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The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 48 by 40 feet. The first flat contains the research laboratory, lecture room, and the Professor's private laboratory, the ground floor being used for the Curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

MATRICULATION.—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

REQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, having studied medicine during four six months Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to **R F. RUTTAN, M. D., Registrar,**
Medical Faculty, McGill College.

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THE INFANCY OF CHLOROFORM.

BY HENRY F. JARVIS, M. D.

Paper read before the Maritime Medical Association in Charlottetown, 12th July, 1893.

Mr. President, and Gentlemen:

The remarks I intend to make regarding "The Infancy of Chloroform" may be somewhat more interesting owing to the circumstance that I was one of the two House Surgeons in the Maternity Hospital, Edinburgh, shortly after the discovery of "chloroform" as an anæsthetic agent, by Professor (afterwards Sir James) Simpson, Consulting Surgeon to that institution; and had full opportunity of administering, at the time, many other substances, under his supervision, which he wished tried, in the endeavors of finding out whether any remedy could be discovered superior to chloroform, and without the alarming symptoms sometimes experienced in administering it.

As you are well aware, the introduction of chloroform into surgical and obstetric practice met with great opposition, especially in London, by medical men of the highest standing in the profession. But this need excite no surprise in the mind of any one at all acquainted with the history of medicine. It is a fact which cannot be denied that *all* medical discoveries, not originating in London itself, have been usually, for ten or twenty years, strenuously decried in the English metropolis, and not adopted until they were long employed elsewhere. Indeed so great was the opposition offered at first by general practitioners, even of Scotland, that it drew forth the remark from Dr. Simpson, in one of his lectures, that he did not for a moment expect that any man above the age of 40 would introduce it, at the least for some time, so bound up were they in their prejudice against any innovation in the general routine of their practice, especially when offered by one of the profession, so much their junior as the professor himself. The history which the progress of all the most valuable improvements in the practice of surgery and medicine have made is the history of a great battle, contested inch by inch, and upon fields black with vituperation.

The cases in proof of this are so

numerous that it would be tedious to advance them all.

Without dwelling longer upon the fact that, whatever is new in medicine, is often, for that very reason, condemned untried or tried unfairly; and without attempting, at present, to answer the arguments which have been brought against the use of chloroform, I shall now proceed to offer for your candid consideration some testimony in favor of it, confining myself mainly to two authorities—the one a surgical—the other a medical, or rather an obstetric one. They first studied the effects of chloroform as an medicinal agent; they first administered it and staked their high professional reputations upon the decided opinions they advanced in its favor. I allude to James Miller, the Professor of Surgery, and to Dr. Simpson, Professor of Midwifery in the University of Edinburgh. Allow me to remark that I was an eye-witness of their practice; and that, though I was their pupil, it is from no personal veneration which I entertain for my former professors, but solely from a personal acquaintance with the facts and cases which they illustrated in the presence of hundreds besides myself. I quote their authority more as a *witness* to the truth of it, than as a *theoretical* disciple of theirs.

Dr. Simpson was not the discoverer of chloroform, as many suppose; but he it was who first ascertained its effects upon the animal economy when inspired. Two chemical substances had been previously ascertained to possess the therapeutic properties which so remarkably belong to chloroform when inhaled into the lungs. The first was the nitrous oxide of the chemist, familiarly known as the intoxicating or laughing gas. The very singular properties of this gas were first discovered by Sir Humphrey Davy in 1799, but little or no use appears ever to have been made of it in medicine. "When inhaled it causes very agreeable sensations, a rapid and brilliant flow of ideas, accompanied with an irresistible tendency to laughter, and to very violent muscular exertion." The other anæsthetic agent was sulphuric ether, also long known as a chemical substance, but first used in the way of inhalation by Dr. Morton, an American, who I believe applied it, at least in the first instance, for the purpose of alleviating pain in dental surgery. This compound, which is obtained from alcohol by heating it along with sulphuric acid, is, however, subject to many objections, the principal of which are the quantity required to produce insensibility, its unpleasant odour, which very frequently remains attached to the clothes or exhaled from the lungs of the patient for several hours; the impossibility of some persons being put under its influence from the great irritation which it produces in the throat upon its being inhaled; its inflammable nature, and therefore the danger of using it near a flame; the necessity of an apparatus, and several other objections, from all which chloroform is free, besides possessing advantages of its own, in which the others are wanting. The discovery, however, which Dr. Morton made of its effects upon the human subject when inspired paved the way for the discovery of the more certain and powerful agent—chloroform, which after repeated trials of various agents, such as the chloride of hydrocarbon, nitrate of ethyl, bisulphuret of carbon, and others, Dr. Simpson found to surpass them all, either in its manageableness or in its effects. To Dr. Morton of America, therefore, rather than *to Dr. Simpson of Scotland the merit is due of first applying* (not "*discovering*," for the chemists did that,) *an anesthetic remedy.* But as Dr. Simpson is generally regarded as the discoverer of chloroform, and as he probably was the discoverer of its effects, when inhaled into the lungs, I shall, in submitting the history of *chloroform*, quote his

account of it, as contained in the first pamphlet which he published on the subject, and which may be regarded as the *announcement* of his so-called "discovery." The pamphlet I allude to is entitled "Account of a new anæsthetic agent, as a substitute for sulphuric ether in surgery and midwifery":

"Chloroform was first discovered and described at nearly the same time by Soubeiran (1831) and Liebig (1832); its composition was first accurately ascertained by the distinguished French chemist Dumas in 1835. It has been used by some practitioners internally. Guillot prescribed it as an antispasmodic in asthma, exhibiting it in small doses, and diluted 100 times. But no person, so far as I am aware, has used it by inhalation or discovered its remarkable anæsthetic properties till the date of my own experiments." The advantages of administering chloroform, or in other words of safely inducing the state called *anæsthesia* (which is just the unconsciousness of impressions) in almost all cases of surgical operation, must be very evident as *regards the patient.* Chloroform if properly administered annihilates pain.

"In disease," says a medical writer in the *North British Review* for May, 1847, "the sternest minds and the most possessed have looked death steadily in the face, day by day, week by week, and month by month; they have reasoned calmly of that which they believed to be surely carrying them onward to their grave; and yet they have turned trembling and appalled from the thought of an operation, which a turn of their malady may have rendered imperative. Many a wise man, as well as many a bold man, has refused to submit to what his own conviction told him was essential to his safety; and many a valuable life has thus, in one sense, been thrown away, which otherwise might have been saved, or at least prolonged. And why? Simply because in the operations of surgery of a grave kind there has hitherto been such cruel pain as frail humanity, even of the highest class, is fain to shrink from." "Now," says Professor Miller, the following year:—"*Now* there is no such bugbear; and in the sure prospect of enduring *no pain whatever* the patient at once, with little hesitation, is found ready to submit to what the surgeon tells him is necessary to his welfare. There is no postponement till a time that is too late, and it need not be matter of surprise consequently, that *success* comes more plentiful than before." Pain, the attendant on disease, does some good by directing attention to the affected part, etc. But the pain of *knives* or *caustics et id omne genus* is surely an undoubted evil. But not only does chloroform confer this inestimable boon—the absence of pain—upon the patient, but it does so, if properly administered, with perfect safety, and we are warranted in believing that its use adds considerably to the chances of recovery after operation. It is natural to suppose that the shock which the system sustains, under the infliction of acute pain, must in all cases tend to lower the vital powers and retard recovery. By means of chloroform the shock of operation is abrogated, and the patient on awaking from a state of unconsciousness, rejoices to find that what was so terrible in contemplation has proved in reality, nothing in endurance. Take for example the three first surgical cases in which chloroform was ever publicly administered in Scotland, that is to say in the world. The following is the substance of the report of these cases, to the correctness of which I can vouch, as I was a delighted eyewitness of them:—"Early in November, 1847," says Professor Miller, "I had the privilege of witnessing a striking example of its success. Dr. Simpson not having had an opportunity of trying chloroform in surgery came over

to the hospital in search of one. It so happened that three minor operations stood for the day, two by myself and one by Dr. Duncan. My patient, a Highland boy, 4 or 5 years old, affected with necrosis of the radius, came first. On holding a handkerchief, on which some chloroform had been sprinkled, to his face he became frightened and wrestled to get away. He was held gently, however, by Dr. Simpson and obliged to inhale. After a few inspirations he ceased to cry or move and fell into a sound snoring sleep. A deep incision was now made down to the diseased bone, and by means of forceps nearly the whole of the radius in a state of sequestration was extracted. During this operation and subsequent examination of the wound by the finger not the slightest evidence of the suffering of pain was given. He still slept on soundly, and was carried back to his ward in that state. Half an hour afterwards he was found in bed, like a child newly awakened from a refreshing sleep, with a clear, merry eye, and placid expression of countenance. On being questioned, he said that he never had felt any pain, and that he felt none now. On being shown his wounded arm, he expressed much surprise, but neither cried nor otherwise expressed the slightest alarm. A soldier came next, who required a painful operation on the face. By chloroform it was done quite painlessly, etc., etc. Dr. Duncan's patient (the 3rd case), was a man of 22 years of age, with a doomed toe of extreme sensitiveness to touch. In half a minute he was asleep; every student present might have handled his toe freely with impunity; and amputation was undergone without the slightest perception of pain. In these three operations not more than half an ounce of chloroform was used." "From that day," says Professor Miller, "I have never ceased to employ chloroform in almost every case which possessed importance enough to demand its use; in every case indeed, except a very few, (such as operations upon the mouth, nose, etc, in which danger of suffocation may arise to the patient from blood finding its way into the air passages) I have held but one opinion of the anæsthetic use of chloroform throughout. An opinion that has been growing, and now stands confirmed, viz., that it is by far the best anæsthetic agent yet known; that in almost all cases of surgical operation it may be given, *when given well*, with perfect success, and with perfect safety. That the knowledge of its use in this way is a boon to both the profession and the public, of incalculable benefit, and that, in the words of Sedilott, "Its marvellous power of suspending pain transcends all that the imagination had ever conceived of the charms and enchantments of a bygone age!"

It is now well ascertained, at least it is the opinion of the highest authorities, that chloroform is productive of no bad after-consequences if prudently administered.

When etherization first began to be employed in surgical operations it was argued that its adoption produced a greater tendency to primary and secondary hæmorrhage, to imperfect union of wounds, pneumonia, &c., &c. And amongst those who expressed the strongest opinions in regard to the reality of these supposed evil consequences was Dr. Syme, Professor of Clinical Surgery in the University of Edinburgh, and one, or rather I may say the first, operator of that day. He, however, amongst the rest, abandoned such opinions as utterly untenable, and since that time I never saw an operation performed by him in the Royal Infirmary, of which he had several almost every day, without the patient being either brought in in the state of anæsthesia or being put into such a condition immediately on being placed upon the table.

Dr. Simpson in a pamphlet entitled "Anæsthesia in Surgery: Does

it increase or decrease the mortality attendant upon surgical operations?" has proved, by a large collection of statistics, which is the only proper method of determining the fact, that so far from the mortality being increased by the employment of anæsthesia it is to a considerable degree diminished. Of 300 operations performed with ether and chloroform fewer of them proved fatal than is usual with the same cases without these agents. Of 1,088 cases of amputation of the thigh (an operation more fearfully fatal in its results than almost any other deemed justifiable in surgery) without an anæsthetic agent 44 in 100 died; out of 135 cases with ether or chloroform 33 only died, or 24 in 100; or in other words, the fatality was not greater than 1 in every 4 operated on, where the patients were previously ætherized. It was as high as 1 in every 2 or 3 operated upon when the patients *were not* previously ætherized. Thus the amount of persons saved from death in amputation of the thigh by the patient being rendered anæsthetic during the operation amounts to 19 lives in every 100 operations performed.

An objection had also been raised against the administration of chloroform, on account of the fatality of two or three cases, which, it had been stated, had been owing to the effects of this agent.

Dr. Simpson asked would the administration of as many thousand doses of our most common medicines, such as opium, antimony, senna, etc., by as many thousand different persons and constitutions, have been accompanied with equal safety and equal impunity in the results? For it is well known that, when this agent was first discovered and manufactured in Edinburgh, the demand for it was so great, both by ladies and others, who inhaled it for mere amusement, that all the druggists, in which Edinburgh abounds, could not supply it in sufficient quantity. And yet, although it is stated in one of the London journals, that during the years 1848 and 1849 it has been calculated that chloroform had been used in from 80,000 to 100,000 cases in Edinburgh, there had not been *one* fatal case in that city.

With regard to the first alleged fatal case which occurred in Newcastle-on-Tyne, and on which the coroner's jury returned a verdict of "Death from congestion of the lungs from chloroform inhalation," and which at the time excited no small interest among the profession and public, Professor Simpson pointed out in his lecture which I heard him deliver to his class *that the patient was asphyxiated or choked from the very means intended to revive her from the state of anæsthesia and not from the effects of chloroform;* which statement was fully corroborated by comparing the morbid appearances presented by those who have died of simple asphyxia and those animals which have been intentionally killed by the inhalation of chloroform. The morbid appearances in this patient were precisely those seen to result from pure asphyxia, while on the other hand they *differed* in some essential points from those seen upon the bodies of the above animals. In the Newcastle case the blood found in the heart was "dark" and "fluid." On the contrary, in the fatal experiments to which I allude firm coagulæ of blood were found in *every* case where chloroform was inhaled! In none was the brain congested as in the unfortunate patient.

The surgeon in this case had unfortunately become alarmed, and filled the patient's throat with brandy and water, with the intention of reviving her, which she was incapable of swallowing in her then torpid state, and consequently, at the first returning attempt at respiration a quantity of the fluid entered the larynx, and the patient was instantly and fatally suffocated. But supposing, even if it did prove fatal, when indiscreetly managed,

in one rare case in a hundred thousand, it is only one instance out of the many thousands in which the substance has been taken, and the chances are, so many thousands against one, that the like accident may not happen again. And indeed much greater are the chances of being crushed to pieces by railway travelling; or even knocked down by a vehicle in the street, and infinitely greater is that of breaking one's neck in following the hounds. Yet no one will be deterrred from walking on the sloppy streets in winter time, or travelling by rail on that account. And who, I would ask, who has ever enjoyed, even in this country, for such was my good fortune in my earlier days,—the supreme delight of being well mounted, and an open country before him, would for a moment forego that glorious excitement through dread of some accident befalling him.

"And before the discovery of chloroform how frequently did it happen that patients died upon being placed upon the operating table ere the operation was begun, during it, or immediately after it was finished, and when the operation was by no means severe! Every such case occurring for years to come will of course be eagerly ascribed to chloroform, though such things happened, as I have said, long before it was ever known."

* * * *

I now come to that part of my paper in which I am more particularly interested, having taken a part myself in what is to follow. As I stated in the commencement, for nine months I held the appointment of resident house surgeon in the Royal Maternity Hospital of Edinburgh. This hospital was under the immediate superintendence of Professor Simpson, the accredited discoverer of chloroform. There of course I had very extensive opportunities of seeing this agent administered, and also of daily administering it myself, in every variety of cases, and invariably with good results as regards both mother and infant. Not one death either of mother or child occurred during my residence in the hospital, and I feel confident that several of the cases from their peculiar nature must have terminated fatally but for the instrumentality of this wonderful agent. We gave it indiscriminately to all without the least hesitation, although never against the wishes of the patients, some of whom upon their entrance into the hospital stipulated that they should not be put to sleep with that stuff (as they called it), of which so many vague and ridiculous reports had circulated amongst their own class; but nevertheless I never knew an instance in which they had been a sufficient length of time in the hospital to communicate with the other patients who had already experienced its blessings that they did not upon the commencement of their sufferings vociferously demand its application, frequently, I can assure you, rather against my wishes, as its administration required, of course, my close attendance, and therefore very frequently interfered with the other duties in connection with my situation.

The space of time in which we kept the patients under its influence varied according to the requirements of the case. The longest, I remember, is that related by Dr. Simpson in one of his pamphlets, in which the patient was chloroformed for *13* hours. Other instances, however, have been published of still longer duration. The quantity of chloroform used in this hospital was, as you may well imagine, very great, and the funds not allowing of this extra expense, Dr. Simpson very generously defrayed it from his own purse, but a short time subsequent to its more general introduction into private practice, several of Dr. Simpson's lady patients, who had previously benefitted by it, showed their high appreciation of its merits by raising a subscription amongst themselves, amounting to £20, which was forwarded

Arsenite of Copper for Choleraic Ailments.

WYETH'S
COMPRESSED
TABLET
TRITURATES.
ARSENITE
OF
COPPER.
1-100 GRAIN.
1-150 GRAIN.
1-200 GRAIN.
1-3200 GRAIN.
PRICE 50 CENTS
PER BOTTLE OF
500.

We have received a large number of letters from physicians in all parts of the country confirming the experience of those mentioned on the attached circular, in cases of Cholera Morbus, Cholera Infantum, Dysentery, Diarrhœa, and other complaints of a similar nature.

It is claimed that Copper Salts have proven valuable in all the Cholera Epidemics within the last fifty years, and medical literature affords abundant confirmation of its great value in complaints of a choleraic nature, many physicians also claiming that the Arsenite will prevent the development of those symptoms which so often lapse into Asiatic Cholera.

JOHN WYETH & BROTHER.

I was called to attend a lady, a resident of Savannah, Ga., who is on a visit here, on Friday morning, the twenty-third instant. I found her suffering intensely from paroxysmal pains of intestinal colic attended with diarrhœa. My patient declared that she could not live another hour unless relieved. I felt sure that I could relieve her pain by giving an injection of morphia and atropia, hypodermically, but would be apt to have a nauseated patient to look after the balance of the day, so I dissolved a tablet of the Arsenite Copper (one one-hundredth grain) in four ounces of water. Gave her the first teaspoon myself and begged her daughter to give another teaspoonful every ten minutes for the first hour, the none dose every hour after, until I called again. I went back in two hours time and found the patient sleeping. She was relieved after taking the third dose of the Arsenite. I requested her daughter to give a dose once each hour, and left with a promise to call again that evening. I found my patient up and feeling well at eight o'clock, and so much pleased with the treatment that she wanted to put the remaining portion of the solution in a phial to carry back home with her. She says that she is subject to these attacks of colic, and was never so easily and pleasantly relieved by any other form of treatment.

C. E. DuPONT, M. D.

Grahamville, S. C.

A. P. Brown, M. D., Fort Worth, Texas, writes us in referene the above as follows.

Messrs. John Wyeth & Bro.

"Bloody Flux is very prevalent here, and these Tablets, 1.100 grain to four ounces of water surpass any other medicine we have used in arresting this painful and dangerous disease; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc."

Recent medical literature confirms the practical experience of Dr. A. P. BROWN in the use of this remedy, in serious dysenteric cases, with an additional therapeutic value in indigestion, diarrhœa, etc.; also, as an antisudoral in the night-sweats of phthisical-patients.

DAVIS, LAWRENCE & CO.,

General Agents

MONTREAL.

P. S.—We direct your attention particularly to the Triturate 1-3200 Grain which has been specially prepared so as to give an exact dose without the trouble of dissolving.

to Dr. Simpson with the request that it should be expended in the purchase of chloroform for the benefit of the poorer of their sex, then under my care in the hospital. Does not this little incident, proving as it does, that those who must of necessity have been the best judges, so highly appreciated its unspeakable efficacy, and so nobly testified in its favor, of itself speak volumes in its praise.

Dr. Simpson, in one of his pamphlets, gives a lengthened and interesting detail of the first case in which he administered it to a lady. Half a teaspoonful of the liquid was sprinkled upon a handkerchief (pocket) formed in the shape of a funnel, and in consequence of the evaporation of the fluid it was, of course, renewed at different intervals. Half an hour subsequent to its application the child was born, and, on recovering from the state of anæsthesia, the patient was not aware but that she had just awakened from a refreshing sleep, until the nurse re-entered the room, bearing in her arms the little infant already draped, and it was a matter of no small difficulty for Dr. S. to convince the astonished mother that her sufferings were entirely over, and that the child which was placed in her arms was indeed her own. Dr. Simpson adds: "Since first directing the attention of the medical profession to the great use and importance of ether inhalation in midwifery (some months previous to the introduction of chloroform), I have employed it with few exceptions in every case which I have attended, and I have no doubt whatever that some years hence the practice will be general. I have never had the pleasure of watching over a series of better and more rapid recoveries; not once witnessed any disagreeable result follow to either mother or child; whilst I have now seen an immense amount of maternal pain and agony saved by its employment." Thus confidently did Dr. Simpson express himself upon this subject more than 40 years ago, and since that time his prophecy has been gradually fulfilling—the use of chloroform in this branch of our profession has been becoming more and more universal everywhere. In the year following (1848) that in which Professor Simpson gave to the world (November, 1847,) the above detailed testimony in favor of chloroform the following amongst many other medical men in Britain, having in the meantime tested its value, gave their opinions to the profession, as in the following extracts:—Dr. Conquest says: "My own experience fully substantiates al Dr. Simpson's statements, and confirms the accuracy of all his deductions. "And it has hitherto been found a safe and invaluable agent in many hundred cases in which it has been used in midwifery, and so far as I know, without any mischief having resulted from giving it, in a single instance." Dr. Protheroe Smith, London, in a pamphlet which he published on the subject (June 20th, 1848) says: "I have been in the constant practice of employing anæsthetic agents in midwifery for more than a year. I have kept up the influence in patients from half an hour to 4, 8, 15, and in one instance 28 hours. In the last case I occasionally interrupted the process to give nourishment. In none of these cases could there fairly be attributed to these agents any injurious results, etc., etc. In fact, my experience fully bears out that of Dr. Simpson." Mr. Bainbrigge (Liverpool), in a pamphlet which he also published on this subject, addressed particularly to the female sex, says: "Looking upon women as not only reasonable but intellectual beings, I shall endeavor to offer them such facts as may make them so far conversant with this subject as to enable them to give their own decision respecting its value. My own practice has added conviction upon conviction to my mind. I look upon chloroform as a boon and a blessing,

which I dare not, even if I would, withhold. And I am not alone in this faith. I have with me men of the most illustrious names in medical science."

And in answer to some objections which have been brought forward, the same authority observes:—"It has been said that chloroform cannot be administered without danger, &c. But is *prussic acid* a safe medicinal agent? Is *arsenic* a safe medical agent? Is *calomel* a safe medical agent? or is *opium* a safe medical agent? Yet these are all given and taken both by practitioner and patient. Undoubtedly chloroform requires, like all other powerful remedies, care in its administration; but not more, may I fearlessly say, not so much, as several of the above mentioned agents, which are daily and hourly used in practice. * * * In fact it may be truly asserted that chloroform may be administered by those who understand it with even a more accurate estimate of its results than any other medicine. Still I am far from allowing that it ought to be entrusted to any but authorized (medical) hands. There are constitutional peculiarities and diseases which render its application unsuitable. Under these restrictions I do not hesitate to assert that chloroform is a *safe* agent. I speak from convictions founded on my own experience. I have given it to the young, middle-aged and old, not only without injurious consequences, but with abundant cause of thankfulness for its benefits."

There is still another objection which has been urged against chloroform in relation to its application in obstetric practice. I allude to the somewhat general but unfounded opinion that it is an attempt on the part of man to do away with the curse pronounced on woman at the fall. I regret that I cannot at present lay my hand on a copy which I had of the pamphlet written by Dr. Simpson, in which he so ably refuted and silenced for ever the arguments advanced on this head. One of the arguments adduced by Dr. Simpson in support of his opinion was, I remember, that when Our Saviour came to fulfil the prophecy made when the curse was pronounced, that he should bruise the serpent's head, he suffered and died that *all* sufferings should be alleviated, and *all* sorrow lessened. In proof of his assertions, Dr. Simpson quotes many portions of Scripture. Not one more convincing than that contained in the 13th verse of the 3rd chapter of the Epistle to the Galatians, wherein St. Paul says: "That Christ hath redeemed us from the curse of the law, being made a curse for us." And neither in this declaration, nor in any part of the New Testament, bearing upon the same subject, can we find any reservation whatever which excludes woman from the benefits of our Saviour's sacrifice. It might, with as much reason, on the same grounds, be argued that we should not take advantage of the other means which medical science and research has placed within our power of alleviating the various diseases and infirmities to which the human frame is subject, and which was alike the consequence of man's first disobedience. In an article written in the *Athenæum* in 1848, the writer says: "It would be in vain, we suppose, to hope that an unmixed good would be introduced into this wicked world without at least some show of opposition. The first opponents of the vapor of ether in operations have, since the introduction of chloroform almost entirely disappeared. But whilst chloroform was winning laurels in fields of application in which ether was hardly thought of a host of enemies have risen up, not amongst medical practitioners, or men of science, but in the church. These "small theologians," as the late Dr. Chalmers called them have discovered that the attempt to alleviate the sufferings of women in child-birth would be a contravention of the curse

that in "sorrow" shall man be brought forth. We scarcely know which to be most surprised at in this fanatical opposition the presumption which hastily interprets the curse or the absurdity which supposes that a curse of God *could* be contravened. So formidable has the opposition been in some quarters that Dr. Simpson has thought it necessary to write "An answer to the religious objections advanced against the employment of anæsthetic agents in widwifery and surgery." We can hardly suppose that any of our readers are the subjects of such morbid objections to the reception of so beneficent a *gift* at the hands of a kind Providence; but should there be one such among them we recommend him or her to consult Dr. Simpson's pamphlet.

In closing my observations on this interesting subject, I feel I cannot do so better than by reading to you an extract from Dr. Mott's eloquent address to the students of the New York University, on the opening of the winter session of 1849 and '50, wherein he thus speaks of chloroform and other anæsthetic agents:—

"Since the discovery of the immortal Jenner," says Dr. Mott, "none more useful or universally beneficial has, I venture to say, rewarded the ceaseless efforts of the votary of medical science toward alleviating human suffering. They have disarmed surgery of its greatest horror. The patient, wrapped in a gentle slumber, dreams, perhaps, the while of the blisses of heaven; not a fibre starts to discompose or embarass the operator, or divert his knife in its cautious course between life and death. The most difficult dissection is effected in perfect tranquility; not a cry escapes to distress the sympathizing spectator, and the victim awakes at the close to the tardy but rapturous consciousness that his disease has been removed, and his agony spared. Humanity has no greater triumph than at the moment when the patient discovers that all he has dreaded for months—all that has made his days wretched and his nights sleepless—has been achieved without his consciousness and without a pang; no greater reward than his tearful smile of gratitude and pleasure at his escape from pain and misery. Then, *then* indeed is the surgeon proud and the patient grateful. We cannot, gentlemen, look unmoved upon this crowning glory and mercy of our art—upon the attainment of this its long cherished desideratum. I have performed upon the persons of the tender young, operations of magnitude, which without the aid of anæsthesia I dared not to have attempted; and when I reflect upon the blood which I have shed, and upon the suffering I have inflicted, I felt in witnessing the pain-destroying influence of chloroform that I have lived long enough and could almost exclaim with the prophet, "Lord, now let thy servant depart in peace, for mine eyes have seen thy salvation."

A Case of Alopecia Areata, Producing Universal Baldness, with remarks.

By C. P. Bissett, M.D.

On Dec. 20th I was consulted by N. M., aged 20 years, who related the following history:

Five years ago, after the occurrence of sharp pains over the entire scalp, a small spot on the head suddenly became bald. Others quickly followed, and in three months every hair had fallen from the head, leaving it of a pearly whiteness.

Then followed loss of eye-brows, eye-lashes, and in the six months following every hair on the body had been shed. A thin and downy growth on head had followed in one year from its loss, but was speedily shed again.

The case upon inspection presents a striking appearance, not the slightest trace of a hair being discovered. Even the dorsal aspect of the fingers presents

a shiny appearance not unlike that of the scalp, while the whole cutaneous surface is of a white semi-transparent cast.

Two points, to which Liering calls attention, I had an opportunity of observing, namely, the existence of a certain degree of anaesthesia, and the lack of response to the action of irritating applications. The prick of a pin elicited little if any pain, and the patient assured me that his scalp was, to use his own expression, "numb."

I made several applications of "cantharidal collodion," which did not produce any perceptible effect—a result which seemed to indicate that the part so treated had undergone an important change.

Many causes have been assigned for the production of this remarkable disease, and able men have at times thought it to be of parasitic origin. It is easy to understand how the specific cause of ordinary tinea tonsurans might become engrafted on a patch or area and thus give rise to error.

Most authorities, if indeed not all, are agreed now that it is of nervous origin. In some cases its suddenness, and in all its comparative rarity, preclude the idea of its being of a parasitic nature, while its clinical features give the strongest possible evidence of its being due to trophic disturbance. And this is what we should expect in the light of modern physiology, which has shown the intimate relation existing between normal innervation and healthy nutrition.

A CASE OF SYMPHYSEOTOMY.

By W. B. Slayter, M. D.
Halifax, N. S.

A. W., Age 24, Primipara—Had been in labor nearly three days when Dr. Trenaman was called to see her, I was summoned to consult with him shortly after. We found her to be a weak, badly nourished woman, who had had great mental anxiety, and few of the necessaries of life. For two days she had had strong pains, but they had gradually become weaker, and at the time we saw her, she had a very rapid thready pulse, a hectic blush, wild starey eyes and other symptoms of extreme exhaustion. A vaginal examination found the head impacted at the brim between a large bony growth from the promontory of the sacrum and the pubis. The antero-posterior diameter of the head was in the transverse diameter of the brim. Dr. Trenaman had tried forceps and failed to move the head. We tried to get the head back, with a view to version, but failed in this. After giving her nourishment and stimulants, she was chloroformed by Dr. Arbuckle. The pubes were shaved, and washed with carbolic acid, the bladder was emptied and the urethra pushed toward the right-side. A small incision parallel to the upper border of the symphysis was made, the parts divided the recti nicked sufficiently, to allow the index finger to be passed behind the joint and down to the angle. By means of a strong scalpel the cartilage was divided with little difficulty, from within, outwards, and from above, downwards. The bones separated to the extent of nearly two inches. Dr. Trenaman again applied the forceps and with some difficulty worked the head beyond the obstruction, then changed its position, bringing the antero pesterior diameter of the head into the antero posterior diameter of the outlet. The child was delivered without further difficulty. During the delivery, the sacro iliac joints were well supported by one of the students present. The pubic bones were brought together, the small wound in the skin carefully closed with sutures and the symphysis kept intact by means of a broad band of rubber plaster and a strong bandage. No ligatures were used to keep the bones together, and

I believe them to be quite unnecessary. The patient rallied fairly well from the operation, but shortly after, the old symptoms of exhaustion shewed themselves. Notwithstanding free stimulation and the use of other means the patient died, forty hours after the delivery. The operation itself was entirely successful, the child was delivered within fifteen minutes from the time of commencing it. Had the operation been done before the vital powers were so completely exhausted, there can be no doubt but that she might have been saved. There was no hemorrhage. The points about the operation which require special atttention, are, to empty the bladder with a *Silver Catheter*, and then to push the urethra well to right-side of the patient; to protect the soft parts at the angle of the pubis, by means of the tip of the index finger, inserted through the artificial opening, and carried behind the symphysis, down to the angle; to employ strict asepsis, it is well to remember that asepsis does not mean mere cleanliness, it means *that* with microbe killing added. The means to this end, as we all know, are almost endless. Most operators have their own particular fads. Lister, the Father of asepticism and the most scientific exponent of its principles, finds, that carbolic acid is superior to all other means for that purpose, and his dictum is, or ought to be, sufficient for most of us. On examination, after death, the bones were found to have been kept in close contact, by the plaster and bandage.

In connection with this case, I should like to record a case which happened in my practice about fifteen years ago.

Mrs. F.—Age 27, Primipara.—Wife of a gold miner, living near Tangier. She was attended by a midwife, and had been in labor six days and a half when I saw her. She had had strong pains, which had died away, after some hours of sleep, they had come on again and again died away.

On examination, I found the left arm of the child protruding from the vagina and the doubled up body firmly impacted in the pelvis. The interesting point about the case was, that the pubic bones were widely separated. The only course open, to me, was to pull the child to pieces, which was done with considerable difficulty. The only instruments available, were those in my pocket case, and a bent metal fork, to hook into the skull. The woman made an excellent recovery, and walked into my office some eight weeks afterwards. The symphysis was firmly united, and the bandages used had answered every purpose. She after wards gave birth to two children, and died about five years since from pneumonia.

The operation of symphyseotomy or pubiotomy is an old one, practised for many years in Italy, afterwards in France. It was abandoned and again revived by Morisani, of Naples, in 1866. Harris, of Philadelphia, and Levett, of New York, introduced it to the profession in America, in 1892, and last year, Sir P. Smyley successfully operated on a case in Dublin. The number of operations thus far is not great, but the success attending them has been exceptionally gratifying. It has been my privilege to do the first of the kind in these lower provinces, and it seemed to me that the notes of the case might be of interest.

VARICOSE VEINS.—Landerer, prof. extraordinaire, of Leipsic, regards the primary processes in the pathology of varicose veins to be located in the valves These stretch, atrophy, rupture and finally disappear when changes in the walls of the vessels set in.

The unsupported column of blood first causes an irritation, then an inflammation, degeneration and a giving away of all the coats to such an extent as to perm it of great dilatation.—*Medico-Chirurgicale.*

Maritime Medical News.

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Will our subscribers kindly remember to send in their subscriptions as soon as possible, as we need every dollar to pay expenses? Now is a good time to subscribe for the only Medical Journal published in the Maritime Provinces.

CANADIAN MEDICAL ASSOCIATION.

A good many years ago it occurred to some of the members of the profession in the Dominion, that there should be a way of forming a closer bond of union among the doctors in all the Provinces. With that object in view, a Medical Conference was called, with delegates from each of the Provinces, to consider the matter. They met in the Hall of Laval University, Quebec, on Wednesday, Oct 9th, '67, Dr. James Arthur Sewell, President of the Quebec Medical Society, was in the chair. Dr. Alfred Belleau acted as Secretary.

After some preliminary business had been transacted, Dr. Wm. S. Harding, of St. John, N. B., moved, seconded by Dr. Wm. Marsden, of Quebec, Q. "That it is expedient for the Medical Profession of the Dominion of Canada, to form a Medical Association, to be named, the Canadian Medical Association,"—"Carried."

A nominating Committee was appointed, they brought in a report which, after some discussion, and one or two amendments, was adopted:

The first Officers of the Association being :—

Pres: Hon. Charles Tupper, C. B., Halifax, N. S.

Vice Pres. for Quebec, Dr. Hector Peltier, Montreal, Q.

Do. for Nova Scotia, Dr. R. S. Black, Halifax.

Do. for New Brunswick, Dr. LeBaron Botsford, St. John.

Do. for Ontario, Dr. E. M. Hodder, Toronto.

General Secy., Dr. Alfred J. Belleau, Quebec.

Local Secy. for Quebec. Dr. W. H. Hingston, Montreal.

Do. for N. S., Dr. Jas. R. DeWolf, Halifax.

Do. for N. B., Dr. W. S. Harding, St. John.

Do. for Ont., Dr. Wm. Canniff, Belleville.

Treasurer: Dr. Henry Russell, Quebec.

Thus commenced an organization, the value of which cannot be estimated by the profession of the Dominion.

Since then, large and successful Provincial Societies have sprung up, and it has been thought that the work of the Can. Med. Assn., had been completed.

Fortunately for the profession generally, this opinion has been held by but a limited number, and up to the present all attempts to curtail its usefulness have failed. During the last few years, there has been much enthusiasm over the meetings, and the attendance has been large. Next year the meeting will be held in St. John, N. B., sometime in September, and if united effort can do anything, the members of the profession in the Maritime Provinces, intend to make this one of the most successful meetings the Association has ever known.

DURING the months of October, November and December, an unusually large number of cases of catarrhal jaundice were observed in the city of Halifax. The disease was mainly confined to children, though many adults were affected. In some instances two or three cases happened in the same family. It was observed in all sections of the city. The onset of the disease was generally sharp, with chills, pains in head, back or limbs, vomiting or diarrhoea. Fever was rarely a noticeable feature. In the course of a few days the icterus appeared and run in children for about two weeks, in adults for a longer period. In some cases marked stupor was a prominent symptom for the first three or four days. In many instances the prodomal symptoms were marked, but no jaundice developed, though in all other respects the cases seemed alike.

Catarrhal jaundice has been known to occur in the epidemic form, and this outbreak is probably another example.

No cause can be assigned, though many suspect the outbreak to be probably due to the poison of influenza, as with the advent of colder weather the ordinary type of the disease appeared not only in Halifax but throughout Eastern Canada. Up to the present, we have not heard of jaundice being unusually prevalent elsewhere.

DRY, SCALY CONDITIONS OF THE EPIDERMIS.—Dr. Gordon Sharp (Leeds) sends us the following prescription as an application for the prevention and treatment of chapped hands, and as an antiseptic and deodoriser for the hands:

Spirit of camphor.
Spirit of nitrous ether.
Strong acetic acid; of each 1 part. Mix and add;
Glycerine, 23 parts.

Wash the parts with warm water; dry, and rub in the liniment at bedtime. The application dries in a few minutes. It may be applied again in the morning, and washed off in a few minutes. It may be applied again in the morning, and washed off in a few minutes.—*B. M. Jour.*

Correspondence.

Editor Maritime Medical News:

SIR,—The following case, in my practice, may not be uninteresting to the readers of the NEWS. The history of gun-shot injuries records no case exactly like it. It is remarkable that mental activity could be so manifest under so serious an injury; also, that the patient could have lived so long a time.

Edward H. Owen, age 48 years, teacher. Father died at 72 years. Mother died at 68 years. His only brother was drowned; his only sister is living. No history of constitutional disease in the family.

On Jan'y 2nd, 1893, while in the act of cleaning a revolver, the bullet was accidentally discharged into the left hemisphere of the brain, a little to the left of the supra-orbital foramen, and about ¾in. above the eye-lid. It appears he was sitting by the side of a table, on which he had placed oil-can, pincers, etc. He held an ordinary 32 calibre revolver in his left hand, the head bent forward, while with his right hand he was endeavouring to remove the pin that keeps the chamber in place. Failing to remove the pin with his fingers he seized the pincers to get a better hold, and in some way pulling the trigger back the bullet was discharged. Still clenching the revolver he fell to the floor. He lay in this condition for ¾ of an hour, when the chamber maid knocked at the door of his room, and receiving no answer entered. She immediately gave the alarm, and Drs. Mack and Aiken were summoned. The Drs. followed the bullet along its track for 2½ inches, but failing to sound it at this distance they decided to await developments, feeling, of course, that the case was exceedingly critical. I may say just here that the post-mortem shews the wisdom of the Drs. decision, and that any operation for the removal at this time would have been unjustifi-

able, (1) on account of the difficulty, nay, impossibility of exactly locating the bullet (2) on account of its proximity to the great longitudinal fissure. It is curious, though not unusual in these cases, to see the bullet on meeting the resistance of the skull cleft in twain — one fragment entering the brain the other ploughing up underneath the scalp. This was the case here,—about ⅔ of the bullet entered the brain and the remainder lodged an inch or more from the point of entrance. The latter portion came to the surface and was easily removed some days afterwards. A considerable amount of brain substance issued from the wound. The patient never lost consciousness, and two days after the accident his mind was as active as before. For six weeks he was paralyzed on the opposite side, and during this time complained of pain in his head and neck. The emotions were disturbed. He would cry easily and was easily excited. Often felt sleepy, and would sometimes fall asleep over his book. It was often necessary to urge him to take exercise. He was clear and precise in conversation. His memory remained unimpaired. Altogether his mental activity seemed phenomenal.

Four months after the accident took charge of a school in Lunenburg Co., and taught successfully there for three months. During this time he walked seventeen miles one day, fishing. On the first of September last took charge of 2nd dept. St. Ninians' St. School, Antigonish, and for the first six weeks conducted the school very well. After this he gradually seemed to become apathetic, and there was some dissatisfaction among the parents of the pupils. After a week or two he gave up the school, and on Nov. 6th I was called to see him. He told me he had a headache, and had been complaining for some days. He related the accident very precisely and clearly It will be remembered that more than ten months elapsed since the accident, and in the interim he had done considerable work to test his mental vigor. Had been absent from town for three days following, but on my return called to see him and found him in bed complaining of pain in the head as before. In the meantime he got up and went to the school-room, and remained there more than half a day. Called every day after this till his death, Nov. 24th. He was conscious till the day of his death. Pulse ranged from 90 to 130; temp. 99° to 103°.

Post-Mortem.—On removal of scull-cap found the dura adherent and thickened about ¼in. to ½in. at the entrance. Picked up a few spiculae of bone from this site, the largest being about ¼in. square. Beyond this, about ¾in. from the internal table was the anterior surface or wall of a large abscess cavity (occupying the place of the track for about four inches, as well as a good deal of the adjacent brain substance) containing about 6 to 8 oz. of pus. After exploration the bullet could not be found here. On further examination found the bullet adherent to the dura, resting on the falx cerebri, its base touching the lower internal portion of the first occipital lobe. It seemed to have taken a direct course from the wound of entrance through the cerebrum to the fissure of Rolando, where it came to the surface. and meeting the resistance of the skull was carried backwards over the surface to the point mentioned. At the fissure the dura was thickened and adherent to its contiguous parts. From the fissure backwards a groove filled with adhesions and inflammatory product might be seen over the surface of the brain to the place of rest. Small pieces of lead were picked up from this track. The brain tissue, from the fissure backwards, was disturbed for about the depth of ¼ to ½in. The whole hemisphere seemed softened.

The bullet was so disfigured as to make it unrecognizable. It was not in shape, but flattened and irregular.

Mr. Owen held a grade A provincial license, was well read, and held the position of Principal of Lunenburg Academy for 13 years.

Yours, etc.,

J. J. CAMERON, M D.

Antigonish, Dec. 27, 1893.

BOOK REVIEW.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. 8vo. Vols. I-V. Philadelphia and London: The F. A. Davis Company. 1893. Price, cloth, $15.00.

The sixth issue of this valuable publication surpasses in many respects its predecessors. The removal of the editor to Paris has proved of advantage in more than one direction. The work has become more international in character, though still distinctly American in its essential features. The list of foreign contributors is much larger, and embraces men of the highest eminence in the profession in Great Britain, France and Germany.

The critical remarks of these men in connection with the abstracts, add much to the value of the work.

No practitioner should be without this publication, as it contains a thoroughly reliable and convenient abstract of contributions to medical literature from all parts of the world up to a quite recent date. The complete series constitutes an admirable reference-book on any subject relating to medicine,

The indexes are very full. Each volume has its own, and at the close of the fifth volume a most complete triple index is appended, by means of which the reader may find the location of diseases, methods of treatment, and authors.

The list of journals, books and monographs consulted includes over 2000 titles.

The illustrations and plates are numerous and well executed. The general get-up of the book is highly creditable to the publisher, who we trust will be richly rewarded for carrying out so successfully such a gigantic undertaking.

BOOKS RECEIVED.

An American Text-Book of Gynecology, Medical and Surgical, for Practitioners and Students. Edited by J. M. Baldy, M.D. Published by W. B. Saunders, Phila.

Annual of the Universal Medical Sciences for 1893. By Sajous. Paris. Published by F. A. Davis Co. In 5 vols. Phil.

A Syllabus of Surgery. By N. Senn, M.D. Published by W. B. Saunders, Phila.

How to Use the Forceps. By Henry G. Landis, M.D. Revised and Enlarged by Chas. H. Bushong, M.D. Published by E. B. Treat, N. York.

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

THERAPEUTIC NOTES.

TREATMENT OF INSOMNIA. Although many new drugs have been introduced for the relief of this very common and distressing symptom, yet we are forced to admit that our success in its treatment is far from satisfactory. Of late we have been sparing in the use of hypnotics, especially in cases of recent development—depending largely upon a warm bath (with cold cloth to the head) at bed time, and sometimes supplementing this by a bowl of hot milk after the patient has been made snug in bed. Either of these measures alone generally secures more or less sleep, while their combination rarely disappoints us. It is unfortunate that such a simple means of treatment is not always applicable.

Of the drugs which we have used

during the year, *Chloral* has not lost its place in our estimation, although only exhibited on rare occasions. *Sulfonal* has been in continuous use, and has secured the desired result in carefully selected cases. When used guardedly it seldom fails, even in cases attended with marked maniacal excitement. But its use demands care as we have noticed ataxia and other toxic symptoms follow a simgle administration of a medium dose. *Paraldehyde* has proved effectual in a few instances where its taste was not objected to. In several cases of mild mania the sleeplessness yielded to a combination of *Urethan* and *Bromid of Sodium*, of each 15 to 30 grains. We have had particularly pleasing results follow the use of Chloralamid in melancholic patients. Dissolved in weak spirit a dose to 25 to 40 grains seldom requires repetition. In cases characterized by much motor excitement the addition of Bromid of Potassium is of distinct value. Hyoscin has been used in a few cases with its usual prompt and decided action. Its powerful effect must always demand careful administration and constant supervision of the patient. Trional has acted well upon patients specially selected for its study, but has not demonstrated any superiority over Sulfonal or Chloralamid. Tetronal has only been used as a sedative, and has given us results practically identical with those of Sulfonal.

TREATMENT OF EPILEPSY. In addition to regulation of the diet and careful attention to the bodily functions, we have made careful trials of several modes of treatment by medicinal means. Following the suggestion of Peterson, we abandoned the use of Bromides in certain selected cases, adopting instead his method of securing intestinal asepsis by the administration of Beta-naphthol. There was an immediate increase in the frequency of the convulsions, which persisted for some months, when we combined the Beta-naphthol with Bromid of Potassium. This method was continued for a time with much better results than with the antiseptic alone. At present, we are giving the Bromid dissolved in Cinnamon water, which acts both as a corrective to the Potassium salt and as an intestinal disinfectant. The combination is giving very gratifying results, but we find that any change in treatment is likely to be followed, for a longer or a shorter time, by a diminished number of fits. For those patients who are mainly afflicted with nocturnal attacks we still prescribe the Bromid in conjunction with Chloral hydrat, or tincture of Digitalis, or, in some instances, with both these drugs.

A very thorough trial of the method proposed by Weir-Mitchell has not convinced us in its favor. Sulfonal, either alone or combined with Salol, was administered in those cases which were deemed suitable, but in order to have any control over the frequency of the convulsions it was found necessary to push the drug to such an extent as to keep the patient in a continual state of stupor. Thus pushed, Sulfonal undoubtedly does diminish the number of fits, but not to a greater extent than Bromides. It might be useful in cases where Bromides cannot be prescribed.

Acetanilid has not given us any encouragement in the treatment of epilepsy, and the same may be said of Borax. As yet we have no experience with Boracic Acid.

We insist upon free action of the bowels in our epileptic patients. A stock bottle of Castor Oil is kept in the epileptic ward, to be drawn upon as required, and in cases where constipation is the rule we are fond of prescribing the Compound Licorice Powder in dram doses at bed time.—*Ann. Report Nova Scotia Hospital for Insane*, DR. G. L. SINCLAIR.

Selections.

TREATMENT OF CHRONIC BRIGHT'S DISEASE.—The following is the treatment recommended by M. Huchard, *(Med. Press and Circular)* for the interstitial nephritis so frequently met with in gouty subjects, and characterized by slight edema, dyspnea, cardiac weakness, and a copious discharge of urine with an insignificant amount of albumen: (1.) For at least fifteen days the patient is given an exclusively milk diet. Two quarts of milk should be taken in the day, at the rate of ten ounces every two hours. (2.) At the same time, a teaspoonful of a mixture of 2½ fluid ounces of liquid extract of kola, and 4 fluid ounces of extract of coca is taken twice a day in milk—at eight in the morning and at noon, the object of which is to counteract the weakness of the patient produced by milk. (3.) If the milk disagree, a little Vichy water may be added, and five or six of the following wafers taken during the day: benzonapthol, one ounce; pancreatin, 2½ drachms; divided into 40 wafers. If the patient manifests a repugnance for the milk, a little rum, cognac, cherry laurel water, etc., may be mixed with each glass of milk. (4.) Every month the patient should be submitted to this milk diet for five or six days, in order to produce a diuresis, which is the salvation of the case—to effect so to speak, a washing out of the kidneys. (5.) For three days every month a pill should be taken consisting of 1 grain of each powdered digitalis, powdered squill, and scammony. (6.) After the first fortnight of the milk diet solid food may be allowed, provided that a good deal of milk be employed in its preparation. During the first few months the patient should eat no meat, which is the cause frequently of the dyspnea. (7.) For twenty days each month small doses of iodide of sodium (6 to 10 grs. daily) should be ordered as a heart tonic. (8.) The state of the skin should be attended to; dry friction, or the application of some stimulating liniment daily is of great advantage.—*St. Louis, Med. and Surg. Journal.*

A SURGEON'S NERVE.—The *Medical Record* quotes the following from a magazine: "It is the common belief that a surgeon must possess what is spoken of as an extraordinary good nerve, and you may perhaps doubt if you possess this. At the same time you must bear in mind that in the case of a surgeon the coolness or calmness which is so admirable and necessary in an operation does not imply the possession of any remarkable personal qualities, but it is the simplest result of a complete knowledge of what he is doing. It is rather the natural outcome of his accurate familiarity with anatomy and his daily habit. A trooper would require a very fine nerve to go to a masthead, or a sailor to ride an unmanageable horse across a country; but a sailor's confidence aloft is due more to a matter of habit than to any particular amount of courage. In saying this, I do not wish to depreciate the calmness of the surgeon in the face of difficulties, but I may tell you quite plainly that if you haven't enough courage to be a surgeon I should be very much ashamed of you, and you would turn out to be a very poor creature, whatever occupation you might follow. Still this fact remains. And you may perhaps be interested to hear that I, who have known many good surgeons, have never seen one who has not possessed a very fine courage. In short, a very good surgeon is, in my humble opinion, a very fine fellow, and when I see (as I do see) the extraordinary achievements of modern surgery, I am very proud of belonging to a profession which has made life so much more endurable and prolonged to the human race. So, possibly, the great

fascination which surgery no doubt possesses to many, appeals more strongly to men of courage and determination than to those persons of more weakly constituted minds, or those who are less vertebrate altogether.

TREATMENT OF ALOPECIA AREATA.—Ferraton some time ago showed before the Lyons Societe des Sciences Medicales (*Lyon Med.*, No. 15, 1893,) a so' er who had been treated for parasi.. alopecia with iodized collodion, with the result that he was completely cured in three months. The method consists in applying the substance to the patches, after the hair has been cut very close. After three or four applications, made at intervales of four or five days, it is observed that when the collodion is stripped off, some lanugo hairs are brought away with it. The patient need be seen only once in four or five days. According to the author the collodion imprisons the parasite, and prevents the contamination of neighbouring parts, and the transmission of the disease to other persons. It excludes the air, and possibly the iodine acts as a parasiticide and as a stimulant of the scalp. Moreover, the collodion acts as an epilatory.—*B. M. Journal.*

MODERN TREATMENT OF SIMPLE FRACTURES.—It cannot be said, during the past decade or two, that there has been any radical change in the mechanical treatment of fractures.

It yet remains an open question, whether the current American practice of fixed extension is an improvement over postural treatment or muscular retraction, the practice so strongly advocated by Percival Pott and others.

We all know that in fractures of the forearm the semi-flexed position is that which gives the greatest comfort, and produces the best results. And, no doubt, if the same principle were applied more frequently to the leg, the general results would be more satisfactory and we would meet with fewer cases of deformity or shortening.

Much has been written on the question, as to what material is the most suitable for splints at the primary dressing.

As the usual custom is to immediately apply some sort of solid materials immediately after a bone is fractured, to neglect this and not promptly "set" the limb, might seem to a layman nothing less than gross negligence; but the experienced surgeon well knows that many a useful limb has been needlessly sacrificed by a strict adherence to this custom; and, that in not a few cases, the best splint is none at all: of any description whatever.

When our patient is not to be transported a considerable distance, and when there is little or no deformity, the safest practice is to delay any sort of solid fixture until reaction is set in. T. H. MANLEY,—*Med. Times and Reg.*

THE TREATMENT OF WARTS.—Prof. Kaposi (*La Semaine Medicale*, No. 52, 1893), recommends, when the wart is solitary, removal by the knife; but when multiple, and especially on the face, he employs the application of thuya occidentalis or fuming nitric acid. Vegetations are best treated by dusting with resorcin or salicylic acid or a plaster of ten to twenty per cent. Resorcin, if applied for a long time, acts as a caustic, and may irritate the surrounding normal skin. These same topical applications are also excellent in keratosis palmaris and plantaris, even when they are not wartlike. In multiple warts of the face he employs the following:

R. Flowers of sulphur, gram 20
[ʒ v]
Glycerine, gram 50
[ʒ jss]
Pure con. acetic acid, gram 10
[ʒ ijss]
Apply locally to each wart.

Scientific and Business Platform.

We respectfully invite the attention of physicians and pharmacists to a brief statement of the ethical, scientific and business principles upon which we strive to base our operations as manufacturing chemists. We shall be pleased to communicate with any member of either profession who may require further literature in amplification of any or all of these principles, and cordially invite such correspondence.

We hold that the manufacturing pharmacist who desires the patronage and values the respect of the physician, should study and conform to those principles of medical ethics which effect the production and marketing of medical preparations, therefore:

A. We strive to maintain the highest standard of quality.

Our facilities for securing cured drugs of first quality are unequalled; our processes of manufacture are the latest and best approved; and the highest degree of skill is employed at every stage. Wherever the nature of the drug will permit, the strength of every preparation is determined by repeated assays, from the acceptance of the crude material to the finishing of the product for the pharmacists, shelves. Under other conditions the product is made to conform to some physiological or other recognized test to ascertain its therapeutic efficiency.

B. We do not market any preparation protected by copyright, patent, or trade mark, or by concealed or misrepresented formula.

Please apply to us for literature fully explaining the distinction between these several classes of proprietary preparations, and demonstrating their respective objectionable features.

C. We do not so label or advertise our products as to encourage, or admit of their use by the public without the advice of the physician.

Any physician who has seen a former patient purchase for himself, and without a doctor's advice, a remedy labeled with the disease which it is designed to cure or alleviate, with full directions as to dose, etc., and which he himself had prescribed on a previous occasion, will appreciate the bearing of this principle upon his purse and reputation.

D. To the end that the product, and the art of its manufacture, may never become lost to science, every medical preparation should have a proper name, open to general scientific usage, and its formula should be published in scientific literature in such a manner that any competent pharmacist may readily prepare it.

Many articles claiming to be pharmaceuticals cannot be admitted to the Pharmacopœia, or accepted in scientific literature, for the reason that the names are claimed as private property, and their formulæ, or art of manufacture, are nowhere published, but are things of trade secrecy. Our processes and formulæ are open to the inspection of all properly interested persons at any seasonable time, and any pharmacist may market any of our preparations under its proper name, if only the same be not represented as of our manufacture.

E. We hold further that the manufacturing chemist should lend his superior resources to the advancement of both medical and pharmaceutical science; that he ought not to act altogether from a selfish pecuniary motive, but should have in view the general well-being of humanity, and as tending to this end, the continued progress of medicine and pharmacy.

In pursuance of this belief, we have expended large sums in therapeutic, physiological and chemical research; employed able botanists in exploring the habitats and studying the characteristics of new drugs; promoted exhaustive physiological experiments to determine their therapeutic value; made expensive tests in our laboratory to determine the most available form of preparation; and have then placed, free of cost, at the disposal of the medical profession samples of the same for clinical experimentation, until the medical value was ascertained. Where no therapeutic worth was found, the drug has been relegated to deserved oblivion; yet as the outcome of our individual efforts, the medical profession now has such valued remedies as: Cascara sagrada, Grindelia robusta, Jaborandi, Coco, Jamaica dog-wood, Black haw, Berberis aquifolium, Cimicifuga, Pichi, and others.

Basing our claims on the consideration of the physician and pharmacist upon the foregoing statements, an investigation of the truth of which we earnestly solicit, we remain,

Yours very truly,

PARKE, DAVIS & COMPANY.