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

The fifty-eighth 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 or the profession throughout Canada and the neighbouring States.

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work, 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, and 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 ward, the majority of whom are affected with diseases of an acute character. The shipping and 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 examinations.

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Please mention **THE MARITIME MEDICAL NEWS.**

# Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

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No. 5.

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## THE THERAPEUTICS OF AMMONIUM CHLORIDE.

Like many other drugs of known value the Chloride of Ammonium cannot very well be classed otherwise than under the indefinite term "alterative." Time and time again, careful therapeutists have called attention to the neglect of this drug. It possesses not a few most valuable therapeutic properties; and perhaps, its commonness and cheapness, compared with other popular drugs of more doubtful utility, are partly responsible for the comparatively infrequent use of this salt.

### EXTERNALLY.

During solution of the drug, cold is produced, and so the solution has occasionally been used as a refrigerant to the head. But as an external application, it is probably of most value in superficial swellings, such as glandular enlargements, (Garrod). For instance, it has been used in epididymitis, (Shoemaker), after the acute stage has subsided; also in prostatic enlargement, where the absorbifacient powers of the drug have been exhibited, the salt being administered internally as well as applied externally in solution.

H. C. Wyman, Shoemaker, and others, attribute a useful property to

Ammonium Chloride, namely, the power of removing ecchymosis from contusions, Wyman having successfully used a solution (1 in 10 of water) for this purpose. Shoemaker speaks of the drug as "an excellent dressing in the latter stages of superficial inflammation," and as promoting the absorption of exudation.

### INTERNALLY.

*In Catarrhal Conditions of the Respiratory passages.*

Advantage has been taken of the possibility of the convenient formation of the salt in its nascent vaporous condition, to supply the profession with many different forms of inhalers, by the use of which the drug is applied direct to the respiratory tract. Only those inhalers should be used, in which provision is made for ridding the vapour of all excess of acid before it is inhaled. In several of the inhalers made by the English manufacturers, the vapour is made to pass through a solution which dissolves out any excess of acid. The inhaler known as "Butcher's Inhaler" is a very good one. In Butcher's, a slight excess of ammonia is inhaled along with the vapour of ammonium chloride, but in most cases, and in all chronic cases, this would be of no disadvantage,



indeed the slight stimulant effect is rather a favourable one.

The vapour (which really consists of microscopic crystals, in other words of microscopic solid particles.) may be used, as in Butcher's, as a vehicle for carrying other drugs into the respiratory passages, according to special indications of the case. The great fault of Butcher's Inhaler is the price, which is far too high to allow it to be generally prescribed. Otherwise it is one of the best inhalers. This method of application of ammonium chloride (we mean the method of inhalation,) has been strongly recommended by Murrell of London, by Arthur Hill Hassell, and many other most eminent authorities, and the experience of all who have used one of the various forms of inhalers in catarrhal conditions of the tract, leaves no room for doubt as to its being a very valuable therapeutic agent. This is not surprising when it is remembered that the nasal, laryngeal and bronchial mucous membranes are constantly exposed to irritation from external sources, and that subacute inflammatory or catarrhal conditions might reasonably be expected to respond favourably to antiseptic, or soothing direct applications; just as much so as eczematous conditions of the skin do. In England this inhalation method is very considerably used, and the vapour of nascent ammonium chloride, is among the inhalations most recommended. To conclude this reference to the inhalation treatment, it may be said that the drug under special consideration, is of value in chronic bronchitis, chronic catarrhal conditions of the respiratory passages generally, and in short, in cases of chronic excessive secretion. In these same conditions, the drug is one of the most valuable administered by the stomach. Ammonium chloride is also of service in

*Acute Bronchitis and acute Catarrhal Pneumonia.*

Shoemaker recommends as a good combination in acute bronchitis:

R Ammon. Chlorid .....	dr. ii
Potass. Iodid .....	gr. xvi
Tinct. Ipecac. ....	m. xxxii
Mist. Glycyrrhiz. co, q. s. ad. . . . .	oz. iv
M. Sig.—A tablespoonful every four hours.	

*Yellow Fever, Influenza.*

In yellow fever as met with in the West Indies, this drug has been proved of sterling value. It is administered in 10 gr. doses frequently, and generally exercises a controlling influence upon the temperature, and the course of the fever generally. Andrews, late of Turk's Island, and others attest its usefulness. In influenza, ammonium chloride was used very considerably in place of antipyrin, and, coupled with the bromides, gave results which compare quite favourably with those obtained with antipyrin.

*Congestion of Liver, Torpid Liver, Sick Headache, Biliousness, and Jaundice due to obstruction of the gall ducts.*

Here ammonium chloride is undoubtedly of service. It has a special action upon the liver, increasing the flow of bile (Ringer), though the contrary has been affirmed (Rutherford). Clinical evidence, however, supports the former statement, and it is no doubt, at least partly, from its action upon the liver that its use is of value in yellow fever. W. Stewart urges its good effects in hepatic congestion. He urges that the patient should be in bed, should have no solid food, or alcoholic stimulants. The drug should be administered three times a day, in doses of 20 grs.; fomentations should meanwhile be kept to the side. He states that within 5-30 minutes after the salt has been taken, a prickly sensation is felt in the hepatic region. Looseness of the bowels is no contra-indication, and may be controlled by small doses of mercury and Dover's powder. (An. Univ. Med. Sc.). The writer frequently employs it in bilious headache, and especially in patients subject to this complaint. Bartholow states it to be of value in catarrh of the stomach and bowels, and in the first stages of cirrhosis.

There remains to be mentioned a class of painful ailments, for the treatment of which ammonium chloride should be constantly borne in mind, namely: neuralgia, myalgia, and chronic rheumatism. It has been claimed that this drug is far too much neglected in

## TO DOCTORS.

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## RHEUMATISM.

# Elixir Salicylic Acid Comp.

(WM. R. WARNER &amp; CO.)

(TO DOCTORS ONLY.)

This preparation combines in a pleasant and permanent form, in each fluid drachm. the following:

℞ Acid. Salicylic, (Schering's), grs. v.	Potass. Iodid., - grs. iss.
Cimicifuga, - - - - - grs. ij.	Tr. Gelsemium, - gtt. i.

So prepared as to form a permanent, potent and reliable remedy in

### RHEUMATISM, GOUT, LUMBAGO, ETC.

This preparation combines in a pleasant and agreeable form:—Salicylic Acid, Cimicifuga, Gelsemium, Sodii Bi-Carb. and Potass. Iodid. so combined as to be more prompt and effective in the treatment of this class of diseases than either of the ingredients when administered alone.

This remedy can be given without producing any of the unpleasant results which so often follow the giving of Salicylic Acid and Salicylate of Sodium, viz., gastric and intestinal irritation, nausea, delirium, deafness, nervous irritability, restlessness, and rapid respiration; on the contrary, it gives prompt relief from pain, and quiets the nerves without the aid of opiates.

Elixir Salicylic Acid Comp. has been extensively used in private practice for several years with almost unvarying success and better results than any other mode of treatment yet suggested.

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual in the cure of one of the most stubborn classes of disease.

The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case. Each teaspoonful contains five grains of Salicylic Acid.

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere.

## SCROFULA.

# SYR: PHYTOLACCA COMP.

(WM. R. WARNER &amp; CO.)

(TO DOCTORS ONLY.)

### ALTERNATIVE, RESOLVENT, APERIENT, TONIC

COMPOSITION:—Phytolacæ Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, ña grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Caseara Sagrada, aa grs. ij, in each dessertspoonful.

**Syr. Phytolacca Comp.**, the composition of which has been given to the profession, has been known and used by physician, myself and others of my acquaintance, and found superior to other alternative compounds now in use. It has been used with great success in the treatment of Lupus, Herpes, Psoriasis, Acne, Glandular Enlargements, Strumous Affections, Granular Conjunctivitis and Eczema. As a remedy for Syphilitic Diseases of the skin and mucous membranes it has proved to be specially valuable in my hands in a large number of cases where all the usual remedies had failed to improve their condition, and when Syr. Phytolacca Comp. was administered the improvement was very prompt and satisfactory.

It will be seen that Syr. Phytolacca Comp. contains the best alternative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

I usually prescribe it in doses of a teaspoonful, which may be increased to a table-spoonful four times a day, the frequency of the dose to be diminished if bowels become too active.

CHARLES W. BROWN, M. D.

Prepared only by

Manufacturers of

**WILLIAM R. WARNER & CO.,****SOLUBLE COATED PILLS.**

1223 Market Street Philadelphia and 18 Liberty Street, New York.

Please mention THE MARITIME MEDICAL NEWS.

# For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE. SEDATIVE. EFFERVESCENT ANODYNE

## BROMO SODA.

(WARNER & CO.)

R.—Caffein 1 grain, Brom. Soda 20 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

**DOSE AND COMPOSITION.**—A heaping teaspoonful, containing Brom. Soda 30 grs., and Caffein 1 gr., in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

## BROMO POTASH.

(WARNER & CO.)

R.—Caffein 1 grain, Bromide Potash 20 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain the same by ordering or prescribing Bromo-Potash (WARNER & Co.), the composition of which is: Brom. Potash 20 grs., Caffein 1 gr.

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4½ MINUTES.

### Pil: Sumbul Comp.

(DR. GOODELL)

R—Et. Sumbul..... 1 gr.  
Assafetida..... 2 gr.  
Ferri Sulph. Ens..... 1 gr.  
Ac. Arsenious..... 1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neuroathenic conditions in conjunction with Warner & Co.'s Bromo-soda. One or two pills taken three times a day.

### Pil: Antiseptic Comp.

(W. R. WARNER & CO'S.)

Each Pill contains:

R—Sulphite Soda..... 1 gr.  
Salicylic Acid..... 1 gr.  
Ext. Nux Vomica..... 1-8 gr.  
Powd. Capsicum..... 1-10 gr.  
Conc't Pepsin..... 1 gr.

DOSE—1 to 3 Pills.

Pil: Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of Food.

### Pil: Chalybeate.

(W. R. WARNER & CO'S FERRUGINOUS PILLS.)

3 Grains. DOSE—1 to 3 Pills.

Ferri Sulph. Fe SO<sub>4</sub> | Ferri Carb. Fe CO<sub>3</sub>  
Potass. Carb. K<sub>2</sub> CO<sub>3</sub> | Potass. Sulph. K<sub>2</sub> SO<sub>4</sub>  
Carbonat. of Protoxide Iron.

The above combination which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of the Protoxide of Iron [Ferrous Carbonate] in a quickly assimilable condition.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

### Pil: Chalybeate Comp.

(W. R. WARNER & CO'S.)

Same as Pil: Chalybeate, with 1-8 gr. Ext. Nux Vomica added to each pill to increase the tonic effect.

DOSE—1 to 3 Pills.

### Pil: Aloin, Belladonna, and Strychnine.

(W. R. WARNER & CO'S.)

R—Aloin..... 1-5 gr.  
Strychnine..... 1-60 gr.  
Ext. Belladonna..... 1-8 gr.  
Medical properties, Tonic, Laxative. DOSE—1 to 2 Pills.  
Try this pill in habitual constipation. One pill three times a day.

### Pil: Antidyspeptic.

(FR. FOTHERGILL.)

R—Pulv. Ipecac..... 2-3 gr.  
Pulv. Pip. Nig..... 1-1-2 gr.  
Strychnine..... 1-20 gr.  
Ext. Gentian..... 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil: Anticonstipation.

### Pil: Arthrosia.

(W. R. WARNER & CO'S.)

For cure of Rheumatism and Rheumatic Gout.

Formula:  
Acidum Salicylicum.....Ext. Colechicum.  
Resina Podophyllum.....Ext. Phytolacca.  
Quinia.....Capsicum.

Almost a Specific for Rheumatism and Gouty Complaints.

# INGLUYIN

A POWDER: Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

WILLIAM R. WARNER & CO.,

1228 Market St., Philadelphia. - 18 Liberty St., New York.

AGENTS IN HALIFAX N S.:-

BROWN & WEBB.

Please mention THE MARITIME MEDICAL NEWS.

ditions, including, too, the severer forms. In supra-orbital neuralgia, *e. g.* the pain has been relieved at once, the drug being taken internally, and a little, finely powdered, being drawn into the nostril of affected side.

In obstinate neuralgia, good results have been obtained from 20 gr. doses (green). Again, in myalgic and neuralgic pain, it is recommended to administer ammonium chloride in rapidly increasing doses, until the desired effect is obtained, or the system becomes intolerant. On the Continent this salt has been much used for neuralgia and chronic rheumatism (Garrod). A property claimed for it by J. Ringwood is, that 30 grs will generally sober for 15-20 minutes, a person hopelessly drunk, so that for that amount of time he may walk steadily. The same writer recommends the drug in suppressed gout, a diseased condition which is receiving very considerable attention from some of the clinical teachers of the day, and which is held to be responsible for, and the basis of many undefined and obscure constitutional ailments.

It has been affirmed that the prolonged use of ammonium chloride in considerable doses has led to ulcerative condition of the stomach.

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### *Original Communication.*

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#### THE PRACTICAL ARTIFICIAL FEEDING OF INFANTS.

CARLETON JONES, M.D., M.R.C.S.

*Late House Physician diseases of Women and Children, King's College Hospital, London.*

If we look through the advertising columns of any medical paper, we cannot fail to be struck by the great number of foods for infants to be found advertised therein; or if we examine the shelves of any leading chemist's shop, as I did a few days ago, and found fifteen specimens of separate and distinct foods for infants, we find the same thing. This multiplicity of material shows in what an unsatisfactory state infant feeding is; and shows that nothing definite and good has yet been arrived at. For each and every one and all of these foods claims to be the

very best artificial food for infants in every detail and particular. It has been said that the reason of this large number of foods is, that one suits one child and one another, and that no definite rule can be set down for their use without experimenting with them all. One can only pity the poor unfortunate child to be experimented upon. It is indeed marvellous how an infant can stand being abused as regards its food. It has been a source of wonder to me to see healthy and thriving children growing up in, and surrounded by, all that one would think would be necessary to produce the opposite effect, and at the same time fed upon a mixture that, physiologically speaking, ought to make that child's life of the shortest duration. It is hard at times to reconcile these practical facts with the thunderings of science.

If a child from some cause or other is deprived of its natural food, but the cause and reason of that deprivation ought to be a strong one, and every argument against it ought to be used, then it becomes our duty to find a food for that child, resembling as closely as possible in *every* detail, that food which has been taken from it and which alone it is able to assimilate and digest. In this we are met by many difficulties, the chiefest of which is a natural want of cleanliness amongst the majority of our people. It is with the poor of the city that the great difficulty of artificial feeding lies, and in these cases the practitioner's task is well nigh hopeless, for it is an almost impossible thing to instil into the stupid mind of the mother a few of the crudest rules of cleanliness as regards the administration of food to her poor puny and pining child.

When the infant is nursed at the breast it draws the milk direct from the nipple with out, as a rule, any intervening vessel. And in that way the milk is thoroughly sterile. Lister has shown that when the milk is drawn from the udder of the cow it is absolutely pure, but it soon becomes teeming with bacteria, from the teats, from the hands of the milker, from the vessel into which it is milked, and from the air of the stable, in the winter-time more especially—where the animal stands.

When we consider the number of cans that the milk is brought into contact with and the length of time taken till it reaches its destination, it is hardly remarkable that milk as delivered to the ordinary household, not to mention the poor people, should be found to be anything but sterile. And to

complete the history—the milk thus bought is placed in, I won't say a dirty bottle, but certainly not a clean one, for it is seldom that a bottle and tube is thoroughly and completely clean in a scientific sense.

It has been truly said by Jeffries, "That it is a curious fact that while older people are almost entirely fed upon sterilized food—infants are fed on a food which by its nature is peculiarly adapted to offer a home for bacteria." It is therefore useless to spend time upon the choosing and selection of a food for an infant if we leave the greatest enemy of all unattacked and powerful. Leaving the choice of a food to be considered afterwards let us see how we can accomplish this sterilization of a food or milk. The only apparatus that we require is the Arnold Steam Sterilizer made by the Wilmot Cattle Co'y, of Rochester, New York, and which is sold by Hattie & Mylius of this town. It is an extremely simple apparatus and works well, and as its price is low it is within reach of every one, costing only \$3.00. The food to be sterilized having been placed in feeding bottles, as many as will be needed for the day, the mouths of which are plugged with a pledget of absorbent cotton, they are then placed in the sterilizer and allowed to remain there for twenty minutes, the water in the sterilizer of course being boiling.

Having been allowed to remain for this length of time, they are then taken out, gently cooled and placed on ice or in a cool place till they may be required. I believe that milk or milk food prepared in this way can be kept for an indefinite time, weeks or more. It changes the taste of the milk very little or rather not at all. I am aware that this method of procedure is not a new one, in fact it is a very old one, but it is one that is not generally followed out, or in fact even begun, whereas it should be the prevailing step in the feeding of every child that is brought up on the bottle.

The objections to the use of this apparatus is its price and the bother of using it, neither of which should hold for a moment, for every mother ought to make any sacrifice financially for the sake of her child, and no trouble ought to be too great in order to accomplish and bring about a healthy and thriving condition of that child. It does not require any scientific knowledge and can be done by any ordinary average intelligent mother or servant.

Now let us see if we can find a substitute

for the mother's milk from which the child has been deprived. I have mentioned the number of different foods that I found on the shelves of a well-known Halifax chemist's shop. I will now mention their names:—  
 Dr. Barry's Kevelantia; Best Food for Infants, Savory & Moore; Imperial Granum; Carrick's Soluble Food; Peptogenic Milk Powder; Lactated Food; Mellin's Food; Nestle's Food; Choris Plant Food; Ridge's Food; Martin's Cardinal Food, Brookes' Mincassia, Wayne's Infant food, etc., and there must be hundreds more than these few mentioned, not to mention all the many and various kinds of condensed milk that are now in the market. In reference to these foods, I will merely quote from Dr. Rotch, of Boston, when he says: "My own opinion in regard to patent foods, as a whole, is that they must necessarily be unreliable; they are thrown upon the market in such quantities that the competition is extreme, and when once they have made a reputation I cannot but feel that irregularities and changes, slight perhaps in the eyes of the makers, may unintentionally creep in and carry their composition still further from that of the standard human milk," and again he says, "It is high time for us as physicians to appreciate exactly how inefficient in themselves and how misleading in their claims are these artificial foods, and also in what a false position as protectors and advisers to the public we are placed in doing anything but ignoring them."

It is not necessary to go into the claims and composition of these many foods, for we have seen that on high authority we can condemn them one and all.

What are we to do then? The food that I have found best suited to all cases of bottle fed infants, and one that closely resembles human milk, is the Cream Food, recommended by Dr. Rotch, and which is founded upon the original cream mixture of Dr. Meigs of Philadelphia, which mixture consisted of:

Cream (14% of fat) .....	2
Milk .....	1
Lime Water .....	32
Sugar Water—	}
Milk Sugar, 317½	
Water, 1 pint.	1
	38

It was found that this mixture was too alkaline and tasted too much of lime water.

The mixture recommended by Dr. Rotch consists of :

Cream, 20% fats, diluted $\frac{1}{4}$ .....	50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300 310 320 330 340 350 360 370 380 390 400 410 420 430 440 450 460 470 480 490 500 510 520 530 540 550 560 570 580 590 600 610 620 630 640 650 660 670 680 690 700 710 720 730 740 750 760 770 780 790 800 810 820 830 840 850 860 870 880 890 900 910 920 930 940 950 960 970 980 990 1000
Milk.....	
Lime Water, dil. $\frac{1}{4}$ .....	
Milk Sugar.....	
Water.....	

If we compare the analysis of this to human milk we find it as follows :—

	Reaction	Starch.	Water.	Solids.	Fat.	Albumins.	Sugar.	Ash.
Human milk.	(Slightly Alkaline)	0.88	12	3.4	1.2	7	0.1	2
Mixture.....	(Slightly Alkaline)	0.88	42	11.58	4	1.11	6.26	0.21

We see that the resemblance is close, closer than any other compound—in fact resembling as close as any artificial can a natural product.

How then is this mixture prepared? We will follow out Dr. Rotch's directions, we dilute the cream  $\frac{1}{4}$  and make this  $\frac{1}{4}$  of the whole mixture, then add the milk, and then the water and milk sugar; the most convenient way to keep the amount of sugar to be added accurate is to have a measure made that measures exactly  $\frac{3}{4}$  which is the amount needed for an eight ounce mixture. Put this mixture in the bottle and then submit it to the action of the sterilizer for 20 minutes in the manner which we have described, and add half an ounce of lime water when feeding. This food can be kept for an indefinite time and is therefore invaluable for travelling from one place to the other. I have found that it takes on a somewhat brownish colour which is somewhat alarming to the parent. There are of course many things that must be borne in mind in infant feeding and which are of the utmost importance, such as time of feeding and quantity, but we will not enter into the consideration of them. I am aware, as I have already said, that this is not a new subject, and I know that there is nothing original in any of my remarks, but its age does not do away with its importance nor its inoriginality with its application, for the hot weather will soon be beginning and will be accompanied by all its attendant evils, and therefore I have ventured to write and recommend a practice and a mixture which I in my limited experience have found of the utmost value.

*Hospital Practice.*

**GENERAL PUBLIC HOSPITAL,  
ST. JOHN, N. B.**

*Case 1.*—Scirrhus of mamma, in the male, under the care of Dr. Murray MacLaren. D. McK. Aet., 70 yrs., was admitted in February, 1891, complaining of a hard swelling and pain in his left breast. He noticed, while working two and a half years ago, that his brace would rub against the breast and cause some pain. At this time a hard lump, about the size of a bean, could be detected just to the upper and outer side of the left nipple. One year ago it had increased to the size of a hen's egg, and patient had then to discontinue wearing braces. He also noticed at this time that the skin over the swelling became of a reddish colour.

During the past year the tumor has grown very rapidly, and the tenderness has increased. Daring pains felt toward the axilla. Family history negative. It was the patient's impression that the rubbing of the brace was the cause of the trouble first starting in the breast. His previous history was that of a very healthy man.

On examination the whole of the left mamma was found hard and swollen. Some enlargement of the left axillary glands could be detected. Swelling tender on palpation. No retraction of the nipple. Purplish hue over swelling. The tumor was removed, also the left axillary glands.

Primary healing took place only in parts of the wound, a slough of considerable size occurring at the outer end. Patient discharged about four weeks after operation.

P. S.—About 2% of all cases of mammary cancer occur in the male breast. (The International Encyclopaedia of Surgery. Ashurst, vol. 5. Page 852.)

F. G. Esson, M.D., *Supt.*

THE custom of tarring and feathering did not, as is generally supposed, have its origin in America, but in one of the stately homes in England. A gentleman who had drunk, not wisely but too well, was attired by his friends in that manner when in an insensible condition; on waking in the morning and surveying himself in the glass he imagined himself to have undergone a metamorphosis. "As I live," he said, "a bird."

## Reviews and Book Notices.

### HEREDITY HEALTH AND PERSONAL BEAUTY.

—By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin, in the Medico-Chirurgical College, of Philadelphia, &c., &c. Cloth, \$2.50;  $\frac{1}{2}$  Morocco, \$3.50. F. A. Davis, Publisher, Philadelphia.

The title of this book is different from those customarily met with in Medical Review columns. Dr. Shoemaker intended the book for other educated men besides medical men; though the contents will be as interesting to the latter as to the former.

It is very difficult to summarize the work, the contents are so varied. There is valuable information upon matters concerning the general laws of Health, coupled with much philosophic and scientific consideration of the laws of life, and growth and evolution. A chapter on "The Sentiment of the Beautiful," introduces the subject of personal beauty; then follow chapters on "The Source of the Beauty of the Fair Sex," with references to sexual selection; "Grace the Crown of Beauty," "The Art of Walking," "The Evolution of the American girl," &c. Then follow chapters dealing with the skin, the bath as a promotive of health and beauty, the cosmetic care and treatment of the face, hands, feet, hair, nails, teeth, &c.; construction and care of the eye and ear; food in its relation to health, beauty and pleasure; clothing in relation to health, ventilation, the circulation and digestion. Finally chapters are devoted to "Cosmetic Treatment," and "Cosmetic Articles," "List of Medicated Soaps," and Household remedies. We recommend this book to any medical man taking a philosophic interest in the subjects mentioned; we recommend it to any man who is a little proud of his moustache, whiskers, or complexion; and even more to any man who is not proud of the same, because he will find many practical hints as to how to get *those things* into a condition to be *proud* of. If one wants to know the best article for the hair or skin, the best soaps for shaving, and the best for washing; if one should take a fancy to make colognes or other preparations" or to put up Twigg's (of Mexican war fame,) hair dye, or "something for refining and imparting lustre to the surface of the nails," get this book, because it has detailed information on all these matters.

Any medical man having no personal use for such information, should at least add it to his repertory of knowledge, and turn some honest dollars out of imparting some of it to his fair patients. The book is nothing if not interesting, and while we must imagine that Dr. Shoemaker wrote it largely in hours of recreation, we are also satisfied that his name is a guarantee that the information, given in regard to the cosmetic treatment, is

accurate and valuable. The practitioner's advice is often sought in matters affecting the personal beauty of his patient;—at one time a not old man, who finds his scalp becoming prematurely denuded, or his nose unpleasantly and innocently red: at another, a young lady who bemoans the redness and roughness of her face,—and this book furnishes him with information not found in ordinary medical works.

## Selections.

### MANAGEMENT OF LINGERING LABOR.

A discussion on the modern methods of managing lingering labor, before the British Medical Association, was opened by Dr. W. S. Playfair. After referring to the dread of meddling midwifery, on the part of leading obstetricians, of thirty-five years ago, and the readiness with which these men resorted to bleeding and debilitating medication, the speaker proceeded to review the methods of the present day. The mere wear and tear of a labor lasting more than twenty-four hours seemed to him to be a very serious thing, and he did not think it right that we should sit with hands folded waiting until severe symptoms should arise before taking action. He first considered the frequently-met-with difficulty arising from non-dilatation caused by inertia, or by irregular and cramp-like pains, premature rupture of the membranes, and over-distension of the uterus from excessive liquor amnii. For the relief of rigid os uteri prolonging the first stage of labor, Dr. Playfair advocated most strongly the internal administration of chloral hydrate. Under the use of this agent the pains become longer, steadier and more efficient. The patient falls into a somnolent condition, dozing quietly between the pains, which are not lessened or annulled as when chloroform is used. The wild state of excitement is calmed and soothed. Fifteen grains should be given at the first dose, repeated in twenty minutes. Possibly a third dose may be required, but never more.

As an oxytocic Dr. Playfair recommended quinine. In a labor with feeble, ineffective pains, one or two doses of quinine of fifteen grains each will have a beneficial effect in altering the character of the pains. This drug does not possess any of the dangerous properties of ergot.

Speaking of mechanical means for producing dilatation of the os, the speaker

# WYETH'S

## Compound Syrup of White Pine.

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

Each fluid ounce represents the following ingredients: White Pine Bark 30 grains, Wild Cherry Bark 30 grains, Spikenard 4 grains, Balm Gilead Buds 4 grains, Blood Root 3 grains, Sassafras Bark 2 grains, Morph. Sulphas 3-16 grain, Choloform 4 minims.

DOSE.—In recent coughs, from one to three teaspoonfuls are required. In chronic cases, three or four times daily, or as the attending physician may direct.

Price per Doz. Bottles of	16 fluid oz.	.....	\$9 00
" "	Winchester " 80 "	.....	3 50
" "	Demijohn " 128 "	.....	5 00

# WYETH'S

## COMPRESSED TABLETS

— OF —

# SODA MINT AND PEPSIN.

Bi-Carb. Soda 4 grs., Carb. Ammon. 1-4 gr., Oil Peppermint 1-8 drop, Pure Pepsin 1 gr.

In this combination are embraced all the antacid, stimulating, and carminative properties of Wyeth's Soda Mint Tablets, together with the powerful digestive agent, Pepsin, in its most concentrated form. In cases of weak and impaired digestive powers, nausea, headache, excesses in eating or drinking, one or two tablets will almost invariably give speedy relief. They may be taken every two or three hours if the attack is not relieved, but it is rarely that two of the tablets are not sufficient.

Adult dose, one or two tablets, to be repeated every one or two hours if necessary.

In Screw Cap Watch Shape Bottles, price 25c. Per dozen, \$2.25.

## DAVIS & LAWRENCE CO., (Lim.)

General Agents, - MONTREAL.

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# WYETH'S Liquid Malt Extract.

Containing all the Nutrient Properties of Malt with the least possible amount of Alcohol.

WE CLAIM THAT OUR LIQUID MALT EXTRACT WILL BE FOUND TO CONTAIN ALL THE NUTRITIVE VIRTUES OF THE BEST MALT-LIQUORS IN A HIGHER DEGREE THAN ANY OF THE LARGELY SOLD LIQUID MALTS, WITH WHICH WE HAVE COMPARED IT, WHILE IT IS FREE FROM THE STIMULATING EFFECT, WHICH INVARIABLY FOLLOWS THEIR ADMINISTRATION.

It is especially adapted for administration to nursing mothers, and children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly, to those unable to digest starchy food.

## TO PHYSICIANS!

We will send by express paid, four regular size pint bottles of Wyeth's Malt Extract for the merely nominal value of \$1.00, to give opportunity to make a trial of it in your practice, feeling satisfied that the test will be so thoroughly satisfactory that you will be then pleased to prescribe it.

**DAVIS & LAWRENCE CO., Ltd.,**

GENERAL AGENTS,

MONTREAL.

# WYETH'S Compressed Tablet Triturates.

*Combining absolute accuracy of dose, convenience in administration, speedy disintegration, and consequent rapid absorption, thereby insuring the most effective results.*

We feel confident that few physicians will prescribe any of the more powerful remedies such as Aconite, Morphine, Digitalis, Arsenic, etc., either in powders or in solutions, when fully aware of the advantages presented by our TRITURATES; their accuracy and convenience in administration, coupled with the absolute freedom from danger in prescribing always attending, to a greater or less extent, the dispensing of dangerous drugs, in the form of powders, drops, or large doses in solutions.

## Recent Additions to List.—WYETH'S COMPRESSED TABLET TRITURATES.

	Per bottles of 500 each.
Calci Sulphidum, 1-8 grain .....	.50
Cupri Sulphas, 1-100 grain .....	.50
Ext. Gentian and Ext. Quassia .....	.30
Ext. Gentian 1-2 gr., Ext. Quassia 1-2 gr.	.75
Ext. Serpentaria 1-4 grain .....	.00
Hydrag. Chlor. Mite et Sodii bicarb., No. 2 Calomel 1 grain, Soda Bicarb. 1 grain.	.50
Hydrag. Chlor. Mite et Sodii Bicarb., No. 3 Calomel 1-20 grain, Soda Bicarb. 1 grain.	.50
Hydrag. Chlor. Mite et Sodii Bicarb., No. 4 Calomel 1-4 grain, Soda Bicarb. 1 grain.	.60
Hydrag. Cum Creta 2 grains .....	.85
Mist. Glyc. Comp. (Brown Mixture) .....	.50
Rhei and Soda .....	.00
Rhei 1-2 grain, Soda 1-2 grain.	.85
Tinct. Hyoscyami, 5 minims .....	.00
Tinct. Pulsatilla, 3 minims .....	.85

**DAVIS & LAWRENCE CO., Limited,**

GENERAL AGENTS, - - MONTREAL.

Please mention THE MARITIME MEDICAL NEWS.

referred to a suggestion first made by Trenholme, of Montreal, that the finger be swept around the inner surface of the os, separating it from the membranes. Why it is so Dr. Playfair did not know, but he was satisfied that this simple procedure did excite marked dilatation of the os.

When the head is pushed down low in the pelvis, the os being soft and relaxed, and the membrane ruptured, it was his belief that gentle manual dilatation, pushing, as it were, the os over the head, is frequently extremely useful. Pushing up the swollen anterior lip when impacted between the head and the pubes is not only legitimate, but essential to save injury to the os.

In prolonged second stage, Dr. Playfair referred to ergot and condemns its use at this time in the strongest terms. The only oxytocic he would recommend at this period of labor was manual pressure applied over the uterus to increase the pains when they are feeble, or to take place when they are absent. The best way of using it is for the practitioner to stand by the side of the patient, and to spread his left hand over the fundus. When the pain comes on, strong downward pressure is made in the direction of the axis of the brim. If the finger on the right hand be placed simultaneously on the head, *per vaginam*, it will be felt to be pushed down in a very marked way. One may often push a head through the brim where it has been delayed for hours and on to the perineum in two or three pains. One may often avoid the use of forceps.

As to the latter means, the speaker expressed the fear that there was a tendency to use the instruments too frequently. In the period from 1815 to 1821, 21,867 cases of labor were treated at the Rotunda Hospital, Dublin, without the forceps being used once. The present practice in this institution is such that the forceps are now used on an average of 1 in 16.5 cases. The use of the forceps when the head is high up is a serious operation always, and should not be undertaken lightly.

Unnecessary delay, when the head is in the pelvic cavity, is not only useless but dangerous. By timely interference we lessen the risk to both mother and child. It is quite impossible, however, to lay down any precise rule as to when the forceps should be used in lingering labor. Every case must be treated on its merits, after a careful examination of the effect of the pains.—*Brit. Med. Jour.—Canada Lancet.*

## A CASE OF HEPATIC ABSCESS—OPERATION—RECOVERY.

UNDER CARE OF DR. LACHLAN M'FARLANE, IN TORONTO GENERAL HOSPITAL.

(Reported by L. F. BARKER, M. B., House Surgeon.)

Considering the comparative rarity of abscess of the liver in individuals who have never lived in a tropical climate, together with the fact that abscesses so occurring are, as a rule, secondary to dysentery, a brief description of the following case may be of interest:

E. B. æt. 46, born in England, admitted to Toronto General Hospital, Dec. 17th, 1890, under care of Dr. McFarlane. He had lived in England 24 years, since then in Canada; occupations various, farming, rail-roading, hotel-keeping, etc.; always reckless and dissipated; often exposed to cold and wet. He has never been farther south than Boston, he has never had dysentery; had taken alcohol to excess; nine years ago he had dropsy of peritoneum, the abdomen was of immense size, and it was tapped once. Family history, negative. After admission, the patient was deprived of stimulants, and continued delirious up to Jan. 7th, 1891. The temperature varied from 99° to 103.5° at this time, without obvious cause. This condition continuing, pus formation was suspected, and careful physical examinations made repeatedly. Finally bulging in right side below ribs was noticed, and by Feb. 10th this swelling extended as low down as the umbilicus; complete dullness on percussion existed over the enlargement. The tumor moved with respiratory movements, but not freely. One of Dieulafoy's aspirating needles being introduced, discovered pus. There existed, in addition, probably cirrhosis of liver, some pulmonary emphysema, and slight cardiac hypertrophy. Mentally, patient was weak; sometimes talked to himself. (The above notes have been epitomized from the clinical history of the case taken by Mr. S. D. Day.)

On Feb. 11th, 1891, at 3.30 p. m., Dr. McFarlane operated as follows:—The patient was prepared in the usual way for abdominal section. Chloroform narcosis; an incision 7½ cm. long was made below the margin of the ribs and parallel to them. The liver was found adherent to the abdominal wall. A free opening was made into the parenchyma of the organ; about one litre of yellowish-white pus was evacuated. Two

drainage tubes were passed to the bottom of the wound after thorough irrigation with a hot solution of boric acid, 1-20. The skin edges were approximated by silk sutures; a large dressing of bicloride gauze and absorbent cotton was applied.

*Progress of Case.*—Considerable hemorrhage occurred through the night. The dressing was changed at 12 p. m. The cavity was washed out with hot boric acid solution, and dressing, as before, applied. Feb. 14th: the dressing was changed for the fourth time. Discharge now greenish-yellow. Feb. 15th: On changing the dressing, one found very little pus, but abundance of bile and mucus. In the drainage tube a gall-stone was found weighing  $1\frac{1}{2}$  grains. Feb. 16th: Drainage tubes removed. Cavity packed with iodotorm gauze. Feb. 20th: Wound has been dressed daily since the 16th. Since that time the patient has been taking syrup of the iodide of iron and cod liver oil, with nutritious diet. The temperature has been natural since the operation. Feb. 21st: To-day the patient developed facial erysipelas and was removed to the isolation wards. March 4th: Erysipelas gone. The wound granulating nicely; discharge diminishing. March 17th: The wound is healed. General strength improved. Patient will soon be discharged.

*Remarks on the Case.*—Examination of the pus collected in a sterilized tube revealed numerous groups of staphylococci. Smear cover-glass preparations stained in the Hospital clinical Laboratory with Gram's method showed as many as twenty of the grape-like bunches in one field (Leitz syst. 7, ocular No. 4). No cultures were made. The cocci stained well with Loeffler's alkaline blue.

Since the patient had never suffered from dysentery, and had never travelled in tropical regions, one necessarily would be somewhat puzzled in deciding upon the exact infectionatium. The finding of the gall-stone, however, clears up the case. This body, becoming impacted in a bile-duct, had led to ulceration and necrosis from pressure, together with decomposition of the retained bile, the micro-organisms ascending through the common duct from the interior of the intestine.—*Canad. Pract.*

## PEROXIDE OF HYDROGEN.

Peroxide of hydrogen is a drug which has been gradually and steadily gaining in favor, and which has yielded to each who has faithfully tried it, results so constant and so satisfactory that he has learned to depend upon it. As ordinarily found in the shops, peroxide of hydrogen is a 3.2 per cent. solution, yielding fifteen times its bulk of oxygen. This solution is far more potent than is water charged with fifteen times its volume of oxygen, since in the peroxide preparations the gas is given off in its nascent state and is peculiarly powerful in its chemical affinities.

There is abundant evidence as to the value of the peroxide, from both the clinical and the experimental standpoint. The number of those who have reported excellent results from its use is very large, and to this must be added the testimony of the bacteriologists, who find in this drug a potent and almost immediate germicide. It is devoid of septic properties, its worst effect being, when used in a too concentrated form, to cause some local pain and irritation. It is applicable in all cases where pus is present, and where the discharge is foul and profuse its effect is admirable. In suppurating otitis media, in purulent conjunctivitis, the aurists and ophthalmologists have long prized it as one of their most valuable medicaments. In the sloughing inflammations following scarlet fever and diphtheria, the laryngologists place great confidence in its powers. Surgeons, however, in whose work it might prove generally valuable, have been somewhat slow to recognize its virtues. But its use in a great variety of sloughing and suppurating cases, has given results better than those obtained from any other germicide, bichloride of mercury not excepted. Where the discharging area is represented by a surface of granulations, the drug can be applied by means of an atomizer. This enables a small quantity to reach every portion of the infected surface. In the case of a suppurating fistula or cavity the peroxide may be injected by means of a syringe. Immediately following its application to a purulent surface, an active effervescence goes on, and every particle of pus which it reaches is destroyed. Not only this, but the microbes, the active agents of pus formation, are also devitalized, so that a large surface can sometimes be rendered aseptic by one or two thorough applications. Even if this result is not

To the question: "When does mortification set in?" a medical student answered: "When you pop the question and get 'No' for an answer."

reached, the discharge is greatly lessened, and it is by no means uncommon to see a case, in which the pus had amounted to drachms, so favorably affected that the dressings contain but a few drops of purulent matter.

The strength in which the fifteen-volume solution is used, will vary with individual cases. It can be employed without harm in full strength. Where this is painful, one, two, or four parts of water may be added.—*University Magazine.*

### NAMES OF DISEASES.

There has, in the course of time, crept into medical nomenclature a number of proper names which have been used in connection with certain morbid conditions. The list has grown so long, that a reproduction from *Journal de Médecine*, January 11, 1891, of the most common, with their symptoms, may prove interesting and not without utility:

Addison's disease—*maladie bronzée*—disease of the supra-renal capsules.

Albert's disease—fungoid mycosis.

Aran—Duchenne's disease—progressive muscular atrophy.

Argyll-Robertson pupil—one which changes in accommodation, but does not respond to light.

Astley Cooper's hernia—femoral hernia with a multilocular sac.

Barton's fracture—one of the lower end of the radius involving the joint.

Basedow's disease—exophthalmic goitre.

Baudin's law—antagonism of tuberculosis and malaria.

Bazin's disease—buccal psoriasis.

Beclard's disease—hernia through the saphenous opening.

Bell's palsy—paralysis of the seventh nerve.

Boyer's cyst—sub-hyoid cyst.

Bright's disease—albuminuric nephritis.

Brown-Séguard's combination of symptoms—hemiparaplegia with hemianesthesia of the opposite side.

Cazenave's lupus—lupus erythematoses.

Charcot's disease—amyotrophic lateral sclerosis.

Charcot's joint—the enlarged joint of locomotor ataxia.

Cheyne-Stokes breathing—ascending and descending frequency of respiration.

Cloquet's hernia—perineal hernia.

Colle's fracture—one of the lower third of the radius.

Colles's law—that of non-infection of the mother by her syphilitic infant at the breast.

Corrigan's disease—aortic insufficiency.

Corrigan pulse—water-hammer pulse—the pulse of aortic regurgitation.

Corvisart's facies—*asystolic facies*.

Cruveilhier's disease—simple ulcer of the stomach.

Cruveilhier's paralysis—progressive muscular atrophy.

Donder's glaucoma—simple atrophic glaucoma.

Dressler's disease—paroxysmal hemoglobinuria.

Dubini's disease—electrical chorea.

Duchenne's disease—locomotor ataxia.

Duchenne's paralysis—pseudo-hypertrophic paralysis.

Dubring's disease—dermatitis herpetiformis.

Dupuytren's disease—retraction of the palmar aponeurosis.

Dupuytren's hydrocele—bi-ocular (*en bissac*) hydrocele.

E. Wilson's disease—universal exfoliative dermatitis.

Eichstedt's disease—pityriasis versicolor.

Erb's palsy—paralysis of the brachial plexus.

Erb-Charcot's disease—spasmodic tabes dorsalis.

Foucharl's disease—alveolo-dental periostitis.

Friedrich's disease—hereditary ataxia.

Gerier's disease—paralytic vertigo.

Gibbon's hydrocele—that coincident with hernia.

Gilbert's pityriasis—pityriasis rosé.

G. de la Tourette's disease—motor inco-ordination.

Goyrand's hernia—inguino-interstitial hernia.

Græfe's sign—failure of the upper lids to follow the eyes in descent.

Grave's disease—exophthalmic goitre.

Gayon's sign—renal ballotement.

Harley's disease—paroxysmal hemoglobinuria.

Heberden's rheumatism—that of small articulations with nodosities.

Hebra's disease—polymorphus erythema.

Hebra's pityriasis—*rubra chronica*.

Hebra's prurigo—idiopathic prurigo.

Henoch's purpura—purpura with abdominal symptoms.

Hesselbach's hernia—femoral hernia with a multilocular sac.

Hippocrates's facies—that of agony.

Hodgkin's disease—adenitis ; pseudo-leucocythemia.

Hodgson's disease—atheroma of the aorta.

Huguier's disease—fibromyomata of the uterus.

Hutchinson's teeth— notched teeth of hereditary syphilis.

Hutchinson's trio of symptoms— notched teeth, interstitial keratitis and otitis of hereditary syphilis.

Jacksonian epilepsy—focal epilepsy.

Jacob's ulcer—canceroid ulcer.

Kaposi's disease—xeroderma pigmentosa.

Kopp's asthma—thymic asthma—spasm of the glottis.

Krönlein's hernia—inguino-properitoneal hernia.

Laennec's cirrhosis—atrophic cirrhosis.

Landry's disease—acute ascending paralysis.

Langier's hernia—that across Gimbernat's ligament.

Leber's disease—hereditary optic atrophy.

Levert's law—marginal insertion of the umbilical cord with a small placenta.

Littre's hernia—diverticular hernia.

Ludwig's angina—infectious phlegmon of the subhyoid region.

Malassez's disease—cyst of the testicle.

Ménière's disease—labyrinthine vertigo.

Millar's asthma—laryngismus stridulus—spasm of the glottis.

Morrand's foot—one with eight toes.

Morvan's disease—analgesic paralysis of the extremities.

Paget's disease—pre-cancerous eczema of the breast.

Paget's disease—hypertrophied deforming ostitis.

Parkinson's disease—paralysis agitans.

Parrot's disease—syphilitic pseudo-paralysis.

Parry's disease—exophthalmic goitre.

Pavy's disease—intermittent albuminuria.

Petit's hernia—lumbar hernia.

Pott's aneurism—aneurism by anastomosis.

Pott's disease—ostitis of the vertebra.

Pott's fracture—fracture of the tibia.

Raynaud's disease—symmetrical gangrene of the extremities.

Réclus's disease—cystic disease of the breast.

Richter's hernia—parietal enterocele.

Rivoita's disease—actinomycosis.

Romberg's sign—ataxic swaying in the dark or with closed eyes.

Rosenbach's sign—abolition of the abdominal reflex.

Soesnich's ulcer—infectious ulcer of the cornea.

Stellwag's symptom—retraction of the upper eyelid.

Stokes's law—paralysis of muscles adjacent to inflamed serous and mucous membranes.

Storck's blenorrea—that of the respiratory passages.

Sydenham's chorea—chorea minor—common chorea.

Thomsen's disease—muscular spasm on voluntary movement.

Thornwald's disease—inflammation of the pharyngeal tonsil.

Velpeau's hernia—femoral hernia in front of the vessels.

Volkmann's deformity—congenital tibio-tarsal luxation.

Wardrop's disease—malignant onychia.

Weil's disease—abortive typhoid fever with jaundice.

Werlhoff's disease—purpura hemorrhagica.

Westphal's sign—abolition of the knee-jerk.

Willard's lupus—tuberculous lupus.

Winckel's disease—cyanosis of the newborn.—*Medical and Surgical Reporter.*

#### MR. EDISON'S EXPLANATION OF THE AMPERE AND THE VOLT.

During a recent examination a lawyer put the following question to Thomas A. Edison : " Explain what is meant by the number of volts in an electric current ? " To which he replied :

" I will have to use the analogy of a waterfall to explain. Say we have a current of water and a turbine wheel. If I have a turbine wheel and allow a thousand gallons per second to fall from a height of one foot on a turbine, I get a certain power, we will say one horse-power. Now the one foot of fall will represent one volt of pressure in electricity, and the thousand gallons will represent the ampere or the amount of current. We will call that one ampere. Thus we have a thousand gallons of water or one ampere falling one foot or one volt or under one volt of pressure, and the water working the turbine gives one-horse power. If, now, we go a thousand feet high and take one gallon of water and let it fall on the turbine wheel, we will get the same power as we had before, namely, one horse-power. We have got a thousand times less current or less water, and we will have a thousandth of an ampere in place of one ampere, and will have a thousand volts in place of one volt,

and we will have a fall of water a thousand feet as against one foot. Now the fall of water or the height from which it falls is the pressure or volts in electricity, and the amount of the water is the amperes. It will be seen that a thousand gallons a minute falling on a man from only one foot would be no danger to the man, and that if we took one gallon, and took it up a thousand feet and let it fall down it would crush him. So it is not the quantity or current of water that does the damage, but it is the velocity or the pressure that produces the effect."

It has been calculated that the electro-motive force of a bolt of lightning is about 3,500,000 volts, the current about 14,000,000 amperes, and the time to be about 1-20000 part of a second. In such a bolt there is 3,284,182 h. p. — *Scientific American*. — *N. Carolina Medical Journal*.

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### WAYS IN WHICH SYPHILIS MAY BE SPREAD.

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DR. HOLCOMBE writes in the *International Dental Journal*: "I recollect an instance that occurred on board the same ship with Horace Greeley's wife. Her little child was taken up by a stranger and kissed. The mother took the child from him and said: 'Sir, I do not allow you or anybody to kiss my child.' She took her handkerchief and spat on it and rubbed the lips off. This kissing business is often perfectly terrible in results. Some nurses kiss a child on the lips, and kiss it on the nose and ears and kiss it all over: and I have not the least doubt that syphilis is conveyed to many innocent persons by this habit. I should like to ask if the dry powder of syphilitic chancre, having been rubbed off, like vaccine virus, and blown through a room, would, by being inhaled, be the means of communicating syphilis. I heard Ricord once say that many cooks would communicate syphilis to a whole family; the cook would have a sore on his lip and would not think anything about it, and he would taste the different dishes and put his fingers into them—and all know the French cook has a habit of handling the meat with his fingers—and many people undoubtedly have contracted syphilis from food handled by cooks. It was the old-fashioned way in hotels to have the towels on a roller for the common use of guests, and I remember once on a steamboat

there was a tooth brush for the whole crowd. I have no doubt that tooth brushes sometimes used by several younger members of a family have been the means of communicating syphilis. I have had many patients come to me and say that they caught the disease from a water-closet, and I have no doubt that many cases of gonorrhœa and syphilis can be thus communicated. I think they should be under direct sanitary inspection, just as much as the foul air that comes from the sewer. Not long ago I was in a cigar-maker's establishment and I noticed that every cigar-maker, when he finished the end of a cigar, wet the forefinger and thumb with his lips to point it nicely. I wondered at the time if he had a lip-chancere; and I question if the disease has not been given to many persons in that way. I know of a case where, a few days ago, a lady kissed every female in the room, and one of the persons in that room I know had syphilis. Some people make a business of kissing everything, kissing animals, birds, dogs and cats, and it is very suggestive of the transmission of disease. The habit of putting money into the mouth, that some people have, is one that might lead to syphilitic infection. A butcher or grocer will often hold a half dozen bills in his mouth, and grown people will put silver pieces and pennies into their mouths; and I have wondered that the habit has not been more productive of disease than we have observed. At all events it is well to have our attention and that of the public called to the means of contracting syphilis and other diseases." — *Druggists' Circular*, March, 1891.

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### ANGINA PECTORIS.

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The *Medical Press*, March 18, 1891, says, editorially:

Angina pectoris is by no means what may be termed a new disease, yet its phenomena and its very nature still present so many obscurities that the subject has monopolized the almost unprecedented number of three evenings' discussion at the Medical Society of London. Those who take their medicine and pathology from text-books will be saddened at finding the divergence of opinion on the part of authorities with respect to the precise nature of the morbid process which gives rise to symptoms designated in their integrity under the name of angina. It is but too obvious that under this somewhat misleading title are grouped conditions of

widely different origin, of very different nature, and amenable to vastly different treatment. This must infallibly prove to be the case when nomenclature is based on symptoms rather than on pathological observation, and it justifies the attitude of those who evinced a desire to dispense with the use of a term which implies nothing except pain and distress in a particular region of the body. The term *angina pectoris* is about as scientifically precise as *stomach acne*. Anginal attacks vary immensely, as is well known, both in severity and in import, but all attempts to group them on a more scientific and topical plan have proved unsatisfactory. The most surprising feature of the prolonged but instructive debate was the antagonism of views respecting clinical details which one would have supposed would have been by this time clearly made out. For instance, is angina, in its principal variety, a disease associated with high arterial pressure or not? At first sight the evidence in favor of the pain, which is the most salient symptom, being due to overdistention of the heart, appears to be overwhelming, and this view is reinforced by the palliative effects of drugs which lower arterial tension, such, for example, as the nitrites, the use of which in medicine is one of the most striking examples of the application of physiological investigation to practical therapeutics. There is, on the other hand, evidence which we cannot afford to overlook that heightened blood pressure is not an invariable or even an essential concomitant of angina, while in many diseases associated with an abnormally high blood pressure, anginal symptoms are comparatively rare. As to the neurotic hypothesis according to which angina is referable to an unproved and unprovable neurosis of the heart, these may for the present be dismissed with the Scotch verdict of "not proven." It is worthy of remark that most cases of angina occur in persons not constrained to hard work, though the first attack is frequently associated with, and dates from, some unusual muscular exertion calculated to throw an unwonted strain upon a heart which has been enfeebled by senile or other-degenerative or organic structural changes. It is, moreover, distinctly associated with the gouty diathesis, and there is much to be said in favor of the view that what we call *angina pectoris* is in many instances only the manifestation of a gouty heart. This is not inconsistent with the view that it may be directly the result of overstrain of the

heart, for it is not unreasonable to infer that the proclivity which gout shows to attack damaged tissues generally holds good in respect of the heart just as in the case of joints, etc. Then, again, as was clearly pointed out by Dr. de Havilland Hall, a certain proportion of cases which are diagnosticated to be anginal really belong to quite another category, and several instances are on record in which the pain and distress which were supposed to be pathogenic of angina have subsequently been shown to be due to hepatic colic, indeed, the resemblance is occasionally so close that it may be well-nigh impossible to distinguish one from the other unless suspicion be aroused as to the veritable nature of the mischief. The observations and inquiries which can alone elucidate the moot points in this protean malady are unfortunately of a kind not readily accessible to the ordinary practitioner, but it ought not to be difficult for those whose means of investigation are more extensive to provide us with accurate and reliable data to go upon. At present there is too much surmise, and too little direct observation, and this accounts for the difference of opinion which the discussion has elicited on matters of fact.—*Medical and Surgical Reporter.*

#### EPSOM SALTS IN THE TREATMENT OF ACUTE DYSENTERY.

Powdered ipecac is the remedy which is most frequently used in the treatment of acute dysentery, and in India large doses of it are considered the best method of attacking the disease. There are, however, objections to be raised against the administration of large doses of ipecac in this disease. Its influence is depressing, and this action is promoted by the nausea and vomiting, and, further, the vomiting may become uncontrollable. The disease is one which is accompanied by much nervous depression, which it is important not to increase.

After observing a number of cases in which there were marked depressing effects from ipecacuanha, Dr. A. W. Leahy began treating cases of acute dysentery with a saturated solution of sulphate of magnesium, following a recommendation of Bartholow's, who regards the sulphate of magnesium as the most efficient treatment of this disease, particularly in the acute stage. Dr. Leahy gives a table of nearly one hundred cases.

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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.

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

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# TO THE MEDICAL PROFESSION.

We quote the following from an article on "The Value of Laxatives in Small Doses," (by Q. C. Smith, M. D., Austin, Texas), which appeared in *Gallard's Medical Journal*, for October, 1889 :

"Although want of time will not permit us to speak of the many various laxative medicines, either vegetable or mineral, yet the importance and wide application of usefulness of *sulphur* constrains us to give it at least a passing notice. As you know, it is a very ancient remedy, and one in which the public has long had great faith, and uses on frequent occasions. That it should be a valuable medicine when properly administered we would presume, when we remember that it is one of the important normal elements which enters into the composition of the tissues, the fluids, and secretions of the body. Therefore, being a basic alimentary substance, and so nearly related and intimately associated in physiological chemistry and the assimilative process with such important and active substances as oxygen, phosphorus, iron and manganese, we can readily see that by proper preparation and administration, it might become a most important remedy for many diseased conditions. And so we find in practice that it is. But we are now permitted to speak of it only as a laxative, for which most useful purpose it is wonderfully well adapted. And as it is necessary that laxatives should be taken regularly for long periods of time, and as it is difficult to induce patients to persevere in the prolonged use of inconvenient or unpleasant remedies, we have taken a hint from Professor Garrod, and requested MESSRS. JOHN WYETH & BROTHER to prepare a compound sulphur lozenge (samples of which we here show you), which are stable in composition, pleasant to the taste, convenient to take, and we believe superior in therapeutic action to the plain sulphur. We have suggested that in future there be added to the present formula (given below) a small portion of some suitable lime-salt—perhaps the bi-sulphite of lime—believing that this addition will increase the solubility and usefulness of the remedy. Besides, the addition of arsenious acid and bi-sulphate of lime will tend to prevent sulphurous eructations, which are liable to occur in some cases, while these basic substances are also valuable stomachic remedies themselves."

After a more extended use, and close observation of the therapeutic effects of the Compound Sulphur Lozenges, Dr. Smith finds his previous estimate of their value and usefulness increased and confirmed. When prepared according to the foregoing formula, he finds them admirably adapted to the relief of chronic pulmonary and hepatic diseases, cutaneous eruptions, and gastric and intestinal indigestion; and well suited as a pleasant laxative (not *purgative*) to relieve or cure chronic sluggish alvine functions.

Messrs. Wyeth & Bro. prepare two combinations, both of which have been largely used, and with most satisfactory results, in the form of Compressed Tablets, and will add others from time to time, as may be suggested.

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(Formula of Q. C. SMITH, M.D., Austin, Texas.)

Sulphur, 5 grains; Cream Tartar, 2 grains; Ext. Ipecac, 1-100 grain; Ext. Capsicum, 1-500 grain; Acid Arsen., 1-1000 grain; Calcium Bi-Sulphite, 1-8 grain.

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Put up in nickel screw cap bottles each containing 30 lozenges,  
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treated at Hyderabad among the poorer class of patients, the vitality of many of whom was at an exceedingly low ebb when they came under treatment. Out of ninety-five, three died; two out of these three cases were stated to have been in a moribund condition at the time of their admission to the hospital. It appears that, on an average, two day's treatment with Epsom salts is required to produce disappearance of dysenteric symptoms. The treatment subsequent to the production of this condition consists of an astringent mixture, with opium. The method of administration is to take a sufficient quantity of sulphate of magnesium to saturate seven fluid-ounces of water, and to this saturated solution add one ounce of diluted sulphuric acid. The dose of this is a table-spoonful every hour or two in a wineglassful of water until it operates. Sulphate of morphine may be combined with it, or starch enemata with laudanum may be employed. Dr. Leahy claims that in the earlier stages of dysentery this saturated solution of Epsom salts acts like a charm; fever, if present, disappears; mucous and blood are wanting in the stools, which become copious, feculent, and bilious; the tenesmus ceases; the patient's anxiety diminishes; the skin acts well, and sleep follows the administration of the first few doses. It is especially in acute cases that sulphate of magnesium is so valuable; the more chronic the case becomes, the less apparent are the advantages of this method of treatment. Dr. Leahy has ordinarily given a drachm of this saturated solution with ten drops of dilute sulphuric acid every hour or two until its effects became evinced in the feculent character of the stools and their freedom from blood and mucus, or until the temperature has fallen, and the pain and tenesmus have ceased. When the stools have become normal in color and appearance, and the patient only passes two or three in the twenty-four hours, an ordinary astringent mixture of acid with laudanum or tincture of Indian hemp, or a pill containing the extract of opium, is usually all that is necessary to complete the cure. It is, of course, imperative to diet the patient with great care. This treatment Dr. Leahy compares with that by ipecacuanha as follows: It has no depressing action on the system; it neither produces nausea nor vomiting; it quiets and soothes the patient. In twenty-seven cases of acute dysentery among Europeans all were successfully cured. It is peculiarly in acute dysentery that the

saturated solution of sulphate of magnesium will yield such excellent results. The more chronic the case the less likely is the remedy to prove of value.—*London Lancet.*

THE POPULATION QUESTION IN FRANCE.—This subject naturally continues to exercise the minds of French statisticians and scientists. Dr. Jomileff discusses it in the February number of the *Archives de Tocologie*. The true cause of the stationary population appears undiscovered—perhaps the theory that the race is naturally not prolific, or that climate and habits are against fertility is correct. Levasseur, Dr. Jomileff notes, has recently shown that the question of professions and socio-religious ideas has little direct influence on fertility. Thus statistics make members of the liberal professions less prolific than farmers and business men, but the liberal professions best allow celibacy, or often enforce it, and late marriages are common. Social and religious ideas seem to have little influence, contrary to what might have been supposed. In strictly religious communities—Protestant as well as Catholic—a large family is held to be an honor, if not a blessing, and checks to impregnation are deprecated. Yet statistics show that the fertility of such communities is not higher than that of large bodies of men and women, chiefly labourers, where the religious element is weak and where checks are openly tolerated. Brittany, the Maritime Alps, and Corsica are fertile in children, and the population are strict in religious observances and almost free from corrupting influences; yet the inhabitants of the valley of the Garonne, also a strict and pious folk taken as a whole, have very few children. Lastly, some districts where the peasants are comfortably off, have a low fertility, others show an increasing population, whilst the same irregularity is seen in different departments where the country people are poor and ill-fed.—*Ex.*

ECZEMA CAUSED BY NERVE DISTURBANCE.—Dr. L. Duncan Bulkley has contributed quite an exhaustive paper on this subject to the *Medical News*. He states that there can be no question whatever that an eruption of eczema may be induced, in a person who has never before experienced the same, by certain conditions or disturbances of the nervous system; in other words, the nerve influence can produce the disease *de novo*. Besides this, neurotic agencies may prolong the disease or bring about fresh outbreaks. The

author goes on to state that eczema has been observed: 1°. In connection with or following mechanical injuries to conducting nerves. 2°. In connection with or alternating with functional disorder of conducting nerves. 3°. In connection with or following peripheral irritation. 4°. In connection with or following internal reflex irritation. 5°. In connection with or following nervous or mental shock. 6°. In connection with or following upon, once or repeatedly, neurasthenia or nerve exhaustion.—*St. Louis Medical and Surgical Journal.*

**DRUGGISTS AND VENEREAL PATIENTS.**—The *National Druggist* is published in St. Louis, and it presents in its advertising column, February 1st, 1891, the following proposition to its readers:—

"To retail druggists. Many of you have heard more or less of the wonderful curative properties of the Cook Remedy Company's Magic Remedy for the Cure of Syphilis.

"If you will mail us names and address of those people whom you know to be affected with syphilis, we will undertake to secure them for treatment. We guarantee to cure, or refund all money. We will reimburse you for postage, and for every patient we get out of those whose names you give us we will pay you \$25 cash. Look us up, if you will, and see that we are responsible, and that we will do as we agree. All information will be kept strictly confidential. Some druggists have already been paid by us \$125 in a single month.

"Start in at once; it will pay you."—*Medical and Surgical Reporter.*

**FLUSHING** the peritoneum after abdominal operation does not seem to be a very natural thing. The pouring in of large quantities of water at a temperature of even only one or two degrees above or below that of the peritoneum, and especially when the water is poured in succession from different pitchers or vessels, the water in each having a slightly different temperature from that in the others, must have some effect (perhaps considerable) on the important nerve plexuses situated at different parts of the abdominal cavity, and which have intimate connection with the sympathetic system. It would seem advisable, if not all-important, that the solution should be very accurately (within 1°) of the temperature of the abdominal tissues, and that there should be no variation of temperature in the flushing solution used.

## Correspondence.

To the Editor of the *M. M. News* :

SIR,—In my report of the case of "Entropion with Trichiasis" published in April's issue of journal the following typographical errors appear :

Page 64, column 1, second line from bottom, "and lower," should not be there.

Column 2, line 11 from top, "Art's," should be, "Arl's."

Line 13, "Boric acid," should be, "Boric acid."

Line 16, "conjunctivae," should be, "conjunctiva."

Line 21, "Art's" should be, "Arl's."

Line 30, "puncture," should be, "punctum."

Line 40, "of the wound," should be, "of the second incision."

Page 65, line 5, from top, "On," should be, "on."

Line 11, "thus," should be, "then."

Line 21, "then," should read, "thus."

Line 26, "by intention," should read, "by first intention."

Lines 31 and 33, "Pagenstecher's," should be, "Pagenstecher's."

That so many errors should creep into an article of the size of the one in question, shows an unpardonable amount of carelessness in the proof reading. I would be sorry to think that it was done intentionally.

Yours very truly,

N. E. MACKAY.

*Halifax, April 11th, 1891.*

[The unnecessary and unfounded suggestion contained in the last sentence of the above letter will not deter us from expressing our regret that so many errors should occur. At the same time as illustrating our experience that the errors are as often in the original copy as in the type-setting, we may point out that in the first sentence of the above letter, "Entropion with *Trichiasis*" (italics ours) is a true copy of the original.—ED. M. M. NEWS.]

**PROF. BRUNTON** says: The bladder can be washed out without the use of a catheter, by attaching a long tube to the vessel containing the solution, inserting the end of the tube in the urethra, then elevating the vessel several feet above the patient. The fluid will run, by gravitation, into the bladder, then by lowering the vessel and inverting it the fluid can be syphoned out.—*Times and Register.*

# Maritime Medical News.

May, 1891.

## EDITORS:

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

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

DR. MORROW,  
ARGYLE STREET, HALIFAX.

IN no department of surgery, probably, have greater advances been made in late years than in the abdominal, in that portion lying within the peritoneum, and to so great an extent is this true, that if we may judge from their published statistics, some eminent laparotomists operate time after time with a mortality almost nil. This, of course is very gratifying, and demonstrates fully that modern methods of operating have removed that dread of wounding the peritoneum which formerly existed, and which formerly had reason to exist. The credit must always chiefly be to Lister. This great and really wonderful success carries with it the danger that others fired with an ambition to emulate these eminent men, and to make a record for themselves, may not feel that dread of the peritoneum formerly so general, or may imagine that its sensitiveness has been greatly exaggerated. It is needless to observe that any one acting on the latter supposition, and relaxing in any degree those precautions found to be necessary

for conducting an aseptic operation, would be quickly undecieved. All abdominal operations do not succeed. Occasionally we hear even now of peritonitis, and death in cases not more severe than many that recover. In fact, it is important to remember that any abdominal operation may still be followed by peritonitis, and no case should be brought to the operating table, unless with the full consent of patient and friends, to whom the risks in the case have been fully explained.

It was only last year that a laparotomist, (a lady by the way,) was indicted for manslaughter in a case that terminated fatally, and taking this fact for his text, Dr. Potter published in the *American Journal of Obstetrics*, a carefully prepared and studied paper on the medico-legal status of the abdominal surgeon. He came to the conclusion that "the abdominal surgeon was placed in a position of peculiarly trying disadvantage, he being in the anomalous position of incurring grave responsibilities in cases where he has few legal rights or privileges." He propounds the following nine questions, as being likely to assume importance from a medico-legal standpoint in a suit brought against a laparotomist on account of a disastrous abdominal operation.

1. What has been the previous training of the surgeon in abdominal operations, and what degree of surgical skill does he display in dealing with the various complications that may arise?

2. Has the propriety of the operation been positively determined, and have its possible risks been thoroughly explained to the patient and her friends?

3. Has the consent of the patient and her friends been obtained "in a legal and binding manner"?

4. Have the preparations for the operation been made according to the most approved rules of modern abdominal surgery?

5. Was the anaesthetic properly administered by an experienced anaesthetizer?

6. Was the operation performed with the degree of skill which is demanded of the successful laparotomist?

7. Was the after-treatment conducted conscientiously, under the immediate control of the operator, a skillful nurse being in attendance?

8. Was the operation performed at the home of the patient, or in a hospital? If done in a hospital, was it public or private?

9. Was the patient removed before or after the operation, and was this done with the advice and consent of the operator?

A reviewer of this paper of Dr. Potter says, "the vital importance of this subject has not been appreciated by laparotomists, especially by the younger men, whose success has been so brilliant that they daily assume risks—to themselves—which are positively appalling."

The safety of the surgeon in these and other operations affecting life, must lie in the reliance and trust which the patient and friends repose in his integrity and skill, but it behoves him at all times to supplement these by seeing to it, that what he does will stand the test of cross-examination in all its details, and to remember that all the risks are not borne by the patient.

WE repeat our desire that each subscriber should feel a personal interest in, and a moral ownership of the NEWS, that the journal should be regarded as really a co-operative institution, the value and interest increasing, as co-operation becomes more general hearty and spontaneous. There are so many matters affecting specially the relations between the profession and the public, that are capable of improvement after due discussion, and there is so much of interest occurring all the time in the medical experience and studies of one or other practitioner, that it is evidently only energy that needs stimulating; in order mutually to give and receive benefit. The day is dawning, too, in these Maritime Provinces, when professional rank and success in the eyes of professional contemporaries, must rest upon proven energy, and excellency of medical work. The surgeon, therapist,

obstetrician, the specialist in any department, will consolidate his position by the proper use of the medical press. The reporting of series of carefully observed and intelligently treated cases, is of benefit to the reporter, both in the mere act of reporting, and from the professional publicity resulting. On the other hand, the benefits are mutual, because carefully recorded intelligent medical practice is of great practical value to the practitioner who reads it. The time has been when a medical man may have succeeded in imposing upon the public a mistaken appreciation of his skill and scientific knowledge, a happy manner and pushing character going far to atone for and conceal the real lack of scientific knowledge, as understood by an educated man. This day is not wholly past yet. But what is true of the larger cities and communities, is true of wherever the medical press and medical societies exist, that the man who aims at professional eminence, cannot afford to ignore the medical press and the local medical societies. The standard of the profession is raised when men commonly submit their work for the edification, (and not fearing the criticism) of their professional brethren.

### UNIVERSITY OF DALHOUSIE AND HALIFAX MEDICAL COLLEGE.

#### RESULTS OF EXAMINATIONS.

It has become customary for the students of the Halifax Medical College, who are ready for examination, to present themselves before the Medical Examining Board of Dalhousie University, with a view to obtaining their medical degrees from the latter institution. This course was followed by all the students who recently presented themselves for examination.

The following gentlemen passed their final examination, and obtained the degrees of M. D., and C. M.:

CHAS. A. HAMILTON, ISAAC W. JOHNSON.

The following gentlemen passed respectively in the subjects named:

*Medical Jurisprudence.*—Messrs. Johnson, Hamilton, William Grant, and Percy C. Woodworth.

*Anatomy and Practical Anatomy.*—Geo. N. Drysdale, Archie Irwin, E. J. Meyer, Geo. D. Turnbull, P. C. Woodworth.

*Physiology.*—Drysdale, Irwin, Turnbull, Meyer, Frank C. Rice, Geo. F. Thomson, Patrick Coady.

*Histology.*—Turnbull, Rice, Irwin, Drysdale, Meyer, D. H. Morrison, Coady.

*Materia Medica.*—Drysdale, Turnbull, Irwin, Rice, Meyer, Coady, Morrison, Murdoch, W. McAulay.

*Pharmacy.*—Turnbull, Irwin, Drysdale, Rice, Meyer, McAulay, Fairbanks.

*Chemistry.*—Jas. S. Kennedy, Rice, Meyer, Drysdale, Turnbull, McAulay, Fairbanks.

*Practical Chemistry.*—D. W. Byers, Rice, Turnbull, C. A. Hamilton, Meyer, Irwin, Donald J. Bethune, Wm. F. Cogswell, Kennedy, R. J. McDonald, Coady, Fairbanks, George F. Grierson, McAulay, Morrison.

*Botany.*—Hamilton, Katherine McKay, Alex. W. Chisholm, McDonald, Kennedy, Wm. A. McKay, Edgar M. Brundage, Byers, Cogswell, H. O. Simpson, Thompson, Henry C. Hache, Bethune, Grierson.

*Passed the Preliminary M. D., C. M., Examinations.*—George N. Drysdale, Archie Irwin, E. J. Meyer, George D. Turnbull, Percy C. Woodworth.

### Notes and Comments.

DR. LOOMIS says that nearly one-third of the inmates in New York hospitals are pay patients and able to be taken care of elsewhere. Why should charity be asked to build and maintain hospitals for these?—*Ex.*

ALTHOUGH we expressed some doubt, in our last issue, about the cases of influenza reported in the Maritime Provinces being true influenza, we must now state our belief that there have been among us within the last few weeks, cases of genuine la grippe.

In the examinations recently held for the offices of house surgeons, (2), and clinical clerk to the Victoria General Hospital, Dr. Mador, (McGill), received one of the house surgeoncies, the other not being decided at time of going to press, and Mr. G. N. Drysdale received the appointment as clinical clerk.

## New York Post-Graduate Medical School and Hospital.

### NINTH YEAR—SESSIONS OF 1891.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is closing the ninth 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.

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

#### FACULTY.

*Diseases of the Eye and Ear.*—D. E. St. John Roosa, 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 Bungs, 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., A. D. Rockwell, M. D.

*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D.

*Surgery.*—Levis 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.

*Diseases of Women.*—Professors Bache McEveis Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.D., J. R. Nilsen, M. D.

*Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M.D.

*Diseases of Children.*—Henry Dwight Chapin, M. D., Joseph O'Dwyer, M. D., J. H. Ripley, M.D.

*Hygiene.*—Professor Edward Kershner, M. D., U. S. N.

*Pharmacology.*—Professor Edward Bazoo, Ph. B.

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.

DR. CHARLES W. DULES has retired from the editorship of the *Medical and Surgical Reporter*, of Philadelphia; the new editor and manager is Dr. Edward T. Reichert. We have always respected the *Reporter* as an independent and progressive journal. In retiring, Dr. Dules takes with him our high opinion and best wishes, and we welcome his successor.

DR. REX, in a clinical lecture, in speaking of the antipyretic uses of antipyrin and quinine, said that antipyrin would reduce the temperature but would not keep it reduced; while quinine would not reduce the temperature, but would keep it down; so that he gives antipyrin to bring down the temperature, and follows this with the same quantity of quinine to keep it down.—*Times and Register*.

THE Halifax Medical College has just concluded a successful session. The attendance was larger than in the preceding year, and the spirit of idling or "wasting" was conspicuous by its absence. The standard of examination is being well maintained, this being evidenced by the character of the papers and the proportion of failures. The classes included some of the best types of students produced in the Provinces, and some of these will be found to do credit to themselves and to their *Alma Mater*.

### Personals.

DR. ROSS, late House Surgeon of the Victoria General Hospital, has accepted the position of surgeon on the cable steamer *McKay-Bennett*.

DRS. HAMILTON, HATTIE and W. S. MORROW, were, in the order, named, the first three men in the final year exams. at McGill for 1891. They are all Maritime Province men; Mr. Hamilton hailing from New Brunswick, and the other two from Nova Scotia. Drs. Hamilton and W. S. Morrow have been appointed to the Montreal General Hospital.

DRS. JOHN STEWART, of Pictou, and W. S. MUIR, of Truro, recently sailed for England in company. They intend to spend some months on the other side, a large proportion of which time being taken up with seeing what is new in the hospitals. They will be missed at the Baddeck meeting of the N. S. Medical Society, and their absence will be a

loss to the Nova Scotia contingent at the Maritime Medical Association in St. John, both of which meetings they would have made every effort to attend.

### Books and Pamphlets Received.

#### Books:

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS (Vol. II.)—By John V. Shoemaker, A. M., M. D.

MEDICAL SYMBOLISM.—By Thomas S. Sozinsky, M. D.

FEVER: ITS PATHOLOGY AND TREATMENT BY ANTIPYRETICS.—By H. A. Hare, M. D., B. Sc.

(All published by F. A. Davis, Philadelphia.)

#### Pamphlets:

A RECORD OF THE RESULTS OF FIVE HUNDRED AND TWELVE CASES OF INTUBATION OF THE LARYNX, OPERATED ON BETWEEN 1886 AND THE PRESENT YEAR.—By J. Mouni Bleyer, M. D., New York City.

HOW SHOULD GIRLS BE EDUCATED? A PUBLIC HEALTH PROBLEM FOR MOTHERS, EDUCATORS AND PHYSICIANS.—By William Warren Potter, M. D., Buffalo.

## NOVA SCOTIA Medical Society.

— TWENTY-THIRD —

### ANNUAL MEETING,

— AT —

Baddeck, - Cape Breton,

JULY 1st and 2nd, 1891.

THE 23rd Annual Meeting of the Nova Scotia Medical Society will be held at BADDECK, CAPE BRETON, on Wednesday and Thursday, July 1st and 2nd.

Medical men desirous of reading papers, or presenting cases before the Society, are to notify the Secretary before the 1st of June at the latest, of the title of such paper or case.

W. S. MUIR,

Secretary-Treasurer.

TRURO, N. S.

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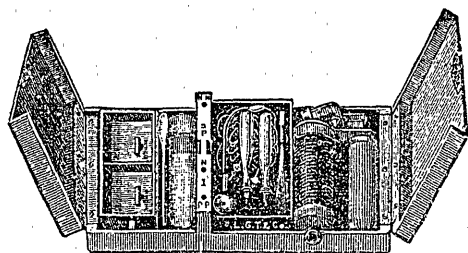
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CITY OF NEW YORK.

—SESSIONS OF 1891-92.—

The REGULAR SESSION begins on Wednesday, September 23rd, 1891, 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 SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

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.

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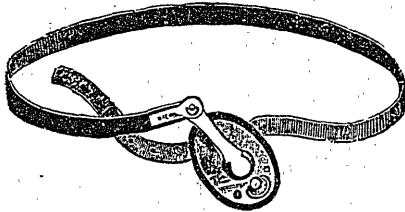
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
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