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The Maritime Medical News,

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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 floor 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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VOL. VI.

HALIFAX, N. S., MARCH, 1894.

No. 3.

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Original Communications.

JOHN HUNTER.

Read at the Annual Meeting of the York County Medical Society at Fredericton, Sept. 22, 1893.

BY W. C. CROCKETT, M. D., L.R.C.P. (LON.)

It is universally admitted that John Hunter stands at the head of the British School of Surgery, and it is doubtful if his is not the most illustrious name in the long list of those who have labored in the field of surgical science in any quarter of the globe. One fact at all events the most grasping of European nations will readily I think, admit he was the most original, the most painstaking investigator the world has ever seen, while in the breadth and accuracy of his scientific attainments it is doubtful if he has ever been surpassed. It is fitting, then, that in this year, the centenary of his death, we should briefly survey

his life, and perhaps gain from a contemplation of it some reflections which may be a stimulus to us in our own professional work. In places like our own, with little to stimulate us to scientific investigation or enquiry, we are prone to fall into a careless routine, to rest content with the labors of others, to use other men's minds in the contemplation of cases that call for individual thought, and to rest easy and contented while things move smoothly along. I have often thought how different would be our practice, and how enthusiastic our lives, if we could but catch something of Hunter's spirit, and how much might be gained by humanity if we would but investigate our cases with but a portion of the precision which Hunter carried into every duty he undertook.

Hunter was born at Long Calderwood, near Glasgow, in 1728, the house in which he first saw the light being still visited by travellers to that vicinity. Here he spent the first seventeen years of his life, in which there appears to have been nothing

noteworthy except that he exhibited some of those qualities which led him up to fame, more especially a curiosity to find out the cause of things, the unceasing development of which led him to be regarded as the pest of the neighbourhood. At the age of seventeen he went to Glasgow and worked for three years at the trade of a cabinet maker—no bad training for a man who was afterwards to follow such a practical employment as that of a surgeon. At the age of twenty, allured no doubt by his brother William's budding fame, he went to London where he began the study of anatomy and surgery. No one ever pursued the study of anatomy with more diligence than did John Hunter in his brother's dissecting room. Surgery he studied under Cheselden and Pott, the former at that time the leading surgeon in London, and perhaps caught from them that enthusiasm which is apt to be awakened by contact with great masters in any calling.

Hunter early became connected with St. Bartholomew's Hospital, but later attached himself to St. George's, holding his position there till the time of his death. His pupils at that institution included Abernethey, Cline and Astley Cooper, names that surgery will not willingly let die. During his connection with St. George's he regularly carried on his dissections and laid thus the foundation of the science of comparative anatomy, upon which such a splendid and substantial superstructure has since been raised. His enthusiasm in his work was unbounded. Some idea may be gained of his habits from the story told of him, that when a Mr. Leigh Thomas called upon him one night, Hunter made an appointment to meet him at five o'clock in the morning in his laboratory, and when that hour arrived Thomas found him already engaged in the dissection of insects. Clift, with whose name we are familiar, said of him that he did not

know when Hunter rested; when he left him at midnight it was with a lamp trimmed for further study, and with the usual appointment to meet him again at six in the morning.

Hunter cared little for the pecuniary rewards of his profession. He expended money lavishly to equip his laboratory and to extend his museum. He is said to have given £500 for the body of O'Brien the giant, whose skeleton 7 feet 7 inches in height, is a striking object in the museum of the Royal College of Surgeons of England. A biographer tells the following story with respect to this:—"O'Brien dreading dissection by Hunter, had shortly before his death arranged with several of his countrymen, that his corpse should be conveyed by them to the sea, and sunk in deep water; but his undertaker, who had entered into a pecuniary compact with the great anatomist, managed that while the escort was drinking at a certain stage on the march seawards, the coffin should be locked up in a barn. There some men he had concealed speedily substituted an equivalent weight of paving stones for the body, which was at night forwarded to Hunter, and by him taken in his carriage to Earl's court, and, to avoid risk of a discovery, immediately after suitable division boiled to obtain the bone." In our day, more especially in the larger cities, where the resurrectionists have reduced their business to a science, this would not be looked upon as a very great exploit, but in Hunter's day when resurrection was in its infancy, the incident showed the enthusiasm and determination with which he prosecuted his work.

A melancholy interest attaches to Hunter's death. He had long suffered from attacks of angina pectoris, which gave him at times great distress. One morning during his visit to the hospital, he got into a dispute with one of the managers; angry words followed, and he was seized with an attack of his

terrible malady, from which he almost instantly expired.

Hunter's best known works are his treatises on the blood, inflammation and gunshot wounds, on venereal diseases and his lectures on the Principles of Surgery, which was really the first philosophic work of the kind published in Britain. Under the heading of Fracture of the Patella in that work, we have the key to much of Hunter's success in surgery. He tells us that he was spending a day or two in the country with a friend. The lady of house had fractured her patella several years previously and had become totally unable to walk. Hunter spent a whole night in considering her case, and reflecting that all muscles were capable of contracting a little more than the joints over which they passed permitted, he thought that however shortened the rectus had become, there was still a further power of contraction, which might by practice be brought under the power of the mind, and which might further be aided by interstitial absorption. He, therefore, recommended her to exercise her limb as often as she could for a month, assuring her that, if at the end of that time she had acquired the least power of moving the limb voluntarily, she would surely regain the power of walking, and the result was as he expected. In this case we have a lesson for ourselves as showing what profound interest in a case, with thoughtful consideration of its details will accomplish, and that reliance on nature, assisted by a well devised plan of action will often bring about the result we wish to attain.

As showing how Hunter's physiological investigations bore upon his practice, let me relate the way in which he was led to perform his operation for popliteal aneurism. A few years before his death he was investigating the mode of growth of deer's antlers. He tied one of the external carotid arteries of a buck. He observ-

ed that the antler which obtained its blood supply therefrom, then half-grown, became cold to the touch. To his surprise, a week or two later, he found that the antler had regained its warmth and was increasing in size. Thinking his operation defective he had the buck killed and examined. He found that the external carotid had been thoroughly tied, but that small branches of the artery had enlarged, and by their anastomoses had restored the blood supply of the part. Thus "under the stimulus of necessity" to use an expression of his own, the smaller arteries, are capable of rapid increase in dimensions to perform the offices of the larger. It happened a month or two later that there was in St. George's Hospital a patient of Hunter's, the subject of popliteal aneurism. He determined to apply the results of his experiments to this case, instead of sacrificing the limb as he would before have done. He ligatured the femoral artery in the lower part of its course, since known as Hunter's canal. Some hours after the operation the temperature of the leg was even higher than normal. The progress of the case was uninterrupted and the man left the hospital in six weeks. An Italian surgeon who witnessed the operation testified that it excited the greatest wonder and admiration, and awakened the attention of all the surgeons in Europe.

A man with a mind constituted as Hunter's, could not but be a success as an investigator or as a surgeon. He had the curiosity which stimulated him to enquiry, the energy to follow up what his curiosity prompted, the determination to go heedless of difficulties, battering down obstacles as they crossed his path, sure of one step before he advanced another, taking a retrospect of his course and erecting on the facts he had discovered a superstructure of general principles, which will place surgeons for all time to come under the deepest obligation.

Hunter touched nothing that he did not adorn. He can truly be said to have raised surgery from the level of an art to the dignity of a science. To apply to him the simile of Johnson in his Life of Dryden, Hunter found surgery brick and left it marble. His mind had truly a wonderful range. I know of no historic figure he more resembled than Newton, and I have often thought that the inscription on Newton's bust at Cambridge might with equal truth be applied to nature's great investigator, "the marble index of a mind forever voyaging through vast seas of thought alone."

To my mind the finest estimate of Hunter I have met with, is that condensed description of him given by a contemporary : "That which made him superior to his competitors was his original expanse of thought, his being exempt from that prejudice in favor of ancient authorities which fetters the youthful mind ; it was his steady determination of investigating for himself, his deep scrutiny of every object that came under his inspection, his vigorous intellectual activity."

Could Hunter revisit the scenes of his former labors, and contemplate the progress of the century that has passed since his death, what a view would be his. A profession elevated and advanced, and advancing upon the lines which he marked out for it, an anti-septic system well nigh perfected, a new world in pathology opened up to us by the revelations of the microscope, men of broader survey and wider information than were contemporaneous with him, upholding the honor of the science, many of them working with that patient industry which he appears in his day to have well-nigh monopolized. When another century shall have passed, what a retrospect will be theirs who shall then be visiting in the fields of medical science, and while much will be due to those who shall come between us and that distant day, they shall not fail I feel

assured to recognize, and duly to estimate, the work of John Hunter of two centuries before, and to pay a fitting tribute to that marvellous pioneer of that distant past.

STRANGULATED INGUINAL HERNIA Three Days Old, in a Woman 77 years old—Operation and Recovery.

By MURDOCH CHISHOLM, M.D., L.R.C.P.,
London.

On the 3rd of this month I was sent for to see a patient troubled with vomiting. On my arrival, I found a woman very thin and wrinkled, lying on her back with knees drawn up, a rapid irregular pulse, cold hands, and apparently exhausted. Had been vomiting since Wednesday. This was Saturday. Vomiting was accompanied with severe pains in the "bowels"; pains had ceased. The vomiting was sanguineous. On examining abdomen, found much swelling and tympanites, but no tenderness till I reached down to the left inguinal region. The patient insisted in trying to prevent any further examination downwards. She finally yielded, and on removing the clothes there appeared a tumor about the size of two fists. The skin over the tumor was glazed and red; but this was explained to be owing to hot turpentine stripes. I saw at a glance that taxis was out of the question. Still, with the hope of relieving tension and facilitating reduction, I plunged in a hypodermic needle in two places, obtaining some bloody serum but no air. I told the patient that the case required an operation at once, and after much difficulty obtained leave to give chloroform, and try reduction, then, if necessary, an operation.

In less than an hour I got everything ready, and had her under chloroform by Dr. Murray. After shaving and well washing with soap, water, and carbolic acid, I performed the ordinary incision, and got down to the sac,

which had large vessels passing over it transversely, and sacular indentations resembling those of the colon. For some time I was at a loss as to whether I had sac or bowel. After freeing it well and gently trying reduction, which failed, I decided the question by gently passing the hypodermic syringe through the presenting membrane and obtained bloody serum, which showed that the bowel was not penetrated. I then nicked the sac and opened it widely to the extent of the incision in the skin. There presented a large fold of omentum, congested and livid. Underneath were two folds of small bowels, thickened and dark from strangulation. There was a distinct fibrous envelope over a portion of the gut, from inflammation. After due consideration of the patient's age, etc., I returned the bowels with some misgivings, having first nicked the neck of the sac upwards. I then drew down the omentum till a healthy part presented, at which line I transfixed it and tied it with a stout chamois cat-gut. Then I stitched it to the edge of the ring and cut off the congested portion. Then I tied stout cat-gut around the sac and cut off the redundant portion. A few interrupted sutures over a strip of twisted iodoform gauze for drainage, iodoform gauze and boracic cotton, with a spica bandage, finished the dressing. Time, one hour and a half.

Feb. 4th.—Temp. 97, pulse 90, still irregular; tongue moist; bowels moved through the night freely. No pain.

Feb. 5th.—Great distension of abdomen. General condition as day before. Ordered castor oil, 5ss., ol. terebinth, 10m., tr. opii, 5 m. as required.

Feb. 6th.—Tympanites much less; bowels freely moved. General condition as before. Discontinued mixture.

Feb. 7th.—Tympanitis again marked, bowels moving constantly; no pain. Ordered bismuth, tr. opii and turpentine, in mucilage and syrup.

Feb. 8th.—Tympanites less; patient quite hopeful.

Feb. 21.—Patient sitting in bed with wound very nearly healed.

REMARKS.—The success of this operation under the circumstances—the age of the patient, the age of the strangulation (three days), the unsanitary surroundings, the patient being poor—speaks volumes for Nature's powers to heal when given a fair chance.

THE TREATMENT OF PNEUMONIA.

This constantly-recurring topic of the treatment of pneumonia shows how the profession feel that in this disease we are often disheartened by our results. In the *Boston Medical and Surgical Journal*, Shattuck points out that no method of aborting the disease which has yet been proposed has made good its claims. Pneumonia, like typhoid fever, may abort spontaneously, but we cannot make it do so. Still, it seems that the method of Petresco, of Bucharest, is worthy of trial. Since 1883 he has treated seven hundred and fifty-five cases of pneumonia with very large doses of digitalis from the time they first came under observation. He gives for two or three days a strong infusion, and claims to be able to cut early cases, short and to influence very favorably more advanced cases. His mortality now is only 1.22 per cent. He gives from 1 to 2 drachms of the leaves daily, the equivalent of one or two ounces of our tincture. In like manner we have had no distinctly curative treatment, though we are encouraged to hope that the injection of immune blood-serum may prove to be such after further trial. In short, our efforts are at present confined to promoting the comfort of the patient and conserving his forces in every way to enable him to outlive the self-limited disease. This in itself may be much.

For the better application of this

general principle it will be more convenient to divide the disease into stages, remembering always that these divisions are arbitrary, and that nature does not seem to feel herself bound strictly to abide by them. Patients very rarely succumb to the stage of invasion or preliminary congestion of the lung with active implication of the pleura. The danger here is not of dying; it is rather of loss of strength, which may be sorely needed later. The indication, therefore, in the ordinary case is to relieve the pain, to put the patient to bed and freely open the bowels, just as the mariner prepares his ship for an impending hurricane. The severity of the pain and any known or ascertainable peculiarity of the patient will decide the character and amount of the means for its relief. In the early days, at least, there can be no question of the safety of morphine, which should be used freely and frequently, hypodermically. Restlessness and an excited nervous system call for morphine nearly as loudly as does pain. Dyspnoea in the average case is at this stage due far more to the pleuritic pain than to state of the lung. But now and then we see a case in which so much lung-tissue is so rapidly invaded that the heart finds it difficult to adjust itself to the changed condition, and greatly oppressed breathing results. In such a case nothing gives such prompt relief as venesection, the freedom of which is to be proportioned to the age and vigor of the patient and its effect on the symptoms. With the veratrum viride treatment of the Philadelphia school the author has no personal experience. If internal antipyretics are to be used at all in pneumonia, it is only during the first stage that they are admissible. Even the best of them are somewhat depressing to the heart.

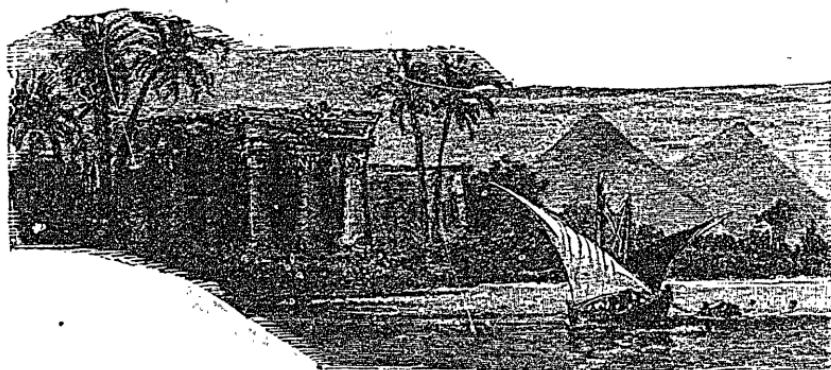
During the prevalence of the old doctrine of the nature of pneumonia and of inflammation, treatment was naturally addressed to the diseased or-

gan, and antiphlogistics were used externally and internally. We now recognize the fact—or believe it to be a fact—that the cause of death in the second stage is rarely asphyxia as a result of the amount of lung involved. The loss of function of a portion of the lung plays in most cases a *rôle* which is quite subordinate to that of cardiac exhaustion, dependent probably on the influence of toxines on the innervation of the heart rather than on changes in the myocardium. That it is mainly a toxæmia which weakens the heart, and not simply the mechanically-increased resistance in the right chambers, seems to be proved by the great fall in the pulse, as well as the breathing, coincident with crisis, although the physical signs over the affected lung area may show no appreciable change.

It is, then, the maintenance of nerve-force which we must try to secure. This means the avoidance of every unnecessary fatigue and the administration of the largest amount of the most nutritious liquid food which can be digested, with free ventilation of the apartment. It seems that the poultice and the envelopment of the chest in cotton or wool are relics of the old pathology. The poultice is the worst, as its frequent change involves notable fatigue and its weight is not insignificant. The author warmly recommends plenty of fresh air and sunshine. Morphine should be used more freely in the second stage than is customary. Here it is not called for by pain so much as by restlessness, cough, and sleeplessness. In any given case we must try to estimate the proportion of danger from respiratory failure. The smaller this danger the more freely can we use morphine, which will do more good in resting the nervous system than harm in other ways; and even in cases where the danger of respiratory failure cannot be disregarded, but morphine is indicated on other grounds, the inhalation of oxygen enables us to

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 "Weyeth'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

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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.

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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.

give morphine when we might otherwise feel compelled to withhold it. The writer does not recommend oxygen treatment, having in a considerable experience seen only one case—that of a Harvard student—where it gave marked relief, and even here the patient's age should have insured recovery. Our experience with this gas is now sufficient to enable us to estimate its value better and to use it more intelligently than a few years ago. Physiologists kept it out of use longer then we should have allowed them to do, saying that the consumption of oxygen is no greater when the pure gas is inhaled than it is under ordinary conditions. Even if this is true of the well, it does not follow that it is also true of the sick. It is probable that to-day clinicians are agreed that oxygen may be useful when a sufficient amount of air to arterialize the blood is prevented from reaching the alveoli, a condition which is present in some cases of pneumonia, as the result of excessive secretion in the bronchial tubes in combination with the lung consolidation. Cyanosis, therefore, is the best single indication for oxygen. In such cases it should be used early and as freely as the purse of the patient will allow. Unfortunately, it is still a very expensive remedy; but its usefulness is wider than would appear from the above. Shattuck has seen refreshment, quieter respiration, a fuller pulse, and diminished restlessness, perhaps sleep, follow oxygen, even where cyanosis was absent or slight. Perhaps the gas acts as an aid in the combustion of toxines, all compounds of unstable character. The other chief means of stimulating the flagging heart, as reflected in the pulse and the character of the sounds, are alcohol, strychnine, cocaine, digitalis, and other heart tonics. Alcohol should be mentioned as very useful when the indications for its employment are present. Strychnine has grown in favor of late years, and justly. It is best

given hypodermically, and, in severe cases, to the limit of toleration, $\frac{1}{4}$ to $\frac{1}{2}$ grain every three or four hours. H. C. Wood speaks highly of cocaine as an adjuvant to strychnine.

All writers advise and all practitioners use digitalis or one of its congeners, if there are any indications of a failing heart. The writer has used it constantly, but the rationale of its usefulness is not clear as it is ordinarily given. Perhaps we do not use it in large enough doses. It should probably be used hypodermically more than we do. He has seen this year prompt and distinct effect in several cases follow hypodermics of 30 minims of the tincture. Petresco's results are confirmatory of the idea that our doses of digitalis are often insufficient.

With the cold bath and cold wet pack, as remedies against high fever, delirium, and other nervous symptoms, the author has but slight personal acquaintance. A period of the disease which we all recognize as one of much danger in some cases is that immediately following the crisis. Exhaustion or collapse at this time calls for rapid stimulation; alcohol and ammonia internally, heat to the surface, brandy and ether under the skin.

In cases terminating by lysis, and in delayed resolution, a supporting treatment is to be carried out, according to the indications presented by the case in hand. The frequency of empyema as a sequel to pneumonia is never to be forgotten, if for no other than a therapeutic reason.

Lepine has recently employed with success, injections into the thighs or arms of oil of turpentine, when he feared that gray was passing over into yellow hepaticization. Fochier first suggested and practised this method in puerperal septicaemia, having noticed that improvement took place when a focus of pus was established. The turpentine produces an abscess,—of "fixation," Fochier terms it,—which can be

opened later. Dieulafoy and Bard have each practised this method in pneumonia, with recovery in both cases. Others in France have also used it a few times.

In three desperate cases in the author's service at the Massachusetts Hospital, last winter, he had turpentine injected, in one case on the ninth, in two on the seventh day of the disease. All three died, as seemed certain they would, whatever was done or not done.

For therapeutic purposes, cases of pneumonia may be divided into three classes: first in frequency are those cases which will recover under any treatment or no treatment, unless they are grossly mismanaged; second, those which will die in spite of any and all treatment known at present; third, those in which judicious treatment may turn the scale.

Our object is constantly to strive to enlarge the third class at the expense of the second. Thus far our efforts have been unsuccessful enough. One method of curative treatment has been recently introduced which can claim an encouraging though limited success in practice, as well as foundation in analogy,—with tetanus, for instance. Only one case has been reported thus treated in this country, but it would seem our duty to lose no further time, and Shattuck proposes to test the method in his wards next autumn and winter.

He refers to the injection of blood-serum from a human being who has recently passed the crisis of pneumonia, or blood-serum or fluid derived from animals rendered immune to experimental pneumonia by the injection of pneumococcus cultures. The purpose in this method is to induce the crisis artificially, and that of thirty-nine cases thus treated all save one recovered. Whether the pneumotoxin and antipneumotoxin theory of its mode of action is final or not, remains to be

seen. In the sole American case defibrinated blood was used, with results which do not encourage a second trial.

—*Therapeutic Gazette.*

MEDICATION IN PULMONARY DISEASES OF CHILDREN.—Dr. I. B. Gregory (*Southern California Practitioner*) says:

Avoid opiates except in the first stage of pleurisy and croupous pneumonia, and in the delirium of the latter try codeine.

Avoid nauseant or depressing agents except a little ipecac or phenacetin in cases where they are especially indicated, and turpeth mineral to produce vomiting.

Pilocarpine is worthy of trial in the first stage of croupous pneumonia.

OBITUARY.

A popular and rising young physician, died at the residence of his brother, Wm. B. Grierson, Sunday morning, after a short illness of typhoid fever. His age was 25 years. Deceased was a native of Kentville, King's Co., N. S. He entered Dalhousie College, and was afterwards a student at the College Hospital, Brooklyn, N. Y. In June of last year he opened an office in the Odd Fellows' block in this city, and was steadily building up a large practice when death came. He leaves a father, mother, three brothers and three sisters. He was quite prominent in society circles, being a member of Kentford Council, Royal Arcanum of Nova Scotia, the Caledonian Club of this city, the Middlesex North Medical Association, and the Fellows-Massachusetts Medical Association. He was also a member of the medical staff of the Lowell General Hospital. While his residence in this city has been brief, he made many friends who will be shocked to hear of his death.—*Lowell Mail.*

Maritime Medical News.

MARCH, 1894.

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

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.

THE NEWS has been adopted by the Council of P. E. Island as their official organ, so that hereafter it will be sent to every practitioner in P. E. Island.

COUNTY ASYLUMS.

A few years ago the Government of Nova Scotia permitted the municipalities to care for certain classes of the insane under certain restrictions. It was generally regarded as a retrograde step by those most competent to form an opinion on the subject. The reports of the Inspector, Dr. A. C. Page, are not calculated to impress one favorably with these institutions, and Dr. Sinclair, the Superintendent of

the Provincial Hospital for the Insane, criticises them unfavorably. He says:

In this Province the system of County Asylums was adopted as a means of meeting a pressing need, viz.: the unburdening of the wards of the hospital of a large number of incurable patients, whose presence blocked the admission of recent and curable cases. This object has been accomplished, but that it was the best way or the way likely to be followed in the future by the most enduring beneficial results, I very much doubt. Personally, indeed, I do not think it was or is the best solution of the problem, how to provide accommodation for the incurable insane and so prevent the over-crowding of this hospital. It was the promptest. Ultimately, I think it will be necessary to erect in some other part of the Province a hospital for a mixed class of the insane, and to increase our accommodation here by the erection of separate buildings on the present grounds, or on property to be acquired in the immediate vicinity. When this is done, the County Asylums can be used for poor houses and their insane inmates be transferred to one or the other of the Provincial institutions. The best authorities do not consider it to the true interests of the country or insane, to remove from hospital wards the quiet, industrious class who are now being sent to county asylums, and to put in their places the turbulent, noisy, dirty and destructive. The judicious association of quiet and excitable cases is productive of good in many instances to both classes, and as the former constitute a large percentage of the workers, there is a distinct loss sustained in the industrial department by their removal. It may cost the counties less to keep them in their asylums, but those left with us will very likely cost more than in the past, so that the financial gain to the municipalities is more apparent than real.

MEDICAL MEETINGS, 1894.

This year the annual meetings of three societies will be held in Saint John. They are those of the Canadian Medical Association, the Maritime Medical Association and the New Brunswick Medical Society. It would

seem very desirable that these meetings be held about the same time, and quite recently the local committees of arrangements met conjointly to discuss the matter. They approved of the plan of holding these meetings about the same date, and suggested that formal meetings of the Maritime Medical Association and New Brunswick Medical Society be held at the regular fixed dates, to adjourn immediately without conducting further business, to the middle of September, when the Canadian Medical Association meets. The Saint John Medical Society also approves of this scheme. The officers of the different societies will be consulted about this arrangement, and if it proves satisfactory to them, it will be carried out.

The advantages to be derived from this mode of holding our annual sessions this year, will be desirable. It will enable members to attend an unusually large gathering of medical men from all parts of Canada, and they will be enabled to attend all the meetings with a minimum loss of time, whilst the excellence of papers read and the discussions thereon will no doubt prove unusually profitable.

OXALIC ACID AS AN EMMENAGOGUE.
—Parlet strongly recommends oxalic acid for this purpose. He prescribes:

R Acid oxalic.....gr. xxx.
Infusion of tea....f $\frac{5}{5}$ vj.
Syrup of orange-peel f $\frac{5}{5}$ vj.

M. Sig.: Tablespoonful every hour

It is especially at the expected time of the appearance of the menses that this is indicated. Under these conditions it surpasses all the other emmenagogues of the most repute.—*Times and register.*

Prince Edward Island.

RECIPROCITY.

It is anticipated that Reciprocity in medical registration will take place very soon between the Maritime Provinces. Before it can be fully accomplished there ought to be further legislation on the subject. We must come to the understanding that a uniform curriculum of four years must be insisted upon at least, and a matriculation examination previous to the commencement of medical studies, equivalent to an arts qualification. Then a state examination after taking the degree, for the state license for legalizing practice.

In the negotiations for reciprocity I would like to see an agreement made as to the Ethics, which are to be required and expected of every one seeking reciprocal registration—in fact, over crowding and other matters can only be regulated upon ethical principles. If the profession cannot respect itself, we need not expect the public to do so.

The medical laws of this province need to be amended: 1st.—In the matter of curriculum giving the council power to regulate it, and amend it from time to time as may be necessary. 2.—To make our own bye-laws without being subject to the approval of the Governor and Council. 3.—To regulate the question of ethics by the whole society, *i. e.*, of all the men who are registered. 4.—That no person be registered from any council, that does not insist on a professional examination as the key to legalized practice, and the written papers of the various councils to be published—the examination written and oral. 5.—When men leave the province and enter into practice in another country, the law should enable the council to strike their name off—this would save some trouble and expenses and not

continue them on the register when they cease to be residents. With us the tenure of the council is one year. In Ontario, the term is five years; in British Columbia, three years; we think in this province the society might take power to change it to three years, or seven years by one or two of them retiring every year, and this number elected every year, so that a quorum of the old council would always remain to do business. At all events the bye-laws of the society should regulate this from time to time as may be deemed necessary. All matters of registration fees and professional examination fees should be regulated by bye-law of the council. Furthermore, the council should have power either by themselves or by others appointed by them as a board of examiners, to prepare papers for all candidates for registration. There may be some minor details needing amendment.

In this connection it might also be desirable to have some provision made as to the patent medicine — secret nostrums that are flooding the country. It is a well known fact that these preparations perpetuate a great fraud upon the public, who are credulous enough to believe any story they read in the newspapers.

In order to protect the people—the laws should require the publication of the formula, under oath, and printed on the labels or wrappers, or registered in all its particulars, quality and quantity, with the medical registrars in the different provinces—your Nova Scotia K. D. C. dyspepsia remedy would then be an eye opener to those who pay one dollar for each package. Kickapoo Indian Oil and such high sounding euphonius remedies would soon loose their charm, and the people would save money by trusting their family physician with their ills and depending on his knowledge and skill for the medicines they need.

Book Reviews.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY.

This book is the work of ten gynecologists hailing from the principal medical centres in the United States viz: New York, Philadelphia, Baltimore and Chicago. In all large cities there are abundant facilities for the observation and study of disease. It would appear, from the frequent and constantly recurring publications of works on gynecology across the border that the Americans' eyes are ever turned upon the diseases of the female sex. At any rate the book before us gives abundant evidence of thorough acquaintance with and mastery of the nature and treatment of all the physical evils peculiar to woman kind. The editor J. M. Baldy has made the most of scenic effect. The illustrations are profuse and striking and well calculated to elucidate the text. No one for instance who sees the plates depicting the hand sterilizing, first in a saturated solution of permanganate of potash and then in a solution of oxalic acid, is ever likely to forget the importance of thorough asepsis in surgery.

The work is divided into eighteen sections or chapters. The first treats of the methods of examining the female pelvis including the various instruments required for this purpose. The paragraph describing the bimanual method of examination gives a detailed description of the method of detecting, not only the uterine appendages, but also the ureters!

The chapter entitled the technique of gynecological operations is of special value as showing the American practice of gynecological surgery which is in vogue at the present day. To quote the opening sentence "technique in gynecology is a word used to designate certain features in the detail of an operation essential to its proper per-

formance, and is the most powerful factor in ensuring its success. Twenty-seven pages are devoted to this important section, and twenty-four illustrations."

The longest, most important and perhaps the ablest chapter in the book is entitled "pelvic inflammation." Under this comprehensive heading is included all inflammatory conditions of the fallopian tubes, the ovaries, the pelvic peritoneum and the pelvic cellular tissue. It is desirable thus to group diseases which have a common origin or which in practice we see grouped at the bedside. Faithfulness to nature, facilitates description as well as the acquisition of knowledge. Herein most modern works are in striking contrast to the artificial compilation of former years. Pelvic inflammations arise we are told almost without exception from either specific or septic infection in other words from gonorrhœa or puerperal disease." "It is problematic whether traumatism (*per se*) ever originates pelvic inflammations." The author also holds that in most cases the inflammatory agents find their way to the abdomen by the open fallopian tubes, and not by the lymphatics or by simple extension. The septic poison once introduced the stages in its destructive career are various, ranging all the way from vaginitis endometritis and salpingitis to pyosalpinx, ovaritis peritonitis and cellulitis, with different results, such as exudation abscess, resolution or fibroid thickening. Pelvic cellulitis is said to be secondary to pelvic peritonitis, its symptoms to be completely masked by those of peritonitis. The treatment is based upon the etiology, "every woman who after a labour or miscarriage has an elevation of temperature and pulse should at once have an antiseptic vaginal douche."

If after several of these repeated every 6 hours the temperature does not fall to normal or nearly so, then intrauterine injections are to be used.

If several of these in twenty-four hours are not successful the physician is committing an inexcusable blunder if he does not thoroughly curette the whole cavity of the womb, and irrigate it.

Now we do not hesitate to say that these directions are often hazardous, mischievous and unnecessary. How often for instance do we find the temperature in the puerperal state raised by other than local causes. Congestion of the breasts during what is known as milk fever. Sapraemia or autoinfection from child, suppressing the excretions is another prolific source of disturbance for which the local treatment recommended would have no good effect whatever, and very probably a more pernicious effect since in this condition the tissues are easily injured. If the work has a fault it is the too-common recommendation of rushing into operative procedures for diseases which would do far better under skilled medical treatment. This is incident to specialism. It is a miscarriage of good characteristic of all late American productions in gynecology.

Apart from this we do not hesitate to say that this work is easily chief among the many works on gynecology, claiming a place in every physician's library.

A Practical Treatise on Nerve Exhaustion (Neurasthenia). By George M. Beard. M. D. Edited with Notes and additions, by A. D. Rockwell, M. D. Published by E. B. Treat, New York.

The late Dr. Beard wrote freely and at times very suggestively on diseases of the nervous system.

His writings on the ill defined nervous disorders for which he coined the term neurasthenia, attracted widespread attention, and the name has come to stay, though many of the opinions he advanced have been strongly controverted.

The busy practitioner is prone to overlook the neurasthenic largely, and to regard the malady as imaginary,

for which stereotyped advice as to diet, exercise and tonics suffice.

Dr. Beard's plea for a more careful study of these cases will form the most enduring basis of his reputation.

The work is one which deserves a place in the library of every reading physician.

HOW TO USE THE FORCEPS, with an Introductory Account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Sterling Medical College, Columbus, O. Revised and enlarged by Charles H. Bushong, M. D., Assistant Gynecologist and Pathologist to Demilt Dispensary, New York. Illustrated. Price, \$1.75. E. B. Treat, 5 Cooper Union, New York.

This is without a doubt one of the most practical works on the use of forceps which has ever been presented to the profession. The second edition, has been thoroughly revised and considerably enlarged by Dr. Bushong, and deserves an even more flattering reception than was accorded the first edition.

A SYLLABUS OF SURGERY.—By N. Senn, M. D. Published by W. B. Saunders, Phila.

Anything written by so eminent a surgeon as Senn, is sure to be read.

This work will be very useful to medical students and teachers, especially to those that have that admirable work, the American Text Book of Surgery.

It is a book that can be conveniently carried in the pocket.

MATHEWS MEDICAL QUARTERLY, devoted to Diseases of the Rectum, Gastro-Intestinal Diseases, and Rectal and Gastro-Intestinal Surgery, conducted by Joseph M. Mathews, M. D., Professor of Surgery, Clinical Lecturer on Diseases of the Rectum in the Kentucky School of Medicine, Louisville, Ky.

The first number gives promise that it will take a place at once in the front rank. It contains 134 pages of original

reading matter, contributed by a corps of specialists in its departments, whose reputation gives assurance that the Quarterly will not be disappointing to the highest expectations.

THE PHYSICIAN'S WIFE; AND THE THINGS THAT PERTAIN TO HER LIFE.—By Ellen M. Firebaugh. With portrait of author and 44 photo-engravings of original sketches. In one Crown Octavo volume of 200 pages. Extra Cloth, \$1.25 net. Special Limited Edition, first 500 copies numbered, and printed in photo-gravure ink on extra-fine enamelled paper; bound in Half-Leather and Vellum Cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

Originally read as a paper before a medical gathering, this publication has expanded into a handsome volume, which we feel sure will be widely read, both in and out of the profession. It is interesting and well written, and we feel certain will prove remunerative to the enterprising publishers.

Selections.

SENIILE VESICAL IRRITATION is often promptly relieved by a ten grain dose of phenacetin at bedtime.—*Green.*

PLEASANT VEHICLE.—The pleasantest way to take cod liver oil, says an old gourmand, is to fatten pigeons with it and then eat the pigeons.—*Tid Bits.*

POWER OF HOPE.—Oliver Wendell Holmes says that the great secret of success in every form of quackery is hope kept alive in the patient; while the too fatal gift of science is a prognosis of despair.

FIRST WORDS OF HEROES.—We are so generally carried away by the last words of famous personages that we never pause to reflect that the first words of these same heroes were "Goo, goo, goo!"—*Puck.*

AN AMBIGUOUS ANNOUNCEMENT.—A certain Chicago clergyman announced from the pulpit that "Our dear sister, Mrs. X., is suffering with a serious and painful illness. She is being cared for by our dear brother, Dr. G. Let us all pray for her safety."

FIBROIDS.—All fibroids growths are to be watched carefully for malignancy. This is not to be lost sight of under any circumstances. If we attempt to lull ourselves into repose by imagining a tumor entirely benign, we often be deceived in the sequence.

AURAL REFLEX OF UNUSUAL CHARACTER, DUE TO IMPACTED WAX.—Theobald reports the case of a female, aged 42, who had suffered for six months with an annoying cough and with spells of inability to swallow food. These symptoms increased on manipulation of the right ear. Examination showed a piece of cerumen, which had been forced down upon the tympanic membrane by unsuccessful attempts to remove it. It was removed by syringing, and all the unpleasant symptoms at once disappeared. Ear cough is common, but inability to swallow, due to reflex aural irritation, is rare.—*N. Y. Med. Record.*

CAMPHORIC ACID IN NIGHTSWEATS.—Dr. Howard, Jr., of Baltimore, Md., finds that ten to twenty grains of camphoric acid given at night, controls nightsweats, when atropia, sulphuric acid, etc., fail.—*Kan. City Med. Rec.*

FOR INFANTILE URTICARIA.—At bedtime use the following pomade:—Chloral hydrat., camphoræ pulv., acacia pulv., $\frac{1}{2}$ dram j; M. Triturate until liquefied and then add one ounce of cerate.

This relieves the pruritus, permits the infant to sleep, and puts a stop to scratching. In the morning anoint with: Acid carbolic., gr. viij ss; amyli glycerol, ounce j. M. The child must be clad next the skin in linen.

COD-LIVER OIL.—The disagreeable taste of cod-liver oil may be disguised in the following mixture:—Cod liver oil, p. 250; powdered sugar, p. 20; common salt, p. 10; rum, p. 60. Shake well together.

As a substitute for cod liver oil, especially in summer, the following has been recommended: Fresh butter, 5 $\frac{1}{2}$ oz; common salt, 40 grains; bromide of potassium, 30 gr.; iodide potassium, one grain. To be spread on bread like butter.—*Coll. & Clin. Record.*

CHLOROFORM AS A TAENICIDE.—This author's observations seem to prove anew the great value of Chloroform for the cure of taenia. He obtained the expulsion of the parrsite (*T. solium* and *T. medicocanellata*), even where all other taenicides had been employed in vain. He applies the following formula (said to have originated with THOMPSON):

Chloroform....4 grammes (1 fl. dr.)
Syrup30 " (6 fl. drs.)
To be taken in four parts—at 7, 9 and 11 o'clock in the morning, and at 1 o'clock in the afternoon.

The patient takes, besides, 30 grammes (1 fl. oz) of castor oil, at noon.

The chloroform was always well-borne, it is stated.—*Med. Surg. Bull.*

DIETETIC TREATMENT OF TYPHOID FEVER.—In a recent article on this subject by Beatty Wallace, he claims that milk is the safest and best diet.

It may be diluted with soda water or lime water and may be peptonized.

Should diarrhea exist, the milk may be boiled.

If the patient can take milk alone, it is the best food during the entire illness.

Beef tea may also be given, and is a useful addition to milk.

Farinaceous foods he considers objectionable because of the flatulence following their use, and the liability of a fresh outburst of fever.

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CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime;

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And the Vitalising Constituent—Phosphorus; the whole combined in the form of a Syrup, with a slight alkaline reaction.

It differs in its Effects from all Analogous Preparations: and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

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 healthy 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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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.

PERMENTATIVE 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.

PRICE PER BOTTLE OF 100, \$1.00.

WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calminative 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 medicament, 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.

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AGENTS FOR CANADA FOR

JOHN WYETH & BRO.

Beaten-up eggs should be avoided unless milk can not be taken.

In any case two or three pints of liquid food will be found sufficient for an adult each day.—*Epitome of Med.*

A HEAVY, DULL HEADACHE situated over the brow and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of the iodide of potassium dissolved in half a wine-glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person, who a quarter of an hour before was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Ahenist and Neurologist.*

THE ANTISEPTIC VIRTUE OF IODOFORM.—Iodoform holds a unique position in its relation to antisepticsurgery. Although it has been demonstrated that the drug possesses no direct germicidal property, there is a general consensus of opinion that used in one form or another, as a powder, in emulsion, by inunction, it exerts an influence that may be considered antiseptic. An adequate explanation of this action is wanting, abundantly confirmed by observation though it is. In his recent address upon "The Antiseptic Management of Wounds," SIR JOSEPH LISTER adopts the view that iodoform acts by inducing chemical changes in the toxic products of bacterial activity, a plausible explanation, inasmuch as we know that the constitutional manifestations of infective processes in general are not so much dependent upon the mere presence of microorganisms as

upon the development of toxins. TREVES (*Lancet*, No. 3641, p. 1375) offers a contribution to this interesting subject, in which he reports the generous application of iodoform in powder within the peritoneal cavity in the course of abdominal operations, with results that appear not entirely unrelated to the use of the drug. The special utility of iodoform applied to tuberculous tissues is well known. In our appreciation of the utility of iodoform we must, however, not ignore its toxicity, but should always exercise the greatest care in its employment.—*Med. News.*

THE TREATMENT OF SCIATICA BY ACUPUNCTURE.—GIBSON, *Lancet*.—The author analyzes one thousand cases of sciatica as follows: 88.4 per cent. occurred in males, 11.6 per cent. in females. In 44.3 per cent., the right side affected; in 48.3 per cent. the left; and in 7.4 per cent. both sides. 55 per cent. occurred in the prime of life, a fact which contrasts with the age at which sciatica secondary to rheumatoid arthritis occurs, viz: 40 per cent. between 61 and 70, 22.8 per cent. between 51 and 60, 20 per cent. between 41 and 50. Of the latter, 96 per cent. were males and 4 per cent. females.

In one hundred of these cases, he made special use of acupuncture.

The treatment consisted of absolute rest, Buxton waters, and acupuncture of the nerve itself in several places, with a spear-shaped needle $2\frac{1}{2}$ in. in length, the object being to obtain relief of tension in the nerve-sheath and absorption of exudation.

In the chronic, this treatment gives less relief than in acute cases, due probably to organization of exudation products having occurred, and it is of but little use in the cases secondary to rheumatoid arthritis.

Any constitutional disturbances (e.g., gout) are to be treated at the same time.

Of the hundred cases, 56 were cured, 32 much improved, and 10 improved; while in 2 there was no improvement.
—*Ec.*

EARACHE.—Dr. Alex. Randall, of Philadelphia (*Amer. Jour. of Medical Science*), sums up the treatment of earache as follows:

In conclusion, then, it may be repeated that earache is often due to acute tympanic inflammation arising from a naso-pharyngeal condition which demands treatment. Cleansing and detergent sprays and post-pharyngeal painting with astringents can control this and relieve any referred pain from this location. The hot syringing will give any needed cleansing, allay the local pain, and, by reducing the inflammatory congestion, help on the resolution. Protection, local and general, with medicinal treatment of general symptoms, will generally give such prompt and real relief that the host of other remedies may remain as an unemployed reserve. The physician summoned to a case of earache can generally leave his morphine and cocaine at home if he will take his brow-mirror, a syringe, and an atomizer.

TRENDENBERG (A.) ON ICHTHYOL IN PROSTATITIS.—His experience dates back to March, 1891, and therefore over two and one half years. The drug was almost exclusively employed in the form of a suppository made up with cacao butter, and the cases in which it was used number from twenty to thirty. His cases were chronic or acute ones in the later stage. In the early stages of acute cases he confined himself to poultices over the perineum and rest in bed. The writer can only speak in favor of the ichthyol treatment. In nearly all the cases the prominent symptoms disappeared rapidly and complete recovery took place. As regarded dosage, at first he commenced with 0.5 grm. per suppository.

PLACENTA PRAEVIA.—Tarnier (*Jour. des Sages Femmes*, June 1, 1893,) demonstrated in May a case which he held to be highly instructive. On May 10th a sempstress, who had been delivered normally thirteen times and was approaching term, sent for the midwife, as great edema of the extremities had set in. On the 14th hemorrhage occurred, and recurred severely on the 15th. The midwife diagnosed placenta praevia, and immediately plugged the vagina with strips of the cotton dresses which lay about in the patient's room, dipping them first in sublimate. Tarnier declares that as time was pressing she did right, though rupture of the membranes would have been best. The stuff employed was of course not absorbent cotton, and free flooding occurred in the night; the midwife plugged the vagina again, and the patient was sent into hospital. Mlle. Landais, the hospital midwife, found that there was no more bleeding, so left the case at rest. Strong pains occurred very soon, and about two hours after the application of the second tampon a single uterine contraction expelled "in half a minute" the tampon, membranes, child, and placenta. The infant was dead the mother little the worse for her dangerous labor. Tarnier notes that the hemorrhage might have been attributed to the conditions which caused the edema. There was no albuminuria. He does not, as is above explained, condemn the tampon in placenta praevia, there being no fear that the plug might change external into internal bleeding. Clots form behind the plug and tend to close the open vessel.—*British Medical Journal*.

DROPSY.—The following is a broad rule; Dropsy of the feet alone means heart, dropsy of the belly alone means liver, and dropsy of all the body means kidneys.

CHILBLAINS.—

- R. Carbolic Acid (white)...1 drachm.
 Tannic Acid.....1 drachm.
 Tincture of Iodine....2 drachms.
 Vaseline (albolene).....4 ounces.

M. Sig. Apply to the affected part three or four times a day.

RHEUMATISM.—

- R. Pot. Iodide.....2½ drachms.
 Tinct. Cimicifuga...1½ ounces,
 Vin. Colch. Sem....1 ounce.
 Fl. Ext. Henbane....½ ounce.
 Simple Syrup.....5 ounces.

M. Sig. Teaspoonful, well diluted with water, every four hours.

BRONCHIAL ASTHMA.—

- R. Potassii Iodidi.....2 drachms.
 Tinct. Scillæ.....1 drachm.
 Tinct. Stramouii....2 drachms.
 Ext. Glycyrrhizæ, liq.3 drachms.
 Spts. Etheris1 drachm.
 Aquæ.....8 ounces.

M. Sig. One tablespoonful in a tea-spoonful of water every six hours.

CHRONIC BRONCHITIS AND COUGH OF OLD AGE.—

- R. Ammon, Chlorid1 drachm.
 Ext. Glycyrrhizæ.....1 drachm.
 Spts. AEther Co.....2 drachms.
 Aquæ..q. s. to make 6 ounces.

M. Sig. Tablespoonful every two or three hours.

FOR STUBBORN NEURALGIA TRY THE FOLLOWING.—

- R. Antipyrine 3jss
 Caffeine 3ss
 Ext. Cannabis Ind.....
 Ext. Aconiteaa gr ijss
 Hyoscyami Hydrobromat. gr ½

M. Ft. Caps. No. xxx. Sig. One every two or three hours.

TREATMENT OF CHOREA.— In a recent lecture, delivered at Charing Cross Hospital, Dr. John Abercrombie makes the following suggestions concerning the treatment of chorea in children: Unless the attack is very mild absolute rest of mind and body is essential. Lessons must be given up and the child kept at home lying down. Most severe attacks demand complete rest in a bed with padded sides. In very severe cases the child should be slung as in a hammock. Only in the slightest attacks should the patient feed himself. When mastication is difficult, minced meat, strong beef-tea, milk puddings, milk, and cocoa should form the chief articles of diet. Sleep is of great importance. If necessary, chloral, morphine, bromides, may be administered. Iron and arsenic are the best drugs, though drug treatment is of less importance than general management. Rheumatic manifestations or heart complications should be treated on general principles. In chronic cases douches to the spine, shampooing, massage, and gymnastics, are of value.—N. Y. Med. Record.

Limit the use of aconite and veratrum to the beginning of croupous pneumonia.

Use the ammonia salts, particularly the carbonate, freely, combining them with iodide of potassium in bronchitis. A mixture containing two grains of the carbonate, or a grain each of carbononate and muriate, to a drachm of syrup of acacia, will cause no gastric irritation.

Use alcohol boldly, strychnia and belladonna carefully, in addition to the ammonia mixture, when there is a tendency to collapse, particularly in acute bronchitis and broncho-pneumonia when the skin is pallid, temperature moderate or low, and inspiration labored.

Quinine can be administered to infants by combining it with dilute sulphuric acid and glycerin and applying it to the skin, by suppository, or in a mixture with a solution of solid glycyrrhiza and syrup.

During convalescence, syrup of

hypophosphites and syrup of hydriodic acid are indicated. Iodide of potassium may be substituted for the latter when it is not well borne and where the diet consists chiefly of milk.—*Amer. Lancet.*

PEROXIDE OF HYDROGEN IN STOMATITIS.—Boennecken, in a paper on stomatitis insists upon the importance of paying attention to the mouth during acute febrile or wasting disease; stomatitis originating in neglect of attention to the cleanliness of the teeth, gums, etc., may have a serious influence in retarding convalescence. The value of antiseptic applications is generally accepted, but the solutions of chlorate of potassium and permanaganate of potassium commonly used are not sufficiently concentrated to have an antiseptic action, especially when the short time they can remain in contact with the mucous membrane is taken into consideration. Moreover, these strong solutions are apt to be painful. Boennecken strongly recommended solution of peroxide of hydrogen; it is not poisonous; does not cause pain; and has an effective antiseptic action even in solutions so weak as 2 per cent., or even less. He states that by its use foeter is corrected in a few minutes, and that its continued use was followed by a marked improvement in the condition of the epithelium in twenty-four hours and complete cure of even severe cases in five or six days. Leo, in the discussion which followed the reading of the paper, stated that he had also obtained very good results, but that in chronic stomatitis a solution stronger than 2 per cent. acted better. Wolters had found the peroxide in 5 to 10 per cent. solution very useful in mercurial stomatitis. Binz, however, regarded chlorate of potassium as equally effective, and observed that it probably acted in the same way as the peroxide, namely, by liberation of nascent oxygen.—*Br. Med. Jour.*

BISMUTH SUBGALLATE TO RELIEVE FROM DYSPEPSIA.—The particular recommendation for treatment offered by Dr. Austin Flint in an article, "Remarks on Fermentative Dyspepsia," in the *N. Y. Medical Journal*, Oct. 4, 1893, is bismuth subgallate (known as dermatol), as follows: "In nearly every case of functional dyspepsia that has come under my obser-

vation within the last ten months I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. In some cases it seems to act more favorably when given before meals, and in others its action is better if taken after eating. In studying my records and memoranda of cases, I find that the treatment by salicin has often been unsatisfactory. The proportion of unsuccessful cases was about twenty-five per cent.; but in some cases the effects of this remedy given alone have been remarkable. I have full records of one case of severe dyspepsia of ten years standing that was completely relieved in a week without any return, now for more than a year. The bismuth subgallate, however, is almost a specific in cases of purely functional dyspepsia with flatulence. While I have full records of a few obstinate cases, the histories of most are merely short memoranda, and of many I have no records. Since December 8, 1892, when I began to use the bismuth subgallate, I have noted only two cases in which it gave no relief, there being no evidence of organic disease. Both of these were in hysterical women. In both I used salicin and salol; and in one, salol, salicin, naphthalin, and aristol. These were cases of long standing which had resisted treatment of every kind, and they soon passed from under my observation.—E.v.

IODIDE OF STRONTIUM.—While the salicylates answer all purposes in acute rheumatic fever, they are of little value in the nonfebrile forms. Two such cases have been under my care during the past winter. As long as they took sodium salicylates in full doses, the symptoms were reduced to a minimum, but immediately returned on the discontinuance of the drug, which, moreover, had a deleterious effect on the health. I then directed these patients to take the solution of Strontium Iodide (Paraf-Java,) beginning with four drachms daily. Improvement followed, and the dose was gradually reduced to one-half. The effect was very good; the symptoms gradually subsiding while the general health improved. Both patients resided in damp houses; and the rheumatism showed a tendency to recurrence, though at intervals much longer than when under the salicylates.—WAUGH.—*The Times and Register.*

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."

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full size bottle without expense, except express charges. Prepared under the direction of Prof. E. N. Horsford, by the

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

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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 rapeutists

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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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The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

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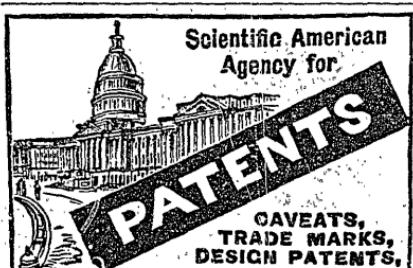
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