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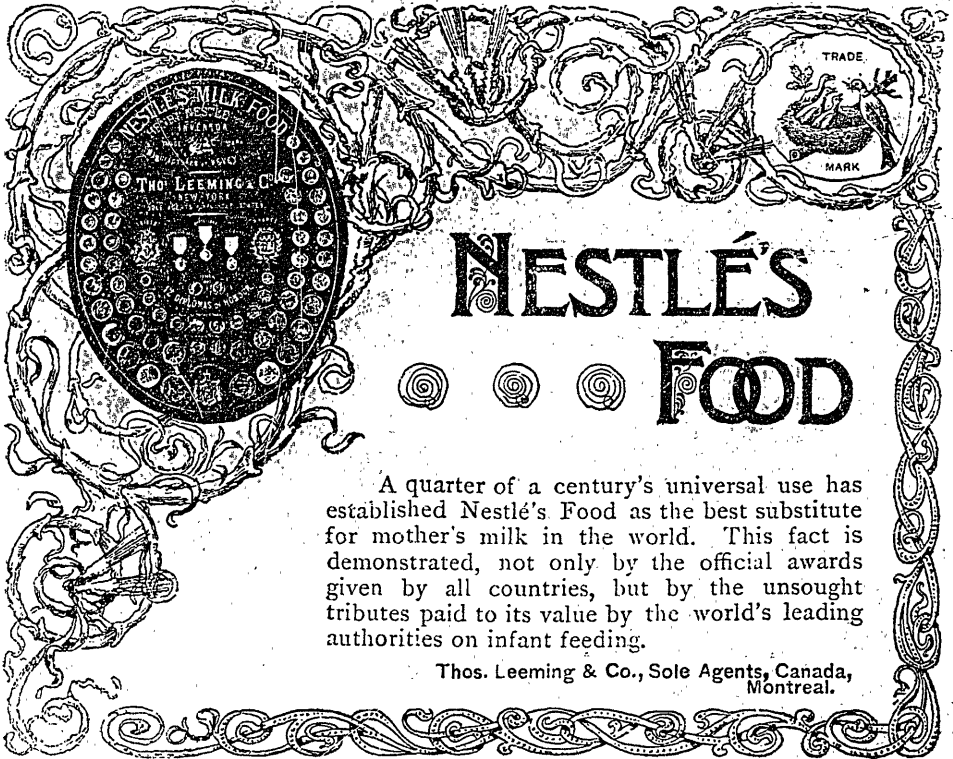
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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### Original Communications.

#### NOTES ON A CASE OF MELÆNA NEONATORUM.

BY G. T. SMITH, M. D., (EDIN.) MONCTON, N.B.

In reporting this case I have nothing new to offer but will simply give some notes taken at the bed-side. This is undoubtedly a very rare disease, for Hænoch, in his last edition, says, that in his large experience extending over a great many years he has seen but very few cases. There are a great many theories as to the cause of this malady, but my case doesn't throw much light on any of them, except, to show that in this case, at least, the too early tying of the cord was not the cause, as it was an unusually long time before the cord was tied.

The following are some notes taken at the bedside:—

Feb. 18, 1891. Attended Mrs. H., a strong, healthy woman, in her first confinement, labour being rather tedious. I delivered, with forceps, a large and well-developed male child about 1.30

a. m. Both mother and child seemed all right, but the nurse told me in the evening that child seemed to have been in pain all day, and that it had vomited up some dark looking matter towards evening.

Feb. 19. 1.30 a. m., vomited a lot of bright blood. 4. a. m., had a profuse hæmorrhage from anus, bright in color; also, at 11, 1.30 and 4, p. m., had three smaller hæmorrhages from bowels, being dark in color and very offensive. Every motion containing blood was preceded by severe colic-like pains.

Feb. 20. 11 a. m., natural motion followed by some dark blood. Between 6 and 7 had 4 bloody stools, accompanied with great pain; pulse rapid and small, temperature, 98.

Feb. 21. Had 5 motions all containing small amount of blood, also passed good deal of flatus; temp. 97.8; extremities cold and face blanched and pinched looking; one large natural motion.

Feb. 22. Two small motions containing a little bright blood; very cold and collapsed, being kept warm with hot flannels, etc.

*Feb. 23.* Three natural motions and no pain. Temp. normal.

*Feb. 24.* Had a good night. Two natural motions; general condition improved.

*Feb. 28.* Small abscess formed under its chin, which I opened. General condition much improved. Milk not agreeing well. There was no bleeding after the 22nd, and the child continued to improve slowly, but never could tolerate milk in any shape or form, watered, boiled, condensed, peptonised, humanised, or any other way. It did best on Nestle's food. It was troubled all through the summer with spells of diarrhoea, but as weather got colder he improved very much.

I watched the case very carefully and had a most intelligent nurse who took a great interest in it also, and to whose care and attention the child no doubt owed its life. We were very much astonished at the large quantity of blood lost. I did not think it possible for a child to contain so much blood, as that one lost. We kept the child wrapped up in warm flannels and kept rubbing its limbs frequently. It was always able to take lots of milk and water—its mother not having any milk for it—until the bleeding ceased, and after that it never seemed able to take milk at all. At first the milk was given cold, but as this seemed to set up peristalsis it was given warm. It was also given small doses of liquid extract *Hamamelis* and *Ergot*—every two hours and kept in a drowsy state with opium. Should I ever meet with another similar case with pain, &c., I would begin the opium right away and keep it under the influence of it all the time, if it was where I could see it very often, or had a reliable nurse to depend upon. I think the opium was the most important part of the treatment in this case, next to the good nursing.

Moncton, N. B., Feb. 1st, 1892.

## FATTY DEGENERATION OF THE PLACENTA.

### NOTES OF A CASE.

BY H. GEORGE ADDY, M. D., ST. JOHN, N. B.

GENTLEMEN,—

When requested by your esteemed president to present a subject or read a small essay before the Society, I answered that it would be impossible to bring anything new or instructive before an assembly of medical gentlemen, many of whom are but lately from within the walls of some of the finest and most honored universities in the land, where every subject recent in Physiology and Pathology with the aid of Chemistry and Microscopy was made easy and plain and every new idea proposed and demonstrated as to cause and effect, utility or otherwise.

Besides this, I expected to be able to present before you a Pathological specimen that might serve as a study from which to start. Having given the specimen to my son for microscopical examination a few days before his removal to the General Hospital, the man in removing his effects from his office lost the specimen before either he or I had examined it. I regretted it much, as it was one of the largest and best I had ever met with in practice. Not being able to present it, I will try and describe it and the case generally.

It was what we generally call a fatty or degenerated placenta and its concomitants. Perhaps the best way would be for me to describe as far as I can the general appearance of the case.

The patient was a stout, strong, healthy woman, age about 30 years, weight 175 lbs, florid complexion, lively spirit, and quick action. I had attended her in four previous labors without any difficulty. This time, when about three and a half months advanced in pregnancy, she took a long walk such as she had often done before. On arriving at home was taken with a chill or rigor and slight pain during the night. In the

In 1823 quinine cost \$20 per ounce; now it costs about 20 cents.



morning she discovered that she was passing a slight colored discharge ; being anxious, she sent for me.

On arriving I found the pulse slightly increased, temperature raised, with other accompanying symptoms ; ordered horizontal position and perfect quiet. Also, fluid ext. ergot mxx., sulph. morphia one-tenth grain, each four hours ; also very light diet. After keeping her in bed some days, all the disturbing symptoms passed away, apparently things went on as usual. At or about the sixth month the lady was called away to the United States through illness of a parent ; neither on the way going or returning was she sea-sick or experienced any trouble or uneasiness ; but whilst there she first noticed that she was rather decreasing than increasing in size and at no time had she had any of the motion of quickening, and enjoyed excellent health. At the end of the ninth month, as near as she could say, she was delivered of a large mass, membranes being unruptured. On opening which, I found it contained a full size placenta of a yellow or greenish color resembling fat or suet in appearance instead of a bloody mass filled with veins and arteries and tissues or plexus with regular lining ; also a small fœtus of about three months and half, a wiry cord, blood clot and about 7 or 8 ounces of Liq. Amnii.

This you will perceive was a singular phenomenon of arrested development. On closer examination I found the fœtus exceedingly wasted and the cord not larger than a large size worsted yarn or trout line, very hard and wiry. The blood clot about the size of a walnut. The placenta was as large and as full size as of regular period. Yellowish in color and hard as a mass of suet ; perfectly bloodless except here and there dark lines running through, evidently remains of blood vessels.

In looking over the subject we find that several authorities have been attracted to the subject and came to varied conclusions. Amongst our own writers we have Barnes, writing in

Medico Chirurgical Transactions. Still later we have Bennett, Montgomery and Simpson.

Barnes' words are nearly as follows :

"It is a morbid condition found connected with the death of the fœtus, both in the earlier and latter months of gestation. Its exact pathological nature has not been determined under all conditions in which it is found to occur." Barnes considers the primary cause a fatty condition taking place, or first starting in the placental tissues, or, rather, in the molecular walls of the fetal tufts unpreceded by any other morbid change.

Dr. Bennett came to the conclusion that in most of these the co-existence of coagulable lymph and induration show that the fatty molecules were either thrown out as an inflammatory exudation, or an inflammatory exudation subsequently degenerating into fat particles which would show a pre-existing state of inflammation. Virchow, H. Jones and Dr. Priestly each have carefully examined the subject and incline to the opinion that a low form of Placentitis is first stage ; if so, what produced placentitis but injury, mechanical or otherwise, as in this case a too long walk ; or a fall, or stroke could produce the condition from which these results might follow. Sometimes we find it local, as if the deposits had been thrown out here and there, which changed the structure or tissue.

Other authors affirm that this yellowish white substance in whole or part may not be fat at all. The microscope alone can be the true revealer.

The question may be asked in this peculiar case, was it over fatigue ? Was it the irritation of walking that caused the consequence ? Therefore again might I not ask whether injury to the cord produced inflammation and absorption of the cord, and that produced the hard whip cord appearance causing occlusion of the cord, so that nothing could pass from the fœtus to the placenta and *vice versa* ; an injury would account for the blood clot.

In that case the cord injury would be the primary cause, and congestion of placenta secondary, changing its condition and producing an abnormal relation. Consequently in either case the fœtus died of starvation, and not disease.

In conclusion, I might say how accommodating the uterus is for retaining, without injury to the female, a substance that actually becomes a foreign body.

Again, I might say that this lady after the first attack regained her usual health up to the time of parturition, which went on without any further inconvenience, and she is now perfectly healthy.

---

### EPITOME OF MEDICAL PROGRESS.

---

BY W. H. HATTIE, M. D.,

*Asst. Physician N. S. Hospital for Insane.*

#### ARRESTED TUBERCULOSIS.

This subject received a large share of discussion in the section of Pathology at the last meeting of the British Medical Association. Dr. J. K. Fowler read an exhaustive and exceedingly interesting paper, which appeared in the *British Medical Journal* for Oct. 31, 1891, and which was based on the *post mortem* records of Middlesex Hospital during the eight years 1879-1886. In that time, 194 necropsies were performed, and in 177 cases (9.1 per cent.) obsolete tubercle of the lungs was discovered. Of these 177 cases, the majority (110) occurred in males, 67 only having been present in females. The right lung had been the seat of the trouble in 35 cases, the left lung in 36 cases, and both lungs in 106 cases. As a parallel to his own observations, Dr. Fowler quoted the tables of the Vienna Institute of Pathological Anatomy during the period 1869-1879. Out of 16,562 necropsies, obsolete tubercle of the lungs was found 789 times, or in 4.7 per cent. of cases. 509 cases had occurred in males, 280 in females. The right lung only was affected

in 69 cases, the left in 65 cases, and both in 655 cases.

These statistics are of much interest, and, although they take us back to days before diagnosis could be confirmed by the discovery of the tubercle bacillus, yet they are the compilations of thoroughly competent observers, and must be afforded due consideration. Several points at once attract notice. The preponderance of the male sex in both instances is very marked, but before concluding that arrest of the tuberculous process is really more common in the male than in the female, we must await further investigation, with more complete data. A surprising feature is that healing occurred much more frequently when both lungs had been affected than when the disease had involved one lung singly. Generally in these instances the apices were alone diseased, but quite frequently the lower lobes were included in the process, so that involvement of these lower lobes must not be regarded as incompatible with arrest of the disease.

With reference to the stage to which the morbid process had advanced before arrest obtained, in 43 out of Dr. Fowler's 177 cases, a cavity was present. In the majority of cases the lesion was fibrous or caseous. The cause of death in the cases showing healed tubercle, was most frequently cancer. The association of cancer with tubercle is very frequent, although both processes are rarely active at the same time. Next in frequency to cancer, as the cause of death, come respiratory affections, including fresh attacks of tuberculosis. A return of the tubercular disease may be the result of reinfection from without, or of an exacerbation and extension of a process which has for a longer or shorter period remained latent and cut off from the surrounding structures by a pregnable wall of fibrous tissue. At times the arrest in the lung is followed by the appearance of the disease elsewhere, as in the larynx, where, though not offering an immediately unfavorable prognosis, it is constantly liable to reinfect the lung.

**TO DOCTORS.**

**LIQUID PANCREOPEPSINE.**

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**A REMEDY FOR INDIGESTION.**

Contains Pancreatine, Pepsin, Lactic and Muriatic Acid, etc. The combined principles of Indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

Dose.—A teaspoonful containing 5 grains Pepsin, after each meal, with an Aperient Pill taken occasionally. This preparation contains in an agreeable form the natural and assimilative principles of the digestive fluids of the stomach, comprising Pancreatine, Pepsin, Lactic and Muriatic Acid. The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

The value of **Liquor Pancreopepsine** in this connection has been fully established, and we can recommend it with confidence to the profession as superior to Pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

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

R Acid. Salicylic, (Schering's), grs. v.	Potass. Iodid. .... grs. iss.
Cimicifuga ..... grs. ij.	Tr. Gelseminum .... gtt. i.

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

**RHEUMATISM, GOUT, LUMBAGO, ETC.**

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

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

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

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

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

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Composition:—Phytolacca Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, aa grs. vi. Xanthoxylum Fraxinenum, Potassii Iodidum, Cascara, Sagrada, aa grs. ij, in each dessertspoonful.

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

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

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

CHARLES W. BROWN, M. D.

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## BROMO SODA.

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R.—Caffein 1 grain, Brom. Soda 30 grains, in each heaping teaspoonful.

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

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

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## BROMO POTASH.

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

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

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

The coating of the following Pills will dissolve in 3/4 minutes.

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R—Et Sumbul .....	1 gr.
Assafetida .....	2 gr.
Ferri Sulph. Exs. ....	1 gr.
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"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurosthenic conditions in conjunction with Warner & Co.'s Bromo-Soda. One or two pills taken three times a day.

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Each Pill contains:	
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DOSE—1 TO 3 PILLS.

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

### Pill: Chalybeate.

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3 GRAINS. DOSE—1 TO 3 PILLS.

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

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

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

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### Pill: Chalybeate Comp.

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

DOSE—1 TO 3 PILLS.

### Pill: Aloin, Belladonna, and Strychnine

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

R—Aloin .....	1-5 gr.
Strychnine .....	1-60 gr.
Ext. Belladonna .....	1-8 gr.

Medical Properties, Tonic, Laxative.

DOSE—1 TO 2 PILLS.

Try this pill in habitual constipation. One pill three times a day.

### Pill: Antidyspeptic.

(DR. FOTHERGILL.)

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

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

### Pill: Arthrosia.

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

For cure of Rheumatism and Rheumatic Gout.

Formula:

Acid Salicylicum .....	Ext. Colchicum.
Resina Podophyllum .....	Ext. Phytolacca.
Quinia .....	Ext. Capsicum.

Almost a Specific for Rheumatism and Gouty complaints.

The appearances presented by the cured lesions are variable, but generally sufficiently characteristic. Fibrosed pigmented tubercles; fibroid induration with puckering and scarring of the apex, and with or without obvious tubercles; areas of caseation surrounded by fibrous capsules; cretified masses similarly surrounded; and cavities of varying sizes, with smooth thinner or thicker walls of fibrous tissue; are to be included among the more common manifestations of arrested tubercular disease. In these relics of a formerly active process, it is not infrequently possible to demonstrate the existence of tubercle bacilli, cut off from opportunity of carrying on their toxic function by a more or less secure fibrous wall. Various deformations of the respiratory tissues may be present, evidencing in some degree the amount of actual destruction which had obtained before the arrest of the disease. Commonest among these changes are classed scarring and puckering of the pleura, pleural adhesions, dilatation of bronchi, compensatory enlargement of other parts of the same lung or of the opposite lung, etc., etc.

Dr. Sydney Martin also contributed a paper on this subject at the meeting of the British Medical Association. For practical purposes he considers that retrograde tubercle of the lungs may be looked upon as occurring in two forms, "calcareo-caseous tubercle," and "fibroid and pigmented tubercle." Out of 445 consecutive autopsies, the calcareo-caseous form was observed in 31 instances, and the fibroid pigmented form in 11 instances, making in all 42 cases of retrograde tubercle, or 9.4 per cent. In his cases too, malignant diseases and respiratory diseases had been the most frequent causes of death. According to Dr. Martin "retrograde tubercle must be viewed as a tuberculous infection which has at one time invaded the body and for some reason undetermined has remained local, becoming encapsulated with fibrous tissue after the nodule has undergone caseous and calcareous degeneration, or becoming transformed

into fibrous tissue before caseation occurs."

Other information on this subject has been furnished by Dr. Joseph Coats. (*Brit. Med. Jour.*, Oct. 31, 1891.) After careful scrutiny of bodies examined *post mortem*, he concludes that about 23 per cent. of persons dying of non-tubercular affections have had some form of internal tuberculosis at one period or another during life. He puts the percentage of deaths in which tubercle (in all its forms) is an active process—though not necessarily directly causative of death—at twenty-two. He therefore makes the somewhat startling statement that "about half of all persons born into the world are at some period of their lives affected with tuberculosis." In illustration of his subject, when addressing the Glasgow Medico-Chirurgical Society, Dr. Coats exhibited a lung in which practically all trace of lung tissue had disappeared, leaving simply a congeries of cavities. The process here had been distinctly tubercular, yet healing had obtained after all the lung tissue had been destroyed and excavated, and a wall of wholesome fibrous membrane lined the cavities which had been produced. The opposite lung in the same case shewed evidence of a less advanced tuberculosis which had been arrested.

As illustrative of the processes involved in the spontaneous healing of tubercular disease, Coats considers the most frequent forms as being typed in the cases of (1) the lymphatic glands in the neck, and (2) the mesenteric glands. In the former, an irritant induces the aggregation of inflammatory products and true, typical tubercles, and these undergo caseous necrosis. The caseous mass may remain unaltered, but generally some irritation from outside sources suffices to induce suppuration in the immediately adjacent tissues, the caseous matter softens, an abscess forms and the dead matter and pus are discharged. If the infective virus is completely cleared out, healing obtains.—In the mesenteric glands, however, the process

rarely goes on to suppuration, as the parts are protected from irritation. Here, instead of softening, a deposit of calcareous matter obtains, and the whole gland becomes converted into a hard, chalky mass. This is the form most frequently met with in the case of healed lung tuberculosis, though the first type obtained in the lung of the case just cited.

Dr. Henry P. Loomis (*Med. Record*, N. Y., Jan. 9, 1892) adds to our literature another important contribution on this same subject. Out of 763 persons dying of a non-tubercular disease, 71, or over 9 per cent., presented in their lungs changes which he regards as characteristic of healed pulmonary tuberculosis. Almost every stage of the disease could be illustrated by these cases. Dr. Loomis does not think that the phthisis can be said to be absolutely cured unless it is possible to prove the absence of tubercle bacilli. Even a few bacilli remaining in an apparently healed area in the lung, must of necessity always be a source of danger to the individual. Inoculation experiments may prove the persistence of bacilli even after the ordinary tests have failed to reveal their presence.

The results of these investigations are encouraging from every point of view, especially when we consider that hospital statistics are compiled from cases which are most unfavorable as regards the application of hygiene, dietetics and general care. They shew, first of all, that tubercle is not a necessarily fatal disease—in fact, that most cases offer a reasonable hope for cure. They furthermore direct our attention to nature's method of overcoming the disease, and give us an inkling as to the best course we can pursue in aid of the *vis medicatrix*.—The distinct trend of the medical investigation of to-day is towards finding nature's cure. We have practically abandoned hoping to cure tubercle by killing the microbe with antiseptics or tuberculin, and are now endeavoring to discover the true significance of *Innate immunity*. When we have accumulated and

formulated knowledge on this secret of nature, we cannot have failed to make a marked step forward.

Being thus encouraged, it behooves us all the more to be constantly on the watch for the earliest manifestations of tubercular disease. Careful and methodic examination of the chest should become almost a matter of routine, and the microscopical search of sputum for bacilli applied to all cases in which an element of doubt exists. The less advanced the process before diagnosis is made, the more confident we may be of the successful application of remedies. Always bearing in memory the liability of a localized disease to become disseminated, it is a matter all important to neglect no local manifestation of tuberculosis which it may be possible to treat therapeutically or otherwise. This is especially important in instances of tubercular disease of the upper respiratory passages.

#### THE REVIVAL OF VENESECTION.

The treatment of a half century ago for acute inflammatory conditions, and certain other pathologic states depending on circulatory derangements, was one widely different from that of to-day. The abstraction of blood, which was then almost a *sine qua non*, is now performed but in very rare instances. The measure was undoubtedly abused. The undue enthusiasm with which men regarded its effects led to its indiscriminate employment, and instead of limiting its application to those instances in which it was clearly indicated, its use was made very general, and too frequent. Bad results followed its indiscreet application, and the medical mind formulated a theory asserting its danger and inefficiency. Its practice became less and less general, and finally almost obsolete.

Now, however, the tide is turning again. Thinking men have decided that a measure so universally recommended, and so universally practised as was phlebotomy up to the middle of the present century, could not have gained so wide a reputation were it not more or

less deserving of it. Practical men are proving by actual demonstration that blood-letting in suitable cases is not only a justifiable but a scientific mode of treatment. It is beginning to appear as though the lancet is soon again to be in favor.

About a year ago the Royal Medical and Chirurgical Society of London discussed the therapeutical value of venesection. Dr. Pye-Smith recorded nearly fifty cases in which he had bled from the arm, in patients suffering from bronchitis, acute and chronic broncho-pneumonia, lobar pneumonia, miliary tuberculosis of the lungs, valvular disease of the heart, pericarditis, Bright's disease, aneurysm, apoplexy, and epilepsy. He stated its indications were not special diseases, but certain manifestations of pathologic states, as follows:—Firstly, cyanosis with distension of the right side of the heart, whether from pulmonary or from some other obstruction to the circulation; secondly, the intense pain of aortic aneurysm; and thirdly, uræmic and prolonged epileptic convulsions. Many of the members of the Society participated in the debate, and the general opinion expressed was in favor of the adoption of venesection when less active measures would be unlikely to succeed.

Dr. H. A. Laffeur (*Med. News*, Phila., July 4, 1891), has published a paper detailing the results of the employment of venesection on five patients of the Johns Hopkins Hospital. The indications in these cases were respectively, (1) thoracic aneurysm with urgent dyspnoea and cyanosis; (2) chronic nephritis with dilated heart and extreme cyanosis; (3) mitral regurgitation with dilated, irregularly acting heart, cyanosis and dyspnoea; (4) arterial sclerosis with cardiac hypertrophy and dilatation, cyanosis, stupor and delirium; (5) mitral regurgitation with dilated, irregular heart and extreme cyanosis. The results in these cases illustrated "the value of bleeding as a means of affording temporary relief from distressing symptoms due to disturbances of the

circulation, and also of saving life and even restoring patients to comparative health."

In the practice of the Nova Scotia Hospital for Insane, it has several times been deemed advisable to abstract blood in considerable quantities. In simple epilepsy, epileptoid convulsions of general paresis, uræmic convulsions and general plethora, Dr. Sinclair has had notably beneficial results follow the removal of blood in quantity sufficient to affect the pulse and pale the countenance. Quite recently a case occurred which illustrates very forcibly the benefit which follows the judicious withdrawal of blood from an embarrassed circulation. A strong, full-blooded male patient who was apparently convalescing favorably after an attack of influenza, developed very suddenly symptoms of acute pulmonary congestion. His condition soon became alarming, and in six hours after he first complained, it was so desperate that it was considered useless to depend on ordinary measures, and venesection was resorted to. At this time the patient was quite unconscious, the pulse was jumping along at the rate of 160 to the minute, the respirations were almost entirely diaphragmatic and 60 per minute, temperature 104.6° F., chest full of fine moist rales. The right median cephalic vein was opened, and twenty ounces of blood removed. For an hour there was no definite improvement, but whereas before the operation the condition had been growing more serious every minute, the progress of the disease was now at least stayed. After a few hours there was some manifest improvement, and a sixth of a grain of pilocarpine was administered hypodermically. This quickly brought about profuse perspiration, and coincidentally with the onset of the diaphoresis marked improvement obtained, and very soon the patient had recovered his consciousness sufficiently to express himself as being greatly relieved. Recovery progressed uninterruptedly, and was complete in a few days. The indication in this case was very

distinctly phlebotomy. A heart struggling to drive blood through an already engorged lung is unable properly to empty the general venous system. The circulation dams back through the capillaries, arteries, and left heart to increase the stagnation in the lung. The condition quickly becomes desperate and no ordinary means of relieving the circulation will act with sufficient rapidity to prevent complete blocking of the heart's action. Clearly the only rational procedure is to remove from the general circulation enough blood to allow of a re-establishment of circulatory equilibrium. A delay of half an hour in our case would almost certainly have been fatal. The employment of a slow acting antiphlogistic would have been fatal. The man's life was saved by the operation.

### Correspondence.

BALTIMORE, March, 1892.

Dear Editor :

In a previous communication I stated that a microscopic examination of the blood readily enabled an attentive observer to diagnose early typhoid fever from anomalous forms of malarial poisoning. The presence of peculiar organisms, either within the corpuscles or in the plasma, is now almost constantly observed in all types of malaria, supplies us with a ready means of diagnosis, and has led the most experienced observers to regard them as the exciting cause of the disease.

Our knowledge of these bodies we owe chiefly to the researches of Laveran in Algiers and Marchiafava Celli and Golgi in Italy. The first English writer to confirm their observations was Councilman of Baltimore.\* Valuable contributions have been made by Richard in France, Osler and James in America, and Vandyke Carter in India.

For an excellent account of the parasite and its relations to the disease, I refer readers to Osler's paper,† from

which I have gathered my material, most of it being verified by personal observation.

Laveran's observations were communicated to the Paris Academy of Medicine in 1882, and were finally embodied in a work on malarial fevers published in 1884, so that our knowledge on this subject is quite recent and has not as yet met with general acceptance. The remarkable unanimity of opinion among so many skilled observers in different parts of the world should carry conviction about the importance of these bodies and the remarkable part they appear to play in the production of the disease.

It is impossible to describe these bodies minutely without the aid of diagrams.

The following forms have been observed which may be regarded as phases in the development of an infusorial organism :

1. The hyaline non pigmented form which are seen within the red blood discs. They are devoid of structure, contain no pigment, vary in shape on account of decided amœboid movements, and are usually associated with acute forms of the disease, in fact occasionally with its most severe manifestations.

2. The pigmented intracellular form is much more commonly observed. They are generally seen within the red discs, more rarely in the white. They are about one-fourth the size of the red disc. They appear as pale finely granular bodies with a few grains of dark pigment towards the centre. They show amœboid changes of form, and the pigment granules brownian movement. Discs in which they appear are paler and flatter than normal.

They stain with aniline dyes and can be readily recognized in cover slip preparations and also in prepared sections of the internal organs in fatal cases.

3. Less commonly observed is the segmenting form; most authorities agree that they are present either a few hours before or during the paroxysm. They appear as rounded bodies somewhat larger than a red corpuscle. The proto-

\* 1. American Journal Medical Science, April, 1885.

† 2. British Medical Journal, Vol. I., 1887, pp. 556.



# WYETH'S SYRUP

—OF—

# HYDRIODIC ACID.

THIS Syrup is an excellent preparation for the exhibition of Iodine, on account of its non-irritating qualities and the readiness with which it gives up the Iodine when taken into the stomach.

## HYDRIODIC ACID, HI.

is composed of 126.6 parts of Iodine and 1 part of Hydrogen, or each 100 parts contain 99.22 parts of Iodine and .78 parts of Hydrogen; these elements have such a light affinity for each other that the acid is quite readily decomposed, and as heat and light cause this decomposition, it is very important to

Keep this Syrup in a **COOL, DARK PLACE**; it should also be **CORKED** tightly.

If it develops a red color the decomposition has begun, and the Syrup is unfit for administration.

Each fluid ounce of this Syrup contains 6.675 grains Hydriodic Acid, which represents 6.66 grains Iodine, or is equivalent to 8.69 grains Iodide Potass.

This Syrup will be found to produce very good results in the treatment of **Hay Fever, Chronic or Acute Rheumatism, Lupus, Asthma, Catarrh, Pneumonia, Goitre, Eczema, Scrofulous Diseases, etc.**

## REDUCED.

We have reduced the price of Wyeth's Syrup of Hydriodic Acid as follows:

Per Demijohn, 28 fl. oz.....	from	\$8.00 to \$5.00
Per Winchester .....	from	5.25 to 3.50
Per doz. Bottles, 16 fl. oz.....	from	14.00 to 9.00

DAVIS & LAWRENCE CO., (Lim.)

GENERAL AGENTS,

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Please mention "The Maritime Medical News."

# WYETH'S SYRUP WHITE PINE AND TAR.

WE desire to ask the attention of the medical profession to this invaluable expectorant, which after an expenditure of much time and study, involving considerable experimental work, Messrs. Wyeth & Bro. have been enabled to perfect; and we take pleasure in presenting to the profession a medicated syrup, which for beauty and efficiency we feel assured cannot be surpassed.

This preparation represents, combined in the most palatable form, the following ingredients: White Pine Bark, Wild Cherry Bark, Spikenard Root, Balm of Gilcad Buds, Blood Root, Sassafras Bark, Morph. Sulph., Chloroform and Tar. These are combined and incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, this syrup certainly possesses exceptional merit, and in the opinion of a number of our leading physicians, has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles. The introduction of Tar is certainly of inestimable value, for it not only contributes to the moderation of the cough by the promotion of expectoration, but, at the same time, allays nausea and increases the appetite and digestive power.

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

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 which is incorporated is just sufficient to exercise a calmative effect, and yet so minute as to be free from those objections which frequently characterize preparations of this kind.

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.

Per Demijohn 128 fl. oz.....	\$5.00.
Per Winchester 80 fl. oz.....	3.50.
Per dozen Bottles of 16 fl. oz.....	9.00.

The prices of Wyeth's Syrup White Pine Comp. without the addition of Tar, *same as above.*

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MONTREAL,

GENERAL AGENTS FOR CANADA.

plasm is faintly granular and the pigment granules are grouped in the form of a rosette in the centre. If one of these bodies is watched for a few hours preferably, on the warm stage, the following changes will be observed :

First, the granular protoplasm shows indications of segmentation. This results in the formation of ten or fifteen rounded bodies clustered about the central pigment. Later on the envelope ruptures and affords exit to these newly formed bodies which may be observed floating about in the plasma. Often the pigment escapes and you notice the empty shell partially surrounded with the extruded pigment granules and, still more widely separated, the new formed bodies which very soon show indications of the presence of pigment.

4. Perhaps the most curious is the flagellate. They are found both in the acute and chronic types of the disease, but not nearly so often as those already described. They are about half the size of the red blood discs, round or ovoid in shape, contain dark grains of pigment, usually central, which often display rapid Brownian movement. The flagella vary in number from one to four and are about twice the length of the body. The rapid lashing movement of the flagella causes visible disturbance in the plasma, the discs being driven away from their neighborhood.

The flagella appear quite suddenly and their protrusion from the body may be occasionally observed, as pointed out by Griskey. In certain cases free swimming cilia have been observed by Laveran and Councilman.

5. In chronic cases pigmented crescents somewhat larger than blood discs are almost invariably observed. The pigment granules are very dark and vary somewhat in their arrangement. The crescents are generally free, though sometimes they occur in the interior of corpuscles.

Lastly small free pigmented bodies like those within the corpuscles are sometimes seen.

The precise connection between the

various forms has not been completely worked out, but it is quite in accordance with analogy that they should represent various stages of the development of a single parasite. Scarcely anything is known about the life history of the parasite outside of the body and in what way it gains entrance into the blood.

As to the question whether the parasite is the cause of the disease, it must be remarked that in all cases we can demonstrate its presence by careful examination, and that it affords a rational explanation of the two most characteristic features of the disease, viz., the anæmia from destruction of hæmoglobin and deposit of pigment in various organs.

We can better understand the special influence of quinine, an agent that destroys lower forms of organisms. In nearly all cases no indication of the parasite can be discovered after the administration of a sufficient amount of the drug.

In this connection it is somewhat curious to note that Guttman and Ehrlich have tried the effect of methylene blue in malaria. They were led to this by observations on the staining effect of this agent on the organisms both in dried and fresh specimens of blood. They report two cases cured. Thayer, of the Johns Hopkins Hospital, has tried the same remedy in several cases with satisfactory results, but the observations are too few to be accepted as conclusive.

DEAR M :

The Medical School of Aberdeen does not appear to be so attractive to the roving practitioner as I think it might be. Possibly some of us may feel a little delighted about visiting a city so closely associated with tombstones.

In the Western States, that region of extraordinary names, there is, I believe, a city rejoicing in the cheerful name of Tombstone. But this name belongs properly to Aberdeen. It is not that

the Aberdeen doctor is more destructive than other members of his species, but that the chief trade of the city is the cutting and polishing of granite monuments. The ancient Egyptian art of polishing granite was revived in Aberdeen early in this century, and now these polished columns of granite and cyanite are to be found commemorating the virtues of deceased Scotsmen (and the achievements of our profession), in all the cemeteries of the world. The little town of St. George, in New Brunswick, probably stands next to Aberdeen in the extent and value of its granite works.

But I disclaim any particular interest in the tombstone industry. My object in visiting Aberdeen was to study the work of Professor Ogston in Surgery, and to see the pathological laboratory of Professor Hamilton.

Professor Alexander Ogston is in the prime of life, a tall, fair-haired, fresh complexioned man, with a charming manner, both toward the patients under his care, and the strangers whom he may be conducting through his wards. His name is associated with an operation for *gonu valgum*, but his scientific reputation began with his famous experimental work in connection with micro-organisms in acute abscess, which drew a strong dividing line between bacteria and micrococci as they affect Surgery.

Ogston uses no sublimate (mercurial) dressings or lotions; he still clings to the old carbolyzed gauze, but also uses salicylic wool and wood wool. In his operations he uses lotions of carbolic acid, "I in 20" and "1 in 40," and in operating on the skull, abdomen, and joints, he uses the carbolic spray. He uses iodoform dressings also, and frequently allows wounds to granulate, e. g., in removing sarcomata he operates largely with scissors, uses no sutures and dresses the large granulating wound with iodoform. He has given up his own operation for knock-knee in favor of that of Macewen:

I saw some very interesting cases in

his wards. One was a middle-aged woman admitted with a huge abdominal tumour, the abdomen measuring forty-five inches. It was thought to be ovarian, and an exploratory incision was made, when the tumour was found to be a lipoma, the extent and connections of which made removal impossible.

There was an interesting instance of tubercular deposit in the substance of muscle. A young man came in with a diseased condition of the dorsum of the foot. A sinus led up into the leg, which on exploration proved to lead into a cavity in the tibialis anticus, filled with tubercular deposit.

A curious case was one in which a swelling of the popliteal space was cut down upon and the head of the plantaris was found to be swollen and oedematous.

The rather rare occurrence of talipes as a result of traumatism was seen in a robust young man who had had his foot injured by a heavy waggon passing over the instep. Shortly after, contraction took place and the condition of talipes equinus was produced. Tenotomy had had no effect in correcting the deformity, and Professor Ogston intended to do an osteotomy. Several cases of severe talipes operated on by removing portions of bone were in the wards, and the results of these were, without exception, excellent. I noticed that in some cases where the knee joint had been opened it had been done by transverse incision, dividing the patella.

A large proportion of the admissions are from the rural districts, but making all allowance for the remarkably healthy constitutions of the Aberdeenshire peasantry, the results of operative surgery in Professor Ogston's wards were remarkably good.

Professor Hamilton is one of the chief attractions of the Aberdeen school. Formerly assistant to the lamented Professor Sanders, of Edinburgh, he was appointed to the chair of pathology founded by Sir Erasmus Wilson in Aberdeen. He has no superior as a pathologist in Britain, his work on the

pathology of bronchitis, and on the histology of the brain being widely known. His summer class in practical pathology numbered about thirty, mostly students, but some were graduates in medicine studying for degrees in public health, and not a few were practitioners from the city and neighbourhood. In this course the Edinburgh method is followed, and each student is able to study and preserve specimens of pathological products, sections of tumours, and the commoner varieties of micro-organisms.

Professor Hamilton is forming a capital museum of pathological specimens, and one feature particularly worthy of notice is the collection of casts and models. The material used is "glycogelatin" as first described by Mr. C. W. Cathcart, of Edinburgh, and fully described in the "Surgical Handbook" of Caird and Cathcart. These models have been most cleverly made and colored, and this method is certainly the most realistic in its results of any which I have seen.

To any of your readers who may contemplate a trip to Britain I would say, "Do not forget to visit Aberdeen."

S.

### Selections.

#### RAILROADING A PERILOUS BUSINESS.

The following table gives all the really essential facts:

KIND OF ACCIDENT.	1890.		1889.	
	Killed.	Injured.	Killed.	Injured.
Coupling and uncoupling	369	7,841	300	6,757
Falling from trains	557	2,348	493	2,014
Overhead obstructions	89	343	55	296
Collisions	236	1,035	167	826
Derailments	150	720	125	655
Other train accidents	154	894	189	1,016
At highway crossings	22	32	24	45
At stations	98	691	76	699
Other causes	749	8,250	539	7,729
Unclassified	27	236		
Total	2,451	22,390	1,972	20,637

The totals in these tables are really appalling: 22,000 men were killed and injured in the railroad service of the United States in 1890, and 25,000 in the following year. Of these, in round numbers, 2,000 were killed in 1889, and 2,500 in 1890.

Let me try, by comparison, to bring home what these figures mean. At the battle of Sedan, which sealed the fate of the second empire, the loss on both sides in killed and wounded was a trifle more than the killed and wounded among our trainmen last year. At Gravelotte, where the loss was heaviest in the Franco-Prussian war, the Germans lost 20,577 men. Wellington won Waterloo and Meade Gettysburg with a loss of 23,185 and 23,003 respectively, and the total loss on both sides at Shiloh in two days' fighting did not reach 24,000. They were all great battles. They decided the fate of nations, and were fought bravely and obstinately with the purpose of destroying human life. Yet the winter's loss and sometimes the loss of both victor and vanquished never equalled the loss in killed and wounded suffered by our trainmen in the pursuit of a peaceful calling during a single year. I think these figures from a few battles show in a very striking manner what a terrible loss of human life, and what a frightful maiming of human bodies, with all the consequent suffering, occur among the trainmen of the country.

For the year ending June 30, 1889, among all railroad employes there was one death for every 355, and one injury for every 39, while among trainmen alone there was one death for every 117, and one injury for every 12.—*Henry Cabot Lodge, M. C.—Tennessee State Board of Health Bulletin.*

#### COMPRESSION OF THE CAROTIDS AS A THERAPEUTIC MEASURE.

In a recent number of the *Gyogyaszok* Dr. Leopold Roheim, of Budapest, publishes a case of eclampsia which he had, after the failure of a large number of

M. P. P.

# MALTO PEPTONIZED PORTER,

FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

THIS combination, containing the finest quality of *PORTER* imported from the Messrs. A. Guinness, Son & Co., Limited, of Dublin, together with *PEPSIN* (the digestive power of 10,000 grains of albumen to the bottle), *EXTRACT OF MALT*, and *DANDELION*, appeals to the understanding of the Profession as being well adapted to a numerous class of cases.

In 1400 bottles given to medical men, as samples, positive *GOOD RESULTS* can be given from over 200 answers received from those by whom *Malto Peptonized Porter* has been thoroughly tested and used. There has *NOT BEEN ONE SINGLE FAILURE* reported, but all pronounce that it is the most perfect concentrated liquid food, tonic, and *antidyspeptic* preparation ever put before them.

*In no single instance has it been rejected by the most delicate stomach.*

Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach retaining food.

In the many cases in which *Malto Peptonized Porter* may be indicated are the following:

- (a) **Convalescence from acute diseases—such as typhoid fever.**
- (b) **Atonic Dyspepsia.**
- (c) **In persons of Consumptive tendencies. Here it has been found to be a most perfect substitute for Cod Liver Oil—the malt giving the fat-producing elements necessary to the supply of the wasted tissues, with the other ingredients furnishing the tonic and stimulating effects required.**
- (d) **In the treatment of cases of Alcoholism. In all cases in which it has been used it has answered admirably in allaying the irritation, vomiting, and consequent desire of stimulants of an unhealthy nature.**
- (e) **In wasting diseases of children.**
- (f) **For administration to nursing mothers.**
- (g) **Where there is sleeplessness from flatulence, over-taxed brain and nervous system.**

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

—ON APPLICATION TO—

**THE MALTO PEPTONIZED PORTER COMPANY,**  
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TRURO, NOVA SCOTIA.

Please mention "The Maritime Medical News."

remedies, successfully treated by compressing the carotids with his fingers. The publication of this case recalls the fact that the whole subject of carotid compression in its relation to the treatment of nervous diseases was thoroughly worked up by Dr. J. Leonard Corning over ten years ago. Not content with following the ancient practice of pressing upon the carotids with the fingers, Dr. Corning devised a number of ingenious instruments by means of which he was able to compress these arteries and faradize the subjacent sympathetic and pneumogastric nerves at the same time. He has embodied the results of these researches in a number of papers, and notably in a little book, *Carotid Compression*, published in 1882. Dr. Corning's contributions are especially valuable, as the conclusions arrived at are based upon a large array of cases of nervous disease in which the method was given a thorough trial. Cases of headache, eclampsia, convulsions of children, epileptic convulsions, and obstinate insomnia as it occurs in the insane were treated successfully in this way.—*N. Y. Med. Jour.*

#### ACCIDENT LIFE INSURANCE FOR PHYSICIANS.

In soliciting business, an agent of a well-known Accident Life Insurance Company stated that physicians were very lucky in drawing large sums from the company. The remark attracted the attention of the writer, and he examined the published lists of a company for Michigan. This was fairly represented in Detroit. The list showed that about 250 losses had been paid there. Of these nineteen had been paid to physicians, or about one in thirteen of the losses. The amounts paid to physicians varied from \$25 to over \$800, and in the aggregate amounted to \$3,000.

We have not the data necessary to determine whether this was a good or poor investment for the profession as a

whole. There can be no question as to its advantage to those who drew \$300 or \$400 from the company. As a fact, a very large number of physicians think so highly of accident life insurance that they carry large amounts. We do not question the wisdom of this procedure, especially in view of the large number of accidents to those insured in the company which we have quoted. Nor have we the data for determining whether the accidents to physicians are more numerous than to other professional persons.

As a class they drive and ride more than any other professional persons. In fact, the lives of most physicians are practically spent in their carriages. The amount of office work occupies but a very small portion of the time of the general practitioner. During these hours spent in carriages they are liable to accident owing to the behavior of their own teams, by which they are run away with, thrown from the carriage, etc. Besides, they are liable to injuries from the breakage of their own carriages. This was the cause of several of the injuries to Detroit physicians in the list alluded to. Outside of this, physicians are exposed to the injuries inflicted by the bad or reckless driving of persons driving other teams. The injuries done by such persons are numerous, and physicians receive their full share of them. Physicians constantly run the risk of being poisoned while attending obstetrical cases and while performing numerous operations. They are liable to infection from numerous diseases. So in many other ways they are especially exposed to accidents which even the greatest care is unable always to guard against.

Perhaps the strongest reason why physicians are wise in carrying accidental life insurance is that their incomes absolutely cease with their inability to work. Hence, if by the insurance they are able to secure a little income during their disability, they will suffer less from the loss of regular income.—*Amer. Lancet.*

## Prescription Page.

### FOR OBSTINATE CASES OF PRURITUS.—

R.—Acidi carbonici . . . . . gr. ij.  
 Morphinae acetat . . . . . gr. jss.  
 Acidi hydrocyanici dil. . . . . m xij.  
 Glycerini purif. . . . . m xl.  
 Aquae dest . . . . . ℥j.

M.—S. Apply to vulva on tampons.

—Verrier.

### FISSURED NIPPLES.—

R.—Balsam of Peru,  
 Tr. arnica . . . . . āā ʒ ss.  
 Oil of sweet almonds . . . . . ʒ i.  
 Lime water . . . . . ℥ss.-M.

Sig.—Apply a small quantity several times daily.

FOR SCIATICA.—Dr. Starr, in his work on "Nervous Diseases," gives the following as having proved useful in his practice, in the treatment of sciatica. Anything that holds out a hope of relief in this *bête noir* of the profession, may be welcomed:

R.—Tinct. colchici . . . . . m ʒ  
 Tinct. cimicifugae . . . . . m ʒ  
 Tinct. aconiti . . . . . m ʒ  
 Tinct. belladonnae . . . . . m ʒ—M.

Sig.—One dose.

Again, Dr. S. J. Corbett, of San Francisco, writing to the *Med. World*, says: If Dr. E. H. Carlton wishes a remedy for sciatica that will relieve all cases and cure 80 per cent., I will call his attention to a remedy which I have used for twelve years, and one on which I depend in all cases.

If the patient is a lady of weak, nervous temperament, write this prescription:

R.—Ol. tigllii . . . . . gtt. j.  
 Pulv. lycopodii, q. s. ft.,  
 capsule . . . . . No. 2.

Sig.—Take one capsule at 8 a.m.; the other at 2 p.m.

If the case is one of true sciatica, *i.e.*, congestion of sheath of nerve, the relief will be complete in twenty-four hours. If it is a case of rheumatic sciatica, it will be relieved but not cured.

If the case is that of a strong robust man, write:

R.—Ol. tigllii . . . . . gtt. iii.  
 Pulv. lycopodii, q. s. ft.,  
 capsule . . . . . No. 2.

Sig.—Take one capsule at 8 a.m.; the other at 4 p.m., if the first has not operated fully.

I have practised medicine twenty-three years and have treated many cases of sciatica with all kinds of remedies, *i.e.*, hypodermics, blisters, hot and cold applications, electricity (both galvanic and Faradic currents), sun baths with all the different colored glasses, etc.; but I have found that the little drop of croton will get away with all the other remedies combined. By inducing immense watery discharge from the bowels, it relieves the congestion and thus cures the patient.—*Canada Lancet*.

NUTMEGS IN HEMORRHOIDS.—The common nutmeg employed in the form of an ointment is said (*Med. and Surg. Rep.*) to give prompt and permanent relief in itching and painful piles. It may be employed as follows:

R.—Pulv. nuc. moschat . . . . . ʒ ij.  
 Acid. tannic . . . . . ʒ j.  
 Petrolat . . . . . ʒ j.

M.

A lanoline salve for burns is the following:

Anhydrous lanoline . . . . . 10.0  
 Benzoated lard . . . . . 20.0  
 Lime-water . . . . . 30.0

### ACUTE ECZEMA, ALEXINSKI.

Oxide of zinc, ʒ.  
 Subnitrate of bismuth, ʒ.  
 Rice powder.  
 Powdered lycopodium, aa, ʒ0.

Dust over the affected parts morning and evening.

### CATARRHAL ICTERUS, NOTHNAGEL:

Rhubarb, ʒ grs.  
 Distilled water, ʒ ʒ.  
 Filter and add  
 Bicarbonate of soda, ʒ ʒ ʒ.  
 Syrup of mint, ʒ ʒ.

A tablespoonful every two hours.



# Maritime Medical News.

MARCH, 1892.

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*Communications on matters of general and local professional interest will be gladly received from our friends everywhere.*

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

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DR. MORROW,

*Argyle Street, Halifax.*

WE direct attention to an article in another column, in which Dr. Hattie gives a *resume* concerning the subject of "Arrested Tuberculosis." The article has many features of interest. Not the least so, is the encouragement afforded to those who will intelligently and energetically grapple with the early stages of tubercular disease. It will be noticed that mention is made of cases which had gone on to cavity formation, in which arrest of the disease had taken place.

One effect of the knowledge brought out in reference to this subject should be, and must be, to antagonize a tendency to a too gloomy prognosis, into a habit of forming which in any and every case of tuberculosis, many have allowed themselves to drift. We do not mean to suggest that a medi-

cal man should ever—in a case of recognized indubitable tuberculosis—commit himself to his patients' friends as taking a decidedly sanguine view; but with such evidences of comparatively frequent recovery from, or arrest of, this diseased condition one may with a hopeful heart undertake its treatment.

The facts brought out, too, encourage a persistence in the investigation of the pathology of the disease in the direction of its prevention and cure.

Dr. D. A. Campbell in a letter from the Johns Hopkins Hospital, Baltimore, gives an interesting account of the researches into the nature of peculiar organisms found in the blood in all types of malaria; and the presence or absence of which affords a means of differential diagnosis between malarial and non-malarial conditions. The investigations are still incomplete, but are being prosecuted in several quarters.

There can be no doubt of the good work being done at Johns Hopkins Hospital in the way of pathological investigation and minute clinical observation. Drs. Welch and Osler and Councilman are men from whom we may expect further contributions of a practical nature to our knowledge of disease. Under them is a body of assistants chosen with the utmost care and altogether probably no other city in America may we regard with so much confidence as a centre for scientific investigation of the highest class from which there cannot fail to emanate valuable results.

## Society Proceedings.

### NOVA SCOTIA BRANCH B. M. A.

#### ORDINARY MEETING OF BRANCH.

February 18th, 1892.

Members present: Drs. Smith, Farrell, Fowler, Tobin, Milsom, Covic, Kirkpatrick, Anderson, P. M. O. Archer.

Dr. Kirkpatrick read a most interesting paper on "The Use of Electricity in Diseases of Eye, Nose and Throat," illustrating his subject by showing the numerous instruments in working order. (Of these, the electro-motor, operating a miniature trephine, which is used for removing exostoses or bony outgrowths from septum nasi, showed great advance over the removal by old methods. Before operating, the nares are sprayed every ten minutes, during a half-hour, with a strong solution of cocaine (20 per cent. ?); then the growth is removed by a shaving process with the trephine. Burrs of various shapes were also shown, which could be operated in a similar manner. The electro-magnet, which was quite small and easily handled, but of great power, proves of value in removing fragments of iron when embedded in eyeball, a crucial incision being made in the sclerotic, over the foreign body, through which the point of the magnet is inserted. The cauterizing-point, knife and snare, each attachable to a handle, by which with one hand the operator had complete control of both current and the necessary manipulations. These cauteries are used for the removal of polypi, adenoids in nasopharynx or hypertrophic rhinitis, and also sometimes in enlarged tonsils.

Dr. K. does not use electric light as an illuminator, finding ordinary students' lamp, with forehead mirror, quite sufficient.

Dr. Farrell then reported the case of a lady, 65 years of age, who subsequent to menopause began to flow; this became continuous. On examination, found

a bleeding mass protruding from the os, which had the appearance of a malignant growth. To relieve hoemorrhage, Dr. F. scraped it with a dull curette, the result being that the bleeding ceased and patient felt better. Two months later, the symptoms having returned, the growth was found in about the same condition as before. On again scraping, found it to be a sessile growth with a base  $1\frac{1}{2}$  inches diameter. In four or five months, patient again returned bleeding, but tumor was found diminished in size, but what is left still develops and bleeds.

Dr. Farrell thinks that it is not malignant, but may become so in time.

## Notes and Comments.

IMPORTANT NOTICE AND REMOVAL.—

To avoid failure or doubtful success in use of Per-Oxide of Hydrogen be sure you get *Marchand's Medicinal*. No substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article for the reason that Per-Oxides, made for bleaching and varying trade purposes, do not cost to produce but a fraction of what *Marchand's Medicinal* cost, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the reputation of the physician, and *Marchand's Per Oxide of Hydrogen Medicinal*; put up in 4 oz., 8 oz., and 16 oz. bottles only, with which every careful Physician should be familiar in order to frustrate dishonest substitution and assure success.

DREVET MANUFACTURING COMPANY,  
28, Prince Street, New York.

TELEPHONIC.—"Is this 257? Oh! doctor, my husband wants to go down to business, but I told him this weather is only fit for beasts! Won't you come over and persuade him to stay indoors?"  
—*Falle Record*.

AS the season is approaching when it is reasonable to expect there may be more or less of **La Grippe** or Influenza, which has prevailed in this country for the past two years, we desire to call the attention of the profession to the compressed form of administering the following remedies, insuring immediate therapeutic results, the COMPRESSED TABLET being much more readily soluble than the ordinary pill, with greater convenience and absolute exactness.

The large number of these COMPRESSED TABLETS which we have sold during the past two years has proven the efficiency of these remedies, as well as the great favor with which our process of compression has been received by the medical profession.

The absence of any excipient—the Tablet consisting merely of the dry powder compressed—must commend itself to the physician; resulting in the rapid disintegration and assimilation by the system, which is not possible by the ordinary pill, prepared by means of gum or some other excipient, which hardens the mass and prevents rapid solubility.

The administration of Salol, which is a combination of Salicylic and Carbolic Acids, in connection with the following remedies has been found very useful in relieving the rheumatic pains which invariably accompany attacks of the *Grippe*; and the combination of Phenacetine and Salol (mentioned in the following) has found favor with a large class of physicians since brought to their notice some months ago.

The following comprise the remedies of this character which we are prepared to supply in the form of COMPRESSED TABLETS:

### ANTIPIRYNE.

1 grain, 2 grains, 3 grains, 5 grains, 10 grains.

### ANTIPIRYNE AND QUININE.

(Antipyrine 2 grs., Quinia Sulph. 2 grs.)

### ANTIPIRYNE AND SALICYLATE OF SODA.

(Antipyrine 2 grains, Salicylate of Soda 2 grains.)

### ACETANILID.

1 grain, 2 grains, 2½ grains, 3 grains, 4 grains, 5 grains.

### ACETANILID COMPOUND (AULDE'S.)

(ANODYNE AND ANTIPIRETTIC.)

(Acetanilid 1 2-5 grains, Caffeine Alk. 1-5 grain, Sodii Bicarb. C. P. 2-5 grain.)

ALSO, TRITURATES OF THE SAME, CONTAINING ONE-FOURTH OF THE ABOVE FORMULA.

### ANTIFEBRIN.

2 grains, 3 grains, 5 grains.

### ANTIFEBRIN AND CHOCOLATE.

(Antifebrin 5 grains, Sweet Chocolate 10 grains.)

### PHENACETINE.

½ grain, 1 grain, 2 grains, 3 grains, 5 grains, 10 grains.

### PHENACETINE AND CAFFEINE.

(Phenacetine, 3 grains, Citrate, Caffeine 1½ grains.)

### PHENACETINE AND SALOL.

(Phenacetine 2½ grains, Salol 2½ grains.)

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

**MONTREAL,**

**Sole Agents for the Dominion.**

May be had of all the Jobbing Druggists by specifying WYETH'S.

# SYR. HYPOPHOS. CO., FELLOWS

**CONTAINS THE ESSENTIAL ELEMENTS** of the Animal Organization—Potash and Lime;

**THE OXIDISING AGENTS**—Iron and Manganese;

**THE TONICS**—Quinine and Strychnine;

**AND THE VITALIZING CONSTITUENT**—Phosphorus; the whole combined in the form of a Syrup, with a **SLIGHT ALKALINE REACTION.**

**IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGOUS PREPARATIONS;** and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

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

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

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

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

## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, *in the property of retaining the Strychnine in solution*, and in the medicinal effects.

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

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

FOR SALE BY ALL DRUGGISTS.

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

MONTREAL,

**WHOLESALE AGENTS.**

Please mention "The Maritime Medical News."

DONAHUE (M.D.) ON FATAL POISONING BY POTASSIUM CHLORATE.—P. G., laborer, aged thirty-six, on October 17th, last, while under the influence of alcohol, asked his sister for a dose of medicine to relieve the excessive costiveness from which he was suffering. By mistake two large table-spoonsful of chlorate of potassium were given, shaken up in a tumbler-ful of water. Several glasses of beer were drunk by patient shortly after taking this dose.

Four or five hours subsequently violent vomiting set in. There were great pain and tenderness in the epigastrium, and intense pain complained of over the region of the kidneys. There were constant hiccough, great irritability, and querulousness, and inability at first to pass any urine. Ten hours after I first saw him, and eighteen hours after the ingestion of the poison, about three drachms of dark, dense urine were passed; on heating, it gave as complete a transition into albumen as might be expected on boiling the serum of a pleuritic effusion. A decided jaundiced hue was soon noticed to pass over the whole surface of the body, the lips and eyes becoming cyanotic. The pulse, except toward the end, was about 84 in frequency, but weak, compressible, and gaseous. Amid a general aggravation of all the symptoms, and especially of the restlessness and irritability, the patient passed away October 24th, one week after the poisoning. Post-mortem was refused. Treatment consisted in the use of gastric sedatives, stimulants, and mild uniritating diuretics, but no beneficial result whatever was obtained. The stomach-pump was used when patient was first seen, but as eight hours had elapsed from the taking of the poison very little of the latter was found in the glairy mucous fluid which that instrument removed.—*Univ. Med. Mag.*, Jan. 1892.

It is stated that the new United States *Pharmacopœia* will have the quantities in all the formulæ expressed in terms of the metric scale.

SUDDEN DEATH FOLLOWING A SLIGHT BLOW UPON THE LARYNX.—The following case of death ensuing shortly after a sharp, but slight blow on the larynx is of unusual occurrence: Eugene Bullock aged ten years, residing at Spokane, Wash., during recess at school, was watching some larger boys playing "zip" or "tip cat," when the "cat," a small, sharp-pointed piece of stick, struck him in the laryngeal region. The child gave a little cry, and started into the school-house to find his teacher. He got up the steps and into the hall, but fell to the floor in an unconscious state just as he reached the door of his classroom. He never regained consciousness, dying in half an hour from the receipt of the injury. Dr. C. E. Grove, who with other physicians saw the case very shortly after the accident, says that the only evidence of local injury was two small blue spots on the skin over the cricothyroid space; palpation failed to find any lesion. The parents would not allow an autopsy to be made. Dr. Grove suggests that death may have been due to an impression conveyed by reflex action to the respiratory and vascular centres through the recurrent laryngeal nerve.—*Occidental Med. Times*.

GONORRHOEAL CYSTITIS.—DuMesnil (*Virchow's Archiv.* vol. cxxvi, 1891, Part III) denies that there is such a thing as specific gonorrhoeal cystitis. When gonococci are found in the urine, they have, in all probability, entered with urethral pus, and are not new products developed from true specific inflammation of the vesical mucous membrane itself. In women, pus from the urethra or vagina might easily get into the bladder in this manner. DuMesnil maintains, on the strength of fresh researches, that gonococci cannot alter the composition of the urine, and that cystitis with ammoniacal urine is not produced by these germs. Indeed, the urine renders the gonococci harmless or kills them entirely.

**THE PHYSICIAN'S FINANCIAL STATUS.**  
—The *Medical Age* is very correct in its position when it states that it is a well known and deplorable fact that few physicians attain a degree of financial success which enables them at their demise to leave their families well provided for. It is usually contended that the ideal physician should be more or less of a philanthropist or humanitarian, and one result of this impression is to make the doctor's patients careless of attending to the doctor's fee. The fact that the physician himself is often a most inefficient business man helps to foster and perpetuate the laxity of the public in settling his bills.

**WHAT CONSTITUTES A MAN.** Dr. Lancaster, a London physician and surgeon, recently analyzed a man and gave the results to his class in chemistry. The body operated upon weighed 154.4 pounds. The lecturer exhibited upon the platform 23.1 pounds of carbon, 2.2 pounds of lime, 22.3 ounces of phosphorus, and about one ounce each of sodium, iron, potassium, magnesium, and silicon. Besides this solid residue, Dr. Lancaster estimated that there were 5,595 cubic feet of oxygen, weighing 12.1 pounds; 105,900 cubic feet of nitrogen in the man's body.—*Journal of Bacteriology*.

**MALPRACTICE AND MORPHINE.**—A South Dakota court has now before it a suit for money damages against a physician who, it is alleged, has by continuous hypodermic injections of morphine, rendered a patient a mental and physical wreck. The action is brought by the wife, who states that she has been deprived of her support through the improper treatment of the physician. This is a novel case, and yet foreshadows what may be a long line of malpractice suits, for there is little doubt that the morphine habit is growing, and that physicians are sometimes responsible for the sad results.

**ON THE TOXIC SYMPTOMS FROM PHE-NACETIN.**—These follow the same general type that characterizes all of the coal-tar products. Profuse sweating, epigastric pains, nausea, vomiting, faintness, vertigo, sensations of cold, etc., have all been observed.

One gramme, taken for migraine, has produced vertigo, nausea, and trembling. The head-pains increased, while after a new dose all these features were increased and cyanosis added. If the kidneys are affected, large doses may precipitate uræmic symptoms by leading to a complete suppression. A daily dose of five grammes has also caused a febrile exanthema. The patches were profusely scattered upon the limbs, but were scanty on the trunk. They disappeared on pressure. There were at the same time headache and a flushed face. All of these accidents are, however, less frequent and less marked than with acetanilid or antipyrine.—*L'Union Médicale*, Dec. 22, 1891.

THE late Sir George Paget was rather concise and to the point in giving professional advice. The gardener of a friend of mine went to consult him in Cambridge for acute dyspepsia. It was elicited that the man always took two large cups of tea with his meals, and that he was accustomed to eat rather rapidly. These two facts were quite sufficient in Sir George's eyes, and he somewhat laconically dismissed the case with the following advice, "Break one of your cups and chew your food."—*Nursing Record*.

Dr. W. T. JENKINS has been appointed Health Officer of the Port of New York, to succeed Dr. Wm. M. Smith. Dr. Smith has held the office ten years, owing to the fact that State senators could not agree with the nominations of the successive governors. The office is now a salaried one, worth \$10,000 a year. It was formerly a fee office, worth from seventy-five to one hundred thousand dollars annually.

**BURRELL (H. L.) ON ABSCESSSES IN POTT'S DISEASE.**—Efficient mechanical support of the spine is the prime factor in the treatment of caries of the spine associated with abscess. Under an expectant plan of treatment some abscesses will disappear. The indication for operative interference is a steady or rapid decline in the patient's general condition. The operation should consist of thorough evacuation of the abscess and establishment of drainage from as near the seat of the disease as practicable.—*Med. News*, Dec. 12, 1891.

**AN ASSIGNMENT.**—“Mr. Collum,” said the city editor to one of his reporters, “do you drink?”

“No sir.”

“I wish you would acquire the liquor habit, for I want you to make a personal test of one of the new specifics for drunkenness and write it up in good style.”—*Judge*.

**A SUIT FOR DAMAGES WITH A MORAL FOR DRUGGISTS.**—Mr. Edward J. Price, of Brooklyn, sued Pharmacist Charles R. Avery for \$10,000 damages, claiming that in a prescription sent to Avery's store for: Pot. bromide, ʒ vi; chloral hydrate, ʒ iv; syr. tolu, ʒ i; aqua q. s. ad ʒ vi; the filler of the prescription substituted bichloride of mercury for chloral with effect of rendering the patient violently ill. The jury brought in a verdict against the defendant for \$4,000.

## REVIEWS AND BOOK NOTICES.

The physician's visiting list for 1892. P. Blakiston, Son and Co., Publishers, Philadelphia.

This well-known visiting list is one of the best, is well supplied with pages of important, concisely put, information, and we recommend it to those looking for a handy visiting book.

Price for 25 patients per week \$1.00 : for 50 patients per week \$1.25, etc.

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The POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is beginning the tenth year of its existence under more favorable conditions than ever before. Its classes have been larger than in any institution of its kind, and the Faculty has been enlarged in various directions. Instructors have been added in different departments, so that the size of the classes does not interfere with the personal examination of cases. The institution is in fact, a system of organized private instruction, a system which is now thoroughly appreciated by the profession of this country, as is shown by the fact that all the States, Territories, the neighbouring Dominion and the West India Islands are represented in the list of matriculates.

In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in those branches in our own Hospital. An out-door midwifery department has just 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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- Diseases of the Nose and Throat.*—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.
- Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M. D.
- Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.
- Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M. D., Graeme H. Hammond, M. D.
- Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D., J. West Roosevelt, M. D.
- Surgery.*—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phelps, M. D., Robert Abbe, M. D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M. D.
- Diseases of Women.*—Professors McEvers Emmet, M. D., Horace T. Hanks, M. D., Charles Carrol Lee, M. D., J. F. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.
- Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.
- Diseases of Children.*—Henry D. Chapiu, M. D., Jos. O'Dwyer, M. D., LL.D., J. H. Ripley, M. D., Aug. Cahill, M. D.
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For further information please call at the school, or address **CLARENCE C. RICE, M. D., Secretary,**  
**F. E. FARSELL, Supt.** 225 East 20th Street, New York City.

### THE PHYSICAL EFFECTS OF CHILD MARRIAGE IN INDIA.

In the *Medical Missionary Record* is published the memorial of fifty-five lady physicians to the Viceroy and Governor-General of India. In their petition the following instances of the results of such marriages have come under the personal observation of one or another of the petitioners:

A. Aged 9. Day after marriage. Left femur dislocated, pelvis crushed out of shape, flesh hanging in shreds.

B. Aged 10. Unable to stand, bleeding profusely, flesh much lacerated.

C. Aged 9. So completely ravished as to be almost beyond surgical repair. Her husband had two other living wives, and spoke very fine English.

D. Aged 10. A very small child, and entirely undeveloped physically. This child was bleeding to death from the rectum. Her husband was a man of about forty years of age, weighing not less than eleven stone (154 lbs). He had accomplished his desire in an unnatural way.

E. Aged about 9. Lower limbs completely paralyzed.

F. Aged about 12. Laceration of the perineum extending through the sphincter ani.

G. Aged about 10. Very weak from loss of blood. Stated that great violence had been done her in an unnatural way.

H. Aged about 12. Pregnant, delivered by craniotomy with great difficulty, on account of the immature state of the pelvis and maternal passage.

I. Aged about 7. Living with husband. Died in great agony after three days.

K. Aged about 10. Condition most pitiable. After one day in hospital was demanded by her husband for his "lawful" use, he said.

L. Aged 11. From great violence done her person, will be a cripple for life. No use of her lower extremities.

M. Aged 10. Crawled to hospital on her hands and knees. Has never

been able to stand erect since her marriage.

N. Aged 9. Dislocation of *pubic arch*, and unable to stand or to put one foot before the other.

In view of the above facts, the undersigned lady-doctors and medical practitioners appeal to Your Excellency's compassion to enact or introduce a measure by which the consummation of marriage will not be permitted before the wife has attained the full age of fourteen (14) years. The undersigned venture to trust that the terrible urgency of the matter will be accepted as an excuse for this interruption of Your Excellency's time and attention.

Signed by fifty-five lady physicians.  
—*Buffalo Med. and Surg. Jour.*

CHICAGO physicians have started an organization representative of the entire profession for the purpose of entertaining members of the profession visiting the World's Fair. A medical headquarters will be established as a central general utility point. Special courtesies will be extended to special visitors.

MELANGE. — The Societe Medicale des Hopitaux offers a prize of twelve hundred francs (two hundred and forty dollars) for the best essay upon the Artificial Feeding of Infants. Papers in competition must be in the hands of the Secretary of the Society before the 1st of July, 1892.

Sick Man—I want a drink of gin, and I will have it!

Minister—But, sir, you are dying. You can't expect to be received within the golden gate with the smell of gin on your breath.

Sick Man—Pshaw! I'll have stopped breathing before I get there.—*Phar. Era.*

Aha! I catch you buying a porous plaster, do I? I thought your devotion to fresh-air theories would bring you to this!

"It ain't the plaster that does me good," answered the crank; it is the ventilation obtained through the holes.  
—*Indianapolis Journal.*



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It is readily assimilated and promotes digestion.

Dr. B. H. BOYD, Lafayette, Ind., says: "I have used it in several cases of nervous exhaustion, with uniformly good results.

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FROM ALEXANDER W. MACCOY,

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PHILADELPHIA, PA., October 3, 1889.

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