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The fifty-eighth session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the ward, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

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

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Maritime Medical News,

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VOL. III.

HALIFAX, N. S., DECEMBER, 1891.

No. 12.

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Original Communications.

FALSE ANEURISM OF THORACIC AORTA, WITH PSOAS HEMATOCELE, DEATH, AUTOPSY.

By RICHARD JOHNSON, M.D., *Charlottetown.*

F. H., aged 37 years, fisherman, was first admitted to the Prince Edward Island Hospital in August, 1888, having been compelled to leave his employment on account of general ill-health, and especially of pain in the epigastrium, with other symptoms of indigestion. He left the hospital after 3 days, and returned to his home in Nova Scotia. His wife states that, while at home, he complained of pain in the stomach, with water brash and occasional vomiting. After a rest of three weeks he returned to the fishing station on this Island, and pursued his employment for the remainder of the season. Was home again in November, where he remained until March, 1889. During this time his ailment in the stomach was a constant trouble.

During the next thirteen months he was engaged as steward on board of a barque sailing between New York and British ports, and was at home again in April, 1890. Here he informed his wife of his frequent sufferings, while at sea, from pain in the region of the stomach which, he said, at times took all his strength and courage from him. He spent the fishing season of 1890, from May to

October, at Tracadie, P. E. I., reaching home again about the middle of October, having endured a week's exposure to wet and cold, night and day in an open boat. For three or four weeks after this he suffered pain in the back and sides. Feeling better, he undertook work as a carpenter until Christmas. His strength now failed him, and for the next three months he was unable to work, suffering much from constipation, pain in the back and side. In March, 1891, he left home for Halifax, to provide materials for fishing; returned, fixed his nets, planted his potatoes, &c., leaving home again for Tracadie about middle of May. Was again admitted to the P. E. I. Hospital on July 20th, 1891, under the care of Dr. S. K. Jenkins, passing from his to that of Dr. H. D. Johnson for the month of August, and from his to mine on September 1st; Drs. Warburton, Taylor and McLeod, having also since his admission, advised in the case. A short time prior to his admission to the hospital, he had consulted Dr. Jas. Henderson, of Union Road, who in addition to other treatment, had tapped a right hydrocele for him.

The substance of the records made by Drs. Jenkins and H. D. Johnson regarding the case while under their care, is as follows:—On admission patient complained of pain in left lumbar region, generally dull but at times acute, with tenderness on pressure. The pain is described as occasionally following the course of the ureter down to the

testicle. There were symptoms of dyspepsia, with obstinate constipation, which he said were old troubles. He gave a history of having contracted gonorrhœa, but had quite recovered previous to his marriage, 8 years ago, being now the father of three healthy children. During the first two or three weeks after his admission, the indications for treatment were chiefly to correct the disorders of the digestive organs. Microscopic examination of the urine had once detected some pus corpuscles. Thus far the history and symptoms led to a strong suspicion of pyelitis. As the days went on, his complaints of pain were more loud and frequent, and were spoken of as being felt through and through in the lumbar and iliac regions. Seizures approaching collapse, with violent pains about the heart, and dyspnœa were not infrequent. The left iliac fossa became at length the focus of acute pain, with great tenderness on pressure. On assuming the standing posture there was a bulging of the abdominal walls resembling a hernia, yielding dullness on percussion and indistinct fluctuation. No satisfactory examination could be made in the recumbent posture, on account of the overlying bowel, and the excessive tenderness of the part. He could only lie on the left side with the thigh drawn up. Towards the close of August the urine deposited a copious sediment in which pus was once again found; ordinarily it had been normal, as were also pulse and temperature.

On my taking charge, Sept. 1st, it was evident to all that the man was rapidly losing ground, and his appeals for relief by operation were urgent. Feeling conscious, as we did, that the history and symptoms guided to no certain diagnosis, but nevertheless pointed in the direction of a peri-nephritic abscess or a pyo-nephrosis, a nephrotomy was therefore fixed upon, if after examination under chloroform, the operation should appear warrantable. Having engaged the assistance of the gentlemen previously named, we met on the morning of September 3rd, for the purpose of this operation. Examination under the anæsthetic discovered in the left iliac fossa, a large elongated fluctuating tumor, underlying the bowel, and without pulsation. This discovery led at once to the abandonment of the operation first proposed, in favor of a laparotomy. As however, the patient's tolerance of the æther was anything but satisfactory, and preparation for all contingencies had not been made, it was decided to postpone the operation till the morrow. He

came out of the anæsthesia in great distress, the heart's action being very tumultuous, with agonizing pain in left chest, and inexorable orthopnœa. Under repeated hypodermics of morphia, he was kept comparatively quiet during the remainder of the day and the night following.

Sept. 4th at 8 A. M., I was hastily summoned to the hospital, to find that he had been suddenly seized with violent pain in the left chest, with dyspnœa and complete collapse. Vigorous and persistent restorative treatment was of no avail. He died in the early evening.

Autopsy. Sept. 5th, about 20 hours after death. Present, the physicians already named, also Messrs. Handraban and Dorsey, medical students. Abdominal cavity freely exposed by longitudinal and transverse incisions. All its viscera carefully examined. Both ureters traced to bladder. No observable departure from normal, excepting an ecchymosed and livid appearance of the part of the bowel, and of the external capsule of the left kidney, overlying and contiguous to the livid membrane covering the psoas and iliacus muscles, these membranes forming now the walls of a sac, distended and disorganized almost to bursting. On piercing this sac, there poured out a large volume of grumous fluid of the consistency of gruel. Introducing the hand in search for the boundaries of the sac and source of the fluid, it passed through a mass of firm blood-clots on its way towards the spinal column, where the fingers brought up against denuded and roughened vertebral bodies. The thorax was now fully exposed and explored. Right side normal. Heart and large arteries quite empty. Left lung collapsed, the cavity containing about 2 quarts of fluid and clotted blood, which was scooped out. On dissecting off the aorta, an aneurismal sac was reached in the descending portion of the vessel. Having severed the sac from its attachments, it was found to have spanned the length of 4 dorsal vertibræ, from 8th to 11th inclusive, the bodies of these vertibræ having been excavated to half their depth by the erosive action of the blood current, they, with the intervertebral discs having formed the posterior wall of the aneurism, the discs being but slightly worn away.

A portion of the aorta, about 5 inches in length, with the soft tissues of the aneurism attached, was removed from the body. This specimen, well preserved, now lies before me. It shows the lower end to have been cut off

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

Dose.—A tablespoonful containing 5 grs. 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 Acids. 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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Elixir Salicylic Acid Comp.

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

℞ Acid. Salicylic, (Schering's), grs. v. Potass. Iodid., - grs. iss.
Cimicifuga, - - - - - grs. iij. Tr. Gelsemium, - 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, Gelsemium Sodi 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.

This remedy can be given without producing any of the unpleasant results which so often follow the giving of Salicylic Acid and Salicylate of Sodium, viz., gastric and intestinal irritation, nausea, delirium, deafness, nervous irritability, restlessness, and rapid respiration; on the contrary, it gives prompt relief from pain, and quiets the nerves without the aid of opiates.

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

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

SCROFULA.

SYR: PHYTOLACCA COMP.

(WM. R. WARNER & CO.)

(TO DOCTORS ONLY.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC

COMPOSITION:—Phytolacca Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, ʒa grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Cascara Sagrada, aa grs. ij, in each dessert-spoonful.

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

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

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CHARLES W. BROWN, M. D.

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For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO SODA.

(WARNER & CO.)

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

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

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

SEDATIVE. EFFERVESCENT ANODYNE.

BROMO POTASH.

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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 4½ MINUTES.

Pil: Sumbul Comp.

(DR. GOODELL.)

R—Et. Sumbul.....	1 gr
Assafetida.....	2 gr.
Ferri Sulph. Exs.....	1 gr.
Ac. Arsenious.....	1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co's Bromo-soda. One or two pills taken three times a day.

Pil: Antiseptic Comp.

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Each Pill contains:

R—Sulphite Soda.....	1 gr.
Salicylic Acid.....	1 gr.
Ext. Nux Vomica.....	1-8 gr.
Powd. Capsicum.....	1-10 gr.
Conc't Pepsin.....	1 gr.

DOSE—1 to 3 Pills.

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

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Ferri Sulph. Fe SO ₄	Ferri Carb. Fe CO ₃
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Carbonate of Protoxide Iron.	

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Pil: Chalybeate Comp.

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Same as Pil: Chalybeate, with 1-3 gr. Ext. Nux Vomica added to each pill to increase the tonic effect.

DOSE—1 to 3 Pills.

Pil: Aloin, Belladonna, and Strychnine.

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

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

Medical properties, Tonic, Laxative. DOSE—1 to 2 Pills. Try this pill in habitual constipation. One pill three times a day.

Pil: Antidyspeptic.

(FR. FOTHERGILL.)

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

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

Pil: Arthrosia.

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

For cure of Rheumatism and Rheumatic Gout.

Formula:

Acitum Salicylicum.....	Ext. Colchicum.
Resina Podophylicum.....	Ext. Phytolacca.
Quinia.....	Capsicum.

Almost a Specific for Rheumatism and Gouty Complaints.

precisely at the giving off of the superior mesenteric artery, a little above which appear the roots of the right and left renals severed at about an inch from their origins. The cæliac axis with the mouths of two of its branches cut off close to the point of divergence is also seen. Measuring upward $2\frac{1}{2}$ inches on the posterior wall of the aorta, the lower margin of a sharply defined ovoid orifice is reached, the long axis of which lies obliquely to the axis of the blood vessel, and measures 1 inch, the transverse measurement being $\frac{3}{4}$ inch. The sac wall is composed of the dilated coats of the artery, to the extent of about one inch all around the smooth lips of this aperture; beyond this the inner and middle coats of the artery are not traceable, the further extension of the sac-wall being composed of the outer coat of the artery covered by the peri-arterial tissue, and lined thickly with laminated fibrinous concretions in different stages of organization. The ragged edges of a large rent in the sac near the lower margin of the orifice of communication with the artery, shows the place of rupture to have been close to the diaphragm.

The difficulties in the way of a clear diagnosis, and the subsequent revelations of the autopsy in this case, are instructive; and the fact of the sudden death of the patient, uncaused by their intended operative interference, is regarded by those concerned, with less sadness than if it had been caused by a fatal plunge of the knife into an aortic aneurism, or the psoas hæmatocele connected with it. That the gastric symptoms should have been so predominant to the last; and that the diseased action resulting in the state of the vertibræ as revealed by the autopsy should have been steadily and stealthily going on without more complaint of pain in the back than was made; and that, to the careful and repeated examination of the several physicians, there was no evidence of a pulsating tumor, are also noteworthy facts.

Two points of interest anatomically are brought out by an examination of this specimen. 1st, The phrenic arteries are not given off directly from the aorta at the normal place of distribution. It is probable that they were given off (as is not unfrequently the case; Wilson's Anat.), from one of the divisions of the cæliac axis, but these were cut off too short to admit of any verification of this fact. 2nd, The transverse lower section of the aorta shews the artery to be so constricted at this point as to lessen its calibre by at least one-third. This fact was

not discovered at the autopsy, and therefore no examination was made as to how far down the course of the vessel this state of stenosis existed. A suggestion of at least one factor in the causation of the aneurism is given here.

NOTE CONCERNING A MONSTROSITY,— AN ACEPHALOUS FŒTUS.

BY DR. JAMES VENABLES, *Halifax, N. S.*

I was summoned to attend Mrs. ———, in labour, in the summer of 1890. On my arrival she told me that there had been quite a quantity of water escaping, and the symptoms of labour had manifested themselves early in the morning. I at once made an examination *per vaginam*, and found that the membranes had been ruptured, and that the presentation was one of the inferior extremities. The pains increased. The left foot soon came down, and, at the same time, a portion of the umbilical cord, which was without pulsation. A few more pains brought down the right foot and the body of the child and, to my astonishment, another pain expelled the entire fœtus. The uterus soon contracted firmly, and, without any traction, the placenta came away in about ten minutes, the entire labor terminating in about five hours after my arrival. The placenta was normal, and there was no post-partem hæmorrhage of a serious nature. The patient—a woman of 41 years of age—made a rapid recovery. She had previously had one premature birth and six abortions. She had also had six living children. Her health has always been good.

The fœtus was a female—its body and lower limbs well-formed and plump. I did not weigh it, but am inclined to think it would weigh fully nine pounds, and be about twenty-four inches in length. There was nothing unusual about the appearance of the fœtus until you reached the upper part. Here the face had a depressed appearance, and the ears were not fully developed. The calvarium was entirely absent, and with the termination of the spinal column, the development ceased. The skin covered a reddish pulpy mass, having a slight resemblance to brains. The frontal bone was rudimentary, and thrown well back.

Monstrosities are of two kinds,—there may be either a *deficiency* or an *excess* of some portion of the body. It has been said

that many other forms of monstrosities are explained upon the principle of retarded development, and that those parts which are the last completed, present the greater number of deviations from the ordinary or natural rules. Among the ancients, monstrosities were considered as mere experiments on the part of atoms to produce some other species, or race

HUMAN STIRPICULTURE.

The discussion raised by the proposal to bring back the famous racehorse Ormonde to this country for stud purposes is, to use a favourite expression of Thomas Carlyle's, "significant of much." It is a striking proof of the relative value which is placed on animal and on human stock that whilst a horse is judged unworthy to beget issue because he is a "roarer," many owners of such an animal would not object to let their own offspring marry into families in which tubercle or nerve disease is handed down from one generation to another as an inalienable heirloom. Indeed, a diseased inheritance is sometimes—as in the case of gout—actually boasted of as a mark of blue blood. As for the moral intellectual and family history of "eligible" young men, the parents of marriageable girls are for the most part utterly careless, or think any little deficiencies in these points more than covered by wealth or title. The results of this indifference are already writ large in the individual and in the race. Under existing social conditions it is vain to hope for any great or general improvement in these respects, though a family doctor gifted with the necessary tact can often use his influence advantageously in this direction. If only a fraction of the care that is exercised in the breeding of horses were used in the propagation of the species, there would be a hope that the perfectibility of the race might be something better than a Utopian dream. Of course the Socialists will tell us that when their kingdom is accomplished everything will be for the best in the best of all possible worlds; and no doubt under a dispensation in which individual rights and interests are subordinated to the good of the community, it might be possible to cultivate men and women as gardeners do orchids and tulips. Some tentative efforts in this direction have already been made, though hardly, perhaps, under the most favourable conditions. At the meeting of the American Association for the

Advancement of Science, held at Washington last August, Mrs. A. N. McGee gave an account of an extensive and systematic experiment in "human stirpiculture" which was carried out in Central New York between 1868 and 1879. In the Oneida Community, founded by J. H. Noyes, community not only of goods but of persons was practised. At first the birth-rate was carefully limited, but, in 1868, the membership having increased to 250 and the financial position of the Community being extremely prosperous, the experiment in stirpiculture was begun. Its object was primarily the increase of sanctity in succeeding generations, the physical and intellectual perfection of the progeny being regarded as secondary considerations. The method used was in-and-in breeding, with a judicious infusion of fresh blood from the outer world from time to time, and careful selection of individuals. Between 1869 and 1880 many children were born as the result of the experiment, which promised to be very successful till it was suddenly interrupted by the breaking up of the Community in 1879. The chief reason assigned for the failure of the scheme is that the monogamous spirit proved at last too strong for the scientifically regulated promiscuity necessary for stirpicultural purposes; in other words, human nature—that factor so often neglected by would be reformers of society—became restive and kicked over the traces. The results of the experiment appear to be that five of the children born to the Oneida Community died at birth, one was acknowledged to be a failure physically, one has since died, and the others—whose ages now range from 11 to 22 years—are pronounced to be "on the whole somewhat above the outside average in physique and intellect." Even in point of sanctity, the particular "strain" aimed at in the stirpicultural experiment, the outcome can scarcely be called encouraging, since only one of the children is a follower of the prophet of the cult, Mr. Noyes; and of the rest, it is sad to hear, but few are regular church members. On the whole, human stirpiculture as practised by the Oneida Community must be pronounced a failure.—*Brit. Med. Journ.*

THE Kick-a-poo Medicine Co. is favouring the Maritime Provinces with their philanthropy. The name has, no doubt, been carefully chosen with the idea that it will draw well, and we suppose it will.

Maritime Medical News.

December, 1891.

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1891.

THIS number completes the volume for 1891. The year has been one in which considerable of interest to the medical profession of Nova Scotia, New Brunswick and Prince Edward Island has occurred.

First, in point of time, was the attainment of this journal to the dignity of a monthly. Then, early in the year, came the first instalment of Nova Scotia's and New Brunswick's share of Koch's lymph, the experience of which, alas, did not occasion a demand for long continued supplies. A proposal of the Nova Scotia Provincial Medical Board to institute an annual tax of from one to three dollars, to provide a fund for maintaining the efficiency of the Board in prosecuting illegal practitioners, &c., &c., did not meet with sufficient evidence of approval by the profession, to encourage the Board to secure the sanction of the Legislature to its adoption.

The Hon. W. J. Almon, M. D., of Halifax, in his day holding for a time probably, the leading position in his profession in the city, signalized his complete withdrawal from the active

work of the profession by his retirement from the consulting staff of the Victoria General Hospital, and was tendered a complimentary dinner by the remaining members of the Board. Three Maritime Province men, Hamilton of New Brunswick, and Hartie and W. S. Morrow of Nova Scotia, were in the order named the first three men in the final year exams. at McGill University.

The month of July witnessed the inauguration and first annual meeting of the Maritime Medical Association, held in St. John, Dr. Wm. Bayard being the first president; and in Charlottetown was held the first regular meeting for the discussion of scientific and other subjects of the P. E. Island Medical Association, which was organized in the previous year. Both meetings were a success. The meeting in St. John was very much enjoyed by those present, and encouraged bright hopes for the complete success of the Association. Prince Edward Island with a Medical Board and a Provincial Association, has placed herself in line with her sister provinces.

DATING from Jan. 1st, 1892, the subscription price of the NEWS will be reduced to one dollar. For what the NEWS is—how far it justifies its existence—the editors, and especially the managing editor, must accept much of the responsibility. But it is also true that the NEWS will be a good deal what its constituency is interested enough to make it. For our part we intend to make a strong effort to very much improve the journal, having it for example contain more short condensed paragraphs of practical value to the general practitioner. Our readers, however, may do much, too, to enhance its interest. We would like more short original articles from the leading men in the provinces, and we would much appreciate it if our friends would inform us of matters of interest occurring within their notice; the movements of medical men, removals, deaths, existence of local epidemics. The NEWS is entirely independent, perfectly free from sectional prejudices

or cliquism, and we challenge any to state or prove the contrary. Therefore, let each get his medical friends interested in, and see that they all subscribe for it. If you think we take a wrong view of any thing, let us hear your ideas, and if you can suggest any improvement in the NEWS write and tell us.

WE hope our subscribers throughout the Maritime Provinces will, for the future, make more use of our journal. It is desirable and advantageous to make it a medium for the exchange of opinions on various doubtful points, and to afford information on the methods of treatment of different diseases. A column for queries and answers, in which subscribers could ask and receive suggestions and hints on the many obscure points in practice, and the treatment of obstinate cases, would be a valuable addition to the NEWS. More lengthy communications, in the form of correspondence, involving points of interest and discussions on medical legislation, hygiene, and numerous other subjects, will also be gladly received.

Selections.

THE FAVORABLE TIME FOR IMPREGNATION, AND THE VITALITY OF THE SPERMATOZOA.

Prof. Bosse (*Archiv. Obstet. Gyn.*) has made some interesting studies on these points, about which considerable difference of opinion have prevailed among authorities.

First, as to the most favorable time for impregnation. His first series of observations were with women who became pregnant for the first time immediately after marriage, and wives of sailors where the date of intercourse could be definitely established followed by periods of long absence.

There were twenty-seven such cases, in all of which, except one, the date of confinement made it probable that impregnation occurred during the four days immediately following menstruation. In the exceptional case, intercourse took place seven days before menstruation, and not again for a month. There are two alternatives, either that the

confinement was tardy, as it did not occur until the 285th day, or that as the author has shown is possible, the spermatozoa retained their vitality in the vagina until after the menstruation, and impregnation occurred then.

His second series of observations is of cases of artificial impregnation. He reports eleven cases, of which nine were successful. In one the successful injection was made the day before the menstruation occurred. In the remaining eight, after several unsuccessful attempts at other periods, the successful injection was made in five cases in the twenty-four hours following the cessation of the catamenia; in two, on the second day; and in one, on the third day.

His third series of experiments was made to determine the length of time during which the spermatozoa retained their vitality in the vagina. His methods which should be studied in the original were apparently conducted with the most scrupulous care, and the results he arrived at were as follows:

1. Of eight cases where the semen was deposited in the vagina before the menstruation and examined for afterwards, in four no spermatozoa were found; in three they were found alive; in one dead.

2. Of twelve cases where the semen was deposited after the menstrual period, in four no spermatozoa were found; in eight they were found living at from three to seventeen days subsequently. These investigations justify the author in concluding that the favorable time for impregnation is immediately after the catamenia, that the spermatozoa may retain their vitality for at least seventeen days in the vagina, and even through a menstrual period, and that cases of prolonged gestation may be explained by the fact that fecundation may have taken place a number of days after the last cohabitation.

While there is a great liability to error in investigating so delicate a subject as this, yet these observations seem to have been very carefully made, and are a valuable contribution to the subject.—*Med. and Surg. Reporter.*

THE TREATMENT OF SMALL CYSTIC TUMORS BY MEANS OF INJECTIONS OF CHLORIDE OF ZINC.—This method which was recommended some time ago by Landerer has been used with success by Schilling. A one-tenth per cent solution was employed, of which 0.2 to

WYETH'S SYRUP

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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.

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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.**

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Per Winchester	from 5.25 to 3.50
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It forms an important constituent of nervous tissue and has for many years been employed in cases of nervous debility, neuralgia, wakefulness, paralysis, locomotor ataxia, and impotency,—it acts as a powerful and general stimulant to the venereal organs. Perhaps there is no remedy more generally applicable to all diseases attended with prostrations of the vital powers, in sexual exhaustion, in failure of mental powers from similar causes; and in all forms of exhaustion of the nerve centres, when no organic lesion has occurred, its value seems unquestionable.

Phosphorus has not, however, met with that general favor from medical men it so richly deserves, on account of the difficulties of administering it, and the uncertainty of results from many of the various compounds and preparations offered, their liability to become inert in time, and the irritation and distressing effects often attending their use through careless manipulation. We can assure our friends of the profession that in **Wyeth's Sugar-coated Compressed Tablets**, each and all of these objections have been overcome, and as now presented to them, afford a means of administration not before equalled—not only as regards their convenience, permanency, and freedom from irritating after-effects, but also the absolute accuracy, of dose, speedy solubility, and therapeutical excellence.

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	Per 100		Per 100
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“ “ Phosphorus, 1-50 grain.....	30	Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain,	75
“ “ Phosphorus Compound.....	35	Quinia Sulph. 1-2 grain, Strychnia 1-60 grain.	75
Phosphorus 1-100 grain, Extract Nux Vomica 1-6 grain.	50	Wyeth's Pill Phosphorus et Ferri et Quinia Sulph.....	75
Wyeth's Pill Phosphorus Compound et Ferri.....	50	Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain,	95
Phosphorus 1-120 grain, Ferri Carb, Sacch. 1 grain,	60	Quinia Sulph. 1-2 grain.	95
Extract Nux Vomica 1-8 grain.	60	Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Comp.	95
Wyeth's Pill Phosphorus et Damiana Compound.....	60	Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain,	95
Phosphorus 1-100 grain, Extract Damiana 1-2 grain	80	Quinia Sulph. 1 grain, Acid Arsenious 1-50 grain.	95
Extract Nux Vomica 1-8 gr. Ferri Sulph. Exsic 1-2 gr.	80	Wyeth's Pill Phosphorus et Ferri et Quinia Sulph.	95
Wyeth's Pill Phosphorus et Ext. Coca Compound.....	80	Compound et Strychnia.....	95
Phosphorus 1-100 grain, Extract Coca 1 grain, Extract	45	Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain,	95
Nux Vomica 1-4 grain, Vallet's Mass 1 grain.	45	Quinia Sulph. 1 grain, Acid Arsenious 1-50 grain,	95
Wyeth's Pill Phosphorus et Ext. Coca Comp. et Quinia..	45	Strychnia 1-60 grain.	95
Phosphorus 1-100 grain, Extract Coca 1 grain, Extract	45	Wyeth's Pill Phosphorus et Ferri et Strychnia.....	45
Nux Vomica 1-4 grain, Vallet's Mass 1 grain, Quinia	45	Phosphorus 1-150 grain, Ferri Carb Sacch. 1 grain,	45
Sulph. 1-2 grain.	45	Strychnia 1-60 grain.	45
Wyeth's Pill Phosphorus et Ferri.....	\$0.50	Wyeth's Pill Phosphorus, Nux Vomica et Damiana....	60
Phosphorus 1-100 grain, Ferri Carb. Sacch. 2 grains.	60	Phosphorus 1-100 grain, Extract Nux Vomica 1-8 grain,	60
		Extract Damiana 1-2 grain.	60

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1.5 c. cm. were injected into the cyst. In cases of extensive tumours of the sheaths of the tendons, as for example on the back of the hand, several injections were made at the most prominent places. The procedure is almost painless. The cysts after injection become at first hard and then softer; they disappear almost completely in four or five weeks. Sometimes the injection must be repeated. The operation is sometimes followed by œdema and slight hyperæmia of the surrounding skin, which are best treated by wet compresses. The author has treated in this manner three cases of simple ganglia at the back of the hand, one hygroma over the patella, and one hydrocele in a man fifty-six years old.—*Wiener Medizin Presse*, No. 32, 1891.

A FATAL case of aconite poisoning is reported in the *British Medical Journal*. A woman, aged fifty-eight, took by mistake 9 minims of aconite liniment; equal to 5 grains of the root, or $\frac{5}{16}$ grain of aconitine. She died in four hours. Other patients who took the same dose recovered. Aconite in full doses should not be administered oftener than every six hours.

DEODORIZATION OF IODOFORM BY CREOLIN.

—A patient, suffering from a bone-felon, applied for treatment to Dr. L. Vazci, (*Runschan*, May, 1891), who wrote for a salve consisting of iodoform, two parts; creolin, one part; vaselin, twenty-five parts.

On visiting the patient the next day, there was not the slightest odor of iodoform.—*Virginia Medical Monthly*.

OBESITY AND STERILITY.—In the *New England Medical Monthly*, McKee calls attention to the great frequency of sterility in obese women. Both sexes are alike sterile when over-fat. The observation is not new, Hippocrates having noted the connection between obesity and sterility in the Scythian women. The sterility depends, however, principally upon the co-existence of amenorrhœa, or other menstrual disorders.

WHEN you expect the operation to be attended with much shock, about three quarters of an hour before the operation give the patient half a glass of whiskey, and where there is a weak action of the heart, give hypodermics of strychnine, gr. $\frac{1}{16}$, and tincture of digitalis, \mathfrak{m} . x.

LOCAL TREATMENT OF THE THROAT IN DIPHTHERIA.

The cruel and useless practice of swabbing out the throat with caustic applications in diphtheria of the fauces has, I think, died out, but this method of applying astringents, such as perchloride of iron, or antiseptics and solvents, still survive. The diphtheria wards in the Hospital for Sick Children afford exceptional opportunities for observing the effects of various methods of local treatment; and, from long observation, I have no hesitation in condemning as injurious the system of brushing out. And this for several reasons. In the first place, on account of the distress it causes to the patient. In the case of a young child it involves a severe struggle; sometimes the help of two or three persons is required to overcome the fierce resistance, and to open the mouth and reach the fauces. It causes terror, excitement, heart strain and physical exhaustion—conditions most inimical in a disease tending to death by asthenia—and the distressing process has to be repeated frequently if it is to be effectual. Moreover, apart from this matter of the wear and tear involved, the rough treatment of the fauces probably does harm by causing abrasions of the surface, and thus favoring absorption of the local poison. We know how readily fresh raw surfaces of all kinds take up poisons which come in contact with them. Witness, for example, the communication of scarlet fever in surgical operations, the absorption of morphine from a blistered surface. If the diphtherial poison is rendered more available for circulation by the application of solvents, the infective absorption is liable to be still greater. The most rapidly fatal case of diphtheria from profound general systematic poisoning I ever have seen was one in which the throat was cleared of membrane by brushing out with papain.

I am sure that not only are the patients saved great distress, and doctors and nurses much trouble and anxiety, by the abandonment of the brushing-out process, but the results generally have been more satisfactory. Insufflation with iodoform or sulphur, or spraying with boric acid or corrosive sublimate solutions, are far more easy of application and more effectual in antiseptic action.

There are other errors in treatment of which I should like to say something, such as oppressive poulticing of the chest in pneumonia, obstructive to respiratory move-

ment, and tending to increase the body heat; the administration of emetics in diphtheritic croup, which is utterly ineffectual except to depress and exhaust the patient; their frequent repetition in bronchitis and whooping cough when there is no extreme mucous obstruction of the air passage to justify it; the too free purging of rickety children suffering from laryngismus and convulsions, under the belief that irritant matter in the alimentary canal is the sole cause of evil. But time forbids me to do more than allude to these things. I will merely add this word of advice. In treatment, consider as carefully what not to do as what to do. To avoid doing harm is as important as to affect positive good.—*Dr. W. B. Cheadle in the Practitioner.*

FOREIGN BODIES IN THE LARYNX, ETC.

Dr. Schoyler, of Berlin, extracted (*Journ. of Lar. and Rhin.*, August, 1891) from the trachea of a girl of nineteen a needle attached to a feather. It had been aspirated, and could not be removed by traction on the feather. Laryngoscopic examination showed that it was fixed with one end in the bifurcation of the trachea and with the other on a tracheal ring. The needle was liberated by the aid of a probe introduced between it and the trachea.

A case of sudden death from escape of milk into the air-passages is reported by Dr. Emile Muller (*Gaz. Med. de Strasburg*, April 5, 1890). A child, five months of age, had no other indisposition than slightly difficult respiration when lying on its back. One morning, after having been nursed and laid down, it made a grimace as though sick at the stomach, became blue, and died in a few moments. At the autopsy the thymus gland was found larger than is usual, and the larynx, trachea, right bronchus, and all its divisions were found filled with milk. The size of the thymus explained the difficulty of respiration alluded to.

Mr. Lenuox Browne reports (*The Medical Press*, December 17, 1890) an instance of supposed laryngeal cancer or phthisis in a lady thirty-five years of age, from whose larynx he had removed an impacted plate of artificial teeth which, from the history, had been aspirated into the larynx twenty-three months previously, probably during an epileptic seizure. Six weeks after its removal the patient had regained twenty-

three pounds of her lost weight. It is remarkable that laryngoscopic inspections had been made by four gentlemen who had failed to detect the presence of a foreign body.

Dr. William Macewen reports (*Glasgow Med. Journ.*, December, 1889) a case in which a nutshell lodged in the trachea for thirteen days was removed by tracheotomy during impending suffocation. It was found buried in the posterior wall of the trachea just under the cricoid cartilage, lying obliquely, and covered to a great extent with granulation tissue, one thin layer of which was spread over the surface of the nutshell. When removed with forceps its concave surface was found to contain a mass of granulation tissue surrounding a portion of the kernel.

An interesting case from the practice of Prof. Sonnenburg is reported by Hermes (*Deut. Med. Ztg.*, June 23, 1890). A girl, aged seventeen years, had swallowed a needle the September previous, and had since suffered with intense gastric pains, compelling her to keep the body bent forward. The parts were cut down upon and a projecting point was found in the posterior edge of the transverse fascia. The peritoneum was incised at this point and the needle was found in a mass of connective tissue in which it had become engaged after having perforated the stomach. — *Amer. Jour. Med. Sci.*

A CELEBRATED German physician was once called upon to treat an aristocratic lady, the sole cause of whose complaint was high living and lack of exercise. But it would never do to tell her so, so his medical advice ran thus: "Arise at 5 o'clock, take a walk in the park for one hour, then drink a glass of tea, then walk another hour, and take a cup of chocolate. Take breakfast at 8."

Her condition improved visibly, until one fine morning the carriage of the baroness was seen to approach the physician's residence at lightning speed. The patient dashed up to the doctor's office, and on his appearing on the scene she breathed out: "Oh, doctor, I took the chocolate first."

"Then drive home as fast as you can," ejaculated the astute apostle of Esculap, "and inject the tea with a syringe, for the tea must be at the bottom."

The spell was not broken.

AN UNUSUAL CASE OF APPENDICITIS.

DR. CHAS. PHELPS said that a little over a year ago he had been asked to see a case of appendicitis with a view to a possible operation. When they arrived at the house they had been astonished to find that the patient had suddenly passed into collapse and was absolutely pulseless. The abdomen had been so tympanic that but little information could be obtained by examining it, and operation under these circumstances had been of course out of the question. Nevertheless, the patient had rallied, and about three months later, during the speaker's absence from the city, he had called upon Dr. Fluhrer, who had found a tumour in the region of the appendix, and had told the patient of the danger which menaced him. About three weeks ago he had returned to the speaker, and had said that he was suffering greatly from pain, which was increased by any slight indiscretion in diet. He had become greatly emaciated. A tumour had been found, but it had been situated more in the lumbar than in the iliac region, and had appeared to be perinephritic. The speaker could not detect fluctuation, although one distinguished surgeon, who also examined the case had been positive that he detected it. Operation had been advised, and about a week later, when it was about to be performed, no tumour could be found, although there was still considerable tenderness in the right iliac region. The man's general condition had seemed to indicate so clearly the existence of some pus formation that the lumbar incision had been made, and the region of the cæcum explored with the finger. No trace of inflammation could be found, so the wound had been drained. On dressing the wound three days later, the drainage tube had been found to be filled with extremely thick, foetid pus. There had evidently been a collection of pus deep down in the cæcal region. Two days after this he had said he had felt a passage of gas through the tube under the dressings, and two days after this, after an enema of about a quart of soap and water, a considerable quantity of this had come through the drainage tube. The speaker had advised the administration of another injection containing some coloring matter, but before this could be done, some fæcal matter had escaped through the wound, thus proving the existence of a perforation. During the past ten days there had been no discharge of fæcal matter, and the pus was

quite scanty. The drainage-tube had not been disturbed, the bowels were moving regularly, there was no elevation of temperature, and the patient's general condition was rapidly improving.

The perforation must have occurred at the time of the collapse, but the general peritoneal cavity had escaped. The peculiar features connected with the tumour might be explained on the supposition that in consequence of the local irritation there might have been sufficient œdema of the cellular tissue to lead to the error regarding the existence of fluctuation.—*N. Y. Med. Jour.*

SUGGESTIONS RESPECTING SCIATICA.—Dr. G. Eliot (*N. Y. Med. Jour.*) says :

A large proportion of cases of sciatica are neuritis, and not simply neuralgia.

Temporary relief of suffering should be secured by hypodermic injections of morphine, atropine, or of theine.

Among the curative agents salicylate of sodium and iodide of potassium are especially valuable—the former in acute, the latter in chronic cases.

Considerable benefit may often be derived from the administration of the more purely neurotic drugs—aconite, belladonna, and gelsemium.

Cantharidal blisters are of very great service in promoting the cure of the disease, when used in conjunction with appropriate internal treatment.—*Pittsburgh Med. Rev.*

DR. E. L. KEYES, of New York, says, in *Jour. Cutaneous and Genito-Urinary Diseases*, that he now uses diuretin in every case of urethral or bladder operation. He gives 60 grains of salol a day for forty-eight hours before operating, and on the day of the operation begins giving 10 grains of diuretin every four hours, continuing it for forty-eight hours. Since using the diuretin he has never seen a chill or suppression of urine following an operation.

MATTISON, in the *St. Louis Medical and Surgical Journal*, recommends cannabis indica for the opium, chloral, and cocaine habit. Failure with hemp is largely due to inferior preparations. It should never be called inert till full trial with an active product proves it. Another cause of failure is too timid giving. For many people small doses are stimulant and exciting, large ones sedative and quieting.

M. P. P.

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- (f) For administration to nursing mothers.
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SOME MORE DONT'S.

Mandatory literature has grown rather plentiful of late. Every now and then we have been greeted by a new array of Dont's, relating to this or that aspect of the medical calling, until there seems but little left to warn against. We have Obstetrical Dont's, Chest Dont's, Surgical Dont's, others that may have escaped my eye, and lately a long list of Syphilitic Dont's, of which a few are given, in order that the reader may see how admirable and timely they are :

"Don't salivate your patient."

"Don't begin general treatment as soon as a chancre appears ; it may not be a chancre." (*sic.*)

"Don't let your patient get diarrœa ; if it comes on, stop it."

From the character of these and many of the other don'ts, I conclude that those which have occurred to me were omitted by the different authors either through an oversight, or because they did not wish to exceed a predetermined number, such as fifty or a hundred. I therefore hasten to rectify these omissions, in the hope that the several cautions, warnings and suggestions, which I append may be as servicable to the busy practitioner as those which have gone before. Since the article is intended mainly for the benefit of the G. P., and not the specialist, I have thought it unnecessary to classify my Dont's, but have jotted them down just as they occurred to my mind :

Don't ask a three months' old baby to put out its tongue ; it may not understand.

Don't forget that the liver is on the right side, the spleen is on the left.

Don't tell a patient your medicine has done him good until you make sure he has taken it.

Don't tie the umbilical cord and then cut it between the ligature and the child ; divide it on the placental side.

Don't forget, before closing the wound in an abdominal section, to count your assistants ; one of them may be concealed in the cavity.

Don't spit on your hands before beginning an aseptic operation ; the saliva has been shown to contain microbes.

Don't try to deliver a child with a shoe-horn ; the regulation forceps are usually more satisfactory.

Don't cut down on a bone to ascertain whether it is broken ; this method of mak-

ing a diagnosis has not the general support of the profession.

Don't ask a woman how many children she has had until you discover whether she is married.

Don't remove the dressings each day and bend the limb to discover whether the fractured ends have yet knit together.

Don't neglect, before sewing up the wound in an abdominal operation, to enumerate the viscera ; you may inadvertently have removed something that ought to be put back.

Don't give corrosive sublimate instead of calomel.—*Ernest B. Swayne, Times and Register.*

THE TREATMENT OF HERNIA BY ABDOMINAL SECTION.—Mr. Lawson Tait, (*Brit Med. Jour.*, Sept. 26, 1891,) advocates strongly the adoption of abdominal section for the reduction and radical cure of strangulated and incarcerated hernia. The arguments which he presents in favour of this operation are that a perfect and accurate diagnosis will be made as soon as the finger in the abdomen reaches the internal aperture of the canal through which the protrusion is supposed to be made, and if the case proves to be one where hernia is not present, no harm will be done if the operation is properly carried out. If hernia is present, replacement of the viscera can be more safely effected by traction from within than by pressure from without, and if traction is gentle and cautious it is certain to be effectual. In a chronic case where strong adhesions exist, the sac may have to be opened in order to undo these adhesions. Ordinary adhesions are, he says, very easily undone by traction. The pieces of omentum which have been removed by traction from their sites of adhesion bleed, but the sites themselves do not, because their vascular supply is from the omentum ; so it will only be necessary to examine the ends of the piece of omentum which has been torn out of the sac and to arrest bleeding to be sure that everything is satisfactorily accomplished. If a secondary opening of the sac is found necessary, he considers the self-evident objection of having two openings instead of one of very little weight, because the second small incision, if properly made and secured, cannot be the seat of subsequent protrusion.

If this secondary opening proves to be necessary for removing adhesions, the reduc-

tion will be accomplished without enlargement of the tendinous aperture and the consequent diminution of support; removal of the hernial sac will not be necessary, and any objectionable contents of the sac may be cleared and the condition of the gut accurately ascertained. Should it be necessary to make an artificial anus, the proper place will be the central incision.

By means of the abdominal section non-discovery of double strangulations and strangulation by the returned neck of the sac will be rendered impossible, and mistaken and incomplete operations will be obviated.

For the radical cure he advocates the following method: "Two common glover's needles armed with one piece of salmon silk worm gut are fastened in some convenient needle-holder at a very slight angle to one another, so that their points completely coincide, and can be made to enter through one hole in the skin. The left forefinger covers or occupies the inner aperture of the sac; the needles are made to enter from without, and are then separated. The outer needle is then made to dip deeply into the external column of the ring, and the inner needle similarly into the inner column. The needles are then pulled out through the central incision, and as many sutures as may be thought desirable are inserted in this way. When the insertion of the stitches is completed, they can be tied from within and cut short. The abdominal wound is then closed properly and the operation is over."

Mr. Tait states that he does not put this operation forward for the purpose of completely replacing the direct method, but maintains that it is applicable in a very large number of cases, and that in its uniform adaptability for the combination of the relief of strangulation and the radical cure of hernia will be found the chief argument for its adoption as far as it can be extended.

He has in this manner cured a large number of inguinal and crural hernias in women, but has never operated on a man, and suggests that in dealing with inguinal hernia in the male some device would require to be introduced to protect the spermatic cord.

The discussion on this paper was quite conservative in its tone, the danger of rupturing the gut and of introducing the irritating contents of the sac into the peritoneal cavity being particularly dwelt upon.

—*N. Y. Med. Jour.*

ONE STORY OF THE THERMOMETER AS RELATED TO ACCURATE MEDICAL OBSERVATION.

Dr. Weir Mitchell, in his address before the Congress of American Physicians and Surgeons, presents the story of the thermometer as he gleaned it from memoirs, journals, lay biographies, rare old folios, and forgotten essays. Between 1593 and 1597 Galileo invented the crude open thermometer. It was a tube of glass, open below and ending above in a bulb. This bulb being warmed, the open end of the tube was set in water, so that as the bulb cooled the water rose in the tube. Then any heat applied to the bulb caused the water to descend. It was an imperfect instrument, and does not seem to have been highly prized by Galileo himself. In 1613 a Venetian noble, Di Sagredo, divided the scale into one hundred divisions, and two years later hermetically sealed the tube, thus giving us the modern instrument. Yet physicians made use of the crude instrument of Galileo rather than the improved instrument of Sagredo. In 1646 Duke Ferdinand II. of Tuscany still farther improved it, and constructed divers forms for medical use. In 1710 another astronomer, Newton, marked the blood temperature at twelve degrees of this scale, and used linseed oil as the fluid. A little later Daniel Fahrenheit altered the scale, and at last set ninety-six degrees as the blood heat, and used the armpit temperature. Nearly a century of silence falls upon medical thermometry—a silence broken by a few aphorisms of Boerhaave and doubting sentences by Van Swieten. In 1340 George Hartine maintains that the heat in man varies from the heat in a fire in degree only, not in kind. He fixed the heat of the skin at 97.98, over or under. He made many correct observations as to the use of the thermometer, but they failed to be received owing to the prevailing erroneous views respecting heat. Physiologists and chemists continued at work, and in 1798 James Curry gave his researches to the public. But even this failed to exert much influence upon the profession. So that it was not until 1840, when the systematic work of Andral was followed by the classic of Wunderlich, that the true laws of temperature in disease became familiar to the profession.

Thus it is evident that the thermometer became of value only when the profession

entertained correct ideas respecting heat and the nature of disease. Long before these were known, the thermometer was perfect and ready for the making of correct observations. The story is interesting as illustrating the co-operation of astronomers and many other scientific men, including physicians, in the working out of the problem.

ICHTHYOL IN ERYSIPELAS.—Dr. Klein, (Berlin, *Klin Wochensh.*, Sept. 20th, 1891,) records the results that have followed his treatment of erysipelas with ichthyol, a remedy to which he ascribes an almost specific action. Excluding very slight attacks and also cases where erysipelas was complicated by other organic disease, he finds that the average duration of an attack where ichthyol is used only amounts to six days; indeed the average is only three days after the actual application of ichthyol has been begun. A marked action in lowering the temperature was also several times observed, so much so that the treatment is apt to be discontinued in the belief that the case is cured. It is, however, desirable to persevere through the period of convalescence. The best mode of using ichthyol is to compound our ointment of vaseline and ichthyol in equal quantities, (the ammonium sulpho-ichthyolium is the best salt,) a somewhat weaker ointment, (ichthyol, lanolin and water, equal parts,) being used when a large cutaneous area is under treatment. The ointment should be rubbed into, and applied to, the skin until the latter assumes a uniform dark brown colour, the application being renewed two or three times a day. Ichthyol without doubt, in Klein's opinion, has a powerful action in retarding the growth of the streptococcus erysipelatosus and shortens the average length of an attack of erysipelas by one-half. —*From British Medical Journal.*

SCHMIEDEN has found duretine useless in the dropsy of cirrhosis of the liver, and in tubercular peritonitis. In valvular heart-disease and in arteriosclerosis it proved itself a very useful diuretic, increasing not only the water, but also the solids of the urine. It may possibly cause vomiting. In two cases of nephritis, haematuria occurred. In a not inconsiderable number of cases, there was observed increased frequency of the pulse, with a tendency to irregularity; this should cause a discontinuance of the drug.—*Centrl. f. Med. Wissenschaft*, 1891.

THE GRATUITOUS ATTENDANCE OF THE POOR, says the *North American Practitioner*, is one of the pre-requisites of the medical profession. No parallel to this can be found in law or theology. When a medical man does a service to a poor patient, he receives a double compensation in the gratitude of the patient and in the benevolent impulse which inspires his own mind. This is not the case when large numbers of sufferers are collected in hospitals and dispensaries. The personal element is gone. The occasion and need for benevolence is unattended by the possibility of the same return. The patient and physician are strangers and their relations are momentary. The service, on the one hand, is secured without gratitude, and on the other hand is rendered without benevolence. The custom of rendering medical services in private and public hospitals without compensation, depends on the semi-ecclesiastical origin of the modern physician. Its equity depends on two conditions, which are frequently not formulative, and are not generally understood. The attending physician, in a free or private hospital, is a delegate from the medical profession, and he should hold his position as a trust. The medical service in these hospitals is rendered with the tacit understanding that the clinical material shall be used in the freest possible manner for the advancement of medical education. Whenever any deviation from this ideal condition prevails, and the hospitals deny the freest use of their wards for the purposes of teaching, or whenever the attending staff is not a representative staff and fails to utilize, through incapacity or other disability, the material of the hospital for the advancement of medical science, the patients are the first to suffer. In the former instances they are treated in a hasty, perfunctory manner, in the latter the attending staff soon becomes a nest of wily, selfish, quackish men.—*St. Louis Medical and Surgical Journal.*

THE following happened to a prominent doctor in the West End the other day. A somewhat ignorant, though wealthy, patient, who was behind in settling an account of some considerable outstanding, whilst paying a visit to the doctor, asked him what the letters M. D. meant after his name.

"Oh" replied the medical man, "they stand for 'Money Down!'"

The next morning he got a cheque in settlement of the account.—*Tit Bits*, July, 1891.

WHITE OF EGG FOR SORE NIPPLES.—Dr. Frank Van Allan writes to the *New York Medical Journal* that there is a remedy which in his hands has been most successful in that distressing complaint, the sore nipples of nursing women. It is the painting of the nipples several times a day with the white of egg. This soothing albuminous covering forms a delicate film over the abraded nipple and the surface is soon—within a few hours, except in severe cases—entirely healed. He believes that there is no necessity for excoriations or cracks to occur on the nipples of nursing women, if the first tender feeling is met promptly by this application. It is a remedy which can be had at a moment's notice in any household, and easily applied with a camel's-hair brush or a feather. The albumin may best be applied just after nursing, while the nipple is still moist from the baby's mouth. As somewhat of a thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumen is heightened by allowing it to dry on thoroughly before drawing the clothes again over the breast. In some cases it will be found advantageous to combine some remedy with the albumin in order to hasten recovery. When this is done, care should be taken to employ an agent which will be innocuous to the infant.

HUBER (F.) ON ABSCESS OF LUNG ; OPERATION ; RECOVERY.—The disease occurred in a boy aged four. Sick a month before coming under observation. With a septicæmic history. The physical examination was negative, with the exception of an area of flatness, with distinct bronchial breathing in the right infraclavicular and mammary region. Exploratory puncture brought pus, and the diagnosis of localized empyema was made. At the operation (incision with drainage) pleural adhesions were found and the pus was discovered to be in the substance of the lung. The cavity gradually contracted and a small fistula remained, which closed about ten months from the onset of the disease.

The exploring syringe readily detected pus on the day prior to the operation. Rather unwisely the needle was removed and the incision made. When the pleura was opened, the needle was again inserted, and it was only after repeated punctures that the site of the suppurating process was rediscovered. A

severe pneumonia of the upper lobe (laterally and posteriorly) resulted, no doubt caused by the multiple punctures. Gentle irrigation of the cavity or of the fistula later on was not followed by any bad effects; if forcible injections were resorted to, a severe paroxysmal cough would follow, to terminate when the injected fluid had been expectorated, the fluid having entered a bronchial tube.

Dr. Huber draws the following conclusions from a general survey of the subject :

1. Before operation, the position of the abscess must be determined as accurately as possible, and especially by exploratory puncture.
2. As a rule, a pulmonary abscess should not be opened during the course of an acute pneumonia.
3. Before the abscess is opened, it is well to excite pleuritic adhesions, if these do not already exist. This should be done by resection of a rib and suture of the two pleural surfaces, or by means of the actual cautery.
4. The abscess is best reached by resecting a rib and piercing the lung with a thermo-cautery.
5. Free drainage is essential ; antiseptic injections are best avoided, dry dressings being preferable.—*Phil. Med. News, Oct. 17, 1891.*

If the patient has a great deal of nausea after etherization, what can you do? The books generally discuss it by saying it will pass off. When you have such a case, you will feel like passing off yourself. Iced drinks and carbonic acid water are good. One of the best remedies is chloroform, gtt. iv or v, with gtt. ij or iij of vinegar of opium, given two or three times a day. That will sometimes allay vomiting. Another plan, when you have reason to think there will be great nausea or vomiting, is to put your patient to sleep. A great many surgeons are opposed to morphine or opium after operation. Before the operation I am apt to give a little brandy or whisky and a little morphine hypodermically ; in that way I do away with the necessity for giving a large amount of ether. Usually, after operation, I order a hypodermic, gr. $\frac{1}{6}$, of morphine. It is not only to alleviate pain, but to quiet the patient and the stomach. It controls the nausea and puts the patient to sleep, giving the stomach and nervous system time to recover themselves.—*Brinton.*

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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.


From the "New York Medical Journal," May 18th, 1889 :

A TONIC FORMULA.

By AUSTIN FLINT, M.D., LL.D.,

Professor of Physiology in the Bellevue Hospital Medical College, New York; Visiting Physician to Bellevue Hospital.

In the NEW YORK MEDICAL JOURNAL for July 31, 1886, Professor Allard Memminger, of Charlestown, S. C., published a short article on "Bright's Disease of the Kidneys successfully treated with Chloride of Sodium." The salt is given in doses of ten grains three times daily, the doses being increased by ten grains each day until they amount to fifty grains each. It is then diminished to sixty grains in the day and continued. I employed this treatment in a few cases, but did not meet with the full measure of success noted in four cases reported by Professor Memminger, although in some instances there was considerable improvement. The suggestion by Professor Memminger, however, and his theory of the mode of action of the sodium chloride, pointed to a possible deficiency, in certain cases of disease, in the saline constituents of the blood. Under this idea, I prepared a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. I first used this preparation in the form of powder, giving ten grains three times daily, after eating. It was afterwards put in gelatine capsules, each containing five grains, but these absorbed moisture so that they would not keep well in warm or damp weather. The preparation is now, in the form of sugar-coated tablets, all under the name of saline and chalybeate tonic. I usually prescribe two tablets three times daily, after eating. In a few cases, six tablets daily have produced some "fulness" of the head, when I have reduced the dose to one tablet three times daily.

 *Messrs. Wyeth are now Manufacturing these Pills, both plain and sugar-coated. Their extensive use would seem to confirm all the claims made for them by Dr. Flint. In ordering please specify Wyeth's Tonic Chalybeate Tablets.*

TONIC CHALYBEATE (FLINT'S). Per Bottle of 100 Tablets, - \$0.35.

Sodii Chloridi (C.P.) 3 drachms, Potassi Chloridi (C.P.), 9 grs., Potassii Sulph. (C.P.) 6 grs., Potassii Carb., 3 grs., Sodii Carb. (C.P.) 36 grs., Magnes. Carb., 3 grs., Calc. Phos. Precip., 30 grs., Calc. Carb. 3 grs., Ferri Redacti Merck., 27 grs., Ferri Carb., 3 grs., M et ft. Pil. No. LX.

DAVIS & LAWRENCE CO., Limited,

GENERAL AGENTS, - - MONTREAL.

Please mention THE MARITIME MEDICAL NEWS.

THE AREA AND POPULATION OF THE GLOBE.
 —The recent publication of the *Bevölkerung der Erde*, of Drs. Wagner and Supan, by Perthes, of Gotha, gives us the most reliable information as to the area and population of the earth now obtainable. The estimate for the total population of the earth in this present year is 1,480 millions, or an increase of forty-six millions over the estimate for 1882, when the last edition of these statistics was published. The exact enumeration of 836 millions (about fifty-six per cent. of the whole population of the globe) has now been accomplished by census or registration. The population of the chief divisions of the globe is, in round numbers: in Europe, 337 millions, giving ninety-four inhabitants to each square mile of area; Asia, 825 millions, or forty-seven to the square mile; Africa, 163 millions, or fourteen to the mile; America, 121 millions, or eight to the mile; Australia, three millions, or one to the mile; and in the Oceanic Islands, seven millions, or ten to the mile. In Europe, Belgium exceeds all countries in density of population, with 530 persons to a square mile; next follows Holland, with 365; and the United Kingdom, with 312; but whereas in England the density is 480, in Scotland, it is only about one-fourth, and in Ireland about one-third that of England. In Norway and Finland, the most thinly populated countries of Europe, there are only about sixteen persons to the square mile. Of China the estimate is 361 millions, giving a density of about seventy-seven to the square mile. It is in respect of Africa that the greatest doubt necessarily exists. The statistics make it manifest that there are still vast areas of the habitable surface of the earth almost, if not quite, unpeopled; and which will for many a long year to come receive the surplus millions of Europe and other parts of the globe in which the density of population is most keenly felt.

JOSH BILLINGS ON DOCTORS.—Doktors are not all quaks; you hav got wrong noshuns about this. Doktors, lawyers, and ministers have a hard row to ho; they hav to deal with kredulity, knavery and fears of the people—three of the most difficult traits in human natur tew handle. If i was a doktor and understood my bizness, i should doctor my pashunts, and let the disease take care ov itself. More folks are cured this way than enny other.—*Med. Times.*

ARE DRUNKARDS RESPONSIBLE FOR CRIMES COMMITTED WHILE UNDER THE INFLUENCE OF ALCOHOL?—Much has been said upon this subject of late, and most that has been said has been in the negative. The affirmative, have, as a rule, thought reply not necessary, and yet the observing must have noted a growing tendency upon the part of the alienist to regard the drunkard as irresponsible for acts committed while drunk. In his seventeenth annual report of the Cincinnati Sanitarium the eminent superintendent, Dr. O. Everts, makes the following timely remarks:

Common sense and common law (which is but an expression of common sense tested by experience) hold men responsible for remote, as well as immediate, consequences of criminal acts: No man is permitted to plead his own wrong in mitigation of his offences. Common law, and common sense, recognizing intoxication as a vice, hold inebriates responsible for crimes, although committed while incapable of self-control, and oblivious to the consequences of their acts. The school of neuropathic doctors who recognize all of the antecedents of inebriety to which it is sequential as pertaining to disease, holds inebriates as irresponsible for their crimes, as they were from the beginning incapable of resisting their morbid appetites, or doing otherwise—unaided—than to become drunkards. Whatever the logic of such inferences, sustained by whatever facts, it is not probable that such extreme views of the irresponsibility of drunkards will ever generally obtain. Society—that co-operative condition of mankind, in which the rights, or necessities, of the many are recognized as superior to the rights or necessities of the few, in the interests of which laws are made and executed; the necessities of which constitute the only rational criteria of the responsibility of man to man—can not afford to exempt a class of offenders from responsibility, whether sane or insane, while they are, at the same time, exempt from legal restraint, because of alleged infirmities. Necessity is not often sentimental.—*Med. and Surg. Report.*

TREATMENT OF TYPHOID FEVER.—M. Hayem (*Concours Medical*), in one of his lessons on therapeutics, describes a new method of treatment of typhoid fever, which he has used with excellent results for several years. It consists in the exhibition of lactic acid as an intestinal disinfectant, and as a means of controlling the diarrhoea. He rejects all

internal antipyretics, but reserves the use of baths. Lactic acid, with or without baths according to the indications, is the regular treatment followed by M. Hayem. He prescribes the acid in the form of lemonade: R Acidi lactici 15.0-25.0 grms. (3 iv-vj).

Syrupi simplicis 200.0 grms. (̄ viiss).

Aque . . . 800.0 grms. (̄ xxvij)-M.
Sig.: To be taken in the course of twenty-four hours.

If there is gastric intolerance, the lemonade may be diluted with seltzer water.

In slight cases, M. Hayem prescribes 15 grammes (3iv) of lactic acid daily. When the evening temperature reaches 40° C. (104° F.), the dose is increased to 20 grammes (3v). In grave cases, with hyperpyrexia, 20 to 25 grammes (3v to vj) of lactic acid are given with cold baths (20° C, —68° F.), or baths in water gradually made cold. Brandy is given if adynamia is present. When the fever declines the daily dose of lactic acid is gradually diminished, but is given in daily doses of 5 grammes (gr. lxxv.) even during the first days of convalescence.—*Journal d' Accouchements — Satellite.*

BENJAMIN (D.) ON "THE PROTECTIVE" IN ANTISEPTIC DRESSINGS.—What is known as "the protective" in antiseptic dressings is a piece of silk very much like the common silk court-plaster, or isinglass plaster, with this difference, that it is not so stiff, and is, or rather is supposed to be, sterilized.

The manner of using it is to carefully lay over the line of incision a strip sufficiently long to extend at least a quarter of an inch beyond the sutures on each side of the wound. This constitutes the first part of the antiseptic dressing for the wound, and upon this the antiseptic gauze is placed; the antiseptic or absorbent cotton follows, and then the bandage. Some use a powder either on or under "the protective."

To obtain the best results in antiseptic surgery, "the protective" should never be used; it is so impervious, especially if well applied, that instead of keeping the edges of the wound together it prevents the escape of the effusions and thus dams them up, causing pressure and separation of the edges of the wound. If "the protective" be left off the wound altogether, the antiseptic gauze absorbs the exuded fluids, keeping the wound nicely drained and dry.

Moreover, if there happen to be a few germs under "the protective" they readily

multiply in the pent-up secretions, thus kindly protected from all the influences of the bichloride gauze, with its many absorbent layers laden with the germicidal mercury. My advice therefore is: *Do not use "the protective."*

Having sterilized the wound as completely as possible, after the sutures are cut and tied, apply the dry antiseptic powder, the gauze, the cotton and the bandage. Any "protective" placed between this dressing and the flesh, if it does anything, destroys or injures the usefulness of other dressings.—*Med. News*, Oct. 31, 1891.

A MAN BURIED ALIVE.—A curious fact is reported as having occurred at Saint Crèpin, in the canton of Saint Sernin, near Rodez. In carrying a man supposed to be dead, from the church to the cemetery, the pall-bearers, four young men, thought that they perceived a movement inside the coffin. The ceremony being finished they compared observations, and all agreed as to their sensations. Communicating their suspicions to the clergyman the coffin was ordered to be opened, and it was found that the man had, in fact, moved. The hands, which had been crossed upon his breast, were raised in front of the eyes. The man was taken from the coffin; he was addressed, but made no reply. A stimulant was administered and absorbed. He was transported to his home and means used to restore him to life. The following day he was living, looked about him, drank, and spoke a few words, but was extremely weak.—*Le Progrès Médical.*

As has been already pointed out, cod liver oil is not only an efficient remedy, but in a degree an admirable food, and advantage is taken of this fact to use it largely as a preventative. Children and young people without active disease, but having so-called delicate lungs, whether acquired or inherited, who in this northern and changeable climate are subject, during sudden alternations of temperature and moisture, to bronchial and catarrhal troubles, and to that insidious and alarming complaint, common croup, are saved many an attack and permanently benefited by its judicious use during the cold seasons of the year, but more particularly, perhaps, during the autumn and early spring. I am in the habit of ordering for delicate children, referred to above, from a teaspoon to a dessertspoonful of the "D. & L. Emulsion" each night at bedtime, and

keep this up, with occasional intermissions of a day or two, for months.—*Dr. T. Simpson in Montreal Med. Journ., Nov. 1891.*

READING NOTICE.

WHAT would be thought of a lawyer with an important case in hand who would take no measures to secure the presence of his most important witness on the day of his trial; or the soldier, who, with the most approved weapons, was careless of his ammunition. Theirs would be short careers. And yet the physician with life dependent upon his efforts, equipped with a thorough medical education, with a full appreciation of the case in hand, and who, with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their maker, and therefore of their quality. Is this common sense or common prudence? Do you purchase your hat or your coat after this fashion? Certainly not; then why your medicines? Have you ever thought of it in this light, doctor?

You must know that there are reliable and worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs

purchased. Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that your druggist keeps in stock the products you want.

Parke, Davis & Co. claim that their facilities for securing the highest quality of drugs and their preparations are unequalled. They guarantee every unopened package from their laboratory absolutely as represented.

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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 matriculate, through the Instructors and Professors of our schools that are attached to these Institutions.

FACULTY.

- Diseases of the Eye and Ear.*—D. B. St. John Rousa, M.D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.
Diseases of the Nose and Throat.—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight, 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 M. 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.
Surgery.—Levis 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 Bache McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.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 Dwight Chapin, M.D., Joseph O'Dwyer, M.D., LL.D., J. H. Ripley, M.D., Aug. Cailé, M.D.
Hygiene.—Professor Edward Kerslmer, M. D., U. S. N.
Pharmacology.—Professor Frederick Bazoze, Ph.D.
Electro-Therapeutics.—Wm. J. Morton, M. D.

For further information please call at the school, or address

CLARENCE C. RICE, M. D., Secretary,

F. E. FARRELL, Supt.

226 East 20th Street, New York City.

Notes and Comments.

THE New Brunswick Medical Society has recently had printed and distributed among its members a very neat little hand-book, containing the by-laws of the Society, extracts from the New Brunswick Medical Act, the Code of Medical Ethics, and the tariff of fees recently adopted by the society. This booklet will be found very useful and a handy means of reference for the members of the profession.

LYING-IN Department of the New York Post Graduate Medical School at 543 East 13 Street,—Mrs. C. P. Huntington has given the Directors of the Post Graduate Medical School \$2,000, a sum sufficient to defray the expenses of the Lying-in Department for one year. Prof. Von Raundohr will have charge of this department at 543 East 13 Street, where instruction in Obstetrics will be given to graduates in medicine only.

It is with pleasure that we call attention to the mineral water supplied by the Wilmot Spa Springs Company. The natural water is a very agreeable beverage with mild laxative properties, which may be used with much advantage in persons who are habitually constipated. The water has gained a high reputation and undoubtedly compares well with the best imported waters of higher price. The company, we understand, has a successful and growing business, to which the merits of the water certainly entitles them. It is only on the principle of a prophet being without honour in his own country that the Spa water would be ignored in favour of an imported article. The Nova Scotia water will stand the test of a careful trial and comparison. The ginger ale, lemonade and soda water manufactured with the Spa water as a basis are very nice preparations, though perhaps the natural water is the one most deserving of the recommendation of the profession.

THE proposed new system of taxation for Halifax according to which medical men will be taxed a professional license fee of a considerable amount, (five to twenty-five dollars, the latter after five years practice,) in addition to 10 per cent. of the amount of rent, and a tax on horses, &c., we believe to be absurdly unfair. That a man should be taxed on what he has not yet earned and regardless of the amount of his

income is not, we think, a just or wise system. As a profession we do so much for nothing, and do it so eagerly sometimes that it is no wonder if we are misunderstood and taken for affluent personages enjoying special opportunities for making money. The fact is that we already give beyond our ability and if there was a correct understanding of the financial position of the average doctor nowadays, he would not be considered a wonderfully fat goose to feed upon. We trust the profession will not apathetically allow to pass unopposed a system which will increase the disproportionate burdens of at least the younger practitioners.

Personals.

JAMES STEWART, M. D., has been appointed to the chair of Clinical Medicine in McGill University.

A. D. Blackader, M. D., has been appointed to the chair of Materia Medica and Therapeutics in McGill University.

R. F. RUTTAN, M. D., has been appointed Assistant Professor of Chemistry and Registrar in the Medical Faculty of McGill University.

DR. N. DARRELL HARVEY has commenced practice as an ophthalmologist in New York. He has already distinguished himself by devising some instruments for the latest operation on trachoma, which is known as grattage.

BELCHER'S FARMER'S ALMANACK, 1892.—This standard work is again before the public, and it maintains its well-won character of a store-house of useful information for all classes of the population. It gives us the Royal Family; the members of the Senate and House of Commons, and Privy Council, all the Provincial Legislature, all the lawyers, doctors, clergymen and militia of Nova Scotia; the usual Calendar notes of weeks and months and seasons, tides, changes of the moon; tariff rates, &c., &c. It is an invaluable handbook for constant reference in the office, in the library, and in the domestic circle; as useful to medical men as to any one.

PARNELL died from hyperpyrexia, one of the complications not very rare in inflammatory rheumatism.

NOTICE on advertising page iv. the list of Instruments and Books to be sold at private sale—part of an estate.

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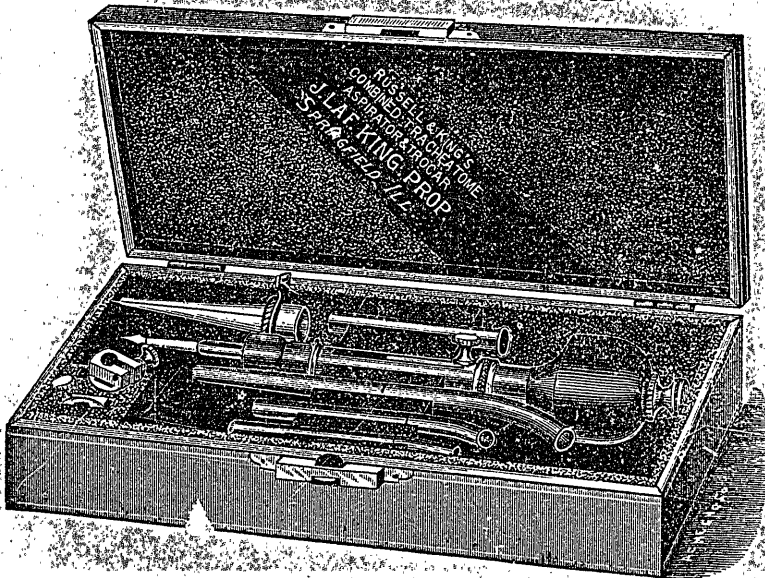
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DOSE.—For an adult, one table-spoonful three times a day, after eating; from seven to twelve years of age, one dessert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

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The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

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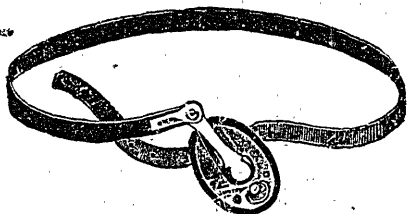
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