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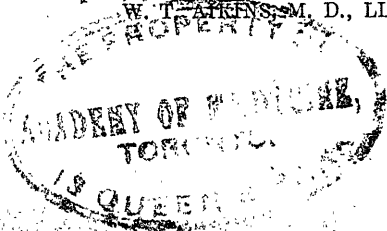
The lectures and demonstrations in the subjects of the First and Second years will be given in the Biological Laboratory and the lecture-rooms of the University.

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

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MARITIME MEDICAL ASSOCIATION.

The Third Annual Meeting of the Association will be held in Charlottetown in
July, 1893.

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 Bridgewater

On **WEDNESDAY EVENING, July 5th,**

for the transaction of business, election of officers, &c. The usual scientific programme will be carried out. A full attendance is confidently expected.

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McGILL UNIVERSITY, Montreal,

Faculty of Medicine. Sixtieth Session, 1892-93

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

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

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

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

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

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

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 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 concerns contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to

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

The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Original Communications.

A CASE OF RENAL HAEMATURIA OF UNKNOWN CAUSE LASTING TWENTY YEARS.*

BY F. H. WETMORE, M. D., OF HAMPTON, N. B.

In spite of the rules laid down in the books it is sometimes difficult to locate the source of blood in the urine. This was so in the following case, which is worthy of being reported on account of the length of time the bleeding continued—twenty years—in spite of treatment, the alarming symptoms due to the loss of blood, the absence of other symptoms, and the final localization of the lesion, whatever it may be, in the right kidney.

J. B., aged 64, married, farmer, has consulted me several times during the last three years for "blood in his water." He has always been a healthy, hard-working man, and never had any serious illness; has had none of the acute infectious diseases except

measles; never had malarial fever—was never out of the province. He uses tea and tobacco, but not alcohol. He is a light sleeper; his father and one brother were of a very nervous temperament and also light sleepers. There is no family history of tubercle or cancer; he says one sister was subject to very severe "cramps in her stomach," gradually emaciated and died. His first attack of haematuria occurred in the winter twenty years ago, coming on without any known cause and not affecting his health; the physician in attendance thought he must have strained himself without knowing it. It stopped in two months and did not return for three or four years. This second attack also commenced in the winter and lasted two months. The attacks gradually became more frequent and lasted longer, until during the last six years he has not been free from blood in his urine for more than a few weeks at a time. The blood has always been intimately mixed with the urine. There is no definite history of colic; there is seldom any pain in the loins. Micturition is not too frequent, and the amount of urine is about normal.

*Reported to the St. John Medical Society Dec. 2nd, 1891.

May 5th, 1889.—I saw the patient professionally for the first time at this date. He complained of blood in his water, severe pain in the right hip and leg, and swelled legs. The pain had started in his right loin May 1st after exposure to the wet; it soon settled in the hip, was so severe that he was obliged to give up work, and later it prevented his lying down. When the pain commenced he noticed that his urine was very bloody. His legs swelled after he was obliged to sit up. He says passing blood never made him sick before. He is rather emaciated, and very anaemic, distressed looking, moderate-sized man sitting on the edge of the bed, leaning towards the left side; both legs are much swelled and pit on pressure; he is unable to flex the right thigh on the pelvis without considerable pain. There is considerable pain in the right hip extending down the thigh and leg, with tenderness to pressure posterior to the right great trochanter. There is slight tenderness to pressure over the right loin; none over the left. No painful or frequent micturition; the whole urine, about 50 oz. in twenty-four hours, is bright red in color with what looks like small pieces of washed, haggled, flesh here and there throughout it. On standing about one-tenth part above becomes clear, the rest remaining red in color without any deposit; slight acidity; sp. gr. 1021; a moderate amount of albumen such as the blood would account for. The heart is normal; no symptoms referable to the respiratory or digestive systems; no abnormality of the abdominal organs was detected. P. 72, full; R. 20; T. 99.6° F. under the tongue. A microscopical examination of the urine on May 11th shows innumerable blood cells and a few blood casts especially clinging to the fleshy bodies mentioned above; no pus cells were discovered. (This examination was made under difficulties and was not repeated.) The pain which was some-

times of a burning character was now felt in the sacral region and down the thigh; later there was merely soreness in the lower extremity. In three weeks the pain was about gone, but he had become exceedingly nervous; slight haematuria continued. Five weeks from the first attack (June 4th) he had an increase in the amount of blood and a slight return of the pain, from which, however, he soon recovered. The temp. never rose above 100° F. in the month. The treatment was an opiate for the pain; ergot and afterwards gallic acid for the bleeding; later quinine in five grain doses twice daily acted efficiently as a tonic; and gallic acid in powder and a mixture of citrate of iron and quinine were to be continued. The most important part of the treatment, lying up, he neglected.

May 30th, 1890.—He consulted me again. Haematuria had continued more or less since the last date. He now complains of weakness, dyspnoea on exertion, constant nausea, heartburn, headache, drowsiness and dimness of vision at times. P. 88; R. 22; T. 99.8°. There is frequent sighing respiration; he is intensely anaemic; the conjunctivae are bloodless; the back of the throat is pale. A systolic murmur is heard over the whole cardiac region and in the carotids; examination of organs negative. Quinine and gallic acid did him no good till he took rest in the horizontal position for a few days, when the bleeding stopped for a time.

June 18th, 1891.—He has been losing more or less blood all winter, but his health has been worse the last one or two months; he is getting very nervous again, is vomiting his food, but will not lie up. June 26th worse; has a cough; when taking much gallic acid he has a pain in his right loin and side and passes clotted blood. August 16th he is more anaemic; the symptoms due to the anaemia are intensified; he nearly faints at times when

standing; he complains of puffing like a steam-engine in his ears. He is so weak, pale and worried looking that the neighbors think he won't last more than a few days. There is no tenderness in either loin or along the course of the ureters. I drew off bloody urine and injected clear water into the bladder, which came away clear both before and after the catheter was removed. He was put on lead and opium pills every four hours and sulphate of iron in mixture. August 21st he is so much worse that he is obliged to keep his bed. P. 88; T. 102.4° in the month; bowels constipated; anorexia, vomiting, dizziness, headache, dimness of vision on sitting up; conjunctivae lemon-colored; lumbar pain; there is frequent, painful spasm of the bladder and pain in the urethra, but he is passing a small quantity of perfectly clear urine with some clotted blood. He was ordered a hydrogogue cathartic and a diuretic mixture, all other medicines being withheld.

August 23rd.—P. 72; T. 101.1°. The general condition is better; the lumbar pain improved. There is a sharp, cutting pain in the right hypochondrium when he moves, well to the right side just under the border of the ribs; it does not shoot towards the bladder and is not felt in the penis. The urine is increased in amount—34 oz—clear, no deposit, quite acid, with a specific gravity of 1010; no albumen.

August 25th.—P., R. and T. are normal. Pain exists as before; there is tenderness from the right hypochondrium along the course of the ureter of the bladder. He gained rapidly in health and strength; the bleeding kept away longer than for any time during the last six years and consequently his health was better. In November he told me that he had seen blood in his urine once or twice since, lasting a day or two. He complains of being very nervous.

REMARKS.—The interest of the case lies in the difficulty of diagnosis and in its resistance to treatment. When the case was first seen in 1889 the question arose as to the relation, if any existed, between the bleeding and the pain in the right loin and hip; was the latter a pressure symptom, or was it an ordinary sciatica the cause of which was the exposure of an anaemic patient with an inherited nervous tendency? The latter view is probably correct, the bleeding having been aggravated by the exposure and the debility caused by the suffering and loss of sleep. For some time at least, before deciding positively on the real origin of the lesion, it was thought advisable to exclude some condition of the bladder, such as villous tumor, which might possibly be the source of the blood without causing symptoms referable to that organ; but subsequent treatment has I think pointed conclusively to the right kidney as the spot where the blood gains entrance to the urinary apparatus.

Diagnosis.—(1.) A strain or such like condition would not, I think, explain the symptoms.

(2.) Some local disease or foreign body might be the cause. Cancer can be excluded by the absence of pain or tumor in the renal region, the absence of cachexia, the time the affection has lasted, and its non-progressive character. Haematuria may be due to parasites, but it is not likely to be found in this country; that due to the bilharzia haematobia is rarely found out of Africa, though Sajous (1889, vol. iv.) mentions a case in a woman, aged, 39, who had never been out of England. With stone there is generally pain in the renal region before the onset of bleeding, a history of colic, and evidence of pyelitis. These were absent in this case; in general he is perfectly free from any uneasiness in either loin whether passing blood or not, except the blood be clotted. On the other hand we are told that

haematuria may be the only symptom of stone in the kidney, though I have not been able to find a record of such a case in the literature to which I have had access. Dr. James Tyson in Pepper's "System of Medicine" (vol. iv.; p. 105,) writes: "Blood from the kidney, as far as my experience goes, is never discharged in the shape of clots, at least large enough to be recognized as such by the naked eye. More frequently coagula of blood are passed when hemorrhage takes place into the pelvis of the kidney. These coagula generally cause severe pain in their descent, and by this symptom are distinguished from coagula from the lower part of the ureter and bladder." We mentioned above coagula producing such symptoms were present in my patient when taking large doses of gallic acid, and this fact, taken in connection with the insomnia and other nervous symptoms, would make one careful in excluding stone (or at any rate oxaluria) from the diagnosis.

(3.) Malarial infection (other causes of systemic poisoning were also absent) which is so frequently the cause of blood or its constituents being found in the urine can be excluded in this case.

(4.) A haemorrhagic diathesis is found to account for some cases. Prof. Senator, a German, reports a case (Jan. 1st, 1891,) of haemophilia renalis in a girl of 19, in which the seat of bleeding was located in the right kidney by means of the endoscope by Dr. Nitz; as a last resort nephrectomy was successfully performed. There was a hereditary tendency in the father's family. (Retrospect of surgery by Dr. Shepherd in *Mont. Med Jour.*, April, 1891) There was no such history in my case. Paroxysmal haemoglobinuria has a different condition of the urine, and a peculiar clinical history.

(5.) Lastly, increased blood pressure, or a disturbance of the vasomotor mechanism governing that part is sometimes thought to be the under-

lying cause. Ackhurst mentions haemostatic pressure as a cause. Sajous, (1890, vol. iv.,) cites a case of haematuria occurring monthly; thought to be essential for the relief of plethora; the attacks were preceded by constitutional symptoms—nausea, dizziness, heaviness in the lumbar region, and sometimes headache—and were amenable to treatment with gallic acid before and during the expected attack.

An interesting case is reported in the *Lancet* Dec. 28th, 1889, thought to be due to increased blood pressure. It had commenced suddenly over two years and a half previously with constitutional symptoms—weakness, fatigue on exertion, chilliness, anorexia, severe burning in the soles of his feet, cramps in the toes, and twitchings of the muscles of the limbs—and had continued without symptoms local or general in spite of treatment. Lead and opium (gr. v.) with infusion of water (ʒi.), tr. cinchonae co. (ʒii.), and ergot were tried without success; he was cured with vapor baths twice a week. But he was seen last only two and a half months after the blood disappeared from the urine, and it may have returned later.

Correspondence.

A TRIP TO BALTIMORE.

To go South in the month of April! What a pleasure it is. To leave the cold and snows of our Northern winter just as it is closing, and in a few hours to be landed in the balmy air of early spring and find the grass green in the parks and the trees just budding out.

Among the pleasures of the visit was meeting in Baltimore your co-editor, Dr. D. A. Campbell, whom I found in the laboratory pursuing his favorite study of pathology and bacteriology.

My short trip had for its chief object to visit the Johns Hopkins Hospital, to look into its methods of scientific research, its management and its surgical technique, and one comes away feeling that those who have organized the institution have succeeded in making a perfect establishment for the treatment of the sick poor and with every facility for taking a large share in the work of progressive medical science.

Everything to-day in surgery revolves around the one central idea—Asepticism. Pure air, pure water, plenty of soap and water, many nail brushes, scrub, wash and douche are the order of the day. The surgeon, assistants, nurses and patient are cleansed and purified before every operation. This is the law of every hospital amphitheatre, carried out to greater perfection in some hospitals than in others, but the principle rules everywhere. In the Johns Hopkins most scrupulous and excessive care is taken to ensure thorough cleanliness, or sterilization, if we call it by its modern name.

Dr. Kelly, the able and talented young chief of the gynecological department, has a large clinique and operates almost daily, most of his operations being in serious cases, including many abdominal sections. He operates with consummate skill and with great rapidity. The quick movement of brain, eye and hand is admirable, and one can spend many instructive hours beside him in the operating room. All his operations are thoroughly aseptic, and he has every facility to make them so.

The most important new point noted in this department is the changed position which the operation of hysterectomy now occupies compared with a very short time ago. This operation, which was looked upon as beyond the region of reasonable surgery only three or four years ago, is now regarded almost as safe an

operation as ordinary ovariectomy. Nothing, perhaps, better indicates the rapid progress in this department of surgery than the fact that the fine work of Pozzi in Gynecology, the American edition of which was published *only last year*, is in regard to some operative procedures, notably that of hysterectomy, as much out of date to-day as a work twenty years old would be. The intra-peritoneal method in hysterectomy is now almost exclusively adopted. Some operators remove the whole uterus, separating it from its vaginal attachments; others divide across the cervix low down, hollow out the stump and bring the two sides together with sutures; but all, after uniting the divided peritoneum, treat the pelvic cavity as is done in ovariectomy and close the abdominal wound.

A favorite operation of Dr. Kelly is the suture of uterus to the abdominal wall in cases of retroversion. He also makes an excellent modification of Emmet's operation in the very common condition of relaxed vaginal outlet. A very skilful manipulation is shown in the operation of catheterization of the ureters. This delicate procedure is carried out with more ease than one would suppose. The bladder is first filled with litmus or other colored fluid and then with properly constructed instruments patient search is made for the opening of the ureter on each side and the instrument introduced. When they are in place the urine uncolored by the bladder fluid comes drop by drop each from its catheter, as it is secreted by the kidney. It will be easily seen what a valuable aid to diagnosis this will be in many renal affections. By it can be determined in which kidney disease exists and the urine as it comes from each organ can be examined separately.

The general surgical department has for its chief Dr. Falsted, an old pupil of my late much lamented friend, Dr. H. B. Sands, of New York, who was

so well known to many of us in this province. Great care, thoroughness and precision are the chief characteristics of this accomplished surgeon. To be safe in the hands of the operator is certainly the all important factor for the patient, and this thought grows on you the more you see Halsted operate. The most important operations he did during my visit were a pylorotomy with gastro-jejunostomy and the removal of a gall stone from the bile duct. He makes a strong effort in his operations to prevent even the slightest hemorrhage, using dozens of pressure forceps on the bleeding points to gain this object. His operation for the radical cure of hernia gives more promise of success than any one of the many operative procedures tried of late years in this fruitful field for the inventive genius of the surgeon. His buried skin suture is a striking improvement to prevent the stitch scar. In dealing with wounds where it is important to leave little mark the procedure is an advance step.

In the medical department the Canadian visitor feels at home, for it is in charge of our distinguished fellow-countryman, Dr. Osler, late of Montreal. One cannot help feeling proud of the honor he reflects upon the profession in Canada by the splendid reputation he is making in his new field of labor.

The spirit of every department and of the whole of the Johns Hopkins establishment seems to be scientific research. For this all facilities are afforded and every modern appliance that money can buy is obtained to carry out this important object.

I had hoped when I began to have written a longer letter, but time passes and I must break off here and promise another communication at a future time.

I cannot close without expressing my gratitude to Dr. Hurd, the Superintendent, and the members of the

hospital staff, from whom I received more than ordinary kindness and attention.

EDWARD FARRELL.

Hospital Reports.

CASE OF TYPHOID WITH CEREBRAL COMPLICATIONS.

REPORTED BY DR. R. L. MURRAY,
SEN. HOUSE SURGEON.

Karl Ericksen, aged 16, emigrant from Norway, admitted to Victoria General Hospital on March 28th, 1893. Patient complained of headache with vomiting. Gave following history of his illness: Took sick on March 24th, four days before entering hospital; noticed first pain in region of stomach and headache; vomited not a little green-yellowish matter; headache very severe; the vomiting and headache persisted up to admission. When first seen in hospital patient's face was flushed, countenance dull and stupid; conjunctivae not congested; pupils slightly dilated; lips not cracked; teeth not coated; tongue covered with a very thick greenish-white fur; tenderness on pressure over the rape of the neck; head somewhat retracted; vomits occasionally and still complains of severe headache; no pain nor tenderness in abdomen; no splenic nor hepatic enlargement; no diarrhoea; no eruption of any kind; nothing abnormal about the heart and lungs; pulse 116; temperature $101\frac{1}{2}^{\circ}$; urine albuminous. Ordered ice to the head and black draught.

March 29—Slept well during the night; does not answer some questions rationally; some delirium; marked tenderness over abdomen; otherwise condition as day before. At 8 a. m. complained of severe pain in abdomen, for which one grain of opium was administered and hot applications to the abdomen; no motion of the bowels; temperature $99\frac{1}{2}^{\circ}$; pulse 120; vomiting persisted, for which a mixture of

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IS PRESCRIBED VERY LARGELY.

It contains all the Nutrient Properties of Malt.

It contains less than three per cent. of Alcohol.

CONDITIONS TO WHICH WYETH'S MALT IS SPECIALLY ADAPTED.

To nursing mothers, it is invaluable during lactation.

In nervous exhaustion, it is most helpful.

Patients unable to digest starchy food, find it very grateful.

In the later stages of phthisis, it will improve the appetite.

As a restorative in convalescence, marked progress is observed from its use.

As a tonic in debility, it is an excellent roborant.

It has that liveliness and freshness of taste which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction. The importance of this function cannot be overestimated, when it is remembered that an agent of this kind must be persistently used procure the best results from its administration.

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SODA MINT AND PEPSIN.

Bi-Carb. Soda 4 grs., Carb. Ammon. 1-4 gr., Oil Peppermint 1-6 drop, Pure Pepsin 1 gr.

In this combination are embraced all the antacid, stimulating, and carminative properties of our Soda Mint Tablets, together with the powerful digestive agent, Pepsin, in its most concentrated form. In cases of weak and impaired digestive powers, nausea, headache, excesses in eating or drinking, one or two tablets will almost invariably give speedy relief.

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GLYCEROLE CHLORIDE OF IRON.

(NON-ALCOHOLIC.)

Each fluid ounce represents twenty-four minims Tincture Chloride of Iron.

PALATABLE AND EFFICIENT.

Submitted to the usual *Chemical Test*, it develops the reaction characteristic of a *True Ferric Salt*, as contrasted with a reduced (Ferrous) salt.

Moreover, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, which no other salt of Iron (the Hydrochloric Acids itself being most valuable) can be substituted to insure the results desired, it is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and will deservedly occupy an important therapeutic position in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure.

In offering to the Medical Profession the above-described elegant pharmaceutical product, a word may be added in relation to the wide range of application to which it is adapted. Its preparation has received the greatest care in our laboratory, having aimed to produce a preparation that would be efficacious as well as pleasant—in the treatment of diseases to which this form of Iron is adapted—and in this desire, we have fully realized our most sanguine expectations.

Whether viewed from a *Therapeutical or Chemical standpoint*, it will be found indefinitely superior to any product of this character now in the market, and we earnestly desire the profession to submit it to the *test of clinical experience*.

CHEMICAL AND PHARMACEUTICAL COMPATIBILITY.—Glycerole, Chloride of Iron (Wyeth's) is compatible with the following *Alkaloids*:—**Quinine, Atropide, Godiene, Strychnine, and Caffeine.** It is also compatible with the following *Salts and Preparations*:—**Morphine Hydrochlorate, Ammonium Hydrochlorate, Cocaine Hydrochlorate, Potassium Hydrochlorate, Antifebrin, Antipyrine, Phenacetin, Salicin, Santonin, etc.** Hydrochlorates and Nitrates can be added only in small proportions; Sulphates and Acetates not at all. It is freely mixible in water in all proportions.

DOSE.—*Glycerole Chloride of Iron (Wyeth's)* may be given in doses ranging from a teaspoonful to a tablespoonful, an ordinary teaspoonful representing 8 to 10 drops (approximately 4 to 5 minims of the tincture.)

TEST.—Ferricyanide of Potassium in solution added to a small portion of *Glycerole Chloride of Iron (Wyeth's)*, changes it from a reddish-yellow to a green color (Test for Ferric salt), while the same added to a Ferrous salt results in a blue reaction. Preparations of Iron are more or less affected by exposure to the direct rays of sunlight, a fact which must be borne in mind concerning this product.

Price per dozen 16 oz. Bottles, \$9.00.

Our Agents shall be pleased to send samples of this new Iron preparation to physicians on request.

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GENERAL AGENTS.

bismuth and hydrocyanic acid was ordered by the visiting physician, who at 12 a. m. saw him for the first time, and diagnosed typhoid with meningeal complications, or poisoning from ptomaines in food served on the passage.

March 30—Delirium more marked; tenderness over abdomen persists; no eruption; no diarrhœa.

March 31—Patient much worse; morning temperature $103\frac{1}{2}^{\circ}$; pulse 120; vomited considerably during night; low muttering and answers questions irrationally; at 6 p. m. enema given and bowels freely moved; some erythematous patches on arms and prominences on body excoriated from constant movement and paralyzed condition of vaso motors. Temperature at night $101\frac{1}{2}^{\circ}$; pulse 112; very delirious; head shaved and vesicating fluid applied; pupils react to light and normal; some opisthotonos and ptosis of right eyelid. At 9 p. m. 20 grs. hyd. sub. chlor. given; urine highly albuminous.

April 1—Mustard applied over kidneys, to be followed by hot linseed poultices; back of head well blistered and mercurial ointment applied; case shows no improvement. Temperature by rectum at noon 104° . Following prescribed:—

R. Pot. Acetatis $\bar{5}$ iiss.

Tr. Digitalis M 80.

Liq. Ammonii Acetatis ad. $\bar{3}$ viiii.

Sig. $\bar{5}$ iv. every 4 hours.

6 p. m.—Bowels moved very freely several times; pulse very weak and rapid; cyanosis of hands marked; not so flushed in face; pupils dilated; tr. opii. 10 grt. every 2 hours prescribed to control excessive restlessness; watching effects. 10 p. m.—Growing gradually weaker; delirium very pronounced; refuses to swallow; very restless; continuous jactation of hands and legs; talks about his home, his ticket, prays, &c.

April 2—2 a. m., death occurs.

RESULT OF POST MORTEM ON APRIL 2.

Nothing much to note in appearance of body; been vaccinated apparently in both arms; some post-mortem staining of skin; body well developed and fairly well nourished.

On opening chest both lungs receded; right lung attached to pleura by several small bands; left by one band; lung substance normal.

Heart tissue softened, but otherwise normal.

On opening abdomen bowels notably congested; marked congestion of peritoneum passing from ascending colon to back. Mesenteric glands enlarged and inflamed.

The appendix vermiformis 10 inches long passing up along the right side of the spine.

The spleen very slightly enlarged; dark in color, soft and easily broken down.

Liver substance dark and congested; the intestines markedly hyperæmic; the ileum shows patches of denudation of mucous membrane; the "shaven beard" appearance very prominently brought out. A great number of Peyer's patches show inflammatory changes. The ileum, especially the seat of active congestion, the inflammatory condition not so marked at upper portion of bowel.

Brain substance normal.

Pia mater thickened and reddened; the arterioles very much congested and veins filled with blood; some serous effusion on surface of pia mater; the pia mater of spinal cord congested; spots of an opaque fatty exudate around vessels on posterior aspect of cord; the exudation not purulent. Some turbid fluid in most dependent portion of spinal cord (lumbar region).

R. L. MURRAY.

V. G. Hospital, May 1, 1893.

[NOTE.—This patient was one of two immigrants who were taken to the hospital from the Long

Wharf, where so many thousand foreigners were landed last winter owing to the stringent quarantine regulations enforced by the United States. They were first reported by the all-knowing press agents as cases of cholera. They were taken sick at the same time and in the same way. The other one, a young girl, made a good recovery from what proved to be a mild attack of typhoid. Her treatment was based on general principles. This one unfortunately succumbed to a very severe complication, that of meningitis, both cerebral and spinal. Had the house surgeon given him a large dose of calomel instead of black draught on admission I have occasion to think that at least the severity of the disease would have been much modified. The intense pain in the abdomen which came on after the purgative and the tenderness which persisted prevented me from following my favorite plan of dosing well with calomel during the first week of typhoid. When the dose of calomel was given there was every appearance of intense cerebral congestion and speedy dissolution. As a forlorn hope the dose was increased to xx. grs., but I have seen xxx. grs. given, and with excellent results. In this case its good effects were nil. When the poison of typhoid attacks the meninges the prognosis is most unfavorable under any treatment. I did not prescribe bromides because I had seen them do more harm than good in a case exactly similar. Still, perhaps with ergot they might be used with advantage.—M. CHISHOLM, Visiting Physician V. G. Hospital.)

TWO CASES OF ANEURISM.

Aneurism of Abdominal Aorta, Simulating a Psoas Abscess.

By M. CHISHOLM, M. D.

W. F. P., aged 32, occupation master mariner; social condition married;

residence, Newfoundland; admitted to V. G. H. January 7th, 1873. Complains of severe pains in the thigh (anterior aspect) and back.

Personal history: Born in Harbor Grace, Nfld., followed fishing for a living until 20 years of age; then went to sea; was always well with the exception of a severe attack of gonorrhœa contracted 10 years ago in England, for which he was treated in a hospital; never had any sickness since then until the present attack began. No well marked history of syphilis.

History of present attack: About 18 months ago he first felt a pain in his back, which lasted for several weeks and disappeared for several months. He had several attacks; did not seem to follow or become aggravated on exertion. About three weeks ago was taken with pain in the left thigh in front which kept gradually getting worse till his admission to the hospital. It is much worse at night; says it is in the bone.

Family history: Father died aged 73; mother dead from cause unknown; two brothers dead, one drowned, the other from la grippe; two sisters dead of scarlatina.

Present condition: Fairly well nourished; countenance anxious; lies on his back; does not like to be moved; pressure on the seat of pain in the thigh is not complained of; pain in the back gives no apparent inconvenience; slight tenderness on the left side of the spine opposite the first dorsal vertebra.

Digestive system: Tongue coated and moist; appetite good; bowels constipated.

Circulatory system: Pulse 110; area of cardiac dullness normal; heart sounds normal.

Respiratory system: Normal.

Genito-urinary system: Normal.

Nervous system: Cannot sleep on account of pain in thigh; sensation

to touch impaired over the anterior part of the left thigh; sensation to temperature lost over the same region and also down Poupart's ligament obliquely upwards and outwards as far as first lumbar vertebra, also below the knee over the anterior aspect of the leg. This region exactly corresponds with distribution of lumbar plexus of nerves. Sensation to pain intact; left patellar reflex absent; left testicular reflex also absent.

Diagnosis: At this stage there was little difficulty in attributing all the symptoms to caries of the spine with abscess of the psoas muscle.

Treatment: Absolute rest and sedatives.

Jan. 8th.—Spent a bad night in spite of a $\frac{1}{4}$ grain of morphia hypodermically.

Jan. 9th.—Hypodermic of morphia, gr. $\frac{1}{4}$, and a little later gr. x. pulv. dov.; slept a few hours.

Jan. 11th.—Pot. iod. prescribed in five grain doses t. i. d.

Jan. 14.—Patient no better; exam. now reveals pulsation in the tender spot to the left of the spine. This pulsation can be felt as far anteriorly as the end of the 11th rib, and slightly below it. No pulsation to the right of this on the deepest pressure except the normal pulsation of the aorta in median line.

Jan. 15th.—Consultation of the hospital staff. The question submitted was whether the case was an abscess from caries of the spine contiguous in a part of its course to a large artery transmitting the pulsation, or whether an aneurism of the abdominal aorta could exist giving rise to no pulsation in its vicinity, but causing them at a distance. The question was decided in favor of the latter, and larger doses of pot. iod. recommended.

Jan. 19th.—Complains of very severe pain; area of pulsation extending downward; acetum opii as a sedative now given.

Jan. 22nd.—Severe pain in left knee; pulsations felt down as far as Poupart's ligament.

Jan. 28th.—A good deal of pain in the chest behind sternum and to the left.

February 4th.—Patient suddenly expires.

Autopsy: Body much emaciated; prominence and swelling in left inguinal region extending from below Poupart's ligament to the eleventh rib. In cutting the costal cartilages clear yellow serum rushed out of the left side of the chest. On removing the sternum the left lung was covered over with serum, and pressed upward and inward by a large blood clot. On opening the abdomen the psoas fascia presented as a large pyriform tumour occupying most of the left half of the abdomen. On cutting into this tumour it was found to be composed of clotted blood with the lumbar nerves running through it as white cords. A few inches above the umbilicus the tumour descended downward and backward, a part going below and to the right of the aorta, which was not raised from the spine appreciably, and the other part dipping down under the diaphragm and opening into the left pleural cavity. The walls of the tumour in the abdomen were composed of the peritoneum and fascia underlying it and in the chest of the pleura, which had thus ruptured, causing death.

The aorta was found perforated 2 or 3 inches above the umbilicus by a circular smooth opening one inch in diameter. The vertebrae opposite this opening were greatly worn away, leaving the intervertebral cartilage sticking out half an inch. The aorta itself was bound down by its fascia, and the fascia on either side of it raised from the structures below. The blood had burrowed slightly on the right, but to the left it found its way into the psoas muscles and up under the diaphragm as above described.

The absence of pulsation in the region of the aorta was owing—(1) to the position of the aperture in its wall being behind, leaving it still bound down by its fascia; (2) to the blood having burrowed backward by the side of the spine; (3) the absence of a proper aneurismal sac, the walls of the aorta being perforated, not dilated.

Aneurism of the Arch of the Aorta Simulating Bronchial Catarrh.

Dec. 6th, 1892, D. M., aged 65, Nova Scotian; master mariner; married; residence, Halifax; complains of severe cough and difficulty of breathing.

Personal history and history of present attack: Went to sea all his life; had a bad attack of rheumatism twenty years ago, from which he recovered slowly but fully; enjoyed excellent health before and after this, with the exception of an attack of yellow fever in the West Indies; another attack of some fever of a doubtful character one year ago; this came on in the W. I. also. From this attack patient never fully recovered. It began with obstinate vomiting and moderate temperature; his limbs became paralyzed; in this paralyzed state he came home; his paralysis gradually left him; he recovered sufficiently to go about. He was then taken with a severe attack of la grippe, which seemed to spend most of its force upon his respiratory system. He coughed incessantly. Had considerable fever, which continued for two weeks, and then disappeared, leaving a cough behind which seemed rebellious to all treatment. In two months from onset of la grippe patient recovered sufficiently to go out, and begin to shovel snow in the yard. This effort brought on a relapse of fever and cough, with all the symptoms of bronchitis. He expectorated large quantities of purulent mucus. This cough and

expectoration never left him. Expectoration, however, became less purulent. He recovered sufficiently to go to sea again. He suffered much from cough on his way to Newfoundland, and from there to the West Indies. As he went south his cough became worse, and he was compelled to come home. He said his cough improved as he came north.

Family history: Father died of something like paresis, aged 80. Mother died aged 75; cause of death uncertain. One brother died of phthisis; two brothers and three sisters living and well.

Present condition: Patient sitting over edge of bed leaning forward; breathing stridorously; cough of a peculiar chinky character; fairly well nourished; temperature 98; pulse 96; tongue clean; appetite good; bowels regular; cannot sleep on his back nor on his left side; breathes easier while leaning well forward.

Physical Examination—Respiratory system:

Inspection—Negative.

Palpation—Negative.

Percussion—Resonant note all over lungs but perhaps not so well marked over upper part of sternum.

Auscultation—Normal vesicular breathing all over both lungs, but somewhat marked by dry and moist rales; slight tracheal tugging, but so slight as to be doubtful.

Circulatory system—Pulse 96; no difference in either radial pulse; no murmur over the heart or great vessels.

Nervous system—Slight spasmodic jerkings of the hands, more marked in the thumbs; interossei muscles and those of the ball of the thumb a little wasted; pupils normal in size and respond regularly to light and distance; absence of patellar reflexes and some wasting of the muscles below the knee.

All the other systems normal; well marked cicatrices over the legs; the

WYETH'S BROWN MIXTURE LOZENGES.

THERE is hardly any household remedy for coughs and colds more popular, or more generally prescribed by medical men, than the old-fashioned Brown Mixture. It has for many years held its supremacy in spite of all the new remedies and innovations of modern practice. The only objection urged in its disfavor is its unsightly appearance, and liability to decompose or turn sour when kept for any length of time. It was for these reasons that we were led to devise the manufacture of the same ingredients, in exactly the same proportions, in the form of a Compressed Lozenge, which not only secures permanency and unalterability, but renders the preparation really more effective, as the gradual dissolved local action of the lozenge on the irritated organs is calmative and stimulating, while at the time, the soothing and expectorant action is thereby accelerated. In this form, it has met with almost universal favor, and is fast superceding the liquid form, so favorably and universally known.

Each lozenge contains one hundred drops of the mixture, equal to one and a half teaspoonfuls or the proper dose for a child of from four to eight years of age. This dose can be repeated every two or three hours. For an adult, a lozenge can be taken every hour or two during the day, or when the cough is distressing.

We also make the same lozenge combined with three grains of Muriate of Ammonia, which is a frequent addition made by very many practitioners. This modification renders it one of the most valuable, stimulating expectorants ever offered for use in acute bronchitis, or catarrhal affections.

PRICE—Brown Mixture, per lb. 75 cents.
Brown Mixture and Mur. Ammonia, “ “

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GENERAL AGENTS.

SYR. HYPOPHOS CO., FELLOWS

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

THE OXIDISING AGENTS—Iron and Manganese.

THE TONICS—Quinine and Strychnine ;

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

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

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

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

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

NOTICE—CAUTION.

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 exercises a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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

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

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO., Ltd.

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WHOLESALE AGENTS

Please mention "The Maritime Medical News."

skin over some of these is glossy and white, over others rather dark brown ; suspicious indications of syphilis, though no very direct history can be elicited.

Diagnosis : The peculiar chinky character of the cough seemed to point to some tumour pressing on the trachea. The slight tracheal tugging confirmed this view.

Treatment : Hydriodic acid in syrup one drachm with ext euphorbia pilulifera in xv. gtt. t. i. d ; also sedative expectorants. After some weeks pot. iod. in xv. gr. doses t. i. d. was added. Under this treatment and rest the stridulous breathing and dry rales became less marked ; but cough did not seem much relieved. A consultation with Drs. Oliver and Campbell confirmed suspicion of aneurism of the arch. The patient lingered in a semi-recumbent posture till February 4th, 1893, when he died suddenly from hemorrhage. On post mortem a well defined aneurism of the arch was found pressing upon the posterior wall of the trachea, and both bronchi. The pressure had eaten through the cartilages in several places, leaving a thin film of mucus membrane to bay out into trachea and left bronchus. One of these in the left bronchus was ruptured. The sac wall posteriorly was well covered with a thick irregular layer of coagulated blood. If it had been a little more extensive the patient's life might have been prolonged at least.

The case is of interest on account of the insidious character of its onset and progress. It is possible that the walls of the aorta may have given way during the intractable vomiting of two years before in the West Indies, or more probably during the incessant coughing during his attack of la grippe one year before ; or both the vomiting and coughing may have been aggravated by a pre-existing aneurism from pressure upon the filaments of the pneumogastric.

Book Notices.

PSYCHOPATHIA SEXUALIS, with Especial Reference to Contrary Sexual Instinct. A Medico-Legal Study. By Dr. R. von Krafft-Ebing, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised, German edition. By Charles Gilbert Chaddock, M. D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis ; Fellow of the Chicago Academy of Medicine ; Corresponding Member of the Detroit Academy of Medicine ; Associate Member of the American Medico-Psychological Association, etc. In one Royal Octavo volume, 436 pages, extra cloth, \$3 00 net ; sheep \$4.00 net. Sold only by subscription. Philadelphia : The F. A. Davis Company, 1914 and 1916 Cherry street.

This book deals with a subject of great importance, and which perhaps does not receive the attention it should at the hands of practitioners. The contents of the work show how prevalent, especially in large cities, is a disordered condition of the sexual functions and instincts. No doubt much of this may be traceable to the lascivious literature, bill posters, etc., of the day, which all inflame the developing passions of the young before the age when knowledge and judgment and will power can be brought to bear to a full extent.

This work will serve a useful purpose in putting medical men on their guard and way to discover disorders traceable to contrary sexual instinct or sexual observations. It is an unpleasant subject, but a most important one. The book is an exhaustive one and medical men should be familiar with the subject treated of. It is not a book to leave around one's table, but should be kept under lock and key.

HISTORY OF THE LIFE OF D. HAYES. AGNEW, M. D., LL. D. By J. Howe Adams, M. D. With fourteen full-page portraits and other illustrations. In one large royal octavo volume, 376 pages, extra cloth, beveled edges, \$2.50 net ; half morocco, gilt edge, \$3.50 net. Sold only by subscription. Philadelphia : The F. A. Davis Co., publishers, 1914 and 1916 Cherry street.

The perusal of this work has been an unmixed pleasure. Biographies of prominent surgeons are few in number—well written ones rare. The interest of this work is not dependent on its style or literary finish, but on the ample opportunities afforded of getting glimpses of the mental outfit of a man who was easily the first of American surgeons—a position he gained without adventitious aids. Surgery made gigantic strides during Agnew's time, and he kept pace with its rapid march. His knowledge extended over the whole field of surgery and his encyclopædic work is unique. Owing to the specialization of work it is doubtful if we will meet with his counterpart again. He reached middle-life without obtaining wide spread recognition, but in the last twenty years of his life honors poured thick and fast upon him. A few extracts from his jubilee address supply the reasons for his well-merited success.

"Let me say here that I have tried to make it a rule of my life never knowingly to violate my sense of duty. And with the help of God's grace it has never cost me a moment's hesitation to turn my back on any proposition or place, however tempting the acceptance, of which would compel me to surrender my conscientious conviction of right."

Referring to the honors he had received: "Why I should have all these honours thrust upon me I do not know. But this much I can say, I never schemed or planned for one of them. Any place in the republic of medicine was honourable enough for me. My love for the profession was inborn wrought into the very fibre of my mental organization, and inspired not by the honours of her command, but from the unspeakable satisfaction and pleasure of being able to use her resources for the benefit of our common humanity." Space does not permit in making references to the contents of the work. We are sure that it will be widely read and always with profit.

INTERNATIONAL CLINICS. Second Series. Four Volumes—1892. Published by J. E. Lippincott Company, Phila., 1892.

As the name indicates these volumes contain clinical lectures. The lectures are by professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. The

editors are John M. Keating, M. D., Colorado Springs, Col.; Judson Daland, M. D., Phila.; J. Mitchell Bruce, M. D., London, England; David W. Finley, M. D., Aberdeen, Scotland. They cover the whole domain of medicine and surgery. The advantages of clinical lectures are obvious. Here we have within easy reach, clinical facts and pictures which are not obtainable in any other way. Great care has evidently been taken in the preparation of these volumes. We have no hesitation in recommending them to the professions. They are printed in clear type, on good paper, and where the subject demands it, the lectures are fitly illustrated by plates and figures.

Books and Pamphlets Received.

A Practical Treatise on *Materia Medica* and Therapeutics with especial reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., Professor of *Materia Medica*, etc., in the Medico-Chirurgical College of Philadelphia, etc., etc. Second edition. Thoroughly revised. In two volumes.

Free Incision of Abscess of Ostitis of Hip; and Closure without Drainage. By H. Augustus Wilson, M. D., Clinical Professor of Orthopedic Surgery in the Jefferson Medical College, etc., etc. Reprint from the Transactions of the Philadelphia County Medical Society, January 11th, 1893.

Practical Details in the Preparation of Plaster of Paris Bandages. By H. Augustus Wilson, M. D. Reprint from the *Polyclinic*, February and March, 1893.

A Clinical Lecture on the Prevention of Idiopathic Rotary Lateral Curvatures of the Spine. By H. Augustus Wilson, M. D. Reprint from *Annals of Gynecology and Pædiatry*. April, 1893.

VICTORIA GENERAL HOSPITAL.—Dr. Arbuckle of Pictou has been appointed Junior House Surgeon and Messrs. Dechman and Cogswell Clinical Clerks for the ensuing year. Considerable interest was attached to the competitive examination, owing to the presence of a lady candidate.

Maritime Medical News.

MAY, 1893.

EDITORS.

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

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

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THE death of Dr. Rufus S. Black, late of Halifax, occurred suddenly at San Bernadino, Cal., where he had been residing for the past six years. Failing health compelled him to abandon practice and seek a more genial climate. For a time he was much improved by the change. Two years ago he was attacked with paralysis from which he never fully recovered,—a recurrence proved fatal. He was 81 at the time of death, and had practiced his profession for more than half a century with a degree of success greater than the average.

He was the son of Martin Gay Black, and the grandson of the Rev. William Black—the founder of Wesleyan Methodism in the Maritime Provinces. His early and general education we

have learned was obtained in Halifax and at a then well-known literary institution in New England.

At that time the facilities for obtaining a comprehensive knowledge of medicine on this continent were not to be compared with those which exist to-day—and were far behind the long established schools of Great Britain.

Hence all young men in the British provinces who could afford the expense crossed the Atlantic to obtain the necessary qualifications. Edinburgh then as now was a great educational centre and attracted a large number of medical students from Canada and not a few from the United States.

Dr. Black studied and graduated at Edinburgh, and had as fellow-students Thomas Stirling, Thomas Hume, Alexander Mitchell, Senator Almon—all of Halifax and William Bayard, of St. John, N. B. Among the prominent Edinburgh teachers of that day were Allison, Christison, Bell, Syme and Liston. Dr. Black was the stamp of man to be influenced by close and daily contact with such eminent teachers, and in 1836 left his Alma Mater with a mind well disciplined and stored with the principles and practice of the more important departments of his chosen profession. He then went to Paris, spending some time with the notable teachers of that school. His intimate knowledge of French was of service to him here as well as in after life. Here he became

acquainted with the teachings of Laennec. We believe he was the first practitioner in Nova Scotia who regularly used the stethoscope as an aid to diagnosis. After completing his course in Paris he visited Spain, and while there acquired an excellent knowledge of the Spanish language.

In 1837 he returned to Halifax and as a general practitioner opened an office on the north side of George street, lately occupied by George Yates. Ere long he married Miss Ferguson, the only child of John Ferguson, Esq., of Halifax. In the course of a few years he removed to one of the stone houses on the west side of Granville street, near Duke. His last and well-known residence was in the same street where in past years many pleasant and profitable meetings of local professional societies were held.

Dr. Black soon after settling in Halifax obtained a large and remunerative practice and thoroughly gained and held the confidence of his patients. He was faithful and conscientious in relation to their interests and unlike many of us in these days devoted all his time to his profession.

In the first years of his practice like most of the early physicians in Halifax, he did much of his work on horseback. And on one or two occasions met with serious accidents, in consequence of being thrown from the saddle.

His competitors when he commenced practice were Drs. W.

B. Almon, Robert Hume, M. Hoffman, Alexander Sawers, Wm. Grigor, James Hume, Thomas Stirling and Charles Head. All these preceded him to the grave

As already intimated Dr. Black did not take any prominent part in social or political movements, but interested himself in every effort made to advance the profession, and filled all its posts of honour.

This journal found in him a warm supporter. His contributions were chiefly translations from Spanish periodicals.

Dr. Black in his intercourse with his professional brethren of all ages was always courteous, gentlemanly and kind, and his retirement from practice was generally regretted. He was well known to the profession throughout Nova Scotia and we may with certainty assume that all will join with us in extending to Mrs. Black and her family our sincere sympathy in their bereavement.

At the last convocation of Dalhousie College and University Dr. Arthur Morrow was admitted to the *ad eundem* degree of Doctor of Medicine and Master of Surgery. This was a graceful act on the part of the University. Dr. Morrow has acted as one of the Examiners of the University in Physiology with satisfaction to all concerned. We congratulate Dr. Morrow upon this well merited tribute from a University which in the past has been very guarded in the granting of honorary degrees.

Notes and Comments.

A Koch laboratory is to be erected at the World's Fair, this summer, to illustrate in a thoroughly practical manner, the eminent professor's work in microbic culture.

A NEW METHOD OF MEDICATION.—The subject of the employment of animal extracts of tissues in the treatment of disease is exciting very general interest among physicians abroad and in this country.

The cosmopolitan professional circles of England and America are enthusing over the results already obtained with certain of these remedies.

In an article on "The Treatment of Myxœdema and Other Diseases by the Use of Certain Organic Extracts," Dr. Hector N. G. Mackenzie presents in the *London Lancet*, January 21, 1893, an interesting *resumé* of the results he has already obtained with this method of medication.

Dr. W. A. Hammond also contributes to the *New York Medical Journal*, January 28, 1893, a paper under the title, "On Certain Organic Extracts: Their Preparation and Physiological and Therapeutical Effects."

To physicians interested in this new and promising method of relieving certain diseases hitherto unamenable to treatment by other means, Parke, Davis & Co. announce that they are ready to supply two of these medications: Desiccated Thyroids in powder representing in permanent form the thyroid gland of the sheep; and Cerebrin, prepared after the formula of Dr. Wm. A. Hammond.

It is the purpose of this house, who are the first manufacturing chemists of this country to place these remedies before the medical profession in an eligible form, and who will be pleased to send reprints of Dr. Mackenzie's and Dr. Hammond's articles and afford all desired information concerning the products now announced, to extend their line of this class of products as fast as experience justifies their therapeutical use.

PERSONALS.

Dr. E. Farrell and Dr. D. A. Campbell have made a flying visit to a number of American hospitals.

Dr. C. D. Murray has been elected a member of the Halifax Board of Health. He fills the place vacated by Dr. Morrow.

The vacancy on the Dispensary staff occasioned by the resignation of Dr. Morrow, has been filled by the appointment of Dr. C. D. Murray.

We are very much pleased to learn that Dr. A. C. Page, Inspector of Hospitals, is gradually regaining strength. We trust he may be able to put in an appearance at our summer meeting.

EXAMINATIONS MEDICAL FACULTY OF DALHOUSIE UNIVERSITY.

PASS LISTS—FINAL M. D., C. M. EXAMINATIONS.

Byers, David Walter; Coady, Patrick Francis; McAulay, Murdoch William; MacGeorge, Thomas; Meyer, Edward James; Rice, Frank Ernest.

PRIMARY M. D., C. M. EXAMINATIONS.

Murphy, George Nelson; Simpson, Henry Osmond.

SPECIAL SUBJECTS.

Bennet, George Arlington, histology, Brown, Mattie Wyman, chemistry, practical chemistry, botany.

Cameron, John J., histology.

Churchill, John Locke, histology, botany.

Dechman, Andrew Arthur, anatomy, physiology, chemistry.

Farrell, Edward Dominick, practical chemistry, histology.

Lloyd, Cyrus Dekkar, histology, botany.

McDonald, John Clyde, anatomy, physiology, chemistry, practical chemistry, histology.

McDonald, William Henry, histology, botany.

McEwan, Henry E., histology, botany.

McPhail, Donald Thomas, histology, botany.

Minard, Ralph Waldo, histology, botany.

Moore, Ernest Fraser, histology, botany, physiology, practical chemistry, chemistry.

Murray, Duncan, histology, botany.

Murray, George Wm., anatomy, histology, physiology.

Olding, Clara Mary, histology, botany.

Ross, Alexander, anatomy, physiology, chemistry.

Simpson, Henry Osmond, medical jurisprudence.

Smith, Frederick Forbes, histology, botany.

Smith, Owen VanBuskirk, histology.

Williamson, Samuel, histology, botany.

Wood, Hubert, practical chemistry.

Fairbanks, Harry Gray, histology (suppl.).

CLASS LISTS—MATERIA MEDICA.

Murphy, George Nelson.

CHEMISTRY.—McDonald, John Clyde; Murphy, George Nelson; Dechman, Andrew Arthur; Moore, Ernest Fraser; Ross, Alexander; Brown, Mattie Wyman.

PRACTICAL CHEMISTRY.—Moore, Ernest Fraser; McDonald, John Clyde; Murphy, George Nelson; Brown, Mattie Wyman; Wood, Hubert; Farrell, Edward Dominick.

ANATOMY.—McDonald, John Clyde; Murphy, George Nelson; (Dechman, Andrew Arthur; Ross, Alexander); Simpson, Henry Osmond; Murray, George William.

PHYSIOLOGY.—McDonald, John Clyde; Murphy, George Nelson; Dechman, Andrew Arthur; Murray, George William (suppl.); (Ross, Alexander; Moore, Ernest Fraser.)

HISTOLOGY.—McEwen, Henry E.; McDonald, John Clyde; (Smith, Frederick Forbes; Williamson, Samuel); Moore, Ernest Fraser; Murphy, George Nelson; Olding, Clara Mary; Lloyd, Cyrus Dekkar; Smith, Owen VanBuskirk; McDonald, William Henry; Rindress, Horace; Churchill, John Locke; Murray, Duncan; Murray, George William (suppl.); Fairbanks, Harry Gray, (suppl.); Minard, Ralph Waldo; (Bennet, George Arlington; Cameron, John J.; Farrell, Edward Dominick; McPhail, Donald Thomas.

BOTANY.—McEwen, Henry E.; Smith, Frederick Forbes; Murphy, George Nelson; Lloyd, Cyrus Dekkar; (Churchill, John Locke; Olding, Clara Mary); Moore, Ernest Fraser; (Brown, Mattie Wyman; McDonald, William Henry; Williamson, Samuel); Murray, Duncan; (McPhail, Donald Thomas; Minard, Ralph Waldo).

SURGERY.—D. W. Byers; F. E. Rice, E. J. Meyer, M. W. McAulay; T. MacGeorge; P. F. Coady.

CLINICAL SURGERY.—(D. W. Byers; E. J. Meyer; W. M. McAulay); F. E. Rice; P. F. Coady; T. MacGeorge.

MEDICINE.—E. J. Meyer; F. E. Rice, M. M. W. McAulay; P. F. Coady; D. W. Byers; T. MacGeorge.

CLINICAL MEDICINE.—(F. E. Rice; T. MacGeorge); E. J. Meyer; P. F. Coady; D. W. Byers; M. W. McAulay.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—F. E. Rice; E. J. Meyer; D. W. Byers, P. F. Coady; M. W. McAulay; T. MacGeorge.

MEDICAL JURISPRUDENCE AND HYGIENE.—MacGeorge, Thomas; Byers, David Walter; Simpson, Henry Osborne.

TREATMENT OF APPENDICITIS.

Dr. W. E. Ashton concludes :

1. That we must consider all cases of appendicitis as being imminently dangerous to life from the beginning of the attack, as there are no means of determining the exact pathological conditions present at the seat of disease.

2. That operative interference is indicated in mild cases, if medical treatment fails within twenty-four hours to produce a decided improvement in the symptoms.

3. That all cases of recurrent appendicitis should be operated upon as soon as the diagnosis is clear.

4. That increasing pain in the right iliac fossa, rapid pulse, continued elevation of temperature, tumor, and tympany are conditions indicating immediate operation.

5. That it is unsafe to wait before operating for the development of symptoms indicating gangrene or perforation of the appendix, pus, bowel obstruction, or peritonitis. — *Therap. Gazette.*

A medical student during the recent examinations being asked the question, "What is the reaction of amniotic fluid?" scratched his head, began to look rather serious, and finally stated that "really he had forgotten the reaction, it had been so long since he had tasted it."—*Am. Pract. and News.*

For *Vertigo* with pain, Prof. Hare recommends the following prescription:—

R.—Extract. ergot. fluid.gtt. x-xx.
Potassi bromidi.gr. x-xx.
Cannabis indicæ.gtt. v.—M.

SIG.—To be taken in one dose.