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# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

## A MONTHLY JOURNAL OF MEDICINE and SURGERY.

VOL. V.—No. 7.

JULY, 1893.

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## RHEUMATISM.

**Dietetic Note.**—A fruit and vegetable diet is most favourable for patients with chronic rheumatic trouble.

**ALLOWED.**—Beef and mutton in moderation, with horse radish as a relish; fish and eggs, green vegetables, and fruit especially lemons. The skimmed milk diet has been advocated by some authors.

**AVOID.**—Starchy and saccharine food; all malt liquors, wines and coffee.

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W. T. AIKINS, M. D., LL.D., *Dean*. JAMES BREBNER, B. A., *Registrar*.

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# MARITIME MEDICAL ASSOCIATION.

The Third Annual Meeting of the Association will be held in Charlottetown  
**July 12th and 13th, 1893.**

---

All registered medical men in the Maritime Provinces are invited to attend and to become members of the Association.

Gentlemen who intend to read papers are requested to forward at once the titles of the same to the Acting Secretary.

**H. D. JOHNSON,**  
 P. O. BOX 137, CHARLOTTETOWN.

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## NOVA SCOTIA MEDICAL SOCIETY.

A meeting of the NOVA SCOTIA MEDICAL SOCIETY will be held in Bridgewater

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for the transaction of business, election of officers, &c. The usual scientific programme will be carried out. A full attendance is confidently expected.

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

The sixtieth 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.

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments in Bacteriology carried on.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 10,000 volumes, a museum, as well as reading-rooms for the students.

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

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

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be 21 years of age, having 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 examination.

For further information, or Annual Announcement, apply to

R. F. RUTTAN, M. D., Registrar.  
Medical Faculty, McGill College.



# The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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No. 7.

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## Original Communications.

### REPORT OF A CASE OF ACUTE HODGKINS DISEASE.

BY D. A. CAMPBELL, M. D., HALIFAX.

Mrs. J. C—, aged 37, widow, a native of Halifax, was admitted to the Victoria General Hospital February 7th, 1893, complaining of great weakness. She stated that from childhood up to a short time ago she enjoyed good health, never having been laid aside by reason of severe illness. She married at 22, had two children, and no miscarriages. In consequence of the loss of her husband she has worked hard as a domestic to support her children. Father died of cancer. Mother and all her brothers and sisters living and in good health.

For some months she has noticed a gradual failure of strength. Three months the catamenia ceased. Shortly after this she contracted a slight cold. She continued at work though not feeling well until three weeks ago, when she was compelled by sheer weakness to rest. She noticed lumps about the neck for some time but

thought nothing about it. She states that she has been always more or less pallid, but much more so within the past month. There is no evidence of syphilis. The following points were noted after admission to hospital:

Face flushed; skin and visible mucous membrane pallid; eyelids puffy; legs slightly oedematous; tongue clean and flabby; tonsils not enlarged; appetite good; no nausea or vomiting; bowels act every second day without medicine; urine scanty and high-colored; sp. gr. 1030; no albumen or sugar found; pulse 130, thready; temp. 101° F.; resp. 35; sleeps fairly well; there is a moderate amount of cough with muco-purulent expectoration. The slightest exertion causes giddiness and shortness of breath; special senses appear normal; mentally she is dull. All the glands of the neck are more or less enlarged, those beneath the jaw notably so. The largest is beneath the jaw on the left side, but does not exceed a walnut in size. The axillary and inguinal glands are moderately enlarged, more so on the left side than on the right. The average size is about that of a hazel nut.



Chest: The thorax is symmetrical; costal angle narrow; expansion limited; no vocal fremitus; Chest wall resonant on percussion except over sternum and postero-inferior portions—where the sound is deadened.

Respiratory murmur feeble and accompanied with fine moist râles heard at different parts of the chest. Vocal resonance is not increased; cardiac impulse in normal situation, feeble; heart sounds muffled but no distinct murmur audible either at apex or base. Abdomen slightly distended; spleen enlarged, free border being readily palpable two inches below left costal margin.

Liver considerably enlarged and tender on deep pressure; free margin palpable in the axillary line as low down as crest of ilium and in the median below umbilicus. Uterus and appendages appear normal. Blood drawn from the finger tip has a light rosy tint.

Hæmoglobin 40%. Red corpuscles 2,700,000, white 9,000 per c. mm. Red corpuscles tolerably uniform in size—only a few microcytes and poikilocytes were observed; no nucleated, red corpuscles observed. Dried cover slip preparations fixed by heat and treated with the triple stain revealed nothing very unusual.

The clinical diagnosis was acute Hodgkins disease, with marked anæmia, moderate enlargement of superficial lymphatics and enlargement of the liver and spleen, the examination of the blood excluding leukaemia.

In addition to suitable regimen and diet Fowler's solution was prescribed in small doses at first—the amount to be increased from day to day if no unpleasant symptoms developed.

For a brief period the patient seemed to improve—the fever subsided and she appeared to gain strength. An intense craving for animal food manifested itself. The fever returned in about ten days and was accompanied with a painful diffuse swelling on the

left side and front of the neck. Death from exhaustion occurred three weeks after admission to hospital.

An examination of the blood was made the day before death. The results were practically the same as at first.

#### REPORT OF AUTOPSY.

Autopsy fifteen hours after death. Weather cold. Rigor mortis well marked; moderate staining of dependent surfaces; body emaciated; surface pallid; feet and legs oedematous; eyelids swollen; all the superficially seated lymphatic glands moderately enlarged, those below the jaw being the largest in size; lower part of the front and left side of neck moderately swollen, the surface slightly discolored and marked by prominent veins. Tissues beneath this swelling diffusely inflated with inflammatory exudation, which in three or four small areas was purulent; glands hard, cut surface grayish white and dry; left sub-maxillary gland enlarged and hyperæmic, and apparently the starting point of the diffuse inflammation of the subcutaneous cellular tissue of the neck.

The nervous centres were not examined. The red marrow of sternum and ribs appeared normal. Thyroid normal; the lungs were free from adhesions; left pleural cavity contained 12 oz. of a sero-purulent fluid; the lower and posterior surface of left lung was coated with a thin layer of friable exudate, purulent in spots; lung tissue appeared normal, with the exception of moderate œdema at postero-inferior portions. The thymus tracheal and bronchial glands were enlarged, fused together, and formed three or four tumours, each about the size of a Tan gerineorange. The tumours were quite hard, grayish white in color—the cut surface was dry, and showed only a moderate amount of pigment. The posterior mediastinal glands were enlarged.

Pericardium contained about 4 oz. of

yellow serum. The surfaces were smooth.

The heart weighed 8 oz. The right cavities contained a moderate sized reddish black clot. The valves were normal, except that the segments of the mitral were stained and slightly roughened about the fine edges. The heart substance was firm and of a uniform reddish brown color.

Abdomen.—There was a small amount of sero-purulent exudate in the peritoneal cavity and some coils of the intestines were spotted with a yellowish white coating. The spleen weighed 30 oz., was free from adhesions. The surface was smooth and marked by whitish elevations about the size of a pea. The capsule was not thick. The cut surface was dry and firm to the touch and mottled; numerous irregular whitish masses, ranging in size from a pin head to a hazel nut, being interspersed among a lake-colored tissue.

The liver was considerably enlarged, weighing 80 oz.; the enlargement was confined principally to the right lobe; the surface was smooth, and of a pale fawn color. The cut surface was bloodless friable, and studded with small whitish points.

The gall bladder was contracted, containing a small amount of dark green bile. The biliary passages were free from obstruction.

Stomach and intestines appeared normal. The solitary and agminated follicles did not seem to be enlarged. The mesenteric glands were slightly larger than normal. The pancreas and adrenals appeared normal.

The kidneys weighed 11 oz. and were about equal in size; the capsule was smooth and stripped off readily; the cut surface was pale, the markings distinct and the cortex normal in thickness the tissue was soft and studded with greyish white points about a millet seed in size.

Uterus and appendages appeared normal.

Cover slip preparations were made

from the blood, exudate in the neck, pleural and peritoneal exudates, several glands, and most of the viscera. The only organism present was the streptococcus pyogenes.

Microscopic examination of the glands and spleen showed the changes usually observed. There was notable fatty inflation of the liver, with deposits of lymphoid tissue chiefly along the portal canals. Deposits of lymphoid tissue were also observed in the kidneys. Sections of glands and from the viscera stained by the Weigert method showed clumps of cocci in the capillaries; here and there short chains were observed.

The acute course of the malady is perhaps the most noteworthy feature of the case, the duration not exceeding four months. As a rule Hodgkins disease runs a more or less chronic course extending over three or four years, but in the past decade quite a number of acute cases have been reported. Such cases with only trifling involvement of the superficial lymphatics might readily be confounded with other diseases running a rapid course as typhoid or pyaemia. The high grade of anaemia, the very general but moderate enlargement of the superficially seated lymphatics and the decided enlargement of the spleen rendered it impossible to exclude leukaemia without resort to a careful examination of the blood. The absence of pronounced leucocytosis positively excluded that closely allied malady.

Hodgkins disease presents all the characteristic features of an infective disorder, but so far no distinctive micro-organism has been isolated.

In quite a number of instances pyogenic organisms have been noted as in this case, but their presence is probably accidental, invasion occurring when vital resistance is lowered.

HE: "Doctor, every time I raise a hand I'm completely knocked out with pain.

DOCTOR: "Then you had better play some other game."

### ABSTRACT OF AN ADDRESS

Delivered before the State of California  
Medical Society.

BY DR. W. F. McNUTT.

In speaking of pneumonia he said : The individual who is the subject of pneumonia is particularly unfortunate, partly because pneumonia is a serious disease, but mostly because physicians from time immemorial have looked upon this disease as one that should be actively treated, that its symptoms should be actively combated at one time by indiscriminate bleeding, at another by enormous doses of tartar emetic, again it is aconite, veratrum viridi, antipyrine, etc. If the indiscriminate administration of these latter remedies, does not find as many victims as did bleeding, it is only because they are not so universally used ; the treatment is equally pernicious. What we must learn is that in pneumonia the inflamed lung is never to be treated, but occasionally and only occasionally the patient who is the subject of this disease requires medicine. That all require care, and intelligent care, and should be placed under the most favourable hygienic surroundings, and unless we call an occasional laxative and hypnotic at night when they are indicated, medication, no medicinal treatment is called for in from 80 to 90 per cent of the cases of pneumonia. A few weeks ago I saw in consultation a case of pneumonia, the lower left lobe was involved, temperature was  $104\frac{1}{2}^{\circ}$ , it was the fifth day of the disease, it was in the second stage, and I proposed to allow the patient to go on without medication. The physician asked, but what will we do about the temperature ? My advice was to leave the temperature alone. A few days fever never kills anyone. Heart depressants and antipyretics in pneumonia, more especially in the second and third stages, kill thousands. The worst thing that can be done for a pa-

tient when the lung is engorged is to paralyze the heart, it is worse than bleeding ; blood-letting might relieve the engorgement. What is needed in the management of pneumonia is more intelligent reliance on the natural evolutionary termination of the disease, and more intelligent conservatism in the administration of medicine.

*Artificial foods.*—The present indiscriminate administration of artificial foods is one of the most useless, senseless and unnecessary fads that has taken possession of the medical profession in many years. Until the physician has his common sense restored to him on this subject, manufacturers will continue in supplying us with decoctions and preparations warranted to contain sufficient nutrition to the square inch to maintain an ordinary family for a week. They give us extracts and peptonoids of cow, of steer, of veal, of mutton, of lamb, etc., in fact, peptonoids of everything compounded and combined with everything. Artificial foods have an excuse for their existence and are useful under many circumstances where it is quite impossible to procure properly prepared nourishment, in boarding houses, lodging houses, travelling, etc. To use them in well-to-do-houses, as is being constantly done, where proper nourishment can be carefully and elegantly prepared is one of the follies which we hope will soon be corrected.

*Sigmoiditis and Parasigmoiditis.*—This portion of the intestinal tract has never received the attention from either clinicians or pathologists that its importance entitles it to. The attention of the profession at present is directed to the other side of the abdomen, viz ; to typhlitis, perityphlitis and appendicitis. A patient is liable to lose his appendix if he complains of pain low down in the right side of the abdomen, his sigmoiditis is entirely overlooked, or the pain is attributed to some other cause. I will not presume on your time to discuss appendicitis, but will merely remark in passing that

an operation is not required in every case; more than half of my cases get well without an operation. I will ask your attention to the left side of the abdomen, to the sigmoid, simply to throw out a few suggestions, the result of clinical experience. In catarrh of the bowels, especially that membranous form of catarrh where casts of the bowels are discharged or a great quantity of gelatinous, half organized membranous material is discharged, in eight cases out of ten the catarrh is in the sigmoid. This condition of things sometimes follows diphtheria. I had one patient, a young woman, after an attack of diphtheria continue for two years to pass this gelatinous membranous material, and during which time the temperature ranged from 90 to 100; she was anæmic, had poor appetite, the lower portion of the descending colon was thickened and tender on pressure, bowels constipated, was more or less tympanitic and usually had pain at every evacuation. Many of these cases do not yield readily to treatment. I have tried many remedies but find the most benefit from the following prescription; Sulphur (precip.), ferri carb. aa  $\bar{v}$ iv; glycerine,  $\bar{v}$ iv; aqua menth., q. s. ad.  $\bar{v}$ iv; a teaspoonful every two or three hours. The sulphur soon lessens in marked degree the amount of mucus. With this treatment the oil of vaseline (or vaseline warmed) with iodoform or carbolic acid or lysol, or bismuth or thiol, should be thrown into the sigmoid daily.

"The first case of parasigmoiditis that came under my observation, occurred several years ago. I was called to take charge of a very severe case of peritonitis, the physician in attendance had been taken suddenly ill. There was great tympanites, high fever and great distention of the colon with obstinate constipation and persistent vomiting. I was told by the nurse that the pain and inflammation had commenced low down in the left side, and that since her illness, ten days ago, the physician had failed to

get any passage from the bowels. I made several ineffectual attempts to pass a tube or catheter into the sigmoid to allow the gas to escape, but had to content myself with giving some relief by passing a hypodermic needle into the colon through the abdominal wall. She died in a few days; the post mortem revealed a large abscess behind the sigmoid, its pressure completely obstructed the bowels. The distention of the bowels and the tension of the walls were so great, when I saw the case, that it was an impossibility to even guess the presence of a sigmoiditis. Since then I have seen two cases, neither would consent to an operation, but fortunately both ruptured into the bowels and recovered.

"I have had several cases since of accumulation of pus behind the rectal walls, which seemed to have come from parasigmoiditis. The colon should be well washed out two or three times a week with warm salt water. This can be easily done by a tube or by gravity. Many of these cases of parasigmoiditis are probably cured by perforation of the sigmoid walls. We have only to remember that no part of the intestinal tract is more liable to ulceration, than is the sigmoid flexure, and that the mucous membrane of the large intestine resembles that of the stomach rather than that of the small intestine and has the same tendency to perforating ulcer as has the stomach. The cause for the frequency of ulceration of the sigmoid is very obvious; in constipation the dry, hardened feces accumulate here and by pressure or friction cause ulceration.

"*Kidney.*—It seems passing strange that so many writers still use the terms "Movable and Floating Kidney" as synonymous. There is very little in common with the two conditions. A movable kidney is always acquired; a floating kidney is always congenital. A movable kidney only moves behind the peritoneum. The floating kidney has a meso-nephron and is free in the abdominal cavity

Many writers also use the term wandering kidney as synonymous with movable kidney; this is also misleading, the term wandering kidney can only be applied to floating kidney. In surgical interference with these two conditions, the floating kidney requires a laparotomy, it being free in the abdominal cavity. Movable kidney is reached by the lumbar operation. Relaxation of the abdominal walls is constantly being cited as a cause of movable kidney, and probably because it is often found in women after confinement; the relaxed wall has nothing to do with movable kidney. Constant retching during pregnancy is no doubt responsible for many movable kidneys, and severe labor pains for many more. The contraction of the diaphragm during labor forces down the liver and no doubt tends to dislocate the right kidney. I examined not long since a medical man, whose right kidney was freely movable, it was caused by the constant vomiting and the consequent emaciation of a long voyage of 19 days; he discovered that the kidney was movable shortly after getting ashore. I examined a young woman recently who had both kidneys movable, the reason was evidently severe cough and emaciation. Many of the symptoms that authors attribute to movable kidney, such as obstructions of the bowels, etc., can only be produced by a floating kidney.

*Stone in the Bladder.*—It seems strange that so many physicians, and some too who have had considerable experience with the surgery of the bladder, immediately conclude that the stone was the cause of the inflammation and ulceration. A patient consults a physician for bladder disease and tells him that he need not examine him for stone as Dr. A. examined him over a year ago, Dr. B. six months ago and Dr. C. three months ago, no stone was found; the surgeon however, insists upon examining for himself, and finds a stone; what a triumph over A., B. and C.; what a

clever fellow he is to be sure. He probably honestly believes that the stone is the cause of the inflammation and ulceration, that the other examiners had not been able to find it. That the stone has formed in the past four weeks never occurs to him, nor that cystitis is a constant cause of stone, nor that there never was a stone formed in a bladder when the urine was normal and the bladder healthy. I have under my care a woman, at present, with cystitis and ulceration, with the mucus and pus and decomposed urine she passes enough amorphous and triple phosphates in two weeks to form a stone the size of a hen's egg. She has no stone at present, because she passes off these phosphatic deposits. The fermentation of the urine precipitates the salt, and they either pass off with the mucus and pus or accumulate in the bladder and form stones." \* \* \*

—*Pac. Med. Journal.*

## THERAPEUTIC NOTES.

Solomon Solis-Cohen (*Medical News June 3rd, 1893*) gives an account of some uses of aqueous and ethereal solutions of hydrogen dioxid internally.

Solutions containing the drug are best made with glycerin and should be given in water—about three ounces or half a tumblerful, with the dose.

In cases of *pulmonary tuberculosis*, the aqueous solution of hydrogen dioxid, ten-volume strength, may be given in doses of from one to four drams, three or four times a day, for the purpose of introducing oxygen into the blood. There is no doubt that oxygen is in this way absorbed from the stomach and combines with the hemoglobin of the red corpuscles as readily as if taken in by the lungs in ordinary respiration. The remedy is counter-indicated when there is persistent high fever, but not in cases of hectic fever, during the remission. Its greatest

# STRYCHNINE AS A SPECIFIC IN DIPSOMANIA.

Dr. Portugalow, of Samara, reports that he has actually cured 455 cases of Dipsomania with hypodermic injections of Strychnine. He prescribes:

Strychnine Nitrate.....0.06 gramme (1 grain).  
Distilled Water .....15 grammes ( $\frac{1}{2}$  fl. oz).

*For subcutaneous injection*—daily, 1-2 injections, using for each, at first, 0.5 gramme (8 minims); later, 0.25 gramme (4 minims).

Usually ten to sixteen injections suffice for a complete cure.

Dr. W. N. Jergolski also has published his experience. The results of the treatment were truly *surprising*. Topers who had been addicted to drink for many years became endowed, as a result of the Strychnine treatment, with an *invincible repugnance* for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking  $\frac{1}{2}$  liter (about 1-2 pints) and more of brandy. On the day following the first injection of 0.0015 gramme (1-40 grain) Strychnine Nitrate he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued and the patient was cured.

Another case of fifteen years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by ten daily injections of 0.003 gramme (1-20 grain) Strychnine Nitrate, combined with the internal use of Strychnine in pills. Not only was the Dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

MESSRS. WYETH & BROTHER beg to offer this drug to the Medical Profession, in the form of Hypodermic Tablets and Compressed Tablet Triturates, as follows:

## WYETH'S HYPODERMIC TABLETS.

No. 88—Strychnine Nitrate.....	1-40 Grain,	Per 100, .45 cts.
No. 89—Strychnine Nitrate.....	1-60 Grain,	.45 "
No. 90—Strychnine Nitrate.....	1-88 Grain,	.45 "

## COMPRESSED TABLET TRITURATES.

Strychnine Nitrate.....	1-60 Grain,	Per 500, .45 "
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**DAVIS & LAWRENCE CO., Ltd.**  
MONTREAL,  
General Agents.

# Arsenite of Copper for Choleraic Ailments.

COMPRESSED  
TABLET  
TRITURATES.  
ARSENITE  
OF

COPPER.

1-100 GRAIN.

1-150 GRAIN.

-200 GRAIN.

PRICE 50 CENTS  
PER BOTTLE OF  
500.

We have received a large number of letters from physicians in all parts of the country confirming the experience of those mentioned on the attached circular, in cases of Cholera Morbus, Cholera Infantum, Dysentery, Diarrhoea, and other complaints of a similar nature.

It is claimed that Copper Salts have proven valuable in all the Cholera Epidemics within the last fifty years, and medical literature affords abundant confirmation of its great value in complaints of a choleraic nature, many physicians also claiming that the Arsenite will prevent the development of those symptoms which so often lapse into Asiatic Cholera.

JOHN WYETH & BROTHER.

I was called to attend a lady, a resident of Savannah, Ga., who is on a visit here, on Friday morning, the twenty-third instant. I found her suffering intensely from paroxysmal pains of intestinal colic attended with diarrhoea. My patient declared that she could not live another hour unless relieved. I felt sure that I could relieve her pain by giving an injection of morphia and atropia, hypodermically, but would be apt to have a nauseated patient to look after the balance of the day, so I dissolved a tablet of the Arsenite Copper (one one-hundredth grain) in four ounces of water. Gave her the first teaspoon myself and begged her daughter to give another teaspoonful every ten minutes for the first hour, then one dose every hour after, until I call again. I went back in two hours time and found the patient sleeping. She was relieved after taking the third dose of the Arsenite. I requested her daughter to give a dose once each hour, and left with a promise to call again that evening. I found my patient up and feeling well at eight o'clock, and so much pleased with the treatment that she wanted to put the remaining portion of the solution in a phial to carry back home with her. She says that she is subject to these attacks of colic, and was never so easily and pleasantly relieved by any other form of treatment.

C. E. DUPONT, M. D.

Grahamville, S. C.

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

"Bloody Flux is very prevalent here, and these Tablets, 1.100 grain to four ounces of water surpass any other medicine we have used in arresting this painful and dangerous disease; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc."

Recent medical literature confirms the practical experience of Dr. A. P. BROWN in the use of this remedy, in serious dysenteric cases, with an additional therapeutic value in indigestion, diarrhoea, etc.; also, as an antisudoral in the night-sweats of phthisical-patients.

DAVIS, LAWRENCE & CO.,

General Agents,

MONTREAL.

utility is in the early stages, when pulmonary infiltration can first be demonstrated, or in those cases in which physical signs are ill-defined, but the rational symptoms indicate what we call, for want of a better term, "incipient phthisis." When anemia is a feature of the case, hydrogen dioxid may be usefully combined with a ferruginous preparation, Richardson preferring the "syrup of the superphosphate of iron."

In some cases attended with constant irritative and unproductive cough the ethereal solution called by Richardson "ozonic ether" (which contains thirty volumes of hydrogen dioxid) is exceedingly useful as an anodyne and antispasmodic. One-dram doses, in water may be given; and sometimes it will be found advantageous to make a mixture of equal parts of Hoffman's anodyne and ozonic ether, giving it in doses of one or two drams. Such a prescription likewise assists the digestion and assimilation of fatty foods, especially of cod liver oil.

Another useful expedient in cases of pulmonary tuberculosis in which it is considered advisable to give medicaments to check cough, is to dissolve the proper dose of codeine sulphate in a solution of hydrogen dioxid. The alkaloids readily dissolve in the aqueous solution and there is perfect compatibility. A little alcohol sometimes aids solution, and, as a rule, glycerin should be added to make the dose "smoother." It is best to make mixtures containing not more than twelve doses, to avoid the change that might occur in some instances from long standing. In a three-ounce mixture, of which the dose is two drams, about six drams of glycerin is a good proportion.

*In whooping cough*, hydrogen dioxid invariably shortens the course of the disease and modifies the symptoms favorably; in some instances almost marvellously. The dose for a child of three years is from half a dram to two

drams of the ten-volume solution, every two hours. In severe cases, ozonic ether may be added or substituted, in such doses as the ether permits, for hydrogen dioxid is not likely to do harm in any dose. I have usually given fifteen minims of the ethereal in one dram of the aqueous solution. Sometimes a minute dose of codeine may be advantageously added; often a drop or two of eucalyptol will be useful when there is concomitant bronchitis. Latterly, I have in some cases alternated ozonic ether with bromoform.

Inhalations of "ethereal oxygen," which are useful not only in pertussis, but also in many other conditions, may be given by placing in a Wolff bottle, an ounce or two of the aqueous solution of hydrogen dioxid with half an ounce or less of ozonic ether, and allowing a solution of potassium permanganate in water (eight grains to the ounce) to drip in from an a stoppered funnel placed in the stopper of one neck of the bottle, while the gas evolved is inhaled from a tube passing through the stopper in the other neck. A wide-mouth bottle, with two tubes passing through the cork or rubber stopper, will likewise answer. When a stoppered funnel cannot be obtained, the solution of potassium permanganate is added to the solution of hydrogen dioxid in the bottle, and one of the necks or tubes being immediately stoppered, the gas can be inhaled from the other. This requires a bottle large enough to contain the greater volume of oxygen evolved at once. Eucalyptol, terebene, menthol, and other terebinthinate, aromatic, or balsamic agent may be added, and will pleasantly flavor the vapor, as well as add in some cases to its therapeutic efficacy. The ozonic ether may be omitted when the vapor of ether is not essential to the production of oxygen in this way.

*In anemia and chlorosis*, I know of nothing that will so soon restore the corpuscles and coloring matter of the



blood to a normal standard as the combination of hydrogen dioxid with iron, Richardson, as already stated, uses a mixture of solution of hydrogen dioxid, glycerin, and syrup of the superphosphate of iron. I have used this, and also a mixture of tincture of ferric chlorid (f ʒij), dilute phosphoric acid (f ʒv), glycerin (f ʒij), and solution of hydrogen dioxid, ten-volume) q. s. ad f ʒiv). of which the dose is from one to four drams (usually two drams) in water, three or four times a day. The use of hydrogen dioxid, in conjunction with arsenic, is now being tested in a case of pernicious anemia, but it is early to speak of results. I would strongly urge the practice on those who have the opportunity to carry it out. The doses should be large—as much as a tablespoonful of the ten-volume solution.

*In the debility following influenza,* of which some extreme cases have come under observation, I have found the following combination of great use. R.—Strychnine sulphate. . . ʒ grain.

Diluted phosphoric acid . . 4 fl. dr.

Glycerin . . . . . 6 fl. dr.

Solution hydrogen dioxid (ten-volume) to make 3 fl. oz.—Mix.

Dose : Dessertspoonful in one-half tumblerful of water, three times a day, before meals.

The same or a similar mixture has been beneficial in neurasthenia and other chronic conditions of depression or exhaustion, and after recovery from debilitating diseases, to promote convalescence. It may also be used with advantage in pneumonia and other fevers when a cardiac tonic is indicated.

I have elsewhere called attention to the occasional effect of large doses of hydrogen dioxid in slowing and strengthening the pulse, similarly to digitalis; and this action is of advantage in pneumonia, as is likewise the introduction of oxygen into the blood by way of the alimentary canal, so that the combination of hydrogen dioxid

with strychnine is especially applicable in that affection.

*In gastro-intestinal affections,* attended with flatulence and eructation, I have often found hydrogen dioxid useful as an antiseptic, and also as a stimulant to the regeneration of a healthier epithelium—that is, if we may judge of histologic processes by clinical results. It is best given about five minutes before meal-times, and should be conjoined with lavage, or with the drinking of hot water from half an hour to an hour before meals.

*In diabetes,* hydrogen dioxid is useful and one of the best methods of giving codeine in that affection is according to the method of Richardson, in which each dose consists of one-sixth of a grain (or more) of codeine sulphate, about twenty minims each of alcohol and glycerin, and enough hydrogen dioxid solution to make two fluidrams.

#### THE RESULTS OF TREATMENT, by Tracheotomy and Intubation in 690 Cases of Diphtheria.

In an exhaustive paper, in which the indications for and comparative results of these methods are minutely studied, comprising 690 cases of diphtheria occurring between 1874 and 1891, in the Children's Hospital, in Zurich, BAER (*Deut. Zeitsch. für Chir.*, Dec., 1892, Band xxxv., Hefte 3 n. 4) concludes that the better average results obtained by the method of intubation are not due to the earlier operation, but, *cæteris paribus*, are found in the operation itself, and especially in the youngest patients. There is apparently no distinction to be made in sex, either as regards prognosis or the course of the disease after operation. The mortality in the 690 cases was 43.8 per cent. Or according to the tracheotomy and intubation periods 45.3 per cent. and 39 per cent. respectively. Since, in the latter period, there was a greater numb-

er of operations in the pharyngo-laryngeal cases, in which the mortality is always very high, the actual mortality during the intubation period was 8 per cent. better than during tracheotomy.

The author does not, however, believe that the intubation operation is a rival of tracheotomy, but rather a means to be used before and in conjunction with it, tracheotomy, being reserved for cases in which intubation fails. He gives the following as his indications and contra-indications for performing intubation. These are not as many as have formerly been insisted upon, and he believes that the spread of the diphtheritic process into the trachea is not a contra-indication as is shown by many cases reported. Feeble children should have intubation since the wound complications make their chances much less! Cases which are brought *sub finem* need intubation with short tubes, or tracheotomy. When superior tracheotomy cannot be performed, intubation, on account of its shorter duration, is indicated. Indications for a secondary tracheotomy following after intubation are: 1. Where masses of membrane or free portions prevent laryngeal respiration, even after aspiration. This is, however, seldom observed. 2. When laryngeal and tracheal stenosis persist after intubation has been performed. 3. Where it is impossible to insert the tube on account of its being coughed up, and where there is threatened asphyxia. The indications for a primary tracheotomy and contra-indications of intubation are: 1. Complete closure of the naso-pharyngeal space through swelling and membranous deposit on the mucous membrane of the pharynx and tonsils. 2. Intense œdema of the glottis. 3. A retro-pharyngeal abscess as a complication. 4. In cases where the short tube cannot be used. He also recommends intubation in all forms of chronic stenosis, and reports two new cases.—*Amer. Jour. Med. Sciences.*

## Society Proceedings.

### AMERICAN GYNECOLOGICAL SOCIETY.

#### PUERPERAL ECLAMPSIA.

PHILADELPHIA, MAY 16, 17, 18, 1893  
Dr. Charles M. Green, of Boston, read a paper entitled "Puerperal Eclampsia: The experience of the Boston Lying-in Hospital during the Past Seven Years." He pointed out that the management of puerperal eclampsia varies as it occurs before, during, or after labor. In the treatment of ante-partum eclampsia especially if the child is not viable, an effort should be made to arrest it without ending the pregnancy; and if the bowels and skin respond promptly, there is a hope of success. Anesthesia should be employed to control the seizure; when there is renal insufficiency, ether is preferable to chloroform, although the latter is supposed to be safer. When the kidneys are diseased, chloral hydrate, per rectum may be used. Morphine is not approved of. The action of the skin should be stimulated by the hot bath, and the administration of one-sixth of a grain of pilocarpine, guarded by a little brandy. Should the skin not respond, claterium or croton oil may be employed to act on the bowels, and the heart is to be supported. Bleeding is not to be used in any case. When it is considered necessary to deliver, manual dilatation may be resorted to, or the hydrostatic bag may be employed, and if necessary multiple incision of the cervix may be practised. If the child is viable, there is less hesitation in obstetric interference. There were thirteen cases of this class under observation, of which 69 per cent were fatal.

In intra-partum eclampsia, or that which occurs during parturition, labor is to be aided; and after delivery, chief reliance is to be placed on chloral and pilocarpine, guarded by stimulants. In eight cases of this kind the infantile and maternal mortality was 25 per cent.

There were fifteen cases of post-partum eclampsia ; one of the mothers and two of the fetuses died (one of these on the third day, of cerebral hemorrhage). There is reason to believe that in these cases post-partum hemorrhage is frequent, although no systematic record was kept.

The prognosis in any given case depends upon the time when the attacks occur, upon their severity and their frequency. Eight children were born alive after an average of 3.9 convulsions and two after 5.3 convulsions.

Dr. Bussey, of Washington, expressed the opinion that there should be little or no mortality in puerperal eclampsia in private practise. If he has charge of the case from the outset he has no eclampsia. In hospital practise however, the cases are advanced before they come under observation, and then there is no preventive treatment. The first symptom is renal insufficiency. The urine of the gravid women should be examined at least once a week. In nearly all cases the attacks can be prevented. While venesection as a therapeutic measure in these cases is not often advantageous, it is not to be totally disregarded, as it has been practised with considerable success.

Dr. Reynolds did not think that eclampsia can always be avoided in private practise. A woman under his observation, seven months pregnant, whose urine was examined frequently and showed nothing abnormal, was one night during sleep seized with convulsions. Deep coma developed. Every known remedy was used, including venesection, but the woman died in ten hours. It is difficult to see how preventive measures are to be adopted in the absence of symptoms. In the case referred to, the urine was examined the day before the attack. It was Dr. Reynold's experience that post-partum seizures are mild, intra-partum more dangerous, and ante-partum extremely so.

Dr. E. P. Davis, of Philadelphia, said

that the urine should be examined for the quantity of urea, and when this falls below 2.5 per cent., prophylactic measures should be instituted. In treating these cases, when pulmonary edema is threatened, atropine has been used to decided advantage. Calomel, which is a diuretic, will also in some cases prove of value.

Dr. Green maintained that eclampsia can be prevented in many cases by prophylactic measures for the application of which there is no opportunity in hospitals. He has encountered no case in private practise. Patients are advised to inspect their urine at least once a day, and when it is highly concentrated to advise their physician. Highly acid urine has an irritating effect on the kidney.—*Medical News.*

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### Correspondence.

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*Editor Medical News :*

Will you let me through the columns of your journal announce to the profession that we propose, with the sanction and approval of the Government, to begin systematic instruction with our female attendants with a view to giving women desirous of becoming professional nurses a course of training in general nursing, with special reference to the care of cases of nervous and mental diseases, in other words we wish to establish a *Training School for Nurses*, such as exists in connection with many American and British hospitals of this kind, and in at least one Canadian hospital, that in Kingston, Ont.

The idea is not at all new ; is not in any respect an experiment. For ten years at least it has been acted upon at the McLean Asylum in Boston and at the State Hospital in Buffalo, N. Y., with such excellent results that upon a recent visit two superintendents said to me: "Our training school has revolutionized our method of caring for the insane. We would part with any department more will-

ingly than with our school." What I saw convinced me that this assertion was not too strong.

The instruction imparted will include the general care of the sick, the managing of helpless patients in bed, changing bed and body linen, making beds, &c., giving baths, keeping patients warm or cool, preventing and dressing bed sores, bandaging, applying of fomentations, poultices and minor dressings, feeding of helpless patients and those who refuse food, administering of enemias, and the use of the catheter, attendance upon patients requiring direction and companionship, the observation of mental symptoms, delusions, hallucinations, delirium, stupor, &c., and the care of excited, violent and suicidal patients.

We will also teach the best practical methods of supplying fresh air, of warming and ventilating sick rooms in a proper manner, how to take care of rooms and wards, how to keep all utensils clean and disinfected, how to observe the sick accurately in regard to the state of the secretions, pulse, breathing, skin, temperature, sleep, appetite, and the effect of diet stimulants and medicine, and also the managing of convalescents. The course will include a term in the infirmary ward, which will be in charge of a competent nurse. The instructions will be imparted by recitations, principally from text books on nursing, but lectures will be given at stated periods by the medical staff.

Examinations, chiefly upon practical points, will be held from time to time, and when the two years' course is completed if a satisfactory examination is passed a certificate or diploma will be given the successful candidate, stating that she is a competent nurse for general diseases and for nervous and mental maladies.

The nurses in training will live in the hospital and serve as assistant nurses in its wards. We will try to limit the age so as to have the applicants not younger than 20 years or

older than 35 years. As is usual, successful applicants will serve for a limited time as probationers, to be taken as permanent pupil nurses if they give satisfaction during this period.

The question of amount of remuneration is not yet settled, but we will mail a printed circular letter to any person desiring further information upon the subject.

We ask the profession to aid us in securing the services of competent women for this work and to endorse our efforts in this direction. Trained nurses mark a distinct advance in the realm of treatment. Why should not the insane be provided with skilful nursing as well as the patients in a general hospital? We claim that nurses can be as well trained in the principles of general nursing here as anywhere, and they can in addition receive instruction in the special nursing required by the nervous and insane. We have plenty of clinical material, and we think that there is a crying need for just such nurses as our training school can provide.

Is there in this whole province any man or woman who could go out and take charge of an insane person whose friends preferred to keep at home rather than send to an asylum?

The real facts are that nurses trained in hospitals for the insane are quite the equals and in many cases the superiors to those instructed only in general hospitals. They learn all the principles of general nursing applicable alike to the sane and insane, and the fact of their association with the insane gives them an ability to meet emergencies and develops a confidence in themselves which is simply invaluable.

Yours truly,

GEO. L. SINCLAIR,

Med. Supt.

Hospital for the Insane, June, 1893.

Dr. E. J. Meyer has located in Harbor Main, Nfld. His constituency embraces Holyrood, Harbor Main, and Conception Harbor.

To the Editors of the Maritime Medical News :

SIRS,—Kindly allow me space to make the following corrections to the report of the case of *renal hæmaturia* published in the May number of your journal: For "along the course of the ureter of the bladder," read ". . . . to the bladder;" for "we mentioned above coagula producing," read "we mentioned above *that* coagula producing;" for "vaso-moter" read "vaso-motor;" for "Ackhurst" read "Ashurst;" for "infusion of water" read "infusion of *matico*;" for "tr. cinchonae co. ʒii." read "tr. cinchonae co. ʒii."

As the report has not been in my hands since early in 1892, I shall, with your permission, take this opportunity of giving a further history of the case. He has not had occasion to consult a physician since the last of August, 1891, has had fairly good health during this time, and has worked hard the year round. He passes blood occasionally, but the flow is readily checked by a few doses of the lead and opium pills. He writes me that he had three spells of bleeding this spring, but that the medicine helped him every time, the last attack requiring only one dose. He did all his spring's work without help.

Yours, &c.,

F. H. WETMORE.

June, 1893.

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### Obituary.

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#### SURGEON T. CLOWES BROWN, M. D., R. S. I.

By the death of Surgeon T. C. Brown, Fredericton loses one of its best known citizens, and the medical profession of the Province a member who carried with him its good wishes and cordial liking to a much greater extent than usual. Always apparently in good spirits he had a pleasant greeting

for every one of his acquaintance, and no one who knew him but supposed he would have a long and useful career. It was not so to be, however, for on April 25th. after only two days illness he was suddenly called upon to lay down the burden of life and pass from time; the occurrence being rendered doubly sad by the fact of his leaving a widow who was but a few months a bride.

Dr. Brown graduated in 1859 at the University of Vermont and in 1860 at the Pennsylvania Medical College, being in his 56th year at the time of his death. He commenced practice at Keswick, York Co., but for the last 25 years resided in Fredericton where he did a large practice, and where no one was better known. On December 21st, 1883, he was gazetted Surgeon to the Infantry School Corps stationed in that City, and from that time he engaged less in private practice. He was a member of the Council of Physicians and Surgeons of New Brunswick, having been appointed thereto by the Government at its first inception, and was always most punctual in his attendance at its meetings, and there was no member whose views commanded more respect. He was amongst the most active and energetic workers for the passage of the Medical Act, and probably did more than any one man towards securing that result.

He was fortunate in having a bright and sunny disposition and hearty manner, and no doubt these natural gifts aided his professional ability very largely in securing so large a clientele. It was while in church that the first symptoms of his fatal malady paralysis occurred, and it was hoped they would pass away as they so often do; but they were not only persistent, but increased in severity to such an extent that on the second day after, he breathed his last. He leaves a widow and one son Dr. Frank Brown of Centreville, N. B., who has the sympathy of many friends in their bereavement

# Maritime Medical News.

JULY, 1893.

## EDITORS.

D. A. CAMPBELL, M.D. .... Halifax, N.S.  
 J. W. DANIEL, M.D., M.R.C.S. .... St. John, N.B.  
 MURRAY MACLAREN, M.D., M.R.C.S. St. John, N.B.  
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*Communications on matters of general and local professional interest will be gladly received from our friends everywhere.*

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

*All manuscript, and literary and business correspondence to be addressed to*

DR. G. M. CAMPBELL,  
 9 Prince Street, Halifax.

IN looking over the calendar of the Halifax Medical College, we note a number of changes ;

The retirement of Dr. A. W. H. Lindsay, from the post of Secretary will be a matter of regret to the friends of the institution. He proved a very capable officer and tided the school successfully through one of the most critical periods in its history. To him, more than any one else, must be given the credit for its resuscitation, and restoration to efficiency after the famous Hospital quarrel.

We feel assured that Dr. Carleton Jones, will prove a worthy successor.

A very important change has been made in the curriculum ; the courses of instruction have been graded to suit the convenience of students and obviate the necessity of attendance on two series of lectures on

the same subject. Examinations will be held at the close of each session, more time and greater facilities will be provided for practical work and clinical teaching.

The session has been lengthened, and will in future extend over seven months.

With the co-operation of the Provincial and Local Medical Societies suitable accommodation in a central locality, has been obtained for the library. Through the kindness of a number of gentlemen valuable additions have been made during the year. The Cogswell bequest is not yet available but we trust that funds may filter in from other sources to aid this very useful undertaking. The past session was the most successful one in every respect in the history of the school. It is likely that with the many additional facilities provided the attendance will increase. We wish the School a full measure of prosperity as every effort on the part of its promoters, has been in the direction of raising the standard of medical education in the maritime provinces.

The annual meeting of the New Brunswick Medical Association, takes place at Fredericton on the 19th and 20th of July. An address will be given by the President, Dr. J. W. Daniel, of St. John. Probably the most important item of business will be the election of representatives to the Medical Council of the province. A sufficiently large number of papers have been already promised to ensure an interesting meeting, and a programme will be issued shortly. The trip to Fredericton is an enjoyable one,

and the city itself has many attractive features, among which need not be mentioned the well known hospitality of the profession. We hope that the attendance will be above the average.

The 25th annual meeting of the Nova Scotia Medical Society, takes place at Bridgewater on the 5th. and 6th of July. The sessions will be held in the Music Hall.

The first session will open at 7 p. m., when an address will be delivered by the President Dr. S. Dodge, of Halifax. His subject is. "What has been done under the present Act by the Provincial Medical Board and what is required in the way of further legislation." The triennial election of members of the Provincial Medical Board occurs this year six representatives will have to be chosen.

The programme arranged by the energetic Secretary Dr. W. S. Muir, is an excellent one, some interesting papers have been promised and the indications point to a larger attendance than usual. We understand that the Society has never met in any of the Western Shore counties. We hope therefore that the profession in this section of the province will be present in full force.

Excursion rates have been secured both by steamer and rail. A full account of the proceedings will appear in our next issue.

We publish in this issue a letter from Dr. Sinclair, Superintendent of the Asylum for the Insane, Dartmouth, N. S., which we commend to the careful consideration of the profession. The difficulty in obtaining suitable nurses

for the insane is very great. Apart from the value of a body of specially trained nurses to the profession at large, we hope that the project may prove entirely successful, inasmuch as the treatment of the insane will be greatly furthered.

On another page will be found an abstract of an address by Dr. W. F. McNutt, before the Medical Society of the State of California. Dr. McNutt is a Nova Scotian who has gained a very high reputation in California.

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## Selections.

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### PIPERAZIN.

This drug is obtained by the action of ammonia on bromide or chloride of ethylene.

*Physical Properties.*—It is an unstable crystalline body, having a melting point of about 220° F. The aqueous solution is alkaline, but practically tasteless.

*Solubility.*—It is exceedingly soluble in water.

*Physiological Action.*—The administration of this drug causes an increase in the amount of uræa in the urine with a decrease in the uric acid, indicating that under its influence oxidation is more complete.

*Therapeutic Uses.*—Up to the present time, Piperazin is the best medicament known as a solvent for uric acid and urate concretions. It is used for the purpose of preventing the formation of renal and vesical calculi in the *uric acid diathesis*, and also in cases where the excess of uric acid in the urine tends to produce *irritation of the bladder*. It is, also, a most invaluable remedy in gout, rheumatic arthritis, and other similar affections.

*Administration.*—The dose is 15 grains in twenty-four hours. It is best given by dissolving this amount of the drug in one pint of water, and direct.

# SYR. HYPOPHOS CO., FELLOWS

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

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

**THE TONICS**—Quinine and Strychnine ;

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

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

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

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

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

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

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The tablet triturate of ox-gall has been placed on our list for the convenience of physicians desiring combinations differing from those usually kept in stock. They are thus enabled to administer, along with one or more tablets, other medicaments, such as tablet triturates of ipecac, mercury biniodide, mercury bichloride, cannabis indica, calomel, strychnine arsenite, etc., for the purpose of meeting any special indication which may be present. The smallness of the dose also renders it available for delicate patients, especially women.

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Both formulæ are adapted to the treatment of digestive disorders uncomplicated by hepatic obstruction or insufficiency. They will meet the demands of a large class of "walking" patients, who seem to suffer from dyspepsia and indigestion owing to the ingestion of inappropriate food-stuffs.

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R. Fel bovis purificat.....gr. ij.  
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Hydrargyri biniodidi  
Strychninae arsenitis.....aa gr. 1-100.  
M. et ft. pil. no. j.

This pill is especially adapted to patients who have long been sufferers from so-called "Billiousness," associated with Constipation, Flatulency, Insomnia and other evils more or less formidable. It should be employed in alternation with the annexed formula, for a week at a time,

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Quininae hydrochloras.....gr. 1-2.  
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Strychninae arsenitis.....gr. 1-100.  
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For the purpose of bringing this product within the reach of the profession in a desirable and non-irritating form, WYETH & BRO. have prepared compressed tablets, each containing twenty grains of magnesia sulphate deprived of its water of crystallization. It will be known as

### WYETH'S PIL. MAGNESIÆ SULPHAS EXSICCAT (aa gr. xx.)

Per 100, 50 cts.

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ing a wineglassful frequently during the day. Owing to its unstable character when exposed to the air, its attracting water and carbonic acid, the drug should be freshly mixed each day. *Opinions*: Squibb's *Ephemeris* states that it "has had an extended and almost uniformly successful year." Prof. Hare, however, up to the date of the issue of his last volume of *Practical Therapeutics* (1892), had "failed to obtain any results from the use of this drug."—*Etc.*

### BOOKS AND PAMPHLETS RECEIVED.

**BRAIN SURGERY.** By M. Allen Starr, M. D. Ph. D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, Medical Department of Columbia College, New York; President of the New York Neurological Society; Consulting Neurologist to the Presbyterian, Orthopedic, and Babies Hospitals. With fifty-nine illustrations. Octavo, 308 pages, extra muslin, price \$3.00. New York: William Wood & Company.

A review of this very excellent work will appear in our next issue.

The Cure of Complete Prolapse of the Rectum by Posterior Proctectomy. By John B. Roberts, M. D.

(Reprint from the Amer. Journal, of Medical Sciences, May, 1893.)

Bulletin of the Harvard Medical School Association. Number 4.

This is the first number of the Bulletin we have seen, and there is much about it to create a favorable impression, not only among the graduates of the school but also among persons engaged either in medical teaching or scientific research. In addition to papers giving an account of new methods of teaching which have been recently developed in the school, Dr. Bowditch gives an account of the exhibit of the Harvard Medical School at Chicago, and there is an admirable paper by Dr. Mason on diphtheria and scarlet fever at the Boston City Hospital. We heartily commend the Bulletin to the numerous

graduates of Harvard in the Maritime Provinces, and hope that it may be issued regularly.

### Notes and Comments.

Dr. R. McLearn has been appointed Surgeon to the infantry School Corps at Fredericton, vice Dr. Brown deceased.

The following changes and additions are to be noted in the teaching staff of the Halifax Medical College.—Dr. M. A. B. Smith, Dartmouth, Clinical Instructor in Medicine, Dr. L. M. Silver, Demonstrator of Histology, Dr. C. D. Murray Lecturer on Embryology, Dr. G. M. Campbell Professor of Physiology vice Dr. Morrow resigned.

Dr. J. E. White of Toronto has opened a "medical Practice and Partnership Office." The advantages of such an office to Practitioners are obvious. Practices and suitable properties may be bought and sold, partnerships arranged, eligible openings secured and assistants, Locum tenens, and office students obtained. We wish Dr. White every success in his undertaking. His address is 185 Carlton St. Toronto, Ont. Who will start a similar office for the benefit of the profession of the Maritime Provinces?

At the recent session of the legislature the government introduced and carried a bill to provide for the appointment of a provincial board of health, to be composed of certain members of the government and a number of medical gentlemen. The board was subsequently appointed and is composed as follows:

Hon. W. S. Fielding, Chairman.

Hon. J. W. Longley,

Hon. C. E. Church.

Dr. W. H. Macdonald, of Antigonish.

Dr. Edward Farrell, of Halifax.

Dr. F. W. Borden, of Canning.

Dr. Arthur Kendall, of Sydney.

Dr. George L. Sinclair, of the hospital for the insane.

Dr. A. P. Reid, of the Victoria General hospital, secretary.

Antinervin is now reported to have a much wider field of usefulness than a year ago. Observers give good reports from England, Germany, and Italy. In Glasgow, Scotland, it attracted much attention in the recent epidemic of influenza. It nearly always relieved the pains in the back and head, and rapidly reduced the fever. It produced copious perspiration and no unfavourable effects.

Dr. G. Laurenti, of Italy, now summarizes his own personal experience:

(1) It can be used with advantage in all forms of abnormal excitement of the nervous system, whether to subdue neuralgia or as a general nerve sedative; (2) In rheumatism it may be used, and seems undoubtedly indicated as a drug comprising in itself antirheumatic, antipyretic, and analgesic properties; (3) Its low price and feeble toxicity, together with the evidence already given, render it a useful addition to our list of remedies.

Practically nothing has been written upon it in this country during the past year, and it may be hoped that a good reason may be furnished to ac-

count for this inattention in that we obtain fully as satisfactory results by administering the ingredients in proper proportions made up into an extemporaneous prescription, or otherwise dispensed separately.—Squibb's *Ephemeris*, February, 1893.

Curious Facts.—The year of greatest growth in boys is the the seventeenth, in girls the fourteenth. While girls reach their height in their fifteenth year, they acquire full weight at the age of twenty. Boys are stronger than girls from birth to the eleventh year; then girls become superior physically to the seventeenth year, when the tables are again turned and remain so.—*Ex.*

The following words of the late Dr. Richardson should be ever kept in mind:

"Cleanliness covers the whole field of sanitary labor. Cleanliness, that is purity of air; cleanliness, that is purity of water; cleanliness, in and around the house; cleanliness of persons; cleanliness of dress; cleanliness of food and feeding; cleanliness in work; cleanliness in habits of the individual man and woman; cleanliness of life and conversation; purity of life, temperance, all these are in man's power."—*Ex.*

NEW BRUNSWICK

# MEDICAL SOCIETY.

The Thirteenth Annual Meeting of the New Brunswick Medical Society will be held in Fredericton, on

**JULY 9th and 20th, 1893.**

**G. A. B. ADDY,**  
SECRETARY.

# NERVOUS EXHAUSTION.

## Horsford's Acid Phosphate.

**R**ECOMMENDED as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

**DR. EDWIN F. VOSE**, Portland, Me., says: "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

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

Prepared under the direction of Prof. E. N. HORSFORD, by the

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ELEVENTH YEAR—SESSIONS OF 1892-93.

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

In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

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

### FACULTY.

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

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

*Veneral and Genito-Urinary Disease.*—J. 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., Græme M. Hammond, M. D.

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

*Surgery.*—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phelps, M. D., Robert Abbe, M. D., Charles B. Kelsey, M. D., J. E. Kelly, F. R. C. S., Daniel Lewis, M. D., Willy Meyer, 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 D. Chapin, M. D., August Caillé, M. D.

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

*Pharmacology.*—Frederick Bago, Ph. B.

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

For further information please call at the school, or address **CLARENCE C. RICE, M. D., Sect'y,**  
**F. E. FARRELL Superintendent.** 226 East 20th Street, New York City.

## WHEELER'S TISSUE PHOSPHATES.

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach:* Cone-Calcium, Phosphate  $\text{Ca}_2 \text{2PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2 \text{2PO}_4$ , Trihydrogen Phosphate  $\text{H}_3 \text{PO}_4$ , and the active Principals of Calisaya and Wild Cherry.

The special indication of this combination is Phosphate in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of therapeutists.

NOTABLE PROPERTIES.—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and assimilation of food.* When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to good-will of the patient. Being a Tissue Constructive, it is the best general utility compound for Tonic Restorative-purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

Dose.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, P. Q.

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### BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK. Sessions of 1893-94.

THE REGULAR SESSION begins on Monday, September 25, 1893, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches, are accepted by this College.

THE SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 26, 1894, and continues until the middle of June.

THE CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address Prof. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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## CASCARA AROMATIC

Is a fluid extract (not a cordial syrup or other *ditto* preparation) of prime and selected two year old bark (Fresh bark contains a ferment which produces griping).

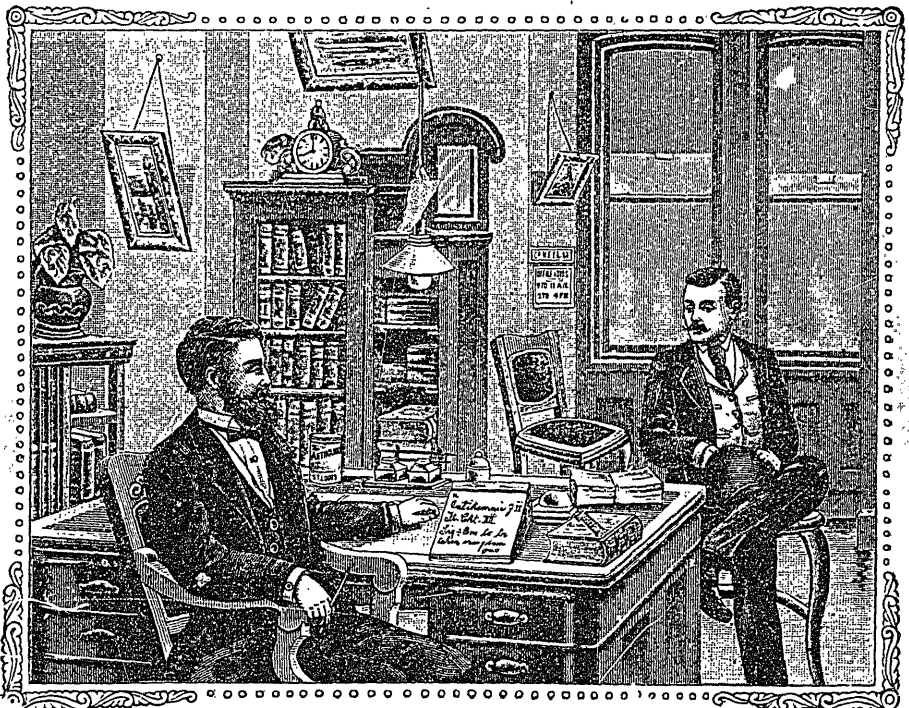
Cascara Aromatic is sweet in taste (which children and women especially appreciate) instead of being bitter, as is the ordinary fluid extract, powerful (Its dose is only  $\frac{1}{2}$  to 1 fluidrachm.) yet gentle in effect, and in addition, does not gripe (This, next to its taste, is its most valuable property, as ordinary bitter fluid extracts do).

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Manufacturing Pharmacists, - DETROIT, Mich.



# HALIFAX MEDICAL COLLEGE.

THE TWENTY-SIXTH SESSION of the Halifax Medical College will be opened Wednesday, October 4th, 1893.

The regular order of lectures will begin on that day and will be continued during the six months following.

The College building erected for the special purpose of medical teaching is in every way fitted for the object in view. It is situated in an open, airy locality, in close proximity to the Victoria General Hospital and the new City Alms House. The lecture room, dissecting room, etc., are well lighted, warmed and ventilated, and are fitted with appliances for imparting knowledge in the different subjects of medical education.

Students have access also to the Halifax Dispensary where they have an opportunity of seeing daily cases of such diseases as are usually treated in the different departments of such an institution.

Certificate of attendance on the various courses are accepted as qualifying candidates for examination before the licensing bodies of Great Britain and Ireland, and the Medical Schools and Universities in Canada and the United States.

The Course in Pharmacy has been re-established and regular lectures will henceforth be given in the different subjects of the curriculum.

For Annual Calendar and all information, address.

**DR. CARLETON JONES,**  
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