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(HALIFAX, NOVA SCOTIA.)

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VOL. VII.—No. 4

APRIL, 1895.

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

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

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

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

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

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

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

In the recent improvements that were made, the comfort of the students was also kept in view. **MATRICULATION**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS**.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing 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 clerkship and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

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

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(SAMPLES ON APPLICATION.)

# The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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HALIFAX, N. S., APRIL, 1895.

No. 4.

## Original Communications.

### ANOREXIA NERVOSA.

By P. R. INCHES, M. D.

Read before the St. John Medical Society,  
Feb. 27th, 1895.

A few years ago, Dr. Gull of London described a form of nervous disease manifested by indigestion of a serious nature or degree, and it attracted much attention and discussion. The "Lancet" in an article of its own summed up the symptoms of the condition thus: "The patients are generally young girls from fourteen and upwards though we have known a striking case at a much earlier age. The disease may however occur in males. The great feature of the cases is complete anorexia leading to extreme emaciation, with slow pulse, subnormal temperature and very few respirations, strange to say there is associated with these depressed functions a remarkable restlessness, a disposition to be moving or walking about, though the patient is an object of remark in the street. There is an entire absence of signs and symptoms of tuberculous or other organic disease." "The disease does not often prove fatal."

Not very long ago one of my patients exhibited in a striking degree similar symptoms an account of which are

now given from notes made at the time and before, I noticed Dr. Gull's report.

The patient was a girl of 21 years of age. When she came under my care for treatment she was a very tall girl had been very stout weighing 160 lbs. well nourished and handsome, never ill nor requiring medical attention till about four years before, when attending boarding school in another town her menstruation which had been regular from the age of 13 but rather deficient in quantity, ceased altogether and with the exception of two changes two years before date of this illness had continued absent. There had been no known cause for this, and during these years I had without seeing her prescribed binocide of manganese and other emmenagogues without effect, and the irregularity had apparently affected her general health but little, till about 2½ years ago that is November 1892, when she came directly under my care. She had then become pale, extremely emaciated with dyspnoea on exertion and habitual constipation. Had no appetite her friends said she did not eat at all. Had no cough, no evidence of lung disorder, nor of the heart, nor kidneys nor liver nor uterine disease unless the amenorrhoea is so considered. She was in fair spirits, but would cry readily. She continued to do certain house work against the wish of her friends,



went out walking and to social gatherings, danced and drove about and would not confess to fatigue in doing so.

She was given different forms of iron, tonics without and with arsenic, strychnia, bismuth, pepsin, as well as many other combinations, stimulants &c. Laxatives, good diet and finally enforced rest in bed and quietness. Two months afterwards there was no improvement. There was now some vomiting or retching of mucus, but the most prominent symptom was complete anorexia and almost complete refusal of food of any kind so that it was a mystery how she existed. Emaciation was excessive, as much so as one far gone in phthisis, although there were no lung symptoms. Her pulse became very slow always under 60 and often 45. The temperature was habitually subnormal, hands always cold sometimes like one dead and her tongue was cold. In March 1893, she went to New York, residing with friends who took great care of her and placed her under the treatment of a well known physician there who gave her generous diet, and after three months she came back in very much the same condition as when she left here. She still would not allow that she was ill, but could perform her ordinary house and social duties, yet there was no change in the condition before described, her weight was now 90 lbs. only. Soon after this however there was a change of symptoms for the worse which compelled her to take to bed. She had fainting nauseating and suffocative feelings. Her pulse rose to 75, the urine was dark and scanty but no albumin nor sugar, although she now showed a craving for water. The temperature was subnormal circulation sluggish, and her hands dark red and cold. Emaciation more extreme if possible than before and had an appearance of great weariness and languor although she still asserted she did not feel so. She suffered from a severe bronchial attack coughing distressingly, and this con-

tinued for weeks till she seemed as if she would certainly die.

These more acute symptoms passed away again she picked up enough to get out although she would almost stagger in the street and was the subject of pitying remarks from passers by.

For sometime after this she resisted all treatment and practically was left alone and merely existed.

Then she went to Boston where she stayed some months, coming home again with the belief and statement from the physician that she was suffering from advanced consumption and would soon die. She was however only having another bronchial attack, and although miserably ill she lived through that. She now began to eat some and gradually gained some strength, so that she was able to get about.

Her condition since, is that of slight improvement so that she has resumed her social engagements and house duties displaying considerable activity. This has also been brought about by her determined will to be active causing her to engage in some employment that absorbed her attention from herself. She is still extremely emaciated and menstruation has not appeared.

During a large part of this time and history her domestic relations were much disturbed, but during the early part of it, that is while the diseased condition developed, these relations were of the happiest nature and any disturbance of them took place long after this disease existed and could not have caused the inception of it, yet no doubt it was aggravated by such disturbances.

In this case the apparent symptoms were those of functional gastric disorder, for except the amenorrhoea there was no symptoms indicating any other organ than the stomach at fault.

The prominent points were from the first, and through the whole course of the disease—complete loss of appetite and inability to take food which at first was rejected if forced into the

stomach; this amounted to starvation with extreme emaciation, slow circulation with coldness of the skin and extremities. With this the repeated contention of the patient that she was not ill, the continued and sustained exertion, and desire to be doing something which could only be done by moving about amounting to "fussiness" were prominent.

Sir Wm. Gull, after shortly describing his case adds: "This story is in fine an illustration of most of those cases, perversions of the 'ego' being the cause and determining the course of the malady. As part of the pathological history it is curious to note as I did in my first paper the persistent wish to be on the move though the emaciation was so great and the nutritive functions at an extreme ebb."

He says the disease consists in a failure of the gastric branches of the pneumo-gastric nerves and objects to the former name of "anorexia hysterica" as misleading and departs from the usual theory that uterine irritation is the case. This is why Dr. Gull invented a new name, and called the disease "Anorexia Nervosa." The appropriateness of this name has been disputed as signifying only a symptom which is most prominent. Most of those who describe such cases for they are not rare, say nothing about the menstruation but Playfair says that suppression is invariable when the subject is a female; is the last symptom to be righted and persists years after full nutrition is restored.

While Dr. Gull speaks of it being a perversion of the "ego" others refer to a certain mental perversion and moral obliquity.

I have seen such evidences but attributed it rather to the ill-fed cerebrum, and rather a consequence than a cause. It seems to me probable that the disease co-exists with that condition of a part of the nervous system known as neurasthenia, or nervous prostration, although there is

a very important point of difference exhibited in the strong will power and continuous activity of the case I have described, in contra distinction to the state of excessive want of energy and weariness of neurasthenia.

The inutility of drugs in the treatment of the disorder is evident, and the only course that is recommended as successful is that introduced by Weir Mitchell and Playfair for neurasthenia, that is isolation from friends forced feeding and massage.

This is a course which I was unable to carry out in the case described.

It is unfortunate but not perhaps curious that another younger member of the same family has followed the same course of the disorder with some variations of symptoms with others added such as distinct spinal irritation aphonia, and while there is not the same desire or power to move about, but in place of that much depression but the other characteristic symptoms are present especially a very slow pulse and coldness of body.

There is little mention of this disorder in the books, at least as far as my limited time and opportunity allowed me to discover, but Dr. Gull's paper in 1873 to the clinical society, London, excited much interest which has at different times since been aroused "there being much discussion" in the journals about it.

That may be some excuse for me taking up your time this evening with a subject which may seem to many of you as only one of that most common and fashionable of all complaints indigestion.

---

#### EFFECT OF CERTAIN DRUGS ON EXCRETION OF UREA, &c.

ANDREW HALLIDAY, M. D., LOWER  
STEWIACKE.

(Read before Nova Scotia Branch British  
Medical Association, March 21st, 1895.)

The next observations that I wish to draw your attention to are on the

secretion of the urea and the effects of certain drugs on the same. Such is usually treated of in text books by general phrases, and I think the actual figures may prove interesting.

Before giving you the results of these observations I wish to state that during all the time I observed strict rules of diet on all the days under consideration. I took exactly the same articles of diet, and although I did not weigh the solids I think there was very little variation.

Of the quantity of liquids ingested I can speak with certainty, for it was never over 1850 c. c. and never under 1810 c. c., thus giving a limit of only 40 c. c.

The calculations for the solids of the urine were made by using Haser's coefficient (2.33), which is approximate enough.

The urea calculations I think I can certify as correct; at any rate I never accepted a reading unless I had the same result from two consecutive examinations.

For the estimation of urea I used Doremus' instrument.

I will now go over the results, which are given more concisely in tabular form.

For four days I lived on the ordinary diet observed throughout with the following results:

(1) The quantities of urine passed on the four days respectively .....	1850 c.c.
	1240 "
	1700 "
	1080 "
Average .....	1342 c. c.
(2) The solids, including urea .....	Gms. 50.328
	46.227
	59.415
	40.262
Average .....	49.05 gms.
(3) Solids, less urea .....	Gms. 30.078
	27.627
	37.315
	21.900
Average .....	29.230 gms.

(4) The urea .....	Gms. 20.25
	18.60
	22.10
	18.36

Average..... 19.82 gms.

The average percentage of urea was 1.52 gms.

From Jan. 22-26, four days, I took the following pill:

R. pulv. digit.

" scillae.

Calomel aa, gr i.

One 3 times a day.

(1) The quantity of urine .....	1385 c.c.
	1515 "
	1017 "
	1150 "

Average..... 1283.75 c.c.

(2) The solids, including urea .....	Gms. 48.755
	56.479
	45.085
	45.551

Average..... 48.967 gms.

(3) The solids, less urea .....	Gms. 26.435
	33.754
	24.600
	23.701

Average..... 27.137 gms.

(4) The urea .....	Gms. 22.832
	22.725
	20.452
	21.850

Average..... 21.830 gms.

The next drug taken was Tr. Strophantus, min x. 3 times a day for 4 days. Results as follows:

(1) Quantity of urine .....	1535 c.c.
	1180 "
	1095 "
	1375 "

Average..... 1296 c.c.

(2) Solids including urea .....	Gms. 55.648
	43.990
	40.821
	48.056

Average..... 46.628 gms.

	Gms.
(3) Solids, less urea .....	33.793
	23.930
	18.921
	26.056
Average.....	25.675 gms.

	Gms.
(4) The urea .....	19.855
	20.060
	21.9
	22.0
Average.....	20.953 gms.

Results with antipyrine, taken as follows: Gr. 40, gr. 60 and gr. 60, taken on three consecutive days:

(1) Quantity of urine.....	1155 c.c.
	1320 "
	1030 "
Average.....	1168 c.c.

	Gms.
(2) Solids, including urea .....	43.058
	39.982
	60.580
Average.....	47.873 gms.

	Gms.
(3) Solids, less urea .....	21.113
	21.662
	39.980
Average.....	27.585 gms.

	Gms.
(4) Urea.....	21.945
	18.320
	20.60
Average.....	20.288 gms.

Results with quinine sulph. gr. xxx. in 24 hours:

(1) Quantity of urine.....	1645 c. c.
(2) Solids.....	57.492 gms.
(3) Solids, less urea.....	36.107 "
(4) Urea.....	21.385 "

Results with phenacetin, gr. 60, in 24 hours:

(1) Quantity of urine .....	1515 c.c.
(2) Solids, including urea.....	49.419 gms.
(3) " less " .....	28.209 "
(4) Urea.....	21.210 "

THE AVERAGES OF THE VARIOUS DRUGS.

	Quantity.	Solids.	Solids, less urea.	Urea.
Ordinary diet .....	1342 c.c.	49.05 gms.	29.230 gms.	19.82 gms.
Pil. digit. Co .....	1283 "	48.967 "	27.137 "	21.830 "
Strophanthus .....	1296 "	46.628 "	25.675 "	20.953 "
Antipyrin.....	1168 "	47.873 "	27.585 "	20.288 "
Quinine .....	1645 "	57.492 "	36.107 "	21.385 "
Phenacetin .....	1515 "	49.419 "	28.209 "	21.210 "

Reviewing these figures, the first thing that strikes our notice is how comparatively little the secretion of the kidney is influenced in a state of health, at least, by the various drugs.

You will notice, however, that there is a slight increase of urea with all over that of ordinary diet.

With the pil. digit. Co. you will see that the solids are decreased as a whole

and there is a decrease of over 2 gms. of the solids exclusive of urea, while the urea itself is increased.

With strophanthus there is a decrease of the solids as compared with ordinary diet, and markedly so of the solids exclusive of urea, the difference being 3.575 gms., while the urea is slightly in excess of ordinary diet.

With antipyrin there is a decrease

of solids, but not quite so great as with strophanthus, while the urea is about the same as with that drug.

Quinine produces more effect than any of the others on the amount of total solids excreted, this being about 6 gms. in excess of ordinary diet; and there is also quite an increase of the solids exclusive of the urea which itself is very little influenced.

With phenacetin, on the other hand, there is almost the same amount total of solids as there is with ordinary diet. *the amount of urea being slightly increased.*

Respecting the influence on the excretion of urea by digitalis Bartholow says: "By some an increase in the production of urea, by others a diminution has been noted. The truth most probably is that it has no real influence on the urea formation, and that the variations observed are accidental." In our case there is a slight increase of about 2 gms.

Bartholow further states that owing to strophanthus slowing the heart and lessening the calibre of the peripheral vessels the quantity of blood is diminished, hence the combustion of oxygen is smaller and the activity of the combustion process correspondingly depressed.

Perhaps in my case I did not take sufficiently large a dose, but my results certainly do not correspond.

With antipyrin I must say I am surprised at the results, for we are told by at least one observer that metabolism is markedly checked and the urea diminished, and that the corpuscles have their oxygenating function altered, and consequently even in the healthy condition we would expect the urea decreased, but

this is not so, and I think I took sufficiently large doses, short of poisonous ones, to produce the effect. The other solids, however, are slightly affected.

The same remarks apply to phenacetin, where you will see the total solids and the urea are hardly varied at all from those of ordinary diet. Here again I think I took what might be called a full dose (5i).

Quinine gives us the most decided results, for while it does not increase urea very much it has a marked effect on the other solid constituents of the urine, the difference between the figures being nearly 8 gms.—quite a considerable amount.

When I began collecting my data for this paper I intended to have given you much more of the last part and less of the first. I had intended to try more drugs, such as spartein, diuretin, arsenic, &c, as this subject of their influence on the urea is to my mind a very important one; but as you will see it requires a great deal of time and work, consequently I could not get any more done at the present time.

I may add that I kept a record of the amount of work done, my occupation—driving, walking, &c.—character of weather, &c., while making these observations, but did not think it worth while to incorporate them here.

In conclusion I would say that while I endeavored to be accurate in all my experiments, still there is probably not that scientific accuracy one might wish; but this is not very easily attained with no hospital laboratory or other conveniences except such as are to be obtained in a country practice.



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— AND —

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WILL GREATLY HELP THEM.

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Sold everywhere 40c. per bottle, \$4.00 per dozen.

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DEAR SIR:

Some twenty-five years since we introduced largely to the Medical Profession a combination, which we called "**Beef, Wine and Iron,**" giving the exact ingredients and making no claim of proprietorship. It has been very freely prescribed with most satisfactory results. Our sales have been very extensive amounting to many million bottles, besides a large quantity in bulk for dispensing in prescriptions. The claims we advanced to its value as a **Nutrient, Stimulant and Tonic,** have been fully verified, and its advantages have been highly appreciated by thousands of the leading practitioners all over the world. To a great degree, this has been due to the intelligent preparation of the **Beef Juice,** which is combined with the **Wine and Iron.** We maintain, that, to manufacture it so as to contain the nutrient material in a small bulk, expensive apparatus is essential, in order to secure express in and evaporation at a low temperature. This can only be provided to advantage, if the manufacture is to be conducted on a very large scale. We import the Sherry Wine, hundreds of casks at a time. We are receiving from the best Beef butchers, supplies of the most desirable Beef, free from fat or gelatin. We have no hesitation in stating that as a Tonic Stimulant and Roborant, **Wyeth's Beef Iron and Wine** had proven more uniformly beneficial than any combination we have ever known.

IT IS A VALUABLE RESTORATIVE

## IN CONVALESCENCE.

As a nutritive tonic it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases. Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after exhaustion produced by over mental exercise.

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"Wyeth's Beef Iron and Wine" has made a great reputation because it contains what it claims.

In each tablespoonful of this preparation there is the essence of one ounce of Beef and two grains of Iron, in solution in Sherry Wine. It is therefore a refreshing stimulant, the effect of which is not merely to quicken the circulation and impart a temporary benefit, but also to supply actual strength.

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*Manufacturing Chemists, Philadelphia.*

*General Agents for Dominion.*

P. S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.

## ORDINARY DIET FOR FOUR DAYS.

	Color Vogel.	Sp. Gr.	Quantity.	Solids.	Solids less Urea.	Total urea.	Urea per c.c.	% Urea.
			c.c.	Gms.	Gms.	Gms.		
1st day .....	3-4	1016	1350	50.328	30.078	20.25	.016	1.6
2nd " .....	3	1016	1240	46.227	27.627	18.6	.015	1.5
3rd " .....	3	1015	1700	59.415	37.315	22.10	.013	1.3
4th " .....	2-3	1016	1080	40.262	21.900	18.360	.017	1.7
Averages...			1342	49.05	29.230	19.82	.0152	1.52.

R. Pulv. digit.

" scillae.

Calomel aa. gr. i. One thrice daily for 4 days.

	Color Vogel.	Sp. Gr.	Quantity.	Solids.	Solids less Urea.	Total urea.	Urea per c.c.	% Urea.
			c.c.	gms.	gms.	gms.		
1st day .....	3	1015	1395	48.755	26.535	22.82	.016	1.6
2nd " .....	3	1016	1515	56.479	33.754	22.725	.015	1.5
3rd " .....	4	1018	1075	45.085	24.660	20.425	.019	1.9
4th " .....	4	1017	1150	45.551	23.701	21.850	.019	1.9
Averages...			1283.75	48.967	27.137	21.830	.01725	1.725

R. Tr. strophanth. min. X.

Three times a day for 4 days.

	Color.	Sp. Gr.	Quantity.	Solids.	Solids less Urea.	Total urea.	Urea per c.c.	% Urea.
			c.c.	Gms.	Gms.	Gms.		
1st day .....	2	1015	1535	53.618	33.793	19.855	.013	1.3
2nd " .....	2-3	1016	1180	43.980	23.930	20.090	.0174	1.7
3rd " .....	3	1016	1095	40.821	18.921	21.9	.02	2.0
4th " .....	2-3	1015	1575	48.056	26.056	22.0	.016	1.6
Averages...			1296.74	46.628	25.675	20.953	.0165	1.65

R. Antipyrin, grs. 40, 60 and 60.

Taken in 24 hrs., 3 consecutive days.

	Color.	Sp. Gr.	Quantity.	Solids.	Solids less Urea.	Total urea.	Urea per c.c.	% Urea.
			c.c.	Gms.	Gms.	Gms.		
1st day .....	3	1016	1155	43.058	21.113	21.945	.019	1.9
2nd " .....	2	1013	1320	39.982	21.662	18.320	.014	1.4
3rd " .....	2	1020	1030	60.580	39.980	20.60	.02	2.0
Averages...			1168	47.873	27.585	20.288	.017	1.76

R. Quin. Sulph., grain xxx.

In 24 hours.

	Color.	Sp. Gr.	Quantity.	Solids.	Solids less Urea.	Total urea.	Urea per c.c.	% Urea.
			c.c.	Gms.	Gms.	Gms.		
One day .....	2	1015	1645	57.492	36.107	21.380	.013	1.3

R. Phenacetin. Gr. 60.

In 24 hours.



	Color.	Sp.Gr.	Quantity.	Solids.	Solids less Urea.	Total urea.	Urea per c.c.	% Urea.
			c.c.	Gms.	Gms.	Gms.		
One day....	3	1014	1515	49.419	28.209	21.210	.014	1.4

## AVERAGES.

Drugs.	Quantity.	Total Solids.	Solids less Urea.	Urea.	% Urea.
Ordinary diet .....	1342	49.05	29.230	19.82	1.52
Pil. digit. Co .....	1283	48.967	27.137	21.830	1.725
Strophanthus .....	1296	46.628	25.675	20.953	1.65
Antipyrin .....	1168	47.873	27.585	20.288	1.76
Quinine .....	1645	57.492	36.107	21.385	1.3
Phenacetine .....	1515	49.419	28.209	21.210	1.4

### THE THERAPEUTICS OF TYPHOID FEVER—WITH REPORT OF FOUR CASES.

By M. CHISHOLM, M. D., HALIFAX.

Read before N. S., Branch B. M. A. Feb. 21st 1895.

Rational therapeutics is based on the etiology of disease and is modified in the course of disease by the pathological processes to which the tissue are subjected. Since this is the case it follows that every advance in our knowledge of etiology and pathology, should secure a corresponding advance in treatment. Hitherto the empirical therapist was often in advance of the pathologist. He could point to the beneficial effects of cinchona bark in ague, of mercury in syphilis, of vaccine in small pox. long before the pathologist could offer a rational explanation. In some diseases he is even yet ahead for what pathologist can satisfactorily account for the curative effects of galvanism in certain enlargements of the thyroids, or of magnetism in chorea. The range of diseases in which this is true is getting yearly more and more limited and the field for remedial investigation is being transferred from the bedside to the laboratory.

Granting the germ theory of disease then the resources of the healing art must largely depend upon the researches of the biologist, or rather upon the powers of the necrologist for it really has come to this that curing is killing and killing is curing. These two we as therapeutists cannot disassociate, for in the application of germicides we must beware of cellicides.

The question for us to determine is not what simply shall kill germs. The question is more complex than this, since it involves not only the killing of germs but also the saving of cells. We know that quinine kills the germ of ague while it spares the blood cells their hosts. And what is true of quinine in ague is also true of mercury in syphilis and is undoubtedly true of other agents though in our present state of knowledge we be ignorant of them. From what we already know it seems to me that investigation in this line presents a very hopeful aspect, and then there is this encouraging feature that even if we do not succeed in killing the invading germs, if we but render them sterile for the time being, we can so assist the natural powers of the body to overcome the now helpless invaders, which otherwise would be more than conquerors. Is not this the key to the beneficial effects of large doses of chloride of iron

in erysipelas, in diphtheria and scarlet fever, and not simply its reconstituent effects upon the blood.

If it be true that certain remedies taken by the mouth have the power of weakening the generating activity of germs, then it should follow that diseases like typhoid which are caused by the ingestion of germs per os, should be more amenable to this form of treatment than other diseases which are more impalpable in their etiology, such as measles, scarlet fever, diphtheria and smallpox, which are contracted through the respiratory channels. We have first of all the closer contact of the medicine with the diseased organs, the lymph glands along the intestinal tract. Then we have the portal circulation, which of course is primarily affected, shut off from the general circulation, and more easily impregnated with germicidal agents, since the liver stands as a sentinel to prevent the entrance of all toxic products into the blood. Whatever may be said of the germicidal treatment of other diseases there is undoubtedly strong rational grounds for its use in typhoid fever. Nor are these grounds unsupported by experience. It has long been a German observation that the severity of typhoid is moderated by large doses of calomel given at the commencement, and Bouchard in his work, Auto-infection claims to have reduced the mortality to 7%. On this point he says: "Formerly the mortality of patients that came under my notice suffering from typhoid was 25%. When I succeeded in neutralizing the intestinal poison it fell to 15%, and then to 10%, when I obtained a successful intestinal antiseptic treatment. It has fallen to 7% since I instituted the complete system of treatment in 1884, a better result than Liebermeister obtained with cold baths." The great objection to his treatment is its complexity. It is as follows:

1. 15 grammes of magnes. sulph. every three days.

2. 40 centigrammes, 6.2 grs. calomel in divided doses daily.

3. Tablespoon doses every two hours of a mixture of charcoal iodoform and naphthalin in glycerine with peptones; injections of 1 to 1,000 of phenic acid every morning; 50 centigrammes to 500 grammes, of water.

4. The administration of quinine when the temperature in the rectum is 40°C. in morning or 41°C. in evening.

5.  $1\frac{1}{2}$  to 2 litres of broth cooked with barley per day lemonade with wine.

Some months before reading Bouchard I had been in the habit of treating typhoid from an antiseptic standpoint, in a simple if not so thorough a way as his, and the four cases I quote to-night are at least strikingly in favor of the method adopted.

If I see the case early I give calomel daily for a week; if seen after the first week is over I give calomel alone or with soda every third day or so to move the bowels.

Along with this I give phenic acid with chloroform every four hours, one drop of the acid in half a drachm of spirits chloroform, and with syr. of orange. With this I sponge with cold water whenever the temperature goes above 103°, and if the temperature does not yield to this I give quinine gr. 5, and antipyrine gr. 5, as often as necessary, possibly once in two or three days. One dose may be enough to break the temperature and make it yield to the cold sponging. The diet I confine to milk. In addition I give about 3 oz. whiskey per day after the end of the first week. I was led to use chloroform by reading the results of experiments made to test the effects of different antiseptics upon the typhoid germ. Of all the germicides used chloroform was the most effective. It has the advantage over others of being a germicide without being a cellicide. I have not used it, however, in as large doses as I safely might; still the results have been

such as to make me satisfied with my first trial dose.

Case I.—E. M., aged 39, gold miner, admitted to hospital October 31st, 1894. Family and personal history good. Had been sick for about 10 days previous to entering the hospital.

Condition when admitted: Patient very weak; pains in head and back; face flushed, tongue dry and coated. Temp. 102°; pulse 80. Tenderness in right iliac region with gurgling on pressure. Bowels somewhat constipated. Typhoid fever diagnosed—stage end of second week. On Nov. 1st was put on following:

R. Acid carbolica m. 48.  
Spts. chloroform ʒiiss.  
Aq. ad. ʒvi.  
Sig. ʒii. every 4 hours.

Bowels were kept open with calomel in doses of gr. iii. On Nov. 5th and for several days following was troubled with retention of urine and had to be catheterized. Temperature kept up until the 8th Nov., when it dropped to normal. Was kept on strictly milk diet until Nov. 16th, when he was allowed crackers. Made a good recovery. Discharged Dec. 17th.

Case II.—E. M., aged 20, female, servant, admitted to hospital Nov. 10th, 1894. Previous history good. Had been sick three weeks before admission but only confined to bed one week. Complained of pains in abdomen and tenderness in right iliac region. Rose-colored spots on abdomen. Tongue dry and coated. Temp. 103°. Bowels somewhat loose and of the pea-soup variety. Was put on:

R. Acid carbolica mxxxii.  
Spts. chloroform ʒi.  
Syr. simplicis ʒi.  
Aq. ad. ʒiv.  
Sig. ʒii. every 4 hours.

Milk diet.  
Temp. remained remittent in character for five days; it then remained about normal. Recovered without complications and was discharged Dec. 15th.

Case III.—F. W., aged 19, female, servant. Admitted to hospital Nov. 15th, 1894. Had not been feeling well for three weeks previous to coming to hospital but had been confined to bed for only a few days. When admitted her temp. was 104½, pulse 120. Tongue coated but moist; face flushed. Abdomen somewhat tympanitic with a few rose-colored spots. Tenderness and gurgling on pressure in right iliac region. Bowels constipated. Vomited everything. Was put on:

R. Acid carbolica ʒss.  
Spts. chloroform ʒi.  
Syr. aurantii ʒvi.  
Aq. ad. ʒiv.  
Sig. ʒii. every 4 hours.

Milk diet.

Calomel in 3 gr. doses was given at night to regulate bowels. Tepid sponge bath given when temp. rose as high as 103°. Was troubled considerably with epistaxis during first few days. Temp. remained high until 8th day after admission, when it dropped, and after a few days became normal. On Dec. 1st was given a little toast and gruel. On Dec. 4th temp. again shot up to 103°, and did not again become normal until the 12th. From this time she did well until discharged on Jan. 16th.

Case IV.—M. R., aged 12, school girl, admitted to hospital Dec. 14th, 1894. Complaining of weakness, headache, tenderness over right iliac region. Tympanites; constipation. Temp. on admission 105½, pulse 125. A few rose-colored spots on abdomen. Spleen enlarged. Had quite a severe cough and subscrepitant rale could be heard over whole chest. Bowel regulated with calomel. Was put on:

R. Acid carbolica mxxvi.  
Spts. chloroform ʒvi.  
Syr. aurantii ʒi.  
Aq. ad. ʒiv.  
Sig. ʒii. every 4 hours.

Milk diet.

Sponge baths were given but as the cough appeared to be increasing they were omitted and she was put on :

R. Quin. sulph.  
Antipyrin aa. gr. v.  
Sig., one when temp. is above  
103°

Cough improved and rales cleared up in a few days. Temp. dropped to normal on 29th. As the tympanites at this time was marked the carbolic acid and chloroform was omitted and she was put on turpentine. Patient still remains in hospital but is doing well.

**THE TREATMENT OF TUBERCULOUS PLEURISY.**—Dr. William Osler states that the indications are twofold: First, to limit and control the exudate and to promote its absorption. In the early stage it is sufficient to allay the pain, if severe, with opium; to reduce the fever, if high, by sponging, and to keep the bowels freely opened. It is doubtful whether the salicylates deserve the confidence which many claim. While fluid remains in the chest it is for the good reason that it cannot get out, owing to blocking of the lymph paths. Absorption from the pleura goes on, chiefly, if not entirely, from the costal layer. Good results are seen by putting the patient on a dry diet, and giving brisk saline cathartics. Diuretin, when it acts, is useful in the same way. If at the end of ten days the exudate persists, and is at the level of the fourth rib in the erect posture, aspiration is advisable, and this may be repeated in a few days if the fluid reaccumulates. There are no greater risks in the tuberculous than in the simple sero-fibrinous cases, and it is very important to relieve the lung early of the compression to which it is subjected by any large quantity of fluid. The risk of the compressed lung becoming the seat of tuberculosis is not very great; more serious is the danger lest it should be

bound down by such firm adhesions that it cannot expand. Gentle counter-irritation of the skin is probably beneficial in these later stages, stimulating the lymphatics of the costal pleura. In chronic sero-fibrinous effusion with thickening of the membranes, the fluid reaccumulates rapidly, and aspiration may have to be performed many times, and pulmonary gymnastic should be practiced. If the exudate be purulent the case should be transferred to the surgeon for thorough drainage. The second indication is to improve in every way possible the nutrition of the patient, so as to favor conditions promoting the healing of the tuberculous process. No doubt, as in pulmonary and peritoneal infection, many instances of tuberculosis of the pleura recover, and leave no more damage than that associated with slight thickening of the membrane. A life in the open air, regular habits and exercise, a nutritious diet, and the use of the remedies which promote in every way digestion and the assimilation of food, should be advised. *Pac. Med. Journal.*

**SURGICAL SHOCK.**—Atropine is the quickest and most valuable remedy known in surgical shock and those conditions which resemble it, as the stage of collapse in cholera and cholera infantum. It may be given hypodermatically, or by mouth in the form of a granule dissolved in hot water, one granule every ten minutes until the desired action occurs.—*Exchange.*

**CALCIFIED PLATES FROM THE PLEURA IN EMPYEMA.**—Doctor Adami found calcareous plates in the pleural cavity after resection of the fifth and sixth ribs. These looked like exfoliations of bone, but proved on examination to be merely deposits of calcareous salts in the thickened pleura following empyema.—*Montreal Medical Journal.*

# Maritime Medical News.

APRIL, 1895.

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## EDITORIAL.

WE have much pleasure in calling attention to the paper, a instalment of which appears in this issue of the NEWS, read at the last fortnightly meeting of the Branch of the British Medical Association here, by Dr. Halliday of Stewiacke.

There is no physiological question of more practical bearing in clinical work than that of the function of the kidneys. The whole subject in its physical and chemical aspects is of every-day importance to the physician.

The general laws regulating the quantity and quality of the urine have now been pretty well ascertained by physiologists, and yet, from time to time some new fact is brought to light, some new investigation yields fresh results.

The first part of Dr. Halliday's paper deals with the acidity of urine.

The ordinary reaction in man, a "mixed feeder," is acid, but as is well known there are periodical variations in reaction, there is the so-called "alkaline tide," and this is generally held to depend on the process of gastric digestion: the acidity of the stomach, that is, of the gastric juice, and that of the urine are in inverse proportion. During active digestion the gastric juice draws so largely upon the blood for those salts which by their interactions give rise to the acidity of the secretion, that the urine becomes less acid, neutral, or even alkaline. In the intervals of digestion or during fasting the acidity of the urine returns. In herbivorous animals in which the urine is naturally alkaline an acid reaction occurs during fasting; they are then, so to speak, feeding on their own tissues. And in man the morning urine, examined before food is taken is, as a rule, the most distinctly acid of the twenty-four hours. But Dr. Halliday's researches show that in this respect great individual variations may obtain even among persons taking the same diet and leading very much the same life.

In the remaining portion of his paper, which we publish in this issue, Dr. Halliday details some experiments on the excretion of urea. This, the most important substance in the urine, is remarkably constant under given conditions. It indicates really the metabolism of the tissues, the wear and tear of proteid matter, or perhaps, speaking strictly, it is the measure, because the result, of the destruction of the blood corpuscles. The chief physiological factor influencing its excretion is the ingestion of food, but this is directly due to the food taken; this must become transformed into tissue before it can in turn be broken up into urea. It was long ago pointed out by John Hunter that blood is a tissue. It is indeed the chief tissue of the body. "The blood is the Life."

But morbid processes in the body influence the excretion of urea, and so do several therapeutic agents, some increasing, some diminishing it.

Dr. Halliday has made some interesting observations under this head, and we trust he may be able to carry on his work in this department, and we congratulate him on the patience and energy with which he has undertaken and carried out original scientific work amid the distractions and difficulties of a country practice.

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### Society Proceedings.

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Extract of minutes of the semi-annual meeting of the "Cape Breton Medical Society," held at Sydney on March 21st, 1895.

Dr. McPherson read extensive notes on a most interesting case of ovarian tumor, including an account of the operation for its removal and the perfect recovery of the patient. The Doctor also submitted for inspection the tumor removed, weighing 17 pounds. This is the first case of ovariectomy performed in this Island. The Doctor also exhibited a section of large intestine measuring 14 inches in length, passed from a boy aged 6 years. The case was first seen on January 6th, and presented the symptoms of obstruction of the bowels, such as vomiting, pain in the bowels, with great tenderness over the left hypogastric region, tenesmus, with bloody discharges. The Doctor diagnosed invagination of the bowel. Large injections were given, the patient being in Trendelenburg's position. The patient not being relieved he intended to perform coeliotomy at once, but on his way back to his office was taken suddenly ill. Dr. McLean took charge of the case for a few days. On the 10th March with Dr. McLean the Doctor repeated the injection, which resulted in a fairly good discharge of faeces. The swelling in the bowels did

not abate to any extent. The injections were repeated every four hours, supplemented with small doses of calomel and soda bi-carb. On the 20th inst. the discharges contained shreds of intestine—on the 24th he passed the section shown. The boy made a good recovery, is now running about. Dr. McLean reported a case of successful ovariectomy performed by him a few days after Dr. McPherson's operation. The patient had an uninterrupted recovery.

Dr. McDonald reported a case of hydatids of the uterus with profuse hemorrhage—assisted by Dr. Kendall, the cervix was dilated and a large quantity of hydatids removed the patient recovered.

Dr. MacGillvary read notes on a case of pyemia in a child six days old—in which abscesses formed first in the right ankle joint and the left wrist. Two days afterwards abscesses formed in the palm of right hand and sole of left foot. The abscesses were opened and washed out with peroxide of hydrogen and afterwards treated antiseptically. Three days afterwards the jaws became fixed, and the little one gradually sank. The patient died nine days after the first appearance of trouble. There was nothing abnormal in the confinement.

Dr. Kendall reported a case of abscess in the lung, which finally communicated with the bronchial tubes and still continues to discharge itself that way. The peculiarity of the case consisted in gradual diminishing of the vocal fremitus, until finally there was none at all, whereas with the gradually increasing infiltration of the lung and the hepatization occurring about the forming abscess, you would naturally expect increased vocal fremitus.

To show the possibility of being deceived in certain cases of chest diseases the doctor quoted a case seen by him in Dr. Paveys clinic London of extensive pleuritic effusion, causing displacement of the heart and bulging of

the chest walls, in which the vocal fremitus was greatly increased, the direct opposite of what would naturally be expected.

A. D. MACGILLVARY,  
*Secretary.*

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### Selections.

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MANAGEMENT OF TYPHOID FEVER.—  
PROF. F. C. SHATTUCK, of Boston, has for the past two years, given to typhoid patients, who seem able to bear them, raw and very soft boiled eggs, custards, animal broths, strained gruels, ice-cream, junket, blanc-mange, and even scraped or very finely minced meat, in addition to their milk, watching the stools, of course, for the appearance of undigested food. He believes in giving as much and as wide a range of food as each individual patient can digest, and as will not prove irritating to the ulcerated intestine, with plenty of water internally to promote the elimination of soluble poisons. He does not regard with much favor the use of the so-called intestinal antiseptics, and prefers small doses of the salicylate or subgallate of bismuth, the astringent properties of these compounds being naturally taken into account in their administration. He often gives a preliminary dose of calomel, especially in cases seen early and without pronounced diarrhoea. He resorts to enemata of water every second day when there is constipation, and to morphia to mild narcotism where there is intestinal hæmorrhage. He does not approve of controlling the fever by means of drugs, and only now and then gives an occasional antipyretic dose in cases in which the headache or pyrexia produces such discomfort as to warrant it. Phenacetin he believes to be the safest of these remedies.

He has used the Brand method in hospital practice, and of 236 cases treated expectantly and with cold

spongings 23 died,—a mortality of 10 per cent. For some years past the cold spongings have been made much more efficient in the Massachusetts Hospital by rolling up the rubber sheet placed immediately under the patient at the sides so as to form a trough. Water at 60° F. (15.6° C) is used, sometimes water with a little ice in it to make up for the heat absorbed from the body. One attendant can use cold water in this way, while two are almost indispensable for the tub-bath, with affusion to the head and friction to the body. A temperature of 102.5° F. (39.2° C) is regarded as an indication for cold water.—*Boston Medical and Surgical Journal.*

KOLA.—DR. E. B. SMITH states that the great value of this drug is due to the alkaloids theobromine and caffeine, and to the principle known as kolanin. As an astringent kola has been used with marked success in cases of atonic diarrhoea, its combined astringent and tonic properties producing most satisfactory results. In the treatment of summer complaint of children it takes the place of opium, with none of its disadvantages. It aids digestion by increasing the activity of the salivary glands, augments the output of the digestive fluids, and is, therefore, beneficial in that form of dyspepsia which accompanies diarrhoea. Since it exerts a sustaining effect upon the vasomotor system, it becomes an important remedy in the treatment of children with diarrhoea when the circulation is enfeebled. When long-continued exertion is demanded, and little food is obtainable, it seems to possess sustaining properties similar to coca. It lessens tissue waste as is shown by the diminished excretion of urea. Upon the circulatory system it is a tonic stimulant; the pulse is increased in strength and frequency. It is also slightly diuretic. In alcoholism it may take the place of liquor; it builds up

# FELLOWS' HYPOPHOSPHITES!

(SYR: HYPOPHOS: COMP: FELLOWS.)

## To the Medical Profession of Canada :

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorus preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERIT.

- FIRST.—*Unique harmony of ingredients suitable to the requirements of diseased blood.*  
 SECOND.—*Slightly Alkaline re-action, rendering it acceptable to almost every stomach.*  
 THIRD.—*Its agreeable flavour and convenient form as a syrup.*  
 FOURTH.—*Its harmlessness under prolonged use.*  
 FIFTH.—*Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.*

### GENERAL EFFECT.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnea is so salutary that they sleep for hours after the first few doses.

## NOTICE—CAUTION.

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

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

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

For Sale by all Druggists.

**DAVIS, LAWRENCE & CO. LTD.**

Wholesale Agents, MONTREAL.



# WYETH'S

## Compound Syrup White Pine.

MESSEES, WYETH desire to ask the attention of the medical profession to this invaluable expectorant, which after considerable experimental work and study, they have been enabled to perfect and present as a medicated syrup, which for beauty and efficiency they feel assured cannot be surpassed.

This preparation represents in each fluid ounce combined in the most palatable form the following ingredients:—White Pine Bark 30 grains, Wild Cherry Bark 30 grains, Spikenard 4 grains, Balm Gilead Buds 4 grains, Blood Root 3 grains, Sassafras Bark 2 grains, Morph. Sulphas 3-16 grain, Chloroform 4 mins incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, it certainly possesses exceptional merit, and has proven of invaluable service in allaying those distressing symptoms so apparent in larvugeal troubles.

Practical physicians need hardly be told how frequently ordinary cough remedies and expectorants fail; the agents that *raise* 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 Syrup White Pine can be readily appreciate.

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

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

MESSEES, WYETH & BRO. have also the same combination with the addition of Tar "Syrup White Pine and Tar."

# WYETH'S

## Fluid Extract Ergot.

In directing the special attention of the Medical Profession to our Fluid Extract of Ergot, we fully realize the responsibility assumed in making the representations we do in regard to our preparation.

No article in the Materia Medica has so often disappointed the practitioner, and scarcely any drug is more susceptible of change, deterioration, and in time becomes entirely inert. We have hesitated to ask the unconditional endorsement of the Profession until we had fully demonstrated for ourselves the value of the Fluid Extract we make, but now, after several years' continued evidence of its successful use in the hands of medical men throughout the country, during which time we have manufactured many thousands of pounds, we confidently claim for it a value and efficacy superior to any other preparation of this drug.

The menstruum used is that best adapted for extracting all the active matter, and retaining its full power. It is entirely free from acid, and can be used subcutaneously without irritation in most cases having in this respect a great advantage over the watery solutions, which decompose very rapidly. Our menstruum is simply Water, Alcohol and Glycerine; no heat whatever is used in its manufacture. Since adopting this formula, a number of valuable papers from foreign authorities have endorsed our views. Our large operations, and long experience, enables us to select the choicest importations of Ergot as offered, thus insuring material of unexceptionable quality.

Those who order our fluid extracts, *Physicians in prescribing them, as well as Druggists in supplying them, may rest assured that they will find each one thoroughly reliable as representing the properties of the original drug.*

Physicians who wish to use them, should designate our manufacture (WYETH & BRO.), when prescribing, to insure ours being dispensed.

JOHN WYETH & BRO., PHILADELPHIA.

General Agents for Canada, DAVIS & LAWRENCE CO., (Limited.) Montreal.

the nervous system, enabling the patient to withstand the craving for alcoholic stimulants. It aids in overcoming the indigestion, and is beneficial in relieving the vomiting. In phthisis it lessens the cough, and is of value. In pulmonary hemorrhage it is useful. Locally, it appears to be an astringent.—*The American Therapist*.

#### DILATATION OF THE HEART. —

Jacob (*Centrabl. f. inn. Med.*, February 2nd, 1895), describes a form of this affection chiefly characterized by very acute and oft-repeated attacks. An apparently healthy man, or one who has been complaining of lassitude and vertigo, is seized with shivering, amounting at times to a rigor. The face and body surface are pale. He complains of numbness and heaviness in the legs, and has a feeling of anxiety chiefly referred to the cardiac region. Difficulty in breathing is generally present, but cyanosis is uncommon unless the attack lasts long. First there is infrequency in the cardiac action, but later the heart beats may number 200 in the minute. If the pulse is felt it is found to be distinctly hard. The cardiac dulness is increased. If the attack last several days objective evidence of œdema of the lungs and albuminuria may supervene. In the severe attack there is dread of death, and the patient fights against impending unconsciousness. The attack lasts hours, or perhaps days. A feeling of warmth, accompanied by sweating, marks the remission. First, the signs of vascular spasm disappear, then the anxiety, difficulty of breathing, and cardiac pain. The evidence of dilatation takes a week to disappear. Oft-recurring attacks may lead to permanent cardiac dilatation. The author would attribute this affection to a widely-spread arterial spasm (angiospasmus). This would explain the cardiac dilatation. In the treatment digitalis is of no use. Morphine given

subcutaneously is recommended as being the best remedy.—*Bi. Medical Journal*.

DIURETIN.—Panowski (*Zeitschr. f. Klin. Med.*, vol. xxiv., 3 and 4, 1894) has investigated the action of diuretin with the view of determining whether the renal activity was intensified or whether the vaso-motor system became affected. Fifty cases were submitted to most careful investigation, with the following results: A tonic action is exerted on the cardiac muscle, the area of cardiac dulness diminishing even before any improvement of the œdema has become noticeable. In this respect it resembles caffeine, but cannot compete with digitalis. In the vessels a considerable increase of pressure is noticeable, and is regarded by the author as attributable to a stimulation of the nerve-centre. The diuresis is very marked, but, in the author's opinion, is the result of the increased pressure in the vaso-motor system. He recommends it as a diuretic in valvular lesions after digitalis has failed, when the effects of diuretin may be surprising. Of greater importance is its action in affections of the cardiac muscle, when he has seen remarkable results after digitalis, camphor, and caffeine had given no relief. In renal affections the good effects were not so marked, but diuretin is held by the author to be preferable to digitalis when there is slowness of the pulse as a forerunner of uræmia. In the other œdematous conditions it is not to be recommended. The drug is best given in powders of 15 grains four to six times daily, or can be given in solution, when the effects will be first noticeable between the second and sixth day.—*British Medical Journal*, November 3, 1894.

NUCLEIN.—DR. FRANK W. GARBBER states that we have reason to believe that this substance possesses the power

of stimulating the production of white blood-corpuscles, which are the natural defenders of the body, and that aside from this power they are also valuable as germicides. If the red blood-corpuscles is derived from the white, then nuclein will stimulate the growth of blood-corpuscles, and will be an almost direct enricher of the blood-supply. Clinical experience has certainly shown that nutrition is improved under the use of this treatment. It promises to be useful in nervous disorders which are not of organic origin, and in troublesome cases of digestive disturbances. It is possible that a large share of the good results alleged to have been obtained from the use of the so-called animal extracts may be properly attributed to the possible nuclein which they may contain. In the cases reported the drug was given once daily hypodermically, the dose varying from fifteen to forty-five minims; for the most part thirty minims were the maximum dose. The injections were made into the muscular tissues as near the site of the tuberculous lesion as could be, although this does not seem to be essential; they were often given in the arms; ordinary antiseptic precautions were observed. The needle should be frequently sharpened. Rubbing the part seems to cause a more speedy absorption of the solution and to lessen the period of pain, although the latter is never lengthy nor severe. The part, from frequent injections, becomes larger and more insensible. Abscess has never resulted. Twelve cases were reported, the majority being of pulmonary tuberculosis, and these reports seem to warrant the belief that it is an agent of value in incipient tuberculosis, but that little can be expected of it in advanced cases. We are not in a position to say that it is positively curative.

—*Therapeutic Gazette.*

ments made by Prof. H. Meyer, of Marburg, to discover a combination of tannic acid which would pass unchanged through the stomach and be gradually decomposed in the intestines, thus exerting an astringent effect upon the entire intestinal canal. It occurs in form of a yellowish gray powder, odorless and tasteless, insoluble in dilute acids and cold water, but soluble in cold alcohol and dilute solutions of phosphate of soda, borax and soda. Tannigen is not acted upon in the stomach, and in this respect is superior to tannic acid, which impairs the gastric functions, especially when employed for a long time. In his experiments on animals Meyer found that even when administered in small doses a portion of the drug effect, extends to the large intestine. Prof. Muller, who has tested Tannigen in numerous cases of chronic diarrhoea, found that it was well borne without gastric disturbance, and promptly diminished the number of stools, which became of a firmer consistence. Excellent results were obtained from its use in the diarrhoea of phthisical persons. Doses of 0.2 to 0.5 grms. usually sufficed, although daily quantities of 3.0 to 4.0 grms. were sometimes administered, and the remedy appears perfectly innocuous.—*Medical Progress.*

TREATMENT OF GONORRHOEAL RHEUMATISM.—LILIENTHAL (*Boston Medical and Surgical Journal*, January 24, 1895) states that at present our knowledge of treatment consists mainly in knowing what to do. He prefers oil of wintergreen and sodium bicarbonate as drugs, with considerable attention to the use of alkalies. The diseased joint should be splinted at once and gentle pressure over a dressing of twenty-per-cent. ichthyol ointment applied. The urethra or other focus of infection should be carefully treated and the discharge decreased. The bowels should be regulated and a minimum quantity of opium used. If

TANNIGEN A NEW INTESTINAL ASTRINGENT.—Tannigen, or acetylene tannin, is the result of a series of experi-

the disease seems to be manageable, gentle massage is valuable during convalescence; but if ankylosis is believed inevitable, it should be assisted by perfect fixation in plaster of Paris. Tonic and stimulant treatment is indicated from the first. If possible, all operative procedures should be avoided. Abscesses must of course be evacuated, but the surgeon should not be deceived by appearances, and thus be led to interfere in an acute stage when there is no abscess to evacuate.—*The Gazette*.

FINANCES.—One of our leading physicians, who is noted for a vein of dry humor and wit, as well as his attainments in medical science, related the following, which is quite apropos in these times of bank suspensions and scarcity of the circulating medium.

Seated in his office, thinking seriously of the large accumulation on the debit side of the ledger, without appropriate entries on the other side, there entered a dusky daughter of Africa, and the following conversation took place:

Dinah—Doctor, I've come to see if you can't do somethin' for this swelling.

Doctor—Does it give you any pain? Does it hurt you any?

Dinah—Oh! No sir; it don't hurt at all. I'm just gettin' all swelled up here (putting her hands on the lower part of her abdomen); an' I think I can feel somethin' movin' round in dar.

Doctor—Well, er, what is the state of your finances?

Dinah—Oh! Dey's done all stopped; habent seed nuffin' of 'em for five or six months.—*N. Y. Polyclinic*.

MENSTRUAL PAIN.—Doctor Betton Massey says menstrual pain is incorrectly supposed to be due to obstruction to the menstrual flow. But no obstruction exists in the majority of cases, and certain cases of obstruction

(hæmatometra) have been found to exist without menstrual pain. The term "dysmenorrhœa," which suggests a physical difficulty (rarely present), should be replaced by the term "menorrhagia," which describes the chief symptom of the affection.

Menorrhagia is a painful neurosis displayed by the utero-ovarian nerve filaments and centres at the menstrual periods; and the exciting causes are: lack of development, endometritis, metritis, ovarian congestion or inflammation, tubal or peri-uterine inflammation; and the predisposing cause essential to its development is a disturbance in the trophic processes in the local or general nervous system.—*Ex.*

STOMACH AND CARDIAC TROUBLE PRODUCED BY THE HABITUAL POSTURE OF SCHOOL CHILDREN.—Doctor Motais, of Angiers, points out that the habitual posture of school children is an important cause of myopia and of spinal curvature; it is also a cause of dyspepsia, because the bending forward causes constriction of the stomach. The faulty position impairs the current of blood through the vessels of the neck, and the result is cardiac palpitation. Most cardiac and stomach troubles in students and clerks can be made to disappear by correcting the faulty posture.—*Ex.*

FUNCTIONS OF OVARIES AND TESTICLES.—It is a well known fact that the ovaries and testicles have at least three distinct actions: First, generation; Second, action through absorption on the central nervous system, which gives to men and women their physical, moral, and intellectual characteristics; Third, a special tonic action which reinforces in a special way the action of the spinal cord and brain. These cannot be disputed.—*Dominion Medical Monthly*.

## THE TREATMENT OF INFLUENZA.

IN the *Presse medicale* for February 6th there is an interesting article on the clinical forms of this disease and their treatment, by Dr. A. F. Plicque. The whole article will well repay the reader's perusal, but our space will not admit of our dealing with more than the therapeutical part of it. In the common forms of the disease, without special complications, hygiene, with rest in bed, says M. Plicque, should be the foundation of all treatment. Hot drinks also may be employed. Milk is one of the best, and has the advantage of being an active diuretic. Coffee is also useful in prostration and headache. Antipyrine, in daily amounts of from thirty to sixty grains, gives good results in headache, although it sometimes increases the cough and the bronchial irritation. Tincture of aconite root, from ten to thirty drops a day in divided doses, may be given when there are fever, general malaise, and laryngo-tracheo-bronchial catarrh, but it occasionally increases the nervous agitation. Quinine still remains, perhaps, says the author, the agent that more thoroughly reaches the disease, although it sometimes aggravates the feeling of weight in the head; this, however, is less marked with quinine hydrobromide and with the valerianate than with the sulphate. A gentle purgative is always useful during the first two or three days in cases of gastric derangement. If the thoracic symptoms, are intense, manna or castor oil is preferable as a purgative.

In the common forms of the disease the most important advice to give the patient is perhaps that which deals with the antiseptic treatment of the nose, the mouth, and the pharynx. Gargling with a solution of boric acid, or with a one-per-cent. solution of chloral, intranasal applications of vaseline and boric acid, and great care in cleansing the mouth are pretty sure to prevent certain complications, such as

angina, abscesses, otitis, perhaps even broncho-pneumonia, and will certainly be of great service.

The thoracic symptoms of grippe are extremely variable, and the most painful symptom, which was particularly observed during the last epidemic, is a convulsive cough which often gives rise to vomiting. The following prescription, which was recommended by Monin in cases of whooping-cough, has given rather good results: Tincture of belladonna, tincture of aconite, and tincture drosera, each, 30 grains; tincture of myrrh, 150 grains. From twenty to thirty drops a day are to be taken in divided doses.

The congestion of the underlying structures often resembles that of typhoid fever, and, as in typhoid fever, it is combated by the lateral recumbent posture and the sitting posture. It is often indispensable to make the patient lie down for several hours a day on a couch. Daily dry cupping, or if necessary, wet cupping, in robust persons, should be practiced. Blisters are usually more harmful than useful. Tonics, coffee, cognac, and Todd's potion should be employed.

In cases of respiratory catarrh with abundant expectoration, an emetic is often useful for children and adults. Preparations of kermes and antimony may be carefully used. Forty-five grains of ammonium hydrochloride a day, given in six doses, is preferable to the former. In cases of nervous symptoms of an ataxic type, with agitation and delirium, potassium bromide is the best calmative; it has no harmful, depressing influence if it is administered in small doses. From thirty to sixty grains a day may be given. Chloral is more efficacious in insomnia, but it sometimes increases the cough, which, however, is not so marked if a syrup of chloral containing a bromide is used. In addition to these medicines, cool compresses on the forehead and cooling lotions are indicated, and in obstinate

forms heroic measures, such as a cold or a hot bath.

Adynamia is, in the nervous form, more frequent than ataxia. Here hygienic means, such as pure air, stimulating frictions over the entire body, inhalations of oxygen, coffee, champagne, and alcohol should be employed. Adynamia is sometimes so marked that Le Gendre, says M. Plicque, advises strychnine. Kola is also very efficacious in the nervous depression that manifests itself in certain forms of the disease. It may be given as a wine, as a tincture, in powders, or granulated. The latter form seems to contain the largest quantity of the active principles. If the tincture is used, it may be associated with equal parts of tincture of coca.

In the cardiac form, aside from external means, subcutaneous injections of caffeine and of ether may be resorted to. Injections of a hundred and fifty grains of sterilized olive oil and thirty grains of camphor are also productive of good results, given from once to three times a day. To the ordinary remedies for the adynamic symptoms tincture of digitalis may be added, and from twenty to thirty drops a day may be given in divided doses.

The gastro-intestinal form should be treated in the beginning with emetics in young persons and with saline purgatives in old persons. Frequent washing of the mouth with an alkaline water will diminish the sensation of puffiness and anorexia. For profuse diarrhoea intestinal antiseptics, such as salol, bismuth salicylate, and naphthol, should be employed rather than opium, the action of which is always doubtful in infectious diseases.

In convalescence, often long and painful, hygienic treatment is especially indicated, and arsenic, cinchona, coca, kola, and sometimes iron are particularly indicated. In cases of neurasthenia and of persistent weakness, it should be ascertained if the

phosphaturic albuminuria described by M. Albert Robin is present.—*Editorial New York Medical Journal.*

ON Friday morning, February 22nd, the *Toronto World* published the statement that Parke, Davis & Co., were seeking to introduce low grade alcohol into their Canadian laboratory for the manufacture of patent medicines. The following Tuesday, February 26th, an anonymous letter was published in the *World* alleging that the low grade alcohol was desired "for the manufacture of pharmaceutical preparations intended to be used in the making up of prescriptions."

The issue of the *World* for March 2nd published in a conspicuous position a complete retraction of all the charges and insinuations against this house.

What Parke, Davis & Co., wanted was simply permission to introduce pure, standard, rectified spirit in bond for the manufacture of pharmaceuticals designed for export to foreign countries. Such standard spirit can be imported in bond at the price of 25 cents per imperial gallon. At present Parke, Davis & Co., are greatly hampered by the high market price of alcohol in the Dominion, \$1.17 per imperial gallon in bond; and to this must be added the excise duty of \$1.50 proof gallon. Their proposition to the excise authorities was cheerfully complied with, and will enable them to compete with European manufacturers in the markets of the world outside the Dominion; and would not involve the slightest sacrifice of quality or potency in the finished preparations.

Practically there is no such thing on the market as "low grade alcohol," unless this term be applied to dilute alcohol. Inasmuch as every manufacturer is perfectly free to purchase pure spirit (94 per cent.) and dilute it in accordance with the needs of the product manufactured (some preparations require strong alcohol as a solvent and

others require dilute spirit) it would be absurd to talk of low grade alcohol in this connection. The only other form of "low grade alcohol" is a certain crude product supplied exclusively to establishments manufacturing vinegar under bond. The well known "wood alcohol" could not possibly be used in the manufacture of pharmaceuticals, owing to its obnoxious odor.

Parke, Davis & Co., have no proprietary interest in any patent medicine, nor do they advertise or sell any of their products to the public. They confine their operations entirely to the medical profession, which they reach through the usual channels of the wholesale drug trade and retail pharmacists.

**CORNS.**—Those devotees of the healing art known as corn doctors make short work of extracting a corn from your toe and fifty cents from your pocket, and the corns make short work of returning—under the persuasion of fashionable shoes. As almost every one knows the twinges of these troublesome affections, we give these hints for their treatment:

The laminated corn, or callous, produced by pressure, congestion and increased formation of epidermis, may be softened by moisture, as by soaking in warm water, by the application of a starch or soap poultice; and, being softened, the thick cuticle may be thinned by scraping with a blunt knife, or the albuminous epidermis may be dissolved by an alkaline solution with moderate friction. When the thickening has been reduced sufficiently, it may be kept down by daily washing with soap. The soft corn requires removal with the knife; if it be of moderate size, a single pinch with a pair of pointed scissors will effect its removal, while the hard callous will require patient digging with the point of a not too sharp knife. The eye of the corn may be always

made visible by rubbing the part with eau-de-cologne or spirits of wine, and any remains of the core may be detected in this way, either during or after the operation: the corn should be covered with a piece of soft plaster for a day or two, and a perforated plaster of buff leather or amadou subsequently worn to keep off pressure from the center of the growth. The removal of a corn may be very considerably aided by the use of the compound tincture of iodine painted on the swelling. When the corn is painful this application subdues the sensibility and renders the corn dry and pliable and easy of removal by means of a file. Soap and water, so useful to the skin in many ways, are expressly serviceable to feet afflicted with corns, and particularly when they are soft corns. Daily washing with soap, and the subsequent interposition of a piece of cotton wool between the toes, may be considered as a cure for a soft corn. In these cases the skin may be hardened by sponging with spirits of camphor after the washing. The cotton wool should be removed at night, and this is a good time for the camphorated spirits.—*Eva.*

**NERVE SUTURE.**—Dr. De Forest Willard formulates the following practical conclusions: 1. Immediate suturing of a divided nerve should never be neglected. 2. Clean end-to-end suture should be secured, if possible. In wounds inflicted by a sharp instrument this is easily attained; in torn wounds it is wiser not to remove more of the nerve than is imperative. Whenever a portion is necessarily sacrificed, better union will be secured by clearing the nerve for a considerable distance, stretching it thoroughly, so as to obtain end-to-end sutures if possible, and then stitching. When it is impossible to join the ends, other material may be grafted into the gap, or the nerve may be spliced by flaps cut from its own substance. 3. The

best suturing material is fine chromicized catgut, inserted by means of a small, round needle, directly through the sheath and body of the nerve. Two sutures are usually advisable, crossing each other at right angles. 4. Secondary suturing offers good hope of success, and should be attempted, even if years have elapsed since the accident. 5. When the loss of nerve-substance has been large, a nerve-graft, or a section taken preferably from a freshly amputated limb, or from an animal, should be inserted in the gap. This usually gives better results than the splicing operation of splitting the nerve and turning the flaps into a gap. 6. Restoration of function often takes place many months after the operation. 7. My own experiments agree with those of other operators, and prove that the distal portion of a severed nerve rapidly degenerates, as does also an interposed graft; yet that transmission of function is possible, and that subsequent regeneration may take place as regards, both sensation and motion.—*Medical News.*

sure, provided there is sufficient cotton-wool. This usually alleviates pain immediately by affording pressure to the blood-vessels and keeping the part at rest. The bandage and wool are removed at the end of a few days, a week at the longest, and carefully instituted passive movement is employed; then the dressing is reapplied to prevent further effusion. In ten to fourteen days cotton-wool may be dispensed with and the support of an ordinary flannel roller substituted. The patient is able to use the injured joint for ordinary purposes after the lapse of about three weeks in the majority of severe sprains. In sprains of slight severity massage may be begun at once with excellent results, and in old sprains massage is by far the most appropriate treatment and indispensable in order to effect a cure. Heat and cold are the best temporary methods of relieving congestion and do harm if employed too long.—*The Gazette.*

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**SPRAINS AND THEIR APPROPRIATE TREATMENT.**—Primrose (*Canadian Practitioner*, December 15, 1894) holds that the aim of treatment for sprains is the early absorption of effused material and the prevention of adhesions. For the immediate treatment of a recent sprain pressure is of paramount importance. This should be applied as follows: The joint—say the ankle, for instance—is placed at a right angle, (or, if possible, at less than a right angle) with the leg; then cotton-wool or ordinary cotton batting is applied evenly over the foot from the toes upward to the middle of the leg. The amount of wool must be considerable; loosely applied, it should be fully three inches in depth. Over this is applied the bandage from the toes upward, which is drawn as tight as possible. There is no danger of making too much pres-

**DIETETIC TREATMENT OF PHTHISIS.**  
—Never take cough mixtures if they can possibly be avoided:

Food should be taken at least six times in the twenty-four hours; light repasts between the meals and on retiring:

Do not eat when suffering from bodily or mental fatigue or nervous excitement:

Take a nap, or at least lie down for twenty minutes, before the mid-day and evening meals:

Starches and sugars should be avoided, as well as all indigestible articles of diet:

So far as possible each meal should consist of articles requiring about the same time to digest:

Only eat as much as can be easily and fully digested in the time allowed:

As long as possible, systematic exercise should be taken to favor assimilation and excretion; when this is im-



possible, massage or passive exercise should be undergone:

The food should *always* be nicely prepared and daintily served—made inviting in every way.

The following diet sheet is suggested for the early stage: *On awakening*: Eight ounces of equal parts of milk and seltzer, taken slowly through half an hour. *Breakfast*: Oatmeal and cracked wheat with a little sugar and abundance of cream; rare steak or loin chop with fat; soft-boiled or poached egg; cream toast; half pint of milk; and a small cup of coffee. *Early lunch*: Half-pint of milk or small teacup of squeezed beef-juice with stale bread. *Mid-day meal*: Fish; broiled or stewed chicken; scraped meatball; stale bread and plenty of butter; baked apples and cream; and two glasses of milk. *Afternoon lunch*: Bottle of Koumyss, raw scraped-beef sandwich, or goblet of milk. *Dinner*: Substantial meat or fish soup; rare roast beef or mutton; game; slice of stale bread; spinach; cauliflower; fresh vegetables in season (sparingly).—*Practitioner*.

**NATURAL SANITATION.**—The natural conditions which should be incident to the life of human beings conducive to long and healthful life are:

Breeding from parents free from physical or mental taint.

Feeding the infant upon the mother's milk.

Higher regard for the physical than mental training of youth.

Pure air, pure water, pure food.

Wearing loose clothing.

Natural sleep and plenty of it.

Natural labor—physical or mental—unforced.

Dwelling houses free from filth, having free access of sunlight and air.

Use of earth closets.

Prompt elimination of effete matter from the body, by the lungs, skin, bowels and kidneys.

Frequent washing of the body.

Frequent change of all articles of clothing.

Burning of the dead.

Exercise of passions within natural prompting.

Constant occupation, physical and mental.—*Diét. and Hyg. Gaz.*

**OCULAR SYPHILIS AND ITS TREATMENT.**—Dr. Chibert concludes by answering questions proposed by him at the beginning of his paper, as follows:

(1) The best mode of treating ocular syphilis in all its manifestations is in the hypodermatic injections of the soluble salts, —above all the cyanide of mercury.

(2) The inconvenience of the injection is principally the pain, which is only local, and usually can be borne. Its advantages are rapidity of action and the exactness of dosage.

(3) The unreliability of iodide of potash; the facility of the elimination of the mercurial, and the unprofitable use of the combination of potash iodide with the mercurial —Chibert (*Annales D'Oculistique*: July, 1893).

**STERILIZATION OF DOCTORS.**—It has been proposed by Gutmann that stations be erected in convenient localities in cities and large towns where physicians may go to be thoroughly disinfected immediately after they have visited a case of infectious disease, and before paying any further visits. The operation will take about 15 minutes, and then the doctor may go about his business, proud in the consciousness of being clean and no longer a menace to the health of his fellows.—*Annals Hygiene*.

**COUGH REMEDY.**—Doctor Charles E. Page, of Boston, declares the best remedy for cough he has ever found is a teaspoonful of moderately hot water, taken every time a paroxysm comes on.—*Medical Age*.

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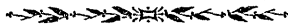
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