

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

VOL. IV.—No. 12.

DECEMBER, 1892.

{ Subscription  
\$1 per annum.

## FAIRCHILD'S ESSENCE OF PEPSINE

Is the most active, most agreeable, most successful of all fluid pepsin preparations.

It has for ten years been the standard.

As a pharmaceutical product and as a remedy, it is far superior to, more skilfully made and more effective than the whole class of "elixirs," "wines," and similar fluid preparations.

It contains the peptic and the rennet ferments in an exceedingly active form and in a combination so agreeable and grateful to the stomach as to render it often immediately effective in extreme cases of Dyspepsia, with intolerance of food, flatulence, etc.

In many cases it is found far more effective than pepsin in any other form.

FAIRCHILD BROS. & FOSTER,  
NEW YORK.

# THE BEST ANTISEPTIC, FOR BOTH INTERNAL AND EXTERNAL USE. LISTERINE.

**Formula.**—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzoboracic Acid.

**Dose.**—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well known antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

## PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 pages, embodying:

**A Tabulated Exhibit** of the action of LISTERINE upon inert Laboratory Compounds:

**Full and Exhaustive Reports** and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

**Microscopic Observations**, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph. D., D. D. S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the cure and preservation of the teeth.

## Diseases of the Uric Acid Diathesis.

# LAMBERT'S LITHIATED HYDRANGEA.

## KIDNEY ALTERNATIVE—ANTI-LITHIC.

**Formula.**—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

**Dose.**—One or two teaspoonfuls four times a day (preferably between meals).

**Urinary Calculus, Gout, Rheumatism, Bright's Disease, Cystitis, Hæmaturia Albuminuria and Vesical Irritations generally.**

WE HAVE had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of cases, reports and clinical observations, bearing upon the treatment of this class of diseases.

Lambert Pharmacal Company,

SAINT LOUIS, U. S.

## RHEUMATISM.

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

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

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

## LISTERINE AND LITHIATED HYDRANGEA

MAY BE OBTAINED FROM

BROWN & WEBB, of Halifax, or from our Canadian Agent, W. LLOYD WOOD, of Toronto. British Agents, S. MAW, SON & THOMPSON, London.

# UNIVERSITY OF TORONTO.

## MEDICAL FACULTY.

### PROFESSORS, LECTURERS, and DEMONSTRATORS.

- J. H. RICHARDSON, M. D., Tor., Professor of Anatomy.  
 A. PRIMROSE, M. B., C. M., Edin., Associate Professor and Demonstrator of Anatomy.  
 S. WILBERFORCE AIKINS, B. A., M. B., Tor., Lecturer in Anatomy.  
 W. B. THISTLE, M. D., Tor. }  
 F. N. G. STARR, M. B., Tor. } Assistant Demonstrators of Anatomy.  
 F. W. CANE, M. B., Tor. }  
 A. R. GORDON, M. B., Tor. }  
 W. T. AIKINS, M. D., Tor., LL.D., Professor of Surgery.  
 L. MCFARLANE, M. B., Tor., Professor of Clinical Surgery.  
 I. H. CAMERON, M. B., Tor., Professor of Clinical Surgery.  
 G. A. PETERS, M. B., Tor., Associate Professor of Surgery and Clinical Surgery.  
 JOHN CAVEN, B. A., M. D., Tor., Professor of Pathology.  
 J. E. GRAHAM, M. D., Tor., Professor of Medicine and Clinical Medicine.  
 A. MCPHEDRAN, M. B., Tor., Associate Professor of Medicine and Clinical Medicine.  
 W. B. CAVEN, M. B., Tor., Lecturer in Clinical Medicine.  
 JAMES M. MCCALLUM, B. A., M. D., Tor., Professor of Pharmacology and Therapeutics.  
 O. R. AVISON, M. D., Tor., Demonstrator of Materia Medica and Elementary Therapeutics.  
 UZZIEL OGDEN, M. D., Tor., Professor of Gynaecology.  
 A. H. WRIGHT, B. A., M. D., Tor., Professor of Obstetrics.  
 B. A. REEVE, B. A., M. D., Tor., Professor of Ophthalmology and Otology.  
 G. H. BURNHAM, M. B., Tor., Clinical Lecturer in Ophthalmology and Otology.  
 GEO. R. McDONAGH, M. D., Tor., Lecturer in Laryngology and Rhinology.  
 W. OLDRIGHT, M. A., M. D., Tor., Professor of Hygiene.  
 W. H. ELLIS, M. A., M. B., Tor., Lecturer in Toxicology.  
 BERTRAM SPENCER, M. D., Tor., Medical Lecturer in Medical Jurisprudence.  
 HON. DAVID MILLS, LL.B., Q. C., Legal Lecturer in Medical Jurisprudence.  
 DANIEL CLARK, M. D., Tor., Extra Mural Professor of Medical Psychology.  
 R. RAMSAY WRIGHT, M. A., B.Sc., Edin., Professor of Biology.  
 A. B. MACALLUM, B. A., M. B., Tor., Ph. D., Johns Hopkins, Professor of Physiology.  
 WM. H. PIKE, M. A., Ph. D., Professor of Chemistry.  
 W. H. ELLIS, M. A., M. B., Tor., Lecturer in Chemistry.  
 W. L. MILLER, B. A., Ph. D., Demonstrator of Chemistry.  
 JAMES LOUDON, M. A., Professor of Physics.

The regular course of instruction will consist of four Sessions of six months each, commencing October 1st.

There will be a distinct and separate course for each of the four years.

The lectures and demonstrations in the subjects of the First and Second years will be given in the Biological Laboratory and the lecture-rooms of the University.

Lectures and demonstrations in the subjects of the Third and Fourth years will be given in the building of the Medical Faculty, corner of Gerrard and Sackville streets.

Clinical teaching (largely bedside) in the Toronto General Hospital, Burnside Lying-in Hospital, and other medical charities of Toronto.

**Fees.**—Lectures and Demonstrations: 1st year, \$75; 2nd year, \$75; 3rd year, \$85; 4th year, \$85. Registration for Lectures, \$5.00. Registration for Matriculation, \$5.00. Annual Examinations, each \$5.00. For Examination in Practical Chemistry, 50c. For admission *ad eundem statum*, \$6. Degree, \$20.00. Hospital Perpetual Ticket, \$24.00. Lying-in-Hospital, \$8.00.

W. T. AIKINS, M. D., LL.D., *Dean*.

JAMES BREBNER, B. A., *Registrar*.

THE MARITIME  
**Medical News,**

ESTABLISHED 1888.

**SUBSCRIPTION PRICE, ONE DOLLAR PER ANNUM.**

All Medical Men in the Maritime Provinces may well take an  
 interest in the only local journal.

Subscribers, interest your professional neighbors in the NEWS.

Established

**LEITH HOUSE.**

1818.

**KELLEY & GLASSEY,**

(SUCCESSORS TO A. McLEOD & Co.)

Wine and Spirit Merchants.

→ **Importers of ALES, WINES AND LIQUORS,** ←

Among which is a very superior assortment of

Port and Sherry Wines, Champagnes, Bass's Ales, Guinness's Stout, Brandies,  
 Whiskies, Jamaica Rum, Holland Gin, suitable for medicinal purposes; also,  
 Sacramental Wine, and pure Spirit (65%) for Druggists.

WHOLESALE AND RETAIL.

Please mention THE MARITIME MEDICAL NEWS.

# McGILL UNIVERSITY, MONTREAL.

*Faculty of Medicine. Sixtieth Session, 1892-93.*

## FACULTY:

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

## EMERITUS PROFESSORS.

W. WRIGHT, M. D., L.R.C.S. DUNCAN C. McCALLUM, M. D., M.R.C.S.E. G. E. FENWICK, M.D.,

## PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Pub. Health.  
G. P. GIRDWOOD, M. D., M. R. C. S., Eng., Prof. of Chemistry.  
GEORGE ROSS, A. M., M. D., Professor of Medicine.  
THOS. G. RODDICK, M. D., Professor of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M. D., Professor of Gynaecology.  
F. J. SHEPHERD, M. D., M. R. C. S., Eng., Professor of Anatomy and Librarian of the Faculty.  
F. BULLER, M. D., M. R. C. S., Eng., Professor of Ophthalmology and Otology.

JAMES STEWART, M.D., Professor of Clinical Medicine  
GEORGE WILKINS, M. D., M. R. C. S. Eng., Professor of Medical Jurisprudence and Lecturer on Histology  
D. P. PENHALLOW, B. Sc., Professor of Botany.  
T. WESLEY MILLS, M.A., M. D., L. R. C. P., London, Professor of Physiology.  
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B. A., M. D., Assistant Professor of Chemistry and Registrar of the Faculty.  
JAS. BELL, M. D., Associate Prof. of Clinical Surgery.

## DEMONSTRATORS, INSTRUCTORS, &c.

WM. SUTHERLAND, M. D., L. R. C. P., Lond., Curator of the Museum.  
GEO. W. MAJOR, B. A., M. D., Lecturer in Laryngology.  
A. D. BLACKADER, B. A., M. D., M. R. C. S., Eng., Lecturer in Diseases of Children.  
T. JOHNSON ALLOWAY, M. D., Instructor in Gynaecology.

F. G. FINLEY, M.D., Senior Demonstrator of Anatomy  
H. S. BIRKETT, M. D., Junlor " "  
HENRY A. LAPLEUR, B. A., M.D., Instructor in Medicine.  
GEO. ARMSTRONG, M. D., Instructor in Surgery.  
JOHN ELDER, B. A., M. D., Assistant Demonstrator of Anatomy.

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 end of the first week in July.

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

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

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

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

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

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

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

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October, or the 1st 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 manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to

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

Average dose Pepsin is 5 grains.  
 " " Papoid " 1 grain.

Thus  
 One dose Pepsin costs  $\frac{143}{100}$  cents.  
 One dose Papoid  
 costs  $\frac{125}{100}$  cents.

Johnson & Johnson  
 Chemists -  
 N.Y.



# GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.

MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES:

**DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.**

Send for free book of 80 pages giving articles by contributors to medical literature.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLE ON APPLICATION.

Glycozone is sold only in 4 ounce, 8 ounce, and 16 ounce bottles. Never sold in bulk.

PREPARED ONLY BY

*Charles Marchand*

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY  
 LEADING DRUGGISTS.

Laboratory, 28 Prince St., New York

# The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

HALIFAX, N. S., DECEMBER, 1892.

No. 12.

## CONTENTS.

	PAGE.		PAGE.
ORIGINAL COMMUNICATIONS:		Tonsils.....	215-219
A case of Empyema.—By M. A. B. Smith, M.D. 209		EDITORIAL:	
Combustion of the Human Body.—By Geo. T. Bingham, M. D.....	210	Changes in Nova Scotia Hospital for the Insane	220
CORRESPONDENCE.		Halifax County Medical Society.....	220
New York.—J. F. Black, M. D.....	212	OBITUARY:	
SELECTIONS:		Dr. Laurence MacLaren.....	222
Medical treatment of Acute Tonsillitis and Pharyngitis—The Opium Curse—Infantile Paralysis, treatment—Hypertrophy of the		Dr. Geo. Ross.....	223
		SOCIETY PROCEEDINGS.....	220

### Original Communications.

#### A CASE OF EMPYEMA.

BY M. A. B. SMITH, M. D., DARTMOUTH.

I desire to present a case of old-standing empyema with thoracic fistula.

I take for my text, in order to some extent to question the same, the following sentence from a recent work on "Rules of Antiseptic Surgery," by Arpad G. Gerster. He says: "The injection of irritating fluids or the packing of the cavity with strips of gauze are of no avail, and the only means of effecting a cure is multiple excision of the ribs according to the method of Estlander."

The case is that of a lad now 15 years old. He was born in Wales. His father is a clergyman. His father and mother are healthy. This child was very healthy till five years old.

At that age he contracted measles in a school. He had a light attack but went out of the house before fully recovered, and "took cold" as was sup-

posed, which developed in pleurisy on the left side; about a month after he went out first. At this time he was complaining of hot flashes and loss of appetite. In the course of two weeks from this he was again confined to the house and sometimes to bed. At intervals he now complained of sharp pains in his side. A physician was attending him but did not appear to be aware of what the trouble was. It is evident a subacute pleurisy had been quietly in existence six weeks.

Three weeks after his second illness had developed a "lump" appeared nearly four inches below and slightly to the left of the nipple on the left side. Previous to this he had been poulticed. A second physician was now called in who lanced the abscess. It was found to contain half a pint of pus which ran down upon the seat of the chair. It was then dressed with ordinary cotton rags and an ointment. Directions were given for strong nourishment and he was coaxed to walk which he was now too weak to do. In about two months from the lancing of this abscess he was able to walk out of doors.



Six months after this or eight months after the commencement of the attack he was sent to North Wales for a change of air. His side was constantly discharging freely except for 9 days when it ceased, and he became so weak that his physician said he would not live. He was brought home at the end of a month and from that time he improved somewhat. His side continued to discharge four or five tablespoonfuls of pus in a day up to the time of his coming to Nova Scotia, at the age of 8 years.

From that time till he came to see me in May last the discharge grew somewhat less till when I saw him it averaged one or two teaspoonfuls a day. It was noticeably offensive.

His weight was 68 pounds at the age of 15 years, that is in May last, when I first saw him. He was tall and though his face was full, with a pink and white complexion, his body was somewhat emaciated. There was marked lateral curvature of the spine. The vesicular respiratory murmur appeared to be absent over that side of the chest. The case had then been of 10 years standing.

On the 2nd of June I began to treat him. The sinus was large enough only to admit of a small silver probe being passed into it. I was two weeks in dilating this opening with laminaria tents, and I was able to introduce a rubber drainage tube the size of a stomach tube, a large size.

I then washed out the cavity daily by means of a fountain syringe; with 1 to 1500 bichloride solution. The patient stated he could feel the fluid passing around to the back of the lung. I did not find a solution of this strength too irritating. At the end of 8 weeks the discharge became less and I injected the cavity with iodoform in suspension in glycerine. Afterwards, while continuing the daily washing, I injected, about once a week, tincture of iodine diluted, at first one half and then only one quarter with glycerine. This caused a good deal of momentary pain and burning. A month ago I removed the drainage tube, and the sinus readily healed, and

is now permanently closed. The patient's weight has increased from 68 to 75 pounds.

I know this is not at all a unique case. Still it is one of long standing, and I believe the patience exercised in the treatment is answerable for the result. Had recovery not taken place the patient would probably eventually have been attacked with albuminoid disease.

In these old-standing cases there is an abscess cavity lined with a greatly thickened pyogenic membrane, and on account of the retraction of this lung adhesion between the two surfaces does not take place. Has it done so in the case I have cited? When should Estlander's operation be performed which Dr. Gerster recommends so unreservedly? It is a very serious one, involving the removal of several inches (it may be) of several ribs, with their periosteum and the thickened pleura under them, the object being to cause the chest wall to collapse and come in contact with the pleura covering the lung. Might not patience and more conservative surgery, generally accomplish a cure? Here is a satisfactory result without operation, although in a case of ten year's standing.

It is noticeable in this case that the commencement of the empyema was not observed by the attending physician. It appears to me it is a disease very apt to be overlooked. In this patient it came on as a sequence of measles. It should always be suspected, especially in children, if after any of the acute specific fevers recovery is unaccountably delayed; and the patient, instead of improving, begins to fall back.

### COMBUSTION OF THE HUMAN BODY.

(Original in Popular Science News.)

BY GEORGE T. BINGAY.

"Spontaneous combustion of the human body probably never occurs, but that it sometimes becomes so combustible as to kindle from a flame and be

consumed is believed by some, and discredited by the majority of scientific men. A case of the kind happened here some years ago, so well authenticated that I send an account of it to you, thinking it a pity that a record of so rare an occurrence should not be preserved.

The victim, a woman aged about seventy, was of very intemperate habits. Her husband, equally given to drink, brought home the morning of the fatal day a demijohn of gin, and as a teapot was found partly filled with liquor in the room, no doubt they indulged freely, as was their custom. About 11 a. m. she was spoken to by a neighbor; she had an apron full of shavings from her husband's cooperage, and said she was going to finish her baking. A loaf was found partly cooked. Shortly after, my informant, Mr. Thompson, a very intelligent man, noticed a black smoke coming through the dilapidated roof; it had a horrible smell, so that he remarked to a by-stander, 'Cooper Jones must be burning up all his old boots.' He then went home and had his dinner, his wife remarking on the stinking smoke and asking if they were burning the leather scraps at the shoemakers'. Mr. Thompson now went down and opened Jones' door, to find the room full of thick, foetid smoke. He saw a heap of something on the floor, which, on breaking out a window for the smoke to escape, he found to be Mrs. Jones. He called his wife, who came with another woman. This was about one o'clock. The unfortunate woman was lying on her face, having pitched forward as she sat in a low rocking-chair. The chair remained on her. On removing it they saw a piece of flesh where the cross-top strip touched, the only natural looking part of her body. They opened a quilt on the floor, and in turning the body over Mr. Thompson took hold of her boot to help, when the foot broke off in his hand, parting just above the ankle. The horrified man fainted away. The flesh was gone from the face, the skull bare, the contents of the abdomen

exposed, and *still burning*, so that one said to the other, "the liquor is not all burned up yet." Under the face the floor board was burned some half-inch deep; the other part, where the body lay, was stained but not burned. There was a small pool of fresh blood near her head, as if she in falling had struck a small table that stood near, with three legs more or less burned. The body was not near the fire; she fell away from it, not as if she had been stooping over it. She may have been smoking. Her clothing, woolen mostly, had smouldered into fragments. No part of the wood work of the room was burned, but covered with smut that had to be scraped off. Some days after, in cleaning up the room, amongst the remains of clothing, etc., they found one of her hands that had broken off, as had her foot, and been overlooked. Her boots were not charred. It could not have been more than two hours from the time she was seen alive to when she had become the charred horror on her own hearthstone. I think she must have fallen dead, or the chair would have been displaced. No cry was heard, though neighbors were within call. The husband was dead drunk, and could give no account of anything that transpired."

"Westport, Nova Scotia, Oct. 1, 1892."

This case seems to settle some disputed points and is very instructive and useful in a legal as well as medical aspect.

It can be relied upon as being strictly true in every respect. The man who last spoke to her a few minutes before smoke was seen issuing from the roof and who first saw her after death, with his wife, who put her in the quilt and then in the coffin, were my informants.

The woman was not very drunk, seemingly in her usual health.

The time was less than two hours; this can be fixed by several circumstances, not simply a guess from memory.

The tissue most in fault would seem to be the fats—the hydrocarbons; the

muscular seems excluded, as does the blood. The pool of fresh blood near her head was perfectly natural in appearance. In a woman of her age and habits the abdomen would contain probably a large quantity of omental fat. This was the only part found burning, with a blue flame, hydrogen? While if the brain became partly fluid and escaped from the mouth, nose, etc., it would account for the deep charring of the floor under her face. The bones of leg and fore-arm might be burnt to brittleness by the marrow, hardly in any other way, and retain shape and continuity, and the boots *not* being charred is explained by the absence of fat about the foot.

Death must have been sudden or this light chair would have been displaced. I can think of no part of the human body being so materially changed as it must be in such cases but the nervous.

As it is almost immaterial which metal, as for instance gold, silver or copper is used as a conductor for chemical electricity, so I can conceive a very important, perhaps allotropic, change of the nervous tissue to have taken place, and yet not incapacitated from performing its functions as a conductor of organic electricity or vital force. I believe in this case the woman using one of the shavings to light her pipe, the flame was communicated to the body through the delicate skin of the lips or nose or perhaps to her finger, if used as a tobacco stopper, pressing down the ignited tobacco. The combustion though so rapid, must have been very imperfect, to account for the great quantity of thick smoke, and the temperature low, or the wood, &c., near her would have ignited, this if all parts of the body had suffered change, could hardly be the case. Nor is the suddenness of the death easily accounted for, when we bear in mind that at the time she was enjoying her usual health, but by a shock directly to the Brain. What sustained the combustion is also very puzzling. If Oxygen, was the water in

the body spontaneously decomposed? It would seem so.

Hoping that some better informed person than myself will analyse and report upon this case,

I remain yours sincerely,

GEO. T. BINGAY,  
M. R. C. S. L.

Yarmouth, N. S.

[We submit this case for what it is worth to the consideration of the profession.—Ed. M. M. News.]

---



---

### Correspondence.

---



---

NEW YORK, Nov. 1st., 1892.

*To the Editor of the Mar. Med. News :*

DEAR SIR,—On the supposition that your readers might be interested therein, I am going to send you a few notes of a month's sojourn among the hospitals and cottages of this the acknowledged centre of American medicine and surgery. It is needless to say that progress is the order of the day, and even after an absence of only four or five years one cannot help being struck by the improvement visible. First, as regards the colleges. The enactment by the state of a law requiring a preliminary examination—a three years' course of study—and a final examination before a state appointed board of examiners has had a most salutary effect. Of the three institutions, "the Bellevue Hospital Medical college" has failed to maintain its former position. "The Medical Department of the University of New York" has been more fortunate and is doing good work, but the College of Physicians and Surgeons is undoubtedly now the leading school. Some years since large bequests of money enabled it to put up modern and commodious buildings, while its recent action in handing over to Columbia college all its property takes it out of the category of money-making institutions. The faculty is now paid by the university and has no responsibility in

any way except the right of nominating all professors and teachers and regulating the curriculum. There is a strict preliminary examination—a graded course extended over at least three years (each session lasting for nine months) and great facilities for laboratory and practical work—including the material afforded by the Vanderbilt Clinic and the Sloane Maternity hospital. The class in attendance during present session numbers over 700. To those of us whose memory dates back to a period of twenty-five years ago there is sadness in the fact that every one of the teachers of that day is departed.

In addition to the three regular medical schools there are two institutions of a supplementary character, viz., "the Post Graduate Medical college" and "the Polyclinic"—both intended for practical work for men who have already taken their diploma. These are most valuable places for the young graduate or the rusty practitioner—the work is altogether clinical and the teachers comprise the best of the younger men of the profession in the city. The Post Graduate is now erecting a commodious building which will give greatly increased facilities for carrying on its work.

Of the hospitals time will fail for any extended account for their name is legion. The now venerable Bellevue, St. Luke's and Charity still carry on their good work; the second being just about erecting modern buildings on a new site. The model hospital is of course the new "Presbyterian," raised from the ashes of its predecessor. Here everything that modern science knows seems to have been introduced, and it would really be hard to imagine in what respects it could be improved upon. The New York hospital, the Roosevelt, the Mount Sinai, the Cancer hospital, the Sloane Maternity, the Hospital for ruptured and crippled and the German hospital are all in the first rank.

A great deal of rivalry has prevailed in regard to the subject of operating

rooms and theatres. First there was the fitting up of a special operating room in Bellevue hospital in memory of the late Dr. Crane; then, Dr. J. W. MacLean, as a memorial to a favorite son, established one in Roosevelt for abdominal operations. Later, the architect of the Presbyterian hospital has constructed a theatre which cost \$85,000, and was supposed to be the best of its kind—but this can no longer be claimed for in connection with the Roosevelt there has been for the last two years under construction what may justly be called an ideal surgical amphitheatre. It is called the "Syms" Operating theatre," after the gentleman whose dying bequest it was. It is to be opened with appropriate ceremonies in two days from present date. Everything that could be learned in Europe or America has been included in the attempt to construct a perfect building. The amount expended has been \$250,000—this simply for an operating theatre—with its attendant instrument, etherizing, washing, and recovery rooms. The materials used are marble, glass, iron, slate and concrete. No wood is visible except the seats of the chairs for students, of which there are about one hundred and fifty. The room is so constructed that a hose can be turned on daily, and the whole of it from from ceiling to floor thoroughly washed. The fittings have been chiefly imported from Germany, and are all of iron and glass, including the operating table, instrument tables, stand for solutions, etc., etc. The lighting is from a semicircular sky-light, with of course abundant electric auxiliaries for dark days. The space for operating is intentionally limited, so that all visitors shall be kept outside the rail. I could enlarge indefinitely on this subject for it is indeed a surgeon's realized dream, and no wonder Dr. McBurney is proud of it.

In regard to operative surgery one can not fail to be struck with the great frequency of "laparotomies." There is scarcely a day upon which the bulletin boards of the colleges do not contain notices of several laparotomy operations

at different hospitals; often two or more at the same time and place. These are of course chiefly for diseases connected with the female pelvic organs, and the fact shows the comparative freedom with which surgical interference in that region is undertaken.

Another operation much in vogue is that for the radical cure of hernia, and the results claimed are very satisfactory. The open operation, commonly known as MacBurney's, seems to have rather fallen into disrepute, the favorite procedure being that proposed by Bassini, a European surgeon—its peculiarity consisting in the method in which the stitches are introduced for deep sutures. In these operations most operators use Kangaroo tendon. A substitute for this is about to be tried made of ox peritonium. One surgeon connected with the hospital for ruptured and crippled, told me of twenty-six operations he had done during the present year, with so far only three relapses.

In abdominal operations most surgeons are adopting the "Trendelenburg" position. It certainly has marked advantages, and as far as I have been able to observe there are no immediate injurious results, though it does look a little hazardous when first seen. I shall not attempt to describe individual operations of various kinds which I have seen, as it would enlarge the limits of my letter altogether too much. One novelty I may mention was the use of a circular saw, operated by an electric motor, used by Dr. Weir in removing a portion of skull in an operation for supposed aneurism of middle meningeal artery. It did the work well but required careful manipulation to restrict its action.

Thiersch's method of skin grafting seems to give excellent results in ulcers and large granulating wounds. The Flap splitting method of repairing this lacerated perineum is used a good deal—though some claim better results from Martin's operation with buried cat-gut sutures. The open treatment of varicocele seems an improvement on old

methods and with aseptic precautions no more hazardous. In appendicitis, Dr. Bull, of New York hospital, operates frequently and has good results. This surgeon I saw tie the subclavian and carotid arteries for innominate aneurism—he also does numerous operations for radical cure of hernia. As to surgical methods in operating and dressing wounds there is nothing especially new. Each surgeon has more or less his own way, but all aim at asepsis with antiseptics more or less prominently added; of course the spray is a thing of the past; irrigation too as done by Lister, is given up, being now used only at intervals and chiefly for cleansing the wound; In abdominal cases operators differ much—some wash out some do not—some drain often, others never. Dr. King, of the German hospital, a brilliant young operator, never uses washing and has given up drainage tubes entirely, using a strip of gauze for draining when necessary. Instruments are thoroughly boiled except knives, which are either sterilized by dry heat or cleaned with antiseptic solutions. Silk cat-gut, silkworm gut, kangaroo tendon are used according to the fancy of the operator. I have been struck by the freedom with which silk of large size is used in tying pedicles in abdominal operations.

In regard to dressings, the various forms of gauze with iodoform in powder or etherial solution seem most in vogue, the tendency being to less elaboration than of old.

The use of the drainage tube is much less general than formerly. Perfect arrest of hemorrhage and the adaptation of deep parts of the wound by buried sutures being relied on, unless bagging or much oozing is feared.

Of new instruments the number is large and the shops of the makers are very attractive. At one of these I saw a quantity of the fittings ordered for the operating room of the new Victoria hospital in Montreal, and wished I might duplicate them for the V. G. H. in Halifax.

# WYETH'S BEEF JUICE.

A Liquid Preparation of the **CHOICEST BEEF**, containing the **Nutritious Albuminous Principles** in an unaltered and soluble form.

<p>A Two-ounce Bottle of Pure Juice of Meat.</p>	<p><b>READ THE FOLLOWING</b> <i>From</i> <b>THE LANCET.</b></p>	<p>Contains Albuminoids in a higher degree than any other Preparation of a similar nature.</p>
<p>Actual test will show 3 per cent. by weight of <b>ANHYDROUS ALBUMINOIDS.</b></p>	<p><i>LONDON: SATURDAY, APRIL 30, 1892.</i> <b>Analytical Records.</b> <b>WYETH'S BEEF JUICE.</b></p>	<p><b>Proportion of Nutrient to Stimulating Properties</b> such that it can be retained by the stomach in <b>EXTREME cases of Debility.</b></p>
<p>Contains the <b>Hæmoglobin of the Meat unaltered.</b></p>	<p>"The following analytical notes and results testify unmistakably to the excellence of this preparation. It is a dark reddish-brown liquid of pleasant beef-like flavour, and free from objectionable preservatives. It contains not only the albuminous principles of beef in an active and soluble form, but in the condition in which they occur in the freshly expressed juice of beef itself. Viewed with the spectroscope, a dilute solution is seen to give two absorption bands, characteristic of fresh blood or hæmoglobin. The liquid loses this property, however, as soon as it is boiled; while the coagulated albuminous principles assume a blood-red tint. According to our experiments, no less than fourteen grains of solid albuminous principles in every fluid ounce are thus precipitated. The following figures gained in analysis will convey some idea of the eminent degree of concentration through which this preparation has been carried. Notwithstanding this, the vital elements of beef juice it contains have been preserved unchanged. Moisture, 44.87 per cent.; organic matter, 38.01 per cent.; mineral matter, 17.12 per cent. The organic materials contain 4.57 parts of nitrogen, and the mineral matter consists largely of common salt and, of course, soluble phosphate. Results like these make it safe to assert that as an example of preparations of this class Wyeth's beef juice is little short of perfection."</p>	<p><b>Largely Prescribed by the Medical Faculty of the United States, Great Britain, and Canada.</b></p>
<p>Mixed only with Iced or Lukewarm Water; <b>Never</b> with boiling Water, as extreme heat renders the valuable Albuminous Elements insoluble.</p>	<p><b>DAVIS &amp; LAWRENCE CO. (L'td.,)</b> <b>MONTREAL,</b> GENERAL AGENTS FOR CANADA.</p>	

WYETH'S  
LIQUID MALT EXTRACT

MAY BE PRESCRIBED WITH VERY MARKED  
ADVANTAGE TO PATIENTS

- Who are run down,  
As it is a very valuable tonic.
- Who have lost appetite,  
As it produces a decided relish for food.
- Who have difficulty after eating,  
As it is an excellent digestive agent.
- Who suffer from nervous exhaustion,  
As it will produce a prompt reaction.
- Who are troubled with chilliness,  
As it effectively promotes circulation.
- Who have tendency to consumption,  
As it fortifies and strengthens the system.
- Who are in later stages of consumption,  
As it re-supplies in a measure the waste of strength.
- Who are unable to digest starchy food,  
As it will correct this very effectively.
- Who are nursing mothers,  
As it **INCREASES** the quantity of milk.
- 

Probably its greatest value is, as a beverage, during lactation, as it not only supplies strength, to meet the unusual demands upon the system at that time, but it improves the quality of the milk, by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of the depressing effect so frequently experienced from the re-action after administration of spirituous remedies.

Among all the army of surgeons anxious to treat fibroid tumours and other diseases of the female pelvis by operative procedure, I was curious to learn whether the less radical measures—particularly Apostoli's method—had any advocates left. And I was pleased to find that there are still some men who consider electricity in many cases as giving quite as satisfactory if not as brilliant results as the knife.

As you will see I have given up most of my time to surgery matters—but I have also tried to see some of the medical practice of the hospitals, and in company with Dr. Sinclair have looked into the general details of nursing, ventilation, heating and other methods of hospital management. Together, too, we have attended some very interesting clinics and lectures on diseases of the nervous system by Starr, Sachs, Weiner, Pritchard, and other well known authorities.

Fearing that I have already exceeded the limits of your patience and asking indulgence for a hastily written article, I am,

Yours, very truly,

J. F. BLACK.

### *Selections.*

#### MEDICAL TREATMENT OF ACUTE TONSILLITIS AND PHARYNGITIS.

JAMES E. NEWCOMB.—Reference is had only to the catarrhal forms and to quinsy. The cases are divided into three groups, as follows:—1. Cases in which treatment was begun on the first or second day of the disease. 2. Cases where it was begun on the third day. 3. Cases where it was begun after the third day.

The standard by which the effect of remedies was judged was the number of hours in which the effect of the painful swallowing characteristic of the disease was relieved. Three remedies were used: salol, guaiac and salicylate of soda.

*Salol Cases.*—Group 1. 36 cases, average relief in 12 hours. Group 2. 15 cases, average relief in 14 hours. Group 3. 30 cases, average relief in 18 hours.

*Guaiac Cases.*—Group 1. 20 cases, average relief in 18 hours. Group 2. 10 cases, average relief in 23½ hours. Group 3. 14 cases, average relief in 11 hours.

*Sodium Salicylate Cases.*—Group 1. 15 cases, average relief in 24 hours. Group 2. 12 cases, average relief in 17 hours. Group 3. 17 cases, average relief in 15 hours.

81 or 48 per cent, healed by salol, averaged 14½ hours; 44 or 26 per cent, healed by guaiac, averaged 17½ hours; 44 or 26 per cent, healed by sod. salicylate, averaged 18½ hours. The preference is therefore in favor of salol. The dose employed was five grains every two hours.

In regard to the rheumatic aspect of throat diseases, a study of these cases shows that 47 or 29 per cent had either rheumatic fever, joint pains or rheumatic parents. One hundred and fifteen or 71 per cent, were entirely free therefrom. The former was relieved by the remedies employed in an average of 16½ hours, while the average in the latter was 17½ hours, practically the same.

The writer believes that salol will relieve the conditions mentioned quicker than any other remedy if there is much peritonsillar enlargement. He believes in an incision toward the median line, whether there is evidence of pus or not. It frequently gives great relief. Where pus is present free incision, followed by a hot bicarbonate of soda gargle, gives satisfactory results. In all cases a thorough evacuation of the bowels should precede other remedies. This is particularly necessary with salol, which in the alkaline duodenum needs contact with the pancreatic juice to split up and set free its component parts. The urine in patients taking salol is generally darkened, but that need cause no alarm.



M. P. P.

# MALTO PEPTONIZED PORTER,

FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

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

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

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

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

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

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

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

—ON APPLICATION TO—

**THE MALTO PEPTONIZED PORTER COMPANY,**  
(LIMITED,)

TRURO, NOVA SCOTIA.

Please mention "The Maritime Medical News."

No poisonous symptoms have been observed and only occasional tinnitus.—  
*Pacific Medical Journal.*

### THE OPIUM CURSE.

Of the many baneful habits to which the Anglo-Saxon race has allowed itself to become addicted, few are more pernicious to health or more easily acquired and more enslaving than that of opium smoking. The immediate effects are soothing and tranquilizing, the hours and days are passed in a mental state full of pleasing hallucinations bordering on sweet oblivion as long as the drug is continued, but the moment its influence ceases, that moment the poor victim becomes the most miserable mortal on earth. His appetite gives way to anorexia, nausea and dizziness, the muscular system degenerates and the smoker becomes pale, nervous and emaciated, and entirely unfit for his vocation. All the while his appetite for opium increases, larger and larger quantities are required to satisfy his cravings, until finally his very existence depends on the frequent and almost continuous use of this deleterious drug.

San Francisco, be it said to her shame, has perhaps more "opium dens" and a greater number of white opium smokers than any other civilized city in the world, and the government seemingly encourages this debasing traffic, for we find, as Dr. D'Evelyn notes from the lecture of the Rev. Dr. Frederick Masters, that over 500,000 pounds of smoking opium entered this port during the last eight years, and nearly 50,000 pounds landed during the first six months of last year! This is truly appalling when we consider that nearly all of this enormous amount of opium is smoked in California. Most of it, fortunately, is used by the Chinese on account of their slaving system of contract labor. Let us illustrate: when a fruit-grower wants to employ 100 or 1,000 men during the season in his orchard, the only available help is Chinese. He sends to the six great

companies which literally control all the Chinese labor on the coast. The men are furnished for a dollar a day and sent out under the supervision of a Chinese overseer, perhaps the only one in the lot who speaks English. All their clothing and food supplies are imported from China and furnished by the companies, and also a certain amount of opium for daily consumption. The poor wretches are obliged to pay for their opium as they do for their rice, and having to pay for it they naturally smoke it. In this manner the baneful opium-habit is directly encouraged for the sake of the filthy lucre it brings.

Nor is opium-smoking confined to the Chinese alone. Far from it. Some time ago we were called to see a young lady who was supposed to be dying. We were conducted along a small narrow street leading off Dupont street near Jackson. On arriving at the destination we were shown into a room about twenty feet square, well guarded by outside and inside sentinels. On the matted floor and cushioned divans lay fourteen men and women, all busy with long clumsy looking pipes, small steel rods and tiny boxes containing a tarry looking material. They were diligently "cooking" small pellets of this material—opium—over small lamps, placing them in their pipes, lighting them and eagerly smoking the drug. A veritable "opium den." Of these fourteen people some were Chinese, but most of them were white girls and young white men. Here they lay, side by side, men and women, Chinese and white, in all conditions of nudity, some asleep, but most of them smoking the noxious drug.

At one end of the room lay the object of our visit, a beautiful white girl of about twenty. She was in a profound opium stupor, with pin-point pupils and respirations eight per minute. It was learned that this was the first time she had "hit the pipe," and she had evidently "hit" it pretty hard, for we worked with her most of the night before she recovered.

Many similar dens flourish in China-

town and other parts of the city as they do in Chicago, New York, and wherever Chinese congregate. It is high time our government took decisive steps to abolish this infamous traffic, and give our city officials a chance to close up these iniquitous opium dens, and wipe out one of the darkest spots on our fair city's escutcheon. — *Pacific Medical Journal*.

### INFANTILE PARALYSIS—TREATMENT.

At first, according to Dr. J. Simon, external methods are used, slight revulsion over the spinal cord above the origin of the roots of the nerves, with dry cups or application of croton oil, mixed with some menstruum; or mustard leaves rather than caustery points and the other more painful methods of vesication. Next give stimulating baths (in bed), using vapors, etc. Thirdly, sedation of the nervous system by chloral, aconite, or conium. In the second week combine electricity with tonics as follows: Galvanization by weak continuous currents (2 to 4 milliampères.) Apply the positive pole by slipping it on the shoulder, and put the negative pole in a basin of water slightly salted, into which the hand is put, use this for eight or ten minutes, and notice that the positive pole does not blister the shoulder. If it gets too red reduce the strength of the battery. Later use the faradic current as a change, but with weaker current. Slight massage and friction may be made also. Give the following:

℞ Tincture nux vomica..... 1 gramme.  
 Tincture colombo,     }     aa 4 grammes.  
 Tincture cascarrillæ, }  
 M. S.: Give eight or ten drops as a dose.

In eight or ten days commence an arsenical treatment by a half to one milligramme of sodii arsenias.

During convalescence use sulphur baths or salt water baths, or sea baths, for three minutes at a time only.—*Arch. of Paed.*

### HYPERTROPHY OF THE TONSILS.

Syrup of the iodide, in combination with codliver oil; the tonsils painted once daily with one of the following:—

℞ Tinct. ferri chlor., . . f3j.

Glycerinæ, . . . . f3ss.

M Sig.: Apply.

℞ Ammon. iodidi, . . gr. x-3ss.

Glycerinæ, . . . . f3j.

M. Sig.: Apply every night with brush.—WARING.

℞ Liq. ferri perchlorid, . f3ss-j.

Glycerinæ, . . . . f3j.

M. Sig.: Paint over tonsils once or twice daily.—MACKENZIE.

℞ Liq. iodi comp., . . f3ij.

Glycerinæ, . . q. s. ad f3j.

M. Sig.: Paint once daily.—STARR.

In marked hypertrophy the solid nitrate of silver point may be passed into the follicles of each gland and then applied over the whole mucous surface every other day. Should this fail, excision must be resorted to.—POWELL, *Essen. Dis. Children*.

### EXAMINATION FOR TUBERCLE-BACILLI.

—VAN KETEL (*Archiv für Hygiene*, Bd. xv, p. 109; *Centralbl. f. Bakt. Parasitenk.*, xii, 19, p. 689) proposes a new method to facilitate the search for tubercle-bacilli in fluids. Into a wide-mouthed flask, having a capacity of about three ounces, are introduced about three drams of the fluid to be examined, a dram and a half of liquefied carbolic acid, and, if the fluid be thick, about three drams of water. The mixture is well shaken for a minute or two. The vessel is then filled with water and again actively shaken. Its contents are at once poured into a conical glass and permitted to stand for from twelve to twenty-four hours, at the expiration of which time a portion of the sediment is removed with a pipette and placed upon a cover-slip and dried. The cover-slip is washed in ether or chloroform and then in alcohol, or at once in compound spirit of ether. The preparation may now be stained in the usual way with carbol-fuchsin or other stain.

**SELF-INFLICTED WOUNDS IN HYSTERICAL PATIENTS.**—Thiersh tells of a peasant woman afflicted with burns; on arrival at the hospital she had been thoroughly searched, but nothing suspicious was found upon her. Every precaution was taken to prevent her touching the ulcerations, and a cure seemed assured, when new ulcerations appeared. A new transplantation was made, the patient closely observed, but while the bandages seemed undisturbed, pressure spots appeared, and the fact developed that she practiced rubbing over the bandages.

In another case, the patient when accused of preventing the healing of the wounds indignantly denied the fact.

*Apropos* of the foregoing, we think the general opinion that patients add to their wounds purposely is ill founded. In the case of the peasant woman the abnormal sensations in the thorax, resulting from the burns, induced her to seek relief by rubbing. In these cases of hysteria there is a close analogy to the so-called stigmatization. Louise Lateau, who belonged to the order of Francis d' Assisi, had hemorrhages from her stigmata every Friday. Probably the bladder-like appearance she showed on her hands and feet were of the nature of pemphigus hystericus. The conjecture seems well-founded that in the case of the stigmatics there is question of the concurrence of hemorrhagic diathesis with hysteria.—*Prager Medicinische Wochenschrift*.

Writing of the physician on the witness stand in the *New York Medical Examiner*, Austin Abbott, Esq., Dean of the New York University Law School, says: If a capable expert witness with strong convictions proves to be weak, or produces a weak effect upon the jury, it is usually because he does not get farther than the expression of mere opinion. The strength of a medical witness is not in the confidence of his opinions, but in the intelligible reasons he is able to give for them. The cogency of expert testimony depends on moderate opinions clearly supported by

reasons intelligible to the jury. Of course upon many subjects the jury may not be capable of understanding, in a scientific sense of that term, the reasons for an opinion; but they are very quick to feel the difference between an opinion for which the speaker can state clearly reasons the character of which are intelligible in a popular sense, and one who has an equally confident opinion but is at a loss to make it clear that he has good reasons. Next after non-partisanship, clearness and lucidity in describing such matters as the jurors can distinctly conceive appears to be important, with the ability to give strong reasons, intelligible if possible in detail, and if not, intelligible at least in nature, for the conclusions arrived at. And lastly should be mentioned the freedom to make frank statement of the existing scientific doubts or uncertainty regarding any of the non-essential points in the case.—*Med. and Surg. Reporter*.

**A COMPLICATED CASE.**—One of our physicians recently received the following letter from a country physician (?): "Dear dock I have a pashunt whos phisical sines shoes that the windpipe was ulcerated of, and his lung have dropped intoo his stummick. He is unable to swoller and I fear his stummick tube is gon. I hav give hym evry thing without effectt. His father is welthy Onerable and influenshial. He is an active membber off the M. E. Chirsch and god nos I dont want to loose hym. what shall I due. ans. buy returne male, yours in neede."—*Ex.*

#### COUGH MIXTURE.

R Syr. tolu,  
Syr. pruni viag.,  
Tinct. hyoseyami,  
Spts. eth. co.,  
Aqua, . . . āā ʒj.

M. Sig.: A teaspoonful every hour.  
JANEWAY.

# Maritime Medical News.

DECEMBER, 1892.

EDITORS.

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

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

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

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

DR. MORROW,

*Argyle Street, Halifax.*

WE congratulate Dr. Sinclair on his promotion to the Superintendency of the Nova Scotia Hospital for the Insane. All will agree as to his eminent fitness for the responsible position and that he has well earned it. Not only is Dr. Sinclair rated high in point of professional ability but his geniality has long been recognized and appreciated and aid in making his appointment all the more a popular one. Dr. Reid, the late Superintendent, has accepted the less onerous responsibilities of directing the further organization and development of the Victoria General Hospital.

A recent meeting of the Halifax County Medical Society showed that the constitution and organization of the Society are not yet properly completed. We believe

that at its inception too much was attempted.

It would appear reasonable that no more should be expected of its members than is fairly capable of accomplishment, and that the constitution should be such as to attract and retain the loyalty of all who are disposed to adhere to a rational code of professional conduct. To attempt to include all members of the profession without exception is probably to defeat at the outset the objects of the Society.

It would be regrettable however if the objects of the Society were to be lost sight of and abandoned; so we hope that the medical men of the county will reorganize for the purpose at least of adopting measures for the mutual benefit of all.

## Society Proceedings.

### NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

At the annual meeting of this Society, held on Sept. 30th, the following officers were elected for the ensuing year:—President, Edward Farrell, M. D.; Vice-President, Thomas Milsom, M. D.; Treasurer, Thomas Trenaman, M. D.; Secretary, Carleton Jones, M. D., M. R. C. S. Council:—Surg. Col. Archer, Surg. Capt. Fowler, Drs. Wickwire, Tobin, Morrow, Cowie and Crawford.

In addition meetings of the Society have been held on the following dates:—

Oct. 12th, Dr Milsom, of Dartmouth, reported a case of cyst of the liver. During the progress of the case gall stones were passed per anum on several occasions. Ultimately one evening the cyst broke into the bowel and some ten pints of dark green matterly fluid were passed. This was followed four days

later by the passage of a pint of fluid per rectum, and thereafter the patient, a married woman, recovered.

Dr. Farrell reported three cases of delayed union of tibia; 1st case, a man very thin and spare—tibia and fibula fractured; put up in plaster of Paris on third or fourth day; plaster removed in fifth week; no attempt at union; then put up in sand bags, resulting in union in six weeks. Dr. Farrell thought that the circulation was impeded by the constriction of the bandage though it was not tight.

2nd. case.—A young man, system broken down, apparatus put on loosely, removed in fifth week, no attempt at union. A light apparatus was then applied and patient allowed to go about on crutches. Union took place in three months.

3rd. case.—Fracture of middle of tibia, extension applied, put up in Plaster of Paris, removed on 4th. or 5th. week, no attempt at union. Tight splints were then applied, and massage employed; good union in five weeks.

Dr. Jones reported two cases of gonorrhoeal rheumatism. In first case about 4 weeks after discharge had stopped, rheumatism set in in right hand, then in left and being severe. In three weeks patient recovered, but suffered from an attack of acute periostitis.

The second case, a man aged 65. Ten days after infection had marked symptoms of gon-rheumatism in left hand. Severe constitutional disturbance with temp. 105° in day. Patient had had rheumatoid arthritis. In both cases anti-rheumatic remedies availed little, and Tr. Ferri perchlor with Ung. Hydrarg, were the remedies of most value.

Oct. 27th.—Dr. D. A. Campbell exhibited a typical case of progressive muscular atrophy. This case is to be added to the list of cases occurring in several generations of a family and which was the basis of an article published in the *Maritime Medical News* for May, 1889.

Dr. Campbell also exhibited a case of amyotrophic lateral sclerosis.

Dr. Morrow introduced a general consideration of the subject of cholera by giving a short history of the earliest known epidemics, their courses throughout Europe, and the various epidemics in America, the present visitation of 1892 being the fifth.

In Canada, cholera first appeared in Quebec in 1832. The origin of all epidemics has been in the Delta at the mouth of the Ganges; whereas, formerly it took years to reach from India to America, now, as a result of the advances in means of travel and transportation, as many months will suffice.

Each visitation in America has been less severe than the preceding, and with present quarantine precautions, sanitary measures and prompt isolation, there is reason to hope that at least the northern part of this continent may never see a repetition of the ravages of previous epidemics.

Surgeon Colonel Archer referred to the lessened mortality from cholera among the troops in India, due probably to improvement in the water supply more than to anything else.

Dr. D. A. Campbell spoke of the importance of the recognition of the bacillus in the first cases of the disease when it was not yet epidemic. It was not completely established that Koch's bacillus is the specific cause. But it is always present in the dejections, so it is a means of diagnosis. A culture must be made as well as a mere microscopic examination. Thirty-six hours are sufficient for the determination.

Drs. Trenaman, Surgeon Capt. Barefoot, Surgeon Major Dorman, Dr. Slayter and Dr. Farrell took part in the discussion.

Nov. 11th.—A letter was read from Dr. J. F. Black; the letter may be found on another page.

Dr. Murdoch Chisholm reported a case of cerebral tumour. The case presented no pressure symptoms whatever (except pain.) There was no paralysis and no twitchings. A post

mortem revealed a tumour involving right occipital lobes of cerebrum, then spreading in a gelatinous looking substance over the cerebellum at its junction with the crus, and then diffusing downwards till it reached the vicinity of the 4th ventricle.

Dr Chisholm also read notes of a case of cerebral abscess exhibiting no signs other than an apparent epileptic seizure. A post mortem revealed a large abscess situated in occipital lobe of the right hemisphere, posterior to the motor area.

Dr. G. M. Campbell exhibited a case of an acephalous fœtus.

Nov. 24th.—Dr. M. A. B. Smith reported a case of thoracic fistula following undiagnosed empyema. The report is printed in this issue.

Dr. D. A. Campbell thought the question of operating should be largely influenced by the age of the patient, the operation being more applicable in the case of adults.

Dr. Jones thought that no hard and fast rule should be drawn, but that each case should be considered individually.

Dr. Chisholm thought that aspiration would have been sufficient and successful in many cases which were too quickly subjected to operation.

Dr. D. A. Campbell expressed himself as convinced that in cases of old standing, with greatly thickened pleuræ, and when the fluid is limited to one sack, and repeatedappings had had no effect, then the proper course was to remove some pieces of rib.

Dr. Farrell thought that there was no disease more likely to be overlooked than subacute pleurisy, preceding empyema. He differed from Dr. Chisholm in toto in regard to the aspiration being often sufficient; it was difficult to evacuate thoroughly so; and the pus was always a source of danger.

Dr. Farrell then gave a resume of some surgical cases occurring in the provincial hospital and including:

1. A case of osteo-sarcoma of shoulder—amputated at shoulder joint,

which was done on Nov. 19th, after a preliminary ligature of the second part of the axillary artery.

2. Amputation at ankle joint for caries of tarsal bones.

3. Fissure of anus operated upon by excising fissure and stretching rectum—recovery rapid.

4. Two cases of hydrocèle; (a) cavity aspirated and carbolic acid injected (Oct. 25th.) On Nov. 15, as bad as ever. Then a free incision was made from one end of sac to other, a piece of tunica vaginalis excised. (b) somewhat similar case.

5. Amputation of penis for epithelioma. The skin was stitched all round the urethra.

6. Amputation of thigh following suppurating wound at knee joint.

A prescription belongs to the patient? In a recent case tried in Detroit the court rendered this decision. Testimony tending to show that druggists regard the prescription as their property was excluded.—*Doctor's Weekly*.

## OBITUARY.

LAURENCE MACLAREN, L.R.C.S., ED.

By the death of Dr. Laurence McLaren, which took place in this city on the 22nd September, ult., Saint John loses one of its best known and most respected citizens, and the medical profession one of its most eminent and skilful practitioners. His reputation as a bold and capable as well as successful surgeon was not confined to the city of his adoption, but was provincial in its character and extent, and when in the full enjoyment of his physical powers he was always prepared for any surgical emergency.

Among his many successful operations may be mentioned 'ligature of the carotid,' for hæmorrhage from punctured wound below the ear, 'ligature of the femoral' on more than one occasion, and 'lithotomy' by the median incision. A report of one of the

# THE SELECTION OF TONICS.

Following upon the reappearance of Influenza, most physicians have remarked great prostration and slow convalescence from this and all other disorders, and much ingenuity has been displayed in devising suitable tonics to meet and overcome profound depression at present associated with all diseased conditions.

We take this opportunity, therefore, of directing the attention of the medical profession to certain preparations and medicaments which have long enjoyed a well-merited popularity, together with some remarks relative to the special indications of their successful employment. The present tendency of the laity and a considerable proportion of medical practitioners to depend upon alcoholic stimulants for their supposed tonic properties, and which has been recognized as productive of the most disastrous results, furnishes ample reasons for making an effort in the direction of securing better and more practical views concerning medication.

## JOHN WYETH & BROTHER.

### Wyeth's Phos. Iron, Quin. and Strych,

Each fluid drachm contains two grains of Phosphate of Iron, *one grain of Quinine*, and one-sixtieth grain of Strychnine in simple Elixir, flavored with Oil of Orange. ADULT Dose.—One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed robust health. It is rendered palatable and efficient by the use of only pure alkaloids of Quinine and Strychnine, excess of acid being avoided. Alternation with our Beef, Wine and Iron is recommended, for the reason that sensitive patients are rendered extremely nervous and "fidgety" by the long continued employment of strychnine.

### Wyeth's Elixir Gent. with Tinct. Chlor. Iron.

Each dessertspoonful contains ten minims of the officinal Tincture Chloride Iron. Four grains of Quinine Sulphate will dissolve in an ounce of the Elixir, without the addition of any acid, the solution being beautifully clear. If a larger quantity be prescribed, the usual amount of acid per grain must be added. Dose.—Adults, one dessertspoonful; Children, one-half to one teaspoonful.

The combination of Gentian with Iron in this form supplies a simple bitter with an active hæmatinic, free from the styptic taste of iron preparations in general. It can be taken in small doses by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with Quinine and alternated with arsenical preparations.

It is especially indicated to correct relaxed conditions of the gastro-intestinal tract, whether or not associated with anemia.

### Wyeth's Elixir of Phosphorus.

*Each fluid drachm contains one one-hundredth grain of Free Phosphorus.*

Our Elixir of Phosphorus is prepared with great care, and will prove efficient in the treatment of the limited number of cases in which this remedy is specially indicated. It will be found of service in all low conditions, associated with profound depression of the nervous system, such as the later stages of pneumonia and influenza, and also in the hypostatic congestion occurring in typhoid fever and other protracted disorders. It is likewise well adapted to the treatment of certain neuralgias, paralyses, insomnia and impotence. The most satisfactory results follows its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

In addition to the Elixir we manufacture a number of pills, containing Phosphorus in combination with other medicaments, descriptive circulars of which will be sent to physicians on application.

DAVIS & LAWRENCE Co., (Ltd.), Montreal.

GENERAL AGENTS FOR CANADA.



# SYR. HYPOPHOS CO., FELLOWS

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

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

**THE TONICS**—Quinine and Strychnine ;

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

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

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

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

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

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

## NOTICE—CAUTION.

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

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

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

FOR SALE BY ALL DRUGGISTS.

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

MONTREAL,

**WHOLESALE AGENTS.**

Please mention "The Maritime Medical News."

latter operations which was performed so long ago as December 31st, 1857, was published in the London Lancet, and published *in extenso* in "Allarton's Median Lithotomy," a work printed in London in 1863. In this case he removed three calculi, the whole weighing one ounce and a half.

Dr. Maclaren was born in Charlotte-town in 1817, and received his medical education in Edinburgh where he obtained the diploma of the Royal College of Surgeons and was the first P. E. Islander to receive his medical education at that place. On his return to this country he commenced practice in Richibucto, Kent Co., and here he soon achieved such a brilliant reputation that he was sent for, from far and near; and it was in that place that some of his best surgical work was done. After remaining there for twenty-five years, he removed to this city, where he at once stepped into the front rank of the profession, and while attending to his own private practice, was very frequently called in by others as a consultant.

Dr. Maclaren was a man of tall and commanding presence, vigorous constitution, and of strong personality. A hater of sham and pretension he was outspoken in his views of what he considered right or wrong, while the strictest honor and integrity guided him in his intercourse with his fellow practitioners. He was extremely punctual in fulfilling all his engagements, and did not like to have his time wasted by lack of punctuality in others; in fact in him, the preciseness, punctuality and some of the formality of an almost past generation was happily blended with the greater scientific knowledge and capabilities of the present, and made up a personality which commanded the respect of his contemporaries and the admiration of his juniors, while those on more intimate terms with him bear witness to the warmth and kindness of his nature.

From 1868 to 1879 Dr. Maclaren was one of the visiting staff of the Gen. Public Hospital, and on his resignation

was appointed Consulting Surgeon. He was also a member of the Council of Physicians and Surgeons, having been elected thereto when it was first organized.

Some two years ago while on a visit to Toronto he was taken very ill, recovered somewhat, but later developed a cystitis which assumed a chronic form, and gradually broke down a very vigorous constitution, so that when, about six days before his decease, an acute and painful attack of dysentery supervened, it found him too weak to withstand it, and he gradually sank till death relieved him of his suffering.

He leaves a widow, five daughters and four sons, one of the latter of whom is Dr. Murray Maclaren of this city.

Thus lived and died one whose courage, skill and integrity in his profession and in daily life were only equalled by the modesty which accompanied them.

Saint John, Nov. 26, 1892.

#### DR. GEORGE ROSS, OF MONTREAL.

The death of this well-known physician deprives the profession of the Dominion of one of its most distinguished members.

Dr. Ross was born in Quebec some forty-seven years ago, of a family of Scotch descent, which had been in Lower Canada from the cession. After a brilliant career in the Arts Department and in the Medical School of McGill College, he was for several years house-physician to Montreal General Hospital, and in 1872 succeeded the late Dr. Drake as Professor of Clinical Medicine—a position which he held until the death of Dr. R. P. Howard a few years ago, when he was transferred to the chair of practice.

It was, perhaps, as a hospital physician that Dr. Ross attained his chief eminence. During the past half century the Montreal General Hospital has been fortunate in having on its staff a number of men who understood fully the secret of teaching clinical medicine, men so impressed with the belief that the stu-

dent must learn his art at the bedside that they were willing to spend hours in what to some would be drudgery, but what is in reality the very marrow of all teaching—transforming for the young mind the dry, hard facts of pathology into living knowledge—living because capable of dealing with the realities of disease. It has been the good fortune of the writer to follow some of the best clinical teachers of this generation—Jenner, Wilson Fox, Murchison, Traube, Bamberger, and Ernst Wagner. Greater praise cannot be given than to say that in systematic thoroughness, in exactness, in the art of bedside didactic, Dr. Ross had the method of Murchison. For there are two sorts of bedside teachers, the one content to expound, illustrate, and dilate upon his text—the patient under consideration—careless often whether or not the lesson is heeded; the other, regarding not alone the patient, but by question and answer, by personal supervision of the examination of the case, makes the student himself deduce the desired lesson. No more rigid, exacting, and painstaking teacher of medicine could be found than Dr. Ross. Always prompt and punctual, full of resource, and with a mind trained by long practice, and enriched by an unusually varied experience, he was, indeed, a model bedside instructor, and he has left his impress on the minds of scores of young men who came under his tuition.

Dr. Ross had also those peculiar qualities of mind (found as a rule in one or two doctors in every large city) which make the counsellor—a man who instinctively takes the sound view of a question, and whose judgment is clear and decisive, yet withal liberal, and free from all taint of the guile which too often gives a Ulysses-like character to the would-be leader among men.

Though not a prolific writer, Dr. Ross was a steady contributor to periodical literature, and the files of Canada (now the Montreal) *Medical Journal* for twenty-five years abound in admirable reports and carefully considered articles

from his pen. A full share of the honors of the profession was freely and gladly given to him. He had been President of the Medico-Chirurgical Society of Montreal, of the Canada Medical Association, and Vice-President of the Association of American Physicians, of which society he was a most valued member. Since the death of Dr. Howard he held the position of Vice-Dean of the Medical Faculty and Secretary of the Board of Governors of the Montreal General Hospital.

More than four years ago the symptoms of arterial disease became manifest, and fully aware of his condition he tried so to regulate his life that the school of medicine, to which his presence was so important, should continue to have the benefit of his services. Last winter he was able to give a considerable proportion of the lectures on medicine, and to engage actively in consultation work. During the past summer more severe symptoms developed, and it was evident to himself and to his friends that no further extension could be expected; and awaiting the end with the calm, philosophic spirit which had been the characteristic feature of his life, he passed away peacefully on the 8th instant, universally regretted by friends, colleagues, and students.

#### THE PHYSICIAN'S VISITING LIST.

P. BLAKISTON SON & Co.,  
1012 Walnut St., Philadelphia, Pa.

This favorite visiting list is sold in different sizes, viz.:

For 25 patients, per day or week..	\$1.00
For 50 patients, " "	1.25
For 100 patients, " "	1.50

It is very handy and can easily be carried in any coat pocket without bulging perceptibly. To those who have not used a visiting list we recommend a trial of this one which cannot fail to be found convenient, labor saving, and altogether useful.

# CHOLERA.

## Horsford's Acid Phosphate.

BY the researches of Koch and others, it is found that the cholera bacilli require for their growth, a milk alkaline nutrient medium, and that acids are most useful to kill them.

Horsford's Acid Phosphate has been successfully employed by the Physicians in Europe and America, and possesses special advantages over other acids, because of its beneficial action upon the nerves and process of digestion, and its tonic and general strengthening effect upon the whole system.

Half a teaspoonful in half a tumbler of water, with sugar if desired, will make a palatable drink.

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

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

Rumford Chemical Works, Providence, R. I.

BEWARE OF SUBSTITUTES AND IMITATIONS.

## New York Post-Graduate Medical School and Hospital.

### ELEVENTH YEAR—SESSIONS OF 1892-93.

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

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

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

### FACULTY.

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

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

*Venerel and Genito-Urinary Diseases.*—L. Bolton Bangs, M. D.

*Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.

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

*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D.,

Win. H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Farquhar Ferguson, M. D.,

Reynold W. Wilcox, M. D., LL.D., J. West Roosevelt, M. D.

*Surgery.*—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phillips, M. D., Robert Abbe, M. D., Charles

B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M. D., Willy Meyer, M. D.

*Diseases of Women.*—Professors McEvers Emmet, M. D., Horace T. Hanks, M. D., Charles Carroll Leo, M. D.,

Lt. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.

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

*Diseases of Children.*—Henry D. Chapin, M. D., J. H. Ripley, M. D., August Caille, M. D.

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

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

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

For further information please call at the school, or address CLARENCE C. RICE, M. D., Secretary,

F. E. FARRELL, Supt.

226 East 20th Street, New York City

## Wheeler's Tissue Phosphates.

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

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

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

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

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

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

To prevent substitution, put up in bottles only, and sold by all Druggists at ONE DOLLAR.

## Bellevue Hospital Medical College, City of New York. Sessions of 1892-93.

**THE REGULAR SESSION** begins on Wednesday, September 26th, 1892, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The **SPRING SESSION** consists of daily recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins March 28, 1892, and continues until the middle of June.

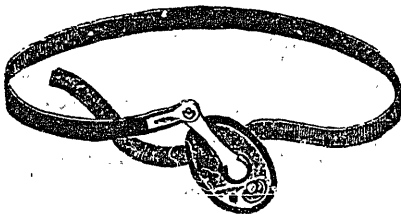
The **CARNEGIE LABORATORY** is open during the Collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

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

## BUCKLEY BROS.

(AVERY F. BUCKLEY.)

87 and 89 Barrington Street, } HALIFAX, - NOVA SCOTIA.  
201 Brunswick Street, }



## TRUSSES.

Almost every description of Truss kept in Stock.

SPECIAL ATTENTION GIVEN TO ORDERS FROM THE COUNTRY.

## NEW DRUGS,

As soon as proved to be of merit are at once added to our stock.

ANTISEPTIC GAUZES, COTTONS, BANDAGES, & C.

### SPECIAL.

Physicians who dispense their own prescriptions will find it to their advantage to send their orders to us. Our Tinctures, Fluid Extracts, Ointments, and all pharmaceutical preparations are not to be surpassed. Write for quotations.

BUCKLEY BROS.

# Vaccine Virus,

PURE AND RELIABLE

ANIMAL VACCINE LYMPH,

FRESH DAILY.

LIBERAL DISCOUNT TO DRUGGISTS.

SEND FOR CIRCULAR.

10 Ivory Points, double charged ..... \$1 00  
10 Quill Slips (half-quills), double charged ..... 1 00

Orders by Mail or Telegraph Promptly Dispatched.

## New England Vaccine Co.

CHELSEA STATION, BOSTON, MASS.

WM. C. CUTLER, M. D.

J. F. FRISBEE, M. D.

STEARNS'

## CASCARA AROMATIC

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

Cascara Aromatic is sweet in taste (which children and women especially appreciate).

instead of being bitter, as is the ordinary fluid extract, powerful (Its dose is only  $\frac{1}{2}$  to 1 fluidrachm.) yet gentle

in effect, and in addition, does not gripe (This, next to its taste, is its most valuable property, as ordinary bitter fluid extracts do).

**Surely an Ideal Laxative.**

Samples and Literature Free.

**FREDERICK STEARNS & CO.,**  
Manufacturing Pharmacists, - DETROIT, Mich.

# New Combination TABLETS

AND ADDITIONAL SIZES

## ANTIKAMNIA TABLETS

ONE . . . TWO . . . THREE . . . FIVE . . .  
AND TEN . . . GRAINS . . . EACH.

COMBINATION TABLETS = ANTIKAMNIA AND QUININE.

CONTAINING  $\frac{2}{3}$  GR. EACH ANTIKAMNIA AND SULPH. QUININE.

ANTIKAMNIA AND SALOL.

CONTAINING  $\frac{2}{3}$  GR. EACH ANTIKAMNIA AND SALOL

SAMPLES FREE.

ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO., U. S. A.

# HALIFAX MEDICAL COLLEGE.

THE TWENTY-THIRD SESSION of the Halifax Medical College will be opened on MONDAY, NOVEMBER 2ND, 1891.

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

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

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

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

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

For Annual Calendar and all information, address

**DR. LINDSAY,**

*Secretary of the Faculty.*

## AN IMPORTANT WORK. Latest Therapeutical Methods

Compiled by W. S. DEARTH, A. M., M. D.

No physician can afford to be behind the times in therapeutical methods. Prof. Dearth has spared no time or expense in collecting the more recent methods of the leading physicians in the United States and Germany—methods used in leading hospitals in Boston, New York, Chicago, Montreal and Vienna. It is a small book for the pocket, bound in flexible covers. There are a few blank pages for additions. There are many exact formulas showing *exact methods of leading specialists in this country*. It is a unique and almost indispensable little volume and should be in the pocket of every wide awake physician. Sold only on subscription or will be sent by mail post-paid on receipt of \$1.00.

Address—W. S. DEARTH, M. D.,  
Box 193, Augusta, MAINE.

## ADVERTISING.

If you wish to advertise anything anywhere at any time, write to GEO. P. ROWELL & CO., No. 10 Spruce Street, New York.

EVERY one in need of information on the subject of advertising will do well to obtain a copy of "BOOK FOR ADVERTISERS," 368 pages, price \$r.00. Mailed postage paid, on receipt of price. Contains a careful compilation from the American Newspaper Directory of all the best papers and class journals; gives the circulation rating of every one, and a good deal of information about rates and other matters pertaining to the business of advertising.

Address ROWELL'S ADVERTISING BUREAU, 10 Spruce Street, New York.

Scientific American  
Agency for

# PATENTS

CAVEATS,  
TRADE MARKS,  
DESIGN PATENTS  
COPYRIGHTS, etc.

For information and free Handbook write to  
MUNN & CO., 361 BROADWAY, NEW YORK.  
Oldest bureau for securing patents in America.  
Every patent taken out by us is brought before  
the public by a notice given free of charge in the

## Scientific American

Largest circulation of any scientific paper in the world. Splendidly illustrated. No intelligent man should be without it. Weekly, \$3.00 a year; \$1.50 six months. Address MUNN & CO., PUBLISHERS, 361 Broadway, New York.

# THE FIRST RAW FOOD EXTRACT.

(Introduced to the Medical Profession in 1878.)

# BOVININE

THE VITAL PRINCIPLES OF BEEF CONCENTRATED.

Containing 26 per cent. of Coagulated Albumen.

AN IDEAL FOOD. PALATABLE. KEEPS PERFECTLY.

**BOVININE** consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

**BOVININE** is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhetic complaints.

**BOVININE**, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

**BOVININE**, on account of its BLOOD-MAKING PROPERTIES, is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood, and in the puerperal state.

**BOVININE**, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatic Extract and two ounces of water. This should be well mixed and injected slowly. No preparation of opium is necessary in the enema.

✎ *SAMPLES will be furnished to any member of the Medical Profession free, carriage paid, upon application to the Company.*

— PREPARED ONLY BY —

## THE J. P. BUSH MANUFACTURING CO.,

CHICAGO AND NEW YORK. U. S. A.

DEPOT FOR GREAT BRITAIN:

32 SNOW HILL, LONDON, E. C.

Please mention "The Maritime Medical News."



# SERVICEABLE SPECIALTIES.

PICHI, (*Fabiana Imbricata*), is an emollient, sedative and diuretic in diseases of the Urinary Organs.

It has been found efficient in gonorrhœa, cystitis, dysuria, urinary calculus, and all irritable and inflammatory conditions of the bladder and urinary tract.


The pharmaceutical preparations of Pichi are Fluid Extract and Solid Extract Pichi and Soluble Elastic Capsules Pichi, 5 grs.

CACTUS GRANDIFLORUS is a heart tonic *par excellence*. In these days when so many persons die of heart failure, the selection of a heart tonic is important.

According to J. Fletcher Horne, M. D., in *London Lancet*, it is especially valuable in nervous and functional disorders of the heart, where digitalis and strophanthus are unsatisfactory, such as palpitation, irregularity, fluttering, intermission, slow or rapid action arising from debility, worry, dyspepsia, or the excessive use of tea and tobacco, comprehensively classed as cardiac erethism.

CREOSOTE is of all the methods of treating consumption the most satisfactory.

We supply creosote in Soluble Elastic Capsules (Cod Liver Oil, 10 minims, Creosote, 1 minim,) and Enteric Pills of Creosote coated with a material that resists the action of the gastric juice but dissolves in the duodenum.

 Send for literature or samples of these products.

PARKE, DAVIS & COMPANY,

DETROIT, NEW YORK, AND KANSAS CITY.