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# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

VOL. IV.—No. 5.

MAY, 1892.

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The Second Annual Meeting of the Association will be held in Halifax on  
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All registered medical men in the Maritime Provinces are invited to attend and to become members of the Association.

Gentlemen who intend to read papers are requested to forward at their earliest convenience the titles of the same to the Secretary.

ARTHUR MORROW, *Hon. Sec.*

## NOVA SCOTIA MEDICAL SOCIETY.

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

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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 end of the first week in July.

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

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

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

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

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

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

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

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

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

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

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# The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

HALIFAX, N. S., MAY, 1892.

No. 5.

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### Original Communications.

#### A CASE OF ZONULAR CATARACT.

READ BEFORE BRANCH MEETING BRITISH MEDICAL ASSOCIATION, HALIFAX, N. S., 15TH APRIL, 1892.

BY DR. W. TOBIN, F. R. C. S.

Gentlemen,—I proposed bringing before you this evening a few cases of cataract, three of them illustrating the principal forms of that degeneration of the crystalline lens. I regret, however, that I have only had time to prepare rough notes of one—a case of zonular cataract. The others I will bring forward at a later clinical meeting. They were both cases of senile cataract, the one being an immature cortical, the other a mature nuclear type of the disease. The three have been operated upon within the past few days.

#### Zonular cataract.

Jennie M—, an Acadian girl, aged eight years, admitted into the Victoria General Hospital 7th April, '92. Complaint, loss of vision, dating from birth.

Personal history. Parents live in Yarmouth, N. S. Have other children in good health and of good sight. Has had usual children's ailments and has been subject to convulsions until a year ago.

Present condition. A bright child, fairly intelligent, in good general health, nose well shaped, hard palate normal, teeth irregular and one upper incisor knotted, but not characteristic of inherited specific disease. The absence of dentine in teeth noticeable. There is an opaque layer on the lens occupying the area of the pupil in both eyes of a dull, bluish white appearance. Vision reduced to perception of light in the right eye; better vision in the left. Nystagmus (oscillation of the eyeballs) very marked in both. The patient can guide herself about the room by feeling the objects she comes in contact with, but cannot distinguish small things. On dilatation by atropine, the whole of the exposed surface of the lens in the right eye is found to give no choroidal reflex; in the left eye, under similar dilatation, an areola of clear tissue is found surrounding the border of the lens, but



normally covered by the iris. The opacity here extends but little beyond the pupillary zone, and seems to be interposed between the centre or nucleus and the anterior half of the proximal surface of the lens. Vision is greatly improved by dilating the pupil.

I decided to make an artificial pupil in the left eye downwards and inwards, the situation best adapted for near vision, and to needle the cataractous mass in the right eye to promote its absorption.

These operations were accordingly done after the pupil in the left eye had been reduced by Eserine and the right fully and further dilated by atropine. Both have been attended by satisfactory results. Vision is now good for small objects in the left, where the patient has not only a small pupil admitting light to the eye, but retains her power of accommodation. The right eye will require further needling, perhaps a section or linear extraction; but there is every promise of satisfactory vision, with the help, perhaps, of a weak convex glass for distance and near work. I have since made a small linear extraction, and have got a clear pupil  $-V = \frac{1}{3}$  without glasses.

Zonular cataract generally forms a greyish mass, which encloses the nucleus and which leaves, according as it approaches more or less to the capsule, after dilatation of the pupil by atropine, a varying border of transparent crystalline tissue. There may be only one opaque layer, or there may be two or three distinct layers, which may send out prolongations reaching almost to the margin of the lens. Vision will vary in proportion to the degree of the opacity. Some patients may be simply myopic—the habit they contract of bringing small objects close to the eyes must speedily render them so, even if their refraction were normal to start with. Others in whom the opaque layer is more extended—as in my young patient's right eye—are only able, after dilatation by mydriatics, to find their way about.

These cataracts are generally double, though the degree of opacity may vary in either eye. The subjects are often rachitic; hence the absence of dentine. They have generally had convulsions and are sometimes descended from cataractous progenitors.

My master, de Weeken, advises early operation, even in infancy. Nothing, he says, deteriorates vision like the want of regular function (use) during the growth of the eye. Nystagmus is sure, as in this case, to develop, if operative interference be delayed for years.

The first procedure is to dilate the pupils thoroughly with atropine and ascertain the amount and situation of transparent lens tissue. If a fair amount of lens margin be free, an artificial pupil will give the best result. Let it be a small one, to obviate the dazzling from a large opening, uncoverable by the lid, and because, with the development of the eye, it will enlarge itself. Downwards and upwards is the seat of election for it, but if the lens be not transparent in that situation, then directly inwards if possible, and upwards least of all.

If both eyes be equally effected, as usual, a mixed operation such as was done in this case is essentially practical. As these children are generally myopic you will give them near vision with the eye having the artificial pupil, the accommodation being undisturbed; whilst with the other, long sight will be rendered possible in consequence of the correction of the myopia by the lens extraction, whilst glasses may not be needed, or if any, a feeble convex one may suffice.

In needling, keep to the surface of the lens for fear of luxating it. The operation may have to be repeated several times, the course of treatment extending over months. The first needling should barely open the capsule; when repeated, one may cut deeply into the substance of the lens. Atropine, cold applications and rest from light for a few days will obviate any trouble or pain.

In doing an artificial pupil one must avoid wounding the capsule or exerting rough pressure upon the iris, and seize only the pupillary border of that structure, when withdrawing it through the corneal incision, for section by the aide. Tyrell's hook answers better for this purpose than the ordinary Iridectomy forceps. Only as small a piece as possible (covering a transparent portion of the crystalline of course) should be excised. The operation is unattended by risk or complications if carefully done. A few days rest in a darkened room with cold applications will do the rest.

The ensuing ametropia will have to be corrected by suitable glasses, and the parents should be directed to prevent or cure the myopic tendency by the usual hygienic and other measures.

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### EPITOME OF MEDICAL PROGRESS.

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BY W. H. HATTIE, M.D.,

*Asst. Physician N. S. Hospital for Insane.*

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EYE-STRAIN AND HEADACHE. — Drs. Walton and Carter (*Med. News*, Phila., Mar. 19th, 1892) urge very strongly the importance of the relation of eye-strain to functional headaches, particularly migraine. A careful investigation of cases occurring in their practices has convinced them that many of the obscure head-pains which stubbornly resist ordinary treatment, and which have an injurious reactive effect upon the whole nervous system of the individual, have as their cause some optical defect. Hypermetropic eyes are especially apt to cause trouble, and as in these cases the patients are generally satisfied that they have particularly good eyes (being able to see very distinctly through long distances), the question of eye difficulty is very apt to slip notice. Astigmatism and strabismus, even in so slight degree as to be scarcely noticeable on examination, are not rarely demonstrated to be the cause of obscure pains in the head. When the deficiency

is overcome by properly selected spectacles, relief is often speedily obtained and remains permanent. Other causes of headache having been eliminated, the eyes should be carefully examined by a skilled ophthalmologist for errors of refraction or muscular insufficiency, and any abnormal condition which may be found should have careful attention.

In his book on Nervous Diseases, Ranney is very emphatic in attributing the blame for migraine to eye trouble. He says:—"For many years I have taught in my lectures that I had yet to meet a case of typical migraine in which an examination of the eyes or the eye-muscles would not show the existence of a marked error. All observations to date confirm me in this view. *Latent hyperopia* is an extremely common cause of reflex disturbance in these cases; and *esophoria* or *hyperphoria* are not infrequently found."

The question is one deserving of at least careful attention. If a properly adjusted lens is to be the curative agency in any of these cases, it is much better that it should be applied before than after the administration of the drugs of the pharmacopœia. It is doubtful, however, whether glasses alone will be all that is required in bringing about recovery. The correction of the deformity merely removes the cause of the difficulty; the effects still demand suitable treatment, such as the administration of tonic medicines.

THE COMMUNICABILITY OF DISEASE FROM ANIMALS TO MAN is a subject of ever-growing importance, and in the light of recent bacteriologic research is becoming attractive of much attention. Many of the forms of disease to which humanity is subject are found, perhaps somewhat modified, in the lower animals. Most important and most unfortunate is the fact that many of our domestic animals are prone to diseases, the communicability of which has been established. Tuberculosis is a disease which is extensively prevalent among cattle, particularly in the higher and

more favorite grades. In cows it is an especially insidious disease, and may exist undetected by ordinary methods for an indefinite time, a constant source of danger to neighboring cattle as well as to the families using the milk of the infected animals. It is not necessary that the udder be affected in order that the milk be rendered a source of danger, for both microscopical examination of milk of tuberculous animals in which the udders are perfectly free—at least, to all appearances—from tubercle, as well as inoculation experiments performed with such milk, prove beyond doubt that it contains the specific germs of the disease. An early diagnosis of the disease in cows becomes, therefore, an urgently important matter, and lately veterinary physicians have been using Prof. Koch's tuberculin for the purpose of discovering any tuberculous process that does not reveal itself to the usual methods of examination. The results have been, on the whole, encouraging, and it is quite probable that in tuberculin we have an agent which will aid us (through our veterinary friends) in doing much towards the prophylaxis of a most formidable disease.

We must not wait, however, for the universal application of this agent as a means of diagnosis. Knowing that tubercle prevails to a very serious extent in cows, and that its presence in an early stage may so readily escape detection, it becomes a matter of principle for physicians to insist upon the thorough cooking of all beef meat and the careful sterilization of milk before the consumption of these articles as food. This particularly applies to the preparation of cows' milk for the artificial feeding of infants.

THE ORIGIN AND SEAT OF EPILEPTIC DISTURBANCE was the subject chosen by Mr. Victor Horsley for an address before the Cardiff Medical Society. (*Brit. Med. Jour.* April 2, 1892). The phenonema which he considered to be especially worthy of note in affording

aid in solution of the problem are, (1), the loss of consciousness; (2), the change in respiration; (3), the cry; (4), the muscular spasms. It is generally acknowledged that both clinical and experimental observations warrant the assumption "that the phenomenon of loss of consciousness must be brought about by some agency which abrogates the functional activity of the cortex cerebri." Such agency might be extrinsic or intrinsic—an extrinsic agent being anything which acts outside the nerve corpuscles which make up a nerve centre to paralyse their activity. A sudden diminution of the blood supply to the brain might be such an extrinsic agent, and the experiments of Kussmaul and Jenner led to the supposition that an anæmic condition of the brain was causative of convulsive seizures closely resembling those of epilepsy. It must be remembered, though, that in ligating the arteries leading to the brain, the nutrition of the respiratory centre is cut off, and to this result might reasonably be attributed the convulsions following the operation. As a matter of fact, there is very little to support the theory of anæmia of the brain in the epileptic state. Observations of animals in which epileptiform convulsions have been induced by the injection of absinthe, both by manometric measurement of the pressure in the carotids and by direct inspection of the cortex, shews that the condition there existent is one of hyperæmia rather than anæmia. Prof. Horsley had the opportunity of witnessing an epileptic fit in the human subject at a time when the motor region was exposed for observation and electrically stimulated, and he noted that the cortex was distinctly hyperæmic. Moreover ophthalmoscopic examination of the fundus oculi during a convulsion does not reveal notable pallor of the discs. It is therefore warrantable for us to consider that the blood supply of the brain in the epileptic condition is in excess of the normal rather than, as we have been supposing, the opposite.

Horsley's experiments have led him

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Contains Pancreatine, Pepsin, Lactic and Muriatric Acid, etc. The combined principles of Indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

Dose.—A teaspoonful containing 5 grains Pepsin, after each meal, with an Aperient Pill taken occasionally. This preparation contains in an agreeable form the natural and assimilative principles of the digestive fluids of the stomach, comprising **Pancreatine, Pepsin, Lactic and Muriatric Acid.** The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

The value of **Liquor Pancreopepsine** in this connection has been fully established, and we can recommend it with confidence to the profession as superior to Pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

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This preparation combines in a pleasant and permanent form, in each fluid drachm, the following:

R Acid. Salicylic, (Schering's), grs. v.	Potass. Iodid. .... grs. iss.
Cimicifuga . . . . . grs. ij.	Tr. Gelsemium.... gtt. i.

So prepared as to form a permanent, potent and reliable remedy in

**RHEUMATISM, GOUT, LUMBAGO, ETC.**

This preparation combines in a pleasant and agreeable form :—Salicylic Acid, Cimicifuga, Gelsemium Sodi Bi-Carb, and Potass. Iodid, so combined as to be more prompt and effective in the treatment of this class of diseases than either of the ingredients when administered alone.

This remedy can be given without producing any of the unpleasant results which so often follow the giving of Salicylic Acid and Salicylate of Sodium, viz., gastric and intestinal irritation, nausea, delirium, deafness, nervous irritability, restlessness, and rapid respiration; on the contrary, it gives prompt relief from pain, and quiets the nerves without the aid of opiates.

Elixir Salicylic Acid Comp. has been extensively used in private practice for several years with almost unvarying success and better results than any other mode of treatment yet suggested.

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual: the cure of one of the most stubborn classes of disease.

The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case. Each teaspoonful contains five grains of Salicylic Acid.

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**SYR: PHYTOLACCA COMP.**

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COMPOSITION:—Phytolacca Decandra, Stillingia, Salvia, Lappa Major, Corydalis Formosa, aa grs. vi. Nanthoxylum Fraxinetum, Potassii Iodidum, Cascara, Sagrada, aa grs. ij, in each dessertspoonful.

**Syr. Phytolacca Comp.**, the composition of which has been given to the profession, has been known and used by physicians, myself, and others of my acquaintance, and found superior to other alterative compounds now in use. It has been used with great success in the treatment of Lupus, Herpes, Psoriasis, Acne, Glandular Enlargements, Strumous Affections, Granular Conjunctivitis and Eczema. As a remedy for Syphilitic Disease of the skin and mucous membranes it has proved to be specially valuable in my hands in a large number of cases where all the usual remedies had failed to improve their condition, and when Syr. Phytolacca Comp. was administered the improvement was very prompt and satisfactory.

It will be seen that Syr. Phytolacca Comp. contains the best alterative remedies now in use, and that they are so combined as to make a permanent and agreeable preparation that can be administered to children or persons with the most delicate stomach.

I usually prescribe it in doses of a teaspoonful, which may be increased to a tablespoonful four times a day the frequency of the dose to be diminished if bowels become too active.

CHARLES W. BROWN, M. D.

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# For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT. ANODYNE.

## BROMO SODA.

(WARNER & CO.)

R.—Caffein 1 grain, Brom. Soda 30 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

DOSE AND COMPOSITION.—A heaping teaspoonful, containing Brom. Soda 30 grs., and Caffein 1 gr., in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

SEDATIVE. EFFERVESCENT. ANODYNE.

## BROMO POTASH.

(WARNER & CO.)

R.—Caffein 1 grain, Bromide Potash 20 grains, in each heaping teaspoonful.

Useful in Nervous Headache, Sleeplessness, Excessive Study, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

Physicians desiring the Potash Salt can obtain the same by ordering or prescribing Bromo-Potash (WARNER & Co.), the composition of which is: Brom. Potash 20 grs., Caffein 1 gr.

The coating of the following Pills will dissolve in  $3\frac{1}{4}$  minutes.

### Pil: Sumbul Comp.

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R—Et Sumbul ..... 1 gr.  
Assafetida ..... 2 gr.  
Ferri Sulph. Exs. .... 1 gr.  
Ac. Arsenious ..... 1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurosthenic conditions in conjunction with Warner & Co.'s Bromo-Soda. One or two pills taken three times a day.

### Pil: Antiseptic Comp.

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Each Pill contains:

R—Sulphite Soda ..... 1 gr.  
Salicylic Acid ..... 1 gr.  
Ext. Nux Vomica ..... 1-8 gr.  
Powd. Capsicum ..... 1-10 gr.  
Conc't Pepsin ..... 1 gr.

DOSE—1 TO 3 PILLS.

Pil: Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of Food.

### Pil: Chalybeate.

(W. R. WARNER & Co.'s FERRUGINOUS PILLS.)

3 GRAINS. DOSE—1 TO 3 PILLS

Ferri Sulph. Fe SO<sub>4</sub> | Ferri Carb. Fe Co<sub>3</sub>  
Potass. Carb. K<sub>2</sub> Co<sub>3</sub> | Potass. Sulph. K<sub>2</sub> SO<sub>4</sub>  
Carbonate of Protoxide Iron.

The above combination which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of the Protoxide of Iron [Ferrous Carbonate] in a quickly assimilable condition.

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Please mention **THE MARITIME MEDICAL NEWS.**

### Pil: Chalybeate Comp.

(W. R. WARNER & Co's.)

Same as Pil: Chalybeate, with 1-8 gr. Ext. Nux Vomica added to each pill to increase the tonic effect.

DOSE—1 TO 3 PILLS.

### Pil: Aloin, Belladonna, and Strychnine

(W. R. WARNER & Co's.)

R—Aloin ..... 1-5 gr.  
Strychnine ..... 1-60 gr.  
Ext. Belladonna ..... 1-8 gr.

Medical Properties, Tonic, Laxative.

DOSE—1 TO 2 PILLS.

Try this pill in habitual constipation. One pill three times a day.

### Pil: Antidyspeptic.

(DR. FOTHERGILL.)

R—Pulv. Ipecac ..... 2-3 gr.  
Pulv. Pip. Nig ..... 1-2 gr.  
Strychnine ..... 1-20 gr.  
Ext. Gentian ..... 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pill Anticonstipation.

### Pil: Arthrosia.

(W. R. WARNER & Co's.)

For cure of Rheumatism and Rheumatic Gout. Formula:

Acidum Salicylicum ..... Ext. Colchicum.  
Resina Podophylicum ..... Ext. Phytolacca.  
Quinia ..... Capsicum.

Almost a Specific for Rheumatism and Gouty complaints.

to conclude that fits cannot originate from any of the spinal nerve centres. The origin must be somewhere within the encephalon. Taking the symptoms before enumerated as a guide, we know that consciousness is dependent on the integrity of the cortex and cerebral hemisphere, and does not appear to be the concomitant of the functional activity of the remainder of the encephalon. The change of respiration may, of course, be due to involvement of the respiratory centre in the medulla, but it must be remembered that many observers have found extensive representation of respiration in the cortex cerebri. Phonation, also, although it can be evoked from the medulla, has been found to have representation in the cortex. Furthermore, the investigations of recent times have been strongly in evidence of a cortical origin of the muscular spasms which form such a distressing feature of the epileptic convulsion. It has been thought that excitation applied to one hemisphere would produce bilateral spasms. Prof. Horsley's experiments, however, tend to show that when the limbs of both sides of the body are in active convulsion both hemispheres are involved in the fit.

In summary, Horsley says: "Whatever be the point which the epileptogenous agency first attacks, we must conclude that the principal seat of the disturbance of a general or idiopathic fit must be the cerebral hemispheres, and especially their cortical mantle. Further, that the condition of the cortex during the attack is one of congestion, and not anæmia; and finally that in all probability this portion of the encephalon is actually the place of origin of the disturbance."

For ten years physicians have led the list of suicides. From this it would seem that an efficient method of exterminating fools would be to induce them to join the medical profession in order that they might kill themselves.—*Fr.*

## Correspondence.

BALTIMORE, March, 1892.

DEAR M.:

The surgical department of the Johns Hopkin's is under the management of Dr. W. S. Halstead, who is steadily acquiring a high reputation as a scientific surgeon. He can scarcely be called a brilliant operator. All the steps of a complicated operation are executed with the greatest care and conscientious attention to the most trivial details. The results are almost invariably good. His contributions on the value of the blood clot in the management of dead spaces in wounds, hernia, intestinal sutures, and other surgical procedures are noted for originality and sound judgment.

The operation for carcinoma of the breast, which has been steadily growing in favour among American surgeons, is worthy of the attention of your readers as it is based on solid pathological reasons. I refer to exsection of the part of the Pectoralis major, it having been clearly demonstrated that infiltration of the lymph spaces and glands in that structure occur early and may indeed precede involvement of the axillary glands. Halstead's method I will describe in his own words taken from a typical case published in the Johns Hopkin's Hospital-Reports, vol. II, page 263.

Wealthy Mason Aet 47 admitted to Hospital, March 20th, 1890.

About one year ago the patient noticed a lump no larger than a pea just external to the left nipple. The lump has gradually increased in size and is now about as large as a hen's egg. The axillary glands are large enough to be felt.

Operation March 21st. The knife was introduced at a point from 3 c. m. to 5 c. m. below the middle of the clavicle and drawn outwards on to and down the arm to a point below the insertion of the pectoralis major muscle. The knife was then reintroduced at the starting point and the tumour circumscribed by a skin incision, which gave

the diseased tissues at every point a wide berth—a berth of at least 5 c. m. Each bleeding vessel as it presented itself, was caught at once by an artery clamp.

The tumour, the entire breast and all of the healthy tissues which had been circumscribed by the skin incision, were removed in one piece from within outwards by cutting and tearing from the ribs and from the fascia which covers the pectoralis major muscle. The triangular skin flap was dissected back to its base. The loose fascia which stretches from the lower border of the free edge of the pectoralis major to the chest wall was torn through with the fingers, the major muscle was raised up from the chest wall and from the pectoralis minor muscle, and cut away close to its trunk attachments and at about 5 c. m. from its insertion into the humerus.

The pectoralis minor was divided transversely about its middle and drawn upwards so as to completely expose the extreme apex of the axilla under the clavicle. The loose cellular tissue about the first portion of the axillary vein was dissected away with the fingers so as to clearly expose the vessel.

Starting from this point the tissues were dissected clean from the axillary vessels and nerves down almost to the lower limit of the skin incision on the arm.

Going back again to the apex of the axilla, the axillary contents, and with them all the cellular tissue and fat which covers the front and side of the exposed chest wall were dissected off clean from the ribs. The somewhat wedged shaped contents of the axilla were thus removed in one piece from the apex to the base or floor of the axilla. The floor of the axilla had already been reflected in the triangular skin flap. The last cutting act of the operation therefore was to dissect the base of the wedge shaped contents of the axilla from the reflected triangular flap of the skin.

Two strong silk approximative sutures were taken from the under side of the skin at about 1.5 c. m. from its cut margins. These sutures stretched across

the open wound, did not touch the ribs but were suspended in the air about midway between the ribs and level of the skin. The flap was then pressed up into the axilla to as high a point as possible, and was held there by an assistant, while its edges were stitched with buried skin sutures to the skin of the chest wall. The open wound was allowed to fill with blood. The approximative sutures became completely buried in the blood clot. The blood was protected from the dressings by strips of gutta-percha tissue. The fornix of the axilla was made as high as possible, and its high position maintained by a wedge of gauze which was held in place by a firmly applied bandage. The inner dressing was of sterilized gauze and the outer of cypress moss.

April 7. First dressing. It has healed in the typical way. The blood clot which is already almost completely organized, fills the open wound up to the level of the skin. "Complete healing without suppuration."

I have seen several cases after this operation, and the power of the arm is not impaired to the extent one would suppose. Sufficient time has not elapsed to speak positively on the question of recurrence, but the impression seems to be that it is not so likely to happen. Speaking of the operation Halstead says "about eight years ago I began not only to typically clean out the axilla in all cases of cancer of the breast, but also to excise in almost every case the pectoralis major muscle, or at least a generous piece of it, and to give the tumour on all sides an exceedingly wide berth. It is impossible to determine with the naked eye whether or not the disease has extended into the pectoral muscle.

From the careful examinations of many very small cancers of the breast, I am convinced that the pectoralis major muscle is usually at the time of the operation involved in the new growth."

I must reserve for another communication interesting points observed in the surgical clinic.

# Maritime Medical News.

MAY, 1892.

EDITORS.

D. A. CAMPBELL, M. D. .... Halifax, N. S.  
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DR. MORROW,

*Argyle Street, Halifax.*

AN attempt is being made by the Halifax County Medical Society—a society recently organized and incorporated—to raise the standard of medical fees in the county. It is undoubtedly true that while it has gradually but perceptibly been becoming more costly for the doctor to have his house painted, or to buy a roast of beef, the fees chargeable by medical men have not correspondingly increased. Rents are higher, duties have to be paid on books and instruments, a certain style of living has to be maintained, the expenses of a horse and carriage have to be met, in short the expenses of a medical man are necessarily considerable.

On the other hand, the average fees charged by doctors are in many cases ridiculously small, not only intrinsically, but compared with or

judged by the nature of the services rendered. Take a case of diphtheria. Consider the personal risk, the risk of carrying contagion to his family, the anxiety in severe cases, the necessity often of refusing to attend obstetrical cases while attending the diphtheria; consider how, if the patient gets well, the value of the labors of the physician often becomes progressively minimized by the relatives as convalescence becomes established, but when the patient dies, the failure to cure is held a fault of the physician; consider all this and the unpleasantness of the atmosphere, etc., associated with the malignant cases, and then think of eight or twelve or fifteen visits being worth only eight or twelve or fifteen dollars. Take a case of acute pneumonia. When a physician has by anxious solicitous care intelligently brought a patient from the doors of death to life and health again; think of 15 or 25 visits being paid for with 15 or 30 dollars. The life for 25 dollars, the price of a suit of clothes. Medical men have themselves to blame for ever allowing such outrageous ideas to get into the heads of the laity as to the nature of the work of educated intelligent physicians. We all know that when a man wants a physician he wants him before anything and at any price—the physician might demand what he would. And what the profession has been demanding is such as to give a busy man in some cities



income sufficient to support their families with some difficulty. We are glad to see any attempt to improve these matters by judicious legitimate means, and hope that all will loyally endeavour to aid in effecting the improvement; and if the early measures adopted in Halifax County do not lead to such tangible results as may be hoped by some, that need not discourage the members of the Society from patiently trusting to the educative effects of frequent discussion of the matter. There are other important subjects we hope to see dealt with by the Society such as the relations between doctors and druggists, etc.

WE ask the attention of our readers to the notice on advertising Page IV of the forthcoming meeting of the Maritime Medical Association. It is hoped that many from all three Provinces will attend, and a successful meeting is expected.

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### Selections.

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#### INTERNAL STRANGULATION.

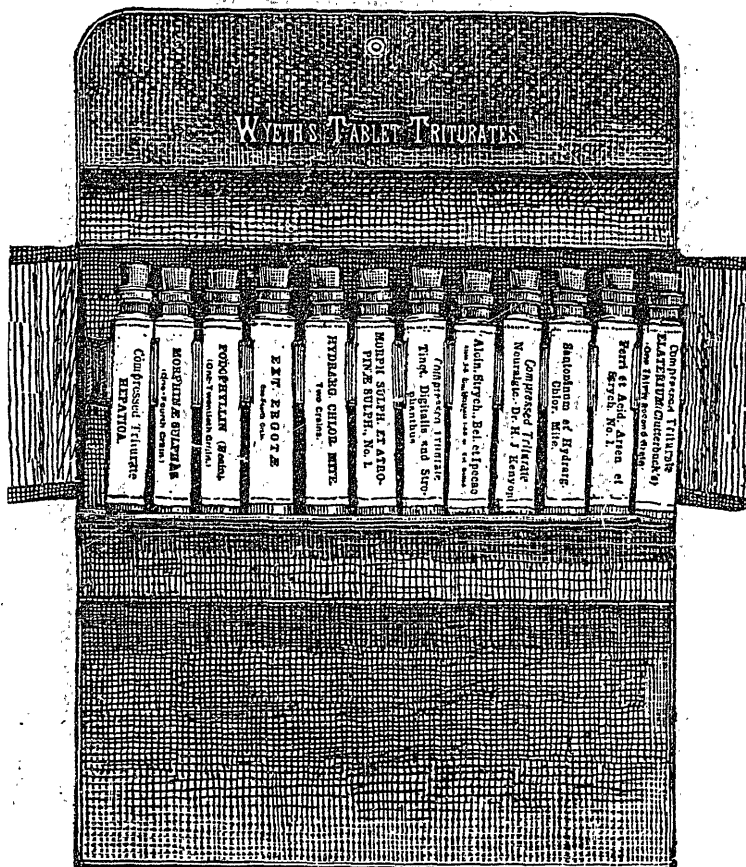
Mr. Arbuthnot Lane in a recent paper discoursed on the varying modes in which a strangulated loop of bowel reacted to the constricting medium. He narrated two cases of strangulated hernia, remarkable for the extreme sharpness of the constricting edge. In one, the loop of bowel had passed along with a piece of omentum through a small aperture. The bowel in the sac was not much congested. The distal portion of the loop was shielded from the sharp constricting margin by the omentum, but

more than three-quarters of the circumference of the proximal portion of the gut had been subject to its pressure, and had by a process of ulceration been deprived of all its peritoneal coat for a breadth of nearly one-eighth of an inch. This coat appeared very thin, but was not perforated. Mr. Lane invaginated the damaged portion of the circumference of the bowel into that beyond and retained it with sutures. The man recovered. The second case was one of reduction *en masse* with a constricting medium precisely similar to that in the preceding case, but both proximal and distal ends of the loop were so deeply ulcerated as to leave only the peritoneal coat along the line of constriction; and though there was no obvious perforation, the fluid in the sac and that in the abdominal cavity in the vicinity of the hernia smelt strongly of fæces. The loop was excised, and the ends of the bowel approximated by Senn's method. Symptoms of peritonitis, which were only local before the operation, soon became general, and death ensued on the following day. In this, as in the first case, the loop of bowel showed very little change except at the point of constriction. It would have been impossible, to have performed the operation at all, owing to the very enfeebled state of the patient, but for the free intravenous injection of saline solution. With these two cases he contrasted the condition of bowel seen in strangulated hernia, when the constricting medium was broad and produced no local distinctive change in the gut. In such, the condition of the strangulated loop simulated that resulting from the experimental ligature of a loop of bowel by a piece of broad tape or gauze, the bowel becoming intensely congested, thick, leathery, inelastic, and, for a longer or shorter time after the constriction had been removed, functionless. If it were subjected to the influence of the constriction for a sufficiently long time, gangrene took place at the convexity of the loop commencing at a point most distant from the

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WE desire to ask the attention of the medical profession to this invaluable expectorant, which after an expenditure of much time and study, involving considerable experimental work, Messrs. Wyeth & Bro. have been enabled to perfect; and we take pleasure in presenting to the profession a medicated syrup, which for beauty and efficiency we feel assured cannot be surpassed.

This preparation represents, combined in the most palatable form, the following ingredients: White Pine Bark, Wild Cherry Bark, Spikenard Root, Balm of Gilead Buds, Blood Root, Sassafras Bark, Morph. Sulph., Chloroform and Tar. These are combined and incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, this syrup certainly possesses exceptional merit, and in the opinion of a number of our leading physicians, has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles. The introduction of Tar is certainly of inestimable value, for it not only contributes to the moderation of the cough by the promotion of expectoration, but, at the same time, allays nausea and increases the appetite and digestive power.

Practical physicians need hardly be told how frequently ordinary cough-remedies and expectorants fail; the agents that *relieve* the cough *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough, it is of vital importance to maintain the nutrition, the value of a remedy acting as Wyeth's White Pine and Tar can be readily appreciated.

Its efficiency is likewise manifest in relieving that obstinate and persistent irritation that frequently accompanies the development of pulmonary affections. The quantity of Morphia Sulphate which is incorporated is just sufficient to exercise a calmative effect, and yet so minute as to be free from those objections which frequently characterize preparations of this kind.

In coughs, colds, and similar affections, such as hoarseness, sore throat, etc., whether recent or of long standing, it will be found to give immediate relief.

Per Demijohn 128 fl. oz. ....	\$5.00
Per Winchester 80 fl. oz. ....	3.50
Per dozen Bottles of 16 fl. oz. ....	9.00

The prices of Wyeth's Syrup White Pine Comp. without the addition of Tar, *same as above.*

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constriction. He pointed out that between these two extremes any number of intermediate conditions and combinations occurred, and he indicated their importance surgically. The freedom of the bowel from congestion in the two cases described, he explained in this manner: When the loop first became strangulated, it probably soon became more or less congested, but the very sharp constricting margin produced rapid destruction of the soft mucous and muscular coats of the bowel by its pressure, and their consequent disappearance enabled the veins which were originally constricted to dilate, and to occupy the space filled originally by these bulky coats, so the back flow of blood from the bowel was carried on satisfactorily, the loop recovering its normal appearance more or less completely and rapidly. — *Med. Surg. Reporter*.

### INDECISION IN THE DOCTOR'S WORK.

Indecision is a grave defect in the life of any person, but it is especially so in a doctor. Prompt decision after the facts have all been considered is imperative for any satisfactory career. The causes of indecision are numerous, and its varieties equally so. In some it springs from knowledge so extensive as to impress its possessor with the dangers that may follow a certain line of action, and yet so limited as to deprive its possessor of the confidence that he has all the knowledge of practical value. He knows too much to possess the comfort of the ignorant, and too little to secure that of the wise. Hence it is impossible for him to act with decision.

Another class of persons are unable by organization to reject the unessential and rapidly mass the essential as a basis of action. One individual of the writer's acquaintance could speak and write with facility seven languages; all the sciences were in his grasp; the arts were his familiar friends; every branch of medicine found a congenial home in

his wonderful brain; he was a master of the ways of society, but he was unable to select from this mass of facts the proper course of management of a case of measles. He could not decide upon anything because of the manifold things that had been prescribed in the books for this trouble.

In his work upon "Characteristics," Dr. S. Weir Mitchell describes a consultation illustrating some phases of a doctor's decision: "Drs. L. and S. awaited my coming. The case was one of old injury to the head. The consultation was called so late in the case that the question of the value of an operation was doubtful. The character of the two men came out strongly, as it is apt to do in these grim councils. The one (L.) was clear, rapid, seized on the main points with almost instinctive capacity, formulated the facts, and reached his conclusions with confident decisiveness. The other (S.), an older man, listened, read and reread the notes, lifted into prominence for himself the minor symptoms, and ceaselessly combated the other doctor's conclusions, deciding finally against an operation as useless. My own voice settled the question for operation on the ground of harmlessness to a man insensible to pain, and without it sure to die. The operation was done swiftly and well by L. As it went on it became clear that it had failed because of being a week or more too late. Said S., who had the case in charge: 'I always knew it would fail; I am sorry I troubled you at all. I don't believe much in brain surgery.' As L. and I descended the stairs alone, he said to me: 'If you or I had had that case a month ago, it would have been operated upon and possibly saved. Certainly his chances would have been enormously better. That man, S., is like an indecisive little child playing puss-in-the-corner. He tries this corner and runs for that, and all are occupied by some logical difficulty. Is it a moral or an intellectual defect?' I said: It has probably cost a life, and must have cost many. It is not a mere lack of

reasoning power. His essays are clear. You would think from them that he never had a doubt. There he has no responsibility. But let him face a case, and he begins to be troubled. He is a good man, and so tremendously anxious to be right, and to do right, that when human life and interests enter into his mental operations he becomes perplexed. At least that is the way I read him.' How different from Y., who does not care an atom for the patient, but is distracted by his fear of intellectual failure. Naturally, he abhors the postmortem criticism. I hate most of all the fellow who reaches an opinion somehow, is scared by his own decision, and begins to hedge. Indecision is an awful fool."—*Amer. Lancet.*

#### TREATMENT OF POST-OPERATIVE INTESTINAL OBSTRUCTION.

LUCAS-CHAMPIONNIERE (*Rev. de Chir.*, March, 1892) reports five cases in which it was found necessary to perform laparotomy for the relief of internal strangulation following operation on the viscera of the abdomen. In the first of these cases the symptoms of obstruction were presented on the eighth day after ovariectomy, and were found to be caused by old adhesions of the intestine to a mass of omentum. The primary operation in three cases was for the radical cure of hernia, and in the fifth case for strangulated hernia. The post-operative obstruction was due in three instances to adhesions, and in one to the pressure of a large intraperitoneal effusion of blood. All these patients made good recoveries after the second operation. Mention is made of a case of fatal obstruction after an operation for the radical cure of hernia, in which, after death, a loop of intestine was found to have been strangulated by a peritoneal band. In cases of this kind it is often difficult to determine whether the patient be suffering from actual strangulation or from simple obstruction of the intestine. If it be clear that the bad symptoms following

operation are due to mere obstruction, purgatives, the author holds, ought to be administered. It is not a rare occurrence for laparotomy to be followed by intestinal paralysis with fecal retention, the paralysis giving rise also to symptoms of occlusion with stercoraceous vomiting. With the view of preventing this bad result, the author makes it a general rule to administer a purgative two or three hours after the performance of laparotomy, thus following and, indeed, carrying out to a further extent the practice advocated by Lawson Tait. Since he has adopted this line of treatment he has not observed the rise of temperature and the symptoms of gastric disturbance which so frequently result when the patient is subjected to the influence of opium.—*Brit. Med. Jour.*

REMOVAL OF THE UTERINE APPENDAGES BY A SOW GELDER.—Mr. Arthur Thompson, Lecturer on Anatomy at the Medical School, Oxford, sends us the following extract from a book entitled "Man Transformed, or the Artificial Changeling," by J. B. (John Bulwer, M. D.), published in 1653, as being of some interest and service in connection with the history of the subject of removal of the ovaries:

"The Artificial Changeling, p. 364.—It is an anatomical question, *an mulier castrari possit*, and it appears *de facto* to have done; but concerning the manner of operation there ariseth a great difficulty—whether they castrated women by drawing out their wombe, or by avulsion of their testicles. Both waies it is certaine that women will be brought into great danger of life; for although sows may be spaded, yet with the like security it cannot be administered in women by reason of the seat wherein they are placed and the society they have with other parts; for he must necessarily cut both the flankes who castrate a woman, a work full of desperate hazard, yet it may be done with little or no danger if it be attempted by

an artfull hand. And a friend of mine told me he knew a maid in Northamptonshire that was thus spaded by a sow gelder, and escaping the danger, grew thereupon very fat. A gentleman who undertook since in some company to tell me this story againe, said he was present at the assizes of Northampton, when this sow gelder was arraigned for this fact. I doubt there is some mistake in the scene, for by another information of a justice that was there, it was in Lincolnshire, and the fact done upon Lincoln Heath, and that was not his first fact, so that his first attempt might be upon the Northampton maid. This last maid's name was Margaret Brigstock, but the judges were much confounded how to give sentence upon an act against which they had no law; for although the castration of men was felony by the law, yet there was nothing enacted against spading of women; and well might they be ignorant of such a case when Platerus, the great physician, professeth he remembered not that ever he read or heard of such an attempt. This Clarke (for that was his name) was hanged for this last fact, but not by a law, but for robbing her of two penniworth of apples which she had in her apron."—*Brit. Med. Jour.*

THE SURGICAL TREATMENT OF TUBERCULOUS CERVICAL GLANDS. — Owen, in writing on this subject (*The Practitioner*) emphasizes the importance of early operation. The routine treatment by iodine and poultices he considers unsatisfactory, and the administration of sulphide of calcium has been in his hands the "veriest impostor of the Pharmacopœia." Even a visit to the seaside is considered as so much time wasted. Aspiration of a suppurating gland is characterized as a half-way practice. Once a gland has broken down, an operation becomes imperative. If the surgeon does not interfere, Nature performs the work, but at best slowly and imperfectly, and with much greater deformity than after the surgeon's knife.

In those cases which are seen early the operation is a very simple affair, but unfortunately comparatively few consult the surgeon at this stage.

The operation, to be successful, must deal radically with every affected gland and sinus. Due regard must be had for the various important structures of the neck. Of these, the internal jugular vein causes the greatest anxiety, these growths at times being intimately connected with the wall of this vessel, which is frequently seen exposed at the bottom of the wound. The author refers to a well-nigh fatal attack of dyspnoea in a child on removing a sarcomatous tumor of the neck. Owing to the difficulties and dangers of these operations, it is advised to have a skilled anæsthetist and a familiar and trustworthy assistant.

It is considered a mistake to attempt to work through too small an incision or to spare the scalpel at first, though subsequently the more blunt dissection the better. Diseased skin should be sacrificed, and when all is completed the cavity may be filled with powdered boracic acid and covered with an antiseptic dressing.

If the wound be a clean one, primary union may be aimed at by the introduction of sutures. When the glands are broken down, however, and the curette has been employed freely, the wound should not be closed. Occasionally a second cleaning and scraping is necessary before complete healing occurs.

The author does not consider the risk of general dissemination of tuberculous matter after such an operation to be great, but believes, on the contrary, that the patient has been rid of much of the danger of general tuberculosis. [This is all in accord with modern teachings, and has been especially emphasized by the writer and Mr. Treves. The one point which seems open to dispute is as to the value of such measures as change of climate. If the case is seen early and is not rapidly progressive, and if no glands are as yet broken down or caseating, it is unques-

M. P. P.

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

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tionable that sea air or mountain air, cod-liver oil and the iodide of iron, limitation of the movements of the head by means of a collar like an old-fashioned "stock," attention to any defects of neighboring skin or mucous surfaces, etc., may sometimes be followed by resolution. Operation, though advisable, and, indeed, necessary in the great majority of cases, need not be considered the invariable rule.—J. W. W.]  
—*Am. Jour. Med. Science.*

LAWYERS and Doctors were recently compared in Dublin. At Mr. Croly's banquet in Dublin recently, Lord Ashbourne responded for the Bar, and in the course of his remarks said there were points of contact between the medical and the legal professions (*Brit. Med. Jour.*). Barristers, no matter how busy they were, liked to appear more busy than they really were. He supposed it was no disparagement to the medical profession to say that they were similar, and, if he traced them out, there would be found other points of contact. The legal profession was a richly endowed one. They had high salaries and great prestige, but the medical profession had no such prizes. Let them look at the dispensary doctors. They got public money measured out in small doles with slow, meagre hand. They had no red ribbons, but many "scarlet runners" (red tickets); and if they went to the highest positions, they would find that they fell far short of the prizes that were esteemed worth winning by the best men in the legal profession. When he came to consider the Bench, he was unable to find in the medical profession with men as able, with learning as great, with sense of duty as high—he was unable to find in it similar honors and dignities. Lord Ashbourne's appreciation of the profession is worth noting, and his recognition of the fact that the big prizes go to the lawyers is valuable. Perhaps it may bear fruit in due time. His allusion to the dispensary doctors shows that he has been reading the tale

of their miseries, and that he recognizes at least the force of some of the complaints. As he is a member of the Cabinet, the head of the judicial bench in Ireland, and an Irishman acquainted with the circumstances of the dispensary medical officers, he might use his powers advantageously in inducing the chief secretary to try to remedy some of the admitted wrongs of the service.—*St. Louis Med. and Surg. Jour.*

RUPTURE OF UTERUS EARLY IN LABOR.—Chercha (*Przeegląd Lekarski*, No. 42, 1891) writes on the case of a 4-para, who was suddenly seized with a violent pain in the hypogastrium, to the right, when pregnant at term. The pain passed away, the os was but little dilated, the head was movable and above the brim, the membranes unruptured. There were no labor pains; on the fourth day rigors set in, with fever, tympanites, restlessness and collapse. Hydrocephalus, probable rupture of the uterus, and septicaemia were diagnosed. Chercha tried to perform perforation without anaesthetics, but the mother's abdomen was so distended that the foetal head could not be fixed. He then tried version, after dilating the os with bags; but as he then reached the foetal head he perforated and nearly a pint of water escaped. Yet neither the cranio-clast nor the crochet would hold securely, so Chercha seized the leg and turned, delivering a macerated child. After its birth an abundant brownish foetid fluid escaped. In removing the placenta, he found that it lay partly in the abdominal cavity, there being a rupture in the uterine wall to the right. Much hæmorrhage followed. No injections were administered. The intestines, which had prolapsed into the uterine cavity, were replaced, and the uterine wound was plugged with iodoform gauze (30 per cent). Parametritis followed, and high temperature continued for six weeks. A small vesico-vaginal fistula remained after the patient had, in other respects, recovered her health. Chercha notes



that Hoffman and Simpson have observed rupture of the uterus early in labor not preceded by severe labor pains.—*Brit. Med. Jour.*

SOME OF THE DANGERS OF WASHING OUT THE STOMACH.—The April number of the *Practitioner* contains an article by Dr. W. Soltau Fenwick which concludes as follows :

At the present day every imaginable symptom that can in any way be connected with the digestive organs is immediately considered as an indication for the use of lavage, and we find that not only are chlorosis, atonic dyspepsia, and the gastric crises of ataxia subjected to this treatment, but even cases of reflex vomiting are supposed by some to necessitate the employment of the douche. But it is obvious that in those cases where the treatment fails to do good it is extremely likely to do harm, since, as Leube pointed out, it has the effect of removing those products of digestion whose manufacture has caused the stomach a considerable amount of labor. And for my own part I fail to understand how washing out the organ in a case where the normal amount of secretion proves insufficient can possibly increase its digestive powers, or the lavage of the stomach prevent the occurrence of symptoms which are wholly dependent on organic disease in another organ remotely situated. In one case of *tabes dorsalis*, accompanied by exceedingly severe gastric crises, I had the stomach washed out every day for some weeks and the state of digestion carefully watched; but beyond the fact that the symptoms of the disease grew steadily worse, I could detect no material alteration in the condition of the patient. In like manner, the few cases of atonic dyspepsia and chlorosis which I have treated by lavage have, without exception, proved exceedingly rebellious, and only improved when subjected to the more ordinary course of medical treatment. I would therefore conclude by saying that although lavage

is an invaluable remedy in certain cases of gastric disease, its indiscriminate employment in every case of disorder of digestion will prove a curse rather than a benefit, and will eventually throw discredit upon the whole method of treatment.—*N. Y. Med. Jour.*

THE BEST DISINFECTANTS. — The Health Department of the city of New York has contributed much towards a proper understanding of the uses of disinfectants, and the following summary of the results recently determined by this department, as showing the relative value of the below-named germicidal chemicals, may be relied upon as accurate and conclusive. The germ-destroying power of the several agents was tested on the ordinary bacteria of putrefaction. They ranked in effectiveness in the following order :

Corrosive sublimate, 64 grains to the gallon ;

Carbolic acid, 5 per cent solution ;

Bromine, 1 lb. to 200 gallons ;

Permanganate of potash, 17 $\frac{3}{4}$  ounces to 200 gallons ;

Chloride of lime, 4 ounces to the gallon ;

Sulphate of iron, 1 $\frac{1}{2}$  lbs to the gallon ;

Sulphate of zinc, 4 ounces to the gallon ;

Common salt, 2 ounces to the gallon.

—THOMAS J. KEENAN, in *American Druggist*.

SALICYLATE OF SODA IN PLEURITIC EXUDATION.—Dr. Oerl has, (*Hosp. Gaz., Med. Zeit.*) during the past five years, treated nine similar cases of pleuritic effusion with salicylate of soda, after other remedies, such as phenacetin, pilocarpine, etc., had failed, and with the exception of two instances the results were favorable. In these two the absorption was only partial. The author concludes : 1. Serous pleuritic exudations of long standing may be removed by the administration of the salicylate of soda. 2. The salicylate has in exuda-

tive pleuritis, just as in polyarthritis, an apparently specific effect. 3. The fact that, so far as experience with this remedy has gone, no new collection of fluid is observed, makes surgical interference in serous pleuritic exudation not only not imperative, but, indeed, puts operative procedures in the background.—*Can. Lancet.*

THE ACTION OF STRYCHNINE ON THE STOMACH.—The *Khirurgicheski Vestnik* publishes an account of some experiments by Gamper on the action of strychnine on the stomach. Observations were made on seven persons, five of whom were in health. One suffered from gastralgia with excessive secretion of gastric juice, and the last (Gamper himself) from gastric catarrh. The observations extended from twenty to thirty days, and during the first and last week no strychnine was given to excite the stomach. Ewald's test-breakfast was given, and observations were undertaken to determine the volume of gastric juice, the percentage of total acidity, the proportion of hydrochloric acid by weight, the digestive power of the juice, the result of fermentation, and the absorbent power and movements of the stomach. Nitrate of strychnia was given at breakfast time in doses varying from 0.002 gram to 0.0005 gram, but sometimes increased to 0.015 gram. The activity of the stomach was increased in all respects, with the exception of that due to the ferment and the lactic acid. Gamper attributed the usefulness of the drug to the increased excitability of the medulla caused by the strychnine.—*London Lancet.*

#### PRESENT STATUS OF BRAIN SURGERY.

—Dr. D. Hayes Agnew (*University Medical Magazine*) says that the practice of Philadelphia surgeons teaches that all fractures of the skull attended with depression, however slight and entirely irrespective of symptoms, should, in view of the late after-effects, be subject to the trephine.

Trephining for traumatic epilepsy promises only palliation at best.

Trephining for Jacksonian epilepsy is to be regarded as only affording temporary benefit.

Trephining for abscess, in view of the fact that all such cases left alone almost invariably terminate fatally is entirely proper, and the earlier such operation is done the better.

Trephining for intracranial traumatic hæmorrhage is both an imperative and highly promising operation.

Trephining for cephalalgia or traumatic headache, medical measures having failed, should be undertaken with every prospect of success.

Trephining for hydrocephalus is a useless operation.

Trephining for microcephalus, independent of athetosis, confers no credit upon surgery.

It is more than probable that, as our observations multiply, the sphere of the trephine, as a preliminary for the removal of brain tumors, will be lessened rather than amplified.—*Amer. Lancet.*

LAPAROTOMY FOR INTESTINAL PERFORATION IN TYPHOID FEVER.—Dr. Weller Van Hook (*Boston Medical Journal*) says :

There is no rational treatment for perforation in the course of typhoid fever except laparotomy.

The indication for laparotomy, when perforation occurs in typhoid fever, is imperative.

The only contra-indication is a moribund condition of the patient.

Collapse is often at least temporarily relieved by hot peritoneal flushing.

The stage of the fever is not to be considered as an indication or as a contra-indication for laparotomy.

The severity of the typhoid fever is alone not a contra-indication.

Early laparotomy offers the most hope.

The symptoms of peritonitis should not be awaited before operation.

In taking charge of all typhoid fever patients, it is the physician's duty to be

ready, in case of perforation, to perform laparotomy.

The published statistics of laparotomy for this condition are strongly in favor of operation.

The technique, though not complicated, demands much thoughtfulness, acquired dexterity, great rapidity and thoroughness.

**HEALTH ON THE TREATMENT OF THREAD WORMS.**—Within the last few years the views about ascarides have a great deal altered. It used to be thought that they lodged entirely in the rectum, and that the patient could be cured by copious enemata, usually of salt and water. But it has been shown within the last few years that this is not a fact, and that these ascarides have their habitat mainly in the cæcum, and are to be found, more or less, throughout the whole length of the large intestine. It must, then, be borne in mind that it is not sufficient to attack the rectum with enemata, but purgative medicine must also be given which shall act upon the cæcum and clear away the worms themselves and the mucus in which they are lodged. You may often see them coming away in large balls as the result of purgative medicine, and until they are thoroughly cleared out you cannot hope to cure the patient.—*British Med. Jour.*  
—*Medical Chronicle.*

To date, two hundred and fifty-two persons have applied to the Chicago Pasteur Institute for treatment. The treatment, however, was not given to one hundred and forty-eight applicants, as not reasonable evidence was produced to demonstrate that the animals which inflicted the bites were rabid; one hundred and four received treatment. Following the rule of Pasteur, the patients treated have been classified into three principal categories:

1. Patients bitten by animals recognized and ascertained to be rabid by the proof experiment made in the labora-

tory; or by the death of other animals or persons bitten by the same animal.

2. Patients bitten by animals recognized to be rabid by the symptoms of the disease.

3. Patients bitten by animals strongly suspected to be rabid.

Of the first class there were treated twenty-nine; of the second, forty-four; and of the third, thirty-one; total, one hundred and four. All these are now enjoying good health.—*Times and Reg.*

**ON THE TORSION OF ARTERIES.**—In connection with operations for excision of tumors, and other excisions of a like character, Jonathan Hutchinson remarks as follows: "I may mention that for many years I have quite ceased to use any other means for arrest of arterial bleeding than torsion. In excisions of the breast, for instance, I do not think that I have during the last fifteen years ever used a ligature. The torsion is always effected by a pair of Wells' clamp-forceps, now in such universal employment. I am always extremely careful to close all vessels, keeping the wound exposed for a considerable time for that purpose. Very seldom, indeed, have I encountered any secondary hæmorrhage."—*Archives of Surgery.*

**INUNCTIONS OF IODOFORM IN PULMONARY TUBERCULOSIS.**—The following are two forms in which Flick employs iodoform by inunction in the treatment of pulmonary tuberculosis (*Med. News*):

R Iodoformi ..... ʒj.  
Ol. Rosæ ..... gtt. j.  
Ol. anisæ ..... ʒj.  
Ol. morrhue ..... ʒijj.

M.

R Iodoformi ..... ʒj.  
Ol. rosæ ..... gtt. j.  
Ol. anisæ ..... ʒj.  
Ol. olivæ ..... ʒijj.

—*St. Louis Med. and Surg. Jour.*

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This caution is also very necessary when buying Beef, Iron and Wine in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

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

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

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

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

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

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## *Society Proceedings.*

### SAINT JOHN MEDICAL SOCIETY REGULAR MEETING, MARCH 2, 1892.

Routine business being disposed of, Doctor MacFarlane reported a case of what he diagnosed as reflex paralysis. A girl, well developed; pain in stomach, which continued for one month; right hand swollen after two weeks, and followed by entire loss of movement of the right arm and hand, which remained about four months. Patient had never menstruated, never had had any cerebral trouble nor illness of any kind; no tenderness—every motion made with freedom and ease; never showed any symptom of pain at all, except gastralgia; no nervous manifestations, no curvature of spine, nor anything indicating caries. There was perfect paralysis in this case; thought it a peculiar one, and produced by the reproductive organs. Treatment, galvanism. Three days after first application, little finger could be moved; after second application, all the fingers and wrist; after fourth application, could use hand and arm. Massage, iron, quinine, and strychnia were also tried; but, as the patient is still under treatment, will report later.

Several members present considered it a case of hysteria.

#### REGULAR MEETING, MARCH 16, 1892.

The subject of acromegaly, or Marie's malady, was introduced by Dr. Murray MacLaren. He referred to a book recently issued by the New Sydenham Society, and read extracts therefrom giving the leading features of this very chronic disease—such as acquired hypertrophy of hands, feet and face together with certain changes in the form of the trunk, presence of molluscum fibrosum, etc. The pathology of this disease is unknown, and so far it has proved incurable.

A case was exhibited of a man, aged

34, of Norwegian parentage, who had been affected for a number of months with symptoms pointing to this disease. The hands, feet, and face were enlarged; there was a posterior cervico dorsal curvature, also a lateral curvature of the whole spine, prominent abdomen, and molluscum fibrosum markedly present; he also suffered occasionally from severe headaches; there was some loss of power in the hands and arms, and especially in the legs.

Several members present considered the case to be one of acromegaly.

L. A. McALPINE, *Secretary.*

GRADUATES of American medical colleges: Memphis Hospital Medical College, 82; Rush Medical College, 142; Chicago College of Physicians and Surgeons, 42; Woman's Medical College of Chicago, 19; Iowa College of Physicians and Surgeons, 28; Medical Department of the University of New York, 162; Medical Department of the University of Louisville, 162; Long Island Hospital Medical College, 64; Indiana Medical College, 58; Central College of Physicians and Surgeons (Indianapolis), 4; Medical Department of the Western Reserve University, 34.

THE sanctity of a jury-room appears to be so well guarded that even in case of sudden sickness, a physician may not enter after due process of law. In the Foss will case, tried recently in Boston, the jury was deliberating, when late in the evening, one of them was suddenly attacked with what proved to be a stroke of apoplexy. The officer in charge notified the deputy sheriff, who, not having authority to let anyone into the jury room, drove across the city and informed the sheriff, but even this official was not high enough to act, and another expedition started in search of the judge. As the latter happened to be at home, the requisite order was obtained to summon a doctor.—*Boston Med. and Surg. Jour.*

## Notes and Comments.

### DEGREE EXAMINATIONS IN MEDICINE.

#### UNIVERSITY OF DALHOUSIE.

The following gentlemen have passed their final examinations, and subsequently received the degrees of M. D. : Messrs. G. N. Drysdale, William Grant, Archer Irwin, R. W. McCharles, Geo. D. Turnbull, Percy C. Woodworth.

Passed the Primary M. D., C. M. examination : D. W. Byers, Patrick Coady, W. F. Cogswell, Annie J. Hamilton, Murdock W. McAulay, R. W. McCharles, Frank E. Rice.

*Special Subjects* : Arthur, George—Botany, Histology ; Bennett, George A.—Botany ; Black, Bret—Histology ; Brown, Mattie W.—Histology ; Coady, Patrick—Medical Jurisprudence ; Dechman, Andrew A.—Histology, Practical Chemistry ; Fairbanks, Harry Gray—Physiology, Materia Medica, Medical Jurisprudence ; Fales, Alonzo Cartland—Botany, Histology ; Farrell, Edward D.—Botany ; Gibbons, Rand—Botany ; Grierson, George T.—Physiology, Histology, Materia Medica ; McAulay, Murdock W.—Medical Jurisprudence ; Meyer, Edward J.—Medical Jurisprudence ; Morrison, D. A.—Physiology ; Morrison, M. D.—Botany, Histology ; Murray, George W.—Chemistry, Practical Chemistry ; Rice, Frank Ernest—Medical Jurisprudence ; Ross, Alexander—Botany, Histology, Practical Chemistry ; Simpson, Henry O.—Physiology, Materia Medica, Chemistry, Histology ; Slauenwhite, Stephen—Botany, Histology.

**ALVARENGA PRIZE.**—The Hufeland Society of Berlin offers a prize of eight hundred marks (\$200) for the best essay upon "Basedow's Disease: Its History, its Pathology and Pathologic Anatomy, its Etiology, its Treatment." Essays in competition should be in the hands of Professor Liebreich, of Berlin, before April 1, 1893.

ABERNETHY used to become greatly annoyed—as who of us has not?—by the long-winded and elaborate histories of their troubles and symptoms poured forth by some of his lady patients. One morning a lady was shown into his consultation room who immediately began a most voluminous statement of her woes. After listening in silence for some ten minutes, he suddenly interrupted with, "How long do you think it will take you, madam, to complete your description?" at the same time taking out his watch. The lady was too astonished to answer at once. "Do you suppose you could do it in half an hour?" She thought she probably could. "Well, then, madam, continue; pray continue. I have an engagement down street, and will be back at the end of that period." On another occasion, a lady—who might have heard of the former incident—came to consult him. Without a word, she quietly extended a badly-lacerated finger. After a careful inspection, he briefly enquired: "Cut?" "Bite," was the laconic reply. "Dog?" "Cat." "Yesterday?" "Day before." "Go home and poultice it; most sensible woman I ever saw in my life!"—*Doctor's Weekly.*

DR. D. HAYES AGNEW left an estate estimated at \$100,000, the financial reward of an unremitting service in his profession of more than half a century. It must be remembered that he was a surgeon and received the largest fees, that he belonged to the highest social and professional class of the east, and that he possessed an iron constitution that endured work far beyond the strength of most.

THE Australian Government has passed a law compelling physicians who wish to style themselves specialists in any branch, to furnish proof that they have devoted special study to the disease they profess to treat.

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None but ladies will be employed as nurses, and the surroundings will be arranged as far as possible so as to make the patients feel at home. Special attention will be given to the care of ladies addicted to the use of narcotics.

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TENTH YEAR—SESSIONS OF 1891-92.

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

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

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

### FACULTY.

- Diseases of the Eye and Ear.*—D. B. St. John Roosa, M. D., LL.D., President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.  
*Diseases of the Nose and Throat.*—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.  
*Venerel and Genito-Urinary Diseases.*—L. Bolton Bangs, M. D.  
*Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.  
*Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M. D., Graeme M. Hammond, M. D.  
*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George E. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D., J. West Roosevelt, M. D.  
*Surgery.*—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phelps, M. D., Robert Abbe, M. D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M. D.  
*Diseases of Women.*—Professors McEvers Emmet, M. D., Horace T. Hanks, M. D., Charles Carroll Lee, M. D., L. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.  
*Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.  
*Diseases of Children.*—Henry D. Chapin, M. D., Jos. O'Dwyer, M. D., LL.D., J. H. Ripley, M. D., Ang. Collé, M. D.  
*Hygiene.*—Edward Kershner, M. D., U. S. N.  
*Pharmacology.*—Frederick Bagoe, Ph. B.  
*Electro Therapeutics.*—Wm. J. Morton, M. D.

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



**THE TURF AND THE HOSPITAL.**—The Paris Hospitals Fund is this year in receipt of £32,000 from the tax on betting imposed in France on the public establishments which carry on "turf transactions." Of this sum £28,000 is applied to the construction of a new consumption hospital, and £4,000 for the service of revaccination. It will be remembered that the late Mr. Bond, a well-known bookmaker, was unwearied in the advocacy of a similar tax in this country. Failing in this, he made liberal offers to induce the managers of Tattersall's to adopt a voluntary tithe with the same object, but always without effect.

**DR. ROBERTS BARTHOLOW** has lost his reason, concerning which the *Times* and *Register* says: "With the deepest regret we learn that the doors of the Insane Asylum have closed upon Roberts Bartholow. What an ending for such a life! To the very last no evidence of mental alienation appeared in his lectures or his writings. The habit of a lifetime's assiduous labor carried him along in the well-known grooves, although outside of them his malady was easily discernable. Hard work, no rest, no Sabbath, no vacation; by such means his powerful intellect carried him to the forefront of his profession; but at last outraged Nature reached her limit of endurance and the break-down was complete."—*Teledo Medical Compend.*

**GROWING FEVER.**—Barbillion has written a long article on the so-called growing fever of children. His conclusions are that the fever of growth no more exists than does a fever of obesity or of senility. The symptoms which have been grouped under this head are due to a great variety of causes, such as are seen in ephemeral fever, stomach troubles, acute osteomyelitis and other pathological lesions. — *Rev. Mensuelle des Maladies de l'enfance*, Jan'y, 1892.

## READING NOTICE.

**HOW TO ADMINISTER IRON.**—It is generally conceded that the official tincture of chloride of iron is the most valuable of the iron preparations therapeutically. The practical difficulties attending its administration for a length of time have been its disagreeably astringent taste, its corrosive action on the teeth, and its constipating action.

Dr. G. W. Weld's extensive experience in the practice of dentistry led him to recognize the virtues of the tincture of the chloride of iron as a stimulant resource for patients after the strain of the dentist's work. Repeated experiments to obtain a formula free from the objectionable features resulted in the preparation of a highly palatable syrup with all the therapeutic efficacy preserved. This has been extensively tested and placed in the hands of Parke, Davis & Co. for manufacture, who strongly commend it to the medical profession for trial. Being prepared after Dr. Weld's formula, it is entitled Weld's Syrup of Iron Chloride (P., D. & Co.'s.) It is believed it will effect a revolution in iron administration.

## BOOKS AND PAMPHLETS RECEIVED.

Medical and Surgical Gynecology. By Pozzi, translated by Wells, Vol. II. Wm. Wood & Co., Publishers, N. York.

Diseases of the Eye. A Hand-book of Ophthalmic Practice for Students and Practitioners. By J. C. De Schweinitz, M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic, &c. M. B. Sanders, Philadelphia, Publisher.

A Text-book of the Practice of Medicine. By R. C. M. Page, M.D. William Wood & Co., New York, Publishers.

## PAMPHLETS.

Suturing Intestinal Anomosis and cases of Gall-Bladder Surgery. By Robert Abbé, M. D., Surgeon to St. Luke's Hospital; Professor of Surgery in the New York Post-Graduate Medical School.

# NERVOUS EXHAUSTION.

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It is readily assimilated and promotes digestion.

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

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*Visiting Physician to Brooklyn Home for Consumptives.*

BROOKLYN, N. Y., October 15, 1889.

I have used "Maltine with Cod Liver Oil" in the Brooklyn Home for Consumptives, where I have been very much pleased with its action. I HAVE USED IT ESPECIALLY WITH PATIENTS WHO WERE UNABLE TO TAKE AND RETAIN COD LIVER OIL, EITHER PURE OR IN THE DIFFERENT "EMULSIONS" AT OUR SEEVICK. In these cases, when placed upon "Maltine with Cod Liver Oil" there was no reason to discontinue its use.

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"EMULSIONS"

CANNOT BE TOLERATED.

FROM ALEXANDER W. MACCOY,

*Prof. of Diseases of Throat and Nose in Phil. Polytechnic and School for Graduates in Medicine.*

PHILADELPHIA, PA., October 3, 1889.

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

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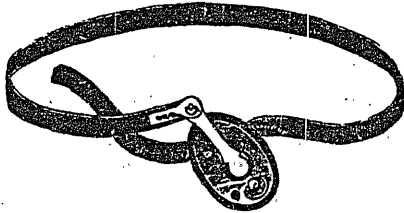
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The Course in Pharmacy has been re-established and regular lectures will henceforth be given in the different subjects of the curriculum.

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