

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

VOL. IV.—No. 8.

AUGUST, 1892.

Subscription
\$1 per annum.

“HUMANISED MILK,”

AS PREPARED WITH

PEPTOGENIC MILK POWDER

Is the best food for healthy nursing infants, for the same reason that it is the best food for feeble and ailing infants, because it is identical with mothers' milk. By the Peptogenic Milk Powder and process, cows' milk is so modified and converted as to conform remarkably to average healthy breast milk in physical and chemical properties and in digestibility. Peptogenic Powder does not render the milk unnecessarily or unnaturally easy of digestion; it is simply as digestible as mother's milk. "Humanised Milk" is the only exact and rational substitute for mothers' milk.

Sample of Peptogenic Milk Powder and pamphlet sent gratis, upon request to

FAIRCHILD BROS. & FOSTER,
NEW YORK.

THE BEST ANTISEPTIC,
FOR BOTH INTERNAL AND EXTERNAL USE.
LISTERINE.

Formula.—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-hortac Acid.

Dose.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well known antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 pages, embodying:

A Tabulated Exhibit of the action of LISTERINE upon inert Laboratory Compounds:

Full and Exhaustive Reports and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

Microscopic Observations, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph. D., D. D. S., Prof. of Operative and Clinic I Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the cure and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Cystitis, Hematuria Albuminuria and Vesical Irritations generally.

WE HAVE had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of cases, reports and clinical observations, bearing upon the treatment of this class of diseases.

Lambert Pharmacal Company,

SAINT LOUIS, U. S.

RHEUMATISM.

Dietetic Note.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

ALLOWED.—Beef and mutton in moderation, with horse radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

AVOID.—Starchy and saccharine food; all malt liquors, wines and coffee.

LISTERINE AND LITHIATED HYDRANGEA

MAY BE OBTAINED FROM

BROWN & WEBB, of Halifax, or from our Canadian Agent, W. LLOYD WOOD, of Toronto. British Agents, S. MAW, SON & THOMPSON, London.

UNIVERSITY OF TORONTO.

MEDICAL FACULTY.

- WILLIAM T. AIKINS, M. D., LL.D., Professor of Practical Surgery.
 H. H. WRIGHT, M. D., L. R. C. P. & S., U. C., Professor of Principles and Practice of Medicine.
 J. H. RICHARDSON, M. D., M. R. S. C., Eng., Professor of Anatomy (General and Surgical).
 UZZIEL OGDEN, M. D., Professor of Gynæcology.
 JAMES THORBURN, M. D., Edin. and Tor. Univ., Prof. of Pharmacology and Therapeutics.
 W. W. OGDEN, M. D., Professor of Medical Jurisprudence.
 M. H. AIKENS, B. A., M. B., M. R. C. S., Eng., Professor of Primary Anatomy.
 W. OLDRIGHT, M. A., M. D., Professor of Sanitary Science, and Curator of the Museum.
 L. MCFARLANE, M. B., Professor of Clinical Surgery.
 J. E. GRAHAM, M. D., L. R. C. P., Lond., Professor of Clinical Medicine and Medical Pathology, Lecturer on Dermatology.
 A. REEVE, B. A., M. D., Professor of Ophthalmology and Otology.
 A. H. WRIGHT, B. A., M. D., M. R. C. S., Eng., Professor of Obstetrics.
 R. RAMSAY WRIGHT, M. A., Professor of General Biology and Physiology.
 W. H. PIKE, M. A., Ph. D., Professor of Theoretical Chemistry.
 W. H. ELLIS, M. A., M. B., Professor of Applied Chemistry.
 JAMES LOUDON, M. A., Professor of Physics.
 I. H. CAMERON, M. B., Professor of Principles of Surgery and Surgical Pathology.
 DANIEL CLARK, M. D., Professor of Psychology.

LECTURERS, DEMONSTRATORS AND INSTRUCTORS.

- A. B. MACALLUM, B. A., Lecturer on Physiology and Demonstrator of Histology.
 JOHN FERGUSON, B. A., M. B., L. F. P. S., Glasgow, Demonstrator of Anatomy.
 THOS. MCKENZIE, B. A., M. B., Demonstrator of Practical Biology.
 G. H. BURNHAM, M. D., F. R. C. S., Edin., M. R. C. S., Eng., Clinical Lecturer on Ophthalmology and Otology
 GEO. R. McDONAGH, M. D., L. R. C. P., Lond., Instructor in Laryngology and Rhinology.
 W. J. LOUDON, B. A., Demonstrator of Practical Physics.
 O. R. AVISON, M. D., Demonstrator of Materia Medica and Pharmacy.
 JOHN CAVEN, B. A., M. D., L. R. C. P., Lecturer and Demonstrator of Pathological Histology.
 ALEX. MCPHEDRAN, M. B., Lecturer on Clinical Medicine.
 ALEX. PRIMROSE, M. B., C. M., Edin., M. R. C. S., Eng., Lecturer on Topographical Anatomy.
 H. WILBERFORCE AIKINS, B. A., M. B., M. R. C. S., Eng.,
 GEORGE PETEES, M. B.,
 W. B. CAVEN, M. B., L. R. C. P., Lond.,
 G. A. FERE, M. B., L. R. C. P., Lond.,

} Assistant Demonstrators of Anatomy.

The regular course of instruction will consist of four Sessions of six months each, commencing October 1st.

Teaching of Biology, Physiology, Chemistry, Physics, Pathology and Bacteriology in the lecture rooms and laboratories of the new building of the Biological Department, and the School of Practical Science. Largely practical. Facilities unexcelled.

Teaching of Anatomy in the lecture room, dissecting rooms, bone room and anatomical museum of the Medical College. Special attention paid to dissecting.

Lectures and demonstrations in Materia Medica and the final subjects in the Medical College.

Clinical teaching (largely bedside) in the Toronto General Hospital, Burnside Lying-in Hospital, and other medical charities of Toronto.

Fees.—Lectures and Demonstrations: 1st year, \$73; 2nd year, \$76; 3rd year, \$86; 4th year, \$86. Registration for Lectures, \$5.00. Registration of Matriculation, \$5.00. Annual Examinations, each \$5.00. Degree, \$20.00. Hospital Perpetual Ticket, \$24.00. Lying-in Hospital, \$8.00.

The SUMMER SESSION for 1892 will commence the first week in May.
 Fee for Summer Session, \$30.

W. T. AIKINS, M. D., LL.D., *Dean.*

ADAM H. WRIGHT, B. A., M. D., *Secretary.*

Canadian Medical Association.

TWENTY-FIFTH ANNUAL MEETING,

Sept. 21st, 22nd & 23rd, 1892.

THE Twenty-fifth Annual Meeting of the Canadian Medical Association will be held in Ottawa, on Wednesday, Thursday and Friday, 21st, 22nd and 23rd September, 1892.

Members desirous of reading papers or presenting cases will kindly communicate with Secretary as to the title of paper or nature of case, as early as possible. Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby members and delegates may obtain return tickets for one fare and one-third.

Members and delegates will please bear in mind that certificates entitling them to reduced rates *are to be obtained from the Station Agent at the place of departure*; one full fare is to be paid, and upon presentation of the certificate on the return journey, a ticket will be issued at one-third of full fare.

H. S. BIRKETT, General Secretary,

JOHN L. BRAY, President,
CHATHAM, ONT.

123 Stanley Street, MONTREAL.

Established

LEITH HOUSE.

1818.

KELLEY & GLASSEY,

(SUCCESSORS TO A. MCLEOD & Co.)

Wine and Spirit Merchants.

→ **Importers of ALES, WINES AND LIQUORS,** ←

Among which is a very superior assortment of

Port and Sherry Wines, Champagnes, Bass's Ales, Guinness's Stout, Brandies, Whiskies, Jamaica Rum, Holland Gin, suitable for medicinal purposes; also, Sacramental Wine, and pure Spirit (65%) for Druggists.

WHOLESALE AND RETAIL.

Please mention THE MARITIME MEDICAL NEWS.

McGILL UNIVERSITY, MONTREAL.

Faculty of Medicine. Fifty-Eighth Session, 1891-92.

FACULTY :

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Principal and Professor of Natural History.
ROBERT CRAIK, M.D., Dean of the Faculty.

EMERITUS PROFESSORS.

W. WRIGHT, M.D., L.R.C.S. DUNCAN C. McCALLUM, M.D., M.R.C.S.E. G. E. FENWICK, M.D.,

PROFESSORS.

ROBERT CRAIK, M.D., Prof. of Hygiene and Pub. Health.
G. P. GIRDWOOD, M. D., M. R. C. S., Eng., Prof. of Chemistry.
GEORGE ROSS, A. M., M. D., Professor of Medicine.
THOS. G. RODDICK, M. D., Professor of Surgery and Clinical Surgery.
WILLIAM GARDNER, M. D., Professor of Gynaecology.
F. J. SHEPHERD, M. D., M. R. C. S., Eng., Professor of Anatomy and Librarian of the Faculty.
F. BULLER, M. D., M. R. C. S., Eng., Professor of Ophthalmology and Otology.

JAMES STEWART, M.D., Professor of Clinical Medicine
GEORGE WILKINS, M. D., M. R. C. S., Eng., Professor of Medical Jurisprudence and Lecturer on Histology
D. P. PENHALLOW, B. Sc., Professor of Botany.
T. WESLEY MILLS, M.A., M. D., L. R. C. P., London, Professor of Physiology.
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy.
R. F. RUTTAN, B. A., M. D., Assistant Professor of Chemistry, and Registrar of the Faculty.

DEMONSTRATORS, INSTRUCTORS, &c.

JAMES BELL, M. D., Lecturer on Clinical Surgery.
WM. SUTHERLAND, M. D., L. R. C. P., Lond., Asst. Demonstrator of Anatomy, & Curator of the Museum.
GEO. W. MAJOR, B. A., M. D., Inst'r. in Laryngology.
A. D. BLACKADER, B. A., M. D., M. R. C. S., Eng., Instructor in Diseases of Children.
WYATT G. JOHNSTON, B. A., M. D., Demonstrator of Pathology.

T. JOHNSON ALLOWAY, M. D., Instructor in Gynaecology.
F. G. FINLEY, M. D., Asst. Demonstrator of Anatomy.
H. S. BIRRETT, M. D., " "
HENRY A. LAFLUR, B.A., MD., Instructor in Medicine.
GEO. ARMSTRONG, M. D., Instructor in Surgery
JOHN ELDER, B. A., M. D., Assistant Demonstrator of Anatomy.

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 end of the first week in July.

The fifty-ninth session will commence on the 1st 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 70 students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriology carried on.

Recently extensive additions were made to the building and the old one entirely 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 10,000 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.

REQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, have 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

Cholera Infantum

We respectfully call the attention of the Medical Profession
to the great value of

NESTLÉ'S FOOD AS A DIET

in connection with the successful treatment of Cholera Infantum. It is considered indispensable by such authorities as Prof. W. O. Leube, Sidney Ringer, J. Lewis Smith, Prof. Henoch, C. H. Routh, and many others.

MANUFACTURED ONLY AT VEVEY, SWITZERLAND.

THOMAS LEEMING & CO., MONTREAL,
Sole Agents for CANADA.

LONDON. PARIS. BERLIN. VIENNA. SYDNEY. CALCUTTA. HONG KONG NEW YORK.



GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.

MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES :

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.

Send for free book of 80 pages giving articles by contributors to medical literature.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLE ON APPLICATION.

Glycozone is sold only in 4 ounce, 8 ounce, and 16 ounce bottles. Never sold in bulk.

PREPARED ONLY BY

Charles Marchand

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY
LEADING DRUGGISTS.

Laboratory, 28 Prince St., New York

The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

HALIFAX, N. S., AUGUST, 1892.

No. 8.

CONTENTS

ORIGINAL COMMUNICATIONS :	PAGE	SELECTIONS :	PAGE
A Case of Hysterectomy.—By Drs. Stewart and Ings.....	141	The Spinal Column in the Infant, etc.....	153
Cataract Operation by the method of simple extraction without Iridectomy.—By E. A. Kirkpatrick, M. D.....	144	EDITORIAL :	
SOCIETY PROCEEDINGS :		A Word on Business.....	149
Nova Scotia Medical Society.....	147	Summer Diarrhœa.....	150
New Brunswick Medical Society.....	147	Royal Commission on the Liquor Traffic.....	151
		NOTES AND COMMENTS :	
		Peroxide of Hydrogen, etc.....	159
		REVIEWS :—Life of the late Dr. Botsford.....	159

Original Communications.

A CASE OF HYSTERECTOMY.

BY DRs. STEWART OF PICTOU AND INGS
OF NEW GLASGOW.

Mrs. C., aged 41, consulted Dr. Hector MacKay of New Glasgow early last March on account of pains in her stomach, and sciatica.

From the signs, symptoms and history about to be related, Dr. MacKay diagnosed uterine fibroma, and Dr. Ings, who was called in consultation, confirmed the diagnosis, and advised an operation.

On March 9th, I saw the patient with Dr. MacKay and Dr. Ings, and agreed with them as to the nature of the case and the necessity for operative interference.

The general health of the patient had always been fair. She had been troubled for years with attacks of sciatica, and she also had been aware for several years of the existence of a "lump" in the lower part of her abdomen, but thought nothing of it as it was painless

and gave her no annoyance. It had of late increased rapidly in size. She had been married a little over a year, and had menstruated regularly until the first of January of the present year.

She had always suffered a good deal of pain at the menstrual epochs, but ever since the last period there had been almost continuous pelvic uneasiness, with severe bearing down pain and frequent and scanty micturition. There was constipation, and the motions had lately become slender and flattened. The sciatica had also been much more severe.

All these symptoms, indicative of intrapelvic pressure, were rapidly becoming worse, and the patient, who had done all her household work unaided until three or four days previously, was now obliged to keep her bed.

On examination a firm, rounded tumour was found occupying the position of the pregnant uterus and rising midway between the umbilicus and the ensiform cartilage. It had the appearance of a pregnancy of about six months. It was slightly movable from side to side. Towards each groin a smaller

firm swelling could be indistinctly felt. A *bruit* similar to the placental *bruit* was heard below the umbilicus, but no fetal heart sounds could be heard.

On examining *per vaginam* the pelvis was found to be completely blocked by a firm rounded tumour. The impression conveyed was that of an enlarged retroflexed uterus, but though the finger could be pushed some distance between the tumour and the symphysis pubis, the cervix could not be felt.

Examination of the rectum showed that the tumour jammed it tightly against the sacrum.

This pelvic tumour was not tender on pressure, it was firmly wedged in the pelvis, and pressure in various directions and with the patient in the dorsal, lateral, and genu-pectoral position, failed to move it in any way.

There were various points in the case in which an exact diagnosis was difficult. In the first place, did pregnancy exist? If so, was it a two months' pregnancy dating from the cessation of the catamenia, or was it one of longer standing corresponding to the increased size of the abdomen, and during which there had been spurious menstruation.

The *bruit* heard in the hypogastrium was not of much diagnostic value. If really placental it was in favour of the latter view.

Then there was some doubt as to the relation of the abdominal and pelvic portions of the tumour. The former was somewhat movable, the latter was immovable. Was this a retroverted gravid uterus with a pedunculated fibroid in the abdomen? Or was it possible the abdominal tumour was ovarian?

The rapidity of its growth was in favour of its being ovarian, but the pelvic portion of the tumour was also growing rapidly with correlative increase of pressure symptoms. The fibroid tumours of the uterus have been known to grow rapidly, and this is, perhaps, always the case during pregnancy.

As I have already stated, we arrived at the conclusion that this was a case of fibroma of the uterus, stimulated into

rapid growth by the occurrence of pregnancy.

On the 14th of March Dr. Ings and I performed hysterectomy. The anaesthetic was administered by Dr. Hector MacKay, and we had the kind assistance of Dr. J. W. MacKay, of Thorburn. The patient had lost strength markedly during the previous four or five days. Her pulse was 96 and small, and her temperature had been subnormal (97°4) for twenty-four hours. The diet had been carefully regulated, and the bowels cleared out by purgatives and enemata.

The abdomen was thoroughly scrubbed with soap and water, and then with a 1 to 20 solution of Carbolic acid, and our hands were disinfected in the same way. The instruments, ligatures, etc., after lying for some time in a 1 to 20 solution, were kept in a 1 to 40 solution of Carbolic acid. For the sponges we used a 1 in 5000 solution of perchloride of mercury.

Half an hour before beginning the administration of chloroform, Dr. MacKay gave the patient fifteen minims of tincture of digitalis in two drams of brandy.

We made an incision in the median line about three and a half inches in length from the umbilicus downwards, picked up the peritoneum with catch forceps, incised it and enlarged the wound with scissors to the full length of the incision in the skin, and exposed the tumour and the bladder, which we had purposely left undrained, and which had been dragged up halfway to the umbilicus. On exploring with the hand we found a large rounded tumour, reaching as high as the diaphragm, and free from adhesions. From its lower part the broad ligaments could be traced outwards towards each side. It was evidently the enlarged uterus.

Below and behind this tumour, and connected with it by a short flattened pedicle apparently about three inches in width and about one in thickness was another mass, irregularly rounded and nodular, extending downwards into the pelvis and immovable. It completely

filled the pelvic inlet, so that we could not insinuate our fingers between it and the brim. Although exceedingly doubtful of our ability to remove this portion, we decided to carry on the operation.

The enlarged uterus was turned out, but the shortness of the pedicle connecting it with the pelvic tumour prevented our moving it as freely as was desirable, and considerably hampered our proceedings. We first secured the left broad ligament. We found the veins exceedingly brittle, so that on tightening the ligatures some of them gave way and bled; so we put a clamp on the ligament and tied again more carefully. The right ligament was then tied off in sections in the same way. Then we dissected the bladder from the anterior wall of the tumour, snipping through the utero-vesical fold of peritoneum with scissors, and tearing through the loose connective tissue with the finger, and so came down on the cervix. The bladder was then drained. We next ligatured the uterine arteries and transfixed the supravaginal portion of the cervix with a double ligature of strong silk. At this juncture a large vein in the pedicle of the pelvic tumour gave way, but bleeding was easily controlled by digital pressure until forceps were placed on the vein and the pedicle secured by a Keith's clamp.

We now tied a piece of rubber tubing tightly round the cervix, and then cutting through the cervix above the ligatures, and through the broad ligaments and the pedicle, the uterus was removed.

While endeavoring again to insinuate our fingers between the pelvic brim and the tumour, it suddenly slipped up somewhat out of the pelvis. The fingers passing downwards felt a band of tissue connecting the tumour with the posterior wall. It was at first feared this was the rectum, enclosed in the growth, but it turned out to be a simple adhesion, and was snipped through with scissors after ligation.

We now substituted Keith's clamp for the rubber tubing on the pedicle, which we treated by the extra peritoneal method.

There had been really very little bleeding, and this was entirely venous, but the patients' strength was failing and she was looking very badly. Dr. McKay had substituted ether for chloroform, and had administered two hypodermic injections of digitalis, seven or eight minims each time. The pulse improved perceptibly on each occasion. Brandy was also given hypodermically.

We douched the abdominal cavity with hot 1-5000 sublimate solution and sponged dry. The abdominal incision was sutured as rapidly as possible with continuous suture and dressed with iodoform and iodoform gauze, packing this carefully round the stump, which was brought out at the lower part of the wound. Over this was placed a pad of alembroth wool held down by adhesive plaster and over all a domett bandage. No drainage tube was used.

The patient was then carried to bed. It was for some time very doubtful if she could rally. The pulse was at times imperceptible. We kept the lower limbs elevated and the head low. Assiduous friction was employed, several hot water bottles were placed beside her and one was held over the heart. Brandy was given hypodermically; in all, about a dozen syringefuls were given. Digitalis and strychnine were also injected in the same way.

In about an hour reaction set in and the pulse improved in strength but became very rapid. At 5 p. m. the temperature was 99° 2 and the pulse 130. The pulse however became quieter towards evening. The patient was soon able to take small quantities of nourishment, and on the following day her condition was such as to warrant hopes of her recovery. Her strength failed however, and without any indications of inflammation or of hæmorrhage she gradually sank and died at 2 a. m., on the 16th—about thirty-six hours after the operation. There was no postmortem.

On slitting up the uterus through the cervical canal the foetal sac was exposed and in it was seen a foetus of about six weeks or two months.

Two small secondary outgrowths sprang from the uterine tumour, one was sessile—the other had a short broad pedicle. There were fibroid nodules in the walls of the cervix.

The pelvic tumour was much harder and very nodular.

JOHN STEWART.

CATARACT OPERATION BY THE METHOD OF SIMPLE EXTRACTION WITHOUT IRIDECTOMY, WITH REPORT OF CASES.

Read before the Maritime Medical Association Halifax, N. S., July 7th, 1892,

BY DR. E. A. KIRKPATRICK, HALIFAX.

Mr. President and Gentlemen,—Before the introduction of cocaine the method known as simple extraction without iridectomy as an operative procedure in the operation for cataract was unsuccessfully followed for a short time by a number of European and American surgeons who finally abandoned it as unsatisfactory. Quite recently, a number of operators, such as Dr. Weeker, Panas, Knapp, Bull, Webster and others have adopted it with very gratifying results.

Having given this method a trial in eight consecutive extractions during the past year I take this opportunity to place on record the results of these operations and at the same time to draw the attention of this Society briefly to the mode of procedure. Not being connected with any hospital, and therefore my cases being entirely confined to private practice, it might be presumed that I had selected duly favorable cases for operations. This was not the case, as cataracts are not sufficiently numerous to permit such selection. I would not recommend this method however, when we fail to get a moderately dilated pupil while the local anaesthesia of the eye is

being produced, in cases with old synechia presenting nor in very soft cataracts. Briefly the method of operating is as follows:

Preparation of patient.—I invariably prescribe a gentle laxative the day previous to the operation, and, when necessary, the free use of the bath. I require that the patient shall be placed in bed—the one to be occupied during the whole course of the treatment—at least a half hour before the hour fixed for the operation. I thus avoid any exertion or even movement of the patient just before or after the operation. Before attending to the patient the hands of the operator are thoroughly cleansed with soap and hot water, while the instruments are sterilized by holding them in boiling water for a few minutes. I then irrigate freely the conjunctival cul-de-sac with a solution of mercuric bichloride 1-8000. These simple precautions in the way of preparing the patient lessen the cases of prolapsed iris, hæmorrhage and suppuration in the wound.

Local anaesthesia is then commenced by using two or three drops of 4 p. c. solution of cocaine hydrochlorate. This is repeated in three minutes, and again in five minutes, when the eye is usually ready for operation. If at this time I find the pupil has not dilated sufficiently, I wait four, six, eight or ten minutes. A valuable precaution is to have the eye-lids close, during this time of anaesthesia. The patient is now ready for operation.

Technique of the Operation.—The writer always stands behind the patient and operates on the right eye with the right hand and on the left eye with the left hand. This position taken the speculum is introduced and with the fixation forceps held in one hand the conjunctiva over inferior rectus muscle is grasped so as to include the sub-conjunctival tissue, while the other hand holds the straight narrow cataract knife. The point of the knife is introduced from the temporal side so that the entire length of the incision will amount to

CATARACT OPERATIONS.

No.	Name and Residence.	General Health.	Age.	Date of Operation.	Quality and Duration of Cataract.	Healing Process, Remarks, etc.	Reduction of Iris.	Secondary Operation.	Notes.
1	Mr. W. E. B., St. Margaret's Bay.	Good	75	July 30, 1891.	Senile, soft—4 months	No accident; smooth recovery; opaque membrane in pupil.	Spontaneous.	Keratitis on 28th day.	20 50
2	Mrs. A., Mill Village.	Good	50	Oct. 3, 1891.	Senile, hard—2 years.	No accident; very rapid recovery; patient went home at end of 3 weeks.	Spontaneous.	None.	20 20
3	Mr. K., Halifax.	Good	72	Nov. 28, 1891.	Senile, hard—3 years.	Some orbital matter left which blocked pupil; for 3 days iris lay in contact with cornea; no pain; recovery smooth.	Spontaneous.	None.	20 30
4	Mrs. C., Halifax.	Good	73	Dec. 15, 1891.	Senile, hard—3 years.	Very rapid recovery; clear circular and freely movable pupil.	Spontaneous.	None.	20 20
5	Mr. C., Sydney.	Good	19	Jan. 4, 1892.	Traumatic—10 years.	Tough and thick capsule; no accident; recovery rapid.	Spontaneous.	Opaque membrane slit with Knapp's knife and good opening secured.	20 200
*6	Mr. S., Halifax.	Good	67	Feb. 13, 1892.	Senile, soft—2 years.	Cortical matter left in pupil; prolapse of iris; healing good; no iritis.	By Spatula.	Keratitis time and again in July.	20 100
7	Mrs. H., Halifax.	Fair	70	April 2, 1892.	Senile, hard—4 years.	Perfect recovery; no pain; freely movable pupil.	Spontaneous.	None.	20 30
8	Mrs. B., Gaspereaux.	Good	57	May 12, 1892.	Senile, hard—3 years.	Prolapse of iris, but smooth recovery followed; no pain.	By Spatula.	Keratitis on 28th day.	20 70

Case No. 6 was reported as a partial success, but has since been converted into a success by a secondary operation.

two-fifths of the circumference of the cornea—the whole being made in clear cornea. A conjunctival flap is avoided thereby lessening the liability of primary infection because of a large wound. Such a flap is also thought to favor prolapse or incarceration of the iris. In only one of the cases which I am reporting did a prolapse of the iris take place, and that not until the expulsion of the lens.

The knife should be carried rapidly across the anterior chamber and the completion of the section should also be rapidly made.

The iris now lies in contact with the cornea, hence the capsulotome is passed very carefully between the two and well to the nasal side of the capsule—a T shaped incision being made. At this stage of the operation some operators remove the speculum. I prefer to leave it in position until after the expulsion of the cataract. In cases of complicated cataract, however, I would remove the speculum after capsulotomy. In expelling the cataractous lens two spatulas are used—one narrow and one broad. The narrow one is used to make pressure on the eye-ball above the wound while the broader one makes pressure on the lower part of the cornea—the force being carefully directed backwards and upwards when the wound will open and the lens present between its lips and be expelled. The speculum is now removed and the lids allowed to remain closed for one or two minutes. The pupil is then carefully examined and if soft lens matter remain an endeavor should be made to expel it by massage of the eye-ball through the lids and by the use of the spatula over the cornea. After a free instillation of bichloride solution one or two drops of a solution of eserine, 1-5 of 1% are dropped into the cul-de-sac to contract the pupil and thus insure the retraction of the iris from the corneal wound.

Dressing.—A piece of aseptic absorbing cotton is soaked in the bichloride solution 1 to 8000 and placed over the

eye, over this a square of oil silk and then a considerable quantity of absorbing cotton—all held in place by the firm application of a flannel bandage 1½ inches wide. I always bandage both eyes for 3 or 4 days.

Advantages of Simple Extraction.—

- 1st. No pain as the iris is not cut.
- 2nd. No hæmorrhage as there is no iridectomy. This, of course, is a great advantage as free bleeding often takes place in all other forms of cataract operations which not only delays the operation some minutes but may even necessitate the abandoning of the completion of the operation for weeks.
- 3rd. It is a shorter operation.
- 4th. Vision is usually better than by any other operation.
- 5th. The cosmetic effect is perfect—a circular, central and movable pupil resulting.
- 6th. The wound is less likely to be occupied by small particles and excite irritation.

The disadvantages.—

- 1st. It is a more difficult operation because of the liability of the iris to fall before the knife and the natural obstruction of the iris to the free passage of the cataract. To prevent the former the knife must be passed through the anterior chamber rapidly.
- 2nd. The remains of cortical matter are with greater difficulty expelled.
- 3rd. The necessity of a moderately dilated pupil, which is impossible to secure in some cases.
- 4th. Secondary operations are more difficult after cataract operations without iridectomy.

By reference to the table a concise report of the cases will be seen. Three of the cases were operated upon in the Church Hospital and five in private houses. While placing these consecutive successful cases on record I wish to thank Doctors Jones, Cowie, Curry, Trenaman, Chisholm and Slayter, for valuable assistance rendered.

Society Proceedings.

NOVA SCOTIA MEDICAL SOCIETY.

NOMINATING COMMITTEE OF THE N. S. MEDICAL SOCIETY FOR 1892.

Chairman.—Dr. D. A. Campbell, Halifax.
 Dr. C. J. Fox, Pubnico.
 Dr. R. A. H. MacKeen,
 Cape Breton.
 Dr. Burgess, Hants Co.
 Dr. Morrison, Oxford.
 Dr. W. S. Muir, Truro.

OFFICERS FOR 1892-93.

President—Dr. Stephen Dodge, Halifax.
 1st Vice-President—Dr. R. A. H. MacKeen, Cow Bay.
 2nd Vice-President—Dr. C. J. Fox, Pubnico.
 Secretary and Treasurer—Dr. W. S. Muir, Truro.

Committee on Medicine.—D. A. Campbell, John McIntosh, J. A. Sponagle, G. W. Bliss, H. H. McKay.

Committee on Surgery.—E. Farrell, C. A. Webster, D. C. Allan, F. Burgess, N. E. McKay, A. S. Kendall.

Committee on Obstetrics.—A. C. Page, J. N. Mack, Carleton Jones, D. N. Morrison, J. J. Cameron, J. M. McKay, F. W. Kelley.

Committee on Therapeutics.—M. Chisholm, A. D. McGillvary, W. B. Moore, F. A. Kinsman.

Committee on Sanitation.—Wm. McKay, J. A. Byers, G. E. DeWitt, J. W. McKay, T. C. Lockwood.

Next place of meeting: Bridgewater, first Wednesday in July, 1893.

Local Committee.—Drs. Calder, Foster, Marsh and Jenkins.

Dr. D. A. Campbell moved, and Dr. Burgess seconded, the following resolution, which passed:

“That the President and Secretary of the N. S. Medical Society be a committee to carry out the instructions of the Cogswell bequest to the Medical Society of Nova Scotia.”

Dr. A. J. Cowie moved, and Dr. N. E. McKay seconded, the following, which passed:

“That the President and Secretary of the Medical Society of N. S. be appointed temporary trustees of the Cogswell bequest, with instructions to look after this money and invest it in Dominion of Canada securities.

NEW BRUNSWICK MEDICAL SOCIETY.

The twelfth annual meeting of this Society was held in the Oddfellows Hall, Saint John, on Tuesday and Wednesday, July 19th and 20th. The meeting was largely attended, there being fifty-seven members present, and proved very successful. The papers read were interesting and well discussed. The following members were present:—Drs. Thos. Walker, Jas. Christie, J. W. Daniel, Wm. Christie, J. H. Wilson, E. Reavley, G. C. Crawford, F. H. A. Wetmore, Foster MacFarlane, O. D. McDonald, F. L. Kenney, J. G. Hetherington, D. E. Berryman, C. R. Allen, J. O. White, H. B. Hay, C. T. Purdy, G. C. Danwart, J. F. Teed, G. A. Hetherington, H. H. Coleman, A. F. Emery, J. A. McCarron, R. Harrison, Wm. Bayard, J. C. Sharp, W. S. Morrison, T. O. Walker, Murray MacLaren, J. A. Simon, M. F. Bruce, J. C. Brown, P. R. Inches, S. F. Wilson, J. Z. Currie, E. J. Broderick, G. A. Melvin, H. McAlpine, H. G. Addy, W. W. White, B. A. Marvin, T. C. Murray, O. J. McCully, A. Moore, T. J. Lawson, B. Travers, J. G. Nugent, J. H. Ryan, J. A. Steeves, J. H. Jonah, A. G. Clarke, J. Berryman, J. B. Travers, G. A. B. Addy, J. H. Morrison, W. Sheffield.

July 19th.—Sessions 10.30 to 1 and 3 to 6 p. m. As the president, Dr. J. E. Church, was unavoidably absent, the first vice-president, Dr. J. W. Daniel, took the chair. After reading the minutes, the treasurer made his report, showing a balance on hand of \$233.87. Dr. E. Reavley read a paper entitled, “Analogy between Grippe and Dip-

theretic Paralysis." This was an interesting paper, and dealt fully with the nervous lesions in la grippe.

Dr. F. H. Wetmore then read a paper on "Floating kidney," and quoted several cases.

The election of officers resulted as follows:—

President—Dr. J. W. Daniel, St. John.
1st Vice-Pres.—Dr. J. C. Sharp, Marysville.

2nd Vice-Pres.—Dr. A. F. Emery, St. John.

Treasurer—Dr. F. MacFarlane, Saint John.

Secretary—Dr. G. A. B. Adly, St. John.

Corres. Sec.—Dr. E. Reavley, Canterbury.

Trustees—Drs. Geo. A. Hetherington, O. J. McCully and Murray MacLaren.

In the evening the visiting brethren were entertained at a concert at the Opera house.

July 20th. Session 10.30 to 1.

On motion, Frederickton was chosen for the next place of annual meeting, and the following local committee of management was chosen: Drs. J. C. Sharp, T. C. Brown, J. Z. Currie, G. E. Coulthart, G. C. Danwart.

Dr. O. J. McCully then read "A few medical opinions confirmed by experience," a paper which dealt with several very practical points, and was followed by Dr. Geo. G. Melvin, who read a paper on "The conduct of normal labour," which drew out a full discussion.

The Medical Registrar reported among other things that during the past year six practitioners had been added to the Register, and that the income for the year collected from all sources amounted to \$322.50. The proceedings were then brought to a close.

ANATOMY.

THE SPINAL COLUMN IN THE INFANT.
—Dr. J. W. Ballantyne (*Edinburgh Medical Journal*) says:

The total length of the body of the infant at birth is about two and a half times that of the spine. This is due not so much to the lower limbs, which are relatively short, but to the head, which is large at this time of life.

In the case of premature infants (six or eight months' fetuses) the cervical and lumbar regions of the spine are practically equal in length; but in well developed, full-time infants, the lumbar part of the vertebral column is longer than the cervical, although not so much longer as it is in adult life, when the lumbar spine is to the cervical as 3 to 2. (In the infant the proportion is approximately as 5 to 4).

In the infant the spine is very flexible, and this flexibility is due not only to the imperfectly ossified condition of its segments, but also to the weak muscular action at this age.

There are no fixed curves in the infant's spine save that caused by the slight projection of the sacral promontory; those that are seen in frozen sections are due to the position of the body during freezing, and vary with the changes which the position may undergo.

Whilst there are no *fixed* curves in the spinal column in the infant, at general curvature of the spine above the sacral promontory usually exists (as it did also in foetal life), and this has an anterior concavity (kyphosis).

If the bones be unusually soft and muscles weak (as in rickets), and also if the infant be encouraged to sit up at too early an age, this natural and temporary infantile kyphosis may become pathological and permanent. Under similar conditions other wrong curvatures of the spine may also be produced. In the new-born infant the characters of the facets of the occipito-atlantoid articulations are not such as to permit of safe and extensive movements.—*Amer. Lancet.*

The Victoria General Hospital, Halifax, is undergoing further improvement.

Maritime Medical News.

AUGUST, 1892.

EDITORS.

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

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

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

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

DR. MORROW,

Argyle Street, Halifax.

WE must thank those of our subscribers who, having, no doubt entirely through inadvertence, allowed themselves to get into arrears with their subscriptions, readily met us half way in our attempt to collect some of these arrears, by accepting our drafts for the small amounts owing.

We appreciate their prompt and friendly response and trust that they fully reciprocate the frank common-sense — crediting spirit in which we adopted this mutually convenient manner of squaring up small accounts which often remain unsquared because of their smallness and because of forgetfulness.

As we (to speak openly) anticipated one or two failed to grasp the spirit of the occasion. We have before now seen a man

highly indignant at its being suggested to him, it would be agreeable if a small account owed perhaps, for one, two, or more years, were settled. That is a phase of human nature. The man might be a very decent fellow too, but a little bit astray on the view he took (for the moment) of that matter.

Every intelligent reading man understands now that some journals stop the day that the time they are prepaid for is up; that many more are continued on the presumption by the publisher that the subscriber would have given notice if he wished the paper stopped. This custom became so universal and so well understood that the law recognizes a subscriber liable if he continues to receive the paper without any dissent or expression of wish to the contrary.

So far as the MARITIME MEDICAL NEWS is concerned, we desire to press it upon no one who does not want it, and at the present moment it is only sent to those who are understood to have had at some time ordered it. Furthermore we have no intention whatever of sending it to any trusting that in their natural disinclination to bother they will not refuse it, so that we can in due time forcibly collect a subscription bill of several years standing. We have no intention of enforcing a single subscription; because it would only be by an error that any one would receive the Journal who did not want it. Any

who do not want it we do not intend to make pay for it.

At the same time we think that any who have constantly received it, but did not want it, might have informed us to that effect before one or two years had elapsed.

However the number who have professed themselves in that position is not half a dozen, and we only make these remarks to attempt to remove an impression that one or two seemed to have that we were trying very hard to make them take the NEWS.

In justice and with thanks to nearly all our subscribers we must say that our business relations have been perfectly pleasant.

We are now in the midst of the season when the youngest members of our families have more than their share of ailments. The rightly dreaded summer diarrhoea attacks the young ones of many homes and the family physician is looked to, to, if not avert, at least stay and cure the malady. Some mothers have learned by experience and teaching how to avoid the onset of the diarrhoea. Others have not had the opportunity of learning, or, lacking a large quota of practical common sense and thoughtfulness, do not take precautions that are at once necessary and the necessity of which is easily intelligible. It will perhaps not be profitless to consider a few of the principles that should guide us in dealing with this summer diarrhoea of children.

1st. Prophylaxis. In some way undoubtedly associated with the hot weather, the alimentary system is peculiarly susceptible to irritation. Dietary indiscretions will at this time lead to enteric irritation and catarrh that at other times would have little if any disturbing effect. Again, disturbance in any part of the system from teething or any other cause, will now constitute a predisposing cause of alimentary irritation, when at other times this tendency may be less pronounced. The evident indication for the physician is to advise "let well alone," and if the mother is contemplating a change or advance in the diet which has hitherto agreed with the child to advise that some other time be chosen for instituting the change than the month of August. It will also be wise, while approving of giving the child plenty of fresh air, and a fair proportion of time out of doors, to warn against exposing the child to the strong heat of the sun at midday, and to minimise as far as possible the direct disturbing effects of the hot sun and atmosphere.

2nd Treatment.—A child with summer diarrhoea has, as a rule, a catarrhal condition of the bowels. Furthermore there are frequently present foetid stools indicating an extreme degree of intestinal sepsis and irritation.

Where the stools are foetid it will generally be wise to commence with an effort to free the

WYETH'S ELIXIR PHOS. IRON, QUIN. AND STRYCH.

Each fluid drachm contains two grains of Phosphate of Iron, *one grain of Quinine*, and one-sixtieth grain of Strychnine in simple Elixir, flavored with Oil of Orange. **ADULT DOSE.**—One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed robust health. It is rendered palatable and efficient by the use of only pure alkaloids of Quinine and Strychnine, excess of acid being avoided. Alternation with our Beef, Wine and Iron is recommended, for the reason that sensitive patients are rendered extremely nervous and "fidgety" by the long continued employment of Strychnine.

PLEASE SPECIFY WYETH'S IN PRESCRIBING.

WYETH'S ELIXIR GENT. WITH TINCT. CHLOR. IRON.

Each dessertspoonful contains ten minims of the official Tincture Chloride Iron. Four grains of Quinine Sulphate will dissolve in an ounce of the Elixir, without the addition of any acid, the solution being beautifully clear. If a larger quantity be prescribed, the usual amount of acid per grain must be added. **DOSE.**—Adults, one dessertspoonful; children, one-half to one teaspoonful.

The combination of Gentian with Iron in this form supplies a simple bitter with an active hæmatinic, free from the styptic taste of iron preparations in general. It can be taken in small doses, by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with Quinine and alternated with arsenical preparations.

It is especially indicated to correct relaxed conditions of the gastro-intestinal tract, whether or not associated with anemia.

KINDLY DESIGNATE WYETH'S IN PRESCRIBING.

WYETH'S ELIXIR OF PHOSPHORUS.

Each fluid drachm contains one-hundredth grain of Free Phosphorus.

WYETH & BROTHERS Elixir of phosphorus is prepared with great care, and will prove efficient in the treatment of the limited number of cases in which this remedy is specially indicated. It will be found of service in all low conditions, associated with profound depression of the nervous system, such as the later stages of pneumonia and influenza, and also in the hypostatic congestion occurring in typhoid fever and other protracted disorders. It is likewise well adapted to the treatment of certain neuralgias, paralyses, insomnia and impotence. The most satisfactory results follows its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

In addition to the Elixir Messrs. Wyeth & Bros. manufacture a number of pills, containing Phosphorous in combination with other medicaments, descriptive circulars of which will be sent to physicians on application.

DAVIS & LAWRENCE CO., Limited.

Agents, MONTREAL

TRADE SUPPLIED BY ALL WHOLESALE DRUGGISTS.

In corresponding with advertisers please mention Maritime Medical News.

WYETH'S SYRUP WHITE PINE AND TAR.

WE desire to ask the attention of the medical profession to this invaluable expectorant, which after an expenditure of much time and study, involving considerable experimental work, Messrs. Wyeth & Bro. have been enabled to perfect; and we take pleasure in presenting to the profession a medicated syrup, which for beauty and efficiency we feel assured cannot be surpassed.

This preparation represents, combined in the most palatable form, the following ingredients: White Pine Bark, Wild Cherry Bark, Spikenard Root, Balm of Gilead Buds, Blood Root, Sassafras Bark, Morph. Sulph., Chloroform and Tar. These are combined and incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, this syrup certainly possesses exceptional merit, and in the opinion of a number of our leading physicians, has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles. The introduction of Tar is certainly of inestimable value, for it not only contributes to the moderation of the cough by the promotion of expectoration, but, at the same time, allays nausea and increases the appetite and digestive power.

Practical physicians need hardly be told how frequently ordinary cough-remedies and expectorants fail; the agents that *relieve* the cough *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough, it is of vital importance to maintain the nutrition, the value of a remedy acting as Wyeth's White Pine and Tar can be readily appreciated.

Its efficiency is likewise manifest in relieving that obstinate and persistent irritation that frequently accompanies the development of pulmonary affections. The quantity of Morphia Sulphate which is incorporated is just sufficient to exercise a calmative effect, and yet so minute as to be free from those objections which frequently characterize preparations of this kind.

In coughs, colds, and similar affections, such as hoarseness, sore throat, etc., whether recent or of long standing, it will be found to give immediate relief.

Per Demijohn 128 fl. oz.....	\$5.00.
Per Winchester 80 fl. oz.....	3.50.
Per dozen Bottles of 16 fl. oz.....	9.00.

The prices of Wyeth's Syrup White Pine Comp. without the addition of Tar, same as above.

ADDRESS ALL ORDERS TO

Davis & Lawrence Co., (Limited),

MONTREAL,

GENERAL AGENTS FOR CANADA.

bowels from their septic irritating contents. This is usually done by administering a dose of castor oil. When the bowels have been relieved from what we may term auto or internal irritation then the first aim and care must be that nothing irritating be introduced from without. If the food being used may possibly irritate, or if there is proof of this, say, by the excreta consisting of partly undigested milk or other material, a clear indication is to either partly pre-digest by one of the pepsin or pancreatic products or to alter the material of the diet.

The use of such preparations as Fairchild's peptonising tubes or some other form of thoroughly reliable and tested products, will often work wonders.

As to medicines we will say little. The sedative astringent action of such remedies as lime water and Bismuth subnitrate is well understood. The added anti-septic action of such salts as the Bismuth silicylate is also known. The use of a little opiate when pain is considerable from accentuated peristaltic action due to the irritation should also be pretty well understood.

We would only suggest a trial of the sulpho-carbolate of zinc in small doses. This salt is certainly useful in many cases. Ipecac is often beneficial, and the use of the powder should not be lost sight of. Brandy when strength and inclination for food lessen is probably the best

alcoholic stimulant. But the cardinal principles of treatment are first remove, and secondly avoid causes of intestinal irritation.

WE must confess to sharing in what seems to be a somewhat general opinion that the Royal Commission on the liquor traffic that is just about completing its labours in the Maritime Provinces cannot be considered a success from any point of view.

The most successful possible feature of such a commission would be the eliciting of an array of facts which, when classified, should afford a basis for intelligent action one way or the other.

In this regard, so far as we can judge, the present commission is a complete failure.

From the questions asked, and from those which were not asked, we have concluded that however worthy of respect in their particular spheres of life work the members of the commission doubtless are, they have a peculiar and altogether inefficient conception of the character of the special duties expected of them, and completely fail to grasp the admirable opportunity of performing a great and useful work in the interests of the social life of their country.

The evidence (so-called) collected is almost totally valueless. All sorts and conditions of men have been asked their opinion on this and that law, or as to the desira-

M. P. P.

MALTO PEPTONIZED PORTER,

FOR INVALIDS, CONSUMPTIVES, AND DYSEPTICS.

THIS combination, containing the finest quality of *PORTER* imported from the Messrs. A. Guinness, Son & Co., Limited, of Dublin, together with *PEPSIN* (the digestive power of 10,000 grains of albumen to the bottle), *EXTRACT OF MALT*, and *DANDELION*, appeals to the understanding of the Profession as being well adapted to a numerous class of cases.

In 1400 bottles given to medical men, as samples, positive *GOOD RESULTS* can be given from over 200 answers received from those by whom *Malto Peptonized Porter* has been thoroughly tested and used. There has *NOT BEEN ONE SINGLE FAILURE* reported, but all pronounce that it is the most perfect concentrated liquid food, tonic, and *antidyspeptic* preparation ever put before them.

In no single instance has it been rejected by the most delicate stomach.

Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach retaining food.

In the many cases in which *Malto Peptonized Porter* may be indicated are the following:

- (a) **Convalescence from acute diseases—such as typhoid fever.**
- (b) **Atonic Dyspepsia.**
- (c) **In persons of Consumptive tendencies. Here it has been found to be a most perfect substitute for Cod Liver Oil—the malt giving the fat-producing elements necessary to the supply of the wasted tissues, with the other ingredients furnishing the tonic and stimulating effects required.**
- (d) **In the treatment of cases of Alcoholism. In all cases in which it has been used it has answered admirably in allaying the irritation, vomiting, and consequent desire of stimulants of an unhealthy nature.**
- (e) **In wasting diseases of children.**
- (f) **For administration to nursing mothers.**
- (g) **Where there is sleeplessness from flatulence, over-taxed brain and nervous system.**

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

—ON APPLICATION TO—

THE MALTO PEPTONIZED PORTER COMPANY,
(LIMITED,)

TRURO, NOVA SCOTIA.

Please mention "The Maritime Medical News."

bility of this or that bit of proposed legislation. It did not seem to occur to the worthy commissioners that citizens are accustomed to express their opinions on such matters at the polls.

Then, there was an almost complete lack of any attempt to gain the only kind of information that was worth gaining, namely, statement of fact as to the effects of liquor as regards health, crime, thrift, poverty (with resulting support by public money) provision for family after death, social contentment and happiness, etc., and such facts as might have been looked for from physicians, members of the legal profession, and carefully chosen representatives from every class of society.

Founded upon a mass of such information recommendations of certain legislation might have been made, and the wishes of the electors in regard to any proposed legislation then tested at the polls. As it is, no sound conclusion can be drawn from the class of testimony gathered and any recommendations made by the commissioners can only then embody the opinions which perhaps would have been more soundly based at the commencement of their sittings than after a confused consideration of the heterogeneous mass of opinion which is daily recorded as testimony.

All will regret to hear of Dr. Bayard's severe accident, the worthy gentleman having fractured his leg, we believe in getting in or out of his carriage.

Selections.

A STUDY OF HYPNOTICS.

BY ARCHER ATKINSON, M. D., Late Professor of Materia Medica, Member of the Baltimore Microscopic Society, etc.

It is worth our while to differentiate between natural sleep and that condition of insensibility induced by the different forms of opium or of chloral, under legions of names, all of which require increasing doses to bring on sleep, often with most distressing after-effects to the individual.

Hypnotics need not come under the head of narcotics, though they do impart quiet to the nervous system, and are to that extent narcotics and sedatives. Late advances in therapeutics teach us that sleep may be produced independently of any form of opiates or other brain stupefiers, which it is important to impress on patients, as it is no uncommon event for death to follow the administration of sleep-producing drugs used in ignorance by the victims of sleeplessness, and where death does not ensue their use is too apt to bring on the destructive and distressing opium, chloral or chloroform habit.

Sleep is as necessary to man as food and drink. Nothing is so distressing and debilitating as the inability to sleep. Quietude and darkness both favor the condition of sleep, as seen in fowls and domestic animals. Even the most nervous man can sleep away up in the stillness and loneliness of the high altitudes of the Allegheny Mountains; the busy city man, relieved from business cares, with his overtaxed brain at rest, and the victim of a misspent life and of too free indulgence, who passes his nights tossing "as on a demon-haunted shore," may find sweet repose amid the high peaks of the silent mountain.

On the other side, a too rapid descent into a heavier atmosphere occasions

restlessness from insufficiency of inspiratory efforts, as was recently seen in a child just arrived in this city from Prescott, Arizona. Here was great dyspnoea, but no diseased condition could be discovered. The trouble yielded soon to a couple of doses of sodium bromide, followed by syrup of hydriodic acid, and keeping the windows open, though in winter. In the same way the writer has known an asthmatic adult, residing near the sea, become unable to sleep even 150 miles in the interior at no great elevation. At Nice it is no uncommon thing to find that those who cannot rest down by the sea-shore soon fall asleep after changing their abode, going only as high up as Gairant, about 800 feet above the sea level.

Light, too, promotes repose in asthmatic persons. Professor Rostan has shown that light favors respiration in such persons, and that sufferers from periodical attacks of dyspnoea find relief on the approach of morning light.

Food conduces to sleep, toning up the blood-vessels with fulness of warm, healthy blood, and satisfying the over-fatigued body, which in turn lapses into quiet repose. Warm milk soothes and satisfies the fretting infant, inducing pleasant slumber. Work and fatigue conduce to sleep. Allingham, the specialist of London, says that for promoting sound sleep in such as have itching piles, "Enjoin a walk of three or four miles daily, and if possible at such a speed as will induce slight perspiration." This plan, he thinks, causes such sleep as to render the itching unrecognizable. The laborer retires early and sleeps sweetly all night; and Dr. Abernethy's advice to the noblemen would come in very well for insomnia, as well as for dyspepsia, "Earn sixpence a day and live on it."

Some plants cause death-like sleep, as the sheep ivy, to the blossoms of which the famous Trebizond honey is thought to owe its sleep-producing power; celery and lettuce also both enjoy some reputation as sleep-pro-

ducers. Hops contribute drowsiness as well as bitterness to ale and beer, and in the very impressible the hop-pillow is promotive of sleep; indeed, a bed-time dose of good malt will often cause sleep and afford a gentle stimulant to the weary brain.

There is great difference between natural sleep and that caused by opiates, which lull pain and give a restless sleep, leaving the individual hot, thirsty and dreamy, with more or less disturbed digestion and itching of the skin.

Certain sulphur waters promote sleepiness, while others cause wakefulness unless taken stale; in some countries onions are taken with the view to promote sleep.

Sleeping well should be as much a habit as bad sleeping. Early rising does much to favor sound sleep; and one secret of the perfect sleep of the country people is that they retire early and fatigued, and have perfect quiet around them. The conditions favoring sleep are perfect quiet, fatigue to more or less extent, darkness, a full meal, continuous monotony—as of a dull sermon or recitation, the quiet splash of the sea—freedom from pain, and warm extremities.

As to medicinal agents, there are many which have just claims as hypnotics. The bromides all act by lessening the cerebral circulation, as does a full dose of opium, or of chloral; but chloral is uncertain and dangerous. Paraldehyde is with some a favorite, but the writer has known persons to object to its taste and bulk; then, too, it is not unlikely to offend the already nauseated stomach in delirium tremens, or in the insomnia of typhoid patients, who do not bear well any form of hypnotic in full doses unless it is braced up by some corresponding heart stimulant (as digitalis), or ammonia or whiskey.

Hypnotics act best in combination, but it is well to rely on a single drug. A night-dram of alcoholic material promotes sleepiness, and hence it has been christened the "cereal night-cap;" the phosphorized elements of the brain of animals in the form of phosphates

and the hypophosphites help to slumber; indeed, whatever nourishes the weary brain will conduce to gentle sleep. A mixture of the wheat phosphates and of the brain matter of animals affords refreshing sleep, from the satisfaction afforded to the enfeebled stomach and nervous system. Even a solution of the hypophosphites of soda and lime, with a full dose of a tonic tincture, contributes drowsiness, as well as nutriment, by supplying to the weary brain the elements it so much requires.

Such stimulants as the tinctures of capsicum and of nux vomica, tend to produce sleep, causing a glow to the stomach, while they afford prompt relief to such as suffer from heart failure. The same may be said of the digitalis preparations. Drugs which lessen the amount of blood in the brain conduce to sleep, and yet the same drugs cause wakefulness in small doses. Thus often a 1-2 grain dose of opium or 1-8 grain of morphine will keep some persons awake all night, while one grain of the opium or a full quarter grain of the morphia would have afforded sound sleep. One full hypnotic dose is better than repeated small doses; 30 drops of tinct. opii deod. with a few drops of tinct. digitalis, or with 30 gr. of the sodium bromide, or often better still with the 1-6 gr. of tartar emetic, at late bed-time, will produce such temporary anæmia of the brain as to induce sound sleep. Belladonna, stramonium, and Indian hemp produce cerebral determination and do not favor sleep. In patients with delirium tremens we find wakefulness and hallucinations begin as soon as the patient is left alone and the lights are put out, and these are the patients of all others who most require sleep.

Sulphonal is uncertain, sometimes giving six hours of sleep, at other times none at all. Sulphonal is useful only as a hypnotic, and Bresslauer, of Vienna, claims that danger lurks around its administration (*Lancet*, April 4, 1891), and that out of seventy-seven patients treated with this drug seven showed

serious symptoms, and death resulted in five of these. Here the drug had been pushed for quite some time in good doses, and the patients stood it well until costiveness, dark colored urine, slow and feeble pulse, prostration and purpuric patches set in, ending probably in pulmonary oedema and heart failure.

Chloralamid possesses some analgesic power besides being a pleasant and reliable hypnotic in 30 to 40 grain doses. Chloralamid always serves effectively, but in some cases where other hypnotics in full doses had failed, the writer has derived the best effect from the hyoscyamine hydrobromate in 1/72 gr. doses, given at late bed-time and repeated twice the next day, the last dose being at late bed-time. The salt acted in a most satisfactory manner, the delirium tremens subsiding by degrees and perfect sleep setting in, to continue eight to ten hours. Dr. Graves gave tartar emetic with tincture of opium, in violent delirium tremens, but Dr. Murchison suggests digitalis as a vascular sedative, combining it with the liq. opii sed. given in camphor water and with the sweet spirits of nitre: say ten drops each of the opiate and tr. digitalis every hour until sleep has occurred. Dr. Murchison also suggests a pill of 1 gr. of opium with 3 grs. of camphor, and also the above named mixture with 20 minims of sulphuric ether for each dose.

In great restlessness it is a question whether the induction of sleep is worth the risk run in pressing the opiate. We know the patient must succumb or lose his mind if he gets no sleep; that his heart is enfeebled to the last degree, and that sleep is more to him than food for the time being, but we know also that the congested face, the suffused eye, and the contracted pupil suggest the profound coma following the full use of opium, which is not that unconscious repose which we crave for our unhappy patient. Dr. Macfarlan, of Edinboro', says that in the insomnia of women, after post-partem hæmorrhage, an injection of morphia with a little alcohol is the remedy. In the insomnia

after confinement Prof. Jas. Y. Simpson of Edinboro' advocated the tinct-cimicifuga.

The hypodermic injection, if pushed far enough, will nearly always cause our patient to sleep, but it is a dangerous process—not so much from the immediate danger to the patient, but because of the great likelihood of his contracting the morphia habit. Nothing is so sweet to the sufferer from neuralgia, or of delirium tremens, and nothing so soothing as the hypodermic injection of $\frac{1}{2}$ to $\frac{1}{3}$ of a grain of morphia. An injection into the bowel of 40 drops of tinct. opium in an ounce of starch water will also do wonders in promoting sleep. The same may be said of chloral by rectal injection, in twice the dose by the mouth, and in starch water enough only to be retained to lessen the sharpness of the drug on the bowel.

Among the agents lately suggested as valuable hypnotics are suppositories of various drugs, as of opium or morphia; one of 10 grs. chloral hydrate with $\frac{1}{120}$ gr. of sulph. atropia; another of 15 grs. chloral, 5 to 10 grs. mono-bromide of camphor with $\frac{1}{100}$ gr. hydrobromate hyoscin is highly spoken of.

To any of these may be added, as indicated, the watery extract of opium, of cannabis indica, of hyoscyamus, or of hops. The alcoholic extract of opium yields good results as an agent for the rectal suppository. The use of suppositories serves to rest the stomach, which in protracted diseases, in conditions attended with nausea or hæmorrhage of the stomach, and insomnia of long continuance, is too often in an irritable state and should be left in peace so as to receive food well and such remedies by the mouth as cannot be given by the bowel and by the bowel and by the skin. One point to remember in using suppositories is that much of the power of the drug is lost in the bulky vehicle with which it is incorporated. When an anodyne or hypnotic cannot be given by the mouth the writer prefers to administer a single full dose by

the bowel. The longer he uses the hypodermic method the greater is his dread of imposing the morphia habit on his patient, and of incurring accidents—although we now can accurately adjust our dose by the tablet system, and thus minimize the danger—*Notes on New Remedies.*

HORSEWHIPPING A LADY PATIENT,

A NEW METHOD OF CURING HYSTERIA.

Dr. Oscar Wiederhold, the proprietor of a home for nervous patients at Wilhelmshöhe, a health resort, near Cassel, was recently convicted of the systematic and wilful ill-treatment of a lady-patient, and sentenced to three months' imprisonment. The patient is the wife of the Imperial Consul-General at Dresden, Herr Zachmann, and the case excited great indignation all over Germany. The accused denied that he had acted illegally, but admitted that he had thrashed the lady in question as an extreme measure to cure her of the acute hysteria from which she was suffering. In the course of his interrogation the prisoner told the Court that he had studied in Marburg, Berlin, and Heidelberg, and had made a special study of the treatment of nervous complaints and had practised in various clinics at Bonn and Wiesbaden. He then took up the private asylum at Wilhelmshöhe. He did not accept as patients insane or epileptic persons. This, he admitted, was not the first occasion on which he had resorted to corporal punishment when all other means failed in dealing with nervous patients. In three previous instances had similarly drastic measures been called for. The whippings he administered were not intended as a means of discipline; but were designed to stimulate the patient's enfeebled will-power. He maintained that ninety out of every hundred nervous patients required very vigorous treatment. Frau Zachmann, who is 51 years

of age was placed under his care in August, 1891. Dr Berthold, who handed her over to him, gave him a history of her case, explaining that she suffered from acute hysteria, and that three doctors who had examined her had found that she was otherwise in a normal state of health. She complained constantly of pains in the lower part of the back, but no cause for any such pains could be discovered, and Dr. Berthold recommended energetic and strict treatment. Immediately after her admission to the home Frau Zachmann began to groan and cry out so much as to disturb the other patients. She would not listen to reason, and when shaken by the shoulder only became more violent, her screams being so loud that they could be heard in the street. Dr. Wiederhold declared that he remonstrated with her in the presence of her husband, shaking her by the shoulder, and even threatening to beat her. This went on for some time, and the lady's case, instead of improving, became more desperate. When Dr. Wiederhold entered the room she screamed at him so loudly and continuously that he was unable to speak to her. He then tried to box her ears, but she deftly warded off the blows with her arm. The desired effect was produced for a brief interval, but next day the screaming was renewed, and the patient continued to complain incessantly of bodily pain. At last Dr. Wiederhold told her that if she did not keep quiet he would have to thrash her with a stick. He denied that he swore at her or called her an old hag. Next morning he was awakened by renewed shrieking on the part of the patient. Unable to bear it any longer, he dressed himself, went up to her room, and thrashed her with a thin cane. The lady was in bed when this punishment was administered. In reply to the judge, the accused stated that the cane he used was a very thin one. He had employed it on previous occasions to correct his four-year-old son. As soon as Frau Zachmann ceased calling out he ceased to beat her. The prisoner, further interrogated, gave the following

account of his chastising the lady subsequently with a horsewhip:—"After beating her with the cane, I begged her not to compel me to have recourse again to such extreme measures. A few days later, however, I was obliged to administer similarly energetic punishment. While my consultations were going on Frau Zachmann screamed out so frightfully that people stopped in the street to listen. I took a riding-whip and went up to her room. She was lying in bed. I appealed to her to keep quiet, and she paid no attention to my words, I seized her by the shoulder, turned her round, and gave her several lashes with the riding-whip. The fact that the weals caused by the whipping were still visible two months later was not due to the severity of the blows, but to the circumstance that the patient was unable to take proper nourishment. In a healthy subject the marks would have disappeared much sooner. From that point onwards Frau Zachmann was a most docile patient, which proves that the remedy I employed was efficacious.

INTRA-THORACIC SURGERY.—Dr. De Forest Willard (*American Journal of the Medical Sciences*) says :

The bronchus in dogs can be reached either anteriorly or posteriorly through the chest-walls, but the anatomical position is in such close proximity to large and important structures that safe incision is a matter of extreme difficulty and danger.

Bronchotomy through the walls of the thorax is an operation attended with great shock from collapse of the lungs, and, until technique is further advanced, is liable to result in immediate death.

Collapse of the lung is more serious in a healthy organ than in one previously crippled by disease.

The serious inherent difficulties are : shock ; suffocation from lung collapse ; enormous risks of hæmorrhage from pulmonary vessels ; injury of, or interference with, the pneumogastric ; great

and fatal delays owing to the exaggerated movement of the root of the lung caused by the excessive dyspnoea.

Closure of the bronchial slit is slow and dangerous. To leave it open causes increasing pneumothorax by its valve action, and also permits the entrance of septic air into the pleural cavity.

Although a foreign body can be reached by this route, yet removal is hazardous. To secure a subsequent complete cure seems in the present state of knowledge very problematical.

When the presence of a foreign body in the bronchus is definitely determined, and ordinary voluntary expulsion has not been accomplished, there is great danger in permitting it to remain, even though it may but partially obstruct the tube. The risks both of immediate and of subsequent inflammation are serious.

Low tracheotomy is, then, advisable when the presence of a foreign body is certain; it adds but little to the risks, and affords easier escape for the object even when extraction is not feasible.

Subsequent dangers arise from severe and prolonged instrumentation, not from tracheotomy.

Voluntary expulsion is more probable after than before tracheotomy.

Tracheotomy is permissible even after an object has been long in position, unless serious lung changes have resulted.

The question of tracheotomy will depend largely upon the form, size, and character of the foreign body.

The term bronchotomy should be limited to an opening of the bronchus, and should not be employed to designate higher operations.

The risks from thoracotomy and bronchotomy following unsuccessful tracheotomy are much greater than the dangers incurred by permitting the foreign body to remain.—*Amer. Lancet.*

MANAGEMENT OF GUNSHOT WOUNDS OF THE ABDOMEN.—Dr. H. C. Dalton (*Annals of Surgery*) says that there are

four cardinal points in the management of the abdomen, viz :

1. Have everything in readiness, the patient thoroughly prepared, the abdomen thoroughly cleaned, and the surrounding surfaces covered with antiseptic cloths before an anæsthetic is administered. I have seen patients kept under an anæsthetic for ten or fifteen minutes while the operator and assistant were getting things ready. This materially lessens the chances for recovery, for it is well known that the shorter the period of anæsthesia the less the shock, etc.

2. After the abdomen shall have been opened, the first business in hand should be to find the source of the hæmorrhage, if any, and check the same. I speak from sad experience on this point, for I believe I lost a patient from lack of the observance of this rule. While sewing up gunshot holes in the small intestines, which were not bleeding, and the closing of which could just as well have been delayed, a fatal hæmorrhage was going on at another point.

3. As far as possible the intestines should be kept in the peritoneal cavity. I know, however, that this cannot always be done. All know that useless handling of the gut, and the dragging upon its mesentery, as well as the exposure to cold, etc., adds greatly to the shock.

4. To finish the operation at as early a moment as possible, consistent with the proper management of the same.

It is impossible to lay down hard and fast rules for the government of the surgeon in his dealings with these cases, as the difficulties in each must be surmounted as they arise.—*Amer. Lancet.*

WHERE HE CAME IN.—Stranger: This is a dead town.

Editor—Yes.

Stranger—How do you manage to make a living out of it?

Editor—I'm coroner.—*Es.*

Wyeth's Beef Iron and Wine.

Extract of Beef, Citrate of Iron, and Sherry Wine.

CAUTION.

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some (not over scrupulous) Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

DAVIS & LAWRENCE CO., (Lim.)

General Agents for the Dominion of Canada.

WYETH'S Glycerine Suppositories.

(95 Per Cent. Glycerine.)

THIS Suppository will prove a great relief in all cases of constipation (free from any inflammation of the intestines), either temporary or chronic, and particularly the constipation due to confinement, and as a sure and convenient means of administering Glycerine in an enema.

A retention of the Suppository from 15 to 30 minutes is requisite, but a solution of the whole Suppository is not necessary to insure its activity.

Physicians may depend upon the absolute purity of the ingredients used in the manufacture of these Suppositories.

Put up in handsome nickel-screw cap bottles, each containing twelve Suppositories.

Price per dozen Bottles, \$2 40, subject to usual discounts to the trade.

DAVIS & LAWRENCE CO., (Limited.)

MONTREAL, CANADA,

SOLE AGENTS.

Please mention "The Maritime Medical News."

SYR. HYPOPHOS CO., FELLOWS

CONTAINS THE ESSENTIAL ELEMENTS of the Animal Organization—Potash and Lime ;

THE OXIDISING AGENTS—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 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 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 and 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 the Syrup, 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.

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO., (Ltd.)

MONTREAL,

WHOLESALE AGENTS.

Please mention "The Maritime Medical News."

THE twenty-first Congress of the French Association for the Advancement of Science, will be held this year at Pau, from September 15 to 22.

ONTARIO MEDICAL JOURNAL.—The first issue of this journal will appear about the 15th of August. It is the organ of the College of Physicians and Surgeons of Ontario, and is supplied by order of Council to every medical practitioner in Ontario free. It is to appear under the editorial management of R. B. Orr, M. D., of Toronto, Ontario.

DR. SAJOUS KNIGHTED.—Dr. Charles E. Sajous, Belgian Consul in Philadelphia, and editor of *The Medical Annual*, has been appointed a Knight of the Legion of Honor of France by President Carnot, for his services to the French colony and to science, as an American of French descent. Dr. Sajous went to Paris last May to translate his *Medical Annual*, and he expects to make Paris his home for the next three years.

ACCORDING to the *British Medical Journal* for July 30th, a resolution was passed at the recent meeting of the British Medical Association at Nottingham, expunging a section of the articles of association that provided that no female should be eligible for election as a member of that association. The question was first agitated in 1878, when it was decided, by a large majority, to make no change. This recent action reflects credit on the association.

VACCINATION IN ITALY.—The *Sanitary Inspector* states that a new vaccination law went into effect in Italy with the beginning of this year, which requires that every child shall be vaccinated before it is six months old, and again at eight, or at any time whenever the sanitary authority deems it necessary to promote individual or public safety. Those who are not vaccinated and revaccinated according to the requirements of the law, are excluded from schools, fac-

tories, workshops, benevolent institutions, etc. Provision is also made for the cultivation of both animal and human lymph. This has a direct interest for people in this country in view of the large and constantly increasing Italian immigration.—*Med. Aug. Report.*

BOOK REVIEWS.

Memoir of LeBaron Botsford, M. D., by his niece, Frances E. Murray, Saint John. J. & A. MacMillan. This book, we understand, is the first biography published of a New Brunswick physician. It is written by his niece, Miss Frances Murray. The frontispiece, an engraving of Dr. Botsford, is a particularly good likeness. The memoir describes, in an interesting way, Dr. Botsford's early home, parentage, student days in Glasgow, and his subsequent professional life in Woodstock and Saint John. A considerable portion of the book deals with the deeply religious tone of his character which was unusually marked. The book, which is written in a pleasant and easy style, will be found interesting reading by Dr. Botsford's many old friends as well as others.

Notes and Comments.

The "Vis Medicatrix," the organ of the Iowa State Medical Society, has been discontinued by the decision of the society not to journalize its transactions this year.

It is very desirable that the Maritime Provinces should not continue to be virtually (numerically) unrepresented at the meeting of the Canadian Medical Association. Two or three of our best medical men have generally been found at the meetings, but the numerical representation is small. Cannot several go this year from each of the larger cities and others from the country, and show that we have not lost interest in our confreres further west. Certain it

is that the Upper Canadian members and the local officers of the Association will give our Maritime Province men a warm welcome.

We have lately received a letter from the Drevet Manufacturing Co. of New York stating that they have been informed by some doctors in Canada that it is almost an impossibility to procure Marchand's Peroxide of Hydrogen (Medicinal) from the druggists of this country. The physicians say, too, when they prescribe Marchand's Peroxide (Medicinal) they are supplied with a commercial article which is sold in bulk at the net price of five cents per pound, glass extra. The commercial peroxide is good enough for bleaching purposes but is totally unfit and unsafe to be used as a remedy and worthless as such.

It appears that the Board of Examiners of the United States Army Hospitals made a comparative test of the different brands of Peroxide of Hydrogen which are placed upon the market. The result of this investigation was so strongly in favour of Marchand's Peroxide of Hydrogen (Medicinal) that they decided to have the hospitals of the United States army supplied with Marchand's preparation inclusive, although the price is considerably higher than that of other brands. The successful therapeutic use of this article depends upon the purity of the product. We are therefore doing at once justice to the Drevet Mfg. Co. and duty to our readers to urge upon them to see, that, having prescribed Marchand's preparation, it is faithfully dispensed by the local druggist.—*Ed. M. M. News.*

PROFESSOR OSLER ON SPECIALISTS.—Professor Osler, of the John P. Hopkins University, in his address before the recent meeting of the American Pædiatric Society at Boston, made some thoughtful remarks concerning the true basis of specialized medicine. Dr. Osler believes heartily in the specialist who builds up his specialty on the firm

basis of a general knowledge of the healing art. His study of medical history shows him that our art began with specialists. The *Papyrus Ebers* is largely taken up with specialized practice; and centuries later we find Aristophanes satirizing the rectum specialist of his day in a way not unlike that of our comic papers when they wish to joke about an oculist or aurist of the present day. So that, as Osler wittily remarks, "the tail of the serpent emblematic of medicine is correctly figured as having been returned to his mouth; at no age of the world has specialism been so rife."

But Dr. Osler does not love all who "do special work;" he contemns utterly the ready-made variety of specialist. He regards the latter as an actual detriment to the profession. He says: "A serious danger is the attempt to manufacture rapidly a highly complex structure from ill-seasoned material. The more speedy success that often comes from the cultivation of a specialty is a strong incentive to young men to adopt early a particular line of work. How infrequently are we consulted by sucklings in our ranks as to the most likely branch in which to succeed, or a student, with the brazen assurance that only ignorance can give, announces that he intends to be a gynecologist or an oculist! No more dangerous members of our profession exist than those born in it, so to speak, as specialists. Without any broad foundation in physiology or pathology, ignorant of the great processes of disease, no amount of technical skill can hide from the keen eyes of colleagues defects that too often require the arts of the charlatan to hide them from the public."

If Dr. Osler's way and the rule by which he has guided his own course could have sway, every specialist would be a classical scholar as well as a thorough all-round physician and surgeon before he considered himself in a position to make a judicious choice as to the special line of practice best suited to his tastes and capacity.—*N. Y. Med. Jour.*

GASTRIC DERANGEMENTS.

Horsford's Acid Phosphate.

UNLIKE all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilated by the system, and it not only causes no trouble, with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

DR. T. G. COMSTOCK, of the Good Samaritan Hospital, St. Louis, says: "For some years we have used it in a variety of derangements characterized by debility, as also in chronic gastric ailments. It is approved of, unanimously, by the medical staff of this Hospital."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

Rumford Chemical Works, Providence, R. I.

BEWARE OF SUBSTITUTES AND IMITATIONS.

New York Post-Graduate Medical School and Hospital.

TENTH YEAR-SESSIONS OF 1891-92.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is closing upon the tenth year of its existence under more favorable conditions than ever before. Its classes have been larger than in any institution of its kind, and the Faculty has been enlarged in various directions. Instructors have been added in different departments, so that the size of the classes does not interfere with the personal examination of cases. The institution is in fact, a system of organized private instruction, a system which is now thoroughly appreciated by the profession of this country, as is shown by the fact that all the States, Territories, the neighbouring Dominion and the West India Islands are represented in the list of matriculates.

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 those 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.

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools that are attached to these Institutions.

FACULTY.

- Diseases of the Eye and Ear.*—D. B. St. John Reosa, M. D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.
- Diseases of the Nose and Throat.*—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.
- Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M. D.
- Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.
- Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M. D., Graeme M. Hammond, M. D.
- Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Bart, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D., LL.D., J. West Roosevelt, M. D.
- Surgery.*—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phelps, M. D., Robert Abbe, M. D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M. D., Willy Meyer, M. D.
- Diseases of Women.*—Professors McEvers, Emmet, M. D., Horace T. Hanks, M. D., Charles Carroll Lee, M. D., L. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.
- Obstetrics.*—C. S. von Ramdohr, M. D., Henry J. Garrigues, M. D.
- Diseases of Children.*—Henry D. Chapin, M. D., J. H. Ripley, M. D., Ang. Caillé, M. D.
- Hygiene.*—Edward Kershner, M. D., U. S. N.
- Pharmacology.*—Frederick Bagoe, Ph. B.
- Electro-Therapeutics and Diseases of the Mind and Nervous System.*—Wm. J. Morton, M. D.

For further information please call at the school, or address CLARENCE C. RICE, M. D., Secretary,
F. E. FARRELL, Supt. 226 East 20th Street, New York City.

Wheeler's Tissue Phosphates.

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone-Calcium, Phosphate $\text{Ca}_3\text{2PO}_4$, Sodium Phosphate Na_2HPO_4 , Ferrucous Phosphate $\text{Fe}_3\text{2PO}_4$, Trihydrogen Phosphate H_3PO_4 , and the Active Principles of Calisaya and Wild Cherry.

The special indication of this combination is Phosphates 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 therapeutists.

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

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

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

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, P. Q.

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

Bellevue Hospital Medical College, City of New York. Sessions of 1892-93.

THE REGULAR SESSION begins on Wednesday, September 26th, 1892, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The **SPRING SESSION** consists of daily recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins March 28, 1892, and continues until the middle of June.

The **CARNEGIE LABORATORY** is open during the Collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

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

Vaccine Virus,

PURE AND RELIABLE

ANIMAL VACCINE LYMPH,

FRESH DAILY.

LIBERAL DISCOUNT TO DRUGGISTS.

SEND FOR CIRCULAR.

10 Ivory Points, double charged.....\$1 00
10 Quill Slips (half-quills), double charged 1 00

Orders by Mail or Telegraph Promptly Dispatched.

New England Vaccine Co.

CHELSEA STATION, BOSTON, MASS.

WM. C. CUTLER, M. D.

J. F. FRISBEE, M. D.

H. WOODBURY, D. D. S. F. WOODBURY, D. D. S.

DRS. WOODBURY BROS.,

—*DENTISTS,*—

137 Hollis Street, HALIFAX, N. S.

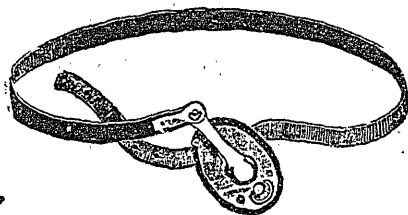
Special attention given to treatment of cleft palate, and oral deformities.

Correspondence promptly answered.

BUCKLEY BROS.

(AVERY F. BUCKLEY.)

87 and 89 Barrington Street, }
201 Brunswick Street, } HALIFAX, - NOVA SCOTIA.



TRUSSES.

Almost every description of Truss kept
in Stock.

SPECIAL ATTENTION GIVEN TO
ORDERS FROM THE COUNTRY.

NEW DRUGS,

As soon as proved to be of merit are at once added to our stock.

ANTISEPTIC GAUZES, COTTONS, BANDAGES, & C.

SPECIAL.

Physicians who dispense their own prescriptions will find it to their advantage to send their orders to us. Our Tinctures, Fluid Extracts, Ointments, and all pharmaceutical preparations are not to be surpassed. Write for quotations.

BUCKLEY BROS.

Dysmenorrhœa

AND ITS ALLEVIATION.

OVARIAN.

NEURALGIC.

SPASMODIC.

MEMBRANOUS.

INTERMENSTRUAL.

TUBAL.

The prominent symptom in all cases of dysmenorrhœa, is the severe pain which demands relief, and which in nearly every instance, is mitigated by the use of whiskey or morphia, both of which are very injurious. A succedaneum for whiskey and morphia is a great desideratum, and this we find in **ANTI-KAMNIA** (opposed to pain.)

Samples in powder and tablet form, sent free on application.

Address: **THE ANTI-KAMNIA CHEMICAL COMPANY,**

ST. LOUIS, MO., U. S. A.

HALIFAX MEDICAL COLLEGE.

THE TWENTY-THIRD SESSION of the Halifax Medical College will be opened on MONDAY, NOVEMBER 2ND, 1891.

The regular order of lectures will begin on that day and will be continued during the six months following.

The College building erected for the special purpose of medical teaching is in every way fitted for the object in view. It is situated in an open, airy locality, in close proximity to the Victoria General Hospital and the new City Alms House. The lecture room, dissecting room, etc., are well lighted, warmed and ventilated, and are fitted with appliances for imparting knowledge in the different subjects of medical education.

Students have access also to the Halifax Dispensary where they have an opportunity of seeing daily cases of such diseases as are usually treated in the different departments of such an institution.

Certificates of attendance on the various courses are accepted as qualifying candidates for examination before the licensing bodies of Great Britain and Ireland, and the Medical Schools and Universities in Canada and the United States.

The Course in Pharmacy has been re-established and regular lectures will henceforth be given in the different subjects of the curriculum.

For Annual Calendar and all information, address

DR. LINDSAY,
Secretary of the Faculty.

AN IMPORTANT WORK. Latest Therapeutical Methods

Compiled by W. S. DEARTH, A. M., M. D.

No physician can afford to be behind the times in therapeutical methods. Prof. Dearth has spared no time or expense in collecting the more recent methods of the leading physicians in the United States and Germany—methods used in leading hospitals in Boston, New York, Chicago, Montreal and Vienna. It is a small book for the pocket, bound in flexible covers. There are a few blank pages for additions. There are many exact formulas showing *exact methods of leading specialists in this country*. It is a unique and almost indispensable little volume and should be in the pocket of every wide awake physician. Sold only on subscription or will be sent by mail post-paid on receipt of \$1.00.

Address—W. S. DEARTH, M. D.,
Box 198, Augusta, MAINE.

ADVERTISING.

If you wish to advertise anything anywhere at any time, write to GEO. P. ROWELL & CO., No. 10 Spruce Street, New York.

EVERY one in need of information on the subject of advertising will do well to obtain a copy of "BOOK FOR ADVERTISERS," 368 pages, price \$1.00. Mailed-postage paid, on receipt of price. Contains a careful compilation from the American Newspaper Directory of all the best papers and class journals; gives the circulation rating of every one, and a good deal of information about rates and other matters pertaining to the business of advertising.

Address ROWELL'S ADVERTISING BUREAU, 10 Spruce Street, New York.

Scientific American
Agency for

PATENTS

CAVEATS,
TRADE MARKS,
DESIGN PATENTS
COPYRIGHTS, etc.

For information and free Handbook write to
MUNN & CO., 361 BROADWAY, NEW YORK.
Oldest bureau for securing patents in America.
Every patent taken out by us is brought before
the public by a notice given free of charge in the

Scientific American

Largest circulation of any scientific paper in the world. Splendidly illustrated. No intelligent man should be without it. Weekly, \$3.00 a year; \$1.50 six months. Address MUNN & CO., PUBLISHERS, 361 Broadway, New York.

THE FIRST RAW FOOD EXTRACT.

(Introduced to the Medical Profession in 1878.)

BOVININE

THE VITAL PRINCIPLES OF BEEF CONCENTRATED.

Containing 26 per cent. of Coagulated Albumen.

AN IDEAL FOOD. PALATABLE. KEEPS PERFECTLY.

BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhoeic complaints.

BOVININE, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

BOVININE, on account of its BLOOD-MAKING PROPERTIES, is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood, and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatine Extract and two ounces of water. This should be well mixed and injected slowly. No preparation of opium is necessary in the enema.

SAMPLES will be furnished to any member of the Medical Profession free, carriage paid, upon application to the Company.

← PREPARED ONLY BY →

THE J. P. BUSH MANUFACTURING CO.,

CHICAGO AND NEW YORK. U. S. A.

DEPOT FOR GREAT BRITAIN:

32 SNOW HILL, LONDON, E. C.

Please mention "The Maritime Medical News."

A NEW METHOD OF POSOLOGY

DIURNULES AND DIURNAL TABLET TRITURATES.

M. EDOUARD TROUETTE recently presented to the Paris Academy of Medicine a new method of administering Toxic Drugs that is very practical and seems destined to succeed the older ones.

This new method consists of the division of the maximum internal dose that can be given to an adult in twenty-four hours, in twelve Diurnules or Diurnal Tablet Triturates.

In anticipation of the popularity of this method we have prepared Diurnules and Diurnal Tablet Triturates of many toxic medicaments, a list of which will be sent on application.

The Diurnules are put up in bottles of 100 and 500 and the Diurnal Tablet Triturates in bottles of 100, 500, and 1000. In addition to these a leather pocket case of the Diurnules, containing ten vials, will be furnished for the convenience of physicians.

The Tablet Triturates are so made by stamping them by cross lines that division is readily possible into two or four parts. They may be powdered or dissolved in water.

With this method accidental poisoning need no longer be feared. Toxic medicaments may be given in efficient doses to adults and children without the least risk.

Full information concerning this method, with reprints of Dr. Trouette's article, furnished physicians on request.

PARKE, DAVIS & COMPANY,

DETROIT, NEW YORK, AND KANSAS CITY.