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# MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

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VOL. III. HALIFAX, NOVA SCOTIA, JANUARY, 1900.

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No. 1.

## Panopepton a Food in Every Sense of the Word

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- TRY it in Consumption, with the same treatment from week to week.
- TRY it in Dyspepsia or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.
- TRY it in Intestinal or gastric irritation, inflammation or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption without the slightest functional labor or irritation; even in the most delicate and critical conditions such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.
- TRY it per rectum, when the stomach is entirely unavailable and inadequate.
- TRY it by Subcutaneous injection, when collapse calls for instantaneous blood supply—so much better than blood-dilution!
- TRY it on Chronic Ulceration, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power or topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and finality.
- TRY it in Chronic Catarrhal Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.
- TRY it on the Diphtheritic Membrane itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process of exhaustive stimulants.
- TRY it on anything, except plethora or unreduced inflammation: but first take time to regulate the secretions and functions.
- TRY it on the patient tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.
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Above \$100,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 20,000 volumes, the largest Medical Library in connection with any University in America.

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The entrance examinations of the various Canadian Medical Boards are accepted.

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These two general hospitals have a capacity of 250 beds each and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

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1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.  
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica  
(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.  
(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.  
(Pass Final M. D., C. M. Exam.)

Fees may now be paid as follows:

One payment of	- - - - -	\$250 00
Two of	- - - - -	130 00
Three of	- - - - -	90 00

Instead of by class fees. Students may, however, still pay by class fees.

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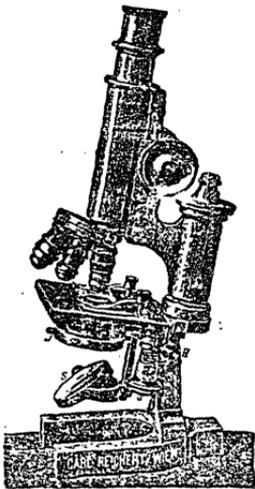
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Original Communications.

ASTHMA AND ITS TREATMENT.\*

By MURDOCH CHISHOLM, M. D., C. M., L. R. C. P. (Lond.), Halifax, Professor of Clinical Surgery and Surgery Halifax Medical College, Surgeon to the Victoria General Hospital.

On being asked to contribute a paper to this Association I selected asthma, because it has been the companion or bane of my life, and because I desire that any little knowledge I have been able to obtain of its cause, nature and treatment should become common property for the good of humanity. I may say here that it has always been my custom to gather pebbles from every shore, and now and again I have picked up a few of real value in very unlikely places. I am indebted to the regular profession, I am also indebted to quacks, and, like Jenner, to popular observation.

With these few preliminary remarks I would say that asthma is caused by a diseased condition of any one of the parts entering into the reflex arc of the respiratory system. It bears a very close resemblance in many respects to the diseased condition of the reproductive organs which manifests itself in constantly recurring pathological orgasms. I once had a patient under treatment in the Victoria General Hospital for ovarian disease, the most trying subjective symptom of which was, asleep or awake, the frequent recurrences of exhausting orgasms. Now the rationale of this is not hard to explain. An inflamed ovary, a con-

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\* Read at meeting of Maritime Medical Association, Charlottetown, July, 1899.

gested uterus, an irritable reflex centre and constantly recurring spasms from the sensory messages conveyed to it from the inflamed ovary.

Take again that common class of unfortunates who fall into the vicious habit of masturbation. In the male sex as well as in the female the result is an irritability of the parts and of the reflex centre in the cord, which on the slightest excitement, whether peripheral or central, material or psychic, determines an emission in the one or an orgasm in the other. Now, if a patient of this kind happens to die of any intercurrent disease, I believe I am safe in asserting that the minutest investigation may not reveal any pathological conditions in the parts, or in the nervous arc affected.

Similarly in cases of hay fever, no change whatever can be discerned in the character of the Schneiderian membrane in the intervals between the attacks, but we all know how easily that membrane is excited by the most inappreciable stimuli, and how life as a consequence becomes well nigh unbearable through the frequent convulsive actions which such stimuli induce. From the intense inflammation which these stimuli induce when often repeated or long continued, we know that though the centre of sneezing may be exceedingly impressionable, yet the *fons et origo* of the whole trouble is in the nose.

All this holds true of asthma. There is an irritable mucous membrane in some part of the respiratory tract. These parts are irritated by the most inconceivable stimuli. These stimuli are conveyed to the centres presiding over the muscular structures of the bronchioles and smaller bronchi. These enter into a state of tonic spasm which unfortunately continues until the more or less irritable centres are exhausted or the causative influences are removed.

Asthma further resembles nocturnal pollution, in that both manifest themselves during sleep. The reason is that the reflexes, like unruly scholars, run rampant when the master is asleep. It is not until the asthmatic habit is confirmed and the nervous arc becomes very irritable that asthma begins in waking hours.

Then, again, the frequent repetition of stimuli renders the mucous membrane and the reflex centres impressionable and irritable, so that a habit may be confirmed when the original cause is removed.

I have in my own case a yearly demonstration of this. About the 21st of August my asthma begins with symptoms of hay fever. The irritation which begins in the nose soon extends to the bronchi and

gives rise to nightly attacks of dyspnoea, which, if left alone, continues for months after the bronchial irritation subsides.

The persistence of epilepsy after the removal of pressure upon the motor centres is another illustration of the same law, so also is the persistence of emissions long after the discontinuance of masturbation.

Another fact which is less obvious though equally true must be taken into account in this connection, viz.: that a pronounced impression upon the peripheral nerves of an organ may determine a modification of function in the centre presiding over that organ. A case I lately saw in consultation at the Victoria General Hospital affords an illustration of this. A young man repeatedly held a heavy weight at arms length as long as he was able. That night the same arm was seized with a convulsive fit. This was afterwards repeated at intervals and finally became general, so that he is now a confirmed epileptic.

Now in bronchitis we have a pronounced impression produced upon the mucous membranes, which of course is received by the centres presiding over them. Not only so, but if it be true, as held by many, that the elastic bronchi are endowed with the power of contracting so as to force mucus onwards towards the larynx, we have in bronchitis an excitant to forced contraction and these contractions may continue long after the irritation is removed. A habit may thus be initiated, so that we may have asthmatic paroxysms without bronchitis.

I hold then that the asthmatic tendency is nearly always engendered by bronchitis, inflammation or irritation. Of course it cannot be disputed that the bronchial centres may be irritated primarily, but I have not met such. And Hyde Salter admits that 80 or 90 per cent. of cases are clearly traceable to colds. Now if to this be added the number in which the connection exists, though not apparent, there is but little room left for other causes.

But granting an impressionable centre or pulmonary arc, the immediate causes determining spasm after the habit is confirmed may be either central or peripheral. I have a most striking recollection of a central influence determining an exacerbation of a slight attack of asthma on a sea voyage from Scotland to Ireland. I left the former without any appreciable consciousness of asthma. Before long the irritating ozone or bilge water effusion gave rise to some dyspnoea. Soon the rolling of the ship brought on nausea and I flattered myself that seasick-

ness, like an emetic, would soon relieve me. I was quickly undeceived, for on beginning to vomit my dyspnoea immediately deepened into such a desperate attack of asthma that I was compelled to rouse the ship's surgeon, from whom I obtained a large dose of chloral which ended the attack. I was distinctly conscious that with each spasmodic action of the stomach came an intense tightening of respiration. The explanation was easy, for the message from the vomiting centre through the pneumogastric caused contraction of the bronchioles as well as of the stomach. I have a more pleasant proof of the peripheral causation of asthma by a method of prophylaxis, sometimes adopted by me. The hanging of a towel wrung out of a strong solution of carbolic acid by my bed within a few inches of my mouth has often warded off the usual nightly attack. Of course the explanation is the numbing action of carbolic vapour upon the peripheral nerves. Asthma may also be caused by peripheral irritation of distant parts or organs. When suffering from constipation I have often jugulated an attack by a heavy dose of salts, a precaution the neglect of which has very often caused me prolonged suffering. Hyde Salter relates a case in which cold in the calves of the legs invariably precipitated an attack. And the monthly attack in women coincident with menstruation is familiar to all.

Of the humoral causes of asthma I will only mention the accumulation of uric acid in the blood and point to the irritation of the bronchial tract as of any other organ which it may induce.

Having said so much about the remote and immediate causes of asthma, I will close by outlining its most rational treatment.

I attach more value to the prevention of a paroxysm than to its relief, and therefore I prescribe alteratives rather than antispasmodics. I give them for a long time and continuously. They alter morbid processes. They influence metabolism so that tissue waste is hastened and new tissue of a healthy type is secured. They pass into blood, come in contact with the cellular elements of the body, are taken up by these structures and excreted by them and so profoundly impress or modify their function. It is not well understood how this change is brought about, but this much is understood, viz.: that the additional work imposed on cellular structures by the absorption and excretion of products foreign to the body imposes upon them an amount of work which may be looked upon in the light of a course of cellular gymnastics; weak cells are thereby strengthened and diseased ones made whole. But in addition to the health giving effects of exercise, there is undoubtedly

some marked influence of a physico-chemical nature. exerted upon cellular structures by alteratives. In view of this it seems strange that Hyde Salter in his classical work has not a word to say upon their use in asthma, though he enters pretty fully into its treatment by anti-spasmodics, depressants, stimulants and tonics. He mentions iodide of potash but damns it with faint praise. The alteratives par excellence in asthma are iodine and arsenic in any of their compounds. I attach great value to the ammonium salt and to the syrup of hydriodic acid. Given at bedtime they are pretty sure to ward off the usual nightly attack. Given for months at a time they often cure asthma to stay cured. As auxiliaries it is well to combine or alternate with it remedies which impose much work upon the bronchial cells. Of these allium is very efficient. It literally causes mucus to flow from the bronchial tract. Senega, blood root, copaiba and the balsams are also efficient alteratives in the same way. Of course, where the persistence of habit determines an attack in the absence of bronchial irritability or inflammation it is needless to add any of these to the iodides. Then we should give arsenic and cinchonidine with the iodides. I give the iodides before meals, arsenic after and cinchonidine capsules of two to five grains twice a day. I believe these have a modifying influence upon the nervous cells. Of course, every case of asthma is a study in itself, and if the determining influences of the attacks be found to be peptic or rectal or nasal or humoral, proper steps must be taken to get rid of them

Since asthma, like epilepsy, is a disease largely of habit, it is most important to prevent the recurrence of the paroxysm. It is therefore well for an asthmatic when away from home to carry his medicines with him, and to take the precaution of burning nitre paper or any of the proprietary preparations of stramonium and nitre in his bed-room before retiring. For the relief of the paroxysm when uncomplicated with bronchitis, I know of nothing superior to these preparations. There are others of course, but I will not further enter into detail. I close by emphasizing the curability of asthma by remedies directed to the asthmatic condition in the way indicated.

## PROSTATIC AFFECTIONS IN YOUNG MEN.\*

BY JAMES ROSS, M. D., C. M., Halifax, N. S.

When our hard-working secretary first asked me for some contribution to the programme of the present meeting I declined the invitation, for it was solely my intention to listen and not be listened to. A second epistle from Dr. Muir, however, caused reconsideration and a decision to add a short paper to the programme. The title that I have given to the paper "Pro-tatic Affections in Young Men," is perhaps a more suitable heading than the one on the programme. I have had within the past two years a considerable number of cases in young men whose prostate glands were far from being in a normal condition, and it is my intention to speak a few words on the common affections which we are liable to meet in our practice.

First, let me refer to prostaticorrhœa. This is characterized by an excess of prostatic secretion and its discharge from the gland usually intermittently. The quantity varies from a few drops to a dram or more. A portion usually flows backward into the bladder and is voided with the urine.

Anything that predisposes to repeated or persistent hyperæmia of the prostate may eventuate in producing prostaticorrhœa. We must remember, however, that even in a normal condition the amount of prostatic secretion varies considerably in different individuals and it is occasionally difficult to tell when the pathological condition is present. The patient notices a discharge from the meatus of a bluish or milk-white fluid, which consists of glairy mucus from the prostatic follicles and sometimes some pus. This discharge most frequently appears when voiding the last few drops of urine, or after an erection, or at stool, particularly when the bowels are constipated. In making water in two glasses, the urine in the second is usually cloudy and may contain comma-like shreds, the mucus and shreds being pressed out of the prostatic follicles by the sphincter vesicæ and the muscular fibres of the prostate in the act of expelling the last drops of urine. The patient

\* Read at meeting of Medical Society of Nova Scotia, Truro, July 6, 1899.

usually describes these discharges as seminal losses and believes himself the subject of spermatorrhœa. In consequence he is often despondent and hypochondriacal and inclined to exaggerate greatly the severity of his discomforts. Every medical man no doubt has met with cases of the sexual hypochondriac whose "losses at stool" on straining are such a bugbear to the uninitiated and whose despondency over his imaginative condition is oftentimes deplorable. When you meet with a man of average intelligence your powers of reasoning usually accomplish considerable good and you feel that you have done some lasting benefit to one individual at least. But when you have a poor uneducated customer to deal with often your powers of conviction will meet with defeat. If he happens to be among the large number of young men who early in life have practised self-abuse, a perusal of quack advertisements, with their record of horrors, may awaken in his breast a dread of a frightful future. It is now generally recognized that many of the "pollutions" of young men at night are largely made up of the prostatic fluid rather than of semen. Much the same explanation can be given to the "losses at stool," which are really largely made up of the fluids of the prostatic sinuses expressed by pressure upon the prostate gland by a mass of hardened fœces in the rectum. The cloudy condition of the urine often present is due to the alkaline phosphates, the clearing up of which by a few drops of acid in the presence of the sufferer is usually of value in restoring his mental equilibrium. Of course this catarrhal condition of the prostate is often present as a symptom in other conditions of the prostate, for instance, in subacute and chronic prostatitis.

The most important causation in producing inflammation of the prostate in young men is no doubt gonorrhœa—particularly since this disease is universally mixed up with all grades of society. The milder form which generally involves a considerable portion of the posterior urethra frequently includes the superficial glands and follicles of the prostate. This may for convenience sake be termed membrano-prostatic catarrh.

In examining the urine in which shreds are present you can gain some presumptive evidence from the form of these shreds as to the site of their origin. Roughly speaking, the floaters come from the penile urethra and the rapid sinkers from the prostate. If in conjunction with the prostatic threads an irritability of the bladder is complained of, we can assume the case is one of catarrh of the neck of the bladder or prostate. There is no doubt that self-abuse is occasionally a direct cause

in the production of membrano-prostatic catarrh. Even when not a direct cause, its effects are shown in that it is an aggravator of a catarrh already present, or that catarrh of this region, usually gonorrhœal in origin, is more liable to be grafted on a surface weakened by masturbation.

A very interesting paragraph in one of Fenwick's works I will here quote, particularly as this gentleman is one of our foremost authorities; a man whom I had the pleasure of listening to at numerous clinics and whose teachings I greatly admire. He says: "You might ask the question, what changes are produced in the surface and parenchyma of the prostate which render the gland not only susceptible to the invasion of inflammation, but also less amenable to treatment when it is attacked? I cannot answer the question except in the following way: I have made a series of some hundreds of sketches of the lobes of the prostate gland as they are felt per rectum by the exploring index finger. If you will examine a healthy male at the age of twenty-one you will notice the lateral lobes are plump, elastic, equal in size and that each lobe corresponds relatively in size to that of its testicle. If now you examine the prostate of a man who has masturbated freely, and in whom the testes are small and soft, you will notice the lobes soft and shrunk and your finger encounters a *median concavity*. The prostate is cupped in this fashion often to a marked degree. Should inflammation have attacked a gland previously weakened by self-abuse, the lateral lobes will be found broadened, the central depression shallow and more saddle-shaped, whilst the gland itself will feel hard, tough, and resistant. When I find this cupping or saddling of the prostate I do not trouble to enquire into early habits but treat the case accordingly, being less hopeful and more guarded in my prognosis as regards rapidity of cure. This cupping or saddling of the prostate does not point solely to the habit of masturbation, though I generally call a gland thus deformed an "onanitic prostate."

Fenwick further says: "It is, I believe, comparatively uncommon for self-abuse in the healthy to cause a subacute or mild catarrh of the prostatic urethra. It is common for a gleet to invade and be grafted upon a prostate weakened and engorged by self-abuse, and it is this mixed complication I submit, which most often induces that extremely obstinate irritability of bladder which is sometimes encountered about the age of twenty-one. I am prepared to admit that often in those

addicted to this unhealthy habit, a phosphatic condition of urine exists, and this in itself is sufficient to produce a transient irritability."

The saddle-back prostate I have frequently found per rectum. I may here state that in these cases where slight irritability of the bladder and a cloudy condition of the urine is present, the careless diagnostician is apt to treat the patient for cystitis when the real cause is membrano-prostatic catarrh. The nature of the case can readily be determined by the urethroscope, a prostatic cannula being attached to the lamp and the floor of the prostate treated topically under control of the light.

Another class of cases are those in which the inflammation has crept along the ducts into the secreting tissue of the gland causing enlargement of the organ, and oftentimes obstruction to the stream of urine passing through it. This is called chronic parenchymatous prostatitis or catarrhal prostatitis.

The prostate is enlarged and often tender; the stream is small but varies in size and is difficult to start; frequency of micturition occurs in bouts. There are often burning sensations in the perinæal regions with pains radiating to the urethra, testicles, thighs and back. In severe cases the pain is increased by jolting, walking or even in the sitting posture. The patient is usually mentally depressed and melancholic. I have noticed that weariness and a dull aching pain in the back and legs is fairly common.

Just a word or two about the treatment of these conditions. In membrano-prostatic catarrh, I have had good results from the topical application of nitrate of silver, beginning with a few drops of a 5 grain to the ounce solution, and increasing the strength. In some cases I have alternated with it, thallin sulphate applied similarly, namely with a Guyon syringe, of a strength of 30 to 60 grains to the ounce. These solutions are applied about every third day. When vesical irritability is present this is sometimes well controlled by bromides. When the case is one of chronic parenchymatous inflammation I have in several cases by means of the finger passed in the rectum massaged the prostate for ten minutes at a time or used an instrument for that purpose—Swinburne's instrument for massage of the prostate, repeated every second day. Ergotin is considered by Fenwick and others as the principal prostatic tonic, and I have been in the habit of prescribing ergotin with nux vomica in pill form and in several cases have noticed shrinking of the prostate from taking this combination alone for a considerable length of time.

## THE TREATMENT OF ERYSIPELAS BY MARMORECK'S SERUM.\*

By A. DE MARTIGNY, M. D., Montreal.

The programme for the present meeting being overcrowded, I have condensed what I have to say into as few words as possible.

Leaving out of question the nature of the disease which at the present day everyone is willing to admit is due to an infection of the skin by some form of streptococcus, I will say a few words on the usual method of treatment adopted. This consists in the local application of antiseptic solutions of all kinds from boracic acid to corrosive sublimate, a favorite one being ichthyol in very concentrated solutions. As the local infection is generally accompanied by a rise of temperature, it is the rule to administer quinine and generally in combination with iron or arsenic as a tonic. This treatment is rational and really effective; in some severe cases, however, it has been insufficient, and often death has occurred even in cases of erysipelas of the face.

I claim that one or two hypodermic injections of Marmoreck's anti-streptococcus serum is a far more effective form of treatment and would give in erysipelas as good results as have already been obtained by the use of the Behring-Roux antitoxin in diphtheria. I have come to this conclusion after an experience of six cases of erysipelas of the face in which I have used it. It is not necessary to report them all, but one or two will be of interest and prove, I hope, that the antitoxin has a greater curative power than a combination of the best local and general treatment.

On May 19th, 1899, I was called to see a servant girl aged 19 years, of tall and strong physique, who had been suffering from erysipelas of the face since the 14th. I found her at 8 p. m. sitting up in an arm-chair with a temperature of 105°F. and a pulse of 148. Her face was dark and bleeding in some small spots. Treatment of local applications of a 30 per cent. solution of ichthyol and a tonic containing iron, glycerine and water had been used, but without beneficial result. I immediately injected 20 cc. of Marmoreck's antitoxin, put the patient to bed and ordered her to wash her face every half hour with a solution of corrosive sublimate 1-4000. The next morning at 9 a. m. the temperature was

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\* Read before the Canadian Medical Association, Toronto, August 31, 1899.

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normal and the pulse 96. Recovery was uninterrupted, and five days after the first injection the patient was at work and feeling as well as ever.

Another case was that of a man who used to have two or three attacks of erysipelas every spring and fall and whom I injected twice last spring at an interval of fifteen days. Last fall he had no attack, nor has he had one this spring.

Of course, one must not as a rule draw positive conclusions from a few cases under the care of a single observer, and I do not ask you to immediately abandon the treatment to which you are accustomed and follow the method I propose. On the other hand, while there is insufficient time to discuss the subject thoroughly in all its bearing here, the report of these cases may lead to a trial of the antitoxin, and a year hence the amount of evidence at our disposal may be considerable.

With regard to the amount used, I consider it of great importance to use a most powerful antitoxin. The streptococci found in different cases of the disease may not be all of the same variety, some may be more resistant than others, and as we cannot determine the form present before giving the dose, we must use a dose powerful enough to serve for the most resistant. The Institute Pasteur of Paris has lately given us an extremely powerful antitoxin, and this is the one I have been using.



## Selected Articles.

### THE DOCTOR'S PAY.\*

By JOHN G. CECIL, B. S., M. D., Professor of Practice of Medicine,  
Louisville Medical College, Louisville, Ky.

For fear this paper may chance to meet the eye of some good fellow, I wish to say right in the beginning that "there are many exceptions to the rule." By a good fellow I mean a person who wants the doctor often, who never grumbles at the size of his bill, but sends a check by return mail. May his like be greatly multiplied!

That which is to follow applies particularly to general practitioners of medicine, and not to surgeons and specialists. These latter have learned many things worthy of emulation.

The necessity of a readjustment of the financial affairs of the doctor becomes more apparent year by year. The multiplication of doctors, the difficulties in making a competence, not to mention the desirability of putting aside something for old age; the growing tendency of people to postpone payment for services rendered, all suggest the importance of serious consideration of this subject. The effect that inattention to the monetary aspects of our profession which I shall endeavor to show has upon our standing among other professions is one of no mean importance.

In the race for ascendancy the commercial spirit of the age should prompt us to put aside old ways and customs, no matter how much honored by long-time observance, which are dragging us down day by day, and adapt ourselves to later-day methods, which will not only improve the material aspects of our business, but which elevate and ennoble our profession. This is a matter which will demand unanimity of action in the whole profession. It means a hard fight and a long fight. The tendency is for things to grow worse rather than better, and there is no more favorable time than the present to meet the issue at hand. I feel safe in the assertion that whatever evils exist are largely of the doctor's own making. It therefore behooves him to set

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\* Read before the Louisville Medico Chirurgical Society, October 20, 1899.

about the correction of them. Nothing is more certain than that if we wait for some one else to correct them, we will wait in vain.

It is with no little diffidence that I undertake to suggest some of these evils which are generally conceded to exist, and the remedies for them. Should this effort succeed in starting the agitation of this matter, then its object will, in part, be attained.

It is customary for commencement orators to indulge in beautiful platitudes to the young graduate about the grandeur of the noble profession, the self-sacrificing life of the doctor, the admiration, love, and esteem of the laity, the gratitude and devotion of his clientele. Contrast this with the first five or ten years of the real professional life of the hopeful but misguided young doctor, recall the beggarly, niggardly remuneration for his services—fifty cents for a call with medicines furnished, five dollars on long time for obstetric cases—with a few complimentary post-partum visits thrown in for good count. It is quite true that these figures may represent the full value of the services of some doctors, but it is not true of all. The public does not always exercise a very fine discriminating judgment in the selection of a doctor, otherwise the hands of the members of this Society would be covered with callosities from the excessive use of the scissors in clipping coupons, even at the above-quoted figures.

Likewise the popular-address man delivers himself to a lot of tommy-rot and fol-de-rol to the beloved public about the nobility of the medical profession; how the doctor spends his life fighting disease, the dread enemy of mankind; how, with matchless skill, he snatches the wan and wasted sufferer from the very jaws of death; how, in sickness or in health, he is ever ready to answer the call of the sick; how he plods his weary way through rain or shine, heat or cold, night or day, to alleviate pain and suffering, and sorrow, and distress; how he gives up home and family and friends, and throws himself with reckless abandon in the breach to check the invasion of some dire epidemic, heedless of exposure to himself, little recking he of fame or fortune to follow. That same beloved public applauds the address, professes great admiration for the noble profession, says "'Doc' is a mighty fine fellow," but "he winks his other eye" and forthwith proceeds to stand "Doc" off for eighteen months; then with an awful tale of woe, and with cold, steelly glittering nerve, asks him to cut his bill half in two. In fact, as individual members of the profession we also

applaud the noble sentiment of these addresses, but we commune with ourselves in thought on other and different lines.

From the above or the reference to the commercial spirit of the age, the inference must not be drawn that I am advocating in the practice of medicine a sole and overweening desire for the "loaves and fishes," but I wish in passing to intimate that sentiment will not keep the "Indian" from your door nor satisfy the clamors of the butcher, the baker, and the candlestick-maker.

There are other phases of this subject to which I ask your especial attention. What is the real standing of the doctor as a professional man; how does his profession rank with other professions, and upon what basis should he be remunerated for his service? I am constrained to believe that in the mind of the public our profession is not classed with the other professions; it is not accorded a place on the same high plane. Our is sort of a brother-in-law to the other professions. Many will call it a possession, but think of it as really a trade. This is because some doctors make a trade of it. In part, at least, this misconception of the standing of the profession and the value of medical service has arisen through the doctor's own fault, from the unprofessional value he has placed on his service, and from the unprofessional method he has adopted of fixing the value of that service. Is it not a fact that most people estimate the value of medical service by the number of visits made, the length of time engaged, the number of miles travelled, or the amount of medicine prescribed, paying little or no heed to skill? And is it not a fact that doctors have accepted this way of estimating the value of their services; and is not the absurdity of it glaringly apparent? Upon skill, and skill alone, should rest the way to make a charge for professional service. A large part of the public look upon doctors as skilled mechanics; the only difference they see is in the doctor's dress and ordinary mode of locomotion. They think because he rides in a buggy, therefore he ought to charge less for his work. Until we can get away from the \$2.00 or \$3.00 per visit plan, I very much fear our profession will always be ranked on a low plane.

To change the present prevailing method of charging does not necessarily mean to increase it. It is the method that I insist is wrong. For a service requiring little skill, then a small fee; but for a service requiring great skill, then by all means a fee that is commensurate. It is ridiculous to estimate the value of a doctor's service in the manage-

ment of a case of pneumonia or typhoid fever by the number of visits made, at so much per visit. Why, some people keep a count of the number of visits made, and in making out the bill a little mistake of adding on a few dollars to round it out to an even number is very promptly called down.

Many a man will cheerfully pay \$500 for an ovariectomy, or \$200 for an amputation, that will kick like a mule over a bill of \$150 for a case of pneumonia, because the doctor only made about sixty visits. I mean no disparagement to the surgeon; he earns every dollar he collects, but so does the doctor. I rather glory in the surgeon's nerve, and I believe he would stand by the doctor if he would cultivate the grace of charging well. The custom of charging fees by surgeons and specialists has elevated these branches of the profession, and among other reasons is our explanation of why so many young men are attracted to these fields. The doctor, in the meanwhile, has plodded along in the way his great-grandfather trod, oftentimes fearing even to present his long-over-due-\$2.00-a-visit bill lest he offend his patron.

Still another aspect to this subject is the direct loss to the doctor by bad debts, slow pay, etc. No class of men, professional, mechanic, merchant or farmer, loses so great a proportion of his earnings. The practically compulsory credit system has done us incalculable injury. A man that can't get credit for ten pounds of sugar or ten yards of calico thinks nothing of standing his doctor off for a ten-dollar consultation for which the doctor has probably only charged him one dollar. He would be grievously offended if asked for spot cash. People tell it as a joke that the doctor's bill is the last one settled. They even tell the doctor himself that if they have anything left after paying the milliner, the florist, the jeweller, the confectioner, and all the other luxury dealers, that they will pay him off, with never a thought of the jar that it gives his nerves. Who is to blame?

Another idol that should be broken is the custom of rendering bills yearly or half yearly. This custom has made the doctor not only poor, but a poor business man. To affirm that prompt presentation of bills compromises the dignity of the profession is silly and absurd. What is the custom of our step-brother, the lawyer? He compromises his dignity and your bank account by collecting your money, pocketing his fee—simply to save you the trouble of writing a check—and sometimes he hands you the little balance. Verily, every young man ought to have a business education before beginning the study of medicine.

Before closing I wish to propound a conundrum, and to suggest the answer to it. Why is it that people will pay a quack more than a regular doctor for the same service? Is it not because the quack magnifies the ill and never forgets to magnify his own skill? Do not for a moment accuse me of wishing to imitate the method of the quack or charlatan. I know that I am on rather thin ice along here, but if a patient magnifies his own ills, or magnifies our service in relieving him, where is the harm, though scant is the probability of allowing him to magnify the bill? Is it incumbent on the doctor to disabuse his patient's mind or to underrate his own service? Remember, I am not talking to recent graduates nor making a popular address. It is not worth more to relieve one man of a colic than another, especially if number one thinks his colic the worst that human had ever endured? Should we insist that one price must prevail for all? Is it very wrong to turn a penny, an honest penny? Who, in your experience, values your service more, the man who asks you a year after the bill is due to knock off fifty per cent, or the man who pays promptly full value for services rendered? Which do you retain as your friend? I truly believe the worst enemies that I have made in a professional way are patients to whom I have made nominal charges for valuable services. I am trying to break myself of that habit.

People usually take a doctor at his own price, and no man's standing is improved by charging two dollars for ten dollars' worth of skill. A doctor, either young or old, makes a great mistake and debases his profession in underbidding his competitors in order to get business. It will return to plague him long after he intends to abandon the custom. Did time permit, I would sum up and draw some conclusions, but lest I overtax your patience I will let you draw your own.—*American Practitioner and News.*

## ADVERTISING IN THE MEDICAL PROFESSION.\*

By CHAS. T. McCLINTOCK, M. D., Ph. D., Detroit, Mich.

This paper has to do with advertising in the profession only. The advertising done by persons who make a business of medicine I shall not consider. I may have given too broad a meaning to the word "Advertise." I have used it to include all those means, the intent of which is to call the attention of the public or the profession to the user.

In order to practice medicine, one must have patients to practice on. How may they be obtained? I believe it to be true that in obtaining a practice one's social qualifications are of more importance than one's ability. Undoubtedly the great successes in medicine come to the good men in medicine—to those particularly endowed by nature or fitted by training for their work. But taking average men and average success, I doubt if the best of them succeed best. Each of us can recall not one, but numerous instances of capable men who go through life with a very limited practice, while across the street, it may be, some ignorant pretender has and keeps a large practice. Probably in no business, certainly in no profession, are the people so incapable of choosing the good from the poor as in the choice of a physician. Witness the success of the Christian scientist, the eclectic, osteopath, homœopath, and the whole brood of medical pretenders.

That medicine is a sort of magic art, the people do and will believe. Go into any community, and vehemently claim that you can cure cancer, consumption, or syphilis, and you will get patients. Claim publicly or in private that you have unusual skill—can do marvels—and you will find hearers. In any way, get and keep your name before the people and you will have patients. Barnum, the showman, used to say that he didn't give a — what the papers said, so they said Barnum. It is much the same in medicine; hence the field for the advertiser. Claim ability, claim success, and there will be those who believe.

Many of the physicians whom I know are giving more time and thought to the securing of patients—advertising, if you choose—than to the study of their profession. I know a number of young fellows who are rusting in medicine because their time is taken up in advertising—

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\* Read before the American Academy of Medicine, Columbus, O., June 5th, 1899.

lecturing in medical colleges, attending medical societies—not to learn, but to become known. They join the churches, the lodges, the clubs, speak whenever and wherever there is opportunity, laboriously prepare papers for the society and the press—papers whose weight of commonplace all but make the type groan.

I am honest in the belief that in my city, Detroit, there has not appeared in the last year a medical paper that is worthy of the second reading, or one worth filing away for future reference. I am privileged to say this, having published several papers myself during the year; yet our mails carry literally tons of advertising matter in the form of reprints.

We have some prominent men who customarily send out 5,000 reprints of their papers—papers appearing in little, obscure journals. Others among us scatter broadcast illustrated papers showing the “before and after taking” of orthopedic surgery. Still others kindly remember the school-marms with their reprints on subjects in which children figure. These are reputable men, college men, members of our medical associations, prominent men in the profession.

Probably the most skilful advertisers in the profession are to be found among those sitting in high places—the college professors. On the one hand the professors, on the other the public. The student—the physician to be—is the go-between, and how he does work that student for patients in the years to come. One of the favorite methods is to take the latest foreign work on the subject to be taught, and give it to the student almost verbatim as “in my opinion,” “my experience,” “I believe”—and it succeeds, as is evidenced by the ever increasing number of medical colleges which do not pay a dollar in salaries, and the clamor for positions on the faculties of our medical schools.

I need only to mention the sanitarium—perhaps the most transparent fraud on the code that we have. Have a sanitarium and you can advertise in the street cars. Our code of ethics and our practice presumes that the people are fit judges of the physician's ability. I hold that this is not true. Were it true, the quack and the advertiser would disappear. In law, if an attorney is weak, if he makes mistakes, if his opinion is not well-grounded, his associates at the bar delight in the opportunity to expose his mistake or weakness. The weakling is driven to the wall.

In the ministry the sermon is criticised; the man is compared with others of his profession; the people can judge.

But in medicine, how is it? To the people the doctor must always approve of his colleague. You are called in consultation with Jones; you are sure he has blundered in his diagnosis and utterly failed in his treatment, yet the unwritten code compels you to praise Jones to that family; to assure them that the case has been skilfully handled. Kill your patient through ignorance or clumsiness, and you can easily get the best consultants in the town to assure the family that it was heart failure. Probably we have all known of such cases.

In our local medical societies it is customary, after you have been bored for half an hour listening to a poor common-place paper, to address the society with: "I have been much interested in the doctor's very thoughtful paper. I am sure we have all profited."

Now, not for a moment am I forgetting the gain that comes to the profession from our dignified, courteous treatment of each other. Neither am I arguing that another way would be the better. I am merely pointing out some of the evils that follow from our methods. As a profession, we here encourage and there allow such practices, that to the people there is nowhere to be seen a line of demarkation between the reputable and the disreputable physician—between the William MacClures and the veriest quack. We blame the people when they choose wrongly, and yet we offer them no assistance in making their choice. We petition the Legislature to step in and kill the weeds which we have permitted to grow. Abuses often arise because the laws of a profession or the state of society do not fit the times. Custom allows their slight transgression. This means license for him who chooses to make of it such.

I believe the code was adopted in 1846—53 years ago. At that time we had few cities; 95 per cent. of physicians practiced in small communities. There was no necessity for his trying to make known his ability or qualification; he couldn't help becoming acquainted; his success or failure with his cases was known to all the neighbors. People then, as now, in our backwoods communities, talked much of sickness, symptoms, and death. There is a growing tendency to-day to regard illness as a personal, private matter—a something to be hidden from, rather than paraded before, one's friends and neighbors.

Contrast these conditions with those that will confront the young practitioner to-day in any of our larger towns or cities. Let him be well trained, of fair ability, a competent physician. Let him devote all of his energy to the practice and the study of his profession. Let him do

none of those things, the intent of which is to advertise himself. I believe that in the average case he will be 50 years old before he has a fair practice. Near by, be it in your city or mine, he will see a number of men who have secured and retained large practices through what might be termed ethical advertising; at least, they are in the profession, in our medical societies, write for our journals and teach in our schools.

Need we wonder if, under such conditions, the young M. D. is tempted to forsake the way of the fathers? Are there forces at work which give promise of correcting these evils? I do not see them, with the rapidly increasing knowledge of hygiene among the people, with state and city aid in the avoidance and suppression of pestilence, with our rapidly growing knowledge of the cause of disease, enabling us to limit infection, with better food and shelter, with the increase of office and hospital practice, where one man can do the work of six in house to house visits. Given on the one hand conditions that are gradually lessening the need of physicians, and on the other an ever-increasing number of medical colleges adding to their ranks, what must follow? We are often told that these difficulties are to be solved by more rigid requirements, by higher medical education. I do not believe it.

For some years I was connected with the University of Michigan. During that time the requirements were very much increased, and it was noted that every increase in the requirements, for entrance or graduation, was followed by an increase in the number of students. During the last few years the majority of the medical schools in this country have practically doubled their requirements, and still the number of medical students increases.

We cannot hope to prevent overcrowding in the profession. The best that can be hoped for is to so provide by law and custom that the most deserving shall receive their dues. This will not obtain so long as we have no legitimate way in which the man of ability can make known his qualifications to the people, while we permit the pretentious advertiser amongst us to claim merits not his own. As it appears to me, we owe it not only to ourselves, but to the people, to the great world of need, to help them some way, somehow, in selecting their medical advisers.—*Virginia Medical Semi-Monthly.*

WYETH'S

## Elixir Phos. Iron, Quinine and Strychnia.

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 with 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.

Please specify WYETH'S in prescribing.

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 an 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 anæmia.

Kindly designate WYETH'S in prescribing.

WYETH'S

## Elixir of Phosphorus.

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

Wyeth & Brother's 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 follow its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

In addition to the elixir, Messrs. Wyeth & Bro. 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., (LIMITED.)

AGENTS, MONTREAL.

# WYETH'S ELIXIR TERPIN HYDRATE

— AND —

## ELIXIR TERPIN HYDRATE with CODEINE.

“The Hydrate of the Diatonic Alcohol Terpin.”

This new official is composed of a mixture of rectified oil of turpentine, alcohol and a lesser quantity of nitric acid. It is officially described as “colorless, lustrous, rhombic prisms, nearly odorless and having a slightly aromatic and somewhat bitter taste.”

Terpin hydrate was first physiologically investigated by Lepine in 1885, who found it to act both upon the mucous membranes and nervous system in a manner similar to the oil of turpentine. It has since been used in chronic bronchitis, and in advanced stages of acute bronchitis, especially where the secretion is free, also in chronic cystitis and gonorrhœa.

Dose from 2 to 3 grains from four to six times per day.

Each fluid drachm contains one grain of terpin hydrate. At a temperature of 55 degrees or lower there may be a slight crystalline deposit which will redissolve when warmed but therapeutic value is not impaired.

Since the issue of our circular a few years ago, drawing the attention of the profession to the value of terpin hydrate as a therapeutic agent in the treatment of bronchitis, bronchial catarrh, asthma and like affections of the throat and respiratory organs the success of this preparation has reached far beyond the most sanguine hopes of its many supporters. We believe the unqualified statement of that distinguished authority Lepine, that “it is the best expectorant in existence” has been fully substantiated by those who have prescribed it.

We also prepare an elixir of terpin hydrate combined with codeine; each teaspoonful containing

Terpin Hydrate .....	2 grains
Codeine Sulphate.....	$\frac{1}{2}$ grain

This combination has proved to be most acceptable, embracing the expectorant and calmative properties of these two most valuable remedies. The experience of those who have already used this latter elixir has declared it to be eminently successful in allaying the distressing cough following influenza and other bronchial affections, without disturbing the stomach by creating nausea or loss of appetite; nor does it arrest the secretions, cause constipation, headache or other derangements.

**JOHN WYETH & BROTHER,**

Manufacturing Chemists,

PHILADELPHIA.

DAVIS & LAWRENCE CO., Limited, Montreal,

General Agents.

# TREATMENT OF TAPEWORM BY USE OF MORPHINE INJECTED INTO THE PROTRUDING PART OF THE PARASITE.

By J. W. KIME, M. D.,

Editor *Iowa Medical Journal*, Keokuk, Iowa.

The attempt at removal of tapeworm by any of the tænicides is followed by a large number of failures which, by the method which I have used in two recent cases, might be converted into successes.

It is a very common occurrence for the parasite under such circumstances to drop down into the lower part of the intestine and reattach itself with the sacrifice of a considerable portion of its caudal extremity. I have sometimes been able, by copious injections of water or saline solutions, to bring away the head of the worm, but far more frequently have I succeeded only in breaking off the head of the worm.

Recently it occurred to me, while attempting to remove one of these pests, fifteen feet of which were visible and ten feet invisible, that I might take advantage of the latter portion by properly medicating the protruding part. I therefore, after tying a string moderately tight around the worm about three inches below the patient, injected above the string, directly into the substance of the worm, one half-grain of morphine; the protruding part was then severed with scissors just below the ligature, and the three or four inches remaining were passed up through the sphincters, and left there about ten minutes.

A large injection of water was then given and the upper portion of the worm passed entirely motionless and apparently dead.

Since reporting this case in the *Iowa Medical Journal* I have treated one other case the same way, and with the same results.

Most varieties of tapeworm have a pair of longitudinal vessels passing from one extremity to the other, through all the segments, and toxic substances injected into the body of the worm are taken up by them and reach every portion of the parasite.

The mistake is often made of simply prescribing some remedy with directions for the patient to use. Only a small percentage of successes can thus be expected.

The only proper method of treating tapeworm is about as follows:

The patient does not fast or have any preparatory treatment whatever, except that he eats no breakfast on the morning of the day of treatment. At about 9 A. M. he is given a dose of infusion of pomegranate, or what is far better, of tannate of pelletierine, with one or two drops of croton oil. The patient should be kept at rest, generally under the personal observation of the physician, for two or three hours, when movements of the bowels will most likely occur and the whole or part of the worm be passed. If only a part protrudes, then the hypodermic should be used as above described.—*Medical Journal*.

THE  
MARITIME MEDICAL NEWS.

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Editorial.

ADVERTISEMENTS OF ABORTIFACIENTS.

It is unfortunately a common occurrence that the reader of the daily press has his or her attention attracted by some advertisement which extols the merits of some marvellous remedy or treatment for the relief of loss of sexual power, spermatorrhœa and such-like conditions. There is no doubt that the fears and ignorance of many people, especially those of a nervous temperament, are disgracefully traded upon, while much anxiety is aroused by those untrue and deceptive notices.

Another form of advertisement deals with remedies which are stated to restore delayed menstrual periods, to remove "obstructions" and in various other ways the suggestion is made that prompt termination to a pregnancy may be obtained.

It is a matter of regret that journals of otherwise high standing continue to bring notices of this character before the public. There is great room for improvement, and public sentiment is likely to be aroused against this practice.

A case which has recently been tried in England, (R. vs. Wm. Brown et al.) has resulted in the conviction of five persons who had been the advertisers of "female medicines." The prosecution was conducted by the Attorney-General in person and the result was that one was sentenced to twelve months imprisonment, two to nine months, and two others who were servants of the other defendants were bound over to appear for judgment if called upon.

The remarks of the presiding judge are worthy of publicity and should be of especial interest to "proprietors, editors and printers" of newspapers which make these advertisements public as well as the

advertisers themselves. The *British Medical Journal* gives the following in its report of the proceedings:—

Mr. Justice Darling in concluding his judgment, said, according to the report in the *Times* :

“This crime was rendered possible because newspapers accepted advertisements of this illegal business. It was desirable that it should be known that any one who incited, by whatever means, a person to commit crime himself committed crime. The jury had found by their verdict that these advertisements were incitements which were used by the men on whom he had passed sentence to the crime of abortion. If any advertisements which incited to this or any other crime appeared again, the proprietors, editors, and printers of the newspapers which made them public, would deserve to find themselves—and if any words of his had any influence with the treasury they would find themselves—in that dock; and although they pointed out no particular means for the commission of the crime, if the jury found that they did incite to crime, they would probably receive a more severe sentence than that passed in this case.”



### THE DOCTOR'S PAY.

We have taken from the columns of our good contemporary, the *American Practitioner and News*, an article written under the above caption by Dr. John G. Cecil, which we reproduce in another position in this number. We feel that Dr. Cecil has handled his subject so well that there is no need for amplification by us, and we are content to call the attention of our readers to his article. It is undoubtedly the case that the average doctor needs advice in the matter of financing, and there is a suggestiveness in what Dr. Cecil says, which should have the effect of setting men a-thinking, and of ultimately leading to a re-arrangement of our scale of fees upon a more rational and more satisfactory basis than that at present in vogue.

## Society Meetings.

### NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dr. E. A. Kirkpatrick, President, in the chair.

December 13th, 1899—The meeting was held at the Victoria General Hospital, seventeen members and six visitors being present.

Dr. Farrell exhibited a case of tubercular disease of the rectum.

Dr. Chisholm showed a case of Paget's disease of the nipple, in whom the breast had been removed, the disease recurring in a few weeks; and also a patient from whom a foreign body had been removed from between the two condyles of the femur.

The President brought before the branch the ninth case of cataract on whom he had operated this fall at the hospital.

Dr. Ross showed a young girl afflicted with favus and described the treatment.

Dr. Murray exhibited a patient suffering from exophthalmic goitre, in whom galvanism was used.

Interesting discussions followed the reporting of cases.

Jan. 3rd, 1900.—Meeting held at Halifax Hotel, seventeen members being present.

Col. McWatters, R. A. M. C., read the report which he had prepared to the Director-General of the Royal Army Medical Corps, at the eighth annual meeting of the Association of Military Surgeons of the United States, held at Kansas City last summer, to which he was delegated to attend by the imperial authorities. He also exhibited the stretcher designed by Dr. Oliver, a number of which have been sent to Cape Colony, and showed Pettee's splint which is admirably adapted for first aid to wounded in the field.

The report was discussed by Drs. Tobin, Farrell and Jones.

Dr. Murphy described a process of sterilizing catgut and demonstrated the use of La Place's invagination forceps, with Dr. Goodwin's assistance, on the gut of a pig.

## Obituary.

DR. FOSTER MCFARLANE.—We are sorry to have to record the death of a prominent member of the profession, for a number of years resident in St. John, in the person of Dr. Foster McFarlane. Although sixty-five years of age Dr. McFarlane carried his years lightly, and up to the very last attended regularly to his patients and bore all the fatigue incidental to an arduous practice. He was a constant attendant at the meetings of the Medical Society and at nearly all of them had something to remark of an interesting or instructive character. He was born in New Brunswick and several years of his early manhood were spent in teaching school, afterwards in attending the University of New Brunswick. He graduated in medicine at Harvard University in 1868. He commenced the practice of his profession in Kings Co.; but for a number of years had resided and practised in St. John. Although one of the promoters of the Dominion Safety Fund Life Assurance Society, he devoted his attention almost solely to his profession and met with a generous amount of success. He was a man of imaginative disposition, fond of literature and very well read and made at all times an agreeable companion. In politics he was a strong conservative and took a great interest in political matters and movements. In religion he was a member of the Baptist Church.

Dr. McFarlane was a man of kindly disposition and agreeable manners and made no enemies for himself among his colleagues. As a practitioner he was industrious and careful, taking great pains with his patients, and at all times doing the best that laid in his power for them, while in return he obtained and retained their confidence to a very large degree. During his life his brother practitioners liked and respected him, and all were sincerely grieved at his sudden demise. The day of his death he had been attending to his patients till after two o'clock in the afternoon; a little later he was taken with weakness of heart action which did not respond to treatment, but rather increased, and at 11 P. M. he breathed his last. He leaves a widow, four daughters, two of whom are married and one son, and they have the sincere sympathy of the profession in their irretrievable loss.

SIR JAMES PAGET, D. C. L., LL. D., F. R. S., F. R. C. S.—The death was recently announced in London of Sir James Paget in his eighty-

sixth year. He was one of the most famous of English surgeons and was for many years consulting surgeon to St. Bartholomew's Hospital. He also contributed much to surgical literature.

DR. WM. A. HAMMOND.—The death took place at Washington on the 5th inst., of Dr. Wm. A. Hammond, in the seventy-second year of his age. He was at one time surgeon-general to the United States army and did much to improve that service. On leaving the army he went to New York and confined his practice to neurology. In a short time he was appointed professor of mental and nervous diseases in Bellevue Hospital Medical College. A few years later he became one of the faculty of the Post-Graduate Medical School. He wrote a treatise on diseases of the nervous system and one on insanity, both of which added greatly to his reputation. He also wrote several books of fiction. A few years ago he moved to Washington and built a private hospital there.



### Matters Personal and Impersonal.

Dr. A. S. Kendall, M. P. P., met with a painful accident recently, falling on a rough piece of ice and injuring his back. After a short stay in the Victoria General Hospital he is now entirely recovered.

Dr. W. Bruce Almon has been appointed on the Halifax Dispensary staff in place of Dr. L. M. Silver, who resigned. All the others on the staff have been reappointed for 1900.

Dr. T. J. F. Murphy has lately been confined to the house with an inflammatory condition of the tongue. He is now, happily, nearly entirely recovered.

Dr. N. E. MacKay was unfortunate enough to slip on the ice on the evening of the 10th inst., which resulted in producing a Pott's fracture. The doctor will probably be confined to the house for some time.

Messrs. Fairchild Bros. & Foster, New York, have issued a very useful diary, which is a very handy one for office work.

# LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."  
—*The Medical Times and Hospital Gazette.*

Can be ordered through any Druggist.      Samples free to Medical Men.

NEW YORK PHARMACAL ASSOCIATION,

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## Liquid Peptonoids with Creosote.

Beef, Milk and Wine Peptonises with Creosote.

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting: What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

THE ARLINGTON CHEMICAL COMPANY,

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## "BOROLYPTOL"

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever A CLEANSING AND SWEETENING wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION      AS A VAGINAL DOUCHE  
AS A NASAL DOUCHE      AS A MOUTH WASH  
AS A FRAGRANT DENTIFRICE.

Samples sent  
on application.

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# To the Medical Profession :

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## **ABBEY'S EFFERVESCENT SALT**

is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have ; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas ; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

## BOOKS AND PAMPHLETS.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1900.—A Complete Work of Reference for Medical Practitioners. *In press.* Eighteenth year. Cloth, about 750 pages. Price, \$3.00 net, post or express prepaid. Copiously illustrated with elegant plates, in colors and black and white. Articles written by forty well-known authorities. Published by E. B. Treat & Co., 241-243 West 23rd Street, New York.

THE COMING AGE.—The January issue opens the second year of this sterling review of twentieth century thought. Dr. Henrik G. Petersen, of Boston, contributes the first of four papers of rare value on "Applied Psychology; or Hypno-Suggestive Therapeutics." "The Coming Hygiene of Dietetics and Development," by the late Prof. Joseph Rodés Buchanan, is a very strong feature of this issue. The opening paper, which is sumptuously illustrated by finely executed photogravures, is a critical study of Mr. James A. Herne's new dramatic success, "Sag Harbor," which has been playing a hundred nights' engagement in Boston. Mr. Horace Lewis, the popular actor, gives a charming conversation on his Twenty-five Years Before the Footlights. "The Gate Beautiful," by Prof. John Ward Stimson, is one of the most helpful discussions on the vital uses of art that has recently appeared. Rev. Charles R. Brown's social study, entitled "The Cities of the World to Come," justly merits wide reading. "The George Junior Republic" is the first of a series of papers on helpful social experiments which are promised for the ensuing year. "A New Prophet in the Choir of Progress" is a helpful study of Ernest Crosby's latest work. A poem of unusual excellence, by Miss Coletta Ryan, is also an interesting feature of this issue. Published by The Coming Age Co., Copley Square, Boston. Two dollars per annum; twenty cents a copy.

THE JANUARY LADIES' HOME JOURNAL.—Thirty-two authors, ten illustrators and eight photographic artists contribute to the excellent January issue of *The Ladies' Home Journal*. Among the special features are "The Home-Coming of the Nakannies," by W. A. Fraser; "The Boer Girl of South Africa," by Howard C. Hillegas; "Where the New Century Will Really Begin," by John Ritchie, Jr.; "A Merry Woman's Letters to a Quiet Poet," edited by S. T. Pickard; "The

Mother of the Stars," by Amelia H. Botsford; "A National Crime at the Feet of American Parents," by Edward Bok; "The Minister and the Organ," by Ian Maclaren; "The Rehearsal of a Play"; Molly Donahoe's *Musicale*, by the author of "Mr. Dooley"; "Edith and I in Paris," "Her Boston Experiences," "The Autobiography of a Girl," etc. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

**THE ALIENIST AND NEUROLOGIST.**—The January number contains: Outline of Psychiatry in Clinical Lectures, by C. Wernicke, M. D.; Samuel Henderson, Murderer: Responsible or Irresponsible, by Martin W. Barr, M. D.; Transitory Mental Disorder in Hemisrania, by Prof. v. Krafft-Ebing; Epilepsy Modified by Treatment and Environment, with Some Notes of Two Hundred Cases, by Martin W. Barr, M. D.; Hungry Evil in Epileptics, by Ch. Féré, M. D.; The Legal Disabilities of Natural Children, Justified Biologically and Historically, by E. C. Spitzka, M. D.; Research in Comparative Cytology on the Nervous System of the Vertebrates, by Giuseppe Levi, M. D.; besides the usual Selections, Editorials, Reviews, Reprints, Book Notices, Etc. Subscription \$5.00 per annum; single copies, \$1.25. C. H. Hughes, M. D., Editor. 3857 Olive Street, St. Louis, Mo.

**DISEASES OF THE EYE.**—By Edward Jackson, M. D. Contains 600 pages of text, 178 illustrations and two colored plates. Price, \$2.50 net. Published by W. B. Saunders, 925 Walnut St., Philadelphia,

**PENROSE'S DISEASES OF WOMEN.**—Third revised edition. Contains 531 pages and 217 illustrations. Price, \$3.75 net. Published by W. B. Saunders, Philadelphia.

**PRACTICE OF MEDICINE.**—By A. M. Stevens, A. M., M. D. Contains 519 pages and 21 illustrations. Price, \$2.00 net. Published by W. B. Saunders, Philadelphia.

**"CHRISTIAN SCIENCE.—AN EXPOSITION OF MRS. EDDY'S WONDERFUL DISCOVERY, A PLEA FOR CHILDREN AND OTHER HELPLESS SICK."**—By Wm. A. Purrington, A. B., LL. M., New York, lecturer in the University and Bellevue Hospital Medical College, upon Law in Relation to Medical Practice, etc. Price \$1.00. Published by E. B. Treat & Co., New York.

**A REVIEW OF THE HISTORY AND LITERATURE OF APPENDICITIS.**—By George M. Edebohls, A. M., M. D., New York. Reprint from the *Medical Record*.

THE TUBERCULOSIS CRUSADE AND ITS PROBLEMS.—By Charles Denison, A. M., M. D., Denver. Reprint from the *Journal of Tuberculosis*.

TRACTION PLASTERS FOR TEMPORARILY CONTRACTING AN AFFECTED LUNG, IN LIEU OF THE MURPHY OPERATION.—By Charles Denison, A. M., M. D., Denver.

OBSERVATIONS ON ADENOIDS AND ENLARGED TONSILS AND THEIR REMOVAL.—By D. J. Gibb Wishart, M. D., Toronto. Reprint from *Montreal Medical Journal*.

THE VITAL STATISTICS OF MASSACHUSETTS FOR 1897, WITH A LIFE TABLE.—By Samuel W. Abbott, M. D., Secretary of the Board.

OPHTHALMIC CONTRIBUTIONS.—By David Webster, New York. Reprint from the *Medical Record*.

CYSTOID DISEASE OF THE TESTICLE: TERATOMA TESTIS?—By F. R. Sturgis, M. D., New York. Reprint from the *American Medical Quarterly*.

THE RECONSTRUCTION OF THE PELVIC STRUCTURES INCIDENT TO LESIONS OF PERINEUM.—By Henry O. Marcy, A. M., M. D., L. L. D., Boston. Reprint from the *Journal of the American Medical Association*.

PROGNOSIS OF LARYNGEAL TUBERCULOSIS.—By Robert Levy, M. D., Denver. Reprint from the *Journal of the American Medical Association*.

SINUS-THROMBOSIS; CURE WITHOUT OPENING THE SINUS.—By Robert Levy, M. D., Denver. Reprint from *The Laryngoscope*.

## Matters Medical.

### TO HIS DELINQUENT PATIENT.

If I should die to-night—  
And you should come to my cold corpse and say,  
Weeping and heart sick o'er my lifeless clay ;  
If I should die to-night—  
And you should come in deepest grief and woe,  
I might arise in my great white cravat  
And say, " What's that ?"  
If I should die to-night—  
And you should come beside my corpse to kneel,  
Clasping my bier to show the grief you feel ;  
I say, if I should die to-night—  
And you should come to me, and there and then  
Just even hint 'bout paying me that ten,  
I might arise a while—but I'd drop dead again.

*Gross Medical College Bulletin.*

ALCOHOL AS AN ANTIDOTE FOR CARBOLIC ACID.—Dr. W. O. Gross, in following out the experiences of Phelps and Powell on the use of alcohol as a specific antidote for carbolic acid, says that he applied a quantity of pure carbolic acid to the back of his hand, and allowed it to remain until the acid had manifested itself by a burning sensation, when an application of pure alcohol was made and the escharotic action of the acid was checked at once.

To further demonstrate the properties of alcohol as an antidote in carbolic acid poisoning, the writer deliberately placed the end of his tongue in carbolic acid which was contained in a shallow dish, with the result of receiving the full escharotic action of the acid on the soft, delicate tissues and membranes. The pain experienced was intense, yet the application of alcohol, which was made by holding a tablespoonful of the fluid in the mouth for a period of thirty seconds, entirely relieved the pain and destroyed the action of the carbolic acid so that no inconvenience was afterwards manifested.

Carbolic acid, when taken internally, acts energetically as a corrosive narcotic poison, its first effect being to corrode and destroy the tissues with which it comes in contact, producing a chain of toxicological symptoms not unlike those of mineral acids. The secondary effect is that of a narcotic with the characteristic action on the pupils, skin temperature, respiration, and pulse.—*Health.*

POISONOUS EFFECTS OF FILIX MAS AND THEIR PREVENTION. — Dr. Grawitz (*Deutsche Medizinal-Zeitung*, October 30) says that the best known injurious action of the drug is its poisonous effect on the nervous system. Besides such mild symptoms as nausea, vertigo, syncope, and tremor, there occur severe convulsions, absolute unconsciousness, and delirium, which eventually may terminate in coma and death. In many cases the blood is so altered as to destroy the red blood cells by the absorption of the poisonous property of the ethereal extract, with the subsequent deposit in the liver, thickening of the bile, and production of icterus. Not infrequently, as the result of treatment by filix mas, gastro-intestinal catarrh occurs. In otherwise healthy persons, inflammatory symptoms on the part of the kidneys are rare. If, however, old inflammatory conditions exist in the renal organs then the ethereal extract might very well cause an increase in the symptoms and pathological condition. The same applies to the liver. From the foregoing experience it may be concluded that the large doses of 20 gm. and over; as formerly given, are very unsafe, and that in adults 8-10 gm., and in children aged over six years, half that amount, are the proper doses. In using the drug all laxatives, oils, and oily vehicles, particularly the much used castor oil, are to be avoided, inasmuch as the poisonous acid of the extract is very easily absorbed by oily substances. The most important conclusion of the toxicological examinations seem to be the observation that every weakness of any special organ, *e. g.*, liver and kidney, and that every general lack of resistance on the part of the entire organism increases the danger of a local or generalized poisonous effect. In the treatment for ordinary tapeworm the drug should be given for therapeutic and not for diagnostic purposes. On account of the possibility of collapse due to rigorous fasting and purging before the expulsion, the preliminary course of treatment has been omitted for many years. The day before expulsion the patients take their usual meals. On the morning of expulsion they receive Carlsbad and Epsom salts upon an empty stomach, and after a movement of the bowel the drug is given with coffee. In some instances even the laxative is omitted.—*Med. Record*.

SURGICAL SUGGESTIONS.—Evacuate pus wherever found. To wait for the action of poultices to decompose the skin, or “draw” the pus, is unworthy a modern surgeon.

Immediate amputation of an injured member is now seldom required. Control hemorrhage, dress antiseptically, and await reaction.

While the foregoing treatment will give by far the best results, altogether it must be remembered that the danger from cardiac and pulmonary embolism is increased where an effort is made to save bruised tissues.

A wise surgeon sacrifices no tissues that, if saved, would prove useful. Flaps, in order to heal kindly, must be free from tension.

Err in making flaps too long rather than too short.

In amputation, where bones are sawed, it is most difficult to keep thorough asepsis until the healing process is complete.

Bandages should be adjusted so as to control hemorrhage from the stump after amputation, but great care must be taken that they be not drawn so tightly as to effect nutrition by obstructing the circulation.

Unless there are indications, such as rise of temperature, soiling of the dressing, or hemorrhage, a single dressing should suffice for an amputation.

Do not inject cysts or vascular tumors with remedies tending to produce coagulation unless free drainage is provided.

Cysts should be evacuated or dissected out, while vascular tumors are best treated by excision or cutting off the blood supply.

Varicose veins should be ligated at suitable points and the intervening portion of the vein removed,

Injecting varicose veins with astringents and irritants is unsatisfactory, and not without danger.

Arteries and veins should be ligated with as little manipulation as possible.

Esmarch's bandage has rendered operations upon bones almost as simple as upon the cadaver.—Dr. Bell in *Medical Herald*.

THE PREVENTION OF CONSUMPTION.—Sir Richard Thorne delivered an address before the members of the London Medical Society at the headquarters of that institution, 11 Chandos Street, Cavendish Square, on "The Prevention of Tuberculosis." Dr. Parry presided, and briefly introduced the lecturer.

Sir Richard Thorne said that during the last forty-five years a reduction of nearly 50 per cent. had been made in the number of deaths from tuberculosis. This satisfactory result had been largely due to the improvement of sanitary appliances; but nothing would do good unless people refused to live on a damp sub-soil. It would be better for them to pay more rent than to go on believing the lie that consumption ran in families. It did not, although it did run in houses. Furthermore, no house should be inhabited unless there was a window on every floor which would admit sun and air. The tubercular bacillus would die if left in bright sunlight under a bell glass, but it would die in half the time if the glass was lifted off and sun and air both played freely on the parasite. That brought him to the question of tuberculosis as induced by food, and especially by milk. As a proof of the prevalence of this danger he mentioned a herd of the Queen's cattle, forty in number, kept under select conditions, thirty-four of which were found to be tubercular. In cases where the udder was tubercular there was a practical certainty that danger would result for the person drinking the milk.—*Health*.

## Therapeutic Suggestions.

**CATARRH OF THE STOMACH.**—Simon, of Vienna, uses small doses of sulphate of sodium for the treatment of this condition. He usually gives from ten to fifteen grains of it in about six ounces of hot water, and, under these circumstances the catarrhal condition of the stomach, with its hyperacidity, passes away, and the sensations of pain and discomfort in epigastrium, with nausea, are relieved. This method of treatment is supposed to do good by improving the motor power of the stomach.—*Gaillard's Med. Jour.*

**METHYLENE BLUE IN INSANITY.**—The action of methylene blue in various psychoses is reported upon by P. Bodoni, of Genoa, in the *Klinisch-therapeutische Wochenschrift*, 1899, No. 21, May. He has found that intra-muscular injections of from 0.8 to 0.1 gm. (gr. i. to iss.) produced markedly quieting effects in many forms of physical excitement. He gives the clinical histories of cases of mania of various types, melancholia, dementia, paranoia, and hystero-epilepsy. Most of the cases were influenced by it, and he claims that it should take an important place, ranging with the more usually employed hypnotics, chloral, amylene hydrate, sulphonal, bromoform and others.—*Medical Record.*

**VARICOSE ULCER OF THE LEG.**—For the treatment of indolent varicose ulcer of the leg, Dr. Brunner (*Medical Press and Circular*, Oct. 11, 1899,) highly recommends the application of two and a half per cent of carbonate of soda. Under its influence the ulcer heals rapidly, but the same agent is not superior to other means of treatment in recent ulcers, or those covered with exuberant fungosities. His *modus operandi* is as follows: After having washed the ulcer with a warm solution of sublimate, he applies a piece of antiseptic gauze, thinly coated with vaselin, and over this absorbent cotton soaked with the solution of carbonate of soda, and finally a bandage. The dressing is renewed each day. Twenty-four hours after the first application the ulcer assumes a more healthy aspect, and at the end of a few days it granulates abundantly; the callous edges become softer, and from that time the ulcer cicatrizes rapidly. The definite cure is obtained in from ten to thirty days.

Certain persons cannot support the vaselin, which provokes eczematous eruptions; in such cases he replaces the vaselin by lanolin, or

he applies simply and directly on the ulcer compresses wet with the solution of soda.—*Kansas City Medical Index-Lancet*.

INUNCTION OF SALICYLIC ACID.—If mixed with an oily vehicle salicylic acid is quickly absorbed. It may be prescribed thus in connection with its internal administration for rheumatism. Oil of winter-green may be used in place of it with advantage.

R Salicylic acid . . . . .  $2\frac{1}{2}$  drachms ;  
 Alcohol . . . . .  $1\frac{1}{2}$  ounces ;  
 Castor oil . . . . . 3 ounces.

M. S.—Rub into the affected parts, covering first with an impervious material, then with flannel or cotton wool.—*Medical News*.

HEROIN TO RELIEVE COUGH AND CHEST-PAINS IN TUBERCULOSIS.—Dr. A. W. Beketoff (*Amer. Jour. Med. Sci.*, August, 1899), has made use of heroin in the treatment of twenty-five patients suffering from tuberculosis, in dose of one-tenth of a grain in powder or pill. In about fifteen minutes after its administration cough ceases, and sleep is possible. The respiration, especially when increased by coughing or pleuritic pain, is slower and deepened. In case of disease of the heart, or oxygen-hunger from encroachment upon the respiratory area (large cavities), this remedy is of little or no value. It has but little influence upon the circulation as regards either frequency or fullness, further than that respiration is benefitted. It relieves chest-pain, and so favors sleep. Insomnia due to mental excitement is not markedly relieved. It is well borne, even if digestive disturbances exist. It is indicated in the treatment of hemoptysis because of its beneficial action on cough. Patients do not become readily accustomed to its action, and it may be administered for a month without necessity arising for increase of dose.—*Virginia Medical Semi-Monthly*.

HEBRA'S CORN CURE.—R Acid salicylici . . . . . gr. 15  
 Ext. cannabis indica . . . . . gr. 8  
 Alcoholis . . . . . m. 15  
 Etheris . . . . . m. 40  
 Collodii flex . . . . . m. 75

M. Sig. :—Paint on thrice daily for one week ; then soak the foot in hot water and pick out the corn.—*Med. Record*

ICHTHYOL IN WHOOPING COUGH.—Dr. Souther gives in the *Australian Medical Gazette* the successful treatment of his four children suffering from whooping cough, with ichthyol in grain doses, given at first every four hours, the ages of the children being from two years and

six months to eight years. In two days the dose was increased to grs. ii., then to grains iii. and grains iv. every four hours. At the commencement of treatment the paroxysmal cough occurred about twenty-five to thirty times in the twenty-four hours; after four days of the ichthyol the number of bouts was reduced to about six in the twenty-four hours, and at the end of the week from two to three. All the other symptoms improved correspondingly. "I was so pleased with the result that I tried it in ten other cases with almost uniformly favorable results. The only failures I had were when I employed too small a dose. I saw no unpleasant effect in any case from the administration of ichthyol, all the children taking it well. I shall be very glad to learn the opinions of others who may have tried ichthyol in pertussis."—*Medical Times*.



WHAT AN ENGLISH EDITOR SAYS.—"Patients who suffer from irritable or weak heart, needing at times a pain reliever, can take "Antikamnia Tablets" without untoward after-effects, knowing that the heart is being fortified. They increase the elimination of urea, and purify the blood without increasing the destructive tissue metamorphosis. They lessen coma and loud delirium by contracting the capillaries of the brain. In delirium tremens, they relieve when there is great restlessness with insomnia, as well as a general lowering of the nervous power."—*Health*, a weekly journal of Medicine and Surg., London, Eng.

SANMETTO IN ENURESIS NOCTURNA.—While visiting my nephew in Illinois last Christmas he told me his little girl, six years of age, had always "wet the bed" at night, and asked me "what shall I do for it?" I procured three ounces of Sanmetto, all the druggist had at the time; the second night she missed, and has had but three nightly emissions in two weeks. He wrote me last week "we consider her cured but shall keep an original bottle on hand and use if necessary." I have uniformly good results from prescribing Sanmetto in kidney and bladder complaints.

Saginaw, Mich.

T. T. HUBBARD, M. D.

THE WORKING TOOLS OF THE CRAFT.—Coincident with the progress of the medical art has been the advance in our knowledge of the cause of disease. As the practice of medicine and surgery has gradually but surely emerged from the darkness of charlatanism and empiricism and approached more nearly to the dignity of a science, the pressing demand for better facilities and better "working tools" has been met alike by the skilful instrument maker and the modern expert pharmaceutical chemist. The surgeon of to-day has at his command a full armamentarium of ingenious instruments of precision, cunningly devised

for certain specific purposes and upon which he can confidently depend. The modern physician also has been furnished with therapeutic instruments of precision, originated by the physiological chemist as a result of the close study of Nature's laws and elaborated and perfected by expert pharmaceutical skill. Contrast for a moment the "working tools" of the physician of a hundred years ago with those of the practitioner of to-day; the bolus and nauseous decoction as against the dainty tablet and the palatable elixir. Up to this point the modern surgeon possesses no advantage over his medical confrère as far as his "working tools" are concerned; but here the parallel ceases. The surgeon, when he needs a new scalpel for an important operation, examines the stock of a reputable dealer and personally selects an instrument of the best quality obtainable. He sees it, handles it, and assures himself that it is well made and properly tempered. If perchance the knife is not as represented he soon discovers it, and promptly discards it for one which is more satisfactory and reliable. The surgeon not only *personally selects*, but *personally employs* his instruments, and therefore cannot be deceived in them. But how about the equally important "working tools" of the physician, *i. e.*, the remedies which he orders for his patients? After a series of careful clinical experiments with various remedies of a certain character he comes to the deliberate conclusion that one particular preparation gives him the best therapeutic results and that it will hereafter become one of his trusted "working tools." Take for instance Pepto-Mangan "Gude," the value of which almost every modern practitioner is now familiar with. The physician has learned from experience just what this particular remedy will accomplish; he knows its advantages, limitations, indication and dosage, and prescribes it in properly selected cases, with full confidence in its action and effects. Just here, however, the physician *loses control of his "working tool"* unless he is positively certain that his prescription will be filled exactly as specified. It is, of course, manifestly impossible for the busy physician to personally follow up every prescription in order to assure himself that some inferior and more or less worthless substitute is not dispensed in place of the article prescribed, and he must therefore adopt some other means to prevent this reprehensible practice. There are three ways in which the physician can protect himself and his patient against this unwarranted, inexcusable, and dishonest interference: (1.) Let him be certain that his prescriptions are filled only by pharmacists known to him to be above such disreputable catchpenny practices. (2.) Specify plainly and unmistakably the particular preparation desired. (3.) When possible order an original unbroken package. We feel strongly about this very common and nefarious practice of substitution, which is injurious alike to the welfare of the patient and the reputation of the physician, to say nothing about the injustice to the reputable manufacturers, who have spent brains, time, and money in putting valuable and eminently eligible "working tools" into the hands of the profession.—Editorial in *Dominion Medical Monthly*.

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Endorsed and prescribed by the majority of all the leading physicians in the United States, and we take great pleasure in referring to any physician who has ever prescribed "H. V. C." as an

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Specially employed in diseases of WOMEN and in OBSTETRICS.

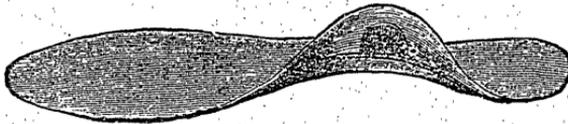
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The introduction of the improved *Instep Arch Supporter* has caused a revolution in the treatment of *Flat-foot*, obviating as it does the necessity of taking a plaster cast of the deformed foot.

The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these Supporters as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the heavy, rigid, metallic plates formerly used.

These Supporters are highly recommended by physicians for children who often suffer from *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

Sole Agents for Canada: **LYMAN, SONS & CO.,** Surgical Specialists,  
**380-386 St. Paul St., - - MONTREAL.**

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A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN  
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—  
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

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WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutri-  
tive 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 con-  
ditions of the stomach.* Cone-Calcium, Phosphate  $\text{Ca}_3\text{2PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phos-  
phate  $\text{Fe}_2\text{2PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the active Principals of Calisaya and Wild Cherry.

The special indication of this combination is Phosphate in Spinal Affections, Caries, Necrosis, Unun-  
ited 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 De-  
bility, 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 percent-  
age of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and as-  
similation 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 Restorativ-purposes we have, no mischievous effects resulting from exhibiting  
it in any possible morbid condition of the system.

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

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

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

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

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