforate external auditory meatus and deformity of the auricle.

Dr. R. Ferguson, of London, read a paper on Ophthalmia Neonatorum. He contended that because of the wide-spread nature of this disease and that it caused at a minimum 20% of all cases of blindness, it should receive greater attention both from the individual and the state. Prophylactic measures consisted in the treatment of gonorrhœal discharges in the female prior to pregnancy by frequent antiseptic douches; by cleansing of the eyes of the new-born exposed to the infection, and by the active irrigation of the eyes with antiseptic solutions in those in which the disease is established. The *modus operandi* was

described fully by the essayist. He moved that this disease be put on the list of contagious diseases.

Dr. T. T. S. Harrison read a short paper on some observations on the Heredity of Carcinoma. Notes were given of a large number of cases occurring in one family, in some of which there was recurrence, while he did not claim that these cases proved the heredity of cancer, they were of sufficient interest to record. Apart from the question of heredity, the one case he described, he asked, Did they consider that in his first operation he failed to remove some cancer germ or cell, and did that germ remain dormant till awakened into activity by an errant tooth? Or was there not rather a cancerous tendency or diathesis, hereditary or otherwise, which was roused to action by the long-continued irritation, especially on a tissue of low vitality?

Dr. Thorburn then delivered his address. After expressing his gratitude to the association for their kindness in placing him in this honourable position, he stated that he would fulfil the duties of his office to the best of his skill. He called attention to the loss medical science had sustained through the death of Pasteur, dwelling on the great work of that eminent man. Reference was also made to Jenner's work and that of Lister. Some were still skeptical as to the good that had been accomplished through modern serum therapy. He referred to the loss the association had sustained through the death of several of its members during the past year.

The important subject for the consideration of the meeting was that of a common registration for the Dominion of Canada. The time had come when all obstacles should be overcome by mutual concession. The want of uniformity of registration in different provinces, was detrimental to any progress and national unity, and in addition, tended to drive away many good and valuable men from the land. The president suggested that throughout the Dominion, a four year's course of 8 or 9 months each, should be the standard. He criticized unfavourably the five year's course in Ontario.

The Dr. called attention to the relation of insurance companies to physicians. He thought that physicians should thoroughly fit themselves for this branch of the work. In Vermont, a course of lectures were given on life insurance. In the United States, Medical Directors' Associations were formed which were of much value. In this all medical subjects, relating to insurance were discussed.

The question of professional secrecy, of electricity, of the growth of

the association, were all dealt with at length and the Dr. closed by complimenting the city of Montreal on being chosen as the next meeting-place of the Dominion Medical Association. He also congratulated Dr. Roddick, their distinguished townsman, on being chosen as president of that distinguished body.

SOME APPLICATIONS OF ENTOMOLOGY IN LEGAL MEDICINE.

This was the subject of a demonstration by Wyatt Johnston. He presented specimens of the fauna which inhabit decomposing and putrifying bodies exposed to air. Among others represented were the dermestes, the pyrphila, the hister, and the acari. In buried bodies were found the rhizophagus and the philontes. Megnin, the great French authority, was able to state approximately how long since a body had died by examining the specimens found upon it.

A demonstration of the Roentgen Rays was given by Dr. G. Girdwood in McGill College.

Dr. Price Brown, of Toronto, presented a paper on Clergyman's Sore Throat. Dr. Brown called attention to the use of the term by the older writers. Some confined this name to chronic follicular pharyngitis. Seiler limits it to chronic laryngitis; Bosworth ignores it altogether. The essayist contended that it would be better if the term were discarded altogether and the nomenclature of disease of the throat based on their etiology. Most of such cases he contended arose from obstruction of the nose or naso-pharynx: that the cure of the disease consisted in the removal of such obstruction. He called attention to the various functions of the nose. He pointed out that oral breathing when established, in public speakers particularly, would produce frequently follicular pharyngitis. Chronic laryngitis with a soft thickened mucosa was often accompanied by a discharge of thick muco-pus. There was a condition of the throat which sometimes arose from digestive disturbances. The essayist then reported 10 cases of throat disease. In one there was a large polypus in the nasal cavity. In another, a dislocated columnar cartilage, in another, a twisted uvula, in another, hypertrophy of the faucial tonsils, in another, ulceration in the left hyoid fossa. Two had septal ridges, two had catarrhal hypertrophies of the post septum: pharyngeal granulations occurred in two: in three there were turbinal hypertrophies, in one, the worst, there was uncomplicated laryngeal disease.

Dr. Geo. Wilkins, of Montreal, delivered the address in Medicine, taking for his subject The Modern Treatment of Diseases as the Result

of Experimental Investigation. He began by referring to the theories held by Linnaeus, Jenner, Ehrenburg, Holland, Pasteur and Lister, and the work done by them which led up to the recent wonderful discovery of the treatment of disease by serum therapy.

Dr. Wilkins ventured the opinion that we may soon have immunity from nearly all diseases by a protective serum. An interesting part of the address was that in which it was shown that the immunity of vaccination is but an example of a very similar process in nature by which a healthy mother is protected from the syphilitic virus of a diseased husband. The interchange of serum that takes place between the placental vessels and the circulation of the mother is that of toxin mixing with normal blood.

Allusion was made to the labors of Behring and Kossel in transferring antitoxin from the lower animals. It was held that the treatment of consumption may yet be successful. English statistics show that diphtheria is not due to insanitary conditions. Of late the Italians have been making successful experiments in serum-therapy. Tuberculosis has been favorably affected. The action of the liver, pancreas, suprarenals (and other organs whose functions have hitherto been imperfectly understood) may be observed with greater interest now and studied in their bearing on the treatment of disease by animal extracts.

ETIOLOGY AND TREATMENT OF ACNE VULGARIS.

The author of the paper after discussing the subject, said he would use the term in its broad sense of signifying an acute inflammatory affection of the sebaceous glands with or without implications of the lanugo hair follicle. In most cases there was a local abnormal thickening of the corneal layer with a consequent closure of the orifice of the follicle. This Keratosis process extended into the follicle and was a chief element in the formation of the comedo plug which consisted of epidermic cells and sebum, and often also of one or more lanugo hairs. The folliculitis was due to the presence of germs and the presence of decomposing sebaceous matter. In treating the disease the accompanying seborrhoea oleosa which makes it easy for the ubiquitous germs to adhere to the face must be kept in mind and treated. This could be best done by cleansing, using potash soap. This should be thoroughly washed off and if there is hyperkeratosis present reducing agents must be used, such as sulphur 6 to 25% strength, resorcin 2 to 4% strength. Following this milder preparations should be used. The following were recommended: Sulphur p. ʒi ss, Etheris ʒvi, Alcoholis ʒiii ss. Or Potas. sulphuret,

Zinci sulph. ā ā ʒi, Aq., rosae ʒiv., sulphur p. ʒii. Or spts. camphorae ʒss, liquor calcis ʒiv. Or sulphur p. ʒss—ʒi, vaselin. ʒi.

Where the acne was dependent more upon retained sebum than upon a general Keratosis an antiseptic agent like corrosive sublimate was indicated.

The essayist described the treatment for the comedones and also that necessary for accompanying diseases of other organs, upon which in a few cases the acne was in part dependent.

Dr. W. B. Thistle read a paper on the theory of Eliminative and Antiseptic treatment for typhoid fever. This plan of treatment he had brought forward in 1893, and consisted in the administration of frequent doses of purgative medicines, their exhibition being carried on daily throughout the entire disease. With the employment of purgatives, was associated the use of antiseptics, chiefly the use of salol, to compensate for the withdrawal of so much fluid from the body by so frequent purgation as well as to dilute and also facilitate elimination of the poison. The injection of large quantities of water was enjoined. The purgation swept the bacilli and their toxins out of the intestines and counteracted the augmentation of toxins by carrying away the toxic bile, and further depleting the volume of toxin by causing a free secretion into the intestines, bringing with it poison and solution. This constant clearing out of the intestine, he contended, must lessen the extent of the local lesion because it cuts off the supply from which bacilli and toxin are carried to Peyer's patches. The object of the paper, in addition to giving the above explanation, was to clear away some misconceptions that many had of the treatment, and to show that the bacilli had been found in the early stages of the disease and that the treatment is based on scientific principles, a correct pathology of the disease being kept in mind.

Dr. Wesley Mills then gave a demonstration of the effects of the removal of the motor centres of the brain from the pigeon, the rabbit, the cat and the dog shewing that the interference in the motor power of the limbs after such removal was not permanent, and was more noticeable the higher in the scale the animal was.

The association then adjourned to the Hotel Dieu, where Sir William Kingston gave an address in surgery.

Dr. D. C. Meyers, of Toronto, reported a case of Hereditary Cerebellar Ataxia.

In the afternoon the association met in the school-room of St. George's Church.

Dr. John Stewart, of Halifax, read the address in surgery [appears in this journal.]

Dr. D. Marcil, of St. Eustace, Que., read a paper in French on Thyroidectomy.

Dr. G. Lenox Curtis, of New York, read a paper on Theory and Results. The paper dealt with oral surgery. He said the completeness of the lack of knowledge on the part of the average physician and surgeon concerning diseases attended upon or following affections of the teeth, all the effects, near and remote, which such affections may cause in the organisms, is appalling. Many times their patient suffered untold agony or endured prolonged illness, because of the Doctor's ignorance on this subject, which should be among the fundamentals. For much of this, if not all of it, the medical institutions of learning were responsible. In the curriculum of many of these, the teeth, in spite of all the attention given to them, and to their disease, letting alone their anatomical and nervous relations to the remainder of the economy, might well be foreign bodies. The Dr. then related the history of cases which were bungled both by the dentists and physicians before he saw them, which illustrated the truth of his opening statement.

Some cases of Foreign Bodies in the Eye in which the Electro-Magnet was used successfully. A paper with this title was read by Dr. F. Buller, of Montreal.

The cases reported included those in which the foreign body was located in the anterior chamber; those in which it was located in the sclerotic, though mostly in the eye; and those in which it was in the vitreous.

Dr. J. F. W. Ross, of Toronto, read the address in midwifery, subject, Abdominal and Pelvic Operations for the Relief of Conditions Incident to the Puerperal State.

The author dealt with the questions of fibroid tumors, ovarian cysts, hydramnios simulating ovarian cyst, and intra-abdominal disease complicating pregnancy. He also reported a case of rupture and perforation of the pregnant uterus in which he had performed laparotomy, removed the clots, drained, without closing the uterine wound, with recovery. In regard to anteversion, for instance, according to views long held, the symptoms found in this condition were due to a change in the axis of the uterus. But that view has been found to be untenable and incorrect, because it is now recognized that there is no special disease.

Dr. J. C. Webster, Edinburgh, Scotland, read a paper on The use of

Pessaries in Gynecology. He held that while the pathological lesions that underlay the various versions and flexions of the uterus were not well understood the pessary was much in use, but since it has been ascertained that most of these displacements are the result of conditions amenable to treatment by the pessary of anteversion, nor does anteversion *per se* produce any symptoms: it is but one of the results of a thickening of the uterus due to chronic metritis, so that the treatment of anteversion was the treatment of metritis. The anteversion pessaries of Thomas, Hewitt and some others were introduced when incorrect ideas of the pathology of uterine diseases prevailed. But were there any pessaries of service in this condition? Yes, Hodge's, or sometimes a ring pessary might be used,—not to straighten the uterus, but to support it as a whole in order to diminish the congestion and reduce the size of the organ. In a similar strain the essayist dwelt with other displacements, shewing that most of them were best treated without the aid of pessaries.

Dr. A. L. Smith, of Montreal, reported 100 cases of retroversion of the uterus, treated by ventrofixation and Alexander's operation, with subsequent results.

A clinic was then given in the Royal Victoria Hospital by Drs. Jas. Bell and J. Stewart.

THE INFLUENCE OF MITRAL LESIONS ON THE EXISTENCE OF PULMONARY TUBERCULOSIS.

A paper with this title was presented by Dr. J. E. Graham. The essayist quoted Rokitansky's statement that "persons laboring under enlargement of the heart, dilatation, hypertrophy and then compensation, whether primary or superinduced by mechanical obstruction at the orifices, do not contract tuberculosis." Other observers had found that this was only partially true. In the case of pulmonary stenosis, it had been observed that phthisis was frequently present; while mitral stenosis, according to Fagge, was almost a complete barrier to the development of phthisis. In two cases seen by the essayist, he had noted that this was true. To appreciate the reason for this antagonistic action, the pathological condition must be kept in mind. The condition in the main, which produced this result, was the passive pulmonary congestion. This induced function of the apices, the bases being congested, the most common site of commencing phthisis. There was increased transudation of serum and leucocytes, both inimical to the specific bacilli. There was increased bronchial secretion and expectoration, and increased

muscular development in the bronchioles and alveoli. The use of chest exercises was advocated as a preventive measure was a practical lesson this subject taught. It induced apical expansion, an active hyperaemia, and increased muscular development.

Dr. W. Tobin, of Halifax, read a paper on Militia Medical Re-organization.

Dr. J. B. McConnell, of Montreal, reported a case of Tetany following Scarlet Fever.

Dr. F. J. Shepherd, Montreal, reported a case of excision of the scapula.

Dr. H. L. Reddy, of Montreal, prepared a paper on Streptococcic Puerperal Infection--injection of Marmouk's anti-streptococcic serum. Recovery.

This paper consisted in the report of a case where the infection took place in an enlarged varicose vein at the inner side of the labium, there being no laceration or anything unusual about the labor. Temperature by the 5th day 104, pulse 106, face flushed, with other constitutional symptoms. Days following, the diagnosis having been made microscopically and by inoculation, injection given. This with the local anti-septic measures being used, an immediate convalescence began. Some numbness and tingling of the extremities and a considerable amount of haematuria which lasted two or three days were the only untoward effects of the treatment.

Dr. A. L. DeMartigny, of Montreal, read a paper on Electric Baths in the treatment of Dyspepsia.

Dr. H. D. Hamilton, of Montreal, read a paper on Non-malignant Tumors of the Tonsil, with report of a case. Photographs of the tumor in situ were shewn.

Dr. Roddick, on behalf of the Nominating Committee, made the following nominations, which were afterwards unanimously approved by the Association :

PRESIDENT.

Dr. V. H. Moore, Brockville.

VICE-PRESIDENTS.

Prince Edward Island James Conroy, Charlottetown.
 Nova Scotia J. F. Black, Halifax.
 New Brunswick T. Walker, St. John.
 Quebec J. M. Beausoliel, Montreal.

Ontario.....	W. W. Dickson, Pembroke.
Manitoba.....	R. S. Thornton, Deloraine.
Northwest Territories.....	E. H. C. Rouleau, Calgary;
British Columbia.....	Dr. Harrington, New Westminster.

GENERAL SECRETARY.

F. N. G. Starr, Toronto (re-elected).

GENERAL TREASURER.

H. B. Small, Ottawa (re-elected).

LOCAL SECRETARIES.

Prince Edward Island.....	H. D. Johnston, Charlottetown.
Nova Scotia.....	A. I. Mader, Halifax.
New Brunswick.....	G. A. B. Addy, St. John.
Quebec.....	J. B. McCarthy, Montreal.
Ontario.....	W. G. Anglin, Kingston.
Manitoba.....	W. H. Smith, Winnipeg.
Northwest Territories.....	Geo. Macdonald, Regina.
British Columbia.....	A. Weld, Vancouver.

On the suggestion of the Nomination Committee, the City of Montreal was chosen as the next meeting place of the Association, it being thought advisable to meet here in 1897, owing to the fact that the British Medical Association will also assemble here during the course of the coming summer.

Society Proceedings.

NEW BRUNSWICK MEDICAL SOCIETY.

The sixteenth annual meeting of the N. B. Med. Society was held in Moncton, July 21st and 22nd. The president, Dr. G. E. Coulthard, occupied the chair, and over forty members were present. After the reading of the minutes of last meeting, the President delivered an address on his first one thousand cases of midwifery. The Dr. had the cases in tabulated form showing different positions, presentations etc., which he distributed among the members before delivering his address, thus enabling them to notice every detail. This was a very interesting subject, and showed how comparatively few cases of septicæmia now exist under the careful use of antiseptics; also of an increasing use of anesthetics during labor without a single fatal result. It was a very interesting and instructive address, and for which the Dr. received a hearty and unanimous vote of thanks.

BILLS ORDERED TO BE PAID:

O. J. McCully, M. D.—Postage	\$ 5 15
Watson & Co.—Envelopes	1 00
Rent of I. O. O. F. Hall	8 00
Times Printing Co.	3 25
Transcript—Circulars and Envelopes.....	3 35
	<hr/>
	\$20 75

COMMITTEES' REPORTS.

Dr. F. McFarlane presented the seal ordered to be obtained and explained the lettering upon it. Cost \$7.50

TREASURER'S REPORT:—*Foster McFarlane, M. D.*

DR.

Aug. 1895. To Bal. hand	\$91 62
“ 1 year's int. on \$97.22 @ 3½% as per deposit receipts from Halifax Banking Co.	3 40
“ Cash from dues, meeting '95....	52 00
	<hr/>
	\$147 02

CR.

July 19th, '95.	By Cash paid G. A. B. Addy, M. D.	\$ 3 18
	“ “ “ G. W. Stockford...	5 00
	“ “ “ St. John Globe	14 25
	“ “ “ Watson & Co.	1 65
“ 20th	“ “ “ A. J. Lordly & Co..	1 00
	“ “ “ R. H. Green & Sons	
	(seal)	7 50
	“ Bank Dep. receipt	97 22
	“ Int. to Aug. 1st, '96	3 40
	In hands of Treas.	13 82
“ 21st	Bal. on hand \$114 44	<hr/>
		\$147 02

An audit committee consisting of Drs. Walker and Jas. Christie was appointed to look over this report, which they found correct, but the part referring to Probate business was not properly understood and committee was continued to look into the matter more fully. It was moved that the Treasurer's report be received and entered in the minutes.

The Registrar's report then followed. It was moved by Dr. Morrison, sec. by Dr. White, that it be received and entered in the minutes.

REPORT.

Mr. President and Gentlemen of the N. B. Medical Society :

Again it becomes my duty to present to you the annual report from the Council of Physicians and Surgeons of New Brunswick.

The year just passed has been uneventful, matters medical having, with few exceptions, passed along smoothly and with little or no friction. The change in the manner of collecting the annual fees, foreshadowed in my last report, has been accomplished with much less than the expected trouble, and the fees are now paid in advance as the law directs.

I have again to call the attention of the Society to the fact that many members of the profession neglect to pay the annual fees at all. The number of names on the register this year is about two hundred, and the number of practitioners in the province is much in excess of that. These men seemingly forget that they are making illegal practitioners of themselves, and therefore cannot collect any bills which may be protested, besides laying themselves open to various other penalties.

Last winter the St. John Medical Society very kindly informed the

Council that a movement was on foot among the dentists of St. John to get a bill through the Legislature, repealing the clause of the Dental Act which prohibits the administration of anaesthetics by any person except a duly licensed medical practitioner. Realizing the importance to the public and the medical profession of such a change, the Council at once caused a memorial to be drawn up for presentation to the legislature, showing why such a law should remain on the Statute Book. A committee of the Council was also appointed to watch the matter, and to appear before the House Committee in opposition to the proposed change. I am pleased to be able to inform you that success attended the efforts of the Council and that the legislature refused to repeal the clause referred to, although strongly urged by an influential delegation of Dentists. The Act was, however, so far amended as to allow dentists to administer nitrous oxide gas which seems not unreasonable.

Since my last report seven students have passed the matriculation examination, and thirteen names have been added to the Medical register, as follows :

Chas. McL. Avard,	A. P. Crocket,
E. M. Copp,	H. W. Keith,
Geo. F. Inch.	A. F. Best,
C. C. Alexander,	Stewart S. Skinner,
A. B. Atherton,	E. M. Brendige,
H. T. Knapp,	A. W. Clark,
Edwd. H. Saunders.	

My last report informed you that reciprocity in registration had been accomplished between Nova Scotia, Prince Edward Island, Manitoba and New Brunswick, and I may now state that the larger question of Dominion registration is receiving the attention of the Council, Delegates have been appointed to meet similar delegates from the various Councils of the Dominion, and a committee of the Canadian Medical Association at Montreal, in August next, when it is hoped this important question will receive an impetus towards a successful issue.

Signed, G. H. COBURN, M. D.,
Registrar C. P. & S., N. B.

Drs. W. W. White and Vanwart were appointed a committee to examine the Registrar's books at the suggestion of the Registrar himself.

The question as to who should prepare the programme for future meetings was brought up by Dr. McCully, and was discussed at length.

Drs. Atherton and Coburn thought a special committee, rather than the Local Committee of Arrangements, should have this matter in hand. A motion of Dr. Morrison, seconded by Dr. Botsford, that the Secretary, assisted by the President, arrange the programme, was carried.

Meeting adjourned at 12.30 to meet at 2.30 p. m.

AFTERNOON SESSION.

ELECTION OF OFFICERS.

<i>President</i>	Dr. A. J. McCully, Moncton.	
<i>1st Vice-President</i>	" F. H. Wetmore, Hampton.	
<i>2nd</i> "	" E. J. Gaudet, St. Joseph.	
<i>Secretary</i>	" J. McNichol, Sussex.	
<i>Corres. Secretary</i>	" G. C. Vanwart, Fredericton.	
<i>Treasurer</i>	" T. McFarlane, St. John.	
<i>Trustees</i>	} " J. W. Daniel,	
		" B. Travers,
		" W. W. White.

Members of Council :

Dr. G. T. Smith, Moncton.	Dr. Jas. Christie, St. John.
" W. W. White, St. John.	" G. R. J. Crawford.
Dr. G. E. Coulthard, Fredericton.	

Committee of Arrangement for next meeting :

Drs. Jas. Christie, H. Geo. Addy, W. W. White, St. John.

A discussion arose as to mode of election, and the following motion was put and carried :

"The members receiving the majority of ballots cast be declared elected; that the lowest man be dropped, and election proceeded with until five are elected."

The above five were elected on first ballot.

Dr. Atherton, of Fredericton, then read a paper on Appendicitis. He strongly advised early operation in cases severe from the outside. Dr. White complimented the Dr. on his excellent paper, after which Dr. Marven, of Hillsboro, presented some cases on which he had operated for hare-lip. He read a short paper on this interesting deformity and shewed photographs of some of his cases before and after operation. The doctor obtained better results by operating in infancy than in grown

subjects. It was discussed at some length by Drs. Atherton and Walker.

A paper entitled "The Empirical in Theory and Practice" was read by Dr. Moore, of Salisbury. Dr. McIntosh read a paper on "Some slight and serious Eye Troubles," which was an instructive and practical one, and was well received. Dr. Morrison emphasized some of the principal points, and especially cautioned the members not to use atropine when eserine should be used and vice versa.

Adjourned 5.45 till 8 p. m.

EVENING SESSION.

At the evening session, Dr. G. G. Melvin, of Alma, read a paper on the Provincial Board of Health. In this paper the doctor criticized severely this report, particularly in the classification of causes of death, and suggested the Board be more particular in investigating such matters, and that the members be medical men.

The paper was discussed by Drs. Walker, Christie, Coulthard and White. Dr. Walker suggested that the Secretary of the Provincial Board urge upon the local boards the necessity of having medical men for their secretaries. Dr. Coulthard thought the fault was largely with the physicians themselves in not sending in their monthly reports, and that the government would shortly take the matter in hand and have the work done more satisfactorily. Dr. White thought the medical men should be more particular in their diagnosis when reporting.

On motion of Dr. Walker, it was decided to hold the next meeting of the Society at St. John, as the Maritime Medical Association meets there at that time.

Dr. Moore, of Stanley, then read a paper on "Heredity and Environment."

Dr. T. Walker gave notice that at the next meeting of the Society he would make the following motion:—

"The President, immediately after the reading and disposing of the annual address, shall name a Nominating Committee of seven members of the Society, in the selection of which Committee due regard shall be had to a representation of the different sections of the province. It shall be the duty of such Committee, at the afternoon session of the first day of meeting, to report a nomination for each office in the Society, but such report shall in no way deprive any member of the right of nomin-

ating for such offices. In the years in which elections to the Council are held, such Committee shall in like manner nominate for such members of Council."

Meeting adjourned at 9.30 p. m.

SECOND DAY.

Meeting called to order by President at 10 a. m.

Dr. Vanwart read a paper on "Some remarks on the Treatment of Typhoid Fever." The Dr. dwelt particularly on the thorough disinfecting of the excrementitious materials and liquid and nourishing foods. The medical treatment which he most preferred was the nitrate of silver as an internal antiseptic. For the fever cold water should be used instead of the coal-tar products so generally in use. Dr. Stevens thought chicken-broth should never be given, as in his practice he found that it fermented and caused diarrhoea. Drs. McFarlane, Addy, Christie and Nugent spoke on this paper and heartily endorsed the full and free manner in which this important subject was handled by Dr. Vanwart.

Dr. Wetmore then showed to the members a boy with transposed viscera. He was perfectly healthy, yet the liver, spleen and heart were distinctly located in their abnormal positions.

The last paper was a most valuable one on "Chronic Seminal Vesiculitis," read by Dr. Foster McFarlane. The Dr. said that authors generally had thus far given little or no space in their works to these important organs—the seminal vesicles.

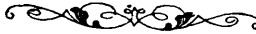
He showed two diagrams, one from Grey's Anatomy, of the vas deferens, seminal vesicles and prostate drawn from theory, and another which differed materially but was true to nature. In Grey the duct of the sem. ves. as vas deferens united to form a common duct which the Dr. claims is incorrect, as a bristle would pass easily into the vas deferens but it was impossible to pass it into the seminal vesicles as there was no connection. The anatomy and physiology of the parts was gone into fully, after which the Dr. mentioned the causes of disease of these organs and the pathological conditions which ensue. Gonorrhoea was accountable for sixty-four per cent. of all cases. The chief symptoms are constant discharge from the urethra, frequency of micturition, enlarged prostate, etc. Rectal examination is very important in making a diagnosis. The treatment consisted in "Stripping the Vesicles" or relieving the organs of their contents by pressure or massage.

Dr. W. White spoke at some length on this paper, and considered the subject a very important one and worthy of consideration. He termed the paper as "original and almost revolutionary."

A vote of thanks was given Dr. Coulthard for the able and impartial manner in which he filled the office of President.

After the thanks of the visiting members to the members of Moncton, meeting adjourned *sine die*.

J. McNICHOL, M. D.,
Secretary.



THE
Maritime Medical News.

VOL. VIII.

OCTOBER, 1896.

No. 10

EDITORS.

D. A. CAMPBELL, M.D. Halifax, N.S.	JAMES MACLEOD, M.D. Charlottetown, P. E. I.
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MURRAY MACLAREN, M.D., M.R.C.S. " " "	G. M. CAMPBELL, M.D. Halifax, N.S.

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All manuscript and literary correspondence to be addressed to

DR. D. A. CAMPBELL,
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DR. G. M. CAMPBELL,
407 Brunswick Street, Halifax.

Obituary.

James Anderson Coleman, M. D., died at his residence Granville Ferry, Annapolis Co., on the 5th of September. He was a native of Kings Co., and before entering the study of medicine, spent some time in teaching, as many of our profession have done.

He began his medical studies under the tuition of Dr. E. N. Payzant, now of Wolfville, and then entered the medical department of Harvard University, where he graduated in 1868. He practised at first in Shelburne Co., at Barrington and Port la Tour, where he did a great deal of hard work, but, about twenty years ago removed to Granville Ferry where he soon secured a large practice, winning the esteem of his fellow-practitioners and the respect and affection of a wide circle of patients. When the members of the N. S. Med. Soc. met a few years ago at Granville Ferry, it was at the suggestion of Dr. Coleman and with the cordial invitation of his friends in the village.

In the spring of 1895, symptoms of ill-health showed themselves, and yet none who saw Dr. Coleman at the meeting of the Maritime Medical Association in Halifax in July would have thought that serious disease was even then fastening its hold upon him. By October there were clear indications of obstruction of the bowels, and towards the close of the year Dr. Coleman consulted Dr. Maurice Richardson, of Boston, who performed an exploratory operation, which revealed the existence of malignant disease. For some time after his return home he had comparative comfort, but later on suffered a great deal. Early in March colotomy was performed, and he lingered on for half a year more, his physical strength gradually failing, but his mind remaining clear to the end. The courage and philosophic calm with which he bore his sufferings and faced the inevitable end were a source of wonder to all who saw him. He took a scientific interest in the various features of the disease, and kept a daily record of its fatal progress.

Dr. Coleman was a hard worker, and thorough in all he did. He loved his profession and was well posted in all its branches. He took much interest in the Nova Scotia Medical Society, of which he was President in 1891. A proof of this interest, and an indication of the spirit of the man is seen in the fact that, when actually on his deathbed he prepared a paper for the Society's meeting at Sydney, last July.

Dr. Coleman's papers were above the average and had a distinct literary flavour. Those of our readers who remember his paper at the Maritime Society's meeting last year, afterwards published in the NEWS, will have noted this. The influence of his old and much revered teacher, Oliver Wendell Holmes, may be traced in his cast of thought and in his literary tastes.

Dr. Coleman has left a widow, who is a sister of Dr. H. B. Webster of Kentville and Dr. Arthur Webster of Edinburgh. To her and to her little daughter we tender our sincerest sympathy.

Books and Pamphlets Received.

Experience of Several Physicians with Sero-Therapy in Tuberculosis.
By Paul Paquin, M. D., St. Louis, Mo.

Operations Performed in the Eye Department of the Medico-Chirurgical
Hospital. By L. Webster Fox, M. D., Phil., Pa.

Implantation of a Glass Ball in the Orbit after Enucleation of the Eye.
By L. Webster Fox, M. D., Phil., Pa.

History of the General Public Hospital, St. John, N. B. By William
Bayard, M. D., Edin., etc.

Intra-Ocular Growths—Retinitis and Choroiditis. By L. Webster Fox,
M. D., Phil., Penn.

Neuritis Complicating Dislocation of the Shoulder and Elbow. By M.
A. Veeder, M. D., Lyons, N. Y.

Infantile Intussusception. A study of one hundred and three cases
treated by Intestinal Distension or Laparotomy. By Frederick
Holme Wiggin, M. D., New York.

Four Recent Cases of Extra-Genital Syphilis in Private Practice. By L.
Duncan Bulkley, A. M., M. D., New York.

The Miltum in Parvo Reference and Dose Book. By C. Henri Leonard,
M. A., M. D. Flexible leather, 143 pages, price 75 cents. Detroit,
1896: The Illustrated Medical Journal Co., Publishers.

This is a recent edition of the Dose Book, of which the title page informs us some forty thousand copies have been issued. The present edition is printed on very thin paper, and is bound in red leather, round corners, so as to make it specially light and handy for the pocket; the weight is not two and a half ounces. Besides the doses of some 3,500 preparations being given, it has numerous tables, such as the solubility of chemicals, pronunciation of medical proper names, poisons and their antidotes, incompatibles, tests for urinary deposits, abbreviations, table of fees, etc. It will be found a handy pocket companion.

Selections.

PRACTICAL HINTS FOR VACCINATION.—Satisfy yourself the child is in thoroughly good health; always examine the body and buttocks before vaccination.

Vaccinate only with lancets kept for that special purpose. Disinfect them thoroughly before and after use. The lancet blade, without any handle, is most convenient. Have a separate lancet for each child (they cost about six pence each, and last a lifetime.)

Disinfect the arm before vaccinating.

Use soft tissue paper, which may be cut in packets of a suitable size, about four square inches, for washing and drying the arm, lancets, etc. Such paper "napkins" cannot be used more than once; whereas people become so attached to bits of rag that they are loth to part with them. The packets should be sterilized by baking from time to time, and be kept in a well-closed vessel.

Use blunt lancets rather than very sharp ones.

Have the child's arm completely uncovered.

As the evolution of the pock takes place, mainly in the rete Malpighii and upper portion of the papillary bodies, the surface tissue must be removed so as to enable the vaccine virus to be deposited there; it is useless and disadvantageous to go deeper. By making too deep a wound some of the vaccine is deposited where it will not infect (in the deeper layers), and some is swept away by the hemorrhage which is needlessly caused.

It is disadvantageous and unnecessary to cause blood to flow.

As animal vaccine is so thick and tenacious, it will not penetrate readily into such minute scratches as suffice for the thinner and more watery human vaccine, therefore a slightly larger raw surface is necessary.

The best method is to rub off the surface of the skin by frequently passing the edge of the lancet rapidly over it. The spot should be about this size O. Do not make clean cuts or incisions.

Allow a few minutes for absorption, before the child is dressed.

Instruct the mother carefully (a few printed rules are a great assistance) to avoid irritating the pock, breaking it, poulticing, applying wet cloths, etc., and as to keeping the pocks scrupulously clean. About the seventh day it is advisable to have the sleeve ripped up to the shoulder, or taken off entirely, to prevent rubbing the pock.

As the scab is a natural protector for the raw surface below, the mother should be instructed to take every care to avoid knocking it off.

Avoid "shields." The dry, clean scab is the best protector.

Do not be too economical in the quantity of vaccine used.

Make at least four insertions well apart.—*Charlotte Med. Jour.*

—◆◆◆—

HYGIENE OF THE NURSERY.—Regular habits, proper food and long hours of sleep are necessary conditions to a healthy infant.

The prime essentials in the nursery are fresh air, good food and pure water;

Never put a bottle nipple into your mouth and then into a baby's mouth.

Always hold a baby in your arms when feeding it, in about the same position as if nursing it.

Feeding at night after the third month is both inconvenient and unnecessary; sleep at night is better than food.

Do not feed the baby because it cries; this may be due to pain, and it is hurtful to fill an infant's stomach at such a time.

Have a rule for feeding the baby and do not vary from it; without regularity the mother becomes a slave.

More infants' lives are taken by overfeeding them than by starvation. Never liken an infant's digestion or diet to your own.

An infant's thirst is not quenched by milk; it needs clean water to drink with regularity.

Plain boiled water, given between feedings, will often aid the digestion and satisfy the child when restless.—*Ex.*

—◆◆◆—

LOCAL ANÆSTHESIA.—Le Grant and E. Pierre :—

R. Chloroform	10 parts
Ether	15 "
Menthol	1 part.

The anæsthesia resulting from this application lasts about five minutes.

EATING WHEN FATIGUED.—Every one should know that to eat when tired is to place upon the digestive organs a burden which they are wholly unable to carry. When the body is in a stage of fatigue, the digestive organs are unable to perform their natural functions; the glands of the stomach will not form gastric juice; the saliva is deficient in quantity; and the whole digestive apparatus is incapable of doing efficient work. When exhausted, one should rest before eating. If a faint or “all-gone” sensation is experienced, relief may be obtained by drinking a glass of hot water or diluted fruit juice of some sort.—*Modern Medicine.*

PERICARDITIS BY OPEN INCISION.—Rullier (*Arch. de méd. et de pharm. Militaire*). A soldier suffered from pericarditis. Four times the pericardial cavity was tapped and the fluid withdrawn. After the fourth aspiration a solution of iodine was injected. The fluid reappeared as before. Rullier determined to treat it as a hydrocele would be treated under similar circumstances. Under cocaine anesthesia, an incision was made in the fourth intercostal space, and the pericardium opened and drained. The following day the serous secretion was profuse, but it rapidly diminished, and the pericardial wound had closed by the fourth day. Recovery was delayed by a left-sided broncho-pneumonia, but was eventually completed.—*Med. News.*

CURIOUS PHARMACY.—Toward the end of the sixteenth century Sir Henry Unton was sent on a mission to the French king in Paris, and there became ill, whereupon the court physician gave him a “*confectio alcarmas*”—compounded of musk, amber, gold, pearl, and unicorn’s horn, “with pigeon’s dung applied to his side, and all other means that art could devise, sufficient to expel the strongest poison, and he be not bewicht withal.” It is almost needless to add that after the administration of this extraordinary medicine the ambassador promptly expired.—*British and Colonial Druggist.*

FOR PERSISTENT CONSTIPATION, both during pregnancy and after the confinement, Dr. Wells, (*Philadelphia Polyclinic*, August 15, 1896), frequently uses the following prescription:

Fluid extract of cascara sagrada	4 fluidrams
Aromatic syrup of rhubarb	4 fluidrams
Syrup of orange peel enough to make	2 fluid ounces.
Mix. DOSE.—One teaspoonful every three hours.	

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WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutri- tive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable con- ditions of the stomach:* Cone-Calcium Phosphate $\text{Ca}_3 2\text{PO}_4$, Sodium Phosphate $\text{Na}_2 \text{HPO}_4$, Ferrous Phos- phate $\text{Fe}_2 2 \text{PO}_4$, Trihydrogen Phosphate H PO_4 , and the active Principals of Calisaya and Wild Cherry.

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

NOTEABLE PROPERTIES.—As reliable in Dyspepsia as Quinine in Ague. Secures the largest per- centage of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and as- similation of food.* When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to good-will of the patient. Being a Tissue Constructive, it is the best general utility compound for Tonic Restorative-purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

Dose.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

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To prevent substitution, put up in bottles only, and sold by all Druggists at ONE DOLLAR.

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The REGULAR SESSION begins on Monday, September 21, 1896, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lec- tures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches, are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and practical exercises. This session begins March 22, 1897, and continues until the middle of June.

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

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



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