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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.

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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 10,000 volumes, a museum, as well as reading-rooms for the students.

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

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

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Original Communications.

TREATMENT OF DIPHTHERIA.

[Read before the St. John Medical Society, December 21st, 1892, by DR. J. H. MORRISON.]

The physician who would successfully treat diphtheria at the present day must have no empiricism in his heart. He must disabuse his mind of the idea that diphtheria is a general or a constitutional disease. He must treat his patient as he finds him, and fight unfavorable symptoms and other manifestations as they occur. He must be both a general and a soldier, resolute and fearless, and, having the most positive convictions, fight along the lines of those convictions. He must thoroughly understand the correlation of cause and effect in this disease, which means, in other words, its etiology and pathology. He must be convinced of the safety of the ground on which he walks, and, being so convinced, go forward boldly, confidently and aggressively.

The physician who states that he has never lost a case of diphtheria has never had an extensive practice. He

who boasts that he has tried all known remedies and that all of them have failed in his hands, makes a humiliating confession, however justifiable it may have been five or ten years ago. Our boast should be not *what* remedies we have tried, but *how* we have tried them.

To-day throughout the civilized world diphtheria is considered to be the most dreaded of all diseases, chiefly because, to the laity, it has been surrounded by such a veil of mystery, which unfortunately the profession heretofore has been powerless to effectually remove.

I make the rather bold statement, that to-day, if the physician has a fair chance *from the start*, and understands cause and effect in diphtheria, he can and will save seven lives where a few years ago he lost ten. I know that this statement is calculated to call forth strenuous opposition and severe adverse criticism, but I am prepared to take my stand upon it and defend it both from the point of view of scientific argument and direct clinical experience.

The modern treatment of diphtheria is based upon the clearly demonstrated

fact that it is a germ disease, specific and local, due to direct local infection. It is not a constitutional disease with local manifestations. The constitutional symptoms are largely reflex, and still more largely toxic. They are produced by the poisonous products of the bacilli—the ptomaines or toxalbumen.

The *primary* object of treatment is to render most unfavorable the conditions of bacteria life at the seat of infection.

The *secondary* idea is to support the resisting power of the patient.

The first fact to get squarely hold of is that the bacilli of diphtheria flourish and are found only on the surface and in the pseudo-membrane, and in the superficial, but not in the deep sub-mucus tissue: that they do not invade the circulation, and that they generate at the point of infection a highly poisonous ptomaine, which being absorbed into the system vigorously assails and paralyzes the nerve centres.

Clearly grasping these two established facts, and recognizing that we are treating a patient and not a disease, the treatment resolves itself into the *local* at the outset and to be continued as long and as vigorously as possible; *constitutional* later on when the powers begin to fail: with a certain amount of general constitutional treatment from the start.

There can be no question now but that the bacillus of Klebs is the true cause of diphtheria, and that this bacillus may be destroyed by the ordinary germicides *if reached by them*.

Among the best and most prominent practitioners of the present day when a diagnosis of diphtheria is made, the first thing prescribed is a good brisk dose of calomel. It is usually followed up by the iron and chlorate of potash mixture. The object of this prescription is primarily based upon the necessity of putting the alimentary canal in the best possible condition and of calling to our aid the sustaining, stimulating and resisting power of the iron mixture.

At the seat of infection the disease must be assailed in a most determined and vigorous manner. The membrane should be peeled off in any practicable manner, and the raw surface of the mucous membrane rendered as nearly as possible aseptic. To effect this, the pharynx should be well sprayed every half hour with the peroxide of hydrogen alternated every fifth time with a 1-5000 solution of the bichloride of mercury. In older patients the throat should be gargled with the sublimate solution. The membrane should be peeled off with a light pair of forceps and the mucus membrane swabbed with wads of cotton dipped in the bichloride solution. What is now the idea? To remove from the throat a mass of flourishing bacilli and to destroy the few that may remain upon the mucus membrane after the pseudo-membrane is taken away. The cotton swab should be placed against the reddened patch and held there for a few moments to allow as much as possible of the solution to be absorbed into the tissue. We must remember all the time the fundamental fact that these bacilli flourish on the surface and do not enter the blood except under exceedingly favorable circumstances. This procedure is of course to destroy all the bacilli that may have been exposed by the removal of the patch of pseudo-membrane, and also to fortify the inflamed and reddened mucus membrane against renewed attacks and infection. After the pseudo-membrane has been removed in older patients, the throat should be gargled with stronger solutions of the bichloride.

When the patches of pseudo-membrane reappear either in the same place or in any other locality, it is simply an evidence that the bacilli are again in the ascendant, and that they should be assailed in the same manner as before, but they must be attacked by the hand of a physician or a well trained nurse. *No half way measures will do at this stage of the procedure.*

The process must be well done or it is useless. The throat must be rendered as thoroughly aseptic as it is possible to make it, and no more carelessness should be tolerated than is now tolerated in any antiseptic surgical operation. *Merely spraying hydrogen peroxide into the throat and prescribing iron and chlorate of potassium is not treating diphtheria.*

The early stages of diphtheria so closely resemble the ordinary sore throat, especially the varieties in which small white patches appear, that other such cases of sore throat should be suspected of being cases of diphtheria. It is just here that the greatest service can be done by the physician. The disease is amenable to treatment if treated at this time and right here. If the development of the bacilli is arrested as soon as their presence is either determined or suspected, the case will in all reasonable probability go on to a successful termination, in other words it will be cut short and arrested before it has had time to poison the system by its absorbed toxalbumin. No matter how extensively the membrane is found in the pharynx, it should all be patiently removed and the whole sub-mucous surface thoroughly cleansed with the anti-septic solution. A crying child can be held. The mouth may be forced open and the work well but gently done.

The late Sir Morell MacKenzie, while always attacking with vigor the locality of infection, relied greatly upon saturating the entire system with salicylic acid, giving the full medicinal dose. This is also the practice of his great colleague and confrere, Lennox Browne. I may say here that Browne laid more stress upon the importance of the preliminary calomel purge than MacKenzie did, while he insisted that the salicylic acid should be administered with the tincture of Peruvian bark, which is itself not only a tonic, but a distinct germicide.

While spraying the pharynx with the peroxide of hydrogen or bichloride of mercury has a tendency to dissolve and render easily detachable the pseudo-membrane, the direct application to it of lactic acid greatly assists the act of detachment. A cotton swab is dipped in a 20 per cent. solution of lactic acid. If the patch be gently but firmly rubbed with such a swab after using the spray for ten or twelve hours, it will easily come away when the more active germicide may be applied. But for my own part I do not wait that long. I aim to get a germicide under the patch as soon as I can.

These have been the best local remedies in the best hands. Other local remedies may be used so long as we keep clearly in mind the fact that we are attacking living germs with active germicides. There are germicides innumerable among the members of the pharmacopoeia, and each man will undoubtedly use his favourite drug. It is just here that we must steer clear of all empiricism. We should not use a drug simply because some one else has used it. It makes no difference with what kind of a weapon we slay the enemy provided we effectively slay him.

When the pseudo-membrane appears in the nose it is a more difficult task to remove it, but it may be gently and comparatively thoroughly removed after continued spraying with the hydrogen peroxide. In removing the membrane from this locality however, great care must be exercised, for the turbinate bodies being engorged with blood, a very obstinate epistaxis may be very easily induced.

The most recent method of assailing the bacilli in situ is that proposed by Dr. Siebert of New York. With a specially constructed syringe he injects through the pseudo-membrane into the sub-mucous tissue a quantity of fresh chlorine water, which is a powerful germicide. The results of this treatment so far obtained seem to justify its claims to recognition, founded as it

is upon sound anti-septic principles, and proceeding along the line of assailing the enemy where the enemy is found, and preventing its ravages, before its ravages have had an opportunity of destroying the patient.

He injects about fifteen drops into each spot, and according to the extension of the process as many as six or eight injections are made in one sitting. He recently reports fifty cases.

Thirty-seven of these cases occurred in the practice of other physicians, who were kind enough to report them to him for publication.

Of these fifty patients five were six to twelve months of age: two were nine years of age: ten were ten to thirty years of age.

The injections of chlorine water proved effectual in checking the diphtheritic process in forty-two cases: they showed but partial effect in four cases, and had no apparent effect in three cases.

The beneficial effect of this treatment was noticed within three to six hours in seventeen: within twelve hours in fourteen cases, within twenty-four in ten cases: the time not stated in six cases, and no effect in three cases.

Complete recovery (including disappearance of membranes) after injections occurred in one day in five cases: in two days in seventeen cases: in three to four days in three cases: in five to eight days in eleven cases: not reported in ten cases: died four cases.

The beneficial effect spoken of consists in a lower temperature, an improved heart action and general better subjective symptoms. Wherever the diphtheritic process is completely checked, all symptoms, with the exception of dysphagia and the visible pseudo-membranes, disappear very suddenly. In a case reported by Dr. Patrick, a child of five years, which first had laryngeal diphtheria and was intubated February 26, and the tube removed on March 2, this action of the chlorine water was particularly noticeable, for

on the day after the removal of the tube high fever began and a thick membrane formed on the left tonsil. Two injections of a weak solution (0.2 per cent.) of the chlorine water were made, each one being followed by a fall of temperature and pulse from 104 deg. F., and 170 beats to 99 deg., and 128 beats within a few hours. The child was practically well on March 5, and discharged cured soon after. In my last case of fresh pharyngeal diphtheria in a boy aged fourteen years, I made three injections of the official aqua chlori in my clinic at 3 p.m., one into each tonsil. At 10.30 p.m., eight and a half hours later, I found the boy in a sound sleep with normal pulse and temperature, the latter having fallen from 102 $\frac{3}{4}$ deg. F. Headache, backache and nausea disappeared, appetite had come. The membranes were all in situ still, but the cervical glands had diminished in size. The pseudo-membranes disappeared the next day.

In those cases where an incomplete action of the injections is noticed, the diphtheritic process usually extends over parts of the naso-pharynx not accessible to this syringe. Sometimes the aqua chlori is too old and has lost its strength. The gentlemen who reported these thirty-seven cases all used the weaker solution of 0.2 per cent., which is but one-half as strong as the official preparation, and comparatively slower and less effective in its action upon the diphtheritic process. Dr. Siebert says, "Since, I have used the official drug and always take fresh-made chlorine water for each visit, my results have even been better than before, inasmuch as the duration of the illness after the injections is shortened even more than before. The little operation should be carefully performed so as to bring the fluid deep enough and to undermine the pseudo-membrane to its full extent."

Including the thirty-five cases of pharyngeal diphtheria reported before (Archives of Pediatrics) June, 1891),

Dr. Siebert's collection now comprises eighty-one cases of pharyngeal and four cases of scarlatinous diphtheria treated within the last ten months, with a mortality of six cases, equal to about 7.5 per cent.

We know that the local infection will surely be followed by exhaustion. It is needless for me to dwell upon the necessity for *stimulation and support* from the very start in order to be prepared for the invasion of the nerve centres, as the object of this paper is simply to emphasize the point that if vigorous measures are judiciously used at the site of the infection in the early stages, the chances of recovery are enormously increased. The local measures should be abandoned when the severer general symptoms are manifest. They would simply annoy the patient and destroy a few bacilli which have already done their deadly work.

All of the strength of the patient should be conserved from the very outset. The throat should not be unnecessarily or too frequently examined. The child should be assisted in every movement. The food and medicine should be given from a medicine cup so as not to exhaust the strength of the patient by sitting up. A regular time table should be drawn up and placed in the hands of an intelligent and efficient nurse setting forth the amount of food as well as the doses of medicine. Every effort should be made to keep the heart quiet.

When the disease extends into the larynx the special treatment of this peculiar feature may be expressed in two or three words, steam or operation, or both. As to steam, a tent should be placed over the bed and a small oil stove placed within it with a pot of lime water and turpentine or eucalyptol kept constantly boiling upon it. When the respiration becomes impeded a brisk emetic of the yellow sulphate of mercury will often bring away the membrane. To this emetic Lennox Browne is most determinedly

opposed and with a very good reason. He claims that when the membrane is removed it is always reproduced: that there is no object in its removal when we cannot disinfect the raw surface of the mucus membrane, and that when it is torn off minute bleeding points are left exposed all over the mucus membrane, through which the bacilli may obtain a direct entrance to the circulation. As it is only under these exceedingly favorable circumstances that the bacilli do invade the circulation, there is certainly some force in Browne's objection to the emetic. However, prominent American physicians favor the emetic and it is the universal practice of O'Dwyer to give the emetic before he proceeds to intubate. Should the emetic fail to bring away the mucous membrane, surgical interference should be resorted to at once. To be successful, this should be done early and with no faltering hand. If the trachea be clogged with membrane it must be opened and the membrane removed if possible, if not possible a tracheotomy tube must be inserted. Intubation should be done in cases under three and one-half years of age: tracheotomy or intubation from three and one-half to five years with a preference for tracheotomy. In cases over five years of age tracheotomy is to be preferred. Intubation should never be performed when there is a suspicion that the trachea is closed with pseudo-membrane, as the metal tube is very apt to push the membranes down before it, when suffocation will surely ensue. Tracheotomy will always require a skilled assistant and a trained nurse. Whenever the child coughs badly the tube needs to be taken out and replaced. This cannot be done by the friends. (Introduction of O'Dwyer's tubes and some points in connection therewith illustrated and explained).

Diphtheria and croup call for the same treatment. Unfortunately in croup we can not remove the membrane so easily as we can in what we

know is diphtheria; but membranous croup, diphtheritic croup, and true diphtheria are interchangeable terms.

In conclusion I may say that my treatment of diphtheria is founded upon these principles;

1. The micro-organisms should be destroyed at the site of infection by removing the membrane and applying germicides.

2. Accelerating elimination from the system of the products of the micro-organisms.

3. Saturating the blood as much as possible with what may be styled internal germicides and ptomaine destroyers, such as tincture of cinchona, salicylic acid and bicloride of mercury and biniodide of mercury, and especially the tincture of the chloride of iron with the chlorate of potassium.

4. Combating the effects of the virus produced by the bacilli by treating the constitutional symptoms as they appear.

5. Stimulation and support all the way through, increasing towards the end.

6. Paying greater attention to local treatment at first, and to constitutional later on.

7. Such operative measures as may be necessary in the laryngeal and nasal varieties.

8. Saturating the atmosphere of the patient's room with the vapour of turpentine and eucalyptol of (?) sulphur.

9. Isolation and disinfection.

In this paper I have confined myself to what I consider to be the essential principles of treatment. The general management of a case of diphtheria, the hygiene, quarantine, method of isolation and disinfection, nursing, stimulation and general support, are in themselves sufficient to form the subject matter of another paper.

NITRO-GLYCERINE IN ACUTE PULMONARY CONGESTION.

By DR. H. R. MUNRO, STELLARTON.

M. W., miner, age 33, was in the fourth week of typhoid fever. On Dec. 7th, at 9 a. m., (about the 30th day in bed) his temperature was normal, pulse 84, weak and somewhat irregular. Respiration 22. At base of each lung there were a few moist rales and a slight cough. Treatment, brandy and strychnine. At 8 p. m., the same day, was called hurriedly to see him, the messenger stating that he had taken a severe pain in his side and was dying. On reaching patient I found him in a state of collapse; surface cold and clammy, pulse almost imperceptible. Temperature in axilla, 103½. Respirations, about 50 per minute. Patient could not be roused sufficiently to take anything by the mouth. On examination found both lungs intensely congested. Hot poultices were applied to the chest and 1-50 gr. nitro-glycerine given hypodermatically. In ten minutes the surface of body became warmer, respirations slower and less painful. Pulse became fuller and the patient seemed relieved. In half an hour the nitro-glycerine was repeated and in a short time after the more threatening symptoms had disappeared. Free expectoration of blood began and patient began to take food and stimulants. Expectations of blood continued for 36 hours. The case then became one of broncho-pneumonia. Under the free use of stimulants and nourishing diet made a good recovery.

Correspondence.

AN OPEN LETTER.

From Charles Marchand, Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures, de Paris" (France), to Prof. A. Jacobi, M. D., of New York. Published by the *Archives of Pediatrics*, January, 1883.

My attention has been called to an article read before the "American

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GENERAL AGENTS.

Pediatric Society," at Boston, May 4th, 1892, by Professor A. Jacobi, M. D., and published in the December number of *The Archives of Pediatrics*. This article is entitled, "Note on Peroxide of Hydrogen," and purports to be a "warning."

The learned writer at the beginning enters into a diatribe regarding proprietary medicine of all kinds, and endeavors, by an extravagant list of diseases (many of which have never been mentioned by me as being connected with the subject), to convey the impression that, peroxide of hydrogen (medicinal) is a "nostrum," and that the manufacturer of this article is to be classed among "quacks and patent medicine vendors."

He then commiserates the "immense number of unsophisticated medical men all over the country for their relative inability" to successfully "cope with the misery surrounding them," and intimates that the "trash" written regarding peroxide of hydrogen (medicinal) is not published for his hearers, who, being writers and teachers, are above the common horde of medical practitioners; with this compliment to his hearers and most uncomplimentary reference to an "immense number" of his professional brethren, Dr. Jacobi proceeds to mention several cases of diphtheria, which having been apparently greatly relieved by the use of peroxide of hydrogen (medicinal), finally were cured under the use of lime water, as a spray and wash."

The inference drawn by the writer of the article in question is that the peroxide was an "irritant" and had been of more harm than good.

It is not my province as a chemist to enter into a medical discussion with the learned doctor, but I would like to ask if, in his opinion, a case of diphtheria can be treated successfully with lime water only, and whether in the cases he cites, it is not possible that the peroxide treatment was an important element in the recovery of these

patients. I would also inquire whether the intemperate and in some instances personal allusions to myself and the preparation which I manufacture, are in all respects the outcome of professional investigation, and not the result of a desire to advertise himself by discrediting a remedy of which the therapeutic value has been proved by thousands of physicians who, though they may be "unsophisticated" from Dr. Jacobi's standpoint, are nevertheless known as eminent and honored professional men all over the world.

The drift of this article is seemingly an attempt to prove that Marchand's peroxide of hydrogen (medicinal) is injurious.

In confutation of this, I append herewith, in as concise a manner as possible, the experience of a few prominent physicians whose statements may be taken as conclusive in the sense that they are learned and talented professional men, the equals if not the superiors of the writer who challenges their experience, after having undoubtedly read their opinions, for every word I quote here has been published, and forms a prominent part of the medical literature of the day.

In confirmation of my sincere belief that the claims made by me of the harmless character of my medicinal peroxide of hydrogen are true, I am willing to submit myself to a thorough test upon my own throat by spraying it with a twenty-five per cent. solution of Marchand's peroxide of hydrogen (medicinal) instead of a five per cent. solution as alleged to have been used by the learned doctor, for the same continuous number of days mentioned by him; and if any ulceration appears, or if the repeated applications of the remedy "does give rise to actual diphtheria," as he states may be possible; then I am willing to acknowledge that he is right. This test may be made at any time with the utmost publicity.

I make this proposition in good faith from a scientific standpoint, and will

expect Dr. Jacobi to make the test in the same spirit or acknowledge that he does not desire to do so

SOCIETY PROCEEDINGS.

PICTOU COUNTY MEDICAL SOCIETY.

HOPEWELL, Jan. 31st, 1893.

Editor of Maritime Medical News.

The January quarterly meeting of the Pictou County Medical Association was held in the Y. M. C. A. parlour, Pictou, on January 5, 1893, President Dr. Mitchel in the chair. After routine business, papers promised were called for, when it was found that papers as well as authors were absent, except one. Dr. H. R. Munro, Stelarton, read notes of an interesting case, which is given below.

Eight members only were present. And it may be here remarked that these eight, if not the busiest, are at least among the busiest men in the profession in the county. The meetings of our Association are generally well attended, yet it is to be regretted that so many of our professional brethren do not find it possible to attend our meetings. We would fain believe that it is no lack of interest in matters professional that *compels* their absence. We hope the time has come when the profession in this county will take greater interest in meetings of our Medical Association, more interest in matters distinctively professional, more interest in the advancement of medical science, and manifest more honest endeavour in upholding the honour and dignity of our profession and in raising still higher the moral rectitude of its devotees.

Next quarterly meeting first Tuesday in April, at New Glasgow. Papers to be read by Dr. Ings and others.

J. F. MACDONALD, *Sec'y.*

Literary Notes.

A JOURNAL FOR MEDICAL WOMEN.—We have received the first number of the *Woman's Medical Journal*, a monthly of fourteen pages of reading matter, "devoted to the interests of women physicians." E. M. Roys-Gavitt, M. D., is the editor in chief, Claudia Q. Murphy the managing editor, and Margaret L. Hackedorn the business manager. The *New York Med. Journal* thus refers to it:—"The salutatory editorial opens as follows: 'There is an early Christian legend that says that when one of the saints applied for a home in a monastery the prior refused him entrance, on the plea that the monastery was already filled and there was no room for another novice. Undeterred by this announcement, the pilgrim took a glass of water which was well filled and in reply placed a rose leaf in it without spilling a drop. It is needless to say he was admitted. This story is not without its moral. They may say, and say truly, that the field of medical journalism is well filled, and that there is no room for another journal. We beg to present ourselves, even as the pilgrim to the monastery, with a rose leaf in our hands.' We have heard this story told somewhat differently—a candidate for admission into the French Academy was shown a cup of tea full to the brim, but not a word was spoken; taking the act to imply that there was no more possibility of the number of the immortals being increased than there was of his adding more tea to the cup without making it run over, the candidate laid a tea leaf on the liquid and gained his point. Whichever may be the original version, if either of them is, and whether the ladies having this new journal to conduct come before the profession with tea leaves or with rose leaves in their hands, we welcome them to the editorial ranks. The journal is published in Toledo, Ohio.'"

Maritime Medical News.

FEBRUARY, 1893.

EDITORS.

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Argyle Street, Halifax.

THE Pan-American Medical Congress, which is to meet at Chicago during the World's Fair, is evidently being organized on extensive lines. There are sections provided for in all the main departments of medicine, and the attendance of a large number of visiting medical men from especially the American countries is assured. There will be so much to "take in" (we are speaking of the Congress, not the fair), that as usual the difficulty will be to choose.

A number of Canadians have been appointed members of the advisory councils of the various sections. The membership fee to United States men is ten dollars. For Canadians and other visitors there is no fee.

Any who are so fortunately situated as to be able to attend the fair will find in the Congress an opportunity of meeting and hearing a large number of representative men.

WE now see that it will take us until the April number to get into regular form again as regards time of issuing. We are fully alive to the desirability and importance of a regularity of issue and will shortly re-attain it.

A VERY important question, and one that has recently been somewhat discussed, is that concerning the admission of pay patients to the Victoria General Hospital, and the right of the visiting physicians and surgeons to collect a fee for their services to such a patient.

The question is not a simple one, as many principles are involved.

While it is undoubtedly unjust that patients who are able to pay a reasonable amount for board should receive gratuitous medical services—services from a profession which is already highly taxed in the free attention given to the really poor, it is also true that it is not a duty incumbent upon a Provincial or any other government to provide lodging, board and nursing for those in good financial condition. Or if it be claimed more wise to have one thoroughly well equipped hospital under government control which, while being freely open to

the poor, shall also have its special conveniences and advantages available to those able to contribute towards the cost of the maintenance of the institution, it also admits of no refutation that those persons of means have no claim whatever to gratuitous medical services.

But as between members of the medical staff of such an institution and those who are not members of it an important question arises.

On what principle of fairness and public equity can the advantages of treating pay patients amidst the facilities of public institutions supported by public money contributed by all, on what principles of right can these exceptional advantages be confined to half a dozen medical men, to the exclusion of three dozen in the same city, who are debarred from these privileges?

A non-member of the staff having a surgical case, for example, but whose surroundings are not such as to admit of operation at home, must send the patient to the hospital, when he will be treated by a rival practitioner of the same town, who will also pocket the fee.

Two points may be urged to meet those objections:

1. That there are private hospitals to which patients of non-members of the staff of the public hospital may be sent and treated by their own original medical man; and,

2. That the exclusive privilege of attending pay patients at a public hospital and charging fees to such patients is a fair and proper perquisite of those who for the most part give their services entirely gratuitously.

To the first point it may be answered that the prospects of an independent private hospital are surely much if not irreparably injured by such a provision of the government, and anyway the question of private hospitals existing outside has nothing to do with the right or wrong of giving exclusive privileges to a few in a public institution.

As to the second point, we would remark that the possession of a position on the staff of a well appointed hospital is a possession of value and privilege and opportunity. It is recognized as such. But it is a serious enough matter that the clinical advantages of a hospital are confined to so few and denied to so many who would and should profit from the opportunities of practical experience; this is serious enough, without going further and providing this fortunate minority with an institution equipped with public money (under the name of charity) to serve for them the purpose of a private hospital.

But better this by far than that those able to pay should receive gratuitous services from the members of the staff. Such serves no good purpose, is not charity and would only tend still further to lessen the public estimate of the value of medical services.

Selections.

UTERINE HÆMORRHAGES.—"For acute hæmorrhage from the uterus I found no remedy superior to ergot, though in chronic hæmorrhages the best remedy is gossypium, made into a decoction by taking three heaping teaspoonfuls to one pint of water and boiling for fifteen minutes: when cold, one-third of this is to be taken three times a day. This remedy is very useful in uterine hæmorrhage, even when due to fibroids or to cancer. If hæmorrhage be present, or there is any tendency to it, in my opinion iron only aggravates the condition. Apostoli's method of galvano-chemical cauterization is also very valuable. A very strong galvanic current is applied to the uterus with the positive pole.—*Garrigus in Post-Graduate.*—*North-western Lancet.*

Kast. on the action of *Sulfonal* (Arch. f. experim. Pathol. and Pharmacologie). K. comes to the following conclusions: 1. The highest doses for producing sleep should be 2 g. (30 grains) for men, and 1 g. (15 grains) for woman. As sulfonal is excreted very slowly, the doses should not be repeated on the same day in most individuals. Where the patient is under constant observation (asylums), higher doses may be used exceptionally. 2. Experience and experiments make it advisable to stop after a prolonged use, from time to time for one or several days. Loss of appetite, qualms, and before all, vomiting, after the use of sulfonal, pain in the stomach or especially excretion of urine containing hæmatoporphyrin (red color), are signs of a temporary or lasting intolerance of the organism, and indicate discontinuation of the drug. 4. When given within these limits sulfonal is a harmless drug.—*Times and Register.*

MASSAGE IN MEGRIM.—Mr. A. Symons Eccles has treated fourteen cases of severe megrim which were under his constant observation. So far as the drug treatment has availed he has found that largely diluted doses of hydrochloric acid given with or directly before food, followed by a capsule containing B-naphthol shortly after food, are useful in preventing the dyspeptic conditions which he believes are causative of paroxysmal hemicrania. If it is true that the occurrence of megrim is due to disordered digestion, in the sense that, coupled with sluggish portal circulation, there is an interference with the quantity or quality, or both, of the gastric secretion, that with this insufficiency of secretion there is also inactivity of the gastro-intestinal motor apparatus, permitting the generation, accumulation, and absorption of toxic matters in excess, so that the liver is unable to cope with them either by arrest, combination, or secretion with bile, it seems that the indications for treatment are to improve the circulation through the chylo-poietic viscera, and at the same time to aid the activity of the liver in its function as a policeman in guarding the system against the intrusion of evil-doing leucomaines and ptomaines, while such a diet is prescribed as shall be easily assimilated, demanding as little activity and richness of secretion as possible. These indications are met by: 1, rest in the recumbent position; 2, massage of the abdomen; 3, general massage of the whole body at least once daily; 4, the dietetic treatment—milk, green vegetables, etc.—*The Practitioner*, 1892, No. 291, p. 161.

The Directors of the Carnegie laboratory, New York, have arranged for short courses in the biological examination, so important in the diagnosis of cholera. Each course continues for about three weeks. Fee to cover expenses, \$25.00.

GASTRIC ULCER IN A CHILD TWO AND A HALF YEARS OLD.

Colgan, James F. E. (*Medical News*, 1892, lxi., 408), says: The patient, a girl, two and a half years old, was first seen on May 26, 1892, and was said to be suffering with spasms. The temperature was 106°; the pulse about 150, rather full and tense; the breathing was stertorous; and all of the voluntary muscles of the body were in active contraction. There were also involuntary evacuations from the bladder and rectum.

The child had been perfectly well until eleven o'clock that morning, when she said she did not feel well. There was no vomiting and no complaint of pain. The convulsions were readily controlled, and consciousness, which had been lost from the beginning of the attack, was beginning to return, when another convulsion occurred, apparently limited to the diaphragm, and terminating fatally at twelve o'clock.

The autopsy showed a perforating ulcer of the stomach. The ulcer was on the posterior wall, at the cardiac extremity, close to the greater curvature. In some places there was an entire loss of substance, the floor of the ulcer being made up of only peritoneum. There was thickening of other parts of the stomach, especially on the anterior wall, extending to the lesser curvature.

The cause of the ulcer in this case was likely chronic gastric catarrh. The stomach was thickened in several places; the mucous membrane appeared also to be swollen. The child had, no doubt, been allowed to eat everything that it wished. A gastric catarrh developed, which, becoming chronic, was eventually followed by ulcerations and perforation, with resulting peritonitis, to which must be ascribed the convulsions and death.—*Archives of Pediatrics*.

TUBERCULOUS ULCERS OF THE STOMACH.

Musser (J. H.) has made the following conclusions:

(1) Tuberculous ulceration of the stomach is rare.

(2) It occurs more frequently in children.

(3) It is never primary.

(4) Gastric infection is probably due to the voluntary or involuntary swallowing of sputum.

(5) The presence of the bacillus tuberculosis is the only positive proof of the nature of the ulceration.

(6) The anatomical peculiarities of this form of ulceration include the following:

(a) The seat of the ulcer is in the lesser curvature, although it may be found in any position.

(b) More than one ulcer is usually seen.

(c) The ulcers are large and irregular.

(d) Miliary tubercles on the floor of the ulcer in the submucous coat are seen.

(e) The ulcers are near vessels, and the results of vascular ulceration are found.

(f) Small caseating masses are seen in the ulcer or at a portion of the periphery. Similar collections are found in the territory adjacent to the ulcer, in the submucous coat.

(g) The peritoneum is studded with miliary tubercles very often.

(h) Neighboring lymphatics are often involved.

(7) In the large majority of cases there were no symptoms during life.

(8) Sudden hemorrhage is a frequent symptom and cause of death; it has been particularly noted in children.

(9) Epigastric pain and vomiting may occur.

(10) The presence of gastric symptoms of this kind, occurring in the course of tuberculosis, is significant of possible ulceration.

(11) In view of the fact that the swallowing of sputum is possibly dangerous, expectoration should be insisted upon in adults, and its method taught to children.—*English Medical Press.*

[In a considerable series of *post-mortem* examinations, I have come across two cases of tubercular ulceration of the stomach; both were girls, and both under 14 years of age. The ulcers, single in one case and multiple in the other, were in both cases on the lesser curvature, and near the cardiac orifice. The largest ulcer had the diameter of a five-cent piece. In one case there were severe gastric symptoms, in the other none. No hemorrhage occurred. No nodules could be seen beneath the serous coat, as so commonly seen in intestinal tuberculosis.—J.C.]

CONTRIBUTIONS TO CEREBRAL SURGERY.

Drs. McBurney and Starr, of New York, made a joint report of three operations for cerebral neoplasms. Though unsuccessful, the authors felt that all such cases should be added to the literature in order that a true estimate of the value of cerebral surgery might ultimately be made.

The first case was one in which a diagnosis of a probable gumma of the left frontal lobe was made. The chief symptoms were a progressive development, within two years, of headache and nausea at times, localized pain, increasing hebetude, dimness of vision, with optic neuritis and exaggerated knee-jerk and ankle clonus upon the right side, with right hemiparesis. The operation was performed, and an encapsuled sarcoma was removed from the left frontal lobe, three and one-half by one and three-quarter inches in size. The patient died in eight hours. In connection with these cases Dr. Starr took occasion to lay considerable stress upon mental symptoms as of value

in the localization of frontal lobe lesions. Chief among the mental symptoms are a loss of self-control, lack of power of concentration, and psychical dulness. Such symptoms were present in a large number of cases collected by him.

The second case was one presenting the following symptoms: Choked disc, headache in the occipital and frontal regions, tinnitus aurium, vertigo, numbness of the left side of the face, drowsiness, nystagmus, diplopia, and mental dulness. Later there was optic atrophy, deafness in the left ear, staggering gait, weakness of the right hand, and staggering to the right in walking. On the right side the knee-jerk was exaggerated, and there was ankle clonus. As the symptoms pointed particularly to the cerebellum, an operation was performed, but nothing abnormal was found about the cerebellum, except evidence of great brain pressure. The wound was closed and remained aseptic, the patient recovering nicely from the effects of the operation. He died in about two weeks. At the autopsy a glio-sarcoma was found pressing upon the left half of the cerebellum and left half of the pons varolii.

The third case was one presenting the symptoms of cerebellar tumor. The case was a child of seven. There was headache, vomiting, staggering gait, and optic neuritis. Upon operating, the exterior of the cerebellum was found to be normal. An aspirating needle introduced into its substance withdrew two drachms of clear fluid from a cyst. The child died suddenly six days after the operation. At the autopsy a small glio-sarcoma was discovered in the cerebellum and in its centre the small cyst which had been evacuated.

One of the chief features in all of Dr. McBurney's operations upon the head is his method opening the skull. He leaves the periosteum upon the bone and with the chisel cuts out such an area of bone as is required in his

judgment, leaving the bone, however, attached by an isthmus which is broken through as he elevates the piece. Thus the piece of bone remains attached to the periosteum, and upon being replaced after the operation grows fast again without difficulty, and with no interference with its nourishment. Besides the evident advantages of the procedure, it really takes less time than the operation with the trephine and bone-forceps.—*The Medical Week.*

TAX ON QUACKS.

The recent suggestion of the Secretary of the Treasury that the tax on alcohol be increased fifty cents per gallon in order to raise more money for the increasing expenses of the Government seems to have met with a favorable response in some quarters, and the question of tariff and taxation will no doubt be considerably discussed by Congress in the near future.

In this connection the wisdom of putting a heavy and permanent tax on all forms of nostrums and quackery will at once commend itself to all wise legislators who are working for the public good. A stamp tax of this kind, say twenty-five per cent., on every form of secret or proprietary medicinal preparation of any kind, whether sold by the retailer, proprietor, manufacturer, or by advertising quack specialists, would be no hardship to the public, as it would in no wise affect the retail price of these articles. All such manufactures could easily afford to give the Government twenty-five per cent. of the retail price and still have a very handsome profit left, as their net profit is rarely less than five hundred per cent., and often very much more.

Legitimate preparations of the Pharmacopoeia and other standard preparations where the complete working formula is public property should be exempt. But as the success of

quackery depends on secrecy and mystery, and as these two conditions enable unscrupulous persons to get a dollar for a few cents' worth of a simple remedy, it will be seen that there would be no injustice to any one if a good fair tax were put on the business.

If the Government went still further and required all nostrum and secret medicine manufacturers to pay a big license, and place on record open to public inspection a sworn statement of the exact composition, together with a complete working formula of each preparation, much good would result. And if, like insurance companies, they were also required to furnish heavy bonds or make a special deposit, which could be forfeited under proper restrictions, provided their medicine did not do all that was claimed for it the public would be still better protected both in health and pocket and no injustice would be done to the honest manufacturer of articles of real merit.

There is no good reason why the Government should not place the nostrum business on the same basis in its Internal Revenue Department as the manufacture of whiskey and tobacco. Analyses of these preparations should be made from time to time, and heavy penalties imposed if they vary from the sworn formula on record, or if any dangerous drug like morphine is being used.

England, which is said to be a free trade country, taxes the nostrum business heavily and derives a large and growing revenue from that source.—*N. Y. Medical News.*

We understand that Dr. Herbert Smith, of Burin, Newfoundland, recently performed a Caesarian section. Several days after the operation mother and child were doing well.

WYETH'S BROWN MIXTURE LOZENGES.

THERE is hardly any household remedy for coughs and colds more popular, or more generally prescribed by medical men, than the old-fashioned Brown Mixture. It has for many years held its supremacy in spite of all the new remedies and innovations of modern practice. The only objection urged in its disfavor is its unsightly appearance, and liability to decompose or turn sour when kept for any length of time. It was for these reasons that we were led to devise the manufacture of the same ingredients, in exactly the same proportions, in the form of a Compressed Lozenge, which not only secures permanency and unalterability, but renders the preparation really more effective, as the gradual dissolved local action of the lozenge on the irritated organs is calmative and stimulating, while at the time, the soothing and expectorant action is thereby accelerated. In this form, it has met with almost universal favor, and is fast superseding the liquid form, so favorably and universally known.

Each lozenge contains one hundred drops of the mixture, equal to one and a half teaspoonfuls or the proper dose for a child of from four to eight years of age. This dose can be repeated every two or three hours. For an adult, a lozenge can be taken every hour or two during the day, or when the cough is distressing.

We also make the same lozenge combined with three grains of Muriate of Ammonia, which is a frequent addition made by very many practitioners. This modification renders it one of the most valuable, stimulating expectorants ever offered for use in acute bronchitis, or catarrhal affections.

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Brown Mixture and Mur. Ammonia, “ “

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THE TONICS—Quinine and Strychnine ;

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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.

NOTICE—CAUTION.

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 exercises a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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.

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Notes and Comments.

Dr. Carleton Jones has gone to London, G. B., to be absent several weeks.

THE natives of the New Hebrides poison arrows by dipping them in marshy earth. This earth contains tetanus bacillus and the vibrio septicus.

A GENEROUS GIFT IN THE INTERESTS OF MEDICINE TO LAVAL UNIVERSITY.—The Sulpicians have donated to Laval University a large piece of ground on St. Denis street, valued at \$30,000, and, besides, \$74,000 in cash, the whole to be at the disposal of the medical faculty of the university. Montreal is to have another big medical school. Work is to be commenced immediately, so as to get the buildings in running order as soon as possible.—*L'Union Med. du Canada.*

RATIO OF PHYSICIANS TO POPULATION.—Dr. P. H. Millard, of Minn., in a paper recently read before the American Academy of Medicine (*Coll. and Clin. Rec.*), gave the following as the ratio of physicians to population in various parts of the world:—

Sweden	1 to 7,000
Italy	1 to 3,500
Germany	1 to 3,000
Austro-Hungary	1 to 2,400
France	1 to 2,000
United States	1 to 600

IN speaking of the treatment of pneumonia by quinine and antikamnia, Prof. Palmer says: "The effects desired, and certainly, as a rule, produced, are a decided reduction of the temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin, or free sweating, a slower and more easy respiration, or relief from pain and the feeling of full-

ness in the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration; and, in short, not only is there a checking of the fever, but of all evidence—general and local—of the pulmonary engorgement and inflammation.

"The Recrudescence of Leprosy and its Causation," is the title of a new book by William Tebb, F. R. G. S., published by Swan, Sonnenschien & Co., Paternoster Square, London. The *Edinburgh Scotsman* refers to it as follows:

"The result and effect of Mr. William Tebb's book "The Recrudescence of Leprosy and its Causation" can be stated very briefly. The early chapters, collecting the evidence both of the author's observations and of medical authorities in all parts of the world, establish that leprosy is increasing, and that it spreads not by contagion but by inoculation. The book then goes on to examine in great detail the relation between vaccination and leprosy and forces its readers inevitably to the conclusion that the disease is in many cases communicated by vaccination. As this terrible malady is incurable, and the only possible useful treatment of it is hygienic and precautionary—points of his argument which Mr. Tebb makes out again and again in great detail, proceeding step by step, the effect of the treatise is that compulsory vaccination ought to be abolished because (among other evils) it causes leprosy. Such is the main line of the book. Incidentally it brings together a large number of facts and medical opinions which must prove of value to any one investigating the disease; and, whether they agree with its conclusions or not, medical men will welcome a work that devotes so painstaking a study to a subject so important to the public welfare."

Reference is made in the book to leprosy in Canada, and to the lazaretto at Tracadie, N. B.

It seems as certain as can be that the day is not very far distant when pressure of some sort will be exercised in the direction of hindering those afflicted with heritable disease from marrying and begetting offspring. Apart from the preventable misery of the unfortunate descendants is the question of burdening the community with helpless and dependant individuals to be cared for at public expense in almshouses, hospitals, etc. The community will in due time exercise a more searching enquiry into the circumstances that entitle to public support, and probably, then, the remedies will become apparent.

The U. S. Pharmacopoeia, "1890," which will be published during 1893, adopts in great measure the *Metric System of Weights and Measures*; this will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary" has prepared a very complete table of the official and unofficial drugs, with doses in both the *Metric* and *English* systems; this table is published in P. Blakiston, Son & Co's. Physicians' Visiting List for 1893, together with a short description of the Metric System.

Our attention has been called the signature of a graduate of a renowned Scotch university to a note of recommendation of a regularly advertised nostrum. The fact seems clear. We believe the gentleman referred to could very easily be dispossessed of his diploma, as he has distinctly broken his pledge of honor, only after signing which, was he granted the degrees of the university. Perhaps he does not realize this, or is it that he values dignity and personal honour as nothing compared with a few glittering shekels.

It is disgraceful. This is how a profession which might be unique in public estimation and honor is made common and vulgar by its unworthy members.

THE "American Text Book of Surgery," edited by Professors Keen and White of Philadelphia, which has only been issued a few months, is already a phenomenal success. It has been adopted as a "Text Book" by forty-nine of our leading Medical Colleges and Universities. Nearly five thousand copies have been placed in physicians libraries, and every indication points to a sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text Book of Surgery," which will be a valuable aid to all who have this great book.—*Com.*

An immense amount of money has lately been donated or bequeathed to various American universities. In San Francisco and Chicago the universities have each received millions. Johns Hopkins has recently become possessed of a new half million, enabling a full teaching medical staff to be appointed. Harvard has just been informed of a will in her favor of about two millions, to revert *unconditionally*. McGill University has received her hundreds of thousands for hospital and laboratory development, and Toronto University has generous friends. The splendid future of American universities is assured, and until education in its highest forms has been freely provided for, there is probably no more worthy and beneficent use to which the surplus monies of the wealthy can be put. In almost all, if not all cases, and in some cases chiefly the medical department of the universities mentioned get their share of benefit and development.

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

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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 these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

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

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We invite correspondence from the profession concerning our products, and will afford all information regarding them desired.

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