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Original Communication.

SEBORRHŒIC DERMATITIS.

By JAS. ROSS, M. D., C. M., Halifax, N. S.

On account of meeting several cases of seborrhœic dermatitis lately in consultation, it was suggested that I write an article on this subject in the NEWS. I trust, therefore, that it will prove not entirely uninteresting to its readers.

The first observer to explain that a certain inflammation of the skin, formerly known under the name of lichen circinatus or lichen circumscriptus, was intimately associated with seborrhœa capitis—in fact, the same disease modified by position—was Duhring, and he called the affection seborrhœa corporis. About eleven years ago Unna published his conception of this process, which includes various forms of dermatitis that before that time had been divided into distinct affections, and embraced all under the one heading seborrhœic eczema. He thus includes in the one disease pityriasis of the scalp and face, seborrhœa corporis, certain weeping eczemas of the scalp and many cases of so-called psoriasis. Elliot, although agreeing with Unna on most points, dislikes the name eczema given to this disease, and would prefer calling the whole disease seborhœic dermatitis or dermatitis seborrhœica, since the clinical symptoms are so different from those generally attributed to eczema. Crocker describes seborrhœic dermatitis under distinct headings, according to the form of disease the dermatitis simulates; thus he writes of seborrhœa eczemaformis, seborrhœa psoriasiformis, seborrhœa papulosa seu lichenoides. He says in his text book: "There can be no

doubt that much credit is due to Unna for an important generalization: but the majority of dermatologists, except his most faithful disciples, consider that he is giving to his seborrhœic eczema too extended a meaning, which dermatology will be a loser rather than a gainer by adopting unreservedly." In his description of seborrhœa psoriasiformis Crocker states that the lesions are covered with scanty, scaly and fatty crusts rather than the typical silvery epithelial crusts of psoriasis, but resembles the lesions of psoriasis in which the scales have been partly removed.

At the same time, however, there is not much doubt that there are numerous cases where seborrhœa and true psoriasis are present together. This condition Stephen Mackenzie calls seborrhœa psoriasiforme and Morgan Dockrell a mixed case—implying a similar diagnosis. I have seen cases at Crocker's clinic which he would call psoriasis pure and simple, which I am sure Mackenzie would name seborrhœa psoriasiforme, and Dockrell would diagnose interlocking of the two diseases seborrhœa and psoriasis.

From a careful study of seborrhœa capitis in clinical and microscopic work, Unna concluded that the sudoriparous and not the sebaceous glands participated in the process and was caused by some pathogenic organism. Most observers, however, do not agree with him and maintain that the affection is a disease of the sebaceous glands, and that the coil glands have little or no participation in the process. The question of a specific germ as a cause of the disease will be referred to when speaking of its etiology.

In nearly every case of seborrhœic dermatitis the process commences on the hairy scalp where it may remain as a local affection or extend over the temporal regions to the ears, and also over the forehead, nose and cheeks. It may also spread over the chest, back and abdomen,—over the sternum and between the scapulæ being favorite situations. In fact, the affection may attack any part of the body, a few cases where it has spread universally having been reported. On the scalp it usually commences as ordinary pityriasis, the vertex being most usually affected, the head becoming covered with white or grayish scales leading sooner or later to alopecia—the so-called *alopecia furfuracea seu pityrodes* of Pincus. It may remain localized to the scalp for months or years and slowly spread upon some other part of the body, or it may progress rapidly within a short time after its first appearance on the scalp. When slight, the fine whitish scales (dandruff) may be diffusely spread over the

scalp, the skin being natural in color, or where the scales are abundant forming thick masses the underlying skin is slightly or markedly hyperæmic. The sharply defined border with yellowish scales at the margin of the hairy scalp with the forehead, the so-called *corona seborrhœica*, is quite characteristic.

An acute inflammation may supervene upon the preexisting condition on the scalp, extending over the forehead, the temporal regions and behind the ears constituting the crusty form of the disease. When pronounced, the redness will be considerable and at different places more or less moisture from the exudation produced will be present.

On the face this affection may show itself as either diffuse or circumscribed lesions. There may be reddened, scaly and greasy patches while other lesions may be considerably crusted. On other portions of the face round spots, not elevated, of a yellowish color varying to distinctly red, sharply defined and very often covered with greasy scales, are generally present. On the eyelids fine desquamation may be the only condition noticed. There is sometimes considerable incrustation of the entire nose. This was present in a recent case of mine and had lasted for over three years, though at times it had become less marked. It also extended on the cheeks, giving it a butterfly appearance, as so often seen in lupus erythematosus of that locality. Under suitable treatment the eruption disappeared in less than three weeks.

The chest and back being frequent seats of seborrhœic dermatitis, I will mention briefly the appearances most generally found. The lesions begin generally as small papules often in groups and covered with a small scale. These tend to spread from their margins, clearing in the centre, with a tendency to become circinate. Several of these may join producing gyrate outlines. The lesions are generally covered with greasy, yellowish scales. The periphery is usually sharply defined and slightly elevated. Slight itching is often complained of, but usually not severe.

ETIOLOGY.—Seborrhœic dematitis is liable to occur at any age, but is particularly common at puberty, when all the glands become active, and the ten or fifteen years following that period. In a considerable proportion of cases there is some defect of health, usually of a debilitating character, though probably the majority of patients enjoy good health. This may be so, and yet some gastric, intestinal or menstrual disorder be present, which would probably account for the presence of this

affection or at least predispose to it. It is often present in anæmic cases and also in those suffering from exhausting diseases as phthisis and syphilis.

Local conditions, however, favor its development, being prone to occur on the body of those who perspire much and wash sparingly, especially in people who wear thick woolen underclothing. In one of the districts of London where the above class of people is plentiful, this affection is familiarly known as Blackfriars "flannel rash." Want of care and habitual neglect accounts for its occurrence on the scalp in many cases.

Elliot favors the idea that contagion is an important factor in its causation and states that many cases could be traced to a barber, to the use of brushes, etc., of an individual with the disease. Unna also, as well as other writers, have expressed their belief that seborrhœa is of parasitic origin. Other writers, again, consider that the bacteria found in the affection are only secondary and have nothing to do with its causation. So far, therefore, this point is disputed.

TREATMENT.—Whenever there is any constitutional disturbance, internal remedies are important, such as are suited to individual cases. Local treatment is of much more importance and always necessary. It is always wise to attend carefully to the scalp, even though slightly affected in comparison to other parts of the body. Many remedies have been used for this affection, the two most useful being sulphur and resorcin. In some cases I have used with advantage the red oxide of mercury ointment (1 to 4) containing ten to twenty grains of salicylic acid. This is particularly useful on the scalp where the scales are dry and adherent. Resorcin is particularly serviceable in the form of a lotion dissolved in alcohol. If this proves too drying, a small proportion of some bland oil, such as castor oil, may be added to the lotion. It is a good plan at times to change off from one remedy to another. Sulphur and resorcin are preferable in ointment form for the body, used either alone or in combination. These remedies are particularly useful when combined with tragacanth varnish, ordinarily known as bassorin paste. When the lesions resemble psoriasis, chrysarobin or pyrogallol are generally effective. Either may be combined with ichthyol and bassorin paste with much advantage. The idea of using ichthyol to prevent a troublesome dermatitis when using strong reducing agents, as those mentioned above, was first pointed out to me by Dockrell, and it has certainly been effective.

Clinical Reports.

PEPTO-MANGAN IN THE TREATMENT OF ANÆMIA.

By M. A. B. Smith, M. D., C. M., Lecturer on Therapeutics and Class Instructor in Clinical Medicine at the Halifax Medical College.

In April last I was asked to make a trial of eight bottles of the somewhat new preparation of iron, called pepto-mangan, and to test the results by means of the hæmocytometer and hæmoglobinometer. This I agreed to do, and in this short paper I desire to state what I have learned with regard to the preparation.

It has been principally recommended in simple anæmia and chlorosis and in the anæmia of tuberculosis and in rickets. The conclusion I have come to from a very limited trial on three patients is that it appears to be the best form of iron, for one of these conditions at least, that I have yet used. I am very glad to have had an opportunity of testing it, which I might not otherwise have done, as so many new drugs are advertised now-a-days, and tried only to be found wanting, that one is apt to hesitate about trying further.

Among others who have made more extensive tests of this drug is Dr. Harry E. Loomis, Physician to Bellevue Hospital, and the son of the late eminent Dr. Loomis, to whose modest opinion one would give more than the credence one is inclined to yield to some who appear to lend their names to advertise new drugs merely to bring themselves forward. In his conclusion in the report before me, written some years ago, of results of the use of pepto-mangan upon eight cases, he says: "The average increase of the hæmoglobin was 2.2 per cent., and of the red blood corpuscles 1,258,000." There are also before me monographs on the subject by six other prominent physicians, teachers, who reach conclusions about the same as those of Dr. Loomis. In one, written in December, 1894, the results of experiments on seventy cases are given.

It appears there are three theories as to the action of iron in anæmia possible at the present time. One is that as iron is found in the red blood corpuscles it must be taken into the system with the food, and so it must be absorbable. Another is that it is not absorbed when given in

addition to the food-iron, but stimulates the digestive mechanism, and so improves nutrition. A third is that in anæmic conditions the presence of sulphuretted hydrogen in the bowel changes the iron of the food, which should be absorbed, into the sulphide, and so the system requires additional iron for the protection of the food-iron. Whichever theory is correct we know that iron does more or less practical good in anæmia, according to the preparation, and that it promotes the oxygen-carrying power of the hæmoglobin. There is another ingredient of the red-blood corpuscle which is known to certainly exist, and that is manganese. This is supposed to have therapeutic properties as an oxygen carrier, similar to those of iron. The beneficial effect of the use of binoxide of manganese in many cases of amenorrhœa must have now been observed by all. The second theory of the action of iron in anæmia, namely, that it is not absorbed in the inorganic form in which it is ordinarily given, but acts as a stimulant to the assimilation of food, has led to the putting forth of organic preparations of iron, and so we have had hæmoferrum and ferratin and other organic forms recommended to us lately. These preparations are on trial. Another of these organic forms of iron is the one which is the subject of this paper, namely, pepto-mangan. It is on trial, and its theoretical claims are those I have indicated.

I shall append my results of a very limited use of pepto-mangan for the cure of simple anæmia. Pepto-mangan has also been recommended in the treatment of tuberculosis. For myself I believe iron should always be the chief drug employed in that disease, when it can be assimilated. The supporting treatment is the treatment for tuberculosis. I have never seen much good result from the administration of creosote and those germicidal preparations. They only irritate the stomach. Of this I am becoming more and more convinced.

During the administration of any form of iron it is very necessary that the bowels be kept regular. In cases of anæmia there exists also intestinal indigestion, from which probably result poisons which destroy the red corpuscles of the blood.

Pepto-mangan is termed by the manufacturers as Liquor Mangano-Ferri Peptonatus "Gude." It is manufactured under the direction of Dr. A. Gude, chemist, of Leipzig, Germany. It is described correctly as "a clear, dark sherry-colored, neutral fluid, of an agreeable, non-astringent, mildly aromatic taste, miscible without decomposition with Hungarian or Southern white wines (free from tannic acid) or with milk." It is certainly very palatable. The dose is a tablespoonful.

The instrument which I used in counting the red-blood corpuscles is the cytometer of Thoma-Zeiss, and I counted a number of fields on each occasion. The hæmoglobinometer was that of Fleischl. The estimation in both cases was of course approximate, but I endeavored to avoid errors as much as possible.

Case 1.—F. R.; 25 years; weight 158 lbs.; height 5 ft. 5¾ in. Family history good. Menstruated at 15 years. Was regular for a few months, then gradually menstruation became irregular, and once or twice was absent five months. Consulted me first four years ago. Complained of amenorrhœa, shortness of breath, pain in limbs in going upstairs, pain in side. Lips and face were pale. I treated her for six weeks with Griffith's mixture, which gave some relief for a time. Consulted me again a year after. Took the same medicine for a month. About sixteen months after this she was advised to take Williams' pink pills, and took four boxes. Took then 350 Blaud's pills. All did very little good. A year ago last winter consulted me again. I gave her 200 capsule Blaud with arsenic (Duncan and Flockart). Consulted me again about New Year. Prescribed three bottles pomate of iron. This did some little good apparently.

Patient consulted me last about April 25th. Appetite poor, dyspnœa on slight exertion, bowels irregular, face and lips very pale. Anæmic murmur, systolic, at pulmonary interspace, and "humming-top" murmur on right side of neck at base. Blood count 3,313,500, hæmoglobin 38 per cent.

I then gave her pepto-mangan, of which she took three bottles. On May 29th her appetite was good, the constipation had improved, she had menstruated three days. Blood count 4,250,000, hæmoglobin 53 per cent. Of course the anæmic murmur was still there, but I believe that for the time she had taken the medicine it had done her more good than any other preparation of iron.

Case 2.—S. E.; 20 years old; weight 130 pounds. Consulted me six months ago. Complained of pains over region of stomach and in the back; appetite poor. Suffered from indigestion and headache, shortness of breath and palpitation of heart. Could not run upstairs. Anæmic murmur, "humming-top" *(bruit-de-diable)* on right side of neck over vessels. Am not sure there is not a murmur, systolic, at apex. Was treated for indigestion and afterwards by the ordinary preparations of iron. Improved somewhat. Analyzed blood April 25th. Hæmoglobin 75 per cent., blood count 4,144,333. Prescribed pepto-mangan 2 bottles,

May 29th. Improved. Dyspepsia lessened, pain gone, appetite improved, feels more lively and light-hearted. Hæmoglobin 80 per cent. Anæmic murmur still present.

Case 3.—M. J.; weight 92 lbs.; age 19 years. Family history good. Menstruated at 14 years. Took cold through driving in the rain at that time and menstruation stopped. Then began to lose flesh and color. Was very slightly unwell three months after. Has menstruated about three times since; last occasion about two years ago. Began treatment four years ago. At that time suffered from severe constipation and indigestion. Prescribed various things. Pills of binoxide of manganese at last brought on menstruation, but afterwards failed in their effect. Last January she tried the viavi treatment of the Viavi Co., San Francisco, Cal. It appears to consist of hot baths and inunctions, and the administration of medicines by vaginal suppositories, and of hot vaginal injections. She continued this treatment for three months without benefit.

Present treatment began four weeks ago. Was complaining of a constant feeling of weakness, no ambition to move about or do anything. Appetite very poor, leucorrhœa, severe indigestion. Hæmoglobin 72 per cent., blood count 3,887,500.

Since then she has taken three bottles of pepto-mangan. The blood count and percentage of hæmoglobin appear to be about the same. But her mother thinks she is so much better that she is not like the same girl. Her appetite is good and the indigestion is lessened. The medicine appears to have done more good than anything else she has taken.

SYR. HYPOPHOS. Co., FELLOWS,

IT CONTAINS

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

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing 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 its stimulative, 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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are most convenient for the preparation of artificial Lithia Water, and the great advantage these tablets have over the natural Lithia Water is that the dose can be regulated very readily to suit the case by dissolving one or more in any desired quantity of water

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when taken in doses of from one to two tablets, dissolved in water, and repeated two or three times daily, exerts a marked influence in cases where patients are voiding uric acid gravel, causing the formation of deposits to become less or cease altogether.

WYETH'S LITHIA TABLETS

have been so perfected that they dissolve almost instantly in water, and a tumblerful of Lithia Water *of a known strength* can be quickly, easily and economically made by dropping one or more of these tablets into a glass of moderately cold water, producing a pleasant and palatable draught.

Price, per dozen bottles, 5 grains, 50 tablets in each, $5.00
" " " 3 " 40 " " 4.00

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OF SALICYLATES, POTASSIUM AND LITHIUM.

(Each Tablet represents 3½ grains of Combined Salts.)

These Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble, effervesce quickly and freely producing a pleasant, sparkling draught, and we believe, where salicylate salts are specially indicated, will have the cordial endorsement of physicians.

This combination is recognized as almost a specific in the treatment of **Acute and Chronic Rheumatism, Rheumatic Gout** and kindred ailments, and is an invaluable remedy in all **febrile affections** inducing headache, **pain in the Limbs,** muscles and tissues; it is also prescribed in **Lumbago, Pleurisy, Pericarditis,** and all muscular inflammatory conditions.

Price per dozen bottles - - - $4.00
(Each bottle contains 50 Tablets.)

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MONTREAL.

SOLE AGENTS FOR CANADA.

PREGNANCY FOLLOWING VENTROFIXATION WITH IMPROVEMENTS IN TECHNIQUE.

Author's Abstract of Paper read before American Gynæcological Society at Boston, May 24th, by

A. LAPTHORN SMITH, M. D., M. R. C. S., England; Fellow of the American Gynæcological Society; Professor of Clinical Gynæcology, Bishop's University, Montreal; Gynæcologist to the Montreal Dispensary: Surgeon-in-Chief of the Samaritan Hospital for Women: Surgeon to the Western General Hospital.

His conclusions were based upon about 2,500 cases by 41 operators, including 111 of his own, reported in reply to a circular letter of inquiry.

1st. That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, anteflexion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

2nd. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because

3rd. Although pregnancy only followed in 148 cases out of 2,500, still in 30 per cent of these, or 36, there was pain, miscarriage or difficult labor requiring obstetrical operations.

4th. When suspensio uteri was performed, that is the uterus attached to the peritoneum, only a few relapses occurred; but on the other hand the patients were free from pain during pregnancy and the labors were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

5th. A third method, it is claimed by some,—namely the intra-abdominal shortening of the round ligaments—is preferable to either ventrofixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and

tube: or in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent of the cases of ventrofixation are certainly avoided.

6th. If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface but near the top of the fundus: the complications were more frequent when there was too much anteversion than was the case when the anterior surface of the fundus was attached to the abdominal wall.

7th. As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

8th. Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation should therefore be preferred whenever the uterus and appendages are free from adhesions.

9th. The results of Alexander's operation are so good that even when there are adhesions it might be well to adopt the procedure of freeing the adhesions by a very small median incision and then shortening the round ligaments by Alexander's method, after which the abdomen should be closed. This could be done without adding more than $\frac{1}{2}$ of 1 per cent to the mortality, which in Alexander's operation is nil.

RETROSPECT DEPARTMENT.

Surgery.

UNDER THE CHARGE OF

MURRAY MACLAREN, M. D., M. R. C. S., St. John.

JOHN STEWART, M. B., C. M., Halifax.

THE ETIOLOGY OF SARCOMA.

In a recent paper (*Annals of Surgery*, March, 1898), Dr. W. B. Coley discusses this interesting question, drawing attention especially to the influence of traumatism. He states that during the past eight years he has had under his care 170 cases of sarcoma, and that in 46 cases (27 per cent.) there was a history of traumatism. He quotes other statistics with much the same finding, among others those of S. Gross (*Amer. Jour. Med. Sciences*, 1879), who collected 165 cases of sarcoma of the long bones, "more than one-half of which gave a history of trauma." In the majority of cases the injury was a blow, contusion or crush. A point of much interest is the interval between the accident and the appearance of the tumour. In Dr. Coley's own cases, fifty per cent. appeared within two months, some within one week, in about a fourth of the number not until the lapse of a year. In 316 cases of traumatic sarcoma collected by Lowenthal, the sarcoma was observed within one month of injury in over 40 per cent. In four of Dr. Coley's cases the tumour appeared *at once*.

The most interesting part of Dr. Coley's paper is that in which he discusses the pathology of this condition. He refers to the various theories explaining the development of these tumours after injury. Butlin, in England, who has made valuable contributions to this subject, and Billroth, in Germany, believe in a constitutional diathesis. Butlin parallels the case with struma, or rheumatism. He believes the injuries would be harmless if this special diathesis were absent.

Then there is the local predisposition theory of Virchow, a condition either inherited or acquired; mechanical irritation causing a specific

predisposition of the tissues towards tumour development. The bulk of evidence shows that injury may have a direct bearing on the formation of tumours. But in what way? This is the point. Coley quotes Harrison Cripps, who says that the tumour "must not be regarded as "the disease, but as the product of some hitherto unexplained irritation "[irritant], a portion of which is almost certainly left behind, and which "will in time cause a reproduction of the disease." It is to the determination of this *materies morbi* that Coley applies himself. He declines to discuss the evidence as to sporozoa or microparasites described from time to time as found in sarcoma.

"Passing over all this more or less conflicting mass of evidence, and "even the recently reported successful inoculation of sarcomatous tissue "from man into animal by Jürgars, I wish to approach the subject "entirely from a clinical standpoint. I believe that the clinical evidence "in our possession, aside from any bacteriological or pathological aids, "point very strongly towards a specific infection as a cause for sarcoma. "First, the analogy between sarcoma and tuberculosis has long been "observed, and this was clearly pointed out by Sir John Simon, in 1877, "long before the discovery of the tubercle bacillus. Shattock observes "that this analogy is so close and striking that there is not a single "step in a life history of tuberculosis that has not an exact counterpart "in sarcoma. This analogy goes even further than clinical symptoms "and gross lesions, for the best microscopists have not infrequently to "admit that they are unable to differentiate a tuberculous tumour from "a round-celled sarcoma, even after repeated examination and with the "aid of a clinical history. Similar analogy might be pointed out "between sarcoma and actinomycosis, glanders and syphilis, all diseases "known to be due to an infectious agent."

Dr. Coley considers that the same arguments by which we explain tuberculous inflammations of bones or joints, after injury, in persons previously apparently in good health, or the occurrence of a suppurative process without division of the overlying skin, are valid in the case of sarcoma. "That we have not found this infectious cause is no argument that it does not exist." He also combats the objection to his position, based on the fact that tumours result in only a very small proportion from injuries, by pointing out that the resisting powers of the individual and his tissues must be considered, and he points out that this is exactly what we should expect, did we know sarcoma to be an infectious disease.

Dr. Coley gives a short *resume* of his forty-six cases, from which we learn that in twenty cases his method of treatment by the erysipelas toxins was tried. In eleven of these it proved to be of no use; in four it did some good, so that the tumour became small enough to remove by knife, or it did good for a time, but the tumour recurred; and in five, *i. e.* in 25 per cent. of the cases in which it was tried it caused complete and permanent disappearance of the tumour. This fact in itself is strong supporting proof of Coley's theory of infection. But the time has not yet come for this question to be decided.

There is one practical point raised in the study, and that is, its relation to life and accident assurance. If sarcoma in a proportion of cases is regarded as due to injury, the companies are liable. German surgeons have been much interested in this question. "The present practice in American companies is, I believe, to admit the trauma as a causative factor only in cases where the interval between the injury and the development of the tumour is very short."

FORCIBLE REDUCTION OF THE DEFORMITY IN POTT'S DISEASE.

Doubtless the most startling recent development in surgery is the reintroduction by Dr. Calot, of forcible reduction of the curve in Pott's disease of the spine. This treatment appears to have been attempted in former times, but with bad results, and the general rules of all text books for several generations have inculcated rest and immobility, and discouraged any attempts at reduction of deformity. Indeed the current pathology of the tuberculous process in the spine forbad any such attempts as dangerous to life.

The remarkable results obtained by Calot and those who follow him have made the sensation of the year in surgery. But we must not forget that a tuberculous process goes on for months and years, and that the great majority of cases treated by this new method have not yet been one year under observation. Consequently judgment must be suspended as to the ultimate value of the proceeding. Again, the reduction of the deformity, eminently desirable though that may be, is not the cure of the tuberculous process, but the repair of one of its results. A secondary result of the deformity occasionally met with is paralysis. Now, while one of the objections to Calot's method is based on the fear of injuring the spinal cord, the fact remains that in many cases, existing paralysis has been relieved.

Calot has reported 300 cases of forcible *redressement*, with only two deaths and very few untoward accidents. No other operator appears to have had so much success. His sagacious selection of cases may have much to do with this.

A. H. Tubby, of the National Orthopœdic Hospital, London, the author of a recently published and most valuable work on Orthopœdic Surgery, writes thus (*Practitioner*, January, 1898,):

"In the selection of cases the following may be regarded as entirely unsuitable: 1. Those cases in which tubercle exists elsewhere. 2. Cases in which much wasting in present; the presence of the splint or the plaster-of-paris jacket which is used afterwards is apt to give rise to sores. 3. Children who suffer from a cough or other respiratory trouble. 4. Cases in which abscesses are present. 5. Cases in which firm ankylosis has taken place: for the determination of the existence of this condition an anæsthetic is often necessary, since it will frequently happen that the spine which yields under an anæsthetic will under ordinary conditions appear to be firmly ankylosed. 6. Cases in which considerable alterations in the shape of the bony framework of the chest have occurred. 7. Patients over twenty years of age are, as a rule, not suitable subjects. 8. Cervical curves are not suitable, for obvious reasons, and in cervico-dorsal curves it is very difficult to maintain the reduction on account of the leverage arising from the weight of the head. The size of the curve, provided it is recent, is not necessarily a hindrance, since experience has shown that curves of a moderate size yield more readily than small projections."

"The cases which are suitable are those in which the disease is recent, in which the angle of curvature is a changing one, the patient is under twenty, the general health is fair, and the disease is not so active as to give rise to general constitutional disturbance. Lower dorsal and lumbar curves are *cæteris paribus* the most suitable for reduction?"

The method is, shortly, as follows: The patient, anæsthetized, is laid on a table. Assistants make strong extension and counterextension by pulling on the head and thighs. In some cases this extension alone is sufficient. Generally the operator has to depress the curve. This he does by pressing firmly with a thumb on each side of the most prominent spines, while other assistants make counterpressure from below. A rending or crackling sensation is often palpable, or even audible. Sometimes one sitting is sufficient, but three or four at varying intervals may be required. Before the patient is allowed out of the anæsthetic a plaster jacket is applied. The recumbent position is adopted, and Calot recommends that this should be kept up for a long time, in some cases for eighteen months.

THE ABUSE OF IODOFORM.

A lively discussion took place in December in the Philadelphia Academy of Medicine on this subject (*Annals of Surgery*, May, 1898). A protest was raised against the routine use of iodoform in cases where other drugs would do as well. The occasional occurrence of iodoform poisoning, as shown by delirium, and alterations in the urine, or the production of erythema, together with the pungent and highly disagreeable odor of the drug, have led many to discontinue its use and to try substitutes.

The general opinion now-a-days appears to be that as a dusting powder iodoform, for reasons stated, is inferior to other substances as aristol, acetanilid, or boracic acid. But in the form of iodoform gauze it appears to be superior to any other material for packing wounds, as in tamponing abdominal wounds, or, generally, to secure "cleanliness in a *moist cavity*." A five-per-cent. gauze, or even one with less iodoform appears to be quite strong enough.

For packing the suppurating wound in appendicitis, or in bone cavities, or for tamponing the uterus after curetting, no agent appears to be so useful or reliable. Then the action of iodoform on tuberculous processes is marked, and most surgeons who have employed the iodoform-glycerine emulsion in tuberculous joints are satisfied that it does good. It may also be useful as a 5-grain suppository in tuberculous ulcer of the rectum.

J. S.

THE
MARITIME MEDICAL NEWS.

VOL. X. JULY, 1898. No. 7.

Editorial.

MARITIME MEDICAL ASSOCIATION.

THE date for the meeting of the maritime association is now but a few days distant, and the indications point to a most successful session. In another position we print the programme as far as it has been completed, and it will be seen that sufficient has already been arranged for to ensure an instructive meeting. Doubtless, too, this list will be supplemented by other interesting papers. Then the social part of the convention is receiving the attention it deserves from an active committee, who will make every endeavour to provide pleasant entertainment for those who attend the meeting. Halifax is at its prettiest in the month of July, and at no season of the year can we feel more certain of the fine weather which everyone wants during his holiday. There are therefore many inducements to be held out to the physicians of the Maritime Provinces to be present at the '98 meeting, and we trust that the attendance may be large and representative. We are confident that no one will regret a visit to Halifax at this time, in fact we seriously doubt if any maritime province physician can afford to miss this opportunity for combining instruction and pleasure.

CANADIAN MEDICAL ASSOCIATION.

THE annual meeting of this association is be held at Quebec on August 17th, 18th and 19th next. The close proximity of the place for meeting to the Maritime Provinces, the many native and historic interests associated with "the ancient capital," the inducements of low fares for both the main journey and side trips, will doubtless serve to attract a large attendance from these provinces by the sea. It is too early yet to furnish particulars concerning the meeting, but these will be forthcoming in due time.

Correspondence.

CANADIAN MEDICAL ASSOCIATION.

To the Editor Maritime Medical News:

SIR,—There is no man so deserving of a holiday as the hard-working physician who has his nose to the grind-stone from early morning till late at night. It is not only a privilege but a duty to relax one's energies at least once a year and take an outing. Having made up one's mind to go away for a bit, the next question is where to go, for one likes to gain some mental profit as well as physical vigor. This year the Canadian Medical Association offers peculiar inducements to the busy man by meeting in the historic old city of Quebec on August 17th, 18th and 19th next. This will give to the physicians throughout the Dominion an opportunity to visit, at a trifling expense, one of the most picturesque parts of our own—our native land, with profit to himself and benefit to his patients. It too will enable the English and the French to become better acquainted, thus helping to bring about a better understanding of each other.

The president, Dr. J. M. Beausoliel, is putting forth every effort to make the meeting a success. The local committee of arrangements, under the chairmanship of Vice-President Dr. Parke, ably assisted by the local secretary, Dr. Marois, are doing good work toward making the visit of their medical brethren enjoyable. It has been whispered that a trip to Grosse Isle is probable as a part of the entertainment.

The officers of the association are confidently looking forward to a large and enthusiastic gathering. For particulars address

F. N. G. STARR,
General Secretary,
Toronto.

Matters Personal and Impersonal.

Dr. Joseph J. Doyle, who lately completed his duties as House Surgeon of the V. G. Hospital of this city, has left for Church Point, Digby Co., to commence practice. The many friends of the genial doctor will wish him every success.

A copy of the instructive book on Variola and Vaccinia, issued by the New England Vaccine Company, to which we referred last year, is again before us. The illustrations are most excellent, while the history and description of the diseases mentioned are treated in a very interesting manner. All physicians would do well if they would secure a copy.

The month of June has for time beyond our memory been the favorite month to begin married life, and even medicos are strong in the supposition that if this rule is not departed from happiness must undoubtedly follow. That this may be consummated by those to whom we will refer is our best wish.

At Pictou, June 13th, Dr. Alex. Ross, of Barney's River, was married to Miss Ella Huggan, of the same place.

Dr. Frank Irwin, of Lockeport, was united in marriage to Miss Alice T. Bill in the Baptist church of that town on June 21st. The edifice was prettily decorated for the occasion, and the friends of both flocked there in large numbers. The happy couple started on an extended trip after receiving congratulations from their numerous acquaintances.

On the morning of June 28th one of the popular young physicians of Halifax, Dr. Frank A. Gow, was joined in holy wedlock to Miss Mabel Cook, of Southsea, England. The bride's father, who was fleet engineer on H. M. S. "Crescent" when the ship was on this station, will be favorably remembered by all who had the pleasure of his acquaintance. The ceremony was carried out successfully at St. George's church by Rev. Mr. Pittman, assisted by Rev. Mr. Wade, of Aylesford. The duties of best man were entrusted to Dr. C. D. Murray, whose capabilities in that direction are well recognized. The good example shown by Dr. Gow will no doubt be sufficient to induce some of his confreres in Halifax also to undertake this important step.

The NEWS extends congratulations and best wishes to all.

WYETH'S LIQUID MALT EXTRACT

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contains all the nutritive virtues of the best malt liquors in a much higher degree than any other product with which it can be compared, and the least amount of alcohol (3 per cent.) of any like preparation which avoids the distressing consequences experienced from the use of spirituous liquors, or malt extracts containing a large amount of alcohol.

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is agreeable to take, and is a valuable nutrient, tonic and digestive agent, containing a large amount of extractive matter. Those of the medical profession who have given the subject of malt extracts careful study are unanimous in endorsing all the claims that are made for it.

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is especially adapted to nursing mothers and children, to those suffering from nervous exhaustion, chilliness, and to those unable to digest starchy food. It also acts as a roborant in all cases of debility, and is a most valuable addition to the treatment required in convalescence.

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is practically a liquid bread that is partly digested. It has for its prime object the production of nutriment, and the entire process of manufacture is devised for the purpose of attaining that end.

WYETH'S MALT EXTRACT

is a purely pharmaceutical preparation, and we would caution physicians when ordering to specify "Wyeth's," as it is well known that there are a great many so called malt extracts in the drug stores which contain such an amount of alcohol that it is not safe to leave the choice to the discretion of the patient, who might be prevailed upon to purchase an inferior article on account of its being a little cheaper.

Free sample bottles of Wyeth's Liquid Malt Extract will be sent to any practicing physician in Canada upon application.

PRICE, $3.50 PER DOZEN BOTTLES.

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Matters Medical.

Appendicitis in the Female.—Richelot (*La Gynecologie*, June, 1897) emphasizes the difficulty of diagnosing appendicitis in the female. He reports six cases in which it was impossible to decide positively before opening the abdomen. In the absence of a clear history and early observation of the case it is still more difficult to make an exact diagnosis. The presence of pain and a tumour in the region of the right tube and ovary, situated high up (the left being normal), should always awaken the suspicion of possible appendical trouble. On the other hand, an inflamed appendix may be adherent in the cul-de-sac. In the absence of any swelling the pains complained of by certain neurotic females may simulate those of appendical origin. If the hymen be intact it is fair to infer that an inflammatory enlargement on the right side is due to appendicitis rather than to disease of the adnexa.—*Med. Fortnightly.*

Potassium Compounds the Chief Poison in the Urine.—Feltz and Ritter, on one hand, and Bouchard and his pupils on the other, regard potassa as the cause of the toxicity of urine in man. This fact being established by them they then instituted an investigation upon the urine of patients suffering from nephritis and found that in the majority of cases potassium was eliminated in diminished quantities. The examination of the urine of three sound persons was examined for three days, and it was found that an adult weighing 155 pounds eliminates a little more than three grains of potassium chloride in a day. The article concludes with the statement that "We may define the pathologic state of the majority of persons with Bright's disease as being a condition in which there is a slow and progressive impregnation of the organism by potash."—[Translation from *Rend. de Biologie*, in *Col. Med. Journal.*]

The New York *Evening Post* of March 26, in a semi-editorial article, shows the following remarkable appreciation of the work and character of physicians: "Their opportunity is unique, but their influence and assistance in the history of our households is a great testimony to the sympathy and patience and large-hearted comprehension of man with and for his fellow man in this urgent, crowded, self-seeking age of ours. Human brotherhood, which has no name or guild, is vitally alive

among our doctors. Sleepless nights and anxious days, hours of tense apprehension, the exertion of almost superhuman ingenuity to relieve pain, mark the going to and fro of many a quick-moving 'buggy' in our streets; and if one in a thousand is so fortunate as to acquire wealth as the result of his practice, let us rejoice for him."—*Medical Age.*

THE PULSE IN DIPHTHERIA.—This has recently been made the subject of special study by Dr. Henry Dwight Chapin, of New York. The cases were observed in the Willard Parker Hospital. He said that he had not infrequently noted a marked slowing of the pulse in grave septic cases, and that this might occur either before or after a rapid action of the heart. When the reduction in pulse-rate is extreme, death invariably occurs. Thus, in one case, the pulse dropped on the fourth day from 128 to 66, without much impairment of its strength. On the following day, however, the pulse became feeble, and 120 to 138 per minute; then stupor and vomiting supervened, and death occurred three days later. In another case, that of a boy of 5 years, the pulse was rapid for a few days, and then suddenly dropped to 28. At this time the sounds of the heart were fairly distinct. In spite of free stimulation, the child died in two days. It should be noted that a slow pulse without other symptoms is not necessarily a fatal indication. If, along with a rapid and feeble pulse, there is vomiting, it is of exceedingly grave significance, for the vomiting is as uncontrollable as the tendency to heart-failure.

Dr. A. Jacobi gave it as his opinion that the slow pulse, like the rapid pulse, is an indication of cardiac incompetency, and that the *timely* use of stimulants would, in many instances, avert the approaching heart-failure. Dr. J. E. Winters, on the other hand, believed that the profession was absolutely ignorant regarding the true nature of cardiac failure, as observed in diphtheria, and that as little could be done in the way of preventing it as in treating it when actually present. He said that the very slow pulse, all authorities agreed, was of very rare occurrence, and he had not personally observed it until the antitoxin-treatment came into vogue. As he had observed this slowing of the pulse in a number of cases that had received large doses of antitoxin, he was inclined to believe that there was some connection between the two. For example, in the case referred to by Dr. Chapin, in which the pulse dropped to 28, 6,000 units of antitoxin had been given. Dr. H. W. Berg opposed this contention, claiming that he had noted this peculiar slowing of the pulse

in diphtheria many years before the introduction of the antitoxin-treatment, and that he had noted it very infrequently during the time that these large doses of antitoxin were being administered.—*Phil. Med. Journal.*

THE ACTION OF ATROPINE AND PILOCARPIN ON PERISTALSIS.—Traversa (*Il Policin*, November 15, 1897), being struck by the fact that injections of atropine caused constipation rather than increased emission of fæces in horses, has investigated the action of this drug and also of pilocarpin. It was found that pilocarpin accelerated and strengthened peristalsis, while atropine lessened and finally abolished the movements of the intestine. In each case the result is obtained through paralysis or stimulation of the ganglia and nerve endings in the intestine. From this it follows that belladonna is not likely to be of value in constipation from atony of the bowel muscle, but in lead colic where it is not improbable that the intestinal ganglia are irritated belladonna may prove a useful remedy, and indeed in all cases when painful intestinal spasm, due to irritability of the intestinal ganglia, is present, the drug in question may be used with advantage.—*British Medical Journal.*

TUBERCULAR PERITONITIS.—Holmes, in an article on this subject (*Annals of Gynecology*) gave these conclusions:

1. Tubercular peritonitis is a relatively common disease.

2. It is never a primary disease, though it is usually impossible to find the initial focus.

3. Recovery follows laparotomy as a general rule, unless there is an initial focus to keep up the disease.

4. This disease appears in three different forms—the exudative form, the dry form, and the ulcerated form, and they are recognizable in the order named.

5. Microscopical examination of the peritoneum is sufficient for a positive diagnosis. The demonstration of microscopical tubercles, or the recognition of the bacilli, are only confirmatory.

6. Puncture of the abdominal wall for diagnosis, or for the removal of ascites and injection of air, fluid or iodoform, is dangerous and should not be practised.

7. Laparotomy, with idoform-gauze tamponade drainage, is the safest and most reliable treatment.

8. Laparotomy should be done as soon as there is a show of emaciation or when a relative diagnosis has been made.

9. A positive diagnosis can never be made before laparotomy.

Comparative Study of Ether and Chloroform in Parturition.—H. Hensen announces that the superiority of ether over chloroform for the narcosis of parturients resides in the fact that while both suppress the action of the abdominal muscles, the effect of the ether rapidly passes away and the uterus resumes its contractions in five to twenty minutes, while the effect of chloroform is felt for a couple of hours, preventing contractions and thus postponing the expulsion of the fœtus and favoring hæmorrhage from atony of the uterus. His numerous tests with primiparæ and others, covering several years, were made with a bulb in the uterus connected with a barometric tube. He found that the energy of the uterine contractions increases progressively till the rupture of the bag of waters, to subside then until after the expulsion of the fœtus, when the pressure increases again to reach its highest point, a remarkable phenomenon which may be due to the increase of thickness in the uterine wall at this moment. He found that five milligrams to two centigrams of morphine have no effect upon the contractions of the uterus and of the abdominal muscles.—*Sem. Med.*, February 26, from *Arch. f. Gyn.*, iv., 1.

A New Clinical Symptom of Scarlet Fever.—Mr. Meyers reports (*La Presse Medical*) March 5 a series of cases that came under his observation at the Hospital de la Porte D'Aubervilliers during 1897. He observed a slight paralysis of the upper extremities, with frequently only numbness of the hands. At times instead of a numbness only a pricking sensation was reported, which was located in the palmar surfaces of the ends of the fingers, or in the palm of the hand. It was rare in the feet, but if present was found at the same time as in the hands. It usually appears at the time when the eruption first appears, quite frequently with it and rarely before it. The duration of this sensation is variable, sometimes lasting only a few minutes and other times for a long time. In cases of abortive scarlatina this symptom may aid in the diagnosis. It may also aid in the diagnosis of the abortive form of scarlatina and also be of use in the retrospective diagnosis in patients who do not have the eruption, in whom desquamation is fugacious, or very late. The author states that he has never met this symptom in other eruptive diseases. It is absent in diphtheria and in drug eruptions (erythema), notably in mercurial eruptions.—*Times and Register.*

The Defect of Boiled Water.—We are often told that in making tea the water should be poured on at the moment of beginning to boil, if the vivacity of the infusion is to be preserved. The reason is that

every moment of boiling disengages the fixed air in the water, in every bubble that rises and bursts on the surface, until the residuum is devoid of the inspiriting element, free oxygen, as well as of the useful element, nitrogen. An exchange says:

The proof of this may easily be seen. If fresh cold water be used, the first time it boils it will lift the lid of the kettle and conduct itself in an uproarious manner, boiling over, and trying to put the fire out. It is when in this state that it is good for making tea. If you put it on the fire again, you will find you cannot get it to boil over a second time, still less a third.—*Ex.*

Periods of Infection.—The period of infectiousness of contagious diseases is considered to be: Small-pox, six weeks from the commencement of the disease, if every scab has fallen off. Chicken-pox, three weeks from the commencement of the disease, if every scab has fallen off. Scarlet fever, six weeks from the commencement of the disease, if the peeling has ceased, and there is no sore nose. Diphtheria, six weeks from the commencement of the disease, if sore throat and other signs of the disease have disappeared. Measles, three weeks from the commencement of the disease, if all rash and cough have ceased. Mumps, three weeks from the commencement of the disease, if all swelling has subsided. Typhus, four weeks from the commencement of the disease, if strength is re-established. Typhoid, six weeks from the commencement of the disease, if strength is re-established. Whooping-cough, six weeks from the commencement of the disease, if all cough has ceased.—*The Public Health Journal.*

The Tongue.—This unruly member means a good deal when studied properly. It means congestion and inflammation if it is hot, and in fevers, if it becomes cold, denotes great prostration and impending death. The tongue is generally moist in health, but there are conditions where moisture indicates anything but a favorable state. Thus, if it is moist in soporous states it signifies great exhaustion, and in putrid fevers, when accompanied by the debilitating sweat one finds in sepsis, it portends exhaustion if not death. It is hot in infants before the appearance of thrush, and cold in violent spasms. It is red, or dry, in inflammations of the brain, and of the mucous membranes of the stomach. It is also red in scarlatina, but if it should become pale during an attack of some exanthematic affection it portends an unfavorable issue.—*Med. Visitor.*

THE FORMATION AND THE CLINICAL SIGNIFICANCE OF ALBUMIN AND CASTS IN THE URINE.—By Dr. Wm. H. Porter (*Phil. Med. Jour.*, 1898, No. 15, p. 587).—This much can be said, that anyone following many cases at the bedside, examines many samples of urine and who makes frequent necropsy-examinations, easily learns to differentiate different kinds of proteids in the urine; to recognize early the presence and significance of the casts found in the urine. He soon learns when and where not to condemn the patient as a nephritic subject. He further learns that there are many cases in which there are casts without albumin, and that there are also cases with an abundance of albumin without casts. The latter only occurs where there is an abundant development of connective tissue at the very apex of the pyramids which contracts the outlet of the tubules and prevents the escape of the casts. This the author has seen in a few instances, the sections made from the kidneys after death showing the tubules filled with retained casts. The former, or urine containing casts without albumin, is quite frequent.

The deductions to be drawn from the author's study are:

1. That serum-albumin, as a single proteid substance, is a thing of the past.

2. That the epithelium of the uriniferous tubules excretes the various forms of proteid substances that are found in the urine.

3. That it is through this excreted proteid material that our casts are formed.

4. That there are two distinct classes of casts, one denoting no structural changes in the renal gland, and one that does indicate positive retrograde changes.

5. That we may find casts and no albumin and vice versa, and that the former is not infrequent.

6. That the one class of casts can be found in almost every sample of urine submitted to the centrifuge.

7. That we are enabled by a close and careful study of the kind and amount of proteid bodies eliminated through the kidney, together with a careful study of the size and character of the casts, to determine the exact condition of the renal glands, and in fact of the system at large.

This much established, the prognosis and treatment become rational and not speculative; and a long and large experience with this class of cases has led the author to the belief that a large number of cases are

diagnosticated as nephritis that have not and may never have the disease. Further, that a large percentage of the cases that actually have renal disease can be not only greatly improved but actually cured. It, however, can only be accomplished by active treatment applied upon a physiological basis. From a histological standpoint it may be contended they are not cured, but from the physiological they are, just as the man with the fractured leg is never cured histologically, but he practically walks as well as ever, and, therefore, functionally is cured.—*Post-Graduate.*

ETIOLOGY OF CHRONIC NEPHRITIS.—By Dr. Senator *(Berlin klin. Woch., 1898, Ref. Phil. Med. Times and Reg.*, XXXV., No. 7, p. 207.)

The author includes among the causative factors of this disease a faulty condition of the blood, which eventually ends in destruction of the renal parenchyma with formation of connective tissue. The kidneys more than any other organs suffer from changes in the circulation, and especially from changes in the blood itself. The vessels of the malpighian tuft and the capsule are particularly exposed to the action of any poison in the blood. The epithelium of the renal tubes is supplied by the same blood as the tuft, only in a more concentrated form.

Semmola thought that the changed condition of the blood lay in an alteration of the blood albumin and that this latter was due to a disturbed function of the skin, but it is not proved that the change in the albumin is primary. The starting itself of the process and the share of the individual tissues in the disease vary according to the causative irritant, and the duration and intensity of its action. If it is slight and fleeting the parenchyma is affected, but with a severe irritant all the tissues may be affected, even if not in equal degree.

It is difficult to explain why it is that when the cause has ceased to act the disease still proceeds, as in chronic following upon acute nephritis. Not only can no microbes or toxins be found in the urine, but the urine itself possesses a diminished urotoxic co-efficient. In some cases of acute nephritis changes are present at an early stage in the interstitial tissue. It seems to be very difficult to establish from a clinical point of view the exact extent of the inflammatory changes, for so intimately co-related and dependent do the delicate tissues of the kidneys appear to be that inflammation, particularly when caused by toxic products, in one portion is rapidly followed by the same process in another part. Senator then summarizes his conclusions: 1. Chronic

nephritis is usually due to a faulty state of the blood. 2. It may arise from acute nephritis and depend upon the same cause; it may end in a secondary granular atrophy. 3. There is a primary granular atrophy or chronic interstitial nephritis. The change here may occur primarily in the interstitial tissue. 4. There is a contracting nephritis due to a primary arterio-sclerosis. 5. Closely allied to the latter is a contracted kidney due to a deficient blood supply.—*Post-Graduate.*

SUNSHINE AND SLEEP.—Sleepless people—and there are many in America—should court the sun. The very worst soporific is laudanum, and the very best is sunshine. Therefore, it is very plain that poor sleepers should pass as many hours as possible in the sunshine, and as few as possible in the shade. Many women are martyrs and yet they do not know it. They wear veils, carry parasols, and do all they possibly can to keep off the potent influence which is intended to give them strength, and beauty, and cheerfulness. The women of America are pale and delicate. They may be blooming and strong, and the sunlight will be a potent influence in this transformation.—*Cin. Ec. Med. Jour.*

ARTIFICIAL CONSTRICTION.—It matters not whether it be the collar, the waistband, or the garter, all constricting bands are injurious: anything that compresses the blood vessels, and interferes with the free circulation of the blood, should not be tolerated. Headache, chronic congestion of the brain, even apoplexy will be favored, and rendered more possible by the use of tight collars: while varicose veins are commonly caused by tight garters. Anything constricting the waist is evidently and obviously injurious to the vital organs within, all of which require plenty of room that they may functionate properly. We think it barbarous for Chinese women to constrict their feet; Li Hung Chang thinks it more barbarous for Americans to constrict their necks, waists and legs. The old man is right: there are no vital organs in the feet.—*Annals of Hygiene.*

FROM Russia comes the news that Norshewski has invented an instrument, the principle of which is the sensitiveness to light of selenium and tellurium, both of which change their quality as conductors of electricity with a variation in the light to which they are exposed. In stating that the blind can see by this instrument, a relative meaning only is indicated. While their actual vision will be unaffected, they will feel the various effects of changing light by its action. It is claimed that a totally blind man has been enabled to find windows in a room,

and after some practice to distinguish approaching objects. The inventor hopes to make the instrument so efficient that the blind will be able to tell almost certainly when they are approaching an opaque or transparent sub-tance.—*Health, London.*

THE ALERT PRESCRIBER.—A man in the car was telling how good his doctor was. "Clever?" said he; "well I should say he was. The other day I called him in when I had swallowed five cents. He said if the coin was not counterfeit it would pass, and made me cough up two dollars."

THE PRESS, THE PULPIT AND QUACKERY.—Judging from the daily press Paine's celery compound is doing a noble work in restoring poor broken down clergy, "the has-been element" especially, such as Talmage and a few more sensational divines, who jump at every chance to get their names and portraits in print. It is a pity that the poor deluded clergy, who preach salvation to men, are thus made the tool of, and mingle with, the very dregs of quackery; lend their aid, pulpit, influence and position towards allowing the dear public to be fleeced by the sharks who tickle the preacher's vanity by displaying his photograph, and tickle his credulity by showing an array of testimonials "which are simply overwhelming." It would astonish a minister to be told that he was simply no better than a steerer for a bunco game when he poses as stool pigeon for quackery The pulpit is prostituted when ministers lend their influence to extending the prestige of irregular practice. Osteopathy has a "wonderful pull" through the pulpit, for the poor deluded divine is here completely captured by the plausibility of the power-born-of-God-origin of Still's great science. Think of it—a minister yielding his position as a teacher of men to the most irregular practice of the age, and especially so in states where osteopathy is not legal, but where it it flourishes, nevertheless, like a green bay tree. Such ministers condemn sin in their own community, they bewail the lack of enforcement of city ordinances against crime and sin, and yet they lend their aid to a practice which is not recognized as legal in their own state. Well, we have lots of respect for the ministry; it is dear to us, but we cannot tolerate for one minute the pseudo-scientific clergyman who is so vain, so credulous, so utterly ignorant as to be hand in hand with quackery, whether it be osteopathy, patent medicine endorsements or Christian Science. A man to be a leader must be a true man, not a bunco-steerer nor cat's paw for quackery.—*Medical Fortnightly.*

An Interesting Biological Fact.—Professor Huxley has pointed out the interesting fact that animals may be classified according to the peculiarities of the structure by which they are nourished before birth, as follows:—

1. Those in which the placenta, or organ through which nourishment is derived from the mother, is not thrown off at birth. To this class belong hoofed animals.—the herbivora and the omnivora.

2. Those in which the placenta is thrown off at birth, and has the form of a zone. To this class belong the flesh-eating, or carnivorous, animals.

3. Those in which the placenta is thrown off at birth, and has the shape of a disk. This is characteristic of apes and man, and other frugivorous animals.—*Good Health.*

Catarrh and Mental Sluggishness.—Keys and Retzius years ago pointed out the connection between the lymphatic circulation through the nose, and the lymphatic circulation at the base of the brain. They claimed that the lymphatics at the base of the brain passed through the nose and naso-pharynx, that when an obstruction occurred it produced a characteristic lack of development, or stupidity, on the part of the child. Guye has recently reported a series of cases of what he calls lack of attention in the child and the adult as being due to an engorgement of the lymphatic circulation in the nose, stating that it is very important in children who are inattentive to have their noses examined to see whether there is not some local cause for this retarded mental development.—*Arch. of Pediatrics.*

The Diagnostic Value of Counting the Blood Corpuscles in Cases of Latent Cancer of the Stomach.—By Dr. F. P. Henry (*Arch. f. Verdaungskh*, April, 1898.)—In cases of cancer of the stomach in which there are no characteristic symptoms present, in which cases it may be difficult to distinguish between pernicious anæmia and cancer, we may arrive at a positive diagnosis by counting the blood corpuscles. Henry never saw a case of cancer of the stomach in which the number of red blood corpuscles had been less than 1,500,000 per cubic millimeter, and he never saw a case of fatal pernicious anæmia in which the number of red cells had not been less than 1,000,000. The reduction of the number of red blood corpuscles in cancer of the stomach does not keep pace with the cachexia.—*Post Graduate.*

ABBEY'S EFFERVESCENT SALT.

A pleasant effervescing aperient, taking the place of nauseating mineral waters.

Recognized and prescribed by eminent members of the profession in Great Britain, Europe and Canada.

Therapeutic Suggestions.

INFANTILE COLIC.—A towel dipped in boiling water, wrung out rapidly, folded to proper size, and surrounded by dry flannel, when applied to the abdomen in infantile colic, will act like magic.—*Peoria Med Jour.*

GUAIACOL AS A LOCAL ANÆSTHETIC.—Newcomb (*Laryngoscope*), in a paper read before the American Laryngological Association, describes the use of this drug in certain cases as a substitute for cocaine. He says that it has been used in ninety-eight cases with gratifying success It is prepared by adding 5 per cent. of guaiacol to a solution of sulphate of zinc in olive oil and alcohol.—*Lancet-Clinic.*

ALUMINIUM ACETATE IN UTERINE HÆMORRHAGES.—The hæmostatic, antiseptic and astringent properties of this substance render it an effective means of arresting hæmorrhage from the uterus, post partum or otherwise. Kalenscher makes the injection through a rubber tube attached to the end of a syringe holding 20 to 30 c.c. of a 3 per cent. solution, introducing it into the uterus. The astringent power is such that the vagina contracts until it is difficult to insert the finger. Three to five injections are usually required.—*Semaine Med.*

SULPHUR IN SEPTIC AND TUBERCULOUS ULCERS.—Miller, of Edinburgh (*Practitioner*, February, 1897), praises very highly the application of sulphur in obstinate or recurrent ulcers and abscesses. Sulphur is non-poisonous, and when applied to fresh surfaces there are formed sulphuretted hydrogen, sulphurous and sulphuric acids, and it is these three products that act on the tissues. Being in statu nascendi, their bactericidal action is especially lasting and energetic. In fresh wounds and ulcers the sulphur is applied as a fine powder, in septic and tuberculous abscesses a 10 per cent. glycerin emulsion is injected. The burning following the application of sulphur can be prevented by the addition of cocaine. The author says that under the sulphur treatment ulcers and abscesses that have before resisted every kind of treatment for months frequently heal within a week. Another of the advantages of sulphur is its cheapness.

GELATINE AS A SUPERIOR HÆMOSTATIC.—An interesting and valuable discovery is the blood-coagulating quality of gelatine. This was made by Dastre and Floresco, as announced in the *Archives de Physiologie* of April, 1896, after the report of their experiments the preceding February before the Society of Biology. More recently, in the September 18th number of the *Presse Medicale*, Dr. Paul Carnot takes up this subject, and in its consideration divides hæmostatics into those which act by causing vascular contraction (like ergot) and those which seal the vessel openings by coagulating the blood (as styptics.) He very properly objects to the use of the former whenever they can be avoided, for the reason that the plug of coagulated blood fitting the constricted vessel becomes too small after vascular dilatation, and thus leads to renewed bleeding.

That the gelatine solution causes actual coagulation of blood, and does not seal the vessels by merely gelatinizing, is proven by its being efficient in solutions too weak to permit gelatinizing. It is made up preferably with a sterilized normal salt solution, and to this an antiseptic may be added. Thus 7 parts of sodium chloride are added to 1000 parts of water. Gelatine is added to make up a 5 to 10 per cent. solution. This is then boiled twice for fifteen minutes two days apart, care being observed not to let the temperature reach 239° F., as that temperature sometimes destroys its value.

He used this preparation in persistent nose-bleed in a child that had nearly bled itself out, and in which the usual styptics, such as the perchloride of iron, had proven unavailing. An injection of a 5-per cent. gelatine solution stopped the bleeding at once. On the next day the other nostril bled, and it was stopped with equal promptness by the same means. This was effective despite the fact that the child had successive purpuric hæmorrhages under the skin, and mucous and serous membranes, and finally died with only 365,000 red corpuscles to the cubic millimeter of blood.

The solution should be used at the bodily temperature, because if used hot it causes vascular contraction, thereby temporarily arresting the flow and preventing coagulation, or causing the formation of small plugs in the contracted vessels that might lead to subsequent hæmorrhage when the vessels again expand, as in the case of those hæmostatics acting by vascular contraction. It need not be given in hæmatemesis, because its blood-coagulating quality is destroyed by the gastric juice.

He has only used it once to arrest uterine hæmorrhage, and that in a case of metrorrhagia caused by a fibroma. In this instance its action was wholly satisfactory. One point not to be forgotten is, that it must be injected into the cavity of the uterus to arrest hæmorrhage from its walls, for it must come in direct contact with the blood as it leaves the vessels.

In experiments upon dogs, he repeatedly arrested bleeding from the freshly cut surface of the liver by a few seconds contact with the gelatine solution, but without exerting any pressure.

This is an agent that should not be overlooked in case of persistent bleeding. It is especially worthy of trial in severe uterine hæmorrhage, especially post-partum. It is inexpensive, readily prepared, may be sterilized, and promises more than any other agent we have. But the caution to use it only at about the temperature of the body must not be overlooked. There are cases of menorrhagia and metrorrhagia in which it should be of great service, especially in such as are due to conditions only relievable by operation, and in which operation is refused, is postponed, or is no longer justifiable. By its means much time may be saved in perineal and cervical plastic operations in the prompt arrest of oozing, thus permitting the earlier approximation of the surfaces.

This new hæmostatic is worthy of prompt and thorough trial, with the early recording of results.—*Medical Council.*

CANCER TREATMENT.—C. D. Spivak has collected sixty-one cases under the care of fourteen observers, and found thirty-three cases had been improved under chelidonium majus. He concludes (1) that it undoubtedly has some influence upon cancerous tissue and that it is worthy of further investigation. (2) That the experiments are not numerous enough to warrant definite conclusions. (3) That the drug being unstable, many of the unfavorable cases may be attributed to the inefficiency of the preparation, and (4), that probably the technique of the administration is not yet perfected.—*Med. and Surg. Bull.*

HÆMORRHAGE IN HÆMOPHILIA.—Bienwald employed a very original method in the case of a child aged two years old, the subject of hæmophilia. Having failed to arrest the hæmorrhage from a small wound on the face by the application of perchloride of iron, he obtained some blood by aspiration from a healthy subject and deposited it on the wound. In a few minutes it coagulated, and the hæmorrhage at once ceased. His explanation is that it supplies the ferment necessary for thrombosis in the small vessels. Whether this is correct or not is impossible to say in the absence of definite knowledge of the pathology of hæmophilia. As affording his explanation some support we may mention the success obtained by Dr. Wright in his experiments with a solution of fibrin ferment and chloride of calcium as a styptic.—*The Lancet,* (London.)

PLEURISY TREATED BY IODINE.—A member of the Académie de Médecine, of Paris, recently reported at a meeting of that society the successful treatment of a number of cases of pleuritic effusion by injecting iodine into the cavity. After drawing off about two-thirds of the primary liquid with the aspirator, he injected the following mixture: Tincture iodine, 2 drachms; iodide of potassium, 20 grains; water, 10 ounces. This he withdrew by the same instrument five minutes later. No accident occurred, and the patients recovered rapidly.—*Medical Age.*

THE TREATMENT OF CONSTIPATION.—The *Clinica Moderna* for April 27th gives the following formula:

R.—Aloes ..... 30 grains.
Resin of jalap, Resin of scammony, Turpeth root, each ..... 15 grains.
Extract of belladonna, Extract of hyoscyamus, each ..... 2½ grains.
Medicinal soap ..... a sufficiency.

M. Divide into fifty pills. One or two to be taken at bed-time for a fortnight or a month. At the same time the large intestine is to be treated with massage, and Carlsbad water is to be taken.—*N. Y. Med. Jour.*

ICHTHYOL INHALATIONS IN ACUTE LARYNGITIS.—According to *Nouveau remedes*, May 8th, quoting from *Vratch*, xix., 1898, No. 8, p. 223, Cieglewicz (*Przegl. lek.*, January, 1898), has found that inhalations by means of an atomizer of a cold two-per cent. solution of ichthyol repeated twice daily, and not too deeply inspired for fear of producing nausea and vomiting, have given excellent results. The author has used the treatment both in adults and children, in the latter in cases of false croup. No ill effects have followed.—*N. Y. Med. Jour.*

GUTAUD'S AMENORRHŒA PILLS.—The following formula is given in the *Jour. de Méd. de Paris*, December 19th, (*American Medico-Surgical Bulletin*, May 25th):—

R.—Strychnine sulphate ..... ½ grain.
Iron peptonate, Manganese lactate, Scammony, each ..... 20 grains.

Divide into forty pills. Two to four pills to be taken every night on going to bed.—

ATONIC DYSPEPSIA.—

R.—Tincture of nux vomica ..... ℥ ijss.
Resorcin ..... gr. vij.

Mix and take five to ten drops three times a day.—*Therapeutic Gazette.*

Gynæcologic Gleanings.

(From *The Clinique.*) Give iron when the menses are scanty and lack color; give arsenic when the flow is too profuse, prolonged or frequent.—*Fordyce Barker.*

All pelvic congestions are venous, and the term "chronic inflammation," so far as it applies to the organs in that cavity, is a misnomer, because the arterial vessels are not involved in that process.—*Emmet.*

The most common displacement of the ovary is dislocation downward into the retrouterine pouch, to which the name of prolapse has been improperly given.—*Tait.*

Cancer of the womb usually begins on the vaginal portion of the cervix, and consequently has to bear the brunt of the insults of coition and parturition.—*Goodell.*

Tepid vaginal injections, so generally recommended and inadvertently used by patients in place of the hot injections directed, have no positive therapeutic effect whatever.—*Barnes.*

Chronic leucorrhœa of long standing can be cured only by persevering in frequent local use of astringents through a speculum, together with hot vaginal injections.—*Munde.*

The ovary is simply a gland, developed as other glands and formed of similar elements; its peculiarity is that its cell-nuclei have special powers during a certain time of life.—*Tait.*

The peculiar sensation imparted to the finger on drawing a curette over the endometrium may give some hint as to the nature of the affection: if it is grating, it is vegetations or placental fragments; if soft and spongy, it indicates endometritis hyperplastica.—*Munde.*

In chronic ovaritis, pain is an inevitable feature, and nineteen times out of twenty it is worse on the left side than on the right.—*Tait.*

Distressing pelvic pains incident to flexions and versions of the womb are greatly alleviated by vaginal suppositories containing 1 grain of morphine and 2 grains of the extract of belladonna.—*Goodell.*

Vaginal injections of bromide of potassium I have found of real benefit in cases of so-called irritable uterus, diffuse pelvic pains, and hysterical neuroses in various parts of the body. Injections containing them are best administered at bed-time. I have repeatedly seen a refreshing night's sleep follow the vaginal injection of 1 dram of bromide of potash to a pint of water.—*Munde.*

Maritime Medical Association.

PROGRAMME.

FIRST DAY, WEDNESDAY, JULY 6th, 1898.

9.10—Nova Scotia Medical Society—Business Meeting.

MORNING SESSION, 10 A. M. TO 1 P. M.

1. Enrolling Names.
2. Reading of Minutes of last Meeting.
3. Reception of delegates from Sister Societies.
4. Correspondence.
5. Appointment of Nominating Committee.

ADDRESS BY THE PRESIDENT.

1. "Rupture of Vagina during Parturition."—J. W. Daniel, M. D., St. John, N. B.
2. "Interesting Notes on Midwifery Work,"—W. S. Muir, M. D., Truro, N. S.
3. "Extra-Uterine Pregnancy with Report of Cases,"—M. Chisholm, M. D., Halifax.
4. *a.*—"Treatment of Painful Gastric Tumors by Hypodermic Injections of Thiosinamin."

   b.—"Treatment of Acute Inflammatory Diseases of the Throat by Hypodermic Injections of Atropin."—J. F. MacDonald, Hopewell, N. S.

AFTERNOON SESSION, 2 P. M. TO 4.30 P. M.

Presentation of Clinical Cases.

1. "Case of Bilateral Interference with the Peripheral Circulation accompanied with Gangrene."—T. Dyson Walker, M. B., St. John, N. B.
2. "Fatal Case of Bradycardia occurring in a young man,"—C. D. Murray, M. B., Halifax, N. S.
3. "Tetanus—its Pathology and Treatment, with report of Case."—W. D. Finn, M. D., Halifax.

Reception at Studley Quoit Grounds, 4.30 to 6.30.

EVENING SESSION, 7.30 P. M. TO 11 P. M.

Address by President of the Nova Scotia Medical Society.

1. Discussion "Empyema."—Drs. Jas. McLeod, Murray MacLaren, J. W. Daniel, J. W. MacKay, E. Farrell, J. Stewart.
2. "Operative Treatment of Cancer of the Tongue."—G. E. Armstrong, M. D., Montreal.
3. "Subcutaneous Fibrous Tumors."—Murray MacLaren, M. D., St. John, N. B.
4. "Peculiar Case of Gunshot Injury."—W. B. Moore, M. D., Kentville, N. S.
5. "Trephining for Epilepsy, with report of a case."—E. Farrell, M. D., Halifax.

SECOND DAY. THURSDAY, JULY 7th, 1898.

MORNING SESSION, 9.30 A. M. TO 1 P. M.

1. Report of Nominating Committee.
2. Election of Officers.
3. General Business.
4. "Claims of Medical Men for Higher Fees in our County Courts, and the Necessity of Petitioning the Legislature for an Amended Law."—R. MacNeill, M. D., Stanley, P. E. I.
1. Discussion "Treatment of Typhoid Fever."—Drs. R. MacNeill, J. W. Daniel, A. J. Murray, G. E. Buckley, S. Birt.
2. "Diseases of Accessory Nasal Cavities."—H. D. Hamilton, M. D., Montreal.
3. "The Early Recognition of Glaucoma."—J. H. Morrison, M. D., St. John, N. B.

AFTERNOON SESSION, 2 P. M. TO 4.30 P. M.

Presentation of Clinical Cases.

1. "Report of Interesting Cases."—S. Dodge, M. D., Halifax.
2. "Experiences in Quarantine with Nine Hundred Immigrants at Lawlor's Island."—G. Carleton Jones, M. D., Halifax.
3. "Treatment of Chronic Urethritis."—James Ross, M. D., Halifax.
4. "Medical Evidence before the Law Courts,"—Wm. Bayard, M. D., St. John, N. B.
5. "Treatment of Typhoid Fever,"—F. H. Wheeler, M. D., St. John, N. B.

Excursion on Harbor and Supper at Hotel Florence, at 8 p. m.

Papers must not occupy more than 20 minutes in reading.

TRUE AMERICANISM.—Physicians and pharmacists, like the masses of the people, have tired of the arrogation of superiority implied by the announcements of foreign manufacture, and are revolting against them. This spirit is especially commendable at the present time, when a vast wave of patriotism is rolling over the land, making the North and the South, the East and the West as one band of brothers by its magic influence. The Antikamnia Chemical Company, of St. Louis, in all of its advertising matter, whether through the journals or by circular, takes particular pains to impress upon physicians and pharmacists that its goods are made in America, by Americans, and for American use. This enterprising Company realizes that the words "made in Germany" or "made in France" no longer possess the influence and meaning they once had. The people of this country no longer scorn or underrate the products of their own native laboratories and work shops.—*The National Druggist.*

THE FIRST NATHAN LEWIS HATFIELD PRIZE FOR ORIGINAL RESEARCH IN MEDICINE.—The College of Physicians of Philadelphia announces through its Committee that the sum of Five Hundred Dollars will be awarded to the author of the best essay in competition for the above prize.

SUBJECT: "A Pathological and Clinical Study of the Thymus Gland and its Relations."

Essays must be submitted on or before January first, 1900.

Each essay must be typewritten, designated by a motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year.

The Committee reserve the right not to make an award if no essay submitted is considered worthy of the prize.

The treatment of the subject must, in accordance with the conditions of the Trust, embody original observations or researches or original deductions.

The competition shall be open to members of the medical profession and men of science in the United States.

The original of the successful essay shall become the property of the College of Physicians.

The Trustees shall have full control of the publication of the memorial essay. It shall be published in the Transactions of the College, and also when expedient as a separate issue.

Address J. C. WILSON, M. D., Chairman,
College of Physicians,
219 South Thirteenth Street, Philadelphia, Pa.

HALIFAX MEDICAL COLLEGE.

HALIFAX, NOVA SCOTIA.

Thirtieth Session, 1898-99.

THE MEDICAL FACULTY.

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WM. B. SLAYTER, M. D.; M. R. C. S. Eng.; L. R. C. P. Lon.; F. O. S. Dub.; Emeritus Professor of Obstetrics and Gynæcology.
EDWARD FARRELL, M. D., Professor of Surgery and Clinical Surgery.
JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
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STEPHEN DODGE, M. D., Professor of Ophthalmology and Otology.
MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery.
NORMAN F. CUNNINGHAM, M. D., Professor of Medicine.
WILLIAM TOBIN, F. R. C. S., Ire., Professor of Laryngology and Rhinology.
C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine and of Embryology.
JOHN STEWART, M. B., C. M., Edin.; Professor of Surgery.
G. CARLETON JONES, M. D., C. M.; M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics.
LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology.
GEO. M. CAMPBELL, M. D., Professor of Histology.
F. U. ANDERSON, L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng.; Demonstrator of Anatomy.
C. E. PUTTNER, PH. M., Instructor in Practical Materia Medica.
W. H. HATTIE, M. D., C. M., Lecturer on Bacteriology and Pathology.
WALLACE MCDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.
THOS. W. WALSH, M. D., Assistant Demonstrator of Anatomy.

EXTRA MURAL LECTURER.

E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.

FACULTY OF PHARMACY.

AVERY F. BUCKLEY, L. PH., Lecturer on Pharmacy.
F. W. GOODWIN, M. D., C. M., Lecturer on Materia Medica.
G. M. CAMPBELL, M. D., Instructor in Microscopy.
ALBERT H. BUCKLEY, PH. M., Examiner in Mat. Med. and Botany.
FRANK SIMSON, PH. G., Examiner in Chemistry.

The Thirtieth Session will open on Wednesday, Oct. 2nd, 1898, and continue for the seven months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital, have increased the clinical facilities, which are now unsurpassed, every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

The following will be the curriculum for M. D., C. M. degrees:

1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica
(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
(Pass Final M. D., C. M Exam.)

Fees may now be paid as follows:

One payment of	$250 00
Two of	130 00
Three of	90 00

Instead of by class fees. Students may, however, still pay by class fees.

For further information and annual announcement, apply to—

G. CARLETON JONES, M. D.,
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