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(HALIFAX, NOVA SCOTIA.)

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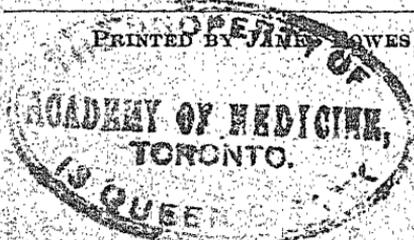
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The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter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

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

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

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

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

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

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

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

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

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 manufactory 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 be opened in September, 1893, and students will have free entrance into its wards.

REQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, having studied medicine during five or 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.

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In a "Note on Codeine," in the *London Lancet*, Dr. James Braithwaite, of Leeds, says: "Codeine seems to have a special action upon the nerves of the larynx; hence it relieves a tickling cough better than any ordinary form of opium. One-half of a grain may be given half an hour before bedtime. It was in my own case that I first began to use codeine. For more than twenty years, usually once every winter, I have been seized with a spasmodic cough just before going to sleep, which becomes so severe that I am compelled to get up and sit by the fire. After an hour or two I return to bed and am free from the cough till the next winter. In other respects I enjoy good health. Many years ago I found that one-half grain of codeine, taken about two hours before bedtime, absolutely stops the attack and leaves no unpleasant effect the next morning. In cases of vomiting from almost any cause, one-quarter grain doses of codeine usually answer exceedingly well. In the milder forms of diarrhoea one-half to one grain of the drug usually answers most satisfactorily, and there are no unpleasant after-effects."

We find, however, that where there is great pain, the analgesic effect of codeine may not be sufficient, and a combination with antikamnia is required. It is best given in the form of a tablet, the proportions being $4\frac{3}{4}$ grains antikamnia and $\frac{1}{4}$ grain codeine. Sometimes chronic neuroses may be cured by breaking the continuity of the pain, for which purpose we have found this combination peculiarly suited.

Clinical reports in great numbers are being received from many sections of this country, which, while verifying Dr. Braithwaite's observations as to the value of codeine, place even a more exalted value upon the advisability of always combining it with antikamnia in treatment of any neuroses of the larynx, coughs, bronchial affections, excessive vomiting, milder forms of diarrhoea, as well as chronic neuroses; the therapeutical value of both being enhanced by combination. The tablets of "Antikamnia and Codeine," containing $4\frac{3}{4}$ grains antikamnia and $\frac{1}{4}$ grain codeine, meet the indications almost universally.

The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII.

HALIFAX, N. S., JANUARY, 1895.

No. 1.

Original Communications.

TUBERCULOSIS OF THE ARM CURED BY ACCIDENTAL ERYSIPELAS.

By W. S. Muir, M. D., Truro, N. S.

(Read before the Canadian Medical Association at St. John.)

Early in January 1893, Jane W., aged 49 years, consulted me about her arm which she said had been useless and diseased for upwards of fourteen years. She gave me the following family history:—Her mother and father both died of old age, one sister and one brother succumbed to consumption, and one brother died from small-pox. Her previous health had always been good, and I could get no history either family or personal of any specific disease. She was thin and nervous, but possessed wonderful pluck and endurance, as she had for years been house-keeper for a widower with a small family, doing the work with one hand.

The odor from the arm was the chief objection, and to get rid of this was the main object of her visit to consult me. The arm presented anything but a field for scientific investigation. The circumference at a point two inches below the elbow being 11½ inches, and two inches above the wrist joint 10½ inches. The arm at the back was hard and board-like, its ex-

terior surface was almost entirely one mass of broken down tissue, abscess cavities and sinues. The lower third of the exterior surface of one fore-arm was one net work of small sinues.

From the history, the appearance, and the peculiar thickened condition of the tendons, I thought it a case of Necrosis of the bones of the fore-arm. This was also the opinion of every Medical man who had examined the arm. The patient finally consented to have the arm examined under chloroform, with the understanding that at the same time if we considered it advisable, we should proceed at once to amputate above the elbow.

On Monday the 30th day of January, 1893, assisted by my brother Dr. D. H. Muir and Dr. Kent of Truro, I proceeded to make a thorough examination under chloroform, scraping a number of the smaller sinuses together with a sharp spoon scraping away two pints in all of broken down tissue, and pyogenic membrane. Both bones were found perfectly healthy, but the tendons were hard and matted together, the result of the long continued inflammatory action. Fortunately both the elbow and wrist joints were free from disease, and not in any way involved although one large abscess-cavity at the head of the ulna must have been in close proximity to the elbow joint. (See photograph.) I used my Volkmann very freely, irrigating

with a warm solution of carbolic acid, dusting and blowing iodoform into the cavities, and dressing with iodoform gauze. The treatment was repeated several times with some success. The arm gradually getting smaller, the sinuses and cavities filling up. I dressed and worked with it with a sharp spoon, iodoform dry, and in the form of emulsion with a marked degree of success until June, when it appeared to be at a stand still, the patient's general health was not so good during the hot months, and the arm appeared to remain in the same condition for some six or seven weeks. I now dressed it oftener, but still it would not progress toward recovery.

Early in August she developed acute Erysipelas, it began in the fore arm spreading rapidly downwards and upwards, the hand and whole arm being dreadfully swollen, and covered with large bullæ over the diseased surface of the fore arm, and smaller vesicles over the other portion of it, this attack of erysipelas was very sharp, and my patient came near losing her life. However when the swelling subsided the arm gradually got smaller and smaller, the abscess cavities and sinuses were no longer to be seen, at the lower third of the fore arm, where you observe the long cicatrix in the photograph, the process of repair would have been interesting and instructive to a more scientific observer. The abscess cavities and sinuses in the upper part of the fore arm closed and were completely firm when the patient recovered her normal temperature and condition, but the long open cavity at the lower third continued to produce, so to say, large bullæ which would burst and dry up, being followed by smaller ones, and finally the whole scar became covered with a vesicular eruption which was followed by small dry scales, and underneath these a good healthy cicatrix.

From the time my patient contracted erysipelas until the arm was

perfectly solid was five weeks. It has continued to improve, the fingers and wrist joints have regained their former flexibility. The arm at this date has (as you will see by the photograph taken in July, 1894,) assumed its natural shape, and measured two inches below the elbow, $8\frac{1}{2}$ inches, and two inches above the wrist, $6\frac{3}{4}$ inches. The patient's health is first rate, and to-day the diseased arm is as good as the other.

Mr. President and Gentlemen I do not claim anything original in this case, the inoculation by erysipelas was purely accidental but, who knows but that it may encourage some one to investigate the subject and place his name beside those of Jenner, Simpson and Lister, as one of the benefactors of our race.

HYPERTROPHY OF PROSTATE GLAND.

BY DR. SILVER. Halifax, N. S.

The Prostate Gland, for surgical purposes, is usually divided into lobes. Anatomists describe it as an organ with three lobes, though, as Ellis says, "there is no fissure in the firm mass."

With regard to its functions, it is now generally agreed that it is a purely sexual organ, not connected with the function of micturition. Some of the reasons advanced to prove this statement are:—

1. It does not maintain its full growth till sexual maturity.
2. In geldings it wastes away, and in many of the lower animals it varies in size, according to the breeding season.
3. It is not developed from the same fetal structure as bladder, and first part of urethra.
4. After castration there is no evidence that micturition is either assisted or prolonged.

In Hypertrophy of Prostate the enlargement may take place in different

directions, and consequently with different results. It may enlarge toward rectum alone, without producing any troublesome symptoms. One or other of the lateral lobes may be enlarged, which tends to push the urethra to one side, and thus cause some difficulty in micturition, or the middle lobe may be enlarged, which, being directly in course of urethra, causes marked obstruction to the outflow of urine.

Of course any combinations of these enlargements may exist.

When we come to study the pathology of prostatic enlargement, we find there is some difference of opinion concerning it.

The view held by Mansell Moulin and Buxton Brown is that "enlargement of the Prostate is the primary change in the urinary track, and that vesical changes, such as hypertrophy of the muscular coat and loss of expansile power, are secondary to the obstruction which the enlarged prostate causes."

Sir Henry Thompson, Guyon and many surgeons maintain that the enlargement is only a part of a general fibroid condition of urinary track, and secondary or co-incident with bladder changes.

Those who hold this latter view are not so sanguine of the benefit to be derived from removal of obstructing portion.

Treatment.—With regard to purely medical treatment of the weak bladder in slight prostatic obstruction, according to Reginald Harrison, much might be done in the early stage of regular catheterism in promoting power and restoring lost function. He has found the long continued use of Ergot of much value in those cases.

The late Professor Gross also used Ergot in these cases, and he says by this treatment several patients were able to lay aside the catheter after being victims of its daily use.

A member of our profession writes, that after many weeks of catheter life

he has recovered his power of micturition, a result which he attributes to the long continued use of Ergot, combined with the judicious use of catheter.

These cases of restoration of function under medical treatment must be examples of slight enlargement of lateral lobes, in which some obstruction is caused by urethra being pushed to one side.—Of course with any considerable enlargement of median lobe it is useless to hope for any improvement. The retention, which results from this enlargement, comes to stay, and relief can only be obtained by catheter.

What are the prospects of a man obliged to pass his urine by catheter? As far as this complaint is concerned, there is no reason he should not reach a good old age, and the chances are of him dying of some other complaint in the end. There is nothing in his prospects to make him rush to such a grave and dangerous operation as prostatectomy.

We have instances of men all around us, engaged in the ordinary pursuits of life, who are obliged to pass all their urine by catheter, and who lead comfortable, useful and happy lives.

This state of comfort depends on two things:—

1. Moderate amount of prostatic intravesical growth, which is the rule and not the exception.

2. Amount of attention paid by patient to his condition.

He should use a soft rubber catheter, and use it sufficiently frequent.

He should renew it when rough or otherwise worn. He should use some antiseptic lubricant, and in some cases it may be necessary to have antiseptics applied to mucous membrane of bladder, from time to time, by his physician.

There comes a time, however, with some patients, when catheter life is no longer possible. Cystitis, with painful contraction of bladder, sets in. The

frequent use of catheter threatens to exhaust patient, or the introduction of it is so painful as to prevent it being used,—relief of symptoms can no longer be obtained. What can be done with these cases.

The two procedures which seem most in favor at present time are:—

1. Supra-Pubic puncture of bladder.
2. The operation of Prostatectomy.

Sir Henry Thompson, many years ago, practiced supra-pubic puncture, and devised a special instrument for making it. It was a particular shaped trocar and canula, and through the canula he introduced a permanent tube, through which the urine drained away. The opening is now usually made in the same manner as in the operation for removal of stone. The edges of bladder are sewn to the wound.

When we enquire what degree of comfort can be obtained by this means, it seems to be universally conceded that very tolerable comfort can be obtained. In fact most patients are enthusiastic about the ease which they enjoy.

As far as my personal knowledge goes, in the case of a patient on whom I asked Dr. Farrell to perform this operation over two years ago:

He enjoys a great degree of comfort. He has completed his 80th year, and is able to attend to his public and private duties. His urine is acid, his bladder has never to be washed out, and he has never consulted me for over a year about his condition.

The apparatus which I arranged for this case consists of a rubber urinal the shape of an umbrella case, which the patient wears attached by straps to one leg. It is supported by a small belt around the waist. There is a tap at bottom by which he lets out urine when full.

The means by which the urine drains from the bladder is simply a soft rubber tubing, fixed to body by a few strips of plaster. The urine continuously syphons away. At night he

fixes, by means of glass connection, another piece of tubing, long enough to reach the chamber.

Buxton Brown has described an apparatus for these patients to wear, which can be obtained in England, but I found the simple apparatus I have described to answer very well.

Dr. Hunter McGuire, of Virginia, in a late clinical lecture, mentions a novel result which he has been able sometimes to obtain by this operation. He says:

“When the patient is able to get up a silver stopper is placed in the supra-pubic opening. The object of this is to keep the opening patent and prevent the dribbling of urine. It should be worn constantly, and never taken out except when the patient wants to make water. By this means some patients are able to retain their urine 3-6 hours in day, and 6-8 hours in night. Sometimes the Prostate shrinks under the rest the bladder gets, and the patient is able to pass urine by urethra again. In case this does not follow, the patient becomes able to pass his urine by urine channel, the recti muscles playing the part of sphincter, he can project the stream far from his body, the last portion coming in jets, just like from the normal urethra.”

The death rate from Cystotomy has only been 3 per cent.

Prostatectomy was introduced when operations by the supra-pubic route to the bladder for treating stone was revived. This is the route most usually adopted for Prostatectomy, as through the Perinaeum the operator is working practically in the dark.

This is always a serious operation if the mass is at all large.

The death rate in a series of operations was twenty per cent. The operation failed in twenty per cent. more to restore micturition.

The successes may not all have been permanent, as recurrence has been noticed after the operation.

There is no doubt that the obstructing Prostate can very often be removed. That is not the question in considering the advisability of the operation. The question is, can the bladder regain its function?

Sir Henry Thompson, in a late clinical lecture, thus expresses himself as regards this operation:

"I am entitled to enquire that if it does happen or has happened to any surgeon to divide or remove any part of an enlarged Prostate for a patient who had previously been compelled to pass all his urine by catheter for a period of twelve months, and after the division in question was able to dispense with the instrument, or even able to pass half his urine by the natural process, the case ought to be seen and examined by others. I have long wished to see this sight, and have travelled considerable distances abroad and elsewhere, but at present without success."

There seems to be no doubt that the bladder often does regain its function when the Prostate is removed, from the number of successful cases reported, if done when the bladder is still healthy.

Buxton Brown mentions one case where the patient began to use a catheter twenty years before he operated, and had passed all his urine by catheter for ten years.

There is good reason to hope for the restoration of function of micturition after Prostatectomy, where the bladder is still healthy and not thickened and shrunk, or function destroyed by repeated use of catheter. But success is by no means certain. On the other hand Prostatectomy is useless when the capacity of bladder is small and its coats thickened by disease, and as much can be accomplished by simple cystotomy as from removal of obstruction.

Cystotomy seems to me to meet the requirements in nearly every case of enlarged Prostate that needs an operation.

CASE OF GUNSHOT WOUND OF ABDOMEN.

By J. F. BLACK, M. D., Halifax, N. S.

About ten o'clock on the morning of Nov. 23rd, Mr. S., while endeavouring to disentangle a revolver from the meshes of a landing net, accidentally caused the discharge of one of the chambers.

He was seen first by Dr. Parker then by Dr. Stewart. I saw him about four in the afternoon with Dr. Stewart. I found a wound in right iliac region about an inch within and a little below the anterior superior spine of ilium, the part was tender to touch and somewhat swollen, the patient was suffering severe pain and was pale and faint. Pulse was 120 and Temperature 101°. Upon consultation it was decided that an abdominal section was indicated, he was removed to Victoria General Hospital in the ambulance, a hypodermic injection of morphia being first given to quiet the pain. Upon being taken to operating room he was very weak but improved after getting a little brandy and water. He was immediately prepared for operation, and with assistance of Dr. Farrell I proceeded to open the abdominal cavity. An incision of about five inches was made, with slight concavity towards median line and with its centre just to the inner side of the wound. Upon opening the peritoneal cavity a faecal odour was at once perceptible and a wound on anterior aspect of large intestine about three inches from its commencement was found. This was closed by pressure forceps, while I looked for the opening of exit of the bullet from the intestine, or for further injury towards the centre of abdominal cavity. Finding neither, I enlarged opening and washed out contents, first drawing part outside of abdomen and packing it well around with gauze pads. I next passed finger into intestine hoping to find the bullet or else detect where it

had passed out, this I could not do, I then sewed up the wound in intestine with two layers of Lembert sutures using fine silk. Upon drawing the wounded intestine well over to the left I found two wounds near its attachment behind, one in outer layer of mesocolon and the other close to it passing down into the deep tissues of the Iliac fossa. A tube passed into this latter failing to find the bullet after reasonable trial, I decided to close the abdominal wound, leaving an opening for an iodoform gauze drain down to seat of the wound in the deep tissues.

The patient rallied well from the operation, the pulse and temperature went down and the pain left him. He continued to do well for three days. Temperature and pulse were normal, the wound dressed on second day, looked healthy and he seemed likely to recover. On evening of 26th however, he was not as well, pulse became quick and weak, temperature rose to 100.5°. Some diarrhœa occurred and distension of abdomen gave him great distress. During the 27th, he gradually grew weaker, the diarrhœa did not continue, he had no pain and his mind remained clear. He died at 3, a. m., on the morning of the 28th.

At post mortem, held at 12 o'clock of same day, some evidence of peritonitis localized in right iliac region were found. Upon removing the wounded portion of gut, it was found to hold water perfectly, the wound sewn up had united and no other wound could be found. After considerable search the bullet was found imbedded in the ilium, being split almost in two by a portion of bone, other organs as far as examined were healthy. In absence of a wound of exit it seems that the wound of intestine must have been made by bullet taking out a portion as it passed on its way to lodge in the deeper tissues. The nature and suddenness of change for worse with slight evidences of inflammatory action found after death would suggest

some septicæmic condition as the cause of fatal result. All reasonable precautions were taken to render the operation aseptic.

ENLARGEMENT OF PROSTATE PROSTATECTOMY.

By E. FARRELL, M. D., Halifax, N. S.

T. McL. aged 55, had been complaining for over four years of irritability of the bladder and frequent micturition. He went to the Halifax Infirmary in May 1891, when a stone in the bladder was discovered and the operation of lithotripsy was performed. He left that institution early in August of that year apparently cured. He went to his home in Pictou County, and within six months all his old symptoms returned. Dr. Stewart then performed the operation of supra-pubic lithotomy, when a number of calculi were removed. For a time he was fully relieved, his urine passing mostly by the supra-pubic opening. In a few months this opening grew smaller and he gradually became as bad as ever. He was admitted to the Victoria General Hospital in Nov. 1893, it was then found he had a small opening at the seat of operation, through which some urine was constantly passing. He was suffering much from pain and irritability of bladder. His general health was fair. On Nov. 19th, an exploratory operation was made, the supra-pubic opening was enlarged, and the bladder was found in a very dirty state, one large and a number of small calculi were removed with forceps, and in washing out the bladder with a strong stream of water and scraping, numbers of small stones and sand were removed. At this operation a small proportion of the third lobe of the prostate about the size of a small hazel nut, with a narrow base was found in front of the urethral opening. He was much more comfortable for two weeks after this operation, but in a month the urine was again



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Some twenty-five years since we introduced largely to the Medical Profession a combination, which we called "**Beef, Wine and Iron**," giving the exact ingredients and making no claim of proprietorship. It has been very freely prescribed with most satisfactory results. Our sales have been very extensive amounting to many million bottles, besides a large quantity in bulk for dispensing in prescriptions. The claims we advanced to its value as a **Nutrient, Stimulant and Tonic**, have been fully verified, and its advantages have been highly appreciated by thousands of the leading practitioners all over the world. To a great degree, this has been due to the intelligent preparation of the **Beef Juice**, which is combined with the **Wine and Iron**. We maintain, that, to manufacture it so as to contain the nutrient material in a small bulk, expensive apparatus is essential, in order to secure express in and evaporation at a low temperature. This can only be provided to advantage, if the manufacture is to be conducted on a very large scale. We import the Sherry Wine, hundreds of casks at a time. We are receiving from the best Beef butchers, supplies of the most desirable Beef, free from fat or gelatin. We have no hesitation in stating that as a Tonic Stimulant and Roborant, **Wyeth's Beef Iron and Wine** had proven more uniformly beneficial than any combination we have ever known.

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Physicians and patients have been much disappointed in the benefit anticipated, and often ill effects have been experienced from the use of the many imitations claiming to be the same or as good as Wyeth's. In purchasing or prescribing please ask for "Wyeth's" and do not be persuaded to take any other.



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alkaline and loaded with mucus and muco-pus.

December 19th, I determined to remove the projecting lobe of the prostate. Ether was administered and the operation of prostatectomy performed. The growth was partly cut with a scissors and partly torn off by forceps. The bleeding was very free but was controlled by pressure and styptics. During the next month the the bladder was washed daily, but in spite of all effort the urine became alkaline and turbid and a few small calculi were washed out occasionally. From January 23rd, to the end of February, he passed daily more and more urine by the urethra, and the abdominal wound was closing. Then for a time less and less passed by the urethra and in March ether was administered again and the abdominal wound enlarged and bladder washed out, quite a number of small stones came away in the washing. It was found that a small piece of mucous membrane in a sort of fold remained at the seat of operation, this was removed. Subsequent to this operation, after using sterilized water, weak acetic acid was used as a wash, from this time forward he began to improve, at first slowly, but the supra-pubic wound gradually healed and the urethra began to perform its function until July 2nd. when all his urine passed per urethram. He was discharged from hospital July 16th.

Correspondence.

MY DEAR C.—I promised to write you some notes for the News on the facilities for study in Britain and abroad. I have been so often asked for information on this subject by friends who, on the conclusion of their college course, or after a few years in practice, have planned a European tour, that I venture to hope the few notes I have made, may not be without interest to some of your readers.

First then, what is the best place in which to study? I have very little hesitation in recommending Edinburgh. Doubtless, London has many advantages and great attractions, and perhaps, in the case of one who wished to devote himself to a speciality, London should be selected. But for all round clinical study and instruction in the various lines of diagnosis I think Edinburgh will prove more satisfactory.

One great advantage is that in Edinburgh the whole apparatus, so to speak, of medical teaching is centralized. There are three teaching bodies, the University, the Colleges of Physicians and Surgeons, and the School of Medicine, but they work together very harmoniously, and almost all their work, class rooms, laboratories, hospitals and museums, may be said to lie within a circle of a quarter of a mile in radius. This centralisation enables the student to make a choice of teachers without having to travel, as he may do in London, several miles, at no small cost of time and money, from one hospital to another.

Then, it is my conviction that the methods of instruction, clinical and otherwise in the Edinburgh School are superior as a rule, to those of any other I have seen.

There is no Post Graduate School, so-called, in Edinburgh. I believe one was started a year or two ago, but it did not succeed. I suppose one reason

— WAS NOT SPOILED BY PROSPERITY. — A newspaper paragraph is going the rounds to the effect that a Scotch girl named Lithegow recently graduated from the Ann Arbor University with a very fair record. Immediately following the event came the news that an uncle had died in Glasgow, Scotland, and left her a fortune variously estimated at \$650,000 to \$800,000. The young doctress exhibited no surprise or emotion on receiving the announcement, but merely said: "That will enable me to relieve the wants of the poor without any regret for the loss of my time and labor."—*Jour. of Amer. Med. Ass'n.*

for this is that all the best teachers are already fully occupied.

A Post Graduate School has been organized in London, and is, I believe, taken advantage of by a yearly increasing number of practitioners. Last summer it began early in May and continued until the beginning of July. But none of the classes meet daily, some meet only once a week, and the impression I got from a friend who had tried it, was that didactic lectures occupied too prominent a part in the course.

As I have already said then, I would recommend anyone wishing to take a three months' or a six months' course of clinical study to go to Edinburgh. Here he can attend clinical lectures in surgery, medicine, gynecology, diseases of the eye, of the ear and throat, and of the skin, twice a week or oftener in each subject, and study the diseases themselves in the wards of the Royal Infirmary every day.

Now, as to expense: the class fees for the subjects mentioned above vary from two to three guineas, and the hospital fee for three months is two guineas, so that the total cost, if one took up all these subjects would be about \$65. If, in addition one took out the classes of practical pathology and operative surgery, which are each three guineas, the bill for fees would be about \$100.

The cost of living is not great in Edinburgh. Very good lodgings can be had within from five to fifteen minutes walk of the hospital for sums varying from eight or ten shillings for a single room to twenty shillings or upwards for sitting room, bed-room and bathroom. This charge always includes fire, light and attendance, with the cooking of all ordinary meals. The best plan is for two or three men to club and share such room. In this way a good large sitting room, with two or three bed-rooms, or a double-bedded room, and bath-room may be had for from six to twelve shillings

each, according to location. The commissariat may generally be safely left to the landlady, though some students prefer to do their own marketing, and it must not be forgotten that there is a tradition to the effect that landladies have a partiality for their lodgers' tea and sugar.

It is difficult to give an exact estimate of the cost of living, so much depends upon each man's idea of what is necessary, but I may say that the total cost, inclusive of everything, may be put down as from \$5 to \$7 a week. So that for the summer term of twelve weeks the sum of \$100 should be quite sufficient. Add to this another \$100 for the fees of such a course as I have already indicated, and \$120 to \$150 for the ocean passage to and fro, and it will be seen that \$400 is a liberal estimate for a three months course in Edinburgh.

But the winter term should, if possible be taken. The class fees are practically the same; \$100 will pay for all the classes any man can take with advantage. The term is nearly six months; as the classes now generally begin in October and rise in the end of March.

My advice to anyone proposing to spend a year in "post-graduate" study, would be to proceed to Edinburgh in September, and settle down there for the winter session. Towards the end of March, he might leave Edinburgh, and would find both profit and pleasure in visiting the large hospitals of Glasgow, Liverpool, Manchester, Leeds and Birmingham. And so, journeying south he would arrive in London by the end of April, when the metropolis is perhaps at its best for "sight-seeing." And now he might take out the course of the London Post-graduate School, already spoken of. There are classes in eight or nine subject,—the eye, larynx, nervous diseases, diseases of the chest, of the skin, etc., etc. The fees varying from one to two guineas. The fees for the

entire course would amount to about \$70.

It is as a rule more expensive to live in London than in Edinburgh; and it is not customary to have any meals in one's lodging, except breakfast. Lunches and dinner are taken at restaurants. Arrangements may, however, be made for board and lodging, and \$10 a week is a liberal estimate, including everything. The course goes on for about ten weeks, so that the total cost of this course may be set down as \$170 or \$180. Owing, however, to the fact that coin of the realm is subject to rapid evaporation in the climate of London, it may be a safer estimate to say \$200.

It would now be about the middle of July, and I recommend a trip of a month or six weeks to the Continent. Travelling is not expensive there, and if one were remaining anywhere for a week or two he can easily get board and lodging for \$1 a day.

One may go from London to Paris and back for \$10. If one desires to see the famous schools of Vienna and Berlin, he may do so at small cost. A good trip would be from London, via Antwerp, Cologne, Frankfort and Munich to Vienna, thence to Berlin, and finally to Hamburg, where though there is no medical school, there are unusual facilities for study in the surgical service of Schede and Kummel, and in diseases of the skin under the renowned Unna. The travelling expenses of such a trip should not be more than \$50. Vienna, like Austrian towns in general, is more expensive than Germany, but the trip as I have outlined it may extend to a month and not cost more than \$150 in all.

A very enjoyable tour would be as follows: from London to Rotterdam, thence by Rhine steamer through Holland to Cologne, and thence by rail or boat to points of interests along the Rhine, and visiting the hospitals of Strassburg, Freiburg, Heidelberg and Bonn. At all these places a doctor has

only to present his card, and he is cordially received and shown everything.

The railway and steamer tickets for this trip need not exceed \$30, and \$100 to \$150 would enable one to extend it over five or six weeks. And besides seeing and hearing some of the most famous authorities in all departments of our profession one would see much to interest him in the customs of the people and in the beautiful scenery and mediæval architecture of the Rhineland, and lay up such a store of memory-pictures that even in his weary night vigils, driving cold and alone through the mud or snow of our Canadian roads, he may at times behold the sunlight on the terraced slopes by Bingen, or see the moonlight silver the hoary battlements of the Schonburg and the quaint towers of Oberwesel, or under the dark shadow of the haunted Lurlei, hear the whisper of the flowing Rhine.

The whole expense of a year spent in the manner I have described would be well within \$1000. Taking expenses in round numbers, a winter term in Edinburgh would be \$300, one month's travelling through England \$100, ten weeks in London, including post-graduate course \$200, a month or six weeks in Germany \$150, and the passage out and home \$150, or a total of \$900, leaving a margin of \$100 for clothes, books and incidental expenses. S.

THE "laziest" man has at last met with his just reward. Dr. George Ross reports the death of a man from peritonitis due to rupture of the bowel brought about by a novel and labor-saving method of taking an injection. This ingenious man simply fastened the rubber hose to the bathroom faucet and turned on the spigot. The last time he gave it one turn too much and hence the result.—*Med. T Register.*

THE MEDICAL TREATMENT OF APPENDICITIS.—At a recent meeting of the New York State Medical Society, Dr. Joseph D. Byrant reported four "Interesting Cases of Appendicitis." The report elicited considerable discussion, especially as to the advisability of operative measures for the cure of the disease. In closing the discussion, Dr. Byrant said: "That from 60 to 80 per. cent. of those having appendicitis primarily would recover without operation. The mortality in the operative cases was about two per cent. In ordinary primary attacks, in the absence of symptoms distinctly demanding operation, he would, before operating, wait about forty-eight hours, or until the fever indicated the possibility of suppuration."

We believe Dr. Byrant's experience is the experience of every physician whose judgment is not warped by the peculiar heroic desires engendered in the breast of those who frequently engage in surgical operations. We believe to be justified in asserting that, provided proper medical treatment is resorted to, the mortality in all cases of appendicitis, may be reduced to a very low percentage. To be efficacious, however, medical treatment must be instituted early—before the inflammatory process has reached a condition of necrosis.—*Pitt Med. Gaz.*

TO DISSOLVE TABLETS.—To dissolve a hypodermic tablet quickly. After the tablet has been introduced into the syringe containing ten or twelve minims of water invert the syringe and drive out all air, then, placing the finger over the end of the syringe, withdraw the plunger. This creates a vacuum and the air in the barrel trying to escape lifts the tablet to the top of the water and bursts it to pieces. Try it, doctor, and you will save many shakes and give your patients more prompt relief.—*Journal of Materia Medica.*

THYROID FEEDING IN DISEASES OF THE SKIN.—Dr. George Thomas Jackson gives his experience in the *Journal of Cutaneous and Genito-Urinary Diseases*. In his summary he counts thirty-eight cases, of which eleven were cured, fourteen improved, and thirteen no change. He adds that when we remember how easy it is to see an improvement when we are looking for it, it is probable that we should discount the number reported "improved." He concludes his article in the following terms: From the few cases thus far published it would be foolish to draw conclusions. Personally he is not inclined to experiment further with this line of treatment. To cure ten cases of psoriasis out of twenty-six is no great thing to boast over, especially in hospital practice, as were most of the cases cured, when you take into consideration that the drug, in whatever way you exhibit it, is liable to produce sudden distressing and grave symptoms. That at once bars it from use in out-patient, ambulant practise. We surely have many other safer methods of treatment in hospitals that yield more brilliant results than this method, so efficacious in myxedema and cretinism. In these diseases it is worth while to run a risk as to life, in the hope of removing symptoms that make life hardly worth living. In dermatoses, on the contrary life is, generally speaking, little endangered, and we are not justified in resorting to too heroic measures.—*Ex.*

LOCAL ANÆSTHESIA.—A mixture of ten parts of chloroform, fifteen of ether, and one of menthol, used as a spray, is recommended as an excellent and prompt means of obtaining local anæsthesia lasting for about five minutes.

To abort furuncles, apply with a compress, chloral hydrate in the proportion of half an ounce to an ounce each of glycerine and water.

Maritime Medical News.

JANUARY, 1895.

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WE WISH ALL OUR READERS A VERY HAPPY NEW YEAR.

With this issue the MARITIME MEDICAL NEWS begins Volume VII. We desire the hearty support of the profession in the Maritime Provinces and Newfoundland for 1895, which has been so freely and generously accorded in the past. Our only aim is to serve the profession in every possible way.

THE Maritime Medical Association meets this year in Halifax early in July. Now is the time to begin the preparation of papers for the meeting, and to resolve to be present if at all possible.

INTEREST in the anti-toxin treatment of diphtheria is increasing, and reports are coming in from all parts of the world. Unfortunately most of them while not devoid of interest, can-

not be utilized for forming a just estimate of the value of the treatment.

A report suitable for analysis should embrace a series of at least fifty cases, verification of the clinical diagnosis by a skilled bacteriologist being essential. The strength of the serum employed, if possible, and the name of the manufacturer should be stated. Applying these criteria, the material available for study suffers a material reduction; and unfortunately all of it is from foreign sources and not easy of access to the average medical reader. We have been, therefore, anxiously awaiting the appearance of English or American reports conforming in scientific exactness to foreign ones, feeling sure that they would be accepted with greater confidence. One only has appeared. Washbourn Goodall, and Card have recently presented to the Clinical Society of London a report of a series of cases treated by anti-toxin at the Eastern Hospital. The serum used was prepared by Dr. Ruffer at the instance of the British Institute of Preventive Medicine. The clinical diagnosis was verified by bacteriological examination.

Eighty patients under 15 certified to be suffering from diphtheria were treated; 8 were excluded from the statistics because, they were clinically as well as bacteriologically, not cases of diphtheria.

The cases were rather above than below the average severity.

Of the 72, 14 died, equal to a mortality of 19.4 per cent.

Of the 72 cases immediately preceding the ones treated with anti-toxin, 28 died, equal to a mortality of 38.8 per cent.

During the same period the mortality at other hospitals was as follows: at the Western Hospital 60 cases with 20 deaths, equal to 33.3 per cent.; at the South Western Hospital 50 cases with 19 deaths, equal to 38.2 per cent.; at the South Eastern 38 cases with 9 deaths, equal to 22.6 per cent.

There were 9 cases of tracheotomy and 6 recovered. In 13 previous series of 9 tracheotomies the number of recoveries varied between 0 and 4, and the average number of recoveries was 1.75.

The good effects of the anti-toxin were manifested, (1) by a lessening in the amount of membrane; (2) by a notable fall in the pulse rate; (3) an improvement in the general condition; and (4) a fall of temperature when this was raised.

The only local treatment adopted at the same time as the anti-toxin, was occasional flushing of the mouth and fauces with warm water.

Apart from the curative action two other effects were noticed, a rash and the onset of joint pains.

The reduction of the mortality and the larger proportion of cures obtained when the larynx was invaded, harmonize with results of French and German observers.

The most conclusive statement we have yet seen on the subject, was made by Virchow at a recent meeting of the Berlin Medical Society, viz.: "Since about the middle of March, Behring's Serum has been injected into 303 of the 533 children admitted into the Friedrich Hospital for diphtheritic affections. Of these 303 patients 13.5 per cent. died, while of the 230 who were not treated by serotherapy 47.82 per cent. succumbed. The conclusion is therefore inevitable that Behring's remedy possesses curative properties."

Books and Pamphlets Received.

The Nature and Treatment of Leprosy. By R. H. L. Bibb, M. D., Satillo, Mexico.

Annual of the Universal Medical Sciences. A yearly report of the progress of the General Sanitary Sciences throughout the world. Issue of 1894. Edited by Charles E. Sajous, M. D., and seventy associate editors. Published by F. A. Davis Company, Philadelphia, Chicago and New York.

SOCIETY PROCEEDINGS.

HALIFAX BRANCH OF BRITISH MEDICAL ASSOCIATION.

Stated Meeting Nov. 23, 1894.

After the disposal of routine business, Dr. Kirkpatrick presented a case of chronic glaucoma involving both eyes.

The patient, aged 61, had complained of defective vision in the left eye for five years, and quite recently slight defect of vision was manifest in the right eye. During the past five years of defective vision in the left eye, the characteristic haloes were ever present about the flame of a candle or gas jet, but as the patient suffered no pain and had sufficient vision to ply successfully his vocation, he paid no attention to his eyes. Forty-eight hours ago the left eye became very painful, the vision reduced to perception of light and the condition of the eye generally was a typical one of glaucoma. Dr. Kirkpatrick called attention to the objective signs present, namely: (1) Increased tension, (2) dilated pupil, (3) shallow anterior chamber, (4) haziness of the cornea and (5) excavation of the papilla, also to the subjective symptoms of (1) pain, (2) defective vision, (3) anaesthesia of the cornea and (4) photophobia. He dwelt on the necessity of the general practitioners, having such knowledge of the clinical effects of this disease that he may be in a position to readily diagnose its existence, for a successful issue depends on its early recognition.

Dr. D. A. Campbell reported the results of a microscopical examination of the case of sarcoma of the tibia reported by Dr. Farrell at a previous meeting. Dr. Farrell's view of the case was questioned to some extent but the results of the microscopical examination made confirmed the opinion expressed by him.

Some discussion ensued as to the propriety of handing over pathological specimens to a special committee to report upon. On motion this suggestion was adopted and Drs. Stewart, Reid and Campbell were appointed.

Dr. J. F. Black reported a case of osteo-sarcoma of the lower end of the femur.

G. S. aged 23, labourer, was admitted to the Victoria General Hospital with a swollen and painful knee. Two months prior to admission patient hurt the right knee. The injury did not cause him pain at the time, but soon after he observed a considerable swelling. When closely cross-questioned he did not know but what there might have been some swelling of the part prior to the injury. Three weeks after the injury, he had to discontinue work on account of pain in walking. When admitted to Hospital he appeared to be in good health, and a large firm swelling was found embracing the lower fourth of the right femur. There was but little pain on pressure, and nothing special was noted about the family history. Some days later amputation of the thigh about the middle was done, and so far there has been nothing to note about the progress of the case.

Dr. Black then exhibited the specimen—the femur having been sawn through vertically to show its relation to the bone. The bone itself was not implicated, the medulla appearing quite normal so that the growth must probably be a periosteal growth. A section of the growth was under the microscope on the table.

Dr. D. A. Campbell said that he had examined the growth immediately after the operation. The muscular covering was much attenuated and adherent in places to the growth. The joint cavity was filled with blood stained synovial fluid. The growth was strictly limited below by the articular cartilage, but it had invaded the joint cavity through the posterior ligament, and by way of

the crucial ligaments. Several vegetations, blood-stained in look could be seen sprouting from the base of these ligaments.

The tumor cut crisply, the surface having in the freshest part a whitish appearance. Here and there could be observed small infiltrations of blood, and cysts varying in size from a pin head to a bean, containing a sort of mucoid fluid. As mentioned by Dr. Black, the growth sprang from the periosteum. Histologically it was a mixed growth, and might be called a fibromyxochondro-sarcoma. He had not the slightest doubt as to its malignancy.

Dr. Campbell also exhibited a small celled sarcoma of the head of tibia, for the purpose of showing the marked naked eye differences between the two growths.

Dr. Farrell said that these cases, together with the one previously reported by him were of considerable interest pathologically and otherwise.

When such cases present themselves to a surgeon, a question of supreme interest is, are they simple or malignant?

The clinical characteristics very often only afford imperfect evidence, especially in the early stages when a decision is a matter of so much importance.

The microscopic examination of small portions of the structure, even under skilled hands seldom gives positive information, and even after total removal of the growth the microscopist fails to settle the question of malignancy or non-malignancy. It seemed to him that the value of microscopic examination of morbid growths had been over-estimated. No doubt the skilled microscopist can, in the great majority of cases and without difficulty determine the anatomical composition of a growth but from that information alone he cannot always say whether it is benign or malignant.

In doubtful cases, and they are not few in number, the clinical features of the case and the naked eye appear-

ances of perfectly fresh sections of the structure are important factors to the microscopist. If this fact was more generally recognized and acted upon, microscopical examinations would be more highly appreciated.

Dr. Farrell emphasized his view by many illustrations from the specimens exhibited.

Dr. Murdock Chisholm reported a case of extreme dilatation of the heart ending fatally, where nothing was found at the autopsy to account for the lesion—the heart substance, valves and vessels being normal.

This case will be reported at a later date *in extenso*.

Dr. E. Farrell reported a case of multilocular ovarian cyst with dermoid contents, which he had successfully removed from a young girl. The history of the case briefly was this :

J. C. aged 11, a native Pictou, giving a good family history, was admitted to the medical ward of the Victoria General Hospital some months ago.

Her parents stated that in December 1893, she was injured at the lower part of the abdomen by a fall on a stick. For some time she experienced severe pain which however soon disappeared without any special treatment.

In April 1894 they noticed that she seemed very tired after returning from school, and soon after this an alteration in her gait, diarrhoea and a painless swelling of the abdomen. The swelling steadily increased, and in the latter part of June she was admitted to Hospital. Her general health was somewhat impaired, otherwise there was no symptom observed except ascites, which was quite pronounced.

A large quantity of clear serum of a low specific gravity was soon after removed and a careful search made for the cause without result. No growth could be felt. The fluid was again removed on two occasions to relieve urgent symptoms. Nothing was found on examination, after removal of the fluid. A fourth tapping was done on

Sept. 6th and fairly good evidence of a growth obtained. The patient was tapped for the last time on Oct. 8th under the influence of an anesthetic. On this occasion, and for the first time there was observed resonance or percussion along the right flank. The fluid removed was clear as water, no deposit could be obtained by the use of the centrifugal machine, the specific gravity was 1008. When fluid was removed a distinct tumor like mass was found about the middle of the abdomen which could be freely moved in any direction. After consultation it was decided to make an exploratory incision after the fluid had reaccumulated.

On Oct. 29th an exploratory incision was made. The fluid was at once found to be encysted. The incision was at once enlarged, and the tumor found to be connected with right ovary by a long narrow pedicle. After the removal of the fluid and the separation of numerous adhesions the mass was removed and the pedicle tied and divided. The patient made an excellent and uneventful recovery.

The tumour turned out to be a multilocular dermoid with a great variety of contents. The tumour itself consisted of two parts, the first of several very large thin walled cysts filled with clear fluid like that removed by paracentesis. This portion lay in contact with the abdominal wall. The second part, denser and firmer lay in contact with the upper and posterior part of the abdominal cavity. It was made up of a very large number of small cysts, some lined with mucous membrane and containing mucus of every shade of color, others more or less perfectly with skin and containing hair and sebum. Here and there were irregular masses of bone which contained teeth. About a hundred teeth, more or less perfectly formed, were separated. In addition to these epithelial pearls, masses of cartilage and two well formed nipples were noticed.

FELLOWS' HYPOPHOSPHITES!

(SYR: HYPOPHOS: COMP: FELLOWS.)

To the Medical Profession of Canada:

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

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorus preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERIT.

FIRST.—*Unique harmony of ingredients suitable to the requirements of diseased blood.*

SECOND.—*Slightly Alkaline re-action, rendering it acceptable to almost every stomach.*

THIRD.—*Its agreeable flavour and convenient form as a syrup.*

FOURTH.—*Its harmlessness under prolonged use.*

FIFTH.—*Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.*

GENERAL EFFECT.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnea is so salutary that they sleep for hours after the first few doses.

NOTICE—CAUTION.

The success of Fellows Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

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

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

For Sale by all Druggists.

DAVIS, LAWRENCE & CO., LTD.

Wholesale Agents, MONTREAL.

THE MEDICINAL USES OF STRONTIUM SALTS.

Disorders of Digestion, with or without dilatation of the stomach, associated with cardiac and renal affections are promptly ameliorated by the exhibition of strontium bromide. According to M. Germain See (*l' Medicine Modern*, October 29, 1891,) this salt seems to enact the role of a carminative, preventing acid fermentations—acetic and lactic.

Albuminuria.—MM. Constantin Paul and Germain See, have both reported that strontium bromide and lactate have been employed in Rheumatism and Bright's disease with good results. Dujardin-Beaumetz reports the employment of strontium lactate in a number of cases of Albuminuria due to various causes, in all of which the proportion of albumin was reduced fifty per cent. in from one to four days. His remarks upon this matter conclude thus: "In lactate of strontium we possess an invaluable agent whose action is at the same time certain and inoffensive."

The dose of strontium bromide will vary from ten to twenty grains, for the relief of Atonic Dyspepsia, Nervous Disorders, Rheumatism and Bright's Disease. In Epilepsy, double the quantity mentioned above.

Strontium being liable to contain other substances, such as barium, which seriously interfere with its therapeutic effects, we have made a special point to obtain the chemically pure salts from the well known laboratory of Merck, of Darmstadt, and physicians specifying our products may depend upon securing for their patients a perfectly reliable preparation.

WYETH'S ELIXIR STRONTIUM BROMIDE. Each fluid ounce contains forty grains of the pure crystalline salt.

WYETH'S ELIXIR STRONTIUM LACTATE. Each Fluid ounce contains forty grains of pure strontium lactate. Dose.—One to three tablespoonfuls three times a day. Saccharine is used to disguise the taste instead of sugar.

PRICES.	Strontium Bromide.	Strontium Lactate.
Per dozen bottles of 16 fluid ounces	\$19.00	\$23.00
Per Winchester " 80 "	7.00	8.00
Per Demijohn " 128 "	10.00	11.50

JOHN WYETH & BROTHER.

WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.
Per doz. 16 oz. bot., \$9.00.
Per. Winch. 80 oz., \$3.50.

Wyeth's Glycerole Chloride of Iron.

(NON ALCOHOLIC.)

THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substitute to insured the results desired, is absolutely free from the objections hitherto urged against that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 21 minims Tinct. Chlor. of Iron.
Per doz 16 oz. bot. \$9.00.
Per. Winch. 80 oz., 3.50.

NOTE—We will be pleased to mail literature relating to any of Wyeth's preparations, particularly of the new remedies.

DAVIS & LAWRENCE CO., Ltd., - Montreal,

AGENTS FOR CANADA FOR

JOHN WYETH & BRO.

The case was of interest (a) from the difficulty of diagnosis (b) the age of the patient, and (c) from the extraordinary structure of the tumour. The hour was too late to admit of much discussion.

STATED MEETING DEC. 6th, 1894.

At a previous meeting Dr. E. Farrell reported a case in which he performed prostatectomy. A report of the case will be found elsewhere,

During the discussion which followed Dr. L. M. Silver related the particulars of a case of prostatic difficulty where Dr. Farrell performed supra-pubic cystotomy. The results were very gratifying. Dr. Silver was asked to contribute at some future meeting a *resume* of recent contributions to the literature of the subject. His paper read at this meeting will be found on another page.

Dr. D. A. Campbell exhibited a specimen of diseased prostate and bladder.

A cone about the size of the top of the little finger projects from the median lobe of the prostate into the bladder directly in front of the orifice of the urethra. There is also a diverticular about the size of an orange on the posterior wall of bladder. The patient from whom the specimen had been obtained died of another cause, but had considerable prostatic trouble for years.

Dr. Farrell said that he had listened with great pleasure to Dr. Silver's paper as he had so recently reported a case of prostatectomy we therefore had the history of two cases together, with the statistics submitted by Dr. Silver. It seemed clear to him that the supra-pubic operation was all that was required, not only leading to comparative comfort, but affording in some instances a chance of cure. Prostatectomy, if such results are obtainable should only be performed under very exceptional circumstances.

In the case related by Dr. Silver a purulent cystitis existed at the time of the operation, which gradually dis-

appeared as soon as the urine was afforded speedy and complete exit, and notwithstanding the free entrance of air and the constant presence of an instrument. The case was to him an object lesson in respect to the relations between catheterism and purulent cystitis. Aseptic catheters should be used in all cases, but especially so in cases where the existence of residual urine is suspected.

Dr. A. R. Reid thought that catheterization should be given a long and faithful trial before any operative procedure is thought of. He cited a number of striking instances to support this opinion. In reference to supra-pubic cystotomy, he said that it gave him more than usual pleasure to hear that this operation was so very generally endorsed. He cited a case which he had reported at the old Halifax Medical Society, twenty-five years ago. A boy by an accident lacerated the perineum and urethra so badly that he was unable to pass any water or be relieved by an instrument. After consultation with Dr. W. J. Almon, he performed supra-pubic cystotomy by which drainage was obtained until the urethra was repaired. An excellent result was obtained. When the case was reported, the operation was universally condemned by his colleagues.

Dr. D. A. Campbell cited some statistics recently published by Prof. Poncet of Lyon's, an enthusiast, in favour of the supra-pubic operation.

He has performed supra-pubic cystotomy 63 times during past five years for postatic difficulty.

He divides his cases into two groups :

1. Prostatic disease leading to retention, but urine aseptic.
2. Septic cases.

In aseptic cases he has operated 21 times with no fatality.

The septic cases 43 in number, he subdivides into three groups.

1. Cases complicated with acute super-acute-septicaemia, six operations, all fatal.

2. Cases complicated with acute septicaemia, 12 operations, four deaths in the first week, eight survived, six months.

3. Chronic septicaemia, 24 operations, 7 died within a week, 10 lived less than a year, 7 now living.

Effect of operations on micturition. In 12 cases micturition was established through natural channels. 7 micturated at will through new channel. 3 partially so, 12 had complete incontinence.

Dr. J. F. Black said that he was somewhat disappointed at Dr. Silver's estimate of the operation of prostatectomy. His facts had been mainly drawn from English authorities, and had perhaps unduly biased him against the operation. The relief afforded by the supra-pubic operation while in some cases very satisfactory, was not so in all. Sepsis persisted, the opening tended to close, and many other troubles cropped up. If in a supra-pubic cystotomy for prostatic difficulty, a condition was found similar to that shown in the specimen exhibited by Dr. Campbell, surely it would be common sense to remove the growth. After some further remarks by Drs. Farrell, Mader, Silver, Reid and the President, the discussion closed.

Dr. M. A. B. Smith read a report of case of crossed hemianalgesia. The case is one of unusual interest, and will be reported in extenso later.

Dr. J. F. Black reported a case of abdominal wound, inflicted by a rusty pocket knife. When admitted to the hospital there was free bleeding and protrusion of the omentum. The patient was etherized, the wound enlarged and the deeper parts examined. No injury of the intestine was found. The omentum was tied off and the wound closed, the patient making a good recovery. He also reported a case of gunshot wound of the abdomen, the details of which will be found on another page.

Obituary.

WM. GRAY DISBROW, M. D.

We regret to announce the death of Dr. Disbrow, which occurred at Dalhousie, N. B., on December 12th, at the age of 63 years.

He was the eldest son of the Rev. Noah Disbrow of St. John, in which city he was born in the year 1831. He first studied at Kings College with a view of going into the ministry of the Church of England, but finally abandoned the idea for the profession of medicine and matriculated at Harvard College, where after four years study he graduated in 1857.

He first practised medicine in New Carlisle and New Richmond, Province of Quebec, where he was also surgeon of the first battalion, Bonaventure Regiment.

In 1861 he removed to Dalhousie, where he continued to reside until his death. He was married in 1871 to Annie, eldest daughter of Sheriff Shepard, by whom he leaves two children—John, now a medical student at Burlington, Vermont, and a daughter.

During the thirty-three years in which he practised in Dalhousie, he filled many important offices in a very creditable manner. His death has occasioned wide spread sorrow in Dalhousie and district where he was highly esteemed by all.

PROMPT AND CONVENIENT.—This is what is said of the new "Antikamnia and Salol Tablets" each containing Antikamnia 2 gr., Sulphate Quinine 2 gr. and Salol 1 gr. Because they are both prompt in action, and convenient in administration, they please both the physician and the patient.

Selections.

THE RETIREMENT OF SIR JOSEPH LISTER.—The move upon the subject of a testimonial to Sir Joseph Lister, was started by his former pupils and colleagues, but it is hoped to interest all surgeons.

Having relinquished active work in college and hospital, Mr. Lister is enjoying a well merited rest.

His real memorial is that he has rendered it possible for surgeons to safely open any of the closed cavities of the body, the synovial sacs, the peritoneum, the cranium, etc., depriving of their septic risks all surgical procedures. In short, inflammation after surgical operation has been prevented, thus greatly enlarging the surgeon's field of operations and incalculably augmenting the results of his labor and skill. Operations which formerly were confined to hospitals and the most favorable surroundings, now are done everywhere. Hence surgeons have multiplied them by the hundred-fold. The fact that operations may be done with little danger of inflammation, through simple asepsis, has made surgery invade the domain of medicine. Appendicitis, tubercular peritonitis, and other diseases, are now claimed by the surgeons as their exclusive property.

To the pauper as well as the millionaire, Lister has made surgical relief possible, by enabling even the humblest doctor in the most out-of-the-way location, with the poorest tools, to do excellent surgery. Well appointed hospitals, trained nurses, perfect appliances for surgical technique, are still most desirable, but they are no longer indispensable.

So common have become the actual workings of the surgical methods introduced by Mr. Lister, that we seem to have known them always. The doctrine of Listerism has cleansed every dirty hospital in the world, transformed

every surgeon, and made careless doctors a byword and disgrace.

The same principle has entered into the studies of all vital processes, whether morbid or physiological. If microbes make inflammation in wounds and after surgical operations, what may they not do in the several diseases infecting the human body? Hence the study of these diseases from the standpoint of Lister—the action of germs upon the vital processes. Pathology is growing richer daily by the studies thus stimulated, and it is hoped that therapeutics will evolve some method of checking the devastation of these myriads of germs.

In its details, Lister's work has been greatly modified by himself and his fellow-workers, but its general principles seemed rooted in genuine truth, destined to remain while present laws, forces and germs remain as now. Medicine has enrolled among its worthies many who have contributed greatly to its advancement; but among them all, Lister occupies a proud position, and as passing years make more and more available his work for suffering humanity, so will increasing honor crown his memory. This is Lister's monument, "that in the hands of every surgeon he multiplied many fold the power of his art."

Had Mr. Lister, when the great truth of aseptic surgery dawned upon him, opened a small hospital and done his work by himself, what enormous financial rewards might not have been his! His work would have demonstrated to the laity that he possessed a power which all other surgeons lacked. Those suffering from grave surgical affections would have sought relief at his hands. Money to them would have been no object, and the results would have sent others similarly afflicted. So without any effort his little hospital would have grown to a large one, the large one been doubled or quadrupled, until no group of hospitals would have contained so many patients

as his. The rich and the noble would have overwhelmed him with wealth and honor in the worldly sense. But Mr. Lister taught his new methods, based upon original studies, to his rivals as well as to his friends, and to surgeons who had spanned the globe in order to learn his wonderful mode of surgical procedure. These in turn taught their friends and students, improving the technique as opportunity offered, until at last practically the entire medical profession was familiar with Lister's methods. His great discoveries he gave fully, freely, and joyfully to the profession, and we doubt not that he views the thousands of working surgeons in every portion of the world saving lives and relieving human misery as an adequate reward for his gift. His is an honor which cannot fade, a glory which will keep increasingly bright; the truths which he discovered cannot be forgotten, and to his teaching every student will turn during all coming ages for guidance and inspiration.—*Ex.*

THE TREATMENT OF CYSTITIS.—Dr. Gardner W. Allen, of Boston, read a paper on this subject, based on the records of a number of cases which had come under his observation during the past eight years. Many of these cases had been of gonorrhœal origin, and in nearly all the inflammation had been confined to the neck of the bladder. Extension of gonorrhœa into the neck of the bladder, accompanied by a sharp onset of urinary symptoms, was, of course, common enough. In non-gonorrhœal cases the cause of the cystitis was not always clear, but in a certain number the disease was apparently traceable to a posterior urethral catarrh resulting from congestion of the prostatic portion, with or without inflammation of the seminal vesicles, and brought about by prolonged and repeated sexual excitement. It began insidiously, had little or no

tendency to recovery, and was apt to prove intractable to treatment.

As regarded the treatment of cystitis, of the various internal remedies the author said that he preferred the saline diuretics, especially benzoate of sodium. Few surgeons nowadays, however, long deferred local treatment of the disease. For the simple purpose of washing out the bladder, perhaps a saturated solution of boric acid gave, on the whole, the best results. For the purpose of producing a decided impression upon the mucous membrane of the vesical neck the author said that he had had very gratifying experience with nitrate of silver and permanganate of potassium. Of the nitrate of silver, he rarely used it stronger than in one-per-cent. solution, injecting from ten to fifteen minims. The injections appeared to be more effectual if preceded immediately by the passage of a large sound, excepting in the more acute cases. Permanganate of potassium he had found to be very efficacious in cystitis and chronic prostatitis. Where it failed nitrate of silver often succeeded, and *vice versa*. The bladder should be thoroughly irrigated with the permanganate solution (1 to 4,000 or 1 to 5,000), and this was conveniently done by means of a large Ultzmann syringe connected with a soft-rubber catheter. One syringeful at a time was injected and allowed to flow out again, and this was repeated until the solution came away with its colour unchanged. Then two or three ounces were injected and left in the bladder as long as they could be comfortably borne. The author then detailed the histories of a number of cases of cystitis that had come under his observation.—*New York Medical Journal.*

ANXIETY AS A CAUSE OF GRANULAR KIDNEY. It is interesting, in relation to the ailment of the Czar, to recall a paper read by Professor Cliffordfield,

in 1876. The subject he took up was "Mental Anxiety as a cause of Granular Kidney," and by an analysis of his case-books he showed what an abnormally large proportion of the patients showing symptoms of granular kidney had been subject to the depressing influence of prolonged anxiety. He says: "During the last two years I have made notes of thirty-five cases of granular kidney occurring in private practice, and I find a marked history of mental distress or care, or both, in twenty-four of them." This is a large proportion, even if we admit that the pushing inhabitants of West Yorkshire worry abnormally concerning this world's goods. Several illustrative cases are given, and one especially in which, as a consequence of an unfortunate investment, a man in a good position for three years "went to bed night by night ignorant whether he might not be gradually drained of his all." Dickinson is in some sense in accord with Allbutt on this question, although not so positive. Prolonged mental disturbance, anxiety, or grief as a cause of granular kidney is, he says, "perhaps problematical; the mode of its operation is not obvious, but must be surmised as through the nervous system. A lowering of nervous force is to be recognized at least as predisposing to every form of albuminuria. I have seen so many instances in which granular degeneration has been immediately sequent upon trouble that, in the absence of other causes, I am fain to conclude that mental conditions are sometimes concerned in its production."—*British Medical Journal*.

A PLEA FOR PALLIATION.

"Got ther blam'dest toothache, Doc, you most ever see;
Leastways, its the darndest one thet ever tackled me.
Couldn't smile to save me: fact is, if I'd try,
One side my month'd screw around
'Till it fairly touched my eye.
Tother wouldn't budge an inch, fer thar the trouble lies.
Guess you kin kinder see the lump, taint no slouch for size,
Au' every inch of thet air bunch, jest fairly makes me hump;
Jest squit yer eye on thet swellin', Doc,
Can't ye see thet darned thing jump?
No, sir ee! don't want it jerked. I know what'll stop it quicker
Then yer forceps or yer oil of cloves, an' thet's a pint o' licker;
Jest write me a perscripshun,, Doc; before, it always worked,
Au' taint half so hard on yer muscle, Doc,
As if I'd get it jerked.
This tooth has bothered me so much, I know what licker'll do.
What's thet ye say! don't believe it aches!
Didn't think thet, Doc, of you;
Why, can't ye see thet swellin' thar? Jest take yer hand and feel;
I wouldn't tell ye' what ain't so, yer gittin' a square deal.
What's thet, ye say? A terbacker cud thet causes all thet swellin';
An' ye don't believe a single word of what I've been a tellin'?'
And the Doctor smiles at the receding form,
as he closed the office door,
He's familiar with that toothache, he's been there oft before?

Medical Brief.

FOR VOMITING OF PREGNANCY.—
Dr. Goodell recommends:

Ceri Oxalat gr. i
Ipecacuanha gr. i
Creasoti gtt. ij

M. Sig.—To be taken every hour until nausea is controlled.

SOME men never grow old; and this may be said of Dr. Oliver Wendell Holmes, whose mortal life was as brilliant and full of vigorous thought when he crossed the River of Death, at eighty-five years of age, to the immortal life beyond, as in his youth and riper manhood. Although the author,

in early life, of several medical papers, and for many years Professor of Anatomy in Harvard Medical College, all of his reputation was gained outside of his profession, in the world of literature, in which he was one of the most versatile instructors and one of the brightest ornaments. The only medical paper which ever emanated from his pen which created more than a passing notice was his "Homœopathy and Kindred Delusions," and this less from its logical reasoning, for of that it was entirely destitute, than from his laughable burlesque of the whole subject, in which his satire, his wit and poetic fancy were given full play. As the "Autocrat of the Breakfast Table" and as a poet, his name will go down to posterity as one of the brilliant lights in the literature of the nineteenth century. His wit and poetic ideas often flashed out in his anatomical lectures, clothing with beauty one of the driest of subjects. No one of his old pupils will forget the expression of his face and the tender reverence of his voice as, standing by the cadaver on the dissecting table, and pointing to the female pelvis, he said: "Gentlemen, this is the triumphal arch under which every candidate for immortality must pass." In the anatomical theatre he was always popular, but more from the light reflected from his literary life than from his ability as a teacher.—*Eæ.*

THE TREATMENT OF PNEUMONIA.—

Dr. D. J. Leech believes that the statistics of pneumonia do not prove the value of any one treatment. Excessive bleeding and excessive doses of antimony lead often to increased mortality. The great value of a purely expectant treatment has not been found, though there is reason to think that under certain conditions the natural mortality of pneumonia is, for a time, extremely small. The employment of cold in many cases seems to be beneficial, and there is certainly

good evidence that it has not the evil influence which has by many been feared from its use. It is probably that veratrum possesses considerable value in the treatment of some forms at least of pneumonia. We cannot at present accept Petresco's rosy views of the general value of digitalis, yet we may conclude that, under certain conditions, its exhibition in larger ones is desirable; and that such doses do not have the lethal effect in pneumonia which our knowledge of the effects of the drug under other circumstances has led us to fear. A consideration of statistics teaches us that there is not any single remedy for pneumonia, and renders it probable that remedies very opposite in character may, under different conditions, do good. We may surely hope that with the aid of increased knowledge as to the effects of remedies, which exact observation must give us, the time will come when we shall not have to report a hospital death-rate from this disease of one in 3.2 to 3.9 in those over fifteen years of age.—*The Medical Chronicle*, 1894, No. 1, p. 12.—*Amer. Jour. Med. Sciences*.

THE STERILIZATION OF CATGUT BY HEAT—Schuller (*Sonderabdruck aus der Aertzliche Praktiker*, 1894, No. 30) has found under numerous experiments that catgut immersed in oil of lavender and exposed in hermetically sealed glass vessels to a temperature of 110 degrees C., for half an hour in a steam sterilizer is rendered sterile and available for surgical purposes. Good dry catgut in loose, small rings is placed in a suitable glass vessel with a large opening and covered with oil of lavender, care being taken that the glass cover is in contact with the surface of the oil, but not with the catgut. It is essential that the vessel be hermetically sealed. Catgut thus treated is rendered mobile and retains its strength.

Before being used it may be removed with sterilized forceps and immediately employed, or it may be placed for a short time in sterilized water, or in an aqueous solution of carbolic acid. The same oil may be used repeatedly, or the process of sterilization may be repeated without danger to the catgut. Care must be taken that the oil of lavender is pure and uncontaminated, and the vessels used, as well as the catgut, perfectly dry. Both clinical experience and bacteriologic investigation have demonstrated the sterility of catgut treated according to the method detailed.

TREATMENT OF DIABETIC COMA.—Dr. Harley, (*Lancet*), contributes a valuable paper on diabetic coma, and concludes as follows: The rational treatment founded on the results obtained from the above mentioned experiments is to administer alkalies. If the symptoms are urgent, and time is of moment, sodium carbonate might be administered subcutaneously or intravenously, as recommended by Stablenmann, the pulse being carefully watched in case of heart failure. At the same time, since the author's experiments have shown so great a diminution in the oxygen absorbed, it is advisable to encourage oxidation. The inhalation of pure oxygen, may help, as well as trying to improve oxidation by massage. Diuretics, together with large quantities of fluids, will be of value in increasing the rapidity of the elimination of the toxic products derived from the sugar. These are the means suggested to ward off attacks of diabetic coma, or even to diminish the severity of a coma already set in.—*Therapeutic Gazette*.

DR. OSLER, of Johns-Hopkins, says that pneumonia can neither be aborted or cut short. It is a self-limited disease and runs its course uninfluenced by any medicine we might administer.

EDUCATION AND CRIME.—Sir John Lubbock recently addressed the Sociological Congress in Paris upon the effect in England of education upon crime. Since 1870 the number of children in English schools has increased from 1,500,000 to 5,000,000, and the number of persons in prison has fallen from 12,000 to 5,000. The yearly average of persons sentenced to penal servitude for the worst crimes has declined from 3,000 to 800, while juvenile offenders have fallen from 14,000 to 5,000. Sir John Lubbock sees in these figures a confirmation of Victor Hugo's saying, that "He who opens a school closes a prison." In France, according to the *Paris Temps*, criminal statistics and the statements of magistrates show that as schools have been opened prisons have filled, and that the diffusion of education has been accompanied, apparently, with increase of crime, and especially of juvenile crime. In attempting to account for this phenomenon the *Temps* points out that in France, under the republic, education is simply intellectual instruction. In England there is not only instruction, but training. Moral and religious influences are brought to bear upon the children.—*N. Y. Med. Record*.

TREATMENT OF CANCER BY CINNAMON.—This drug having been recommended by Dr. J. Carne Ross (*Lancet*, July 21, 1894) as of great value, it was tried in five cases at the Middlesex Hospital, London, by DR. J. W. HULKE. Three were uterine cases, one rectal, and one was a case of recurrent masses in the neck. In all the preparation recommended was used, one pound (500 grammes) of Ceylon sticks being slowly boiled in three pints of water till the bulk was reduced to one pint (500 grammes). Half a pint (250 grammes) was drunk daily. In four of the cases the treatment was continued between two and three

weeks, when it became intolerable and the drug was vomited. The fifth case continued for a month, when he begged for a change. In three cases there was definite evidence of increase in the growth, without relief of pain. The dose of morphia or opium could not be decreased, but rather had to be increased with the increase of the growth or as the drug lost its power from custom. Dr. Hulke states that he had previously given cinnamon a long trial, chiefly in cases of cancer of the uterus, with negative results.—*Lancet*, September, 15, 1894.—*Univ. Med. Jour.*

A BELATED ASSAULT ON THE GERM-THEORY.—We do not know whether anyone pays attention to the attacks of Mr. Lawson Tait upon vivisection and the germ-theory of disease. At any rate, no one who reads this gentleman's last criticism of microbic pathology, "based on the Baconian Method," will entertain any longer the idea that Mr. Tait understands what he is writing about when he takes up this subject. His "Baconian" argument is that, because his own surgical mortality is light, therefore the germ-theory is false, strikes one as possessing simply the merit of an infantile simplicity. The germ-theory of disease, or of some diseases, is as firmly established as any fact in human science, and Mr. Tait's mortality-rates must be made to fit the facts; the facts are not to be stretched to the Procrustean bed of hospital statistics. Evidently Mr. Tait believes that "the sun do move."

Ex.

WE regret to learn through the publisher, George S. Davis, Detroit, Mich., that the publication of the *Index Medicus* will be suspended unless an additional 500 subscribers are speedily obtained. The character of this work, and its great importance to every teacher and author is too well known to need explanation. The

fact that through the Surgeon General's office at Washington, the titles of all the articles in the medical periodical literature in the world are given, with the names of the authors, from month to month, places the medical literature of the world, properly indexed, within the reach of every one. The subscription price is ten dollars a year.

PAIN.

Thou drear companion of the slow night
hours,
Thou sharpener of the soul! Long, long
had I
Waged weary combat with thee, though
my cry
Of anguish only cheered thy mocking
powers,
As through the years we strove: no respite
ours,
Till, lo! one day each breathed victorious
sigh,
The master, thou of my mortality,
But master, who beneath my spirit cowers
Its slave forever. Now fast friends are we,
My vanquished victor Fain, and much I
owe
To thy stern fellowship: through thee I
see
With quickened sense all things both high
and low.
For knowing all that I can never be,
Tutored by thee, all wider life I know.
Elizabeth West, in the Century for October.

INTERESTING OVARIOTOMY.—In the *Australian Medical Gazette*, Dr. E. Mathews Owen, of Brisbane, reports a case of successful ovariectomy on a patient in her 87th year. The tumor removed was a large fibro-cystic one of the left ovary.

In 1887 Dr. Owens removed a large parovarian cyst of the same side from the same patient. This report is not only interesting from the fact that the patient was probably the oldest one this operation was ever performed upon, but that it also opens the question as to the justifiableness of removing the appendages in operation for parovarian tumor.—*St. Louis Med. & Surg. Jour.*

The Song of the General Practitioner.

Sung at the Annual Dinner of the Bolton and District Medical Society, October 4, 1894.

He must not walk his rounds for fear his patients think him poor,
And dearly do they love to see a carriage at their door;

And if his horse is fat—"He must have little work to do,"

And if it's lean the reason is: "He starves the poor old screw."

Should he call upon his patients every day when they are ill.

His motive plainly is "to make a great big doctor's bill;"

If he visits them less frequently—thus less'n'ing their expense—

The chances are he'll be accused of wilful negligence.

He must work all day and half the night, and never say he's tired;

For the public look upon him simply as a servant hired;

And should he take a holiday he'll find when he comes back

Some patients have resented it by giving him "the sack."

Concerning money he must seem indifferent to be,

And folks will think he practices from pure philanthropy,

When we hear about him boasting of the guineas that he earns

We wonder if they all appear in his income-tax returns.

About his own afflictions he must never say a word;

The notion of a doctor being ill is so absurd!
And when, perhaps from over-work, he's laid upon the shelf

His sympathizing patient say: "Physician, heal thyself!"

J. JOHNSTON, M. D., in *Lancet*.

OBSTINATE NOCTURNAL ENURESIS.—Children who have been treated for enuresis for a long time and in many

different ways, without receiving more than a slight temporary benefit, are not infrequently brought to the physician. In such cases Dr. Donald MacAlister recommends "courageous overdosing" with atropine, which he finds often results in a speedy and permanent cure. Although the doses he recommends are large, the secondary effects of the drug are never alarming, and are only slightly inconvenient. The addition of strychnine is useful, probably because it diminishes the depressing effect of the large doses of atropine and increases the sensitiveness of the vesical centres to reflexes from the bladder walls. For a boy of fourteen, who had resisted all treatment for years, he ordered the following:

R. Liq. Atropine Sulphatis. 1½ drachms.
Liq. Strychnine Hydrochloratis. 65 minims.
Syrupi Aurantii ad. 1 ounce.

Of this mixture he was to have five drops in a tablespoonful of water at at 9 P. M. No drink was to be taken after six P. M., and at ten P. M. the boy was to go to bed after emptying his bladder. He was to be awakened and made to pass water at twelve and six A. M. After three nights he was to increase the dose to ten drops, and after another three to fifteen drops, and so on. This treatment was carried out, and the drops were increased until at last he was taking sixty at a time. The dose was then diminished steadily by ten drops every three days, and after nine weeks the treatment was discontinued. The enuresis ceased and never returned.—*Practitioner*.

EPSOM SALTS FOR DIARRHEA IN CHILDREN.—In the summer diarrhoea in children Dr. Stuart Patterson (*Pittsburg Med. Review*) employs magnesium sulphate. In the cases mentioned by him the ages ranged from one to six years. The dose and mode of administration of the remedy were as follows: The mother was directed to give to a child a year old an even

teaspoonful of sulphate of magnesium, sufficiently moistened to swallow, as soon as she arrived at home, the process to be repeated in the morning, and the child to be brought back to me at 3 p. m. on that day, that being the hour of my service at the dispensary. This procedure was repeated daily at the same hours till the discharges became yellow. For the older children the dose ranged from a heaping teaspoonful to a heaping tablespoonful. The after-treatment consisted of general tonics and prophylactic precautions. The former were selected according to the necessities in each case. The most frequently used were syrup of iodide of iron, cod-liver oil, compound syrup of hypophosphites, strychnine, quinine, pyrophosphate of iron, etc.

CARCINOMA.—There is no more important and sure sign of cancer than the adhesion of the skin over it; with the exception of tuberculous abscess there is no swelling in the breast that causes this early adhesion or dimpling of the skin. It may be a very early sign. I have found it well marked over a small deep nodule, noted only five days before I saw it, and so freely movable that I could hardly hold it steady to cut into it before removing the breast.

This adhesion of the skin is at first very slight, and may even become less with rest and the use of a lotion. It may not be visible, one may look at the breast in vain; but if we lightly pinch the skin all over the breast we find that over the nodule it is less easily raised than elsewhere, it seems to stick a little, it slips away, we can not so readily pick up a fold of it between the thumb and finger. It may be visible in one position of the breast and not in another.

TREATMENT OF INSOMNIA.—The treatment of insomnia is an interesting

subject to every physician, and any methods looking to its relief always attract attention. The Medico-Chirurgical Faculty of Maryland lately had the subject under discussion, in which Dr. E. N. Brush, formerly of Buffalo, but now superintendent of the Sheppard Hospital for the Insane, Towson, Md., took an active part. He called attention to the evils that arise from the constant administration of drugs, especially where they are resorted to independently of the advice of a physician.

Dr. Brush is a strong advocate of natural methods to invoke sleep in cases of physical and nervous exhaustion, such as attention to the skin and other emunctories, massage, baths and the ingestion of proper food.

This is most excellent advice and is especially timely during a period when so many hypnotic drugs are being manufactured and sold with so much recklessness as to dismay almost every regular practitioner of medicine.—*Buffalo Med. and Sur. Jour.*

NEURALGIA.—Dr. Arthur Heinicke, Olbernhaus, S., Germany, gave Bromidia to a gentleman fifty-four years of age, totally blind from neuralgia, and who had suffered from insomnia for a very long time. He could not stand the effects of morphia, and chloral hydrate did not act satisfactorily; but Bromidia gave good results, producing about six hours uninterrupted sleep without any disagreeable consequences.

DR. F. L. SIM died at his home in Memphis, Tenn., November 22nd, aged 60 years, from renal disease. He was well and widely known as the editor of the *Memphis Medical Monthly*, as a teacher in the Memphis Medical College, and as a practitioner of medicine of whole-hearted devotion and signal ability.

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

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

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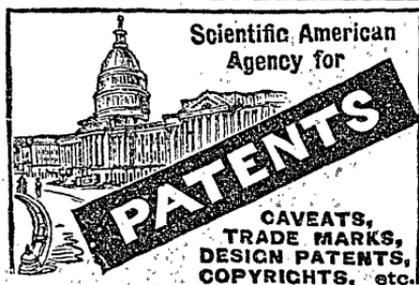
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