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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 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 Pharmaceutical 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.

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Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

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ANTISEPTICS IN SURGERY.

ON the twelfth of August, 1865, a boy was admitted to the Royal Infirmary in Glasgow, suffering from a compound fracture of the leg. Such a trivial event in the largest hospital of a great city! Yet this was a red-letter day in the history of the healing art, for this was the beginning of Antiseptic Surgery. The germ theory of Pasteur, scarcely as yet formulated, was here applied to practice, and here received its most striking confirmation.

The young surgeon who, taking his stand on "the solid ground of nature," the solid ground of observation and experiment, had the courage to apply his theories to practice, has had his reward. In watching the progress of these cases of compound fractures and dislocations he saw with the eye of genius. He saw that here there was a new principle at work, and a new power given to man. He comprehended the vast possibilities opened up by the new theory, and he applied it to practice with a skill, a patience, and a success which have made him one of the great benefactors of his race. And when, after two years of careful trial, Joseph Lister published a "new method of treating wounds," it was the dawn of a new day in the realm of Surgery, the heralding of a new era in Scientific Medicine.

It is not too much to say that a new power was now given to man. From the earliest times surgeons had known by sad experience the difference between simple and

compound fractures. The former were truly simple, one may almost say, devoid of danger. The latter were among the most serious of injuries. However small might be the external wound which communicated with the fracture, there was such an element of danger and of uncertainty that the wisest and most skilful surgeons dreaded the results.

Occasionally a compound fracture did well, healing without a bad symptom. This was rare indeed. In hospitals and in war-time the mortality from these injuries was enormous. At the best, in cases where life and limb were saved the patient suffered from hectic fever and prolonged suppuration and from all the annoyances and risks of a wearisome convalescence. While a simple fracture might heal firmly in six weeks, a compound fracture of the same bone would take from three to six months.

But here was a method of treating compound fracture which reduced them to simple fractures, running the same course in the same time. Compound fractures and large flesh wounds healed without suppuration, and compound dislocations, almost invariably treated hitherto by immediate amputation, healed soundly and with the mobility of the joint unimpaired.

From time to time such things may have happened before, doubtless did happen, but now, for the first time in human history they did not *happen* but took place with certainty as the result of a definite plan of treatment. Who can estimate the saving of life, the prevention of pain and deformity

which have resulted from this "new treatment" during this last quarter of a century!

Man is not always inclined to accept his blessings. It may at first sight seem a strange thing that results like these should not have been hailed with universal acclamation. An account of the objections to the New Surgery, the refutations of its principles, the would-be demolitions of its claim to a scientific basis would make an interesting chapter in the history of medical science.

Scepticism has done much to purify and strengthen Faith. Opposition and ridicule may have done more to establish Listerism than any amount of praise from followers whose zeal was often greater than their discretion. Hostile critics, by pointing out weak spots have been helpers to one who "kept ears and eyes for the time and a heart for the event," who welcomed the truth from whatever source it came, and who has never hesitated to abandon methods elaborated with infinite toil and patience by himself, when better procedures could show credentials for their adoption.

A favorite cry of certain critics is that Listerism is continually changing its base. This is simply not true. Listerism has never changed its base. The solid ground and the *raison d'être* of Listerism is the Germ Theory. It is by the validity of this theory that Lister's must stand or fall. In a famous debate on antiseptic surgery in London, Mr. Timothy Holmes is reported as having said he saw no proofs of the Germ Theory. This was in 1879; he would hardly say so now.

Will any man, who has followed the new science of Bacteriology, deny that this "Theory" is one of the best established laws of nature, no longer a speculation but an ascertained truth, and a key which has unlocked many of the mysteries of life, growth and decay. No man can do so except he take a metaphysical standpoint and ask what is knowledge.

It is with physics rather than metaphysics that we have to deal and the facts which go to demonstrate the Germ Theory are physical experiments which any one with fair technical skill can make for himself. Belief in this Law, which has all along been the main principle of Listerism, has not weakened; it has rather gained in clearness and precision.

Details of treatment have changed, have been changing every year from the first, and may go on changing; and we hope, improving

for years to come, keeping pace with new discoveries. Is this any sign of weakness in the youngest 'born of the sciences? Anæsthetics have been in use twice as long as the antiseptic system, and authorities are not yet apparently satisfied as to which is the best method of producing anæsthesia. This uncertainty is surely no proof that the practice is unscientific.

The principle change of method of late in Listerism is doubtless the discontinuance of the spray. To a superficial observer visiting Lister's clinic a few years ago the spray might seem the principal element in his treatment; and in the same way the use of carbolic acid was by many regarded as the essential feature. The phrase "carbolic acid treatment" was often used as synonymous with Listerism.

Until within a few years ago carbolic acid was the best known germicide applicable to wound treatment, and it is indeed still considered by some superior to any of the newer solutions. Its toxic effects have been much over-rated. When, however, in consequence of Koch's experiments in disinfection, Lister became satisfied that solutions of the perchloride of mercury had advantages over carbolic acid he at once made the change.

The spray was certainly a prominent feature, and the inconveniences attending its use made it the *bête noir* of all proselytes to the New Surgery. Its use was strictly logical and justified by the state of our knowledge at the time, but Lister always took pains to point out that it was the least essential detail in his treatment. Bruns of Tübingen was, we believe, the first of the Listerians to discontinue its use, and in alluding to his action Lister said if it could be shown that the spray was unnecessary no one would rejoice more heartily than himself.

But the germ theory is not the only pathological basis on which Lister has founded his practice; and before discussing the present methods of antiseptic surgery we shall indicate two other facts which have a great bearing on the whole question.

Lister has always laid much stress on the power of the healthy living tissues to protect themselves from infection. He has also woven into his system the results of his researches in the pathology of Suppuration.

The whole object of Listerism is to reduce open wounds to a condition of sub-cutaneous injuries; or, what is practically the same, to avoid suppuration.

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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 tea-poonful 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 & CO.)

(TO DOCTORS ONLY.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC.

COMPOSITION:—Fytolacca Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, aa grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Casarea 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 alterative 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 alterative 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 tablespoonful four times a day, the frequency of the dose to be diminished if bowels become too active.

CHARLES W. BROWN, M.D.

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WILLIAM R. WARNER & CO.,

Manufacturers of

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1228 Market Street Philadelphia and 18 Liberty Street, New York.

Please mention THE MARITIME MEDICAL NEWS.

For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO SODA.

(WARNER & CO.)

R—Caffein 1 grain, Brom. Soda 30 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.

SEDATIVE. EFFERVESCENT ANODYNE.

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. Exs. 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 neurasthenic 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 SO₄ | Ferri Carb. Fe CO₃
Potass. Carb. K₂ CO₃ | Potass. Sulph. K₂ SO₄
Carbonate 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.

— INGLUYIN —

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

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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. Ipeacac. 2-3 gr.
Pulv. Pip. Nig. 1-12 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. Colchicum.
Resina Podophyllicum Ext. Phytolacca.
Quinia Capsicum.

Almost a Specific for Rheumatism and Gouty Complaints.

The causes of suppuration are, according to Lister;

- (1.) Excited nerve action.
- (2.) The direct action of a stimulant.
 - (a.) Septic. (b.) Antiseptic.

Now take the case of an abscess. The pus here present has resulted from inflammatory processes acting through the nervous system.* There is tension, this operates mechanically, and again through the nervous system, increasing the formation of pus. The surgical indication is to give vent to the pus. Supposing this be done, the element of tension is removed, pain is relieved, and the formation of pus through an excited nervous action terminates. But common experience shows that in a short time pus begins again to be secreted, and continues to be formed until the abscess cavity, in process of time, closes. The germ theory explains this renewed formation of pus by the admission of septic organisms, their multiplication in the abscess cavity and the irritation of its walls by the products of their metabolism. And the practice at inference is, exclude the germs.

To do this it is not necessary to inject the abscess cavity, as some have done, with strong antiseptics, nor is it necessary to wash newly made wounds with potent germicides. These simply stimulate the exposed tissues to form pus, and indeed, by lowering the vitality of the tissues may enfeeble them in their struggle with the invading microbes. Lister has always been very careful to apply his antiseptics as little as possible to the surface of the wound. As he himself said, twenty years ago; "the injured tissues do not need to be "stimulated" or treated with any mysterious 'specific,' *all that they need is to be let alone.*" The problem there is to exclude the germs. How are the germs admitted to the wound, or to the abscess cavity? By far the most common way is by means of the hands and instruments of the surgeon. Then let these be thoroughly cleaned, not with soap and water only, desirable though this be, but with some effective germicide. Lister's plan from the beginning has been the use of a 1 to 20 solution of carbolic acid.

The wounds are infected through the medium of the air. The air in itself is harmless, but the dust it holds in suspension teems with many forms of microscopic life, and though all of these are not capable of

inducing suppuration in wounds, there is much danger especially in the neighbourhood of diseased and decaying matter that septic organisms may infect the wound.

It is impossible to prevent the air from reaching the wound, but we must attempt to exclude the germs by a proper dressing. Thick layers of gauze or cotton wool may filter the air before it reaches the wound.

It is in the secretions of the wound that pathogenic organisms thrive; if the secretion fill the dressing and reach the surface, the dressing is useless for the germs can multiply in the albuminous fluids held in its meshes, and so gain access to the wound. The dressing is worse than useless, for it simply enlarges the area open to infection. But if the dressing, gauze, jute, or wool be so prepared with antiseptic agents as to render the wound-fluids oozing into it noxious to the septic germs, the object has been attained, and, provided the discharge be not excessive such a dressing may remain on for a considerable time, several days or even weeks in succession.

And such dressings are now within the reach of every practitioner. The gauze prepared with the double cyanide of zinc and mercury, which was introduced two years ago by Lister, continues to give great satisfaction. Writing in December last he says of it that "taking all circumstances together it is better than anything else that we have used."

A clear understanding of the principles of Listerism will enable any of us to carry out the practice, and we say deliberately that the practitioner who does not, so far as he can, give his patient the benefit of antiseptic treatment, comes short in his duty.

We may not all find it necessary or desirable to perform operations, but few of us can escape the responsibility of treating accidental wounds. Let us try to do the best for our patients in the clear light of science. *Imprimus non nocere.*

First of all, let us be careful not to introduce septic mischief; let us see that our hands and instruments are clean, not in the ordinary sense only, but in a scientific sense. Nothing can be better for this purpose than carbolic acid. Its extremely penetrating power makes it especially useful for sterilizing the hands, and the skin in the neighbourhood of the wound. While it has the great advantage over the mercurial solution of not destroying the instruments. For cleansing and sterilising a wound which has been

* See Phil. Trans., (Proc. Roy. Soc.), 1858. "On the early stages of Inflammation."

received, perhaps, several hours before coming under our care, a solution of perchloride of mercury 1 to 1000, or 1-500, is probably the best. In freshly-made, clean wounds, such as operation wounds, a much weaker solution will answer, 1 in 5000, or even less. Lister has not only discontinued the spray, but does not now irrigate his operation wounds, and uses nothing stronger than 1 in 2000 solution of perchloride of mercury for the sponges.

In the next place, let us exclude septic mischief if we can. For this purpose there are many good forms of dressing. For the efficacy of these, we must it is true, trust the manufacturer, (unless we prepare them for ourselves,) but what we must do, is to preserve them from contamination. They should be kept in clean, tightly-fitting boxes. The most carefully prepared dressing is deprived of all its virtue if kept carelessly exposed to dust in the surgery, or if laid down on a dirty table or floor before using.

Lastly, let us assist nature in every other way we may think of, by position by immobilization, by relief, or prevention of tension, as by drainage tubes, when necessary.

The argument from statistics is not always a sound one, but here are a few figures in support of these opinions:

Dr Carl Reyher had charge of a Russian ambulance in the Army of the Caucasus, (Russo-Turkish war.) He was perhaps the first to practice Listerism in the field. He had 81 cases of gunshot wound of the knee. Of these, 18 were treated antiseptically throughout, three died, and fifteen recovered, and recovered with movable joints. In 40 cases which had been manipulated and treated in the ordinary surgical methods before coming under his care, 34 died and six recovered, but five of the six had to suffer amputation. The remaining 23 cases were treated without any antiseptic precautions, and only one recovered.

In the first class the mortality was 17 per cent. In the second, it was 85 per cent.; and in the third, 95 per cent.

"Mark, learn, and inwardly digest."

THE cases of pulmonary tuberculosis under treatment with Koch's lymph at Victoria General Hospital, Halifax, are doing very well, better, it is stated by the attending physician, than would be expected from any other mode of treatment. It is to be noted that they were all carefully selected cases.

Original Communications.

CONTRACTIONS OF THE PALMAR FASCIA.

Read before the New Brunswick Medical Society at Moncton, July, 1890,

By J. M. DANIEL, M. D., M. R. C. S. ENG.,
St. John.

MR. PRESIDENT,—The following short paper is not an attempt to go fully into all the details of palmar contractions, which are more satisfactorily to be obtained in the books, but rather aims at aiding in the selection of the mode of operation in their treatment.

The palmar fascia consists of three portions, one central and two lateral; the two lateral covering in the muscles on either edge of the hand and being continuous with the dorsal fascia. The central portion is dense and strong, is attached at its upper end to the annular ligament, where it receives the attachment of the palmaris longus, and at its lower end over the heads of the metacarpal bones divides into four processes which pass down into the fingers where they are inserted into sheath of flexor tendons, and send lateral slips along the sides of the fingers to be inserted into ligaments of phalangeal joints. No process of this fascia goes to the thumb. Permanent deformities of the hand are occasioned by a diseased condition of this fascia characterised by contraction in one or more of its parts.

All present are doubtless familiar with cases of deformity in the hand produced by what at first sight appears to be a contraction of the flexor-perforatus digitorum, but which on closer examination reveal a condition characterised by a perfectly healthy condition of tendon, the disease being situated in fact, in the fascia referred to. The most common form of contraction, from the fact that Dupuytren was the first to ascertain by dissection and demonstrate its true nature, has ever since gone by the name of Dupuytren's contraction. It is by no means uncommon,—sometimes slight in degree, at others so severe as to render the hand useless as a prehensile organ.

Its cause is even now not definitely ascertained, some authorities holding the view that it is of rheumatic or gouty origin, others that it is neurotic, and others that it is

the result of pressure on the palm. As a matter of experience I have seen the affection in those in whom there was at least no other symptom of rheumatism or gout, in whom all neurotic symptoms were absent and whose hands wielded no implement heavier than a pen. It does not often attack the laborer, but is more frequently seen in the well to do, and those free from any necessity of resorting to manual labor.

The affection is characterised by the more or less complete flexion of one or more fingers, the contracting medium standing out in the palm like a tense cord or tendon often accompanied with round firm excrescences under the skin, but attached to the fibrous fascia, and being a part of it. The finger or fingers may be so contracted that their ends may be pressed into the palm, or there may be any degree of contraction from the most complete to one of slight extent. Generally the contraction is of sufficient extent to interfere greatly with the use of the hand, and often sufficient to destroy its usefulness. A remembrance of the anatomical relations of the palmar fascia and its process already referred to is sufficient to explain the character and appearance of this disease. Theoretically it may be a very simple matter to cure this affection; practically the treatment is often found protracted, and sometimes unsatisfactory, from a return of the affection after division of the contracted parts, as well as in the difficulty in straightening the fingers after what would seem very extensive division of fascia.

Two methods of treatment, which must necessarily be operative, are recommended, viz.—that by subcutaneous and that by open wound. Both have their advocates. At first sight it would appear that the subcutaneous was the neater, more scientific and less deforming method of operating; but when the skin is attached to these fibrous bands as it often is, and when the number of contracted bands that must be divided to release even one finger is taken into consideration, the choice of procedure does not appear to be a matter of such easy solution. In the subcutaneous method a very narrow bladed knife or tenotome is used.—Mr. Adams' knife makes a wound only $\frac{1}{8}$ inch in length—and by inserting such a knife under the skin, all the little fibrous bands that aid in causing the deformity are one by one divided, and the number of punctures must frequently be very great. In treating by open wound a longitudinal incision may

be made over affected parts and the contracted fascicula divided or dissected away altogether; or the constrictions may be divided by passing tenotome under them and cutting upwards through everything; the latter method being, I should think, the worst of any. In addition to these two methods there is another by a ∇ shaped incision, introduced by Busch and going by his name. This I will refer to again further on. After operating, whether by subcutaneous or open wound, the hand is put on splint with fingers extended for about three weeks, and generally for a much longer period, when passive movements are made. The principal objection that those who favor the subcutaneous method make against the open wound treatment, is that if contraction reappear, a second operation cannot be performed; while the open wound men say that the affected fascia being left behind in subcutaneous method, is sure to recontract and the affection return. I believe there is no doubt a very considerable liability to a return of the affection in the subcutaneous cases. Mr. MacCreedy, Surgeon to the Great Northern Hospital, who published a paper on this affection last year, thinks the liability to a return after treatment by open wound, is also very considerable.

Contractions of the palmar fascia may also be produced, very similar in effect and appearance to Dupuytren's contractions, by injuries such as burns and scalds, and I will give such a case and its treatment occurring in my own practice. I may also say that the best mode of treatment not being yet decisively settled, any case bearing on the subject has distinct value in aiding to solve the question, for however interesting cases of disease may be in themselves, it is the treatment and means of cure that after all are of the greater importance.

In October, 1889, I was consulted with regard to a little boy suffering from contraction of all the fingers of right hand; the extent of contraction being such that the ends of the fingers were drawn to within less than an inch of the palm, and no extension could draw them further away. The thumb was not affected. The patient was between seven and eight years of age, and when two years old attempted to take hold of a very hot teapot, the result being the contraction referred to. Here then was a case of contraction of the palmar fascia of traumatic origin. The fingers had already been operated on twice, the contraction returning after both

operations. The exact operation done I could not ascertain, my impression being that subcutaneous division of some of the contracted fibres had been performed, and the fingers straightened and put on splints. On careful examination I found that the tendons of all the fingers were perfectly healthy and that the contraction existed in the skin and fascicula of fascia, and with the assistance of Dr. Walker I did the following operation:—

Passing a narrow bistoury close up to the palm under the skin and areolar tissue, I carried it down the length of the finger till past all constriction and then brought it gradually to the surface. On raising up this flap the whole cause of the trouble lay beautifully and entirely exposed to view, and the contracted fasciculi of the palmar fascia running in narrow bands over front and sides of finger, showing its divisions and attachments on either side of phalangeal joints like the end of perforatus tendon where it divides for ends of flexor profund. digit. to pass to its insertion in distal phalanx, were as plainly visible as in a dissecting room. These fasciculi had also numerous attachments to the skin, and they could be felt giving way as the knife passed through them. All of these fibrous bands were carefully and completely dissected away, when the finger was easily straightened out. The finger was kept straight and the flap sutured into its new position, and the skin at end of finger drawn together so as to cover in the space left bare in that situation. The other fingers were treated in the same way, dressed antiseptically and placed on a straight splint of such a form that each finger had its own splint to which it was firmly bound. The wounds all healed rapidly, and the child went home in a fortnight with instructions to keep the splint on for a week, then to take it off in the day time and wear it at night. This was done, and the result was all that could be hoped for, the fingers resuming their natural functions, and the little patient being able to extend his fingers equally well in both hands. I heard from this patient a short time ago, and I am happy to say that the cure remains complete, and the fingers have not shown a tendency to contract. When I did this operation I thought I had initiated a new mode of operating in this and similar affections, but afterwards in looking up the subject, I found that I had unwittingly carried out the exact incision and procedure recommended by Busch, which is detailed in

Surgery, and already referred to by me in speaking of open wound treatment of Dupuytren's contraction, except in this particular—that Busch recommends that no straightening or extension of finger should be attempted until granulation is established, while I straightened out finger, stitched flap into its new position and extended fingers completely at one sitting.

The lesson involved in these cases is that while a contraction may appear a very palpable one to the eye, and apparently require but a simple tenotomy to effect a speedy cure, treatment to be permanently successful must be much more radical. As to whether subcutaneous or open wound treatment is the better, I think much will depend on the nature of the case. If it were a Dupuytren's contraction and not severe, I think I should prefer the subcutaneous method; if more severe and especially if affecting the palm, I should be inclined to choose the open wound, using the V incision and removal of the affected fascia as detailed, but not the longitudinal or Goyrand incision. In a case similar to the one I have described I do not think the subcutaneous operation would succeed; the number of incisions or punctures in each finger would be so great, while the danger of missing some one or more of these fasciculi would also be very great, and render a successful result much less certain. An important point in these cases is the attachment of the skin to the fascia by numerous processes. In my case this was so much the case that the contraction appeared to be altogether in the skin and areolar tissue, and it was not till the flap was raised that the exact condition of the parts could be accurately known. In the ordinary Dupuytren's contraction, though the same condition is frequently noticed, yet, as stated by Dr. Keen of Philadelphia, "the skin can always be differentiated from the band, even to some extent when they are fused, and when they are not fused the cord is felt distinctly at a deeper level." but even here, in many cases, this fusion is so great that on that account alone the open wound treatment has been adopted in preference to subcutaneous. With regard to the after treatment I have nothing particularly to say; except that both Mr. Adams, the special authority in these contractions, and Mr. MacCreedy, to whose paper I have already referred, advise strongly that no extension should be made for at least four days after subcutaneous division of fascia. I notice,



Acknowledged by leading Physicians to be the most Perfect, most Permanent and Palatable preparation in the market.

EMULSION.

This preparation of Cod Liver Oil, combined with the Hypophosphites of Lime and Soda, has only been a few years upon the market, yet it already enjoys a very large sale, and is prescribed daily by the leading physicians of Canada. We desire now, for the information of those who do not know of it, to present to them the following facts:—

First—We only use the purest Norwegian Cod Liver Oil in manufacturing, obtaining our supplies by direct shipments from Norway, which is most important alike to physician and patient.

Second—We so thoroughly incorporate the oil with the salts in our mode of manufacturing that it is perfectly emulsified, and remains so without change for years.

Third—As it is almost tasteless and easy of digestion, it can be given to children and persons with most sensitive stomachs without any difficulty, and we feel convinced from the results that have been obtained, that in the form of an emulsion is the proper way to give Cod Liver Oil.

Its ease of digestion and ready assimilation, and its fat producing and strengthening qualities, makes it especially valuable in all forms of exhaustion of the nerve centres and general debility.

It is in cases of pulmonary diseases, with emaciation, cough, debility, hemorrhage and the whole train of too well-known symptoms, that the benefits of this article are most manifest.

It is permanent; hence it does not separate and decompose like other preparations, and the dose is always the same.

“I have tried your D. & L. Emulsion and find it the most palatable of any I have hitherto used.”
METCALFE, ONT., 26th March, 1889. D. WALLACE, M. D.

A well-known physician of Windsor, Nova Scotia, writes:—

July 17th, 1889.

“My experience with your D. & L. Emulsion of Cod Liver Oil with Hypophosphites of Lime and Soda, has been most pleasant and satisfactory. During the winter and spring just past, I have given it in a large number of cases, and up to the present time have not known a stomach with which it has disagreed, or a taste that has objected to it. Some of my patients, for whom I prescribed it, were heretofore unable to swallow and retain any of the Emulsions of Cod Liver Oil though honestly and earnestly trying, but with this preparation there has been no quarrel with taste or stomach. For those among my patients with delicate taste and sensitive stomach where Cod Liver Oil was indicated, this has been the preparation preferred above all others.”

The above is my private opinion gladly given.

A PERFECT EMULSION, SWEET AND PALATABLE AS CREAM.

Please specify in prescribing, and be sure you get the

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— FOR SALE BY —

All Druggists and Medicine Dealers.

8 and 16 oz. BOTTLES. 50c. and \$1.00 PER BOTTLE.

Physicians' samples can be had from your Druggist, or we will send by express upon application.

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Some facts for Physicians concerning Menthol Plasters.

MENTHOL has a soothing, quieting influence upon the motor, sensory and reflex centres in the brain and spinal cord, and thus lessens irritability.

On account of the transitory effects of the ordinary modes of applying Menthol, it is now offered in the form of a plaster. It produces an agreeable electric sensation on application.

"The D & L" Menthol Plaster is purely medicinal, and affords a perfect means of maintaining the continuous action of one of the most valuable remedies in the pharmacopœia. Chronic painful affections otherwise only relieved for short intervals, are by this plaster kept permanently from pain.

It probably has no equal in the speedy relief of headache and neuralgic pains. In intercostal, facial, brachial or other neuralgia, and for gastralgia it simply acts like a charm.

Very successful in lumbago, sciatica, "cricks," tic, "stitches," rheumatic pains and chronic rheumatism.

Will always do good in muscular twitchings and cramps, in lameness, soreness, sprains, strains, and stiffness of the joints or muscles.

ENDORSEMENT from the "LANCET," LONDON, ENG.

"The Menthol Plaster recently introduced into England is a good preparation. The specimen submitted for our inspection has an agreeable odor of peppermint and indicates its nature also by action of the Menthol Vapor on the conjunctiva. We can speak of two cases where it was used on the breast, and the action was quicker and more agreeable than the belladonna plaster used before. The writer of this article used it on himself, and found the action of the Menthol was decidedly refreshing.—*London Lancet* of January 1, 1887.

TESTAMONIALS FROM PHYSICIANS.

I have used Menthol Plasters in several cases of muscular rheumatism and find in every case that it gave almost instant and permanent relief.

Washington, D. C., May 14th, 1889.

J. B. MOORE, M. D., 57, K. W. N. E.

I have used Menthol Plasters for acute neuralgia and sciatica with complete success.

DR. C. HOLLAND, 546 Tremont St., Boston.

Allow me to testify to the excellency of the "D & L" Menthol Plaster in lumbago.

Westport, Ont., December 31st, 1889.

D. E. FOLEY, M. D.

I have used Menthol Plaster in a case of acute pleurisy attended with very severe pains; in about three hours the patient was so much relieved that she fell asleep.

Also in a case suffering more or less pain for three weeks over the left ovary. I applied a piece of Menthol Plaster about four inches square. I saw her again the third day, and she told me the pain had entirely gone.

Boston, Nov. 26th, 1887.

A. W. TURNER, M. D., 12 Upton Street.

I have prescribed Menthol Plaster in a number of cases of Neuralgic and Rheumatic Pains, and have been very much pleased with the effects and pleasantness of its application.

Boston, Nov. 22nd, 1887.

W. H. CARPENTER, M. D., "Hotel Oxford."

I have given Menthol Plasters a thorough trial in my practice. I find it more convenient than in the liquid form, and can obtain better results.

G. J. BRADY, M. D., Lowell, Mass.

I use Menthol Plasters in my practice with excellent results. They excel all other plasters known as a means of relieving pain. I cannot compare the belladonna to them.

W. A. CHAMBERLIN, M. D., St. Charles, Minn.



MENTHOL PLASTER.

— PREPARED BY THE —

DAVIS & LAWRENCE CO, L'td, MONTREAL, CANADA.

NOTE.—We put up specially for physicians the "D & L" Menthol Plaster, in single air tight tin boxes, seven inches wide, in yard rolls, making seven plasters, for \$1.00 a yard. This is the cheapest and most economical way to buy them, as it allows you to cut the plaster any required size to cover the part afflicted with pain.

Please mention **THE MARITIME MEDICAL NEWS.**

too, that the extension required in these cases is long continued, is done by a strong rack and pinion apparatus attached to each affected finger, and gives one the impression that a good deal of the straightening is really done by the force of the splint and is not obtained by the division of the fascia. This is just what one would expect to be the case in the subcutaneous method, when the forcible stretching of a strong lever is required to overcome the resistance of the various little bands of fascia which had escaped the knife. It is a moral certainty, I think, that those cases which are straightened out by forcible extension will suffer a relapse, and the deformity return. I therefore consider the open V shaped incision with thorough dissecting away of affected fascia the most radical operation of all, so much superior to the longitudinal incision and less likely than the subcutaneous to be followed by a relapse.

SPONTANEOUS SEPTIC PYAEMIA—A CASE IN PRACTICE.

BY RICHARD JOHNSON, M. D., *Charlottetown*
P. E. I.

Minnie R., aged 7 years, of nervous temperament, and good family history. On the night of Nov. 20th, 1890, felt some pain in the ankle of her right leg, and cautioned her bed mate against striking the painful part. At the breakfast table on the following morning she made some reference to the pain, but soon ran out to join her playmates and engaged in lively sport with her coasting-sleigh for several hours. In the evening she again complained of pain at the ankle, from which she suffered much through the night. These facts were related to me by her father on the morning of the 23rd, who also stated that she was still suffering severe pain in the front of the leg, a little above the ankle, but that nothing unnatural could be seen about the affected part. She was advised to apply a bread poultice, and to report in the evening. She then reported that she had been somewhat easier but was still in great pain and apparently feverish. Ordered two (antipyrin gr. vi) powders for the night.

Nov. 24, visit, 10 a. m.—Had spent a restless night, complaining of racking pain in her leg, and of general soreness and distress. No objective signs at seat of pain, but great

dread of being touched or moved. Head-ache, pain in lower part of left chest towards the back, and exceedingly restless and irritable. Some small stains upon the skin were observed, like fading ecchymoses, and which the mother informed me were the remains of some spots which had recently appeared, but of the history or character of which I could get no clear description. Temp. 102° F. Pulse rapid. Ordered a calomel purge and local application of Iodine with toilet of dry flour to leg.

Nov. 25th, 10 a. m.—There had been fever with delirium in the night, without definite complaint of local pain. Tem. 103°. Pulse quick and small. Tongue heavily furred. Slight fullness below inner malleolus and rounding of limb up to two or three inches above the ankle, without redness or heat. Ordered mixture of liq. ammon. acetat., sp. æther. nit., and tinct. ferri. mur. Local treatment continued. An antipyrine powder at bed time.

Nov. 26th, 10 a. m.—Had spent a bad night, often screaming and shouting wildly. Temp. 102°. Rapid pulse. Too irritable and peevish to permit regional examination or to give intelligent answers. Appearance of leg not appreciably altered. Refuses food and medicine. Ordered milk and brandy.

27th, 10 a. m.—Met Dr. Taylor in consultation. Had spent the night in restless tossings and wild delirium. Temp. 102°. Pulse 30. Ordered occasional doses of morphia and pot. bromid to quiet the system. 4 p. m.—Has had some sleep and taken a little nourishment, but is evidently failing.

28th, 10 a. m.—A bad night. Sinking fast. Died a few hours afterward.

28th. *Autopsy.*—Assisted by Dr. Taylor. Appearance of affected leg almost natural as compared with its mate. A flap, embracing about two-thirds of the circumference, was dissected downwards from middle of leg to middle of foot. At the lower third of the leg the serum began to exude freely. A few drops of pus were seen to be quietly deposited under the unaltered skin in front of the tibia about two inches above the articulation. Upon piercing into the joint from the inner side there was an escape of pus; and a complete disarticulation revealed about a half drachm of greenish greasy pus within the cavity, without any sign of lesion or antecedent effort to escape. No permission was given for further dissection.

This is simply recorded as one of those

cases which will once in a while rush into view with startling suddenness, and in which the disease starts off with its victim, like a runaway team, affording you but a moment's sight of the affrighted horse, the dangling reins, the vehicle tossing to and fro with its little helpless occupant being thus hurried to its doom; and which, despite your eager pursuit, you do not overtake until the exhausted animal, the wrecked vehicle, and the lifeless body lie at your feet. So sudden the start of the diseased action, so wild and uncontrollable its course, so disastrous the end. In this case, however, the good sense of the parents gave us the good fortune of the dissection, which so clearly revealed the purulent infection, and thus explained all that followed. Upon close enquiry nothing could be learned of any predisposing cause, as nothing had been noticed to indicate impaired health or a depraved state of the blood, except it be the (probable) ecchymoses before referred to. While in the room, and a few minutes before proceeding to the dissection, a lad who had been one of her playmates on Nov. 21st, informed me that an accidental strike of the front of her leg against the rear of her sleigh made her flinch for the moment, but that it was apparently soon forgotten,—a fact worth noticing.

ADENOID GROWTHS IN THE NASO-PHARYNGEAL CAVITY.

By E. A. KIRKPATRICK, M. D.

In reviewing my case-book and making statistics from my first hundred cases since beginning practice in Halifax, I am impressed with the large percentage of ear diseases depending on adenoid growths in the vault of the pharynx.

In a practice confined exclusively to diseases of the eye, ear, nose and throat, such diseases have occurred as follows:

Diseases of the eye	49
Diseases of the ear not associated with nose or throat trouble	11
Diseases of the ear associated with nose or throat trouble	19
Diseases of the nose or throat with no ear complications	19
Total	100

Of the thirty cases of ear diseases, 5 were associated with adenoid growths, which equals 16 $\frac{2}{3}$ % of the total number of ear

cases, and 26 $\frac{1}{3}$ % of those associated with diseases of the nose or naso-pharynx.

The ear complications which almost invariably occur with adenoid disease, render early recognition of it exceedingly important that we may save to the patient a perfect hearing organ and thereby preserve a faculty which is so essential to the happiness of the individual. Woakes states that not more than 5% of his cases escape ear complications, the principal forms bring chronic catarrhal and purulent inflammation of the middle ear. I do not propose to detail the process by which these complications are brought about, but believe that the nasal stenosis interfering with nasal respiration and causing naso-pharyngeal stagnation, together with the physical obstruction of the free action of the levator palati muscles are the most important points in its etiology.

Regarding the diagnosis of adenoid growths, it is most simple and yet I have had cases that have been over-looked for many years, and permanent impairment of hearing had resulted. With the aid of the rhinoscope of course the diagnosis is extremely easy. There is one symptom to which I would like to refer, one that is striking and characteristic. I mean the facial expression worn by these children. There is a vacant, almost idiotic, look, open mouth, and the bridge and root of the nose somewhat flattened and indeed the whole face sometimes becomes flattened, making the general expression almost featureless. When such a face as this is seen and especially when accompanied with nasal obstruction, the vault of the pharynx should be searched for adenoid vegetations, and this done before the on-coming of aural disease.

Three of the five cases mentioned were operated upon, all being under an anæsthetic and Lowenberg's forceps were used. The results were satisfactory, as in each case a prompt improvement in hearing took place, and nasal stenosis gave place to free nasal respiration. When I shall have operated on ten cases a report in detail of these will be prepared for the MARITIME MEDICAL NEWS, when an accurate result of treatment will be recorded.

The comparative frequency of the disease and its destructive ravages on the ear in the cases already under my care led me to sound a note of warning to those who are so busy with the cure of disease that sometimes, I fear they lose sight of the prevention of the same.

Halifax, Feb. 1st, '91.

KOCH'S METHOD AT THE MASSACHUSETT'S GENERAL HOSPITAL.

MR. EDITOR.—In endeavouring to give my impressions of the Koch treatment for Tuberculosis during a short visit to the Massachusetts General Hospital, I shall be as brief as possible, and shall not attempt any thing more than to mention a few points of practical interest, and give a general summary of results seen so far.

1. As regards lupus vulgaris. Two cases seen. Both under treatment; one being that of a young married woman—nose and upper lip involved. In this case, had both general and local reactions, and the progress of the case quite remarkable in its improvement. Latterly the general reaction not so marked. The second case was that of a young man, disease involving nose and greater part of face,—also buttocks on one side. Marked local and general reactions, (one day being quite sick,) and improvement quite pronounced.

2. Tubercular ulcerations. One case of middle aged man is under treatment ever since Jan. 1st. Disease located on left side tongue. General and local reactions, and improvement. At last observation—a greyish nodule being extended—supposed to be necrosed tissue, in which it was hoped the bacilli would be found.

Second case, that of man about 50. Ulceration on dorsal aspect hand, of about 2 years' standing. Under treatment since Jan. 1st; great improvement. Should be stated however, that there have been times when the condition of the sore was almost as favorable as at present, though, as Dr. Chattrick expressed it, "the future never seemed so full of promise as now." The diagnosis of this case rested on the fact of its refusal to heal, and the occurrence of local and general reactions. The confirmation will be the discovery of the bacilli tuberculosis. On Jan. 19th took .0073; on 21st, .01. Treatment will now be discontinued for a time, to be resumed as the future indicates. Such cases as these are very apt to come to the notice of general practitioners, and may be considered of some practical interest.

3. *Enlarged cervical glands and Cicatrices.*—Several cases noticed, which gave both local and general reactions,—thus making it probable that tuberculous tissue is present, which of course awaits confirmation by the extension of necrosed tissue, and the discovery of bacilli. Dr. Ernst saw this

demonstrated in Berlin. Of course, some of these cases had evidences of tubercular trouble elsewhere, one having amyloid degeneration of the liver. (This case treated by special request of the relatives.) Of course the future of these cases is a problem yet to be solved.

4. In these cases the diagnosis largely on suspicion, based principally on the history of the case, considered to be confirmed if local and general reaction. In those discharging pus, microscopical examinations for bacilli made. It was said of two cases that there had been a diminution in the amount of discharge,—less swelling, and where pain existed, less of that. In those with merely the enlarged point and suspicious history,—the results not very definite as yet, though some expressed a feeling of great improvement, more mobility, less pain, &c., &c. But of course the statements of such patients had to be taken cum grano salis. One man with a stiff and enlarged knee, had also some involvement of the synovial sheath of the wrist tendons, (the nature of this not decided.) There was much more swelling and tension at this point at each reaction. My impression is that such cases will require months of treatment before much can be decided definitely.

Lastly, as to *Pulmonary troubles.* Of course a week's observation of such cases is practically worthless in the way of seeing any marked change. As a rule, most of the patients with pulmonary lesions, had evidences of tuberculosis elsewhere, which added to their interest. A few facts may be mentioned,—a local lesion had been recognized on one side only. After inoculation pain was localized at the point mentioned,—likewise over a small area on opposite side, where on a second examination, evidences of tubercle were found.

In a case of ulcerated vocal cords (tubercular) severe pains developed in abdominal regions after two or three inoculations. These became so severe that treatment had to be discontinued for a time. This was supposed to indicate tuberculous trouble in mesenteric glands,—a condition heretofore not suspected. This case has improved very much, both locally and generally. A case of empyema was inoculated, and as there was a decided reaction, it was decided that tubercular trouble existed.

Another case of phthisis (second stage) is considered much better. Advanced second and third stage cases have not as yet been

treated in Boston. No bad results or alarming symptoms had been noticed. One thing however was noted, viz., that the daily tone of the press would influence the patients, more or less—if favorable, they were quite sure they were better; if discouraging, they were not so sure of any great change.

Reactions.—Increased temperature might be noted 6 hours after inoculation, or might not occur for 36 hours. It varied from 1° to 4° above normal. The stronger the patient the less rise of temperature, and the greater the local reaction. The weaker the patient, the opposite the rule.

Dosage.—The first dose was usually .001, the next .0012, then .0014 or 6, and so on. It is thought that some of the fatal results in Berlin were due to doubling up on the dose, which was the custom there.

Thanks are due Dr. Harold C. Ernst, Instructor in Bacteriology in Harvard Medical College, and his assistant, Dr. Stone, for their courtesy and willingness to render all possible assistance in studying the cases under their charge. Dr. Coleman, of Granville Ferry, in whose genial company I had the pleasure of being, joins me in expressing our appreciation of their kindness.

J. A. SPONAGLE, M. D.

NOTE.—[The above communication from Dr. Sponagle came too late for our last issue. But, though written some time ago, the notes express in substance the general results arrived at so far.]

Correspondence.

WHAT IS WRONG?

Editor M. M. News:

SIR,—It appears that the medical men of Nova Scotia have failed to give their consent for a tax to be levied on themselves for the suppression of "quackery." It is a well known fact that Charlatans still prey upon the public; and that unregistered midwives still ply their vocation, although competent physicians are close at hand to attend to such cases. Why is it that the Ayre's, the Radway's and all that class are protected by our government in their nostrum, and the regular medical profession are compelled to tax themselves to keep out impostors, when they are in many cases scarcely able to earn a respectable living, after qualifying them-

selves for the practice of medicine? Does the fault lie with our medical colleges in turning out a superabundance of graduates in medicine, who after finishing their education, are left to battle for a living amongst an equally numerous class of quacks, patent medicine vendors, unregistered midwives, "cancer and consumption doctors," etc., etc.?

It is a well known fact the newspaper press aids quackery, under the guise of advertising "patent medicines". Can it be possible that a majority of the people are in favor of humbugging? It is a well known fact that "quackery is co-existent with the art and science of medicine,—hence, it will take stronger legislative powers to suppress impostors in the practice of medicine, than are vested in the Provincial Medical Board as at present constituted. Our medical men who are at present honored with seats in the Provincial Legislature, ought to be able to have (at least) the present debt hanging over the Provincial Medical Board paid out of the public funds; and after this some better plan might be formulated whereby "County Medical Boards" might be appointed to look after irregular practitioners, within the limits of their respective counties. These boards, in conjunction with a "Central Board" in Halifax, would be much more likely to carry out the ends devised, than a single board at Halifax; besides it would cost less and create more harmony amongst the regular profession through the province, than the present method of dealing with this vexed question.

Yours truly,

R. R. S.

WHEN a Colles' fracture is suspected the relative positions of the styloid processes of the radius and ulna should be determined. Normally the radial process is about the width of a finger in advance of the ulnar process. In Colles' fracture they will be found to be in the same transverse line owing to the retraction of the radial process. Observation of this fact will aid you to make a correct diagnosis.—*Laplace.*

THE most expensive thermometer in this country is in use at the Johns Hopkins University. It is known as Prof. Rowland's thermometer, and is valued at \$10,000. It is an absolutely perfect instrument, and the graduations on the glass are so fine that it is necessary to use a microscope to read them.

Maritime Medical News.

March, 1891.

EDITORS:

D. A. CAMPBELL, M. D. Halifax, N. S.
 ARTHUR MORROW, M. B. "
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Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

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

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

DR. MORROW,
 ARGYLE STREET, HALIFAX.

IT is generally believed among the laity and indeed among the profession too, that a person exposed to an infectious disease is much less likely to contract it, when the exposure takes place after a hearty meal, than when the stomach is empty or has been empty for any length of time. Hitherto, however, or until quite recently, the belief has never been put to scientific proof, but has forced its way as a truism from the concurrence of opinion of those to whom this exposure comes frequently. It is well to know that this subject has at last been put to the question by the scientist, and that laboratory experiments clearly show that fasting has a very decided influence in rendering the system liable to contract infectious diseases. The experimenters, Canalis and Morpurgo, chose anthrax for their tests, and pigeons, chickens and white rats were the animals, because they are little prone to this disease. Without entering into the details of their experiments, they found among other things that "animals naturally immune from infectious diseases can be made susceptible through hunger." Their

experiments are also interesting in showing the effect the administration of food has upon the course of disease in an inoculated animal that has been starved for a certain number of days. The subject is of importance to physicians but more especially to nurses, because from their more continued exposure these latter are thereby in greater danger of becoming infected.

The result of the experiments also forms a valuable argument in favor of a very generous scale of dietary for those who are in constant attendance on the sick, and particularly on those sick with infectious diseases. So that of the nurse we may literally say:

"She may live without books—what is knowledge but grieving?
 She may live without hope,—what is hope but deceiving?
 She may live without love,—what is passion but pining?
 But where is the nurse that can live without dining."

It would be interesting and important too, if these or other experimenters should extend the enquiry to ascertaining the effect of alcohol under similar circumstances. The idea that the ingestion of a certain amount of alcohol during exposure to infection renders one less susceptible to the disease, is almost equally as widespread and popular as the one already referred to, and is well worth investigating. It is almost to be hoped that in that case the verdict may be found against it, otherwise we might find Sairey Gamp's directions stamped with the seal of scientific approval. "But what I always says to them as has the management of matters, Mr. Harris, be they gents or be they ladies, is, don't ask me whether I won't take none, or whether I will, but leave the bottle on the mantle piece, and let me put my lips to it when I am so disposed."

A NUMBER of medical men are candidates for parliamentary honours. If all the medical candidates are elected the "medicine," of each of the three lower provinces will be well represented in the new House. In at least one constituency two doctors are rival candidates.

IT may safely be affirmed that for the present the interest in Koch's method has very much lessened. This has been due perhaps to the difficulty of maintaining, for more than a limited time, so keen and pre-eminent an interest in anything. But the diminution has been due also to the accumulation of facts and results, which have led to a very considerable narrowing of the field in which therapeutic use can be made of the method, that is as compared with the wide scope of curative value at first hoped for.

To put it shortly, summing up the results of clinical observations to date:

1. It is probable that the method is the best we have for the treatment of Lupus.

2. It is possible that in the treatment of certain tuberculous joint affections and in certain cases when the tubercular manifestation is comparatively localized and not implicating, or but very slightly the pulmonary tissue, the remedy will take its place among others as affording great promise in a carefully selected proportion of such cases; but in the treatment of which it will sometimes have to be followed by surgical procedure.

3. In the lamentably great group where the tubercular manifestations are pulmonary or largely in other important internal organs, it would seem clear that experience so far is not such as to render it desirable, if indeed justifiable to employ the method at present in such cases in private practice. With the greatest care and in the most prudently selected cases of pulmonary tuberculosis, hospital physicians alone had better take the responsibility of experimenting.

As to the ultimate prospect in this class of cases it would neither be right yet to decide adversely and hopelessly nor is there ground for assuming a confident and sanguine tone.

For the purpose of forming a diagnosis the method will often be of undoubted value, but here too it must be used most cautiously.

We believe that Koch was not person-

ally responsible for keeping secret the constitution of his remedy, which has even now been only partially explained, but we are now convinced that from a professional standpoint it was a very serious and regrettable mistake.

The general use by the profession of a substance of unknown constitution has established a precedent which already has led to awkward results, and has sapped the strength of the ground professed to be taken by careful scientific men on principle, that no remedy shall be recommended or used whose composition is secret, no matter how beneficial the effect seems to be.

There are obvious reasons for standing firm to this principle. To do otherwise would be unscientific, and would mean working in the dark.

Besides, the composition of a secret remedy is entirely in the hands of one person or body, and for any reason or whim its composition might at will be altered by the monopolist, e. g. for financial reasons.

Already as indicated some questions addressed to the profession by W. T. Stead of the "Review of Reviews," London, Eng. in re the Count Mattei Cancer Cure, have been rendered awkward by reference to the secrecy observed with reference to Koch's lymph, which latter has been nevertheless largely used by the profession.

We must confess to some truth in a remark by a contemporary (Medical and Surgical Reporter?) to the effect that the whole Koch matter has been characterized more by forbearance on the part of the profession than by candor on the part of Koch.

For diphtheria, the use of hydrogen peroxide is now so undeniably well recommended that it is well worth the while of all having such cases to give the remedy a trial. The drug should be sprayed on to the throat and also occasionally into the nostrils. A very important point is the strength of the solution to be used, and the guarantees that a preparation of a given (professed) strength may be relied upon. We shall consider this subject in our next issue.

KOCH LYMPH IN P. E. ISLAND.

The following appeared in the Charlotte-town *Examiner* of Jan. 8, 1891 :—

NEW CURE FOR CONSUMPTION.

SIR,—At last I am able to announce to your readers that I received by last night's mail a supply of the new cure for tuberculosis. The "Bacillic Virus" has now been in use sufficiently long to warrant an opinion as to its efficacy in the cure of tubercular affections of the brain, lungs, skin, joints, etc., and although it has not succeeded in every case, still it is so much better than anything we have in use at present, it is the general opinion that any one suffering from any form of this disease has a much better chance than heretofore.

Yours faithfully,
GEO. A. BAYNES, M. D., Etc.

Also in the *Examiner* of the 8th, was the following :—

DR. KOCH'S LYMPH FOR CONSUMPTION.

We learn from an authoritative source that Dr. Koch is greatly agitated because the wholesale manufacture of lymph has proved a failure. Originally the lymph was prepared in small phials, but Minister Gassler ordered the speedy manufacture of large quantities. Now that the time for the process has expired Dr. Koch finds that the lymph is totally spoiled, and his own private preparations of lymph material are destroyed. "The Society of Practical Medicine," says Reuter's Paris agent, "heard a communication from Dr. Petit, who claims to have composed by synthesis a fluid precisely similar to Dr. Koch's lymph. The Doctor produced two phials, one containing his own lymph and the other Dr. Koch's. The appearance of each was the same, and Dr. Petit declared that the reactions produced by his lymph in the laboratory corresponded exactly with those obtained with the German lymph, while the experiments made upon the tuberculous animals by means of this preparation gave identical results. We are pleased to announce that Dr. Geo. A. Baynes, of our city, has obtained a supply by last night's mail of the "bacillic virus," and is prepared to administer the same to patients suffering from tuberculosis in all its forms. He has also sent for a supply of Dr. Brown-Sequard's now celebrated Elixir, which used jointly with the "virus," sustains the failing health till the "virus" takes effect.

Below is an extract from the *Examiner* of Jan. 20th, 1891 :—

KOCH LYMPH.

SIR,—It is pitiable, first, to see the green-eyed monster, fangs and all, exhibited so plainly in the letter of "Verity," published in your issue of Saturday last; then farcical to read the deep concern (?) expressed by him in the suffering of his fellow-beings; and, lastly, humiliating to read such lack of knowledge in any member of my profession on the therapeutic action and application of a remedy now so universally talked and written about. Of course, what little information he has on the subject can only have been gathered from newspaper paragraphs. He evidently is not aware that there are books already published on the subject, and in them he will find that the "virus" has been used internally with great success in the cure of tuberculosis. In them may also be found tens of cases recording the exact results obtained in each case. There are hundreds of medical men besides "Koch" experimenting with this remedy whom "Verity" never heard of, or probably never will, who, having had the courage of their convictions, have struck out a path of action for themselves, instead of blindly following in the wake of Koch and others, as "Verity" and his ilk usually do in their profession, which no doubt accounts for the sad mediocrity of the average doctor.

But it is not my intention to teach my amiable persecutors anything about the subject. If they had received me as gentlemen, instead of with "envy hatred, malice, and all uncharitableness," my library, experience and good will would have been at their disposal; but, under the circumstances, I must decline them any information or satisfaction, especially when anonymously requested, and in such a mean, cowardly attack as "Verity" makes upon me in your valued paper of the 17th inst.

And now, Mr. Editor, let me say, once for all, I decline to be drawn into a controversy with unknown correspondents, and trust therefore that you will avoid the responsibility of inserting anonymous attacks upon my professional reputation, by insisting upon your sceptical and anxious enquirers signing their own names, and not hide their sneaking and libellous under a *nom de plume*.

GEO. A. BAYNES,
M. D., C. M., &c., &c.

Comment is needless.—ED. M. M. NEWS.

Selections.

STATEMENT BY TAIT CORRECTED.

Sir Spencer Wells writes to the *Lancet*, January 31, to correct an assertion made by Mr. Lawson Tait, and seems to do so pretty effectually. He says that at the meeting of the British Gynecological Society, December 12, 1888, Mr. Lawson Tait said "he had a specimen to show which bore very much upon what had just been said; he showed the appendages from a lady, thirty-nine years of age, with a very remarkable history. She had been married at the age of seventeen or eighteen, and had two children within twenty months of her marriage. Soon after her second confinement she contracted gonorrhœa from her husband, and she had never known what it was to be well since. She had led a life of single misery for several years. Then she married again, but her health did not improve, and she never became pregnant by her second husband, so that ever since nineteen or twenty she has been absolutely sterile. During the last seven years she has been the patient of a distinguished gynecological baronet, who had, however, failed to relieve her. Ultimately she had been referred to him and he had operated. She had double pyo-salpinx of old standing, and it was very difficult to say which was tube and which was ovary. There were abscesses in both ovaries, and if he had attempted to tap them from the vagina, he would have been obliged to tap several cavities. Instead of doing anything of the kind, he opened the abdomen a month since, and the patient was now practically cured. A case like that was worth a dozen hypothetical imaginations. There was a woman who had been an invalid for years, who could have been relieved at any time, who had been under the care of all the well-known specialists in London, many of whom had declared that there was nothing the matter."

In the letter published in the *Lancet*, January 24, Tait adds that if anybody is answerable for this failure "it is Sir Spencer Wells, who, during seven long years, treated this poor woman uselessly by pessaries, etc." And he adds that the case is "not a failure,".. the patient is "absolutely cured, for I have the diseased parts in a bottle."

Sir Spencer Wells says: "This lady is now in London. I have submitted the following questions to her, and I add her replies:

"1. During the seven years 1881-88 were you under my care, and did I fail to relieve you? *Reply*: I consulted you in 1879, after Dr. Palfrey had failed to do me any good. You operated on me in the summer of 1879; I was in good health after that until you again operated on me in 1880. After that I enjoyed good health until 1887.

"2. Had you, before 1888, been 'an invalid for years,' or 'led a life of single misery for several years?' *Reply*: Except between my second confinement and 1879, had been in good health.

"3. After your second confinement had you 'been absolutely sterile?' *Reply*: I had two children after my second confinement—one born dead, one lived two weeks and I had one miscarriage at three months.

"4. Have you been 'under the care of all the well-known specialists in London, many of whom declared there was nothing the matter?' *Reply*: You are the only medical man I consulted in London between 1879 and 1888, and no one ever told me there was nothing the matter.

"5. Did I treat you 'for seven long years by pessaries, etc.?' *Reply*: No, you never used a pessary; nor, after your second operation in 1880, treated me except for slight ailments, and that seldom. In 1887, while you were abroad, I was treated by Mr. Smith, of Brighton, after a carriage accident, and was recovering when you returned.

"6. Remembering your state before and after the operation performed at Birmingham in November, 1888, has that operation proved to be, in your opinion, a 'practical cure' or a 'deplorable and disastrous failure?' *Reply*: A decided failure.

"I need only add to this the fact that the operation I performed in 1879, assisted by Mr. Thornton, was amputation of part of the elongated cervix uteri. Dr. Palfrey had repeatedly injected solution of perchloride of mercury into the substance of the cervix, and it was feared that the disease was papilloma or epithelioma. Examination proved that it was simple hypertrophy of the utricular glands, or adenoma. About a year after this amputation, the remains of the cervix showed some tendency to enlarge and proliferate, and I destroyed the left side by the actual cautery. For two or three days after this there was a

SYR. HYPOPHOS. CO., FELLOWS

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IT HAS GAINED A WIDE REPUTATION, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

ITS CURATIVE POWER is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

ITS ACTION IS PROMPT; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence *the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos FELLOWS."

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO., Ltd.

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WHOLESALE AGENTS.

Please mention THE MARITIME MEDICAL NEWS.

WYETH'S

WINE OF TAR.

An Expectorant and Tonic, without Opium in any Form.

THE formula for the Wine of Tar, together with the method by which the best product can be obtained, was furnished Messrs. Wyeth quite thirty years since, by DR. SAMUEL JOHNSON, a celebrated Professor in the University of Pennsylvania Medical College. He prescribed it largely, either alone or in combination in every case of

PULMONARY DISEASE,

In Phthisis, Chronic Bronchitis and the Catarrhs of the Broncho-Pulmonary Tract.

He also gave it freely and with much success in the CATARRHAL AFFECTIONS of the Mucous Membranes in general, and, especially, besides the pulmonary, in those of the genito-urinary passages. Notwithstanding the remarkable success achieved by the Wine of Tar, newer and more popular—if less efficient remedies, for a time, displaced it, but in the course of those revolutions of professional favor by no means uncommon, it has again assumed its rightful place as a remedy. The recent developments in the pathogeny of phthisis, and in the therapeutics of Catarrhal Affections, have demonstrated the utility of remedies possessed of the **Antiseptic Powers, and the Stimulating and Nutritive Properties of the Wine of Tar**, as made by Messrs. Wyeth.

In a complexus of symptoms by no means rare—bronchial and stomachal catarrh combined—the Wine of Tar has special efficacy ;

It Moderates the Cough, Promotes Expectoration, and, at the same time, Allays Nausea, and increases Appetite and the Digestive Power.

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

There is another class of cases in which the Wine of Tar is capable of effecting very great relief :—cases of Bronchitis in which there is Coincident Catarrh of Urinary Passages. In the latter affections alone, whether examples of pro-ne-phrosis, or vesical catarrh, it must be ranked among the most efficient remedies. In irritability of the bladder, and in some instances of urinary incontinence, requiring the exhibition of a stimulating remedy, it may be expected to do good.

As in Wyeth's combination the power of Tar as a remedial agent, is re-inforced by the malt and hops, it acts as an efficient stomachic tonic, and general nutritive stimulant.

DAVIS & LAWRENCE CO., Limited, MONTREAL,

GENERAL AGENTS.

Please mention THE MARITIME MEDICAL NEWS.

good deal of pain and some fever, but they soon subsided, and until 1887—about seven years—the patient was as well as most people, and for several months after her second marriage, in February, 1888, remained in good health, riding, rowing and walking four or five miles without fatigue. Since the operation in November, 1888, she has been a confirmed invalid. The failure to the husband has been ‘disastrous’ in expenditure; to two devoted daughters in health and anxiety from continuous nursing; to the patient ‘deplorable’ in more than two years’ almost continuous suffering and shattered health. It is a very poor consolation to her to be assured that she is ‘absolutely cured’ because her ‘diseased parts are in a bottle.’—*Exchange.*

MODERN MEDICINE.

First they pumped him full of virus from some mediocre cow,
Lest the small-pox might assail him, and leave pit-marks on his brow;
Then one day a bulldog bit him—he was gunning down at Quogue—
And they filled his veins in Paris with an extract of mad dog;
Then he caught tuberculosis, so they took him to Berlin,
And injected half a gallon of bacillæ into him;
Well, his friends were all delighted at the quickness of the cure,
Till he caught the typhoid fever, and speedy death was sure;
Then the doctors with some sewage did inoculate a hen,
And injected half its gastric juice into his abdomen;
But, as soon as he recovered, as of course he had to do,
There came along a rattlesnake and bit his thumb in two;
Once again his veins were opened to receive about a gill
Of some serpentine solution with the venom in it still.
To prepare him for a voyage in an Asiatic sea,
New blood was pumped into him from a lep'rous old Chinese,
Soon his appetite had vanished, and he could not eat at all,
So the virus of dyspepsia was injected in the fall:
But his blood was so diluted by the remedies he'd taken
That one day he laid him down and died, and never did awaken;
With the Brown-Sequard elixir, though they tried resuscitation
He never showed a symptom of reviving animation;
Yet his doctor still could save him (he persistently maintains),
If he could only inject a little life into his veins.
—*Puck.*

At the last meeting of the Royal Medical and Chirurgical Society Mr. Clement Lucas showed a patient on whom he had performed the operation of nephrolithotomy following nephrectomy for total suppression of urine five years previously, and he certainly deserves to be congratulated, not only on the brilliant success of his operation, but for having waited to publish the case until the permanence of the cure was beyond all possible doubt. The patient was a woman, aged thirty-seven, who came under his care in June, 1885. For seventeen years she had had hæmaturia at intervals; for nine or ten years this had been accompanied with pain on the right side of the abdomen, and for seven years a tumor diagnosed as a floating kidney had been felt on that side. On July 14th the right kidney was removed by the lumbar incision; it was a mere shell containing masses of stone. She left the hospital within a month, and was able to return to her household duties free from pain and hæmaturia. On October 24th of the same year she was suddenly seized with violent and agonizing pain in her left back and loin, passing through the loin to the front of the abdomen and the groin. She passed a little urine soon after the pain came on, and then no more; half an hour later vomiting set in and continued. On the third day of total anuria Mr. Lucas saw her and advised her removal to the hospital, but, in deference to the views of his colleagues, it was not until the fifth day of total suppression that an operation was undertaken. She had then become drowsy, so that it was difficult to get her to answer questions; her pulse was weak, her temperature was 99° F., and she had become less sensitive to pain and was indifferent to what was passing around her. Ether having been administered, Mr. Lucas cut down on the remaining kidney and discovered a conical stone acting as a ball-valve to the top of the ureter. It was three-quarters of an inch long and from three-eighths to five-eighths of an inch in diameter. Urine began to drop away out of the wound as soon as the pelvis of the kidney was opened, but the pelvis was not much dilated. The patient recovered well from the anæsthetic, and vomited once only after the operation. For twelve days all the urine was passed by the wound in the loin; then an ounce and a half was passed with great pain from the bladder, and the quantity gradually increased. After the nineteenth day all the urine was passed

naturally. The patient's temperature scarcely rose above normal, and the wound healed in ten weeks. During the five years that had elapsed since the last operation the patient's health had been perfectly satisfactory.—*N. Y. Med. Journal.*

DIETETIC MANAGEMENT OF DIGESTIVE DISTURBANCES IN CHILDREN.—Dr. G. Rheiner, in *Wiener Klin. Woch. (Therap. Monatsh.)*, warns above all against beginning the treatment of digestive disturbances in children with drugs; the dietetic management is and will remain the most simple, as well as by far the most rational. A child that manifests moderate gastric disturbances shortly after being weaned, should again be nourished from the breast, in order to quickly relieve it from its digestive difficulties. In cases of gastric dyspepsia occurring in bottle-fed babies, Rheiner warmly recommends washing the stomach, as introduced by Epstein, of Prag. After this procedure the digestive power of the stomach will probably remain weak for a few hours, and for a short time it will be necessary to replace the water lost by the body by a suitable diet. As such, albumen and water (the white of an egg to a pint of water), barley water, or a very weak infusion of tea, suggest themselves. In intestinal dyspepsia we should carefully guard the stomach against disturbing influence. For this reason anti-diarrhoeal mixtures should not be at once administered; we should rather order an exclusive diet of milk and barley gruel to a suitable proportion of water. Here the constipating qualities of barley gruel are valuable as compared with oatmeal gruel; the latter, used in constipated infants, will, as a rule, bring about two or three loose evacuations per day. In closing, the author emphatically remarks that in many cases we can get along altogether without drugs.—*Weekly Medical Review.*

BONE GRAFTING.—Mr. A. G. Miller, in the *Lancet* for September 20th, reports the history of a case in which he used decalcified-bone chips successfully to fill up a large cavity in the head of the tibia. A piece of the rib of an ox was scraped and then decalcified in a weak solution of hydrochloric acid. After cleansing by pressure, it was placed for forty-eight hours in a carbolic-acid solution, one to twenty, then removed, and cut into small pieces. During the scraping

out of the cavity in the knee, preparatory to the grafting, a number of small pieces of bone were removed. These were placed in a solution of boric acid for use later in the operation. The cavity was then stuffed with the decalcified-bone shavings, the pieces of fresh bone being added last. The cavity thus filled was about two inches in diameter. Granulation and healing took place rapidly; the only pieces of bone that became necrosed were from the patient's own body. Mr. Miller is convinced, from his observation of this case, that the healing of large bone cavities, the result of injury or disease, is greatly facilitated by stuffing them with decalcified-bone chips, that these are superior to fresh bone, and that fresh bone not only is of no use, but actually hinders the process of granulation.—*New York Medical Journal, November 29th, 1890.*

AMERICAN NOSTRUMS IN ITALY.—The fly that causeth our ointment to stink—the American patent medicine—is being driven out by the Italian government. The representatives of this generally knavish line of business, resident at Rome, complain that the government shows an unmistakable tendency to carry out the law bearing on this subject in a manner that will virtually prohibit the sale in Italy of American concoctions called medicines. We congratulate the Italian people and their governors.—*Exchange.*

DRUGGIST AND DEAF CUSTOMER.—Druggist (to deaf customer)—The price is seventy-five cents.

Deaf Customer—Five cents? Here it is!
Druggist (louder)—Seventy-five cents, please!

Deaf Customer—Well, there's your five cents.

Druggist (very loudly)—I said s-e-v-e-n-t-y-five cents!

Deaf Customer (getting angry)—Well, what more do you want? I just gave you your five cents.

Druggist (*sotto voce*)—Well, go to thunder with your medicine; I make three cents anyway.

ANÆSTHESIA IN SMALL OPERATIONS.—For this purpose Dr. A. Dobisch, of Zwitau, recommends spraying the parts for one minute with the following:—Chloroform, 10., ether, 15., menthol, 1. This produces complete anæsthesia of the skin, lasting for from two to six minutes.

Notes and Comments.

DR. N. M. GRANT has removed from Halifax, and is now practicing in Westville, N. S.

DRS. COLEMAN, of Granville Ferry, and SPONAGLE, of Middleton, have lately spent a few days in Boston, observing "Koch's Method" at the Massachusetts General Hospital.

THE College of Physicians and Surgeons, New York, has become a department of the Columbia University. Both institutions are congratulated upon the mutual advantages of the arrangement.

FOR urticaria a 10 % solution of menthol in almond oil or alcohol is highly recommended. A 5 % solution of the same drug is said to be very efficacious in *itching eczema*, the preparation being applied to a limited area only at one time.

FOR the *itching of jaundice*, Prof. DaCosta advised sodii bromidum with antipyrin internally, with the following ointment externally:—

R—Menthol gr. xx.
Alcohol ʒ ij.—M.
Sig.—For local use.

THE money value of the perineum came very near being judicially determined by a Kansas city court.

A physician of that town was sued for \$11,000 damages, because he allowed the perineum of the plaintiff to be ruptured and did not subsequently sew it up. The plaintiff withdrew the case.—*Maryland Medical Journal*.

A DANGEROUS AND RADICAL INNOVATION.—From Peking comes the news that in future members of the imperial family and mandarins of the highest rank are to be exempted from knocking their heads on the ground in presence of the Emperor. They are simply to crawl to the foot of the throne. The innovation is regarded in many quarters as too radical.—*Dietetic Gazette*.

THE Polish count who was brought into court for sequestering four children, and rearing them as animals, has been acquitted. It is reported that they had been confined each in a large, well lighted and heated and ventilated room, well fed, and occasionally washed by a deaf mute; that they were unclad, never punished or restrained in any act; that two of the children have been confined thus, three, one four, and one four and a half years. The defence of the count was,

New York Post-Graduate Medical School and Hospital.

NINTH YEAR—SESSIONS OF 1891.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL has commenced 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. B. St. John Rousa, 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.
Veneral and Genito-Urinary Diseases.—L. Bolton Bangs, M.D.
Diseases of the Skin and Syphilis.—L. Duncan Bulkley, M. D.
Diseases of the Mind and Nervous System.—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D., 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.
Surgery.—Lewis S. Pilcher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.
Diseases of Women.—Professors Bache McEvers 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 Bagoë, 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.

that he was conducting a scientific experiment to learn what were the natural instincts and tutions really innate in the human species. The age of the children is not reported. They did not speak, and made barking, growling noises, and precipitated themselves upon their food like animals — *Boston Med. and Surg. Journal.*

DR. J. F. BLACK, of Halifax, recently operated upon a man who was suffering from various degrees of paralysis in the parts of the body below the level of the cervical region. There was incontinence of urine &c. The conditions appeared to be traceable to an injury received some time ago about the fifth cervical vertebra with subsequent pressure upon the cord. Dr. Black removed the spines and a small portion of the laminae of the fifth and sixth cervical vertebrae, exposing the cord. The wound healed nicely, and there has been a distinct improvement in the symptoms so far.

NEW ADDITIONS TO REMEDIAL AGENTS.— Among some new and convenient medications Parke, Davis & Co. announce are Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol.

Mosquera's Beef Peptone is entirely free from the bitterness of the Pepsin Peptones, possessing an agreeable, sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt Extract and Peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regarded by many as quite as efficient as Iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The Aristol Bougies should find a wide application in the antiseptic treatment of the Urethra. Aristol is a substitute product of Thymol obtained by mixing a solution of Iodide of Potassium with an alkaline Thymol solution.

We call attention to the following useful resume of disinfectants from the *South Western Medical Gazette*:—

Burning is the only reliable disinfectant of the discharges from the lungs and throat in phthisis, diphtheria and scarlet fever.

Boiling destroys all known disease-germs, and completely disinfects clothing and bedding.

Chloride of lime, four ounces to the gallon of water, efficiently disinfects the discharges from cholera, typhoid and dysentery, whether from the mouth or bowel.

Bichloride of mercury and permanganate of potash, two drachms of each to the gallon of water, are equally efficient, and are odorless, but are poisonous, and requires longer time to act.

Super-heated steam is also equally potent, but is also inapplicable except in public institutions.

Sulphur is reliable for disinfecting rooms; three pounds for every thousand cubic feet of air should be burned in an iron vessel, closing all apertures in the room from access of air. The vessel should be placed in a tub of water; let it remain for twenty-four hours. Afterwards wash walls, etc., with the chloride of lime solution.

Sulphate of iron retards decomposition in privy vaults, but is no true disinfectant.

Personals.

DRS. ROBERTSON and MCINTYRE, two of the leading physicians of Kings county, and the late representatives of that county at Ottawa, are again the Liberal candidates.

DR. TAYLOR, of Charlottetown, is away on a two month's tour to England. He will likely visit places of interest on the European Continent before he returns. We wish him a very pleasant vacation.

DR. MUTTART, of Souris, a former Conservative representative, has on this occasion declined a nomination, and inasmuch as he is a member of the Medical Council of P. E. Island, the profession cannot but rejoice at his decision.

Books and Pamphlets Received.

Books:

PRINCIPLES OF SURGERY.—By N. Senn, M.D.
HEREDITY, HEALTH AND PERSONAL BEAUTY.—By J. V. Shoemaker, A.M., M.D. F. A. Davis, Publisher, Philadelphia.

Pamphlets:

BULLETIN OF THE AMERICAN ACADEMY OF MEDICINE.

PARANEPHRIC CYSTS, AND AND a CASE OF HEMIPLEGIC EPILEPSY, PROBABLY DIABETIC. SIMULATING CEREBRAL ABSCESS.—By Robert Abbe, M.D.

THE SURGICAL TREATMENT OF NON-PEDUNCULATED ABDOMINAL TUMOURS.—By Henry O. Marcy, A.M., M.D., &c.

Also by the same: IN WHAT CLASS OF WOUNDS SHALL WE USE DRAINAGE.

PHYSICAL EXHAUSTION.

Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

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The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of therapeutists.

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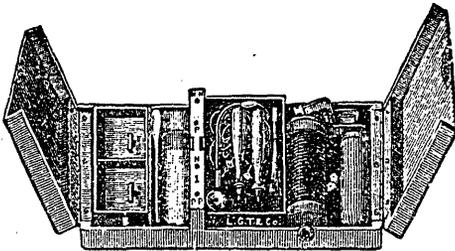
M. In Dyspepsia with Constipation, all forms of Nerve Prostration, and constitutions of *low vitality*.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from seven to twelve years of age, one dessert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

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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.

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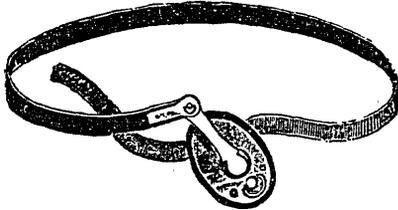
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