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About $100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

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MATRICULATION.—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

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THE

MARITIME MEDICAL NEWS,

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Original Communications.

ADENOID VEGETATIONS AT THE VAULT OF THE PHARYNX. ETIOLOGY—EFFECTS—OPERATIONS—INSTRUMENTS.*

By E. A. KIRKPATRICK, M. D., Halifax.

At the first annual meeting of this Association, held in St. John, July 22nd, 1891, in a short paper contributed by me on "Diseases of the naso-pharynx in relation to diseases of the ear and ora-pharynx," I referred to the subject of adenoid vegetations, reporting twelve cases which had come under my observation during the first nine months in practice at Halifax.

In the discussion which followed, one or two members expressed surprise that I had observed so many cases during this short period—not believing the condition so common as represented by my experience. To-day I present you with the results of my observations, extending over a period of nearly seven years. I offer no apology for introducing this subject of adenoid hypertrophy once more, as I am not aware of any reference having been made of it before this Association since the first annual meeting.

Although this hypertrophy of a lymphoid structure had been recognized as far back as the days of WILLIAM HUNTER, it remained for WILHELM MEYER, of Copenhagen, to first describe this disease, in an exhaustive paper contributed about a quarter of a century ago. To the

* Read before the seventh annual meeting of the Maritime Medical Association, in St. John, N. B., July 21st, 1897.

credit of many surgeons scattered all over the globe, as well as many grateful patients of the late WILHELM MEYER, whose death occurred in 1895, a large fund has been subscribed with which to erect a monument to his memory—thus showing an appreciation of his valuable services to the profession and to mankind generally.

ETIOLOGY.—In one hundred and two consecutive cases MEYER found that they occurred at the following ages:

Under 5 years	3 cases.
Between 5 and 10 years	34 "
" 10 " 15 "	25 "
" 15 " 20 "	21 "
" 20 " 25 "	11 "
" 25 " 30 "	1 "
" 30 " 35 "	4 "
" 35 " 40 "	1 "
" 40 " 45 "	2 "
Total	102 "

In seventy-five cases reported some time ago by BOSWORTH, his analysis showed the average age to be much higher than MEYER'S, viz.

Under the age of 10	5 cases.
Between 10 and 15 years	16 "
" 15 " 20 "	27 "
" 20 " 30 "	23 "
" 30 " 40 "	2 "
" 40 " 50 "	1 "
Over 50 years	1 "
Total	75 "

In my own cases, I found more among adults than MEYER, and more under ten years than BOSWORTH:

Under age of 10 years	28 cases.
Between 10 and 15 years	25 "
" 15 " 20 "	24 "
" 20 " 30 "	19 "
Over age of 30	4 "
Total	100 "

I have included in the above list certain cases among adults where the condition closely resembled the ordinary naso-pharyngeal catarrh,

but in which the true morbid condition consisted in shrunken adenoid vegetation.

This disease is nearly always one of child-life, and shows a great tendency to disappear before adult life is reached. It is a simple hypertrophy, doubtless in most cases due to repeated colds, and often associated with hypertrophic rhinitis and enlarged faucial tonsils. I have frequently met with two or three cases in the same family. This has been noted by other observers, so heredity must be acknowledged in treating of the etiology. Occasionally this hypertrophy follows diphtheria or scarlet fever, and in such cases adults may suffer from this disease, though all through childhood there had been a complete absence of symptoms referable to any disease of the naso-pharynx. On Thursday of last week a young lady presented herself at my office, complaining of recurring nasal stenosis and discharge from the naso-pharynx. Previous to an attack of diphtheria, about three years ago, she had no symptoms pointing to disease of this region. A post-rhinoscopic examination revealed the existence of well-marked adenoid. Children of tuberculous parents are commonly affected with this adenoid hypertrophy, while inherited syphilis, of course, is held responsible for some cases. On Monday I examined a boy from whose naso-pharynx Dr. McCULLY, of Moncton, removed adenoid vegetations last autumn. This boy's father died of consumption three years ago.

EFFECTS.—A. *Cough.*—Cough is nearly always associated with adenoid disease. At first it is due to mechanical irritation, owing to the accumulation of mucous upon the posterior wall of the pharynx. In this stage the cough is noticeable in the morning, and is among the prominent symptoms attracting the attention of the parents and the family physician. The secretion accumulates during sleep, and the child is forced to make effort for its removal.

B. *Pharyngeal and Laryngeal Inflammations.*—Chronic follicular pharyngitis follows the constant irritation of the pharyngeal mucous membrane. The cough now becomes almost incessant, and should suggest to the family physician the advisability of having the naso-pharynx thoroughly explored. Even the slight morning cough should lead to a careful examination of this region. Apart from the direct irritation to the pharyngeal mucous membrane due to the existence of an adenoid, we have the injurious effect of mouth-breathing. In most cases there is complete nasal obstruction, and consequently one of the important functions of the nose, viz., that of moistening the air, has to be performed

by the pharynx. Not only the pharynx, but the delicate larynx suffers from the extra tax upon its mucous membrane. These parts were never intended to purify the air, give it a proper temperature and filter it from all impurities.

C. *Impaired Development.*—The writer has noticed in many of his cases a great defect in general development, especially in the chest, and has had the satisfaction many times in observing a rapid improvement in this respect after the cleaning out of the adenoids, thus establishing a normal respiration.

D. *Aural Disease.*—Perhaps the most important injurious effects caused by the presence of adenoids in the naso-pharynx are the acute, sub-acute and chronic catarrhal and suppurative inflammations of the middle ear. The process by which these complications are brought about is that of stenosis, interfering with nasal respiration, causing naso-pharyngeal stagnation and preventing the renewal of air in the middle chamber.

I also believe that the physical obstruction to the free action of the levator palati muscles is an important point in the etiology of aural disease due to adenoid hypertrophy. My experience with the disease under consideration leads me to believe that very few escape ear complications.

Practically the only cases which have come under my observation in which there was associated no aural disease were those in which the growth was removed early. A typical case of adenoid disease with chronic suppurative inflammation of the middle ear is the following :—

J. D., aged six years, was brought to my office June 9th, 1897. Her mother told me the child's ears began discharging shortly after the patient was a year old, and with very little intermission had continued to discharge during the past five years. The child had been a mouth breather all this time, and cough had been a prominent symptom. The breathing had been noisy and difficult at night, and development very slow. Deafness had increased, so that it was almost impossible to converse with the child.

The examination revealed a mass of adenoid vegetation which completely filled the naso-pharyngeal space. On June 16th the patient was put under an anæsthetic and the growth removed.

The breathing became normal within a few days, the discharge from the ears ceasing in about two weeks, and the hearing became almost normal within the same period.

OPERATIONS AND INSTRUMENTS.—In a small percentage of cases, where the growth is small, soft in consistency, and only troublesome when the child is suffering from a cold, an astringent spray may be sufficient to control the secretion and actually reduce the size of the adenoid. When there is a prejudice against the operation, such a spray should be used morning and night; cod-liver oil and general tonics, such as iodide of iron, administered. Treatment of this kind, however, is usually unsatisfactory, and a cure demands total extirpation.

Cauterization.—The method adopted by some, viz., repeated cauterization, is a very slow form of treatment and one I have seldom used, and never employed with children The galvano-cautery appears to be more popular than the chemical agents. It is exceedingly difficult to apply such agents as trichloracetic acid or chromic acid to these parts without burning adjacent tissues.

The Snare.—Many operators have employed the cold wire snare or the galvano-cautery snare in removal of these growths. I reserve the former for the removal of nasal and aural polypi, and having had so much dissatisfaction with batteries, I have never relied on the latter.

Forceps.—The greater number of my operations have been performed with LOWENBERG'S forceps, or some modification of that instrument. The greatest objection to the use of the forceps lies in the fact that the instrument has to be introduced a number of times, and when free hæmorrhage follows the complete removal of the growth becomes very difficult. With adults, when operating under cocaine, and especially when the rhinoscopic mirror can be used, the forceps are very reliable.

The Curette.—About a year ago, T. MELVILLE HARDIE, of Chicago, reading a paper on adenoid vegetations before the American Ophthalmological and Otological Society, extolled the virtues of the curette—especially GOTTSTEIN'S. I immediately secured one, and have used it in every adenoid operation during the past year. It is certainly the most satisfactory single instrument for this purpose of any yet devised. In many cases I have succeeded in one introduction of the instrument in removing the entire growth.

When operating on children, I use chloroform anæsthesia. Some operators prefer ether, others nitrous oxide, while a few are using ethyl bromide.

After employing the usual precautions in preparing the patient for the anæsthetic and attending to the aseptic demands of instruments and person, the patient is placed in the reclining position on a Harvard

surgical chair. A basin is conveniently placed to receive the blood clots, and carbolized sponges and gauze are added to the instruments. When the anæsthesia is complete, I lower the portion of the chair upon which the head rests, so that the head of the patient will be lower than the rest of the body. The family physician, who has administered the chloroform, now steadies the head. The mouth-gag (O'DWYER'S) is introduced on the left side of the mouth, and the operation is commenced. The curette is passed well up, forward, kept in the middle line and quickly forced backward and downward. After attending to the hæmorrhage (which sometimes is quite free) with the sponge or gauze, the space is explored with the right index finger, and if portions of the growth still remain, the curette or forceps is again introduced.

Perchance I have had a fortunate experience in having had but one case of alarming hæmorrhage. This occurred in an adult, after removing the growth under cocaine. The hæmorrhage did not come on until some hours after the operation—in fact, while the patient was asleep. Judging from the condition of the patient and the appearance of the bed, considerable hæmorrhage had taken place.

DELAVAN, in referring to hæmorrhage after these operations, says:—

"Occurring violently during the operation, it will be an effectual impediment to the progress of the work, but can always, of course, be recognized. The appearance or continuance of bleeding after the operation has been completed and possibly after the departure of the physician, is a far more serious matter, and one which might easily lead to disastrous results. Fortunately, cases in which either of these things has happened are unusual, and, if recognized, the bleeding should be tolerably easy to control.

"Thus far only five instances have come to the notice of the writer. In one child, a victim of hæmatophilia, fatal hæmorrhage was caused by the simple exploration of the pharynx with the finger—certainly a most unusual accident. In another case a small forceps was introduced into the pharynx for purposes of diagnosis, and one small mass of tissue removed. Bleeding continued for two days.

"Dr. R. J. HALL informs me that he was called upon to control a severe hæmorrhage from the vault of the pharynx of a mulatto of nineteen, following an operation upon that part, and succeeded in doing so by means of an astringent tampon.

"Dr. GEO. A. RICHARDS operated upon a young boy in whom profuse bleeding occurred during the operation and continued after it until syncope supervened. The child was exsanguinated and remained in an anæmic condition

for some time. In one of my own cases, a delicate boy of four, bleeding was profuse, and the effects of the operation were felt for two months."

In conclusion, I wish to emphasize the importance of early recognition of these growths by the family physician, that they may be treated before permanent damage is done to adjacent organs. Just here permit me to call attention to the May number of the *Canada Medical Journal*, where mention is made of the "Relation of adenoids to deaf mutism."

PEISSON reports that post-nasal growths were found by him in over fifty per cent. of the deaf and dumb. ALDRICH finds the percentage as high as seventy-three.

SENDZIAK says that probably some children are born with adenoids, and cases are recorded where deaf mutes have been cured by the removal of adenoids.

During the past year I have examined three deaf mutes, and all had adenoid disease of the naso-pharynx.

NEW TEST FOR CARBON MONOXIDE BLOOD.

By A. P. Reid, M. D., etc., etc.
Professor of Medical Jurisprudence and Hygiene, Halifax Medical College.

In presenting this test it is as far as I know not described by the authorities, and I was induced to attempt work on this subject owing to the indefinite results often obtained when trying to carry out the procedures generally recommended. This is, no doubt, due to the impurities existing with the CO in the blood, but then again it is desirable to have a method for its detection that is not thus negatived.

Generally speaking, in a medico-legal case in which this would be the question requiring an answer, the toxic agent would most likely be our ordinary illuminating gas, hence when I wished to demonstrate the subject to the class I used blood which ordinary gas had traversed.

The well marked crimson color was sufficiently pronounced and the ordinary spectroscopic bands readily made out, which for normal and carbon monoxide blood are so nearly alike as to be indistinguishable.

The books give methods for differentiating, but as before stated I found difficulty in diagnosing, likely due to the other foreign gaseous compounds associated with the CO.

Since it is very desirable that there be a readily applied and distinctive test which the expert could make use of, and since there are negative results with the ordinary method, I instituted a series of experiments to find out if these could not be obviated.

As a result I obtained reactions which are distinctive and readily applied.

As is generally known CO blood will but slowly, if at all, absorb oxygen, and this property is relied on as the means for differentiating it from normal blood.

The method I found satisfactory is to add a trace of ammonia (two or three drops) to the samples. This produces no change spectroscopically in either normal or CO blood except to more clearly bring out the two distinctive dark bands. If now to each be added a little on the end of a penknife, or a few drops of a solution, of pyrogallic acid (of a strength of ten grains to the ounce of water) and the samples be examined with the

spectroscope, no change will take place in the CO blood — but in normal blood the bands will get gradually fainter and in a few minutes will quite disappear and leave a generally darkened spectrum without any appearance of the bands.

The alkaline pyrogallic acid (or pyrogallol, or pyro) has the property of very rapidly absorbing oxygen—and for this purpose we know it is very largely used by photographers in developing their exposed plates —but it does not appear to have the power to disassociate the oxygen from the CO in carbon monoxide blood.

In normal blood, when the lines have disappeared (in a few minutes), if the sample be neutralized or left somewhat acid, and it be shaken up so as to be re-oxydized, the lines which disappeared will again appear, but much fainter than at first. This is a most characteristic reaction, and when coupled with their previous disappearance is not only distinctive of blood as blood, but also distinguishes the normal from blood which contains carbon monoxide.

After the addition of the pyro the color in each variety darkens, due to the change in the alkaline pyro, but in CO blood the change is trifling, whereas it is very marked in normal blood; so much so that the red color quite disappears, giving a light tawny shade, but even here when acidified and shaken up with the air the lines will return faintly.

This reaction of normal blood with alkaline pyro is so marked that it would serve to distinguish it from CO blood, independent of the use of the spectroscope.

The rapidity of the change is measured by the quantity of pyro and ammonia used; with very small quantities time will elapse before the change becomes very marked, and in this case shaking up with air will bring back the bands and change the color a little without the addition of acetic acid or any thing else.

A sample obtained by adding water to a sponge or cloth stained with the blood serves every purpose for these reactions.

PYOKTANIN-BLUE IN CANCER.*

By H. H. MacKay, M. D., C. M., New Glasgow, N. S.

I will ask your indulgence for a few minutes, while I report a case of inoperable cancer of the uterus, treated by Pyoktanin-Blue (Merck.)

On Sept. 13th, 1896, I was called to see Mrs. A—— —— aged 46, and found her in almost a state of collapse from flooding.

On questioning I ascertained that she had been troubled with pain on urinating and an offensive "leucorrhœal" discharge, with occasional small hæmorrhages at irregular intervals, for more than six months.

During the last month the pain in the pelvic region was at times excruciating, and all the other symptoms were becoming worse, so that she moved around with the greatest difficulty. She was, then, in this condition when, while walking outside the house, the severe hæmorrhage occurred which prostrated her so much.

On vaginal examination, I found that the cervix uteri had been almost entirely ulcerated away, the ulcerated surface extending to the walls of the vagina and to the interior of the cavity of the uterus, which was full of foul smelling shreds of necrotic tissue attached firmly to the living tissue beneath.

I swabbed out the uterine cavity with peroxide of hydrogen, and afterward with a solution of zinc chloride (gr. XL ad ℥i.) Then I packed the uterus and upper portion of the vagina with iodoform gauze saturated with a solution of pyoktanin in glycerine, (I added pyoktanin, perhaps one or two grains, to about two or three drachms of glycerine—enough to give it a dark blue color. This I used to saturate the gauze with immediately before packing.) The relief from pain was almost instantaneous.

This dressing was used every day for over one month. After about one week's treatment the foul odour had completely disappeared. The pyoktanin stained all the tissues, especially the necrotic and ulcerating surface. This stain was largely removed from the ulcerated surface by the peroxide of hydrogen at each dressing.

---

*Read at meeting of Medical Society of Nova Scotia, Pictou, July, 1897.

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It possesses very remarkable antispasmodic properties. It also acts as a nervine tonic, astringent, and is a useful remedy in Diarrhœa and Dysentery, and is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise.

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Sole Agents for Canada,

MONTREAL.

In about two months time the ulcers in the vagina had become completely healed, and healthy mucous membrane seemed to be reappearing in the uterine cavity. I noticed that the mucous membrane of the vagina, more especially where the ulcers had healed, stained but very little now in comparison to what it did at the beginning of treatment.

I dressed the uterus in the same way every second day for about two months longer; then every third day until the death of the patient, which occurred on April 16th. 1897. If the dressing was left a day longer than it should be the old pain and discomfort began to come back again. For the first few months there appeared to be general improvement. The appetite was good and strength increased, and the ulcerated surface was gradually becoming overgrown with healthy mucous membrane which would stain but very slightly with the pyoktanin. Then she began to weaken and emaciate, but had a good appetite. She had no pain or discomfort and always felt as if she were going to get all right. Two or three days before she died she became unconscious, with a rise of temperature of 102° and 103°; then became delirious for about 48 hours, when she became conscious and knew everyone; and then gradually sank until she expired Her pulse during the whole eight months treatment never varied much from 120 per minute.

The points that I would like to draw attention to in this case are: First, the pyoktanin relieved the pain so that no morphine had to be given. Second, it appeared to exert an influence tending to restore the tissues to their normal condition. Third, it prevented an offensive odour.

THE

MARITIME MEDICAL NEWS.

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Editorial.

STATE CONTROL IN TUBERCULOSIS.

Statistics show that fully one-seventh of all deaths are due to tuberculosis. This shews how prevalent the disease is. Probably no malady tends to produce more poverty and consequent wretchedness than does tuberculosis. So any means of lessening the prevalence of the disease is an important point in economics. *That it should be completely eradicated is not an impossibility.* But that the disease may be controlled in even the slightest degree, very systematic endeavour is requisite. Such endeavour is certainly the duty of boards of health—provincial or state.

The question is one of brain *and* of finance—brain alone won't do. And the setting of money against life is a stumbling-block over which many an honest attempt at legislation in the matter of the public health has fallen. That is a fact even when such eminently infectious diseases as diphtheria and scarlatina are concerned, so it is less strange that the cost should deter men from adopting the means necessary to fight tuberculosis, the infectiousness of which is not so apparent.

But we have come to know that the disease is propagated by infection, and that no malady is more certainly transmitted from individual to individual than is tuberculosis. This simply means that every consumptive is a focus from which any number of persons may become infected, unless the consumptive be made aware of the simple hygienic methods which suffice to render him a safe member of the community. Is it too much to urge that tuberculosis be made a "reportable" disease, and that each consumptive be not only provided with instructions as to personal hygiene, etc., but legally required to follow out such instructions?

THE ETHICS OF PROPRIETARY PREPARATIONS.

A something which puzzles many an honest soul is the whereabouts of the line which divides the ethical from the non-ethical in the prescription of the medicinal preparations so abundantly marketed by the manufacturing chemists. So many of the leaders in the profession, who are, rightly or wrongly, regarded as being beyond the breach of etiquette, have no hesitation in ordering at least some of the more widely advertised articles, that those of the rank and file often wonder how far they should be privileged in the matter. We think that there should be little difficulty. When the profession is made aware of the formula of a preparation, there should certainly be no scruples about prescribing it. Many times a much more elegant preparation is thus available than would be the case if the same formula were dispensed by the average druggist.

But when the element of secrecy must be taken into the count, the matter is very different. It is, to say the least, ridiculous for a man to prescribe he knows not what for a condition of which he may be well informed. It is more than ridiculous—it is very risky. Doubtless there are some whose knowledge of the secret formulae is just about as extensive as that of the pharmacopœal preparations, but such are not creditable members of the profession, and should not be teachers of ethics to their more carefully educated brethren.

Perhaps the solution of the whole problem lies in the answer to the word why. Is it because that better results follow the prescription of the proprietory preparations than would follow the use of the drugs of which we either know or may learn? Or is it because that men are gullible—that they have more faith than judgment, and are wholly influenced in their choice by the claims set forth in the noisy advertisements so characteristic of our day? Or is it that men lack originality, and do not care to bother themselves with the construction of a formula to specially fit a case? We feel assured that the affirmative answer must be given to one or both of the last two questions.

The number of proprietaries now being foisted on the profession is a pretty fair index of the readiness of the profession to prescribe them. Is it not time there was a halt? If we are to continue in the way we are going, what is the end to be?

But if the prescription of these proprietaries is an evil, what is to be said of their open commendation—commendation not only of those preparations advertised to the medical profession alone, but of those flamed forth in the public press?

The cure for this is coming, however. Even the most bigoted layman laughs at the physician who writes his testimonial in favour of Dr. MONEYGRUB'S Pink Pills, or the celebrated Anyasses Cures, and sizes him down to his proper stature. Is this beyond the realization of men who allow themselves to be duped by cunning advertisers? What fools we mortals be!

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. W. W. WHITE, President, in the chair.

OCT. 20, 1897.—A case of permanent staining of the conjunctiva by nitrate of silver was exhibited by Dr. ROBERTSON MCINTOSH.

The subject of the Victorian Order of Nurses was again taken up, and after a thorough and full discussion was disapproved of by an almost unanimous vote.

OCT. 27, 1897.—The following was the *formal* resolution adopted by the society in reference to the Victorian Order of Nurses.

"*Whereas* this society has been requested to express an opinion upon the scheme for the proposed Victorian Order of Nurses, and whereas Her Excellency the Countess of Aberdeen has been pleased to grant the members of this society a personal interview and has discussed with them in detail the various features of the scheme. *Therefore resolved*, that while in hearty sympathy with the laudable idea of affording needed trained nursing assistance to those in any community who are unable to provide themselves with it, this society cannot view with favor the plan for the proposed Victorian Order of Nurses, the members of which, in the discharge of their duties, will be called upon to undertake the management of cases for which their training and education must necessarily be inadequate.

NOV. 3, 1897.—Dr. G. A. B. ADDY, 1st Vice-President, in the chair. Dr. THOS. WALKER gave an account of a visit to the Boston Hospitals, and, among other matters, referred to the method of treating hare-lip as practiced by Dr. WARREN, and to the operation of cholecystotomy. He also described a useful lamp for the preparation of formaldehyde gas—a Schering lamp—to be obtained at a very moderate cost.

NOV. 10, 1897.—The evening was devoted to a discussion on the subject of Eczema. The etiology and treatment were discussed generally by the members. The importance of the constitutional condition in the great bulk of cases of this disease was fully recognized.

NOV. 17, 1897.—A paper on the Sensation of Itching was read by Dr. L. A. MCALPINE, and will be published shortly in the NEWS.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Nov. 5, 1897.—Dr. KIRKPATRICK presented a female patient, aged 39 years, who had been blind for 37 years on account of cataract developing in her second year. On the first of June he operated on one eye, and the result was so satisfactory that patient could now see to pick up a pin from the floor.

Dr. KIRKPATRICK also shewed a patient upon whom he had operated for cataract four weeks ago, in which he had had a very excellent result.

DR. FARRELL reported three cases:—One in which a needle in a lady's wrist could not be detected by probing, but was located by means of the X-rays and successfully removed. The second case was one of relapsing appendicitis, in which there was a suspicion of malignancy. The appendix was removed and patient had made a good recovery. The third case was one of scirrhus of the breast, which he successfully removed, and of which he demonstrated the specimen.

Nov. 19, 1897.—This meeting was held at the Victoria General Hospital. A number of recently admitted cases were presented.

Dr. REID exhibited microscopic preparations of bacteria.

Dr. CHISHOLM presented a male patient upon whose lower lip a large sore existed, covering the whole left half of the lip. On the upper lip, especially towards the right angle of the mouth, the mucous membrane was thickened and fungoid in appearance. The man had probably had syphilis, but the question of malignancy arose. The case was discussed by the members, and the general opinion was that the sore was syphilitic. Active anti-syphilitic treatment had been adopted immediately on patient's admission, but sufficient time had not elapsed for any effect to follow.

Dr. CURRY exhibited a male patient, aged 48, who had just been admitted. There was a tumour in the epigastrium, seemingly about the size of an orange; but this was difficult to define, on account of the rigidity of the abdominal walls. There had been severe abdominal pain for six months, vomiting, sometimes hæmatemesis, rapid loss of flesh, slight jaundice. Examination shewed a circumscribed dulness in the epigastrium, possibly some decrease in the liver dulness, enlargement of the superficial veins, cardiac irritability, epigastric pulsation. The case was doubtless one of malignant disease, involving pyloric end of stomach.

In the discussion, Dr. REID referred to the value of exploratory incision as an aid to diagnosis, and cited instances in which patients seemed to improve after operation, although they ultimately succumbed to the disease.

Dr. FARRELL instanced a case in which a famous surgeon opened the abdomen, detected what he thought to be a soft cancer of the kidney, and at once decided to go no further. Patient lived nearly two years, and the autopsy disclosed an enormous cyst of the kidney. So even the exploratory incision does not always settle the diagnosis.

Dr. CHISHOLM presented a second case, shewing a peculiar form of paralysis with contractures in the lower limbs and frequently recurring, spasmodic, more or less purposive, and poorly co-ordinated movements of the upper extremities, which persisted during sleep. The case was one of many years standing, and had come to the notice of many of the members on previous occasions, but the arm movements were a development of the last few months.

Dr. BLACK had seen the case fully fifteen years ago, and since that time the patient had been under many physicians. She had been regarded as an hysteric, and had had a great variety of treatment, even to the removal of the ovaries—being the first patient upon whom this operation had been performed in Halifax. She sometimes had convulsions of an epileptiform nature, and occasionally went into a state of trance for two or three days at a time. Some well planned frights did not have any effect, so it was possible that the condition was more than hysteria.

Dr. CHISHOLM was especially interested in the condition of the hands. The tremor on motion suggested to him the idea of disseminated sclerosis. The persistence of the movements during sleep was not like chorea. He had been treating the case with iron and arsenic, and cold applications to spine below fourth dorsal vertebra for fifteen minutes thrice daily, for the purpose of dilating the arterioles.—Dr. GOODWIN suggested that nitroglycerine would have a similar effect.—Dr. DOYLE referred to two cases of adult chorea reported by FINLEY, in which movements were more marked during sleep than while the patients were awake.—Dr. SILVER said that, in the case under consideration, the movements began quite suddenly about four months ago. He asked if it was usual to get such a sudden development of the movements in sclerosis.—Dr. FARRELL thought that when contractions persisted during sleep the condition should hardly be regarded as pure hysteria.

A case from Dr. MURRAY'S wards was also exhibited by Dr. CHISHOLM, in which the most striking feature was the slowness of the heart. While under examination by the members, the pulse was only 26 to the minute. The patient had been subject to convulsions, doubtless epileptic, for four years. For two years he had had pain over the region of the heart, and this had dated from the time he had felt "a sensation as though something had given away" about the heart, two years ago, while he was running.

The area of superficial cardiac dulness was found to be increased. Apex displaced to the left and downwards. Murmur with first sound, not transmitted to axilla, but followed a short distance up the neck when traced from aortic cartilage.

A desultory discussion followed.

Dr. FARRELL related a peculiar case of hydrocele on which he had operated yesterday. The scrotal enlargement was lobulated, and at first he did not feel sure as to the condition. Careful examination, however, shewed the presence of fluid, but a hard mass in the centre of the tumour proved puzzling. Aspiration below this mass was readily accomplished, and the mass then made out to be the testicle. There still remained a large swelling above the testicle, which was due to fluid accumulation—hydrocele of the cord—and required insertion of the aspirating needle in two places before it was completely drained. Dr. FARRELL tried in this case a recently advised method of radicle cure—namely, the insertion of a piece of sterilized catgut into the sac.

Matters Personal and Impersonal.

It is stated that Dr. JOHN SOMERS, who has been long associated with the Halifax Medical College and has always labored diligently and conscientiously for the success of the college, will retire from the teaching staff at the completion of the present (fall) term. His retirement will necessitate some reconstruction of the faculty.

We regret to learn of the misfortune of Mr. ERNEST HART, editor of the *British Medical Journal.* He was suffering with necrosis of the bones of the foot, associated with glycosuria and it was deemed necessary to amputate the leg, which operation was well borne and has resulted in great improvement of Mr. HART'S health.

Among recent deaths in the profession are those of JOHNSTON-ALLOWAY, of Montreal, BRAXTON-HICKS, of England, LUSK and LEWIS SMITH, of New York.

The income from the practice of Dr. WM. M. POLK, of New York, is said to amount to $100,000.00 annually.

A PROGRESSIVE POTENTATE.—The young Emperor of China, with a lost faith in the traditional remedies of his people, has dispatched to the medical centres of Europe a large number of students. London, Paris, Berlin and Vienna have already received a respectable installment.

AN OLD CUSTOM.—It was formerly the practice among physicians to use a cane with a hollow head, the top of which was gold, pierced with holes like a pepper-box. The top contained a quantity of aromatic powder, or of snuff, and on entering a house or room where infectious disease prevailed, the doctor would strike his cane on the floor to agitate the powder and then apply it to his nose. Hence all the old prints of physicians represent them with canes to their noses.

SWELLING THE RANKS.—There are in the United States about 80 institutions teaching medicine. In 28 of these, located in 21 States, the matriculants for 1897 number, in round terms, 7000. Estimating the total number of matriculants upon the actual figures from these 28 institutions there would be for the present year not less than 25,000 persons entering upon the study of medicine.—*Maryland Med. Journal.*

Here and There.

ON THE OCEAN BLUE.—Sympathizing Steward—"Lights bother ye, mum?"

Very Sick Passenger—"N-no. I think it's my liver."

Sunday-School Teacher—"What kind of boys go to heaven?"

Small Boy—"Dead ones."

HAD NO USE FOR IT.—Chappy—"Ma told me to call here and ask you if you couldn't give me something for my head."

Dr. Blunt—"You run home and tell your mother I wouldn't take it as a gift."

LOOKED SO DIFFERENT.—Dawkins—"What a healthy-looking man Dr. Squills is!"

Dawson—"Yes; he looks so different from his patients. I wonder who his physician is?"

A coroner in Kansas recently fined a corpse twenty-five dollars for carrying a concealed weapon. The latter was duly confiscated.

Daniel of the *Red Back* has a grievance. The printer made him say, "Dr. John R. Bellyache ate 74 ears corn July 20, 1822, and died." It should have been, "Dr. John B. Bailyhache, aet. 74 years, born July 20, 1822, and died—" The doctor has our sincere commiseration. We have been there.

GEORGE'S HEALTH CERTIFICATE.—Dear Teacher: George's mother got no ketching disease. She got a girl. She says George will *never* have to stay away on this account again.

Yours truly, HIS AUNT.

Young Fastkind—"I thought you told me this horse was without fault?" Stableman—"So Oi did, sor." Young Fastkind—"I notice one of his eyes is blind." Stableman—"That's not his fault, sor; it's his misfortune."

TAKING HIS CHANCES.—Newsboy: "Swipesby, you ort to be more keerful how you handle money. People ketch diseases from money."

Bootblack (taking his coins out of his mouth and counting them): "Two, three, eight, ten, 'leven, sixteen—shine, sir?—seventeen, eighteen, nineteen, twenty-four. Ef the Dook o' Westminster kin chance it, Shorty, I reck'n I kin."

LITERARY NOTE.

Klemperer's Clinical Diagnosis, by Dr. G. Klemperer, Professor at the University of Berlin; first American from the seventh and last German edition; authorized translation by Nathan E. Brill, A. M., M. D., Adjunct Attending Physician, Mt. Sinai Hospital, and Samuel M. Brickner, A. M., M. D., Assistant Gynæcologist, Mt. Sinai Hospital Dispensary, is announced for early publication by The Macmillan Company.

Dr. Klemperer's work on *Clinical Diagnosis* is widely known, and all English readers will be rejoiced to find within their reach this very comprehensive but condensed manual. Its chapters deal with the inspection and examination of the patient, the diagnosis of the acute infectious diseases, diseases of the nervous system, digestive diseases, each under its special symptomatology, diseases of the respiratory apparatus, the heart and circulation. Two chapters are devoted to urine analysis and to the diseases of the kidneys. The four concluding chapters deal with the disturbances of metabolism, the diseases of the blood, the Rontgen rays as diagnostic aids, and animal and vegetable parasites, including such bacteria as are of clinical importance.

No book so complete, short of a text-book of medicine, is before the American medical public. It has passed through seven editions in its original language (German) in as many years. The German school leads in clinical diagnosis, and this little work is an exquisite example of its methods.

FOOD PRESERVED WITH FORMALDEHYDE.—FRANZ EHRLICH (*Hygienisch. Rundsch.*, 1897, 468) has studied the question whether formaldehyde is a suitable preservative. Milk to which a sufficient quantity of formaldehyde has been added to preserve it for several days tastes of the preservant distinctly; the disagreeable taste precludes the drinking of the milk. A means for removing the aldehyde from the milk is not known as yet. Horse-meat is rendered unfit for eating because of the unappetising appearance and odor. Beef treated with formaldehyde has no odor of the latter, and after a short time can be eaten.

Probably this different deportment of beef and horse-meat with formaldehyde might be used as a means of distinguishing them, which in small pieces it has been quite impossible to do until now. While beef does not take on an odor, horse-meat, after forty-eight hours, has a characteristic odor of old roast goose.

Matters Medical.

NON-LIGATION OF UMBILICAL CORD.—KELLAR *(Pacific Medical Journal)* advocates non-ligation of the cord. He has practiced it in more than 2000 cases, and after careful observation of these and other cases summarizes as his views: (1) Ligation in man is unnecessary, because (a) is not required at birth of any other animal; (b) the imagined necessity to prevent hæmorrhage does not exist; (c) to tie for cleanliness is superfluous; (d) it is unreasonable to consider such an imperfection as need of ligature exists. (2) Ligation is in many cases injurious: (a) because it may justly be considered the cause of secondary hæmorrhage; (b) by interfering with desiccation, and thus preventing separation, it gives rise to ulceration with not infrequent consequences of erysipelas, fungoid excrescence, etc.; (c) it causes inflammation of funicular vessels by keeping them distended with unnaturally retained blood, hindering their normal obliteration and laying foundation for phlebitis, jaundice, pyæmia, etc.; (d) by preventing normal escape of blood and thus causing hyperæmia and congestion of portal circulation, it may lay the foundation for numerous infantile affections apparently originating in congestion of these vessels. (3) Certainly in some, and probably in not a few cases, ligature has been directly fatal; (a) numerous fatal cases attributed to ligation have been recorded by the highest authorities; (b) it can be seen in the newborn that the ligature maintains the right ventricle in a state of distension, otherwise relieved by bleeding from the hypogastric arteries, and this prevents renewal of action if the heart has stopped, or hastens its stoppage if it is failing; (c) in many instances removal of the ligature has saved life when other remedies have failed.

ANCIENT REMEDIES.—Perhaps the most ancient of medicines is hops, which were used in the dual capacity of an intoxicating beverage and as a medicine in 2000 B. C. This is attested by pictures of the plant on the Egyptian monuments of that date.

Creosote was discovered in 1830 by REICHENBACH, who extracted it from the tar of wood.

Potassium was discovered in 1807 by SIR HUMPHREY DAVY.

Alcohol was first distinguished as an elementary substance by ALBUCASIS in the twelfth century.

SCHEELE discovered glycerine in 1789.

Nux Vomica, which is nearly as old, is the seed of a tree indigenous to India and Ceylon.

Peppermint is native to Europe, and its use as a medicine dates back to the Middle Ages.

Myrrh, which comes from Arabia and Persia, was used as a medicine in the time of Solomon.

Hemlock, the extract of which killed Socrates, is a native of Italy and Greece.

Iodine was discovered in 1812 by COURTOIS, and was first employed in a hospital in London in 1825.

Ipecac comes from South America, and its qualities are first mentioned in 1648 by a Spanish writer, who refers to it as a Brazilian medicine.

Ergot is the product of the diseased seeds of common rye, and is one of HAHNEMANN'S discoveries.

Aconite grows in Siberia and Central Asia, and was first used as medicine by STORCK in 1762.

Hasheesh, or Indian hemp, is a resinous substance produced from the tops of the plant in India. It has been used, as has opium, since Indian history began.

Caffeine, the active principle of coffee, was found by RUNGE in 1820. Ordinary coffee contains about 1 per cent., Java coffee 4 2-5 per cent., and Martinique 6 2-5 per cent.

Arnica hails from Europe and Asia, but the medicine is made from artificial plants grown for that purpose in Germany and France.—*Public Health Journal.*

AMŒBOID BODIES IN THE BLOOD OF VACCINATED MONKEYS AND CHILDREN AND IN THAT OF CASES OF VARIOLA.—As the result of an experimental study, Surgeon WALTER REED, U. S. A. (*Journal of Experimental Medicine*) has been able to confirm the observation that small granular amœboid bodies are present in the blood of vaccinated children and calves, and in that from cases of variola during the stage of fever. Nuclei in any of these bodies could not be positively made out. Similar granular amœboid bodies having a diameter about one-third that of a red blood cell, were found also in the blood of monkeys during

the active stage of vaccination, disappearing with the decline of the local inflammation. A body of like appearance, granulation, and size was occasionally found in the normal blood of monkeys and children. Pale amœboid bodies containing a few dark pigment-like granules were found in the blood from cases of variola and in that of a variolated monkey. Bodies of like appearance were occasionally found in the blood of vaccinated children and monkeys.

USE OF THE STOMACH TUBE.—Dr. MURDOCH *(New York Med. Journal)* says the tube should be used: 1. For diagnostic purposes. An hour after a test meal the contents of the stomach are withdrawn by the tube and examined for hydrochloric and other acids, peptone, etc. 2. To empty the stomach in poisoning, except when due to caustic alkalies, because of the danger of perforation. 3. For lavage. In stagnation of food in the stomach, in accumulations of large amounts of mucus and sometimes in simple glandular atony with lack of hydrochloric acid. Its best results are obtained in dilation of the stomach by cleansing the mucous membrane of stale food and mucus, and restoring the vitality of the secretory glands. It should not be used in acute and semi-chronic gastric disturbances, and is positively contra-indicated in: 1, thoracic aneurism; 2, serious cardiac disease; 3, recent bleeding from any part; 4, great debility or advanced age; 5, gastric ulcer.

PROSTATIC HYPERTROPHY.—In a paper read before the British Medical Association at its recent meeting, Dr. MCEWEN stated that he had operated in five cases, three by double orchidectomy and two by resection of the vas deferens. His conclusions were:

1. In many cases castration causes more or less atrophy of the prostate.
2. Atrophy occurs most commonly when the prostate is soft.
3. It is of the most value when the enlargement is general.
4. Cystitis may be relieved or cured.
5. In marked cystitis drainage is better.
6. It may do away with the necessity of the use of the catheter.
7. Or the catheter may be required less frequently.
8. Resection of the vas deferens acts more slowly, but the effect is similar.—*British Med. Jour.*

DENTAL BLINDNESS.—Dr. I. GILBERT reports in the *Dental Record* a case of blindness from functional disturbance of crowding teeth. A boy woke up in the morning entirely blind. Four teeth which were found crowded together were removed and in a few days the sight was entirely restored.

TEST FOR ALBUMEN.—CARRIES, in the Lille *Journal of Medical Science,* calls attention to a new test for albumen finer than heat and nitric acid. It is stated as follows: Put into a test tube with water an amount of resorcin equal to one-third of the water in the tube. When dissolved, urine is allowed to flow gently along the tube wall down to the resorcin solution, when a ring of albumen is formed if albumen be present. Though some other urinary constituents give the same ring, yet this disappears on boiling, while an albuminous ring persists. The test is very delicate.

THE DURATION OF VACCINAL IMMUNITY.—J. JASIEWICZ has gathered together some statistics which seem to show that the immunity from vaccination in infancy lasts a much shorter time than is commonly supposed. In the case of 23 children under 6 years of age vaccination was successfully performed in seven, 35 per cent. JASIEWICZ, therefore, recommends more frequent revaccination in childhood, and especially in early childhood. He believes that it protects from other infectious diseases as well as variola.—*Journ. de Clin. et de Therap. Infant.*

ACETONE IN THE URINE OF PREGNANCY—L. KNAPP *(Centralbl. f. Gynak.,* 1897, No 16*)* claims that an excess of acetone in the urine is a sure sign of the death of the child in utero. Acetone was detected by LEGAL'S nitroprusside of sodium test. Traces of acetone are normally present in the urine; larger quantities originate, however, from a rapid decomposition of proteids in the body.

CALOMEL AND ACIDS.—Ever since calomel was introduced into therapeutics classic authorities have drawn attention to the minute precautions that its use requires if one wishes to avoid serious results. It is well known that this substance is unstable. Chemistry teaches that it is easily decomposed upon contact with salts and acids, and is transformed into corrosive sublimate. There are authors who will not admit the truth of this idea. They hold that the cases of poisoning observed are due to idiosyncrasies; others assure us that they have never found sublimate in the digestive tract; others again have a theory of intoxication, and think that the accidents arise from a reaction between calomel and albumin. The dangers that this drug presents cannot be contested, as the experiments of OTTOLENGHI prove. This author has given calomel in therapeutical doses to dogs and compelled them to drink salts and acids. The animals always presented symptoms of intoxication, which appeared with more rapidity and severity than

SYR. HYPOPHOS. Co., FELLOWS,

CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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

NOTICE—CAUTION

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

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

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

FOR SALE BY ALL DRUGGISTS.

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WHOLESALE AGENTS.

if the calomel had been taken alone. In these experiments the symptoms were not the same as those observed after the ingestion of corrosive sublimate. OTTOLENGHI affirms that, contrary to the current opinion, calomel is not decomposed in the stomach; in fact if we place calomel in solutions of salts or acids, no phenomenon will appear if the temperature is no higher than that of the body, 37° C. That which does not take place in the laboratory does not take place in the stomach in those cases to which we refer. The exaggeration of the toxic effect of calomel after the ingestion of salts or acids arises from the fact that its combination with albuminoid substances contained in the stomach will be facilitated and will yield products much more soluble, so that calomel, which is normally absorbed in very small quantities, will pass in much larger amounts into the circulation, thus provoking signs of grave intoxication.—*Gaz. Med. de Liege.*

PHTHISIS AND CHILD-BEARING.—Dr. C. W. TOWNSEND thus concludes an article in the *Boston Med. and Surg. Journal:*

(1) Conception may take place even in advanced pulmonary tuberculosis.

(2) The disease is generally held in abeyance during pregnancy, although it may advance or even originate at this time.

(3) Labor is short and easy in proportion to the severity of the disease.

(4) During the puerperium a rapid advance, leading in some cases to speedy death, occurs; or the disease may originate at this time. In either case the temperature chart suggests puerperal sepsis.

(5) Premature labor is more common the more advanced the disease, although pregnancy often goes on to full term even in advanced cases.

(6) The average weight of the full-term children and their general condition at birth is not markedly below that of children of healthy mothers, except in the rare instances of congenital tuberculosis.

After the horny layer has been cut there remains in the umbilical cicatrix a small stump which is often dry; this falls of itself on the fourteenth or fifteenth day after birth, leaving in a large number of cases a small reddish ulceration which is easily seen by separating the lips of the umbilical depression. This easily becomes infected if care is not taken to continue the antiseptic dressings until cicatrization is complete. The dressings are frequently soiled by urine and fæcal matters, and should be renewed twice a day at least. Until cicatrization is complete, the child should not be bathed.—*Daily Lancet.*

DIAGNOSIS OF PERICARDITIS.—Dr. F. C. SHATTUCK contributes (*Boston Medical and Surgical Journal*, July 8, 1897) a valuable article giving the results of his experience with pericarditis. This article is much more than a repetition of the text-book assertions concerning pericarditis. Several points that are new are clearly brought out, and it is illustrated by instructive figures.

There is no disease that is more frequently overlooked during life than pericarditis. The reasons for this are that pericarditis is commonly secondary, that frequently co-existing endocarditis confuses the physical signs, that rheumatism, the common primary cause, is, especially in children, often so slight as to pass unnoticed and for this reason to cause the heart to escape without examination. Tuberculosis, which may be a cause of pericarditis, is so seldom the primary disease that the physician, in tubercular patients, neglects the systematic examination for pericardial involvement. The symptoms, too, are not to be relied upon as suggestive of pericarditis or in any way distinctively diagnostic. Pain may be slight or absent; there is nothing, ordinarily, about the facies, position, breathing, pulse or temperature characteristic of inflammation of pericardium. Diagnosis, therefore, must rest almost exclusively upon physical signs, and these may be absent or very perplexing.

Among the practical points brought out which differ somewhat from commonly accepted views is the fact that the shape of the dulness produced by the effusion is not commonly pear-shaped or pyramidal; it is simply that of the area of dulness of the normal heart equally extended in all directions. He has never been able to make out any percussion changes in the back that he could connect with a distended pericardial sac, though in several instances he has been able to make out dulness below the left clavicle. The impulse of the heart is not always invisible but may be both visible and palpable.

Of great importance in diagnosis is the fact that the apex-impulse is within the area of dulness. Paradoxical pulse he noted in five out of eight cases. Sudden collapse was frequently noted and is a sign of diagnostic importance.

The frequency with which Dr. SHATTUCK has met with pericarditis in cases of pneumonia is worth recording. Of fifty-seven cases of pneumonia under his care in the hospital during the past three years, twenty came to autopsy. In thirteen pericarditis was found; in five of the thirteen it was detected during life. In the other eight it was carefully sought for, and the absence of the signs recorded. This is a

striking proof of the frequency of its occurrence during pneumonia as well as of the extreme difficulty of recognizing the affection.

Dr. SHATTUCK believes in early tapping. He says: "I have never regretted having tapped; I have reproached myself for not having tapped." He can lay down no hard and fast rule as to when to aspirate; each case must be determined on its merits. He has tried various points at which to make the puncture. He is inclined to speak favourably of the left costo-xiphoid angle, the instrument being thrust upward and backward. Here he punctured once only and then after death, but the ease with which a pint of fluid was withdrawn inclines him to think that he should try this point again during life when occasion offers. —*Progress of Medical Science.*

"STIRRUPICULTURE."

A horse "race" resembles the great "race" of man,
Tho' the simile's force is diminished,
For the man's "race" is naught but a "cell" at the start,
While the other's a "sell" at the finish.
Moreover, in case of the "race" of the horse,
It's "over" as soon as he wins it,
Whereas in the case of the "race" of the man,
It's "ova" before he begins it.
Then let us be cautious, and wisely remember,
While patiently waiting the issue,
That horse "sells" are naught but a tissue of lies,
And man "cells" allies of a tissue.

Medical Council.

Therapeutic Suggestions.

CURATIVE ACTION OF HYPERÆMIA.—BIER *(Münch. Med. Woch.)* has chiefly employed passive hyperæmia in a large number of cases, especially in so-called surgical tuberculosis. The extremity is well bandaged up to the disease, and then an elastic bandage is placed above the disease. BIER maintains what he has previously said about this method of treatment, and adds that, combined with conservative operations, he has seen very good results. In some of his former cases he says that the cure is so complete as hardly to show a trace of the former disease. In cases of syphilitic disease and in two of sarcoma the disease rapidly got worse under this treatment. In gonorrhœal articular affections the author has seen good results in 11 cases, so as to warrant its repetition. The inflammatory manifestations and the pain rapidly disappear. He has used this treatment in rheumatism with varying results. The best results were obtained when the hyperæmia was induced in a marked degree. Cases of arthritis deformans and chronic rheumatism at times showed considerable improvement; sometimes, however, it was quite useless. In a case of genuine gout no benefit was seen. BIER was induced to try the treatment by the circumstance that vascular venous engorgement confers a certain degree of immunity against tubercle. He has tried an active hyperæmia by hot air and by hot water. With hot water the effect upon superficial tuberculosis is not as great as with hot air. Lupus will heal quickly if it be so placed that it can be covered by a dry cup, the engorgement thus produced bringing about a rapidly curative effect. The method can have only a limited application here The effect of passive hyperæmia upon tuberculosis is much greater than that of active hyperæmia. Hot air gives better results in arthritis deformans and chronic rheumatism than in tuberculosis. The author discusses the question of how hyperæmia is able to influence local disease and especially infective disease. Whatever the explanation may be, yet the efficacy of the treatment, in the author's opinion, cannot be doubted. The method must be properly carried out. The most important rule is that the hyperæmia should never cause pain; on the other hand, it should rapidly relieve it. Thus, if the bandaging produce pain, it should be loosened. On the other hand, in order to secure success the hyperæmia must be considerable.—*British Medical Journal.*

OIL OF TURPENTINE IN THE TREATMENT OF SCARLET FEVER.—Dr. PUJADOR, of Barcelona *(Medecine Infantile)* has been led by FOCHIER'S happy results from the use of turpentine injections in puerperal streptococcus infection to resort to the same agent in grave cases of scarlet fever. In children from three to six years old, he finds, ataxic symptoms may be overcome by means of one or two subcutaneous injections of 15 grains of oil of turpentine. In adults a little larger doses are required, from 30 to 45 grains. Not more than 15 grains should be given to a child in the course of one day, and not more than 45 grains to an adult. To prevent the irritant local action of the injections, which might otherwise lead to the formation of abscesses, it is necessary to add an alkali to the turpentine, such as sodium bicarbonate (the amount to be added is not stated). The oil may be given by the mouth, in gelatin capsules or suspended in mucilage. It exerts a favorable action against the albuminous nephritis that follows scarlet fever; not only does it prevent this complication, for it is never observed as a sequel of the disease treated by PUJADOR'S method, but also, given at the time when the nephritis is manifested by anasarca and albuminuria, it rapidly allays the symptoms and soon restores the normal state of the renal secretion. —*Daily Lancet.*

CHLOROFORM APHORISMS.—Chloroform may be given as safely as ether if the following rules are adhered to:

The stomach should contain no food, and a very small quantity of liquid.

Place the head a little lower than the trunk.

Permit no tight clothing about the patient.

The anæsthetic should be Squibb's 70 per cent. alcohol, 30 per cent. by volume.

A hypodermic of one-fourth grain morphine with $\frac{1}{150}$ grain atropine should be given a half hour before the anæsthetic.

The first inhalation of the vapor should be well diluted with air, and very gradually given.

A teaspoonful of aromatic spirits of ammonia should be given in half an ounce of whiskey or brandy by the stomach.

A starched towel folded in the shape of a cone, the apex open, should be employed, as it allows the air to enter freely.

The pulse and reflex of the eye should be closely watched, and the towel removed from time to time when indicated.—SPOOTSWOOD, in *Columbus Medical Journal.*

POTASSIUM IODIDE IN CHOLELITHIASIS.—DUNIN (*Gazeta Tekarska*, No. 22, 1896,) states that during the last four years he has tried the internal administration of potassium iodide—five to ten grains twice daily—in about 100 cases of cholelithiasis, and has come to the conclusion that the drug is one of the best remedies for the disease. The most striking effects are obtained in cases where the attacks of hepatic pain, while of moderate intensity, occur very frequently, or where the pain is almost continuous. In the violent attacks occurring at long intervals, the results of the administration of the iodide are much less pronounced.

BIMANUAL PRESSURE IN TEDIOUS LABORS.—Dr. R. G. WOODWORTH (*Amer. Gynæcol. and Obstet. Jour.*) enters a plea for the use of bimanual pressure in tedious labors instead of the forceps. There are two points which should be considered before thinking of employing the pressure. The first is, are the contractions sufficiently strong of themselves to expel the fœtus? Secondly, is the tenderness of the womb so great as not to admit of pressure? Both of these questions can be decided upon a very casual and superficial examination. When the uterine pains, after dilatation of the cervix, become expulsive, observe, from time to time, whether any progress is being made, and if so, well and good; but after a given length of time, if the fœtus fails to advance and seems apparently to be lodged, do not hesitate to use the pressure. How is the pressure applied? Sit at the side of the patient with a good-sized pillow on the opposite side of the patient, upon which to rest the elbow. The arm resting on the pillow, of course, is more or less fixed. The other arm, if it be the right (which is usually the case) can easily be aided by being pressed upon by the right knee. By this powerful means of applying bimanual pressure sufficient force can be brought to bear upon the womb during contraction as shall be immediately apparent in effecting the progress of delivery. It is plain that only sufficient force should be employed as to accomplish the desired end, namely, slight progress. The pressure should be employed only during the contractions of the womb, and a weak and inefficient contraction, augmented by pressure, can be made to accomplish a mighty work in hastening delivery.—*North Carolina Med. Jour.*

THE SALICYLATES.—When salicylates in small doses are poorly borne by the stomach, it will often be found that a single large dose, administered in milk, before retiring, will be well borne and rapid in effect.—*Phil. Polyclinic.*

TREATMENT OF ENLARGED GLANDS.—For indurated glands, either from a septic or tubercular cause, we have found more good from the repeated application of the fly blister than from anything else. We have repeated the blister as many as seven times, allowing each time the skin to heal before applying another. We have never had a case where we have faithfully followed this course, and at the same time given the compound tincture of iodine, three times a day, in ten drop doses, but what the glands were either cured or greatly benefited. There may be nothing new in this suggestion, but it is often good to remind one of an old thing.—*Lancet.*

MYDRINUM, THE IDEAL MYDRIATIC.—CATTANEO thinks mydrinum—a combination of ephedrine and homatropine—is the ideal mydriatic for diagnostic purposes. Dilatation begins eight seconds after the application of mydrine; attains its maximum effect in thirty seconds, and the effect passes off in from four to six hours.—*Kans. Med. Jour.*

PHLEGMASIA DOLENS.—The treatment should be both constitutional and local. The former will vary according to the circumstances of the case and the views of the practitioner. In the early stage, ammonia in effervescence, with quinine, according to the amount of pyrexia present and the general condition of the patient; and in the latter stage iron is generally useful, with as much sedative as may be indicated by the severity of the pain. Local treatment is very important. The limb is to be kept at rest, either in an extended or flexed position, as may prove most comfortable, and supported on a pillow raised at the foot, with the pressure of the bedclothes kept off of the limb. Sometimes hot fomentations are most comfortable to patients, but more frequently wrapping the limb in cotton-wool sprinkled with equal parts of belladonna and chloroform liniments, with oil-silk on the outside, gives the greater relief. When the swelling is subsiding, gentle bandaging with a light flannel bandage is very valuable. If the phlegmasia dolens be associated with septicæmia—as is, I think, often the case—its general treatment will of course vary with the general treatment of the toxæmia.—*Nashville Jour. Medicine and Surgery.*

THE TREATMENT OF CHRONIC ARTICULAR RHEUMATISM.—Dr. OTT, in his address before the German Congress of Internal Medicine, recommended woollen clothing and especial attention to the diet, with meat as a foundation, together with eggs, fish, vegetables, butter and cheese; especially milk. Water is the best beverage; alcohol and the carbo-

hydrates should be much restricted, moral depression avoided; a journey may be found beneficial in some cases. Treatment should be prompt and meet every stage of the disease, which should be carefully watched even long after convalescence. Acute symptoms must be surmounted by every possible means—fever, by repose in bed and restricted diet; local pains and swelling, by Priesnitz compresses, liniments, or salves containing opiates, or by injections of morphine. Absorption is hastened by painting with iodine. Puncture is useful in severe swellings; so, too, the elastic bandage. Some observers find salol beneficial; others prefer antipyrin, acetanilid, phenacetin, etc. When there is swelling of the joints without much loss of mobility or dislocation of the ends of the bones, external treatment is indicated, such as will favor absorption. Tincture of iodine and ichthyol are sometimes successfully employed. Baths should be recommended when there is no acute or subacute inflammation, but should be suspended as soon as inflammatory symptoms reappear. In all baths the main point is heat. This can be attained by the new partial steam and hot-air baths; mud baths produce a mechanical stimulation of the surface beside the effect of heat, and hot mud compresses have been found useful in weak patients. The simple hot springs have been found useful for persons of great nervous excitability. The success of sulphur baths is probably due to the heat. The speaker also recommended hydriatic processes which combine hot and cold baths, to tone up a system debilitated by the effects of heat. In the raw seasons it is better to resort at once to the hydraulic process. He also recommends active and passive movements. The most favorable climate for persons affected with polyarthritis deformans should be warm, dry and sheltered from winds, with hot springs convenient. Battaglia and Ischia in Italy and Algiers fulfill these conditions. Medication should aim to strengthen and tone up the system. Iron, quinine and cod-liver oil are indicated. SINGER has cured one case of typical acute rheumatism with intravenous injections of sublimate.—*Daily Lancet.*

TREATMENT OF BRUISES.—When the tissue of any portion of the body is bruised to any extent, it can usually be treated to the best advantage by first immersing it in cool water, which has a tendency to check the rush of blood to the part and prevent in a measure the serious congestion that is likely to follow. If necessary, the part should be cleansed. If the instrument by which it was crushed was perfectly clean, boiled water is the best for cleansing, but if it was not clean, it

should be cleansed with a five per cent. solution of carbolized water. A good fomentation with sterilized fomentation cloths will do a great deal towards removing the soreness. If there is no broken skin, the part may then be covered with a compress of hamamelis. If there is much pain, the fomentation and compress may be repeated after a few hours. When the pain has been removed, give the part rest from two to seven days, according to the severity of the bruise. Following this, rubbing and massaging the tissue with oil will hasten the return of the normal functions and nutrition. If the bruise was sufficient to cause laceration, the latter places should be covered with compound tincture of benzoin, which will favor the healing. In a day or two a dry dressing of some powder, as aristol, will be good for a permanent dressing while the wound is healing. If the laceration is extensive, so that sutures are required, or there has been injury of the deeper parts, so that bones or joints have been crushed, it should, of course, be treated by some one who has had experience in such cases.—R. J. S., in *Pacific Health Journal.*

SODIUM BICARBONATE AS A SURGICAL DRESSING.—The *Journal of American Medical Association* says that a Russian military surgeon, N. V. GUEORGUIEVSKY, accidentally discovered in the course of treating a severe phlegmon of the index and palm of the hand, that a compress wet with a two per cent. solution of bicarbonate of soda will arrest pain and suppuration almost immediately and lead to complete cure. He considers its action more effective than any other antiseptic, including iodoform, phenic acid, etc., in the treatment of purulent wounds. Whenever he suspended it to resort to iodoform, or any other treatment, the suppuration recommenced, to be arrested again by the resumption of the magic compress, as his patients called it. He first incises and cleans out all the pus, and then applies the compress to the cavity and surrounding parts.—*Am. Jour. of Surg. and Gynæc.*

INFANTILE DIARRHŒA.—Dr. WELLS in a recent discussion on summer diarrhœa in infants, called attention to the necessity of instant removal of milk as an article of diet, should diarrhœa and vomiting appear. To continue feeding an infant on milk under these conditions, is worse than foolish, and is adding fuel to a flame.

These infants should receive no food for from 12 to 24 hours, but they may be given a few drops of brandy in sterilized water. At the end of this time, a little freshly prepared beef juice, panopepton or

albumen water may be used every three or four hours, with benefit, and in 48 to 72 hours, if vomiting and diarrhœa have entirely ceased, a mild formula, low in proteids and fats, may be tried, and, if no bad symptoms follow, may be repeated. Proper medicinal treatment should, of course, be used.—*Philadelphia Polyclinic.*

THE TREATMENT OF PHRENOGLOTTIC SPASM IN CHILDREN.—A writer in the *Gazette hebdomadaire de Medicine et de Chirurgie* attributes the following prescriptions to GLOVER and VARIOT:

℞ Potassium bromide ..... 1 part.
Syrup of ether.
Syrup of orange flowers ..... aa 20 parts.
Distilled water.

M. S.—A teaspoonful three times a day in the intervals between the paroxysms.

℞ Musk..... ..... 1 part.
Potassium bromide ....10 parts.
Syrup of orange flowers
Distilled water.... .....aa 200 parts.

M. S.—A teaspoonful three times a day.

At bedtime a suppository composed of three-quarters of a grain of extract of belladonna and thirty grains of solidified glycerin should be placed in the rectum, or five drops, gradually increased to twenty, of a mixture of equal parts of tincture of aconite root and tincture of belladonna, may be given night and morning.—*Daily Lancet.*

FOR SCIATICA.—Dr. BENJAMIN WARD RICHARDSON was wont to highly recommend the following pill:

℞ Opium..... gr. xv.
Ipecac ..... gr. xv.
Sodium salicylate ..... gr. cx.
Fluid extract cascara sagrada..... q. s.

Ft. pil No. xx. Take one to three a day.—*Indian Lancet.*

AN INTESTINAL ANTISEPTIC MIXTURE.—The following formula is advised by DE MAXIMOVITCH:

℞ Naphthol..... 45 grains.
Chloroform ..... 15 drops.
Castor oil.....1,500 grains.
Essence of peppermint ..... 5 drops.

M.—Dose: a tablespoonful (for children, a teaspoonful) in port wine, beer, or hot and sweetened black coffee.—*Independence Medicale.*

TREATMENT OF ANOSMIA.—BIGARD has recently taken up the study of this subject. Among the causes of anosmia he refers to blows on the head, which are much more frequent than is generally supposed as a cause of loss of the sense of smell. They may or may not be accompanied by fracture, for, according to the author's observations, a severe blow on the back of the head, as from a fall, is quite capable of causing laceration of the Schneiderian membrane or tearing of the olfactory nerves in their passage through the lamina cribosa of the ethmoid. In cases of essential anosmia without nasal lesion the author has found the following treatment produce good results: Nasal irrigation every morning, with warm water by means of Weber's siphon; to snuff three times the following powder: Sulphate of quinine, 10 cg., subnitrate of bismuth, 10 g.; thirdly, electricity. In cases of hysterical anosmia the last is the most effective, and is employed in the form of faradization to the root of the nose, and this must be employed so as to produce actual pain.—*These de Paris, 1897.*

ENLARGED TONSILS.—In October 6 issue I noticed A. P. L. asks for the treatment of enlarged tonsils, and describes his case. Although a practitioner of only four years, I will give my treatment, which has never failed me. I use peroxide of hydrogen as described, but instead of tr. of iodine I use chromic acid 20 grs. to the ounce of water to begin with, and as the tonsils become accustomed to the use of it, increase to 30 grs. to the ounce. Take an aluminum probe, and, with a little absorbent cotton on the end, swab the tonsils and in the follicles two or three times daily for three or four weeks. I like this treatment much better than amputation of the tonsils, and if the tr. of iodine, not being strong, failed, I have used the bromide of iodine.—J. A. PARK, M. D., *in the Daily Lancet.*

No Longer a Laboratory Curiosity.—So recently as six months ago the most potent diphtheria antitoxin on the market possessed a maximum strength of 500 units per Cc. More powerful serum had indeed been produced, but not on a considerable scale. A serum testing 700 and 800 units per Cc. has, until very recently, existed only as a laboratory curiosity.

At no advance in price, Messrs. Parke, Davis & Co. are now supplying practically unlimited quantities of the most powerful and concentrated antitoxin ever produced. Their Anti-Diphtheritic Serum Special exhibits a potency of 750 and 800 units per Cc. This serum constitutes an extraordinary advance in the art of serum-production, and is worthy of a house which is never content with a mediocre performance in whatsoever it undertakes.

The entire absence of casualties and a brilliant record in effacing mortalities render this brand of antitoxin worthy of every confidence.

Valuable Remedies Worthy of Attention.—Especially at this season are the tablets of "antikamnia and codeine," each containing 4¾ grains antikamnia and ¼ grain sulphate codeine, worthy of attention in the treatment of pulmonary diseases. This combination is a sedative to the respiratory centres in both acute and chronic disorders of the lungs. Cough, and in fact nearly all neuroses of the larynx are in the vast majority of cases, promptly and lastingly relieved, and often entirely suppressed. In the treatment of La Grippe and its sequelæ, its value is highly esteemed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this combination does this, and in addition controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. Exhibited in the grinding pains which precede and follow labor; in the uterine contractions which often lead to abortion; as well as in the nocturnal pains of syphilis, the results obtained are most satisfactory. In the various neuralgias, and in all neuroses due to irregularities of menstruation this combination affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. In these last conditions, always instruct that tablets be crushed before taking.

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Twenty-Ninth Session 1897-98.

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

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

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
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