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

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

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

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

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

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

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

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

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

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VI. HALIFAX, N. S., JANUARY, 1894. No. 1.

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Original Communications.

Report of a Case of Lacerated Cervix with Trachelorraphy.

[Read before the St. John Medical Society, August the 20th, 1893, by FOSTER MACFARLANE, M. D.]

This paper may be considered a sequel to one read three years ago, before the New Brunswick Medical Society. The title of that paper was, "Some effects of laceration of the cervix uteri, and the importance of an early operation for its repair."

Before reporting the case I wish to make a few remarks in reference to and in defence of the position I took on that occasion.

In that paper I tried to point out some of the effects such an injury might induce directly upon the uterus and its appendages, or through reflex influence on other organs more remote; and one point I tried to emphasize was in view of its relations to cancer of the uterus. For it has been shown beyond a doubt that there is a transition stage from granular and cystic degeneration (and more often the latter) to that of epithelioma in very many cases. Of this we have no doubt, but the point to determine is, when it is benign and when malignant. Even at the present day, with all the light of the most careful pathological research, it is sometimes difficult to decide whether the condition be one of excessive proliferation merely, or whether the cell type has changed. Sometimes the border line is very indistinct, and here the microscope comes into play. If you should ask at what period of life is this change most likely to occur, I would say after the menopause, as this is rightly regarded as the period of degenerative rather than inflammatory process. When I wrote my former paper I laboured at a disadvantage, owing to the lack of information on the subject at that time. Since then, however, the matter has been pretty well investigated, and consequently a vast amount of literature has accumulated, "so that he that runs may read." I was as fully impressed at the time of writing my former paper with the magnitude of the subject as I am now, owing to

opportunities of observation at the bedside of patients in a private hospital for diseases peculiar to women, and by the experience and teachings of one, who, although not the first to point out the relation of a lacerated cervix to cancer, yet he did much by studying the subject to confirm what had already been claimed by others, and assisted them in giving it the place it now has in the field of pathological literature.

Dr. A. Lapthorn Smith, in the February number of the "Canada Medical Record," strongly emphasizes this point referred to in my former paper, under the heading, "The importance of the early diagnosis and repair of lacerations of the cervix uteri, especially in view of their relation to cancer of the uterus." He says: "The above topic for my paper has been suggested to me over and over again, each time that a case of cancer of the uterus has come to me, generally in a condition too far advanced to permit of my extending any hope of cure by any operation known. Every one of these cases was at one time a simple lacerated cervix." "Just as there is a tide in the affairs of men, which taken at the flood lead on to fortune, so there is a stage in the history of lacerated cervix at any time before which a simple and harmless operation will effect a perfect cure, but a very little time after which nothing short of a difficult and serious undertaking holds out the slightest hope of the same result. There is one day in the progress of the case when it is lacerated cervix and the next day it is uterine cancer." Again, Dr. Smith says in the same article: "It is my candid opinion that when every case of lacerated cervix in the country has been repaired, cancer of the cervix will be a thing of the past."

Goodell says: "In its earliest stages a carcinoma of the cervix usually appears as a hard nodule under the mucous coat of a torn cervix. Soon this breaks through its envelope and forms an open and indolent ulcer."

Emmett British Medical Journal, 1886, page 910, "also relates a case," says Dr. Smith, "which bears out my contention, that laceration of the cervix is the commonest cause of cancer."

I might cite the opinions of other observers who have strong convictions touching the point in question, but my space will not admit of my doing so.

Why I have selected this subject again this evening, is in view of the fact that my former paper, with but a solitary exception, provoked no discussion, and the gentleman who did move in the matter said that "he did not think that the results of the accident were so grave as I had represented, and that such a lesion did not amount to much." So in defence of the stand I took at that time, I return to some points connected with the subject again this evening, which I hope to touch in the following report:—

Mrs. M——, aged 32, native of N. B., resident of Fredericton, married at the age of 25, good family history, mother of three children; eldest child 6 years, youngest three and a-half years; always had good health until after birth of first child. The labor was tedious, necessitating the use of forceps. After the birth of second child was treated she said, for uterine disease. The Doctor did not say what the trouble was. At the time complained of sacral and inguinal pains, distressed feeling on top and back of head and neck, anorexia nausea and dyspepsia accompanied with leucorrhœa and general nervousness. After a time she improved somewhat, and again became pregnant. After her third child was born her health remained very much impaired. She was very nervous she said. Had pains in sacral and inguinal region, which at times were very severe. Had distressed feelings in head, loss of appetite, dyspepsia, nausea and leucorrhœa, and very irritable. She continued in this condition until August, 1890, when she was seized with chills and pelvic pains, and some swelling of

abdomen. This attack kept her in bed for three weeks, when she had a discharge from the vagina of a sanguino-purulent character. After this attack she did not seem to gain strength. In the following October had another similar attack, but not quite so severe, and was not followed by so copious a discharge but similar in character. This necessitated her remaining in bed for four weeks, after which she improved slowly and was able to do a little house work up to the fifteenth of December, when she had another similar attack, which compelled her to keep her bed until the twenty-sixth of April, 1891. Was up after that for three weeks, but was unable to bear any weight on her left foot, and was obliged to use crutches.

Saw her in consultation with her family physician February the 2nd, 1891, during the interval she was confined to her bed. Made a very careful examination by conjoined manipulation, but did not find, as I expected to, any remains of periuterine inflammation, no exudates, nor enlargement or thickening of the tubes. The mobility of the uterus did not seem the least impaired. There was none of that glueing together of the pelvic organs in that promiscuous fusion, which we expect to find after periuterine inflammation. The results of that part of the examination were negative, with the exception that the uterus itself appeared quite tender to touch and somewhat larger than normal, and on the left side of the os there was found quite a marked depression, signifying the probability of a lacerated cervix. The patient was changed from the dorsal to the left lateral or Sims' position, and the speculum revealed an extensive rent on the left side of the os, extending over the crown, almost up to the junction of the vaginal mucous membrane, and when the parts were rolled back in situ it was found about an inch in length. There was also discovered a large plug of that glairy tenaceous mucus, so characteristic of endocervicitis, protruding from the os. On drawing the mucus out it was found mixed slightly with what appeared to be pus. The uterus was abnormally large, but I have forgotten the measurement.

Diagnosis: Lacerated cervix, superinducing subinvolution, with probably more or less areolar hyperplasia and accompanied with endocervicitis and endometritis. In view of what was learned from the history of the case we expected to find evidence of pyosalpinx, but in that we were mistaken.

The treatment advised was one preparatory to operation, as it is, we believe, an unjustifiable procedure to operate on a patient in the condition ours was in at the time. The treatment advised was first to arrest the degeneration process in the wound in the cervix. This to be accomplished first by punctures; thus unloading the capillaries and relieving the engorgement of the parts and the applications of tampons saturated with one part boroglyceride, one part alum and fourteen parts glycerine, and later with glycerole of tannin. At the same time once a week the application of Churchill's compound tincture of iodine, not only to the wound, but also to the cervical canal and the interior of the uterus, and the employment twice daily of the hot douche, say from one to two gallons of water at a temperature varying from 112° to 120° F. In regard to the warm douche allow me to say a word. If we simply give directions to the patient or nurse to use a hot water injection, she will invariably do so by using an ordinary Davidson's syringe, and the position she will assume will be the sitting posture over a vessel, and using water a little warmer than tepid. This I am convinced is a great mistake. We should always give special directions how it is to be used, for the success of the treatment depends largely upon

the temperature of the water and the way it is applied. In order to get the therapeutic action of the douche the fountain syringe should be used and the water at the temperature named above. The patient should assume the dorsal position with the hips elevated at least five or six inches higher than her shoulders and thus enable the abdominal viscera to gravitate towards the diaphragm and thus allow the water to rest in considerable quantity against the uterus. In this way the therapeutic action of the hot water can be obtained. And just here we might say, that two or three months are well spent in this way, in preparing for the operation. For the success of the operation depends largely upon the condition of the patient at the time of operating, as it is necessary to have primary union, for should the union be secured by granulation a hard cicatrix is formed, and another rent will be almost certain to follow the next labour. The warm douche should be used three or four times daily for a few days before the operation, that the parts may be thoroughly cleansed and rendered in a degree bloodless, and thus avoid hemorrhage and its debilitating effect at the time of operating.

The treatment that was agreed upon was faithfully carried out by the attending physician, and improvement noted from time to time. Saw the patient again in July and found some improvement of symptoms, but not so satisfactory as might be desired. She was still suffering from sacral and ingunal pain, and some remains of the granulations in the angle of the tear in the ceroix, and a muco-purulent discharge from the uterus, but much less in quantity than when she was last seen. It was thought best to delay the operation a little longer. As there was still symptoms of endo-metritis, the uterus was curetted and irrigated with a weak solution of bi-chloride and treatment continued until the 22nd day of August, when the parts were considered in a very fair condition for operation. This was done under æther narcosis. The patient was placed in Sims' position, and with Sims' speculum and retractors the parts were brought into view and held with forceps by an assistant. The parts were denuded in the ordinary way with curved scissors. The lower part to be denuded was seized by a tenaculum which caught up the mucous membrane at the point at which it was to be removed, and the scissors engaged the tissue behind the tenaculum, and a strip was removed as far up in the canal as was deemed necessary, and this process continued until the whole under surface was denuded, leaving only sufficient undenuded surface in the mucous membrane to form a canal. The same was continued on the upper surface. After this was completed, quite a large piece of cicatricial tissue was removed from the angle of the laceration. Wire sutures were employed in bringing the parts together. A short, straight needle, armed with silk thread, was used to draw the wire in position. The needle was inserted one-eighth of an inch from the edge and brought out on the canal side directly at the edge of the undenuded surface. After the stitches, four in number, were placed in position the operation was finished by shouldering and twisting the wire on a shield until the parts were brought gently together. No hemorrhage occurred to any extent during the operation, owing, I think, to the precaution of using the hot douche immediately before commencing. After flushing the vagina with a weak solution of bi-chloride the patient was placed in bed, and the nurse instructed to irrigate the vagina daily with a one per cent. solution of carbolic acid. The sutures were allowed to remain thirteen days, and when removed union was found complete. On the following day, the patient feeling anxious to know her condition, arose from her bed unknown

to her nurse, without assistance, and walked across two rooms to get to a window that looked out on the street. This was the first time she had walked without crutches for nine months, and during a large portion of that time she was unable to walk even with the assistance of crutches. She made a fair recovery, and has been able to attend to her household duties since, except for about a fortnight, eighteen months after the operation, at which time she gave birth to a healthy child without return of her former malady.

Hysterical Conditions, with Clinical History of a Case.

By A. Halliday, M. D., Stewiacke, N. S.

Every physician who has been in practice for any length of time must have come across cases of bed-ridden women, whose lives were being hopelessly wasted, and who were useless members of society; and such physicians must, as I have, felt humiliated by the sight, and more or less disappointed with medicine as a science and an art.

In this short paper I do not pretend to give anything new, either in symptoms, diagnosis or treatment, but my object is to draw more attention to such cases, for it is my strong conviction, judging both from my own experience and that of other medical men, that too little is done in regard to the prophylactic treatment of hysteria (so called), and the affection is often allowed to run its own course till it is too late to do anything, or rather, I should say, till the disastrous consequences of ruined and wasted lives have already presented themselves.

The clinical history of the case I am about to relate is one which gives great encouragement to persevere steadily with a proper form of treatment, and has impressed two facts on my mind, viz: (1) the necessity for prophylactic treatment, and (2) that a case has never gone too far to be beyond the stage of being remedied, or at least our conscientiously trying to do so.

I must here take exception to the term "hysteria" as being the proper one by which to designate this case and such cases generally.

There may undoubtedly be in many such cases ovarian tenderness, and we may even admit the following extract from Hammond: "Indeed so common is it to find ovarian tenderness in hysterical women, that I am almost disposed, with Chairon, to regard the condition as a pathognomonic sign."

What then of those cases of hysteria occurring in male subjects? It would be interesting to know if there is tenderness in the testicles.

Such conditions in text books are described under the head of cerebro-spinal diseases, and consequently the misleading term hysteria (from Greek husteros=the womb) would be well supplanted by such as is designated by Hart and Barbour in their Gynæcology as "nerve prostration," or by the term of "neurasthenia." (Greek neuron = a nerve, a = without sthenos = strength.)

That this condition should most frequently make its appearance at the age of puberty and in the female sex is not at all surprising, and is no proof whatever that it is connected with any morbid condition of the uterus or its appendages. Indeed Hammond states positively that "hysteria contributes absolutely nothing to the science of morbid anatomy."

This is not surprising when we consider (1) the more weakly organized physical constitution of the female sex, and (2) the important series of phenomena which occur at the period of puberty, when extra demands are being made on what is perhaps an already weak constitution and while what we may call a nerve storm is raging both in the cerebro-spinal and sympathetic systems.

The fact that the disorder does so often make its appearance then is exactly the reason why it is often overlooked, and what might have been done in the way of valuable prophylaxis is neglected.

The ailment is often scouted by the medical man and laughed at by the friends, and the girl's troubles are stigmatised as being imaginary. They may be, so far as pathological anatomy is concerned, but they are a reality to her, and in order to force her condition into prominence with her friends and associates she begins to hug her ailments and exaggerates them to malingering."

When a young girl is brought to a family physician suffering from some slight menstrual derangement or other functional disorder coincident with the physiological reaction at puberty the condition ought to be properly appreciated and treated not only with an eye to the present condition but also from a prognostic and prophylactic point of view.

How often do we come across cases of young women advanced in tubercular, neurotic and other diseases whose illness commenced at the age of puberty, and who consulted a physician, who told them it is their time of life that is troubling them, that all girls suffer, and that they will soon get over it.

Surely this is a wrong and unscientific method of treating the condition, and undoubtedly the physician is culpable.

I believe that this is the time at which a great deal can be done to prevent the development of the disease, and although we may thoroughly appreciate the doctrine of the survival of the fittest and agree that the majority of these growing girls do ultimately arrive at the goal of perfect health without any treatment, still we must not forget that our duty is to help with advice, and medicine if necessary, to cultivate the strength of the weak and fit them also for the struggle.

When such cases do come under our notice we ought to adopt a tonic line of treatment, and exhibit, if called for, such valuable remedies as iron, strychnia, &c.

We well know how baneful it is to allow any tissue or organ to take on an abnormal growth of function and how much more difficult it is to eradicate such action when it has become chronic, and just so is it in the condition which we have under consideration.

Again, there is no necessity for rushing to the opposite extreme and regarding the temporary physiological disorder as one of disease and so unnecessarily administer remedies in needless cases, but by a judicious selection of such cases as do require assistance, I think we may do a great deal towards tiding over a crisis and of rendering healthy an individual who would otherwise be a languishing invalid.

But what I consider to be equally as necesary to successful treatment as such drugs mentioned is the careful attention to the moral nature of the patient, and I am inclined to think that moral suasion is the more important of the two.

We ought in the first place to win the confidence of the patient by taking an interest in her case, by giving our best attention to what may be to us her imaginary illness

Having obtained as fully as possible her confidence we must then let her see that we really wish to benefit her, and this can best be done, to my mind, by explaining as fully as circumstances will admit the condition she is in, and to teach her so to educate her will power that she may have full control of her emotional nature.

In such cases the physician has to assume the role of instructor, and has to advise with regard to her moral as

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JOHN WYETH & BROTHER.

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

C. E. DuPONT, M. D.

Grahamville, S. C.

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

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well as her physical constitution. In this both a great deal of tact and judgment is required.

As you all know, there are many causes of hysteria, but I will only mention two. The first is heredity.

In all such cases where the family history is not known it is well to make enquiries, as in this way danger signals and helps to diagnosis may be found, and where it is known that in other members of the family there is a tendency to neurotic affections the fact should be taken due cognizance of and means adopted towards the building up of the constitution generally and the nervous system specially.

In the event of the disease occurring in married females, I may draw attention to the fact that the practice of abortion is sometimes a cause, for I have seen two such cases, one of which came under my notice recently. It is well, therefore, to make enquiries in this direction.

In conclusion I would again urge the necessity of treating such cases carefully at the start. The difficulty arises not so much in not knowing *what* to do, but simply from the not perseveringly trying to do.

Clinical History of a Case.

The only remarkable feature in this case is the long duration of it.

Mis C——, aged 45, is tall, spare, but fairly well nourished, though weak and anæmic.

Family history: Mother died of apoplexy; father suddenly, cause unknown. One sister died insane, while another, although compos mentis, is certainly of a highly strung nervous temperament, and although there is nothing approaching mental obliquity, is very excitable, with a decided tendency towards hysterical faints on slight causes and is unreasonable and extreme in her likes and dislikes.

Personal history:—The patient was perfectly healthy up till the age of 14, and was considered quite a strong girl, but very tall for her age. In her 14th year she was taken suddenly ill with chills and pains in the bowels and had a feverish attack. From her description it would seem that the pain was pretty general over the abdomen. She was in this condition for about four weeks before a doctor saw her, and he told her parents that she was suffering from "inflammation of the lining of the bowels" (peritonitis ?). She became very weak and for a considerable time was unable to retain anything on her stomach, and she also fainted several times. Her bowels were very much distended (flatulence, I presume.) During the first year of her illness she required to have her urine drawn off with a catheter owing to paralysis of the bladder. For this condition electricity was employed. Previous to the commencement of the attack she had menstruated regularly. This now ceased for about two years. She has been regular in that respect ever since and still continues so. She was seen some months after her illness began by two medical men. The one advised that she be encouraged to walk about, while the other advocated rest. (This is the patient's statement.) She adopted the advice of the latter to the fullest extent possible, for she practically stayed in bed during the next thirty years. During the first seventeen years of her illness she suffered greatly from constipation, but three years ago she had an attack of typhoid fever, and since then her bowels have been more regular. She states that the reason why she never walked was because "the least attempt at stepping would jar and pain her in the abdomen and turn her sick at the stomach." Any excitement would always make her worse. She has suffered much from neuralgia and her appetite has always been poor. Trivial causes would bring on showers of tears and she had the general peevish disposition common to chronic invalids, but when drawn out of herself she was

bright and intelligent above the average, in fact she did the most of the planning for the whole household.

Such is her history up till the time I saw her in January, 1892. She was then suffering from violent neuralgia, which rapidly disappeared on the exhibition of phenacetin.

Her condition then was this: Her patellar tendon reflex was slightly exaggerated; sensation and motion perfect; all her organs were organically healthy as far as I could discover, but there was considerable hyperaesthesia over the whole of the abdomen and not localized specially over the ovaries. She also complained a great deal of burning sensations in abdomen. The only other condition of note was the heart. There was no valvular affection. On one occasion I found the pulse beats 112, but it is rarely under 120.

In April of last year she had a feverish attack, which at first I supposed to be la grippe, but which simulated typhoid in all except the rash and diarrhœa. Her temperature reached 104 and her pulse 160. After three weeks she became convalescent and then returned to her former condition. Treatment was chiefly symptomatic.

I was convinced that the whole thing was a case of hysteria, especially from the family history, and I accordingly began treatment by gaining her confidence, shewing her I was interested in her case and telling her positively that I could cure her and have her walking. I simply gave tonics such as ferri phos co, ferri iodid, nux vomica &c., only varying the preparations; also strophanthus for the cardiac condition. I employed electricity to the abdomen, spine and legs, and gave liniments to ensure thorough massage of the muscles and tendons. The flexor tendons of the knee and ankle were very much contracted simply from disuse.

On June 1st, 1892, she stood on her feet for the first time in 31 years, during which she had lived in bed most of the time, being only now and again able to sit in an invalid chair. I advised her at first to have very high heels on her boots (about 3 inches), and gradually as the contraction was overcome took off layers of leather. They are little more than 1 inch in thickness now.

The patient is able to walk all over the house, up and down stairs, and even out in the garden; in fact she is on her feet nearly all day attending to simple household duties, and though still weak, is steadily gaining.

The case is certainly interesting, although simple, as one does not often find one of such long duration reaching such a successful issue, and certainly encouraging in its results.

A Case of Acute Rheumatism Ending Fatally.

C. P. Bissett, M. D., St. Peters, N. S.

On October 20th I was called to see W. L., aged 16, who complained of violent pain about right knee and hip. Pulse 140, temp. 104.5. Violent delirium and insomnia marked. Tongue, red and of a glazed appearance. I did not venture a diagnosis at that time, but on the following day, when several other joints had become involved, I stated to the friends that the malady was of the nature of acute rheumatism. The salicylate of soda in ordinary doses was prescribed freely, and digitalis and whiskey given in combination to combat a rapidly failing heart. This was on the 20th Oct., the second day of my attendance and eighth of the disease. Up to this time I had been able to exclude any heart trouble, but on revisiting on the 23rd I found murmurs at almost every valve; pulse 160, temp. 105. Violent cough appeared in a day or so, and a severe attack of pleurisy was declared. Cerebral symptoms of hyperpyrexia succeeded, and a fatal issue was the result on the 26th.

The ordinary treatment failed to relieve even the pain, and for this latter I had to administer opiates. Quinine and antipyrine had no effect in reducing the temperature. Wet cloths were kept applied to the head, and seemed to calm the nervous symptoms.

I should have liked to have tried the cold bath or wet pack, but I was dealing with people who dreaded cold in every form, and had death followed either of those measures they would certainly have attributed it to the treatment.

Double Ovarian Cyst.

By EDWD. FARRELL, M. D.

The following case, operated on a few weeks ago, is one of some interest and of sufficient importance to warrant me in giving an account of it to your readers. It illustrates in a marked degree the difficulty of diagnosis in cases of abdominal tumor.

To differentiate between an ovarian cyst and other causes of abdominal swelling is often very difficult. Operators of any experience soon learn that few cases present themselves that are not more or less complicated. Indeed it has become a surgical aphorism, that "one never knows what condition is to be met with in an abdominal operation until the cavity is opened."

This case, taken from the notes of Dr. Finn, was one in which there was a large collection of fluid in the peritoneal cavity with two multilocular ovarian cysts, one springing from each ovary growing towards each other, embracing and united to the top of the uterus as they grew over it.

E. B., widow, aged 45, was admitted to the Halifax Infirmary Oct. 7th, 1893. She has been a widow eleven years, never had any children. Menses always regular up to last March, with a slight "show" in April and May, when the menopanse occurred. Bowels regular, appetite fair, digestion good. She had always enjoyed good health. Her father died at 52 of asthma. Mother living, age 79. One sister died after an operation for an ovarian tumor, performed in an American hospital.

The tumor first manifested itself with some pain and uneasiness in the lower part of the abdomen in March, 1893, but the abdomen did not begin to enlarge until June. and has grown to its present size in four months.

On examination the abdomen was found to be about the size of pregnancy at term, but without the distinctive features of either ascites or ovarian cyst. The presence of fluid was marked and towards the median line, and on either side of it a large hard mass with two lobes and a deep sulcus between them could be felt. There was dullness over the whole of the lower half of the abdomen and in the right flank, but the left flank was somewhat resonant. On elevating the hips and depressing the shoulders the fluid gravitated to the upper part of the abdomen, and the solid masses became much more prominent below. The vaginal examination gave an equivocal result; the uterus was found high up and anterior; the sound passed two and a-half inches; vaginal roof soft and yielding; a large hard mass could be felt on the right side, apparently intimately connected with the uterus. While the sound was in the uterus any movement of the mass in the abdomen moved the handle of the sound freely. She was examined by Drs. Parker and Black in consultation, and we decided to make an exploratory operation, expecting to meet a uterine myoma with peritoneal fluid.

The operation was performed on Oct. 11th, with the greatest care as to antiseptic precautions. When the peritoneum was opened a very large quantity of fluid escaped. After the abdomen was emptied of fluid a large firm mass made up of two lobes presented itself. It was evidently cystic, in part at

least. There were no adhesions. The lower end of the incision was enlarged and the tumor was found, apparently to have its origin by a broad base from the top of the uterus along the broad ligaments and ovaries. After considerable manipulation we found a pedicle arising from each ovary. Then, with a little difficulty, after emptying some of the larger cysts, I was able to separate the mass into two lateral halves. The attachment to the fundus was very firm, and the separation involved a good deal of hemorrhage, easily controlled however by transfixion ligatures. The pedicles were tied in sections with silk. The subsequent steps of the operation were as usual. She recovered well from the shock. No vomiting. Weak milk and water given on the second day. Bowels moved with enema on the fifth day. Stitches removed on the 10th day. Her further progress was without incident. She was up and about on the 27th, and two weeks afterwards went home.

CARBONATE OF GUAIACOL.— The value of guaiacol in the treatment of tuberculosis is now fully recognized. The drug, however, has many disadvantages, both as regards taste and smell, and more especially as to the disturbances of digestion which it is likely to cause. Carbonate of guaiacol has therefore been recommended as in a great measure free from these disadvantages. Carbonate of guaiacol is a fine crystalline powder, free from odor, tasteless, and insoluble in water, but slightly soluble in alcohol, ether, chloroform and benzol. Therapeutically it possesses all the properties of guaiacol, but, as already said, none of its disadvantages. MM. Seifert and Koelescher, who have prescribed the drug to sixty patients suffering from various forms of tubercle, speak highly in its favor and prefer it to creosote for the following reasons: Carbonate of guaiacol is not so irritating to the mucous membrane of the digestive tract; the gastric juice of healthy people has no effect upon it, and it is therefore not decomposed until it enters the intestine, where carbonic-acid gas and guaiacol are set free. The stomachs of tuberculous subjects, however, according to MM. Seifert and Koelescher, contain large numbers of saprophytic organisms, and the drug is decomposed more rapidly, the free guaiacol preventing the further development of bacteria and so improving the digestive power of the stomach. The free guaiacol is absorbed rapidly, appearing in the urine within half an hour to an hour after its administration. As the carbonate is only slowly decomposed, a uniform distribution of guaiacol throughout the intestinal juices can be obtained. Dogs and cats can take doses of 75 grams without any dangerous symptoms. Patients can be given 6 grams within twenty-four hours without discomfort, taken in divided doses. MM. Seifert and Koelescher likewise state that the blood of tuberculous patients contains pathological ingredients which cause hectic, night sweats, etc. Guaiacol unites with these bodies and forms inoffensive compounds, with immediate relief of the symptoms.—*Lon. Lancet*

THE CONTAGION OF MUMPS.—(1) The duration of the period of incubation in mumps is, in the majority of cases, from 18 to 22 days, but may vary from 8 to 30 days. (2) Mumps is contagious, especially during the period of incubation, but is transmissible after cure for a period as yet undetermined. (3) The blood and fluid extracted from the parotid and the testicle contain a special microbe, which appears to be pathogenic, but the negative results of incubation upon animals hold this point in abeyance. (4) The angina and swelling of the sub-maxillary glands constitute at times the initial manifestations of the disease.—*Le Courrier Medicale.*

Maritime Medical News.

JANUARY, 1894.

EDITORS.

D. A. CAMPBELL, M.D. .... Halifax, N.S.
J. W. DANIEL, M.D., M.R.C.S. .... St. John, N.B.
MURRAY MACLAREN, M.D., M.R.C.S.. St. John, N.B.
JAMES MACLEOD, M.D .... Charlottetown, P.E.I.
JOHN STEWART, M.B .... Pictou, N.S.
G. M. CAMPBELL, M.D .... Halifax, N.S.

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

THE MARITIME MEDICAL NEWS has passed through the trying stage of infancy—five years having now elapsed since its first appearance.

In commencing another year we think it well to call attention to a few points in its history.

The NEWS first appeared as a bi-monthly in November 1888,—and as monthly in January, 1891.

To Dr. A. Morrow the late manager, must be given the credit for placing the journal on a firm foundation. His departure from Nova Scotia was not only a matter of regret to those more immediately associated with him in this venture, but to the profession generally, who always found him an active and earnest advocate of every measure calculated to advance their interests.

We are pleased to record that he is meeting with an unexpected measure of success in his new home, and that his future prospects seem bright.

The present manager feels that he cannot do better than to work along the lines laid down by his predecessor.

The main object of the journal has been to render service to the profession by making common property the results of clinical experience in diversified fields, the preservation of the transaction of local and provincial societies, and the advancing of measures designed to improve the status of the profession.

In these respects we have not been wholly unsuccessful and from various quarters have received warm words of encouragement.

To further these ends we ask the co-operation of the profession generally, but more especially of the secretaries of all medical societies within our constituency.

During the coming year a larger amount of space will be set apart for selected matter than has been possible in the past, and much greater care will be exercised in the choice of material.

NOTICE.

The Fourth Annual Meeting of the Maritime Medical Association will be held in St. John in July next. It is to hoped that not a few will take this notice to heart, and will at once begin the preparation of papers for this meeting.

GEO. M. CAMPBELL,
Hon. Sec. M. M. A.

Correspondence.

Editor Maritime Medical News:

NEW YORK, Dec. 8.

SIR,—In Dr. Smith's interesting communication on Post-Graduate Medical Instruction in New York, which appears in your Journal for December, 1893, there are some errors which I beg you to permit me to correct.

I premise this by saying I have no idea that the doctor intended to injure the Polyclinic but unfortunately he has accepted statements as true which are well known to be incorrect.

Dr. Smith named some of the post-graduate schools in the United States and added "of all these the Post-Graduate Medical School of New York as the first." On page 617-618 of the *New York Medical Record* for Nov. 29th, 1890, appears this letter.

"Sir, in your issue of Nov. 15th, Dr. D. B. St. John Roosa, writes, "Seven members of the faculty of the university of the city of New York resigned their positions at that institution on April 4th, 1882, for the purpose of founding a Post-Graduate Medical School." We the undersigned during the winter of 1881-82 organized and accepted professorships in the New York Polyclinic and opened this school in November, 1882. From the incipiency of the organization it was the express intention of its founders to conduct it as a clinical school for practitioners of medicine and surgery.

(Sgd.,) J. A. WYETH, M. D.
VIRGIL P. GIBNEY, M. D.
LANDON C. GRAY, M. D.
E. GRUENING, M. D.
W. GILL WYLIE, M. D.
A. R. ROBINSON, M. D.

Were they living the names of Dr. Louis Elsberg and Dr. Richard Brandeis would also be subscribed.

The organization of the New York Polyclinic and its plan of study as carried into practice were effected, uninfluenced by any similar effort by any other body of men, and while the gentlemen who later on resigned their positions to organize the New York Post-Graduate Medical School "were teaching in an under-graduate college. The Polyclinic by the above unimpeachable evidence was the pioneer post-graduate medical school in the United States and on this evidence it rests its case."

Further on the Doctor says "There is one disadvantage the Polyclinic has as compared with the Post-Graduate. It has no hospital to speak of.

There are however sixty beds under the roof of the Post-Graduate, etc."

The Polyclinic hospital contains something over sixty beds and is new, and has for five years been in successful operation. Within three weeks in my own service there (which is only a fractional part of the hospital.) I have before the class of physicians studying with us shown an amputation at the hip-joint by my "*bloodless method,*" a second amputation of the thigh near the hip (same method). Canalisation of both tibiæ for tuberculous osteomyelitis; large hygroma of the thigh; gunshot wound of the spinal cord, laminectomy and removal of lead and fragments of bone from the substance of the cord and the spinal column, craniectomy (trap-door operation) for epilepsy; removal of large mammary gland from a boy of twelve, and a number of minor operations. The students stand by during these operations and go into these rooms and wards whenever they desire to see dressings and to watch results. I am sure from the general tone of the doctor's letter that he will be pleased to correct these errors in his communication.

The suggestion he offers are valuable both as to changes in the method of presenting the clinical material which is so abundant and especially the advice to his readers to go to New York city for post-graduate study. The

Post-Graduate and the Polyclinic are doing good work. The rivalry between them is friendly, dignified and healthful. At the Polyclinic we have many physicians from Canada during the year and we only wish that both the New York schools had more.

JOHN A. WYETH, M. D.,
President of the Faculty.

Editor Maritime Medical News :

SIR,—In reply to the communication from Prof. Wyeth, President of the New York Polyclinic, I beg leave to append a few lines.

I desire respectfully to assure Prof. Wyeth that it was by *no means* the intention of my letter on post-graduate institutions to injure the New York Polyclinic, where I was very courteously treated, but only to state facts as far as I could learn them.

The evidence the Professor presents for the priority of the Polyclinic is part of a series of letters which appeared in the *Medical Record* ir 1891 on the subject of which was the first post-graduate medical school in New York. In justice to that controversy and to my own motives in the statement I first made, I quote the following sentences :—

Dr. D. B. St. John Roosa wrote :— "On August 19th of that year (1882) they (the seven members who founded the post-graduate) issued their 'Announcement' in the *Medical Record.* They commenced their sessions in the College of Pharmacy on November 6th, 1882." Dr. G. H. Fox summed up the controversy as follows :—"In the question at issue the facts appear to be as follows : For many years past post-graduate medical institutions in this city has been seriously discussed and several schools established—*on paper.* On April 4th, 1882, seven members of the faculty of the University of New York resigned for the express purpose of founding a Post-Graduate Medical School. The event excited much comment in both the daily press and medical journals of that date, and, as is well known, was shortly followed by the opening of the present 'New York Post-Graduate School and Hospital.' During the preceding winter professorships had been accepted in a proposed institution, to be called the 'New York Polyclinic,' but the first public announcement of this school was *not made until a short time before it opened in November,* 1882. In the case of an invention or discovery, the claim of priority is usually awarded to the men who make the *first public* announcement thereof, and not to the man who claims to have been the first to *think about it.*"

It appears, then, that the Post-Graduate was the *first* to issue an "Announcement" of a post-graduate medical school, and that both schools opened in November, 1882, the post-graduate every hour as soon as the other, on that head, perhaps earlier. Has it not, therefore, the right to be called the first?

As to the account of Prof. Wyeth with reference to the Polyclinic Hospital, it is so full that I can add nothing, except that different students who have attended the Polyclinic informed me the hospital was closed altogether during the summer, though the school was in session. I confess I did not inquire of these physicians how accurate their observations had been, and that I may possibly have been misinformed.

I trust Prof. Wyeth will pardon me for making this explanation, which is intended, not to modify the effect of his statements, but to show that I had at the time reasonable ground for believing what I wrote in the last number of your journal.

M. A. B. SMITH.

Winnipeg doctors are making strenuous efforts to have a general hospital established by the Dominion Government.

Selections.

THE THERAPEUTICS OF ABORTION.—The question whether active interference is justified or not in the treatment of abortion has not yet been settled. In every case the three chief symptoms, hemorrhage, pains and changes in the cervix uteri, should be considered before reaching a decision. Sometimes the one, sometimes the other symptom predominates. In the first place we must determine whether it is still possible to prevent abortion. This seems probable so long as the uterine neck is still impervious to the finger and the hemorrhage has not assumed dangerous proportions.

If the bleeding is not severe nothing is required; neither tampons, cold, nor ergotin should be employed, as their use would interfere with the purpose in view.

Eight days after the last hemorrhage the patient may leave the bed.

In cases where abortion is inevitable the bleeding first of all must be stopped. In Schauta's opinion immediate and thorough evacuation of the uterus is a wrong procedure. If the hemorrhage is moderate, tamponing with iodoform gauze is indicated; a strip two meters long and of the breadth of three or four fingers is introduced into the fundus of the vagina which is firmly tamponed, the end being allowed to hang from the vulva. This gauze tampon may be removed entire, while cotton tampons require repeated introduction of the fingers.

As to the time of the removal of the tampon, this will depend upon the appearance or increase of the labor pains. If they have increased to such an extent as to lead to the belief that the ovum has been detached, the gauze may be removed. Not infrequently the ovum is found lying behind the tampon.

If the contractions have not attained sufficient intensity the gauze is allowed to remain for twenty-four hours, when it is withdrawn so as not to give rise to infection.

If an examination be now made we find the os has enlarged or is still narrow, and that hemorrhage has ceased or still exists. If no hemorrhage is present and the os has not widened to any extent, the indication is to wait. If the os has, however, considerably enlarged, while the ovum is not yet detached, it is best to again tampon to prevent a renewal of the bleeding. In case the os is still narrow the tampon should not be renewed, as it is possible that abortion, which at first appeared inevitable, may not occur.

If it appears necessary the tamponing may be repeated for several days. An active course, however, should be pursued if the os opens considerably under the tamponing, and becomes pervious to at least two fingers. Under these circumstances nothing would be gained by keeping up the tampons. Two fingers are passed into the uterus which is steadied by the application of the other hand to the abdomen. The ovum is then carefully and slowly detached, or if free in the uterine cavity it can sometimes be simply expressed. If the os is too narrow to admit passage of the ovum, the latter is grasped at its lower portion with a dressing forceps and extracted. If bleeding is still present, the entire uterine cavity is tamponed with iodoform gauze in the same manner as the tamponing of the vagina. This tampon should not be allowed to remain for more than twenty-four hours.

The treatment of incomplete abortion is very difficult. It may happen that the entire ovum is still in the uterus and the os insufficiently dilated, or a portion of the ovum may have been discharged, while another has been left back. Whether the entire ovum or its greater portion be still in the uterus may be determined by observing the size of the organ.

TO THE MEDICAL PROFESSION OF CANADA.

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

1st. The statements contributed are founded upon experience, and I believe them true.

2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.

3rd. The demand for Hyphoposphite ana other Phosphorus preparations at the present day is largely owing to the good effects and success following the introduction of this article.

4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

JAMES I. FELLOWS, Chemist.

SYR. HYPOPHOS. CO., FELLOWS

CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime;

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalising 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 the 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 several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

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

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

Wyeth's Compressed Triturated Drugs.

Safer, Pleasanter, and more Efficient and Convenient Medication for Infants, the Fastidious, and Idiosyncratic.

An Innovation.

Brunton points out that the introduction of the method of giving small doses at frequent intervals has "the very great advantage that the desired effect can be produced with greater certainty and with less risk of an overdose being taken."

What are Compressed Triturates?

The Compressed Triturates are "intimate mixtures of substances with sugar of milk." In no way are they allied to the sugar of milk of globules or pellets, dependent so largely upon chance for the absorption of the medicaments poured down the side of the bottle. The following directions are those given in the Pharmacopœa, U. S., for the preparation of Triturates: "Take of the substance ten parts, sugar of milk in moderately fine powder ninety parts, to make one hundred parts; weigh the substance and the sugar of milk separately; then place the substance previously reduced if necessary to a moderately fine powder, into a mortar, add about an equal bulk of sugar of milk; mix well by means of a spatula and triturate them thoroughly together. Add fresh portions of the sugar of milk from time to time, until the whole is added, and continue the trituration until the substance is intimately mixed with the sugar of milk and finely comminuted.

Resume of Advantages.

1. The Compressed Triturates are made with the pure drug and sugar of milk.

2. The process of trituration, employed so finely, subdivides and separates the mass of medicament, that this is said to be more active than would the same quantity given in the ordinary way.

3. They contain each a very small dose, so that by giving one at a time—they may be repeated often—the taste of the drug is hardly, if at all, perceived.

4. Being made with sugar of milk, one of them (if not taken whole) added to a little milk or other fluid is at once "broken up" and distributed throughout the liquid.

5. Pulverulent substances, like calomel, are by this means especially distributed well, and for the moment suspended throughout the fluid.

6. Being very small, and not globular, they are easy to swallow.

7. They do not harden and become insoluble with time, nor do they crumble like pills.

8. They afford the advantages derivable from the administration of small doses repeated often, which are: 1. That if the drug be given in but little liquid, the absorbent power of the mucous membrane of the mouth and gullet are called repeatedly into requisition. 2. That if given on an empty stomach (as is generally desirable) unpleasant symptoms are avoided. 3. In case of idiosyncrasy, the doses can be stopped before large amounts have been given. 4. Administered in this way drugs are better tolerated than is otherwise the case.

9. A greater effect is alleged to be attainable by this method from a small quantity of medicine than is possible by the usual plan.

10. In some cases Compressed Triturates are repeated as often as every five or ten minutes, and it is surprising how soon a very small dose of medicine repeated often amounts to a very large quantity.

11. If taken whole, one of the Compressed Triturates dissolves and falls to pieces in the stomach at once, and is never voided unchanged.

12. They afford accuracy of dose, without the trouble and annoyance of weighing or measuring.

13. They can be taken at any time and in any place, even when the patient is following his ordinary avocation.

14. They are only a few lines in thickness and about one-fourth the circumference of lead pencil.

Samples of Triturates free to medical men.

In all orders specify WYETH'S and avoid disappointment.

DAVIS & LAWRENCE, MONTREAL, Sole Agents for Canada.

If the size of the uterus leads one to believe that the entire ovum is still in it, the treatment should be as above. If only fragments remain, dilatation of the cervix should be practiced with Hegar's stems, the finger introduced, and the residue removed, but if the mass be so small as not to be readily removed with the finger, the curette may be employed.

If hemorrhage persist for weeks or months after an abortion, this indicates that fragments of the placents have been left behind which should be removed in the manner as those of the ovum. In other cases of this kind, however, the condition is one of extra-uterine pregnancy with tubal abortion. Here the supposed fragments of the ovum are actually the expelled decidua of the uterus, after the expulsion of which there is a cessation of the hemorrhage which recurs the more violently after a few days. On examination a tumor of soft, doughy consistence is found at the side of the uterus. In these cases dilatation and curretting of the uterus would be followed by marked hemorrhage from the tube, and either a hematocele or hemorrhage into the abdominal cavity might occur.

Habitual abortion is frequently produced by a hypertrophic endometritis or a retrodisplacement (especially retroversion) of the uterus, chronic cardiac or renal disease also give rise to it. The most frequent cause is syphilis. Each of these conditions requires special treatment.—*Allg. Wien. Med. Ztg.—Centralbl. f. d. Sesam. Therapie.—Int. Jour. of Surg.*

ABOUT a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which is asserted were existing between physician and druggist: the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an extent as to engender anxiety and timidity on the part of prescribing physicians.—*Ex.*

BROMOFORM IN WHOOPING-COUGH.—F. W. Burton-Fanning has studied the action of bromoform in the treatment of whooping-cough. Of thirty children, varying in age from 3 months to 8 years, the author has only lost one, whose condition was already very desperate, before the beginning of the treatment, owing to a complication of capillary bronchitis. In all the other cases the results were very satisfactory. Usually as early as the second day the paroxysms of whooping become shorter and less severe, vomiting ceases, the epistaxis and other hæmorrhages disappear, expectoration is effected with much less difficulty, and the bronchitis improves. The author administered the bromoform in the form of an emulsion, mixed with gum-tragacanth, syrup and water.—*Practitioner, February*, 1893.

THE SUMMER COMEDY.—"Have you the back-drop of sea-waves securely arranged?" asked Stage-manager Cupid.

"Yes," replied Mammon, who was acting as property-man.

"Is the Summer-girl seated on the piazza?"

"She is."

"Young man ready to take his cue?"

"All ready."

"Good! Now turn on the moon and ring up the curtain."—*Puck.*

CAUSE OF CANCER.—Dr. O'Sullivan (Australian *Medical Journal*), says :

Whatever produces chronic ill-health depresses the nervous system, and is clinically found to constitute an influence strongly predisposing to cancerous developments generally.

Local agencies exert only a minor influence in their direct genesis.

While rapidly increasing in prevalence in civilized nations, they are almost absent among the savage.

Malignant disease is in very many instances primarily local and due to disordered functions, as proved by the fact known to all surgeons, that the disease when promptly removed may never recur.

Benign ulcerations may become malignant, when it may be assumed the phagocytic action of the leucocytes has become subjugated by the micro-organism.

Disease of any kind, whether malignant or inflammatory, never occurs in an individual whose functions and nervous system are in perfect health, and who has, as a consequence, perfect local and general resistance to all pathogenic microorganisms—in whom phagocytosis is healthily and perfectly accomplished. (And here I may be allowed to say that Mr. Jonathan Hutchinson insisted that cancer is simply a modification of what occurred in chronic inflammation.)

When, from continued irritation, depressing influences, or advancing age, the physiological character and vitality of the animal cells become lowered, cancer finds all the conditions necessary for its growth.

In a word, cancerous disease is but one of the many proofs of over-pressure on the nervous system, which the artificial and vicious conditions of modern civilization involve.—*American Lancet.*

SIGMOIDITIS.—Mayor (*La Semaine Medicale*, 1893, No. 46) has observed a condition of inflammation of the sigmoid flexure of the colon giving rise to symptoms analogous to those of typhlitis and perityphlitis. Constipation appears to play the principal role in the etiology of the affection, either mechanically or as a result of the absorption of toxic matters. The inflammatory process may be limited to the walls of the intestine proper, constituting sigmoiditis; or it may extend to adjacent structures, giving rise to a local peritonitis, and constituting peri-sigmoiditis. The principal and most characteristic symptom consists in the presence of a painful movable tumor in the left iliac fossa. In cases in which the inflammatory process is limited to the coats of the bowel the tumor is cylindric in shape and of considerable size, being lost below in the pelvic cavity and being continuous above with the descending colon. This swelling may be mistaken for the cord described as present in cases of enterop tosis; for an iliac phlegmon or adenitis; for simple gastro-colic dilatation; and for muco-membranous colitis. The sigmoid cord of enteroptosis is of smaller volume and more perfectly cylindric; it is also characterized by hardness and retraction. Inflammation of the iliac glands is attended with dulness upon percussion, while a certain degree of resonance usually persists in case of sigmoiditis. An iliac phlegmon is to be differentiated from an iliac peritonitis by the fact that the swelling of the latter is bosselated, not flat on percussion, and does not extend to the abdominal walls or to the pubic arch. In case of simultaneous dilatation of the stomach and sigmoid flexure, inflammatory symptoms are absent.

Cases of muco-membranous colitis are usually associated with hysteria or neurasthenia and present pain and induration in the left iliac fossa; the mass present is band-like, and there is an absence of inflammatory symptoms, while the stools are characteristic. Patients affected with iliac enteritis

sometimes, but not always, present fever. They are often emaciated, with coated tongue and anorexia. The condition is curable, although sometimes obstinate. Should pus form it will require evacuation. Under all circumstances the patient should be put to bed and restricted to a liquid or semi-liquid diet; occasional doses of castor oil may be given; a copious enema is to be administered on alternate days; cataplasms may be applied over the painful region, and possibly mercurial ointment; tincture of iodine and a flannel bandage may also be applied.—*Med. News.*

New Remedies says:—The application of guaiacol by painting the skin is, according to Robilliard, an efficient and convenient means of reducing the temperature of tuberculous patients. He has painted 0.5 to 2 grams guaiacol over 15 to 75 square inches of epidermal surface of tuberculous patient in whom fever ran high, and in every case the temperature fell one or more degrees. In his opinion these paintings act more quickly and more permanently than quinine sulphate. That the guaiacol is actually absorbed into the system is evident from the distinct guaiacol taste that the patients experience in the mouth, and also from the profuse perspiration. The quantity of urine at the same time increases, but no quaiacol can be detected therein.

FRONTAL HEADACHE — A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with a distaste for food, which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of the potassic salt dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes it great advantage.—*Alienist and Neurologist.*

STREET SWEEPINGS AND RUBBISH.—There are three principal methods of disposing of city refuse: (1) To throw it into the adjacent streams or ocean; (2) to build houses upon it; (3) to utilize it. Naturally we careless and wasteful Americans choose the methods most expensive to the purse and to the health; we pollute our waters or building lots with what should be to us a source of profit. We are exhausting the nitrogen of our soils, while we import fertilizers from great distances, and waste, or worse than waste, the locally produced fertilizers, animal excreta and other products. In other countries the city secures a profit, and so does the garbage contractor, by utilizing wealth that we expensively waste in sowing it, into our rivers and made-grounds, as excellent seeds for breeding luxurious crops of—disease.—*Med. News.*

BOOK REVIEW.

OUTLINES OF PRACTICAL HYGIENE BY C. GILMAN CURRIER, M. D., New York, E. B. Treat, 5 Cooper Union. 1893. 12 Mo. pages 463, illustrated $2.75.

This is a new work which very perfectly carries out its title. Its precise and accurate description of details makes it of value to the busy practitioner, who wishes to find out the latest and best results in any of the divisions of the work, without being forced to sift a mass of verbiage and theories for the few kernals he is in search of. It is of equal value as a popular work, because it only contains what every person should know and this is given in concise and plain language easily comprehended by persons of a fair common school education.

Notes and Comments.

We have received "Sajous' Annual" for 1893, published by F. A. Davis, Phila. We will have occasion to refer to this valuable work in a later issue.

FOR WINTER COUGH.

℞ Fl. ext. cheken........℥ iss.
Fl. ext. collinsonia ....℥ i.
Syrup simpl. q. s. ad ...℥ iv.
M. Sig.—Teaspoonful every 4 to 6 hours.

E. B. Treat, publisher, New York, has in press for early publication the 1894 *International Medical Annual*, being the twelfth yearly issue of this eminently useful work. Since the first issue of this volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished specialists, selected from the most eminent physicians and surgeons of America, England and the continent. It will contain complete reports of the progress of medical science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensible, investment for the medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, $2.75.

Antikamnia has a well-earned character as an analgestic. It is one of the few among the many claimants for favor that have successfnlly stood the test of experience. In a case of acute poly-articular rheumatism prominently affectiug both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the most remarkable, as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be overpraised. In the prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest cases, in a few hours causing the splitting cephalalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent, or combination of agents has ever done, producing not a single unpleasant symptom and leaving no sequelæ. Quinine checks ague.digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specifie than is that of antikamnia in its sphere of usefulness.—*Ex.*

For Obstinate Vomiting of Pregnancy.—Fluid extract of golden-seal has, according to Fedorow, proved to be an excellent remedy in the treatment of obstinate vomiting of pregnancy, and has been used with excellent success. Fedorow prescribes twenty drops of the fluid extract four times daily.

Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "*Treatment of Cholera,*" says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate.** This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate,** taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full size bottle without expense, except express charges. Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS,

PROVIDENCE, R. I.

Beware of Substitutes and Imitations.

New York Post-Graduate Medical School and Hospital.

TWELFTH YEAR—SESSIONS OF 1893-94.

The POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is continuing 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 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 who are attached to these Institutions.

FACULTY.

Diseases of the Eye and Ear.—D. B. St. John Roosa, M. D., LL.D.; President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.

Diseases of the Nose and Throat.—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.

Venereal and Genito-Urinary Disease.—L. Bolton Bangs, M. D.

Diseases of the Skin and Syphilis.—L. Duncan Bulkley, M. D., George T. Elliot, M. D.

Diseases of the Mind and Nervous System.—Professor Charles L. Dana, M. D., Græme M. Hammond, M. D.

Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.—Andrew H. Smith, M. D., Wm. H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Farquhar Ferguson, M. D., Reynolds W. Wilcox, M.D., LLD.

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., Willy Meyer, M. D.

Diseases of Women.—Professors Bache McEvers Emmet, M. D., Horace T. Hanks, M. D. J. R. Nilsen, M. D., H. J. Boldt, M. D., A. Palmer Dudley, M. D., George M. Edebohls, M. D.

Obstetrics.—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.

Diseases of Children.—Henry D. Chapin, M. D., Augustus Caillé, M. D.

Hygiene.—Edward Kershner, M. D., U. S. N.

Pharmacology.—Frederick Bagoe, Ph. B.

Electro-Therapeutics and Diseases of the Mind and Nervous System.—Wm. J. Morton, M. D

For further information please call at the school, or address **CLARENCE C. RICE, M. D., Sect'y.**

F. E. FARRELL, Superintendent. **226 East 20th Street, New York City.**

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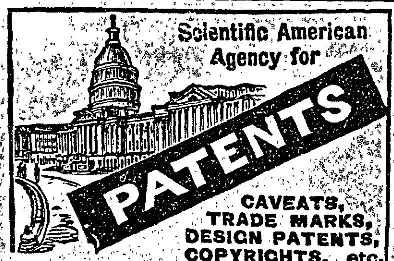

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