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Wednesday and Thursday, August 22nd and 23rd, 1894.

The Twenty-Seventh Annual Meeting of the Canadian Medical Association will be held at St. John, N. B., in August 22nd and 23rd next.

Members desirous of reading papers or presenting cases will kindly communicate with the Secretary, as to title of paper or nature of case, as early as possible.

Arrangements are being made with the Railways whereby Members and delegates and their wives may obtain Return Tickets at a reduced rate.

Members and Delegates will please bear in mind that Certificates entitling them to reduced rates *are to be obtained from the Station Agent at the place of departure*; one full fare is to be paid, and upon presentation of the Certificate on the return journey, after having it signed by the Secretary, a ticket will be issued at one-third of full fare, or less providing the attendance is sufficiently large.

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"The Association shall be composed of Licensed Members of the Medical Profession in the Dominion of Canada, in good and regular standing, and whose practice is not based on any exclusive doctrine."

N.B.—"It is desirable that an abstract of the paper be made and forwarded to the Secretary, at least three weeks before the date of meeting."

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

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

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

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

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

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

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

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to **R. F. RUTTAN, M. D., Registrar,** Medical Faculty, McGill College.

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VI.

HALIFAX, N. S., JULY, 1894.

No. 7

CONTENTS.

ORIGINAL COMMUNICATIONS:

Hysterorrhaphy. E. Farrell, M. D.	323
Antipyretics. F. W. Goodwin, M. D.	326

CORRESPONDENCE:

American Hospitals. John Black, M. D.	328
London Letter. J. Stewart, M. D.	330
St. John Medical Society.	332

EDITORIALS:

The Profession and the State.	333
P. E. Island Hospitals.	334

Fullerton Inquest.	334
Canadian Medical Association.	337
EVIDENCE FULLERTON INQUEST.	338

BOOK REVIEW:

International System of Electro-Therapeutics. Bigelow.	342
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BOOKS AND PAMPHLETS RECEIVED.

SELECTIONS:	
A method of assuaging Thirst in Diabetes &c.	344

Original Communications.

HYSTERORRHAPHY, OR VENTRAL FIXATION OF THE UTERUS WITH FOUR SUCCESSFUL CASES.

By E. FARRELL, M.D.

Hysterorrhaphy is one of the latest developments in surgical gynecology. It is an operation for the cure of malpositions of the uterus, more particularly retro-positions and prolapse. The operation may be said to be a serious one, as it involves abdominal section, but is simple, in most cases easily done, and should be devoid of all danger if the most strict asepsis is observed.

The operation is first an incision through the abdominal wall in the median line above the pubis (the bladder and rectum being empty). Gently and carefully the uterus and ovaries are explored, and the uterus lifted from its false position; if adhesions exist they are gently broken down by the fingers, and the organ is brought

up against the abdominal wall. This is not as easy as one would suppose; the working in between the fingers of loops of intestine is sometimes very troublesome. Since the use of the Trendelenburg position this difficulty is to a great extent avoided. This position, which is obtained simply by elevating the foot of the operating table to about an angle of 45°, the patient's hips being elevated and the head and shoulders depressed, the abdominal contents are thrown back upon the diaphragm, and the pelvic cavity is emptied of all but its normal contents. It is extraordinary to what an extent this position facilitates this as well as other operations within the pelvis. One can hardly describe the advantages of this position. It is necessary to have had experience of it as an operator to fully appreciate the ease and safety it affords. When the uterus is grasped it is not always easy to hold it in position during the operation; in my last two operations immediately on bringing the uterus up in the wound, I have used a sharp hook

or small vulsella forceps, catching the uterus near the fundus, about midway between the two points at which the sutures are to be inserted. This enables the operator to have both hands free, an assistant holding up the uterus; it also makes a point of irritation in the uterine serosa where it is expected the organ will adhere to the parietal peritoneum. When the uterus is brought up it and the appendages are examined, and the next step consists in fastening the uterus to the abdominal wall. This is not difficult. It is done by passing two of the lower sutures, by which the wound in the wall of the abdomen is closed, through the uterus, that is, each one is first passed through the whole thickness of the abdominal wall on one side, then passing the needle through the substance of the uterus just beneath the serous membrane and near the fundus, then passing it through the opposite abdominal wall. There may be a little oozing from the stitch-holes in the uterus, but this soon ceases. Now the space between the stitches on the surface of the uterus is gently scraped with the scalpel, and a small part of the parietal peritoneum is dealt with in the same way. The wound is now closed in the ordinary way and dressed. About the tenth or twelfth day the stitches are removed.

In all the cases I submit, except one, medium sized silk was used exclusively, and the plan detailed above was followed. In one case I first sutured the uterus to the peritoneum alone with cat-gut, and used silk for complete closure of the wound.

The following histories were kindly furnished me by Dr. Finn, of the Halifax Dispensary, and Dr. Arbuckle, of the Victoria General Hospital:

CASE I.—A. L., age 29 years, unmarried, came to Hospital suffering from retroversion of uterus, a condition which made her an invalid for the last 3 years. Her symptoms at this time were pain in the back, sensations

of weight in the pelvis, and constipation. She had been under treatment during illness but her condition was not improved. It was decided to do an abdominal fixation. The incision being made it was found that the uterus was retroposed, no adhesions, two cat-gut ligature sutures were used to unite the fundus and the parietal peritoneum, these were cut off and buried, and by them the uterus was fixed to the abdominal wall. The incision was closed by six silk sutures and the wound dressed. The temperature after the operation did not rise above a 100°. On the ninth day the wound was dressed and the stitches removed. No suppuration; five days afterwards the temperature began to rise and the wound was again dressed. At the lower part of the incision a small abscess, containing about half-an-ounce of pus, had formed, the pocket extending inwards 2½ inches. The temperature did not fall as was expected, and the wound was dressed every day for ten days, when it was found that the cat-gut had been the cause of the suppuration and had sloughed away. The temperature then fell and the patient made an uninterrupted recovery. At the end of six weeks she was able to get up, and four weeks later left the hospital. The pain in back, constipation, and sensation of weight in pelvis had disappeared.

CASE II.—H. B., age 68 years, married, came to hospital, suffering from prolapse of uterus, secondary to birth of first child, 45 years ago. During the last seven years was an invalid, as it was impossible to keep the uterus in place by supports, as it went constantly outside the vulva. Abdominal fixation was performed. The operation differed from the above in that the two lower silk sutures used to close the abdominal incision were also carried through the upper anterior aspect of the fundus. The surface of the fundus, in opposition to the abdominal wall, was scraped so as to insure

better adhesion. Three other silk sutures were used to close the incision and the wound dressed. Temperature after operation never rose above 100°. The eighth day wound was dressed and stitches removed,—no suppuration; a week later the wound was again dressed and everything found to be healed. At the end of three weeks patient was able to sit up, and in two months was able to go around. By vaginal examination cervix could hardly be felt, but there was still some cystocele and rectocele. Six weeks later posterior colporrhaphy was performed, after recovery from which the patient went about with comfort, wearing a pad.

CASE III.—L. McK., age 43 years, unmarried, was sent to hospital, suffering from retroversion of uterus without adhesions. Symptoms, pain in back and depressed nervous condition. Her trouble began 25 years ago, and she has been an invalid for the last two years. Pessaries failing to produce the desired effect, abdominal fixation was performed. The method was similar to case II, with the exception that the fundus was not roughened to produce adhesions. The uterus was found to be enlarged and congested. The ovaries being the seat of cystic degeneration were removed. Temperature did not rise above a hundred (100°) degrees. Wound dressed on the ninth day and stitches removed. Three days afterwards the bandages were removed and the wound was found to be completely healed. Patient was able to get up at the end of six weeks, and left the hospital three weeks later improved. Before leaving the hospital the patient was examined and the uterus found to be in normal position. The pain in the back was lessened, the weight in the pelvis gone, and the marked nervous symptoms diminished. A point worthy of note in this case was that after the removal of both ovaries the patient menstruated for a time.

CASE IV.—Mrs. A. D., aged 51,

married. Admitted May 9th, 1894, to Halifax Infirmary. Family history is good. She has been married twenty-nine years. Has had five children, one dead. Never had any miscarriages. After birth of fourth child, twenty-one years ago, began to feel ill; she ascribes this illness to a sudden jar received by falling off a lounge—her womb was displaced. Had Alexander's operation performed at St. Margaret's Hospital, Boston, Mass., four years ago. Had very good results for three years after; then she over-taxed herself and thinks the old complaint has returned.

By examination found a great laxity of the abdominal wall, and by bimanual examination the uterus was felt to be thrown to the left side and posteriorly, retroversion being more marked than retroflexion; ovaries found to be small. Vagina was very much relaxed. On introducing sound into uterine cavity found it to bleed a little on touch.

On May 11th, '94, hysterorrhaphy was performed. The bowels were moved the previous day, and the patient given a warm bath. Abdominal wall was rendered surgically clean and opened under strict antiseptic precautions. The uterus was found resting posteriorly on the rectum, it was brought to the opening in abdominal wall and held there by a small vulsella. Two strong sutures of silk were then passed through the abdominal wall and through the anterior aspect of the uterus. The anterior surface of the uterus was vivified by scraping it with scalpel. Silk sutures were then introduced into abdominal wall to close wound. All sutures were drawn tight and tied off. The ordinary aseptic dressings were applied, and patient put to bed. The after result was very satisfactory, no abnormal temperature or pulse at any time. On May 23rd the sutures were removed, and on 25th she got up for a little while, moved about. Went home about June 6th, 1894.

ANTIPYRETICS.

F. W. GOODWIN, M.D.

[Read before Halifax Branch British Medical Association.]

Mr. Chairman and Gentlemen,—

The object of my paper is to direct some attention to antipyretics. I shall give a resume of the present position of authorities on the subject, hoping to elicit a good discussion.

The importance of the subject will be at once recognized by all, considering the large number of cases where the question of reducing temperature comes in:—

We will first make a brief reference to the physiology of the heat producing mechanism.

There are first (1) the governing centres, (2) afferent nerves from impressionable parts, and (3) efferent nerves to active organs.

The governing centres include the *cerebrum*, where sensations of temperature are received—the sweat centres in the cord and medulla—and the metabolic centres in the brain and cord. Impressions also fall into vaso-motor, cardiac, respiratory, and possibly renal and other visceral centres.

The *afferent nerves* originate in the skin, and possibly mucous membrane and viscera, and carry impressions therefrom to the centres. *Efferent impulses* from the sweat centres proceed to the sudoriparous glands, which they stimulate or depress, as the case may be. From the metabolic centres these impulses are directed to the various sources of heat production, viz.: muscles, glands, etc., which they stimulate or depress.

Through the other centres named, that is vaso-motor, cardiac and respiratory, etc., the circulation in the skin is modified, the blood pressure generally, the respiration, the renal secretion, and probably every other bodily function is influenced in some degree. Thus, when the temperature of the air rises the regulating mechanism comes into action.

The effects are, first (1) *loss of heat* by perspiration, by cooling of blood in dilated cutaneous vessels, and also in the lungs. Second (2) diminished production of heat in muscles, glands etc.

When metabolic activity is increased as for instance in muscular exercise, a "warm glow" is felt, the skin flushes and perspires, circulation and respiration are increased, and the activity of the other metabolic organs, as for instance the liver, is for the time lowered. When one source of heat is increased the others are lessened to keep the temperature normal. We see something similar in the vicarious action of the skin, kidneys and bowels in excretion. The skin is the principal channel of loss of heat, though the lungs are important in the cooling-off process.

On the other hand, in a cool atmosphere, we have (1) *diminished loss of heat* by contraction of the vessels of the skin, arrest of perspiration and reduced activity of circulation and lungs. (2) *Increased production of heat* in the metabolic organs, especially the muscular, digestive and circulatory.

Among the *MEDICINES* used to reduce temperature, a classical remedy which flourished in the days of blood-letting and Gil Blas was *Antimony*. It acted as a circulatory depressant and diaphoretic—though it increases metabolism. It is little used at the present day.

Calomel, formerly considered almost a specific in fever, is still considered the best purgative to use at the outset. In typhoid fever many recommend it in all stages of the disease.

Aconite reduces temperature by lowering circulation through its action on the heart, increasing perspiration and action of kidneys. This drug is very commonly used, but its powerfully depressant action on the heart limits its use to sthenic cases.

Veratrum Viride produces its antipyretic effect chiefly by lowering the circulation. It is used only for sthenic

cases. It depresses the vaso-motor centres, while aconite does not.

Digitalis is much used as an antipyretic by German physicians. Wood thinks there is no physiological basis for its use. Bruce says the temperature is lowered owing to the increased circulation in the skin, and in the later stages still more in an irregular uncertain way from causes still unknown.

Alcohol.—The bodily temperature is, on the whole, lowered by alcohol, (1) by increased circulation through the peripheral vessels which it dilates; (2) increased perspiration, (3) diminished metabolism, (4) if large doses are given by general depression. In prolonged fever alcohol is indicated in several ways (fulfills several indications.) (1) To decrease the enormous tissue waste; (2) to supply a form of easily assimilable food; (3) to sustain heart and nervous system in case of need, strengthening heart and diminishing nervous irritability and delirium; (4) to lower temperature.

Opium, though not generally spoken of as an antipyretic, has often distinct effects in reducing temperature. It reduces hepatic and general metabolism, and acts as a diaphoretic. I have seen opium in combination with small doses of other antipyretics reduce temperature when large doses of other antipyretics alone had little effect. In delirium of fevers it is generally contraindicated, though Graves in these cases generally used it combined with tartar-emetic. The action of opium in quieting restlessness, relieving pain, while not weakening the heart, as many antipyretics do, make it very valuable.

Chloral reduces temperature chiefly by increased loss of heat from dilated peripheral vessels, also by diminishing production in weakened muscles, etc. Its depressant action on heart must be remembered when giving it in fevers.

Another class of antipyretics includes all the recent medicines of that

class. They are quinine, salicylic acid, antipyrin, antifebrin, phenacetine, resorcin, etc., and certain aromatic oils. These drugs lower temperature by decreasing metabolism.

The fact that all these drugs are antiseptics seems to favour the germ theory of the production of fevers. It is known that quinine in malarial fever counteracts the cause of the disease, and it seems reasonable to suppose that in all cases this series of antipyretics acts upon some germ which gives rise to the fevers, while at the same time they may counteract the febrile action independently of their germicidal effect.

Salicylic acid also causes sweating. Antipyrin usually causes sweating though not always. The temperature is essentially reduced by it even though perspiration is not induced. All this class when given in large doses powerfully depress the heart and occasion collapse. A good many authorities warn against giving them in prolonged fevers to reduce temperature, believing that fever is principally a condition of increased metabolism in muscular tissue, and that they have an influence in still further weakening those organs, thus increasing the tendency to death. Other authorities think that the weakening would be greater in allowing high fever to persist unremittently. It always appeared to me that antipyretics of this kind did good in giving a respite to the system from the excessive heat. The symptoms generally improve with moderate doses, and they may be combined with heart stimulants if necessary. A collective investigation was some time ago made by Leech, as reported in the *British Medical Journal*, to ascertain the relative safety of antipyrin, phenacetine and antifebrin. The result indicated that phenacetine was the safest, antipyrin next, and antifebrin the most dangerous.

Considering the large use of antipyrin it was surprising how few untoward effects were reported. The ill effects produced were usually by doses

of over 20 grains. Antifebrin was found to be a dangerous drug in doses above 10 grains. If the objections which are urged against this class of antipyretics are well taken, it is at the same time certain that cold baths are recommended in hyperpyrexia and prolonged fevers by the greater number of authorities as safer than the coal tar series of antipyretics. Ziemssen says, "In the opinion of all good observers hydrotherapy holds the first place." If this is true it strikes me that it should be in more general use. If a practitioner in Halifax suggests the application of cold in the form of a bath in high fever he is met with resistance at once.

Patients have confidence enough in the physician to allow him to exhibit any form of poison, but they shrink in horror from the cold bath. The friends tuck the clothes closer around him, and seem to think the cold bath would be deadly. Measures of this kind soon become popular if generally recommended by physicians, and I think we ought to use them more or show cause why we should not. A compromise may be made and cold sponging may be ordered with friction immediately afterward. This procedure is very soothing to a fever patient, and the friends may be prevailed on to adopt it, especially if a little alcohol be added to the water, ostensibly to prevent "taking cold." It must be remembered that a brief and intense application of cold is a stimulant, because it is at once followed by a corresponding reaction, while a prolonged application is depressant.

The rapid dirotic pulse, due to a lack of resistance in the peripheral vessels, is at once changed into a more deliberate pulse of almost normal tension by application of the cold bath. The heart contracts more rapidly at first and arterial tension rises. Shortly afterward the pulse is slowed but heightened tension of vessels continues to exist. Respiration becomes deeper,

sleep is induced, the appetite, digestion, and the secretions are increased, owing to a stimulant effect on the central nervous system. What is called the Brand bath consists of a full bath of fifteen minutes while active frictions are practiced. By these frictions the superficial cutaneous vessels are dilated and the skin becomes of a ruddy hue. If chattering of teeth and shivering comes on patient must be at once removed. Cyanosis of lips and face would also be a signal for removal. A thready pulse is no contra-indication unless number of beats is increased, indicating collapse. The frictions of the skin are of the utmost importance, and Brand claims that most bad results from cold bath have been due to its omission. The lack of tone in the vessel walls impairs reactive power, and when reaction is delayed fatal results occur. Hence the importance of friction which at once induces reaction. By it the hot blood from the interior is brought to the surface, where it is cooled and again exchanged for warmer blood. Thus the temperature is gradually lowered.

A recent good authority says, "The chief agent in the management of typhoid fever is the cold bath."

Correspondence.

91 HOLLIS STREET,
June 22nd, 1894.

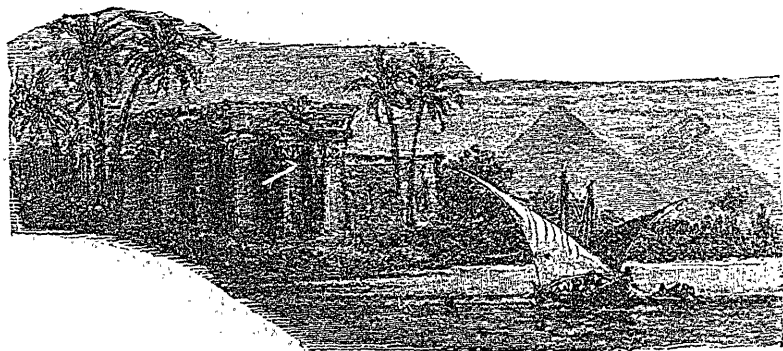
Editor Maritime Medical News:

DEAR SIR,—In response to your request that I should give you some impressions of my late visit to American and Canadian hospitals, I will endeavor to say a few words—though I confess the subject is rather a hackneyed one at present.

Since my last visit of a similar nature about eighteen months ago I did not notice any changes of a very marked character in the way of new buildings. Then the Sym's operating

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Doctors frequently tell their patients that a Change of Climate or a Sea Voyage would be the best thing for them.



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

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Doctors, in Prescribing

For Nursing Mothers.



A leading Ottawa Doctor writes:

“During Lactation when the strength of the mother is deficient, or the secretion of milk scanty. I find **WYETH'S LIQUID MALT EXTRACT** gives most gratifying results.

During Lactation **WYETH'S LIQUID MALT EXTRACT** not only supplies strength to meet the unusual demands upon the system at that time, but it improves the quality of the milk.

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Who are run down.

As it is a very valuable tonic.

Who have lost appetite.

As it produces a decided relish for food.

Who have difficulty after eating.

As it is an excellent digestive agent.

Who suffer from nervous exhaustion.

As it will be found very beneficial.

Who are troubled with chilliness.

As it effectively promotes circulation.

Who have tendency to consumption.

As it fortifies and strengthens the system.

Who are in later stages of consumption.

As it re-supplies in a measure the waste of strength.

Who are unable to digest starchy food.

As it will correct this very effectively.

theatre and the Presbyterian hospital of New York and the Johns Hopkins hospital of Baltimore had just about been completed and were attracting much attention. No important erection for hospital purposes has been made since except the new addition to the venerable Pennsylvanian hospital of Philadelphia and the Royal Victoria at Montreal. Of course various improvements and additions have been made in connection with many hospitals, all in the direction of modern hospital ideas, but hard times or else sufficiency of accommodation have prevented large undertakings. An exception to this statement is the new building of the St. Luke's hospital of New York upon the late grounds of the Bloomingdale asylum now in course of construction; the old property on Fifth Avenue having been sold for a large sum the new building will be doubtless a very fine one. As an evidence of the growth of New York city I may say that the new St. Luke's will be at least eight miles from the city hall. In Toronto a children's hospital has been built at a cost of over \$100,000, which is in every way a credit to the city and to the private enterprise which produced it. In the Royal Victoria hospital of Montreal we certainly have an institution which is unique in many respects—the style of the building, the beauty of the situation, the brightness of the wards and all the surroundings, and the thorough carrying out of all the modern ideas of hospital construction unite to make it certainly one of the best, if not the best, all round hospitals upon the American continent. It was built, as you know, by two C. P. R. magnates, Sir Donald Smith and Lord Mount Stephen, and is said to have cost one million dollars. The first part of my visit was spent in Baltimore, where I found the Johns Hopkins institution continuing to do good work. The first session of the general teaching faculty, which was held last winter, was not

largely attended, there only been a class of eighteen. The intention is to make the institution very largely practical with a minimum of didactic teaching, and the aim is to give a more scientific course than has been commonly attempted at medical schools in this country. By the conditions of a late large bequest the classes are to be open to women. The general surgical work of Dr. Halsted and the gynecological procedures of Dr. Kelly are far above the average, having complete control of their respective departments, with a continuous service and abundant clinical material to choose from they are under the best possible conditions for good surgery, and Baltimore is fast becoming a formidable rival to Philadelphia and New York as a medical centre. Dr. Osler, who was on the eve of departure for Europe, is of course the presiding genius of the place, and always urbane and unaffected, especially to citizens of his own country. In Philadelphia I visited the Pennsylvania hospital, now undergoing extensive enlargement. This is one of the oldest American hospitals, dating back over a hundred years, most of the original building being still in use. Also the Episcopal hospital, where a fine building has just been erected for a new operating room. What struck me at both of these hospitals was the large number of cases of fracture. At the Gynœcean hospital I saw the work of Drs. Penrose and Baldy, and at his private hospital close by I saw Dr. Joseph Price operate in his impressive manner. At the German hospital Dr. Dever does good surgical work, with the assistance of a staff of German nurses trained under German professors in the fatherland, and surrounded by apparatus of like Teutonic origin. I also saw Dr. Montgomery operate in his private hospital. For much kindness and opportunity for seeing medical Philadelphia I was indebted to Dr. Harte, one of the visit-

ing staff of the Pennsylvania and Episcopal hospitals. While in Philadelphia I attended several sessions of the Pennsylvania State Medical Association, which was meeting there. I was struck especially by the prominence of the medical woman, who was present in numbers. In other respects the meetings seem very much like similar ones elsewhere.

Coming to New York the facilities are so many and various that one is puzzled how best to make the most of the time. At Roosevelt, in absence of Dr. McBurney, Dr. Hartley has charge. He is also on duty at the New York hospital, and does a great deal of brilliant surgery. Dr. Bull divides the work with him at the latter hospital. At St. Luke's Dr. Abbe operates twice a week; he excels in intestinal work, but is a good all round surgeon. At the German hospital Dr. Willy Meyer strikes one as practical and thorough. At Mt. Sinai Dr. Lillienthal's work is good. At hospital for ruptured and crippled Dr. Gibney still is the ruling spirit, while at the Orthopædic Dr. Shaffer is chief surgeon; the former relies chiefly upon plaster of paris dressings, while Dr. Shaffer uses them very little, depending upon mechanical devices largely of his own invention. At the women's hospital I saw that Nestor among gynecologists, Dr. Emmett, still operating, assisted by his son. Dr. Thomas, his long-time confrere, has retired from active work. Of course Bellevue, the Presbyterian, St. Francis and others all continue to receive and treat their hundreds of cases, and a large amount of operative surgery is done in all. Considerable time was spent at the Post Graduate School and at the Polyclinic. The former has secured a great advantage by the erection of a large new building, which comprises a fine hospital of a hundred and fifty beds, with operating theatre and rooms for each of the separate clinical departments and out-

door services. No better place can be imagined for brushing up the rusty practitioner or amplifying the recent graduate.

In Montreal I saw some work by Dr. Bell and Dr. Gardiner at the Royal Victoria, upon whose charms I have already dilated. The old Montreal General looks very dingy by comparison, though some recently erected wards are very good, and further improvements are in progress. This city has enormous general educational advantages in the different buildings lately erected for McGill College by private citizens. These are chiefly in the direction of scientific and manual training, and with the splendid museum and library leave little to be desired.

As you will notice I have refrained from any allusion to special cases, methods of operation, new theories, etc., and have merely given you a sort of general rambling account of my visit among the hospitals. This is partly because I could not do any justice to the subjects in limits of a short letter; partly because much of the ground has lately been gone over in letters to you, and partly because having been requested to give the address on surgery at the approaching meeting of the Canadian Medical Society in St. John I should be speaking of similar matter twice to essentially the same audience.

DR. BLACK.

LONDON, June 15.

MY DEAR C.

It was my great good fortune since writing you last, to hear an address delivered to the medical students of Glasgow University, by Sir Joseph Lister. It was originally intended that the address should be given during the winter session, but an attack of influenza from which Sir Joseph suffered, made it necessary to postpone the occasion. My friend, Dr.

Blanchard, of Winnipeg, and I, having secured tickets of admission, found ourselves in the gallery of the fine hall of the Students Union, adjoining the University, on Gilmore Hill. An hour before the time fixed for the lecture the hall was well filled, the audience being very largely composed of the medical men of Glasgow and the neighborhood, many however having come from distant parts of the country. But the lecture was meant primarily for the students, and consequently the body of the hall was reserved for them, and they prevented any tedium during the hour of waiting by singing college songs.

Precisely at eight o'clock the illustrious lecturer came upon the platform, accompanied by Principal Caird and many of the Professors and members of the Senatus. His appearance was the signal for a splendid outburst of enthusiastic applause, the whole audience rising to their feet, cheering, waving hats and handkerchiefs, and this was kept up for a considerable time.

After these prefatory remarks, you will expect from me a lengthy account of the lecture, but this I shall not attempt for I believe the lecture will shortly be published in full in the medical journals. It was certainly one of the most interesting of the many remarkable lectures I have heard Sir Joseph deliver. In the first part of it, he dwelt on some experiments of great interest at present being conducted in the laboratories of Metschnikoff and Pasteur, and their bearing on immunity and the theory of phagocytosis. Sir Joseph is inclined to attribute some of the curious phenomena described rather to a paralyzing action of the products of growth of micro-organisms, than to the theory of chemiotaxis, and I believe Metschnikoff is of his opinion. The second part of the lecture dealt with the practice of antiseptic

surgery, and here, as always, one is charmed by the clear common sense, and the simplicity of method so characteristic of this great man. He finds that carbolic acid is, all things considered, by far the best antiseptic we have, and he uses no other now, with the exception of iodoform, and boracic acid in special circumstances. The methods of Lister have always really been simple, the spray may have appeared a complication, and it was a complication, but its use was a logical outcome of the knowledge of the time regarding germ life. If then, advancing knowledge has shown that the spray was not essential, no change is necessary except to abandon the unnecessary spray.

Sir Joseph has no place for the complicated washings with various reagents which one sees in so many operating theatres, one method in this city and another in that. For cleansing the part to be operated on, the instruments and the hands of the operator, he finds that the one to twenty watery solution of carbolic acid is at once the most effectual and the most rapid of all.

The scene at the close of the lecture was memorable. A vote of thanks was moved by one of the undergraduates in a very fine speech, which fully deserved the rapturous applause with which it was received by his fellow students and all the audience. Then several of the professors, some of whom were fellow-professors, and other students of Lister during the years of his Glasgow professoriate, spoke: Professor Buchanan recalling some of the incidents connected with the first cases of antiseptic surgery and Prof. Gairdner raising a smile by his humorous and ingenious attempt to show that he too had a share in the genesis of antiseptic surgery, because he once asked Lister, when they were young men in Edinburgh, if he could explain the different course followed

by an empyema which opened on the outside of the chest, from one which discharged into a bronchus. I recollect that Lister often dwelt on this point in pathology, and he used to tell us it influenced his studies very much. Gairdner had observed the difference, but had no solution for it. Lister never gave it up until he had found a solution.

My friend and I were just able to catch the night train for Aberdeen, where we had arranged to see some of Professor Ogston's surgery, but I fear I must leave an account of this for another letter. S.

ST. JOHN MEDICAL SOCIETY.

MAY 16th, 1894.

A discussion on "the Report of the St. John Board of Health," was introduced by Dr. Crawford. Many defects and inaccuracies in the report and in the manner of carrying out the health act were pointed out by several members and the employment of an efficient health officer was strongly advocated, and finally the following resolution was unanimously carried:

"Resolved, That in the interest of public health, and for the better carrying out of the intentions of the public health act of 1887, and amendments, it is advisable a properly qualified medical practitioner be appointed as Health Officer to the Board of Health for District No. 4, St. John.

In the opinion of the society, the expenses of the board by such appointment would not be greatly increased, if the duties of the present secretary and chief inspector, should be performed by such official.

And further resolved, That a petition from the medical men of the city be presented to the Board of Health of above mentioned district respectfully urging that above resolutions might be taken into their most favorable consideration."

DR. JOHN STEWART left London for Antwerp and the Rhine about the middle of June.

SPECIFIC DIRECTIONS FOR USING WATER IN NERVOUS DISEASES. By Dr. F. Peterson. (Continued.)

Sciatica.—Hot air bath till patient perspires, followed by cold plunge, or douche gradually lowered to 65°.

Spinal-cord Affections.—In various chronic diseases of the spinal cord the daily half-bath, 65° to 82°, six to ten minutes' duration, with affusion and chafing, will be found useful. In some cases of compression and injury to the cord, in myelitis, and the like, where there is paralysis of the rectum and bladder and formation of bed-sores or trophic lesions, resort may be had with advantage to the permanent bath (Riess). A sheet fastened in a bath-tub makes a hammock in which the patient lies at first for an hour or so daily, later all the time, except at night, when he is put to bed. The water is kept at a temperature agreeable to the patient (88°).

Spinal irritation.—“Douche filiforme” as a rubefacient and epispaetic along the spinal column; or rain-baths, 65° to 85°, and douches.

Impotence.—Brief cold sitz-baths. Daily, 56° to 61°, one to five minutes. The psychrophore, *i. e.*, application to prostate of cold by a rubber condom or bladder secured over a rectal irrigator *au double courant*.

Spermatorrhoea.—Cold sitz-baths, five to twenty minutes, 57° to 70°, daily at bedtime; contra-indicated in sexual irritability and active pollutions, where prolonged warm or hot sitz-baths at 90° to 98° should be used.

Finally, I need scarcely say that if the alienist and neurologist are to make use of hydrotherapy at all, it must be borne in mind that precision of method is absolutely essential. As much care is necessary as in the prescription of drugs; for any violation of the principles or neglect of the modes determined by long experiment and experience is certain to be followed by unfortunate results.—*Am. Lancet*.

Maritime Medical News.

JULY, 1894.

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

DR. G. M. CAMPBELL,

9 Prince Street, Halifax.

We have to thank many of our subscribers for a prompt remittance. There are still some to hear from.

THE PROFESSION AND THE STATE.

The fact that the members of the medical profession have always been ready to give a large amount of their time and skill in charity is well known, is worthy of more recognition than it gets, and redounds to their credit without in any way impugning their judgment. It is also well known that the profession have at all times been ready to give their advice to the state in matters pertaining to public health, to the prevention of disease and to the sanitary welfare of the public without reward or expectation of any. This, too, is worthy of more recognition than it gets, redounds to the credit of the profession, but not we think to their good judgment. What is cheaply obtained is, as a rule, little prized, and if the state

when it wants the best medical advice on any question of public health should pursue the same course it does when it requires legal advice on any question, we think both it and the public for whom it acts would be better served, and the information obtained more highly valued, and probably more frequently acted upon. So long, however, as medical men are willing and even apparently anxious to give their services, it is not to be expected that the state or any one else is going to pay for them. The profession of to-day in these provinces is reaping the natural crop of this reckless sowing, and having shown itself so freely willing to work gratuitously can hardly be surprised that they are at last taken at their word, and that act after act passes the legislature compelling its members to give their services not only without payment but with the option of fine and imprisonment for neglect! But while we think that this result is in the first place largely our own fault from the cause named, and that some of our most prominent physicians have been the greatest sinners, we cannot excuse our law makers for making such tyrannical statutes and creating such objectionable class legislation. Take for example the act relating to compulsory notification of disease. In England the compulsory notification of disease act is really a permission bill. Any health district can adopt it or not as it sees fit. If a district adopts it, it takes upon itself to pay the expenses in connection with it, and one item of expense is half a crown for every case of disease notified paid to the medical man notifying. So that there although the doctor is compelled to notify, he is at least paid for his information and trouble. This it seems to us is the only honourable course for a legislature to pursue, as well as the only practical and business way of getting the information desired. But in these provinces, guided thereto, as we be-

lieve, by this fatuous desire on the part of so many medical men to be gratuitous counsel, the legislature adopts the compulsory and penal clauses of the act, but most carefully omits all mention of the remunerative. We believe this law as it stands is most objectionable to all medical men. We believe they have deserved and do deserve much more liberal treatment from the government, but we do not believe they will ever get it, so long as they exhibit their present complaisant attitude. Other acts such as the Act for registration of Births and Deaths, are equally unjust and open to the same objections. It is time the profession were commencing to grasp the situation and realise the position they are being placed in, and take such steps as will not only stop further legal piracy of the kind referred to, but will, if possible, recover for them much lost ground.

THE hospital needs of P. E. Island are supplied by two institutions in Charlottetown, the P. E. I. Hospital, Protestant, supported entirely by private subscriptions, the other the Charlottetown Hospital, Roman Catholic, under the management of the Gray Nuns, also receiving no provincial support, the following are some of the statistics for the year ending June 1st.

The P. E. I. Hospital reports 186 treated during the year and 72 operations, with one fatal case, these included 6 laparotomies, consisting of two hysterectomies, 2 ovariectomies, 1 for mesenteric tumor, and 1 of tuberculous origin, 1 oesophagotomy, 2 carcinomas of uterus, amputations, etc., etc.

The Charlottetown Hospital, the full statistics of which are not just now at our disposal reports 27 major operations, in part as follows: One hysterectomy, 2 ovariectomies, 2 amputations of inverted uteri,

1 for appendicitis, 1 strangulated hernia, 1 suprapubic cystotomy, 1 oophorectomy, amputations, etc., etc. Here also there was only one fatal case viz, the one for strangulated hernia, having been admitted after necrosis of one bowel had taken place.

These are records considering the variety and the gravity of many of the cases of which any hospital might well feel proud and the manner of their support reflects the highest credit on their generous supporters.

CORONER'S inquests only interest the medical press when important medico-legal questions are evolved. Verdicts rarely demand criticism, and are most frequently found in the humorous column. The conduct of a coroner may occasion comment, overstepping the limits of professional etiquette being the most common offence. Matters have run so smoothly in Nova Scotia that we have never had occasion to make reference to the proceedings of these tribunals. It is therefore with regret that we are compelled to devote considerable space in this issue to a criticism of the extraordinary actions of Coroner Hawkins in the Fullerton inquest recently conducted in Halifax. The issue is of such importance that we do not deem an apology necessary. A statement of the facts and the most important medical testimony will be found on another page. A few points may be briefly recapitulated.

The deceased, William H. Fullerton, of Amherst, developed acute mania, and was placed under the care of Dr. Bliss, an experienced physician, who advised his removal to the lunatic asylum. Prompt and well executed arrangements were made for the transport of the deceased. He left home in the care of his brother and an intelligent attendant, but unfortunately died on the way. On reaching Halifax the brother at once arranged to return as quickly as possible. Coroner

Somers viewed the body and did not think it necessary to hold an inquest, another physician signed the requisite certificates, and other arrangements were perfected. Coroner Hawkins, without any information being laid before him, stepped in and demanded an inquest. The brother of the deceased strenuously objected, but Coroner Hawkins eventually obtained possession of the body by forcible procedures and held an inquest. The whole transaction obtained widespread publicity through the press, the coroner's conduct became the subject of much unfavourable comment, and his actions were unsparingly condemned. The inquest became the sensation of the hour, many dramatic incidents occurred, and the proceedings terminated by a nondescript verdict, implying malpractice on the part of the medical attendant, Dr. Bliss, for which Coroner Hawkins was wholly responsible.

The injustice done to Dr. Bliss must be clear and obvious before asking condemnation of the conduct of Coroner Hawkins.

In Nova Scotia, apart from cases where death happens without knowledge of the attendant circumstances or where there is reason to suspect foul play, the necessity for an inquest is determined by the usages of the people and the discretion of the coroner.

Sudden death from obvious accidental causes, even when occurring in the presence of many witnesses, are usually followed by informal inquests, for no other reason than that they are sanctioned by custom. Equally sudden deaths from less obvious causes, if happening in the midst of friends or during the course of medical or surgical treatment, are rarely the subject of judicial inquiry, and rightly so, because no good is effected by the intrusion of the coroner into the family circle, or by questioning the *bona fides* of the physician or surgeon.

In the case of Fullerton, Coroner

Hawkins was not content with an informal investigation (at which no one could have seriously grumbled) but determined to open up the whole question of medical management. What motive influenced Coroner Hawkins in pursuing such a course is past our limited comprehension. Surely he must have realized that his attitude to Dr. Bliss formed a precedent dangerous beyond measure to the best interests of the profession, and one that may at any future time imperil his own professional reputation.

It is claimed on behalf of the coroner (and much of the evidence supports this view) that abuses and faults in the mode of transportation of lunatics, of which he was aware, not only justified an inquest but an impeachment of the *bona fides* of Dr. Bliss. The plea is absurd. Let us see how it works.

Dr. Hawkins having charge of a severe case of typhoid fever, advises removal of the patient to hospital, and for that purpose employs the ambulance—the patient unfortunately expires on the journey. Coroner Finn, who believes the ambulance service to be very defective, hears of the death and steps in and demands an inquest, and not satisfied with an informal inquiry, doubts the diagnosis, questions the treatment, orders an autopsy, and introduces expert testimony without asking for a plain statement of facts from Dr. Hawkins. Does any one who defends the action of the coroner in the Fullerton case pretend for one moment that faults and abuses in connection with the ambulance service would justify an inquiry such as we have indicated? We do not believe it. If Coroner Hawkins or anybody else is cognizant of abuses in connection with lunatics or our public institutions, the authorities are only too glad to hear of them and apply a remedy. It is wholly wrong to make abuses a pretext for unnecessary inquests. Thus far it is clear that Coroner Hawkins' action was precipitate and unjust.

We must next make it clear that in the course of the inquiry the coroner not only hinted but strove to convince the jury, that the deceased Fullerton came to his death by the combined influence of morphia and restraint.

At the first stage of the inquiry two of the three persons present when Fullerton died gave evidence. One witness was closely questioned about the degree of restraint exercised, and even pressed to declare that the deceased was too tightly bound. No such admission could be obtained from him. Then, without consent of the jury, we understand, Dr. Walsh was directed to make an autopsy. Was not this the time to ask for the testimony of the medical attendant Dr. Bliss, from whom all the facts necessary to have a verdict upon could be easily obtained?

At the second stage of the inquiry Dr. Bliss was not present, and Dr. Walsh was not the first witness to give testimony.

Dr. Hattie, Assistant Superintendent of the Lunatic Asylum, was called in the capacity of an expert. He was questioned by the coroner particularly about narcotics and the employment of restraint. His replies were in most instances guarded by qualifications, *not one of which appear in the official report of his testimony.* The intention of the introduction of this irrelevant testimony was to influence the minds of the jury.

Dr. Walsh next gave his testimony. It will be found elsewhere. When his direct testimony was completed he was closely questioned about morphine, restraint, etc. Some of his statements are remarkable, none more so than the positive one that hypostatic congestion of the lungs is a characteristic feature of morphine poisoning, *citing Osler as his authority.*

At the third stage of the inquiry no advance was made. The jury and spectators were amused for a while by a Pickwickian conversation between

the coroner and a witness about the price of coffins. The coroner was about to wind up the proceedings when a protest was entered by C. P. Fullerton. He thought Dr. Bliss should be allowed to give evidence. The coroner said that he had wired Dr. Bliss. Mr. Fullerton said the telegram was unsigned. The jury decided to hear Dr. Bliss. The evidence of Dr. Bliss concluded the inquiry, and will be found on another page. To those who may not care to read it, it will suffice to say that he was faithful to his professional obligations. He was untiring in his attendance, prompt in executing arrangements, and judicious in treatment, erring if at all on the side of caution than boldness. The jury seemed perfectly satisfied with his testimony, not so Coroner Hawkins. He at once went on to tell the jury that the treatment advised by Dr. Bliss was the cause of Fullerton's death. Not in so many words but in language and by conduct that is not susceptible of any other interpretation.

His address to the jury may be thus paraphrased: Fullerton is dead. Dr. Walsh makes an autopsy and cannot find out why he died. He was given a dose of morphia and bound to a sofa. Dr. Hattie told you the combined use of morphia and restraint is unnecessary and may prove dangerous. Dr. Walsh told you he found congestion of the lung, which, he says, is a sign of poisoning by morphia. The careless way in which lunatics are carried to asylums must be condemned. Render your verdict accordingly.

The jury returned a verdict of death from "epileptiform convulsions," which was not acceptable; next one of death from "heart failure," which was declared absurd; then one of death from "natural causes," which was flatly refused. Finally, under the influence of a vague threat from the coroner, and tired out and sleepy, they accepted the dictum of their judge and practically declared Dr. Bliss was responsible

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Dr. Austin Flint says:—In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence.

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WYETH'S COMP. SYRUP WHITE PINE.

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

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.

Wyeth's Glycerole Chloride of Iron.

(NON ALCOHOLIC.)

THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

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

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AGENTS FOR CANADA FOR

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for the death of Fullerton. The only evidence adduced to sustain the view was the administration of $\frac{1}{4}$ of a grain of morphia hypodermically some hours prior to death, and securing the patient to a lounge with cotton manacles. It is of interest to note that the patient did not sleep until 3 hours after the drug was used, that he was distinctly conscious six hours after, and that he was not unduly susceptible to its influence, as the same quantity had been used twice the day before without effect. The breathing of the deceased was quiet and easy while asleep—not slow or stertorous. It became hurried and the face cyanosed a few minutes before death. These facts are inconsistent with the theory of morphia poisoning. The degree of restraint exercised was less than could be effected by the old-fashioned straight jacket and permitted freedom of movement.

The conduct of Coroner Hawkins may seem incredible to those not familiar with the circumstances. Our version is not partisan. The testimony and verdict have become part of the public records and our knowledge is chiefly derived from a certified copy. We have no hesitation in saying that the action of Coroner Hawkins was very unfair, and that in his relations to Dr. Bliss he has been guilty of infamous conduct in a professional respect.

Dr. Bliss whose reputation has been wantonly assailed, has no means of redress but professional sympathy he has to the fullest extent which we trust will find expression at the annual meeting of the Nova Scotia Medical Society.

Dr. J. H. Scammell has been appointed Health Officer at McAdam Junction by the Dominion government. His duty will be to vaccinate all those coming into Canada through this port, who may require it.

NOTE.—The St. John profession are taking steps towards the entertainment of their visiting brethren in August.

PHYSICIANS, when arranging for their summer's vacation should not forget the meeting of the Canadian Medical Association at St. John. N. B., on August 22nd and 23rd next.

A visit to St. John for a few days is an excellent outing for anyone; but if a more extended tour is anticipated there is no more suitable way to commence it than by taking in the meeting, thus gaining a supply of information upon which to meditate during one's absence. If one has been away, and will visit the association meeting on his return journey certainly he will feel that his trip has been well founded.

The gathering promises to be a great success. Cards have been sent extensively through the Maritime Provinces. If any one has been overlooked we would call his attention to the advertisement in our advertising pages.

ST. JOHN MEDICAL SOCIETY.—The annual meeting was held on the 6th June and the following officers were elected for the ensuing year:

President—DR. FOSTER McFALLANE.
1st Vice-President—DR. F. H. WEMORE.
2nd “ “ —DR. J. H. MORRISON.
Treasurer—DR. JAMES CHRISTIE.
Recording Secretary—DR. R. G. DAY.
Corresponding “ —DR. G. A. B. ADDY.
Librarian—DR. T. D. WALKER.

Dr. G. A. B. Addy read a paper on symphysiotomy with case which was the first operation of the kind in New Brunswick.

AN ice poultice, made by thoroughly mixing together finely cracked ice, saw-dust, and salt, will be found to be an excellent application in supra-orbital neuralgia, or in any similar painful affection, if the nerve be superficial. It may also be utilized to deaden the sensibility of the skin previous to opening abscesses, felons, buboes, removing small tumors, etc. It should be remembered that freezing may result from its continued application.—*Ex.*

FULLERTON INQUEST.

C. W. Bliss of Amherst, County of Cumberland, Physician, being sworn saith :—

A week ago to-day at quarter past nine in the morning, I was called on by Miss Grace Fullerton sister of deceased who said that her brother Willie had become raving crazy; I was shown to his room and found him standing up on his bed clothed with only his shirt; he was turning round and round very rapidly; he was repeating one short sentence over and over, viz, you are speaking now; he ran the words together; he was throwing his arms around; I took him by the arm; I said Will what is the matter. lie down; he jerked his arm away from me and went towards foot of bed; he had been out of bed; I asked the mother and housekeeper for four strong towels about four feet long; they gave them to me; I then caught him by the knees and gave him a little jerk and brought him down on his knees; I put my arm around his waist and attempted to make him lie down; he paid no attention to anything I said to him; he bit at me and struggled very violently; I saw that I would have to tie him to keep him in the room: I tied his ankles together with a towel; I then pinioned his arms to the sides of his body with another towel and sent for two neighbors to come to help take care of him; I found he struggled continually to get out of bed, so I tied a strip of factory cotton around his waist loosely and attached the other end to the inner bed post at the head. I then got Robert Mitchell Jr., to come and stay with him while I went to make a call; In about two hours and a half I returned and found he had been very violent and hard to control, and that he kept raising his legs up and kicking the foot board. He kicked so continually that I fastened his feet with a strip of cotton loosely to the foot of the bed. I tried to get him to swallow some water but he refused, bit at glass, turned his head down and wouldn't attempt to take any at all. I then gave him after much difficulty one third of a grain of morphia combined with atropia one hundred and fiftieth of a grain hypodermically. This was about three o'clock Sunday afternoon. I would not be sure about quantity of atropia but it was not more than one hundred and fiftieth of a grain; I used the ordinary

hypodermic tablets that the physicians use. I then left him for between one and two hours; I stayed with him for about half an hour after giving the hypodermic; when I left he was not struggling, but he was talking about me tying him. He was abusing me for tying him; he said he had a message from God, he would call down fire from heaven to destroy me; I left him with his mother, sister, and housekeeper; He was tied in the manner mentioned all this time; I told them where I was going and told them to send for me at once if he showed signs of becoming violent again. They sent for me in about one hour and a half; I found his arms free and uncied. The towel around waist was under i. e. off altogether and he was trying to untie towel from his feet. The two Smith's above mentioned were restraining him; They informed me that he wanted to go to preach the gospel and nearly got away from them. With their help I secured him, same manner as first described, and I told his mother that I would send for his brother C. P. Fullerton, who was staying in Halifax and instruct him to bring the necessary certificates, blanks of course, as he would have to be sent to hospital for insane; I explained to her that it was impossible for me to get men to take charge of him there i. e. in Amherst; I told her any doctor she preferred could see him with me in the ordinary way and that as soon as possible after his brother arrived we would get him away; She said I was afraid of this as he has been acting strangely for some time past; She told me of his being out two nights before till after midnight, on one of these occasions coming home barefooted and without his hat; I said I would put myself out to help take care of him till he was got away, but I had not the necessary appliances, muffs and straps etc. to treat him at his home as a lunatic. This conversation took place about six o'clock Sunday evening; I then wrote out telegram to C. P. Fullerton marked Exhibit No. 1. I then left him in charge of Eotsford Smith and C. E. Ratchford. I went and got D. D. Betts to agree to come and stay with him until he was removed to the hospital, this was eight o'clock; then I went to R. C. Fuller's drug store and got a prescription made up containing fifteen grains chloral hydrat and fifteen or twenty grains of potassium bromide and either a quarter or a sixth of a grain of morphia sulph. in each dose; I returned to

patient between eight and nine, found that he had been quite violent for a short time, he recognized Betts, said he had a message from God for him, then prayed for him, I told Betts I would see the patient again about midnight, I went at midnight and found he had been very violent struggling very hard and attempted to bite Betts; he would ask Betts for a drink of water, then knock it out of his hand: I put a dose of above mentioned prescription in tumbler with proper quantity of water; he said he would take it; when Betts went to give it to him he struck the glass up and spilt the medicine; Betts told me that he had offered him milk and gruel and that he had taken a little; previous to this during the afternoon he had taken milk; I tried to force him to take a dose of medicine by pouring it down his mouth but did not succeed, he slipped his head to one side and spilled it again.

Sometime Sunday afternoon I got a canvass jacket; after changing shirt, with the assistance of three men I put the canvass jacket on him, buttoned and sewed it moderately tight so it would not wrinkle up, the sleeves were long, I pulled it down over his hands and sewed it, the arms were loosely pinioned to the side, when I found I could not get him to take this medicine and that he was very violent and wild, I gave him a quarter grain of morphia and atropia 1/150 of a grain hypodermically; this was midnight Sunday night, I stayed about half an hour; I left him talking to Betts asking him to untie him and let him get up; he was told that this could not be done as he was sick; I visited him again early next forenoon, I think it was about nine o'clock; I instructed Betts to watch him carefully and if he required me to send for me. I told him to try and get him to take as much nourishment as he could; this was when I left at midnight Sunday. When visiting him Monday morning Betts told that patient had slept fairly well, that he had taken a little solid food for breakfast; he knew me at once, threatened me, asked how dare I keep him tied down there. It was at that visit that his mother brought me a coil of new rope which she had found hidden under bureau in his room; Betts showed the rope to the patient; the patient stated where he had got the rope, and why he had not used it to destroy himself; he said the Lord told him not to &c. I left him about ten a. m., expecting

to return at two p. m., but was detained until four p. m.; I found Betts very much dishevelled in appearance; he told me the man had been very violent; he had hard work to keep him in bed notwithstanding the way the patient was fastened; I then attempted to put a belt of webbing about 4 in. broad around his waist instead of a strip of cotton; his feet got loose, he kicked bedding off slats; his feet got between slats and bruised shins in several places; after adjusting bedding and putting on webbing, I found it did not do as well as the cotton, so I changed the webbing for the cotton again. Betts informed me that he had given him one dose of the medicine before mentioned but he vomited twenty minutes after taking it with milk and food; he was very violent and I gave him morphia 1/4 gr. and atropia 1/150 gr.; I staid with him about an hour and left him less violent but talking in an insane manner; I next saw him about eight o'clock just after the arrival of deceased's brother C. P. Fullerton, I stayed in house a couple of hours talking over arrangements with him, I was present when C. P. Fullerton spoke to deceased; the patient asked for a drink of milk, he requested his brother to hold it to his mouth to drink, he struck the cup up and spilled milk all over his brother; I told the brother that he would have to get another doctor, and if he got Dr. McQueen that night they might get off in early train Tuesday morning; on Sunday I had to pass catheter to draw off water; Monday he passed water in bed at one time while struggling; about ten o'clock Monday night he took nourishment; I left him about ten o'clock; I returned with Dr. McQueen about half past twelve Tuesday morning; Dr. McQueen and I went to his room; I told the patient here is Dr. McQueen come to see you; I then went out and left Dr. McQueen alone with patient; the Dr. stayed in room a short time; the Dr. questioned different members of family. We then made out the necessary certificates for committal of patient to insane asylum; I told the doctor it had been impossible for me to take his temperature at any time since I first saw him; I could not take it on account of struggles; Dr. McQueen agreed with me that taking temperature was not at all essential as we could do nothing to lower it if found high in his present violent state, and as he was going to hospital in morning, the best

plan was to give him nourishment as often as he would take it, give him same dose of morphia $\frac{1}{4}$ gr. dose and $\frac{1}{150}$ gr. atropia if violent about two or three hours before starting on journey to asylum, I stayed all night and watched him with Betts till about four o'clock, than I laid on a lounge and slept about two hours; about six o'clock finding him pretty violent I gave him a hypodermic injection of morphia as agreed on with Dr. Mc-Queen. Between six and half past seven he took some nourishment, solid food, small quantity; at that time I catheterized him again preparatory to coming down on train; between eight and nine we dressed him by degrees, he had the undershirt and canvass jacket over the shirt, woolen drawers, socks, pants, coat, waist coat on; when we dressed him we took all the fastenings off of him, untied him completely, he stood on his feet and wanted us to let him walk, I told him no, we would carry him down stairs, Betts and myself carried him down stairs; we prepared a lounge, spread a quilt on it. I may say the uncle, brother, Dr. Mc-Queen and myself mutually agreed that the best way to carry the patient to the asylum was by letting him lie upon a lounge; we tied him on the lounge exactly in the same way as we tied him in bed not tight; the bindings were slack enough so that he could be turned slightly on the side; he could draw his legs up a little; instead of tying feet together we tied knees together loosely; we had found the feet slightly chafed; Betts put vaseline on the chafed parts; I helped put lounge in waggon; he had cap on head while in waggon a robe was over him. I went to the station in the waggon with him and his brother; we took him to the luggage room, had to wait ten or fifteen minutes for train; Betts joined us at station; Betts was to accompany him to the asylum by agreement; a few moments before putting him aboard of train I asked him if he would like a drink of milk or water, he said he would like some milk; his mother had prepared a lunch, a bottle of milk was with it; I gave him some milk, he took a big mouth full, he held it in his mouth a few seconds, I leaned over him and he spat it at me, I wiped his face off, helped Ratchford and others to put the lounge with the patient on it in the luggage car; I told Betts if he was pretty quiet to untie him a little so he could change his position and if he was very violent they would have

to tighten bindings; I found the new cotton would stretch and become slack. The morning he left I told his mother as well as others that he might not live 48 hours, or on the other hand he might live for months, that it was impossible for me to tell; I explained that it would be impossible to treat him at home so the proper place was the asylum. At least three times I saw him have attacks of what I consider were epileptiform convulsions; when I first saw him I noticed several slight bruises on the forehead; his mother informed me that they were present when he returned in the morning after being out rolling around at night; I made no examination of urine; it was normal in quantity and colour; I made no physical examination of heart and lungs; I could not do it, I never heard him cough, he complained of no pain; I have been practising fourteen years in Amherst, I have known deceased for at least twenty five years, I never attended him before; the mother said he had complained of pain in side; the bowels had not moved during last sickness; I thought of giving him an enema, and would have done so if he had not been going in that early train Tuesday.

The last hypodermic was given six o'clock in the morning he left $\frac{1}{4}$ of grain of morphia; morphia did not have much effect on him; he was not so violent after taking the hypodermics; he would lie quiet but would rouse at slightest touch; I have seen a good deal of lunatics, but none so violent as this outside of men suffering with delirium tremens; I would call the form of insanity in this case violent religious mania; I gave Betts the mixture of chloral bromide and morphia and told him to give it if patient was violent; I also gave him a catheter as a precaution in case it was needed. It was on account of convulsive attacks when he would breathe in a stertorous manner, he would groan a good deal but he did not froth at mouth or bite his tongue. I thought that possibly from history given by mother of previous two weeks of state of his mental condition that he might be the subject of acute softening, and that the sudden onset of mania was caused by rapid breaking down of brain structure. I did not form and cannot form any definite opinion of what his condition was; The first convulsive attack was about ten o'clock Sunday morning, that was the first thing I noticed after I got him tied. Pulse

varied from 100 to 135, when 135 it was after struggling, his countenance when quiet was pale; when violent, like a man in a rage; when quiet breathing was natural. On way to station he was awake but quiet.

Thomas W. Walsh of the city of Halifax in the said county of Halifax, physician, being sworn saith:—

I held a post mortem on the body of Mr. Fullerton at the Halifax morgue May 23rd., 1894. The body male, well nourished, age about 29 years, weight about 140 pounds, height about 5 feet 7 inches, face clean shaven, hair dark in colour and closely cut, skin abraded on the forehead, two distinct marks also abrasions on knee left and around ankles of both feet, rigor mortis well marked on back of body and extremities, bruise on left side of forehead, extended through scalp, small quantity of extravasated blood effused lying between scalp and cranium; removed the calveria vessels of dura mater engorged some small spots of dark fluid blood lying on dura no adhesions of dura, nothing abnormal in other membranes of brain; removed brain incision through the brain substance no apparent hemorrhage, lateral ventricles contained no fluid. On opening chest lungs were found congested and distended appearing voluminous at their base, easily removed no pleuritic adhesions; lower lobe of left right and lower half of middle so congested as to closely resemble splenization upper portions normal small abscess in anterior portion of middle lobe of right lung about size of walnut containing heavy foetid pus, cut surfaces of lungs exuded bloody serous fluid; kidney's slightly congested capsule adherent in some spots liver normal in size section showed some venous congestion, spleen normal, bladder collapsed, stomach partly filled with fluid contents, contents not examined, bowels normal, descending colon containing considerable quantity of faeces; heart on removing quantity of dark blood escaped from adjacent vessels, cavities contained no clots, valves normal. I found no pathological changes sufficient in my mind to account for death. The effect of a toxic dose of morphia would produce pathological changes very similar to those found at this post mortem. I state the above on the very excellent authority of Osler. I should think it were possible for a toxic dose of morphia to produce the pathological changes that

were found at this post mortem. It is on record that a dose of morphia of $\frac{1}{4}$ gr. or $\frac{1}{2}$ gr. injected beneath the skin killed an adult. The usual dose I prescribe is $\frac{1}{4}$ to $\frac{1}{2}$ of a grain. Restraint such as the deceased was subject to in a recumbent position would influence the effects of an ordinary dose of morphia. I claim it would not be judicious to secure an adult in a recumbent position and administer an ordinary dose of morphia. It takes a toxic dose of morphia to produce pathological changes sufficient to cause death from five to ten hours; a case on record where thirty grains applied to an ulcerated breast caused death in $1\frac{1}{2}$ hours. In my opinion it would not be judicious to give morphia if there be any congestion of the lung. Restraint in a recumbent position would cause the condition of lungs found at post mortem to prove fatal if continued for twenty four hours. It would not be judicious to transport a patient under the influence of morphia with congestion of lungs in care of inexperienced individuals. In the pathological conditions found at postmortem coming on, if a doctor were present he would be likely to discover it in time to give relief. It would be against all authority to strap or confine a person in any position, especially on back while suffering from a toxic dose of opium or its alkaloids. In the statement I found no pathological changes sufficient to cause death, I do not take into consideration any of the other evidence adduced at this inquest.

On Sunday, May 20th, William H. Fullerton of Amherst became violently insane. He died Tuesday, May 22d, on the train near Halifax. Certificates of burial and transportation were obtained at Halifax. Subsequently Coroner Hawkins ordered an inquest.

Inquest was held on Wednesday the 23rd May 1894, adjourned to Saturday the 26th May 1894, then adjourned further to Sunday the 27th day of May, 1894.

After the evidence of Dr. Bliss the last witness had been taken the Coroner addressed the Jury, his remarks bearing particularly on the morphia subject. The jury brought in a verdict of "death from epileptic convulsions." The coroner refused to receive this verdict, saying that there was no evidence of epileptic convulsions. The jury had evidently mistaken the word 'epileptiform' as used by Dr. Bliss for 'Epileptic, but the

learned coroner did not take the trouble to explain it to them. He sent them back and they soon returned with a verdict of "Death from heart failure." The coroner told them they might as well have found that deceased had died from want of breath and sent them back again; after a little they came back with a verdict of "Death from natural causes" but this was not the verdict the coroner wanted so back they were sent again, this time finding:

"That the deceased William H. Fullerton came to his death last Tuesday while under the influence of a narcotic drug, while on the train from Amherst to Halifax not having the attendance of a physician which he should have had; this jury recommend that the Provincial Government should take some steps for the transportation of violent lunatics to the Insane Asylum from their homes.

Book Review.

The International System of Electro-Therapeutics is on our table. It forms a large and well printed volume with many valuable illustrations, and contains thirty-six articles by experts each one of which the editor Dr. Bigelow claims to be a classic. The first nine papers are devoted to the elucidation of the laws of electro-physics and physiology, treated under the headings of electro-physics, animal electricity, static electricity and magnetism faradic and induced currents galvanism, electro-physiology, electro-diagnosis and cataphoresis. The introductory paper dwells upon the necessity of special teaching in medical schools with laboratory training. The writer contends that a lack of familiarity on the part of members of the medical profession with the laws of electro-physics and physiology has retarded the progress of electro-therapeutics. This charge is only true in part, for it must not be forgotten that it is only in very recent years that electro-therapeutics have been placed on a scientific basis. It is too true that the large

majority of medical men now in active practice have not had the most elementary training in matters electrical and that they are consequently ignorant of the functions of currents, are unfamiliar with the physical differences between frictional, voltaic and induced currents. In so far however as a text book—a rule of thumb, though it be in comparison with laboratory work—can help one to a clear knowledge of the theory of the subject we commend the volume before us to the careful perusal of every practitioner who contemplates using electricity in any of its forms as a therapeutic agent.

As such an agent electricity ought to be co-extensive with the phenomena of diseases if it is true as the editor puts it that "the whole process of life is merely a force manifestation in which electricity has its place," that "disease is a difference of potential some where; to establish a just equilibrium we must correct the abnormal electric conditions." In conformity with this view we find almost all the ills that flesh is heir to, from intestinal occlusion to sore nipples treated of in the succeeding chapters. But notwithstanding this wide range of application the main portion of therapeutics clusters around the uterus and its appendages. A symposium on the methods of Apostoli, though by no means a symphony, reveals the views, on the one hand, of its most ardent, not to say biased advocates, and on the other, those of the more moderate and conservative. A few examples must suffice: (Massey.) "If sepsis is accompanied by but slight portions of retained decidua membrane it is quite unnecessary to resort to the risks and loss of blood attending the use of the curette." "He, following Apostoli, passes beyond the confines of diseased action thus: "It is even a question whether normal involution would not be materially hastened by the system-

atic application of faradic currents," &c. This we submit would be on a par with surgical interference with the healthy vermiform appendix in order to prevent a possible subsequent appendicitis!

Grand and Famargue—when "it is difficult to determine if the lesion contains pus, electricity under the two forms of the faradic and continuous current sheds precious light upon the diagnosis by means of the reactions which accompany and follow the applications and this sometimes serves as a remedy and as a beacon." Mark the word beacon! These authors condemn "the rashness of surgery which simply to verify a doubtful diagnosis does not shrink from an exploratory laparotomy."

Kellog on the other hand has met cases where "both the suffering and the morbid activity of the diseased appendages have been aggravated by the use of electricity." Other cases again "where the treatment by electrolysis would have been either impossible or in the highest degree hazardous." He condemns "the destruction of masses of vegetations within the endometrium by electrolysis which must leave behind a considerable amount of decomposable debris and are frequently followed by a febrile reaction." In such cases he advises the use of the curette. He also deprecates the wide currency which has been given to the idea that the method of Apostoli is innocuous and adds that "the mistaking of an ovarian cyst or a pyosalpinx for a fibroid tumor through an error of diagnosis may lead to fatal results." He goes so far as to say that "the treatment of uterine fibromata by means of electrolysis is not a procedure by any means devoid of risk."

We have drawn attention to these divergent views, not to detract from the merits of the work as a whole, but to incite our readers to a careful study of it for themselves, for by doing so

we have no doubt they will, with us, arrive at the conclusion that Apostoli's method has, in suitable cases, an undoubted field of usefulness, but that it has also its limitations and its risks.

Books and Pamphlets Received.

An International System of Electro-Therapeutics, by H. R. Bigelow, M. D., and 38 Associate Editors; F. A. Davis Co., Publishers, Philadelphia.

Essentials of Diseases, Eye, Nose and Throat, by Edward Jackson, A. M., M. D. and E. B. Gleason, S. B., M. D.; E. B. Saunders, Publisher, Philadelphia.

Non Nocere, by A. Jacobi, M. D., (Reprint from Medical Record.)

Ophthalmia Neonatorum, Contraction of Eyelids, Glaucoma, Grattage for Granular Lids, by L. Webster Fox, M. D., Phila. (Reprint from Medical Bulletin.)

History of the Drop-Bottle, by L. Webster Fox, M. D., Phila. (Reprint from Ophthalmic Record.)

Selections.

A METHOD OF ASSUAGING THIRST IN DIABETES.—Any method calculated to assuage the torturing thirst to which so many diabetics are subject is worthy of consideration. La Medicine Moderne tells us that the intolerable craving for food which is so characteristic of the sugar-disease may be lessened by the judicious exhibition of pilocarpine. One milligramme (about 1-60 of a grain) of this substance, administered in the form of a pill—with glycerine and gum to make the mass—at the rate of not more than five or six pills per diem is to be recommended. Pilocarpine may also be administered for the purpose in view in the form of an aqueous solution, thus;

	Gram.
℞ Aq. destill.....	8.
Alcohol (40 deg.).....	4.
Pilocarp. nitr.....	.48

S.—The tongue to be moistened with five or six drops of this mixture four or five times a day.—*Med. Times and Register.*

THE FAVORITE DRUGS.

MR. W. MARTINDALE, F. C. S. of London, has prepared a most instructive little work, entitled "Analyses of Twelve Thousand prescriptions" (H. K. Lewis, London). These prescriptions consist of 10,000 collected from pharmacies in Aberdeen, Bournemouth, Carlisle, Oxford, Cork, and 2,000 from London. They were all written within the last decade, and reflect quite fairly what drugs the average practitioner is using in Great Britain and Ireland. They include both officinal and non-official preparations.

The total number of drugs used we find to be 293, of which 84 are non-official. As a number of these are practically the same, but given in different combinations, one may conclude that a civilized nation at the present day requires somewhat over 200 drugs to soothe its pains, solicit its appetites, control its peristalses, and in general to promote eubiosis or insure euthanasia. This is, after all, not such an appalling number, especially when it is found that only 99 were used over one hundred times, the numbers sinking gradually to and ignominiously with 10 for "tinctures laxativæ." The list is headed with "spiritus chloroformi," of which there were 1,117 prescriptions. This addiction to spirits of chloroform is undoubtedly a prescription habit on the part of the English doctors, since the compound has no such popularity elsewhere, and since spirits of chloroform is only a comforting menstruum of little remedial value. The prescriptions for pure chloroform were only 54.

Next on the list comes tincture of nux vomica, of which there were 991 prescriptions. If to this we add those for strychnia in its other forms, the total becomes 1,536. It is clear that the sheet-anchor of the English practitioner is strychnine. One must conclude that his patients are a debilitated lot, and also that he himself is poor in expedients, since this one stimulant stands out so prominently. Quinine, to be sure, is given a good deal (598 prescriptions), but iron, administered in the form of the tooth-destroying tincture, is low in the list (249).

Bicarbonate of soda is a mighty factor in controlling the diseases of Great Britain, for it ranks next to nux vomica, 897, in the list of popular drugs, wine of ipecac, 504; bicarbonate of potash, 463; chloroform water, 437;

bromide of potash, 365; nitro-hydrochloric acid, 357; iodide of potash, 356; arsenic, 337; salicylate of soda, 323; paregoric, 316; belladonna, 301; digitalis, 300; mercury, sulphuric acid, and bismuth completes a list of the drugs which may fairly be considered as most frequently used.

They tell a story of asthenia, dyspepsia, rheumatism, syphilis, and bronchitis.

Opium in some of its forms is prescribed 849 times—a rather formidable percentage.—*N. Y. Med. Record.*

THE PRESENT STATUS OF THORACIC SURGERY.

Gaston (*Jour. of the Amer. Med. Assn.*), after discussing the various methods proposed, draws the following inferences:

1. All penetrating wounds of the thorax may be closed hermetically by suture or otherwise, after allowing the discharges of fluid blood from the opening.

2. Foreign bodies lodged in the bronchi through the chest will afford relief of the trachea at the lowest available point.

3. Experiments on reaching the bronchi through the chest will afford little encouragement in undertaking operations upon the human subject.

4. Medication as a preventive and a curative agency in pleuritic effusion is worthy of trial before having recourse to aspiration.

5. Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumothorax, but cannot be relied upon for the relief of purulent collections.

6. Partial resections of ribs are attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

7. The excision of a small portion of one rib with the introduction of drainage-tube has been generally attended with good results.

8. Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

9. Tumors of the mediastinum may admit of interference, but further developments of technique are necessary before the method can be generally advised.—*Therapeutic Gazette.*

Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate**. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate**, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

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

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

FACULTY.

Diseases of the Eye and Ear.—D. B. St. John Roosa, M. D., LL.D.: President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D., Francis Valk, M. D.
Diseases of the Nose and Throat.—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.

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Diseases of Women.—Professors Bache McEvers Emmet, M. D., Horace T. Hanks, M. D., J. R. Nilsen, M. D., H. J. Boldt, M. D., A. Palmer Dudley, M. D., George M. Edebohl, M. D., Francis Foerster, M. D.

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

Diseases of Children.—Henry D. Chapin, M. D., Augustus Caille, M. D.

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

Pharmacology.—Frederick Bagoe, Ph. B.

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

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