

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

*For Alex. Mackenzie*

# The Maritime Medical News,

A MONTHLY JOURNAL OF  
MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.—NO. 2.

FEBRUARY, 1891.

{ Subscription  
\$2 per annum.

## FAIRCHILD BROS. & FOSTER

— OFFER TO THE MEDICAL PROFESSION —

Pure, active, reliable preparations of the digestive ferments in every permanent and useful form.

**The Pancreatic Ferments** in the form of a pure, dry powder; the well-known *Extractum Pancreatis* containing all the active principles of the gland.

**The Peptonising Tubes**, especially devised for peptonising milk, gruels, etc., by the Fairchild "Practical Receipts."

**Peptogenic Milk Powder** for the modification of cow's milk to the standard of human milk.

**Compound Pancreatic Tablets** of Ext. Pancreatis, bismuth, and ipecac,—for intestinal indigestion.

**Pepsin** in Scales, Powder and Tablets.

**Essence of Pepsine**, an aromatic and peculiarly agreeable solution from the calf rennet, of the highest peptic and milk curdling activity.

**Glycerinum Pepticum**, a pure glycerin extract of the pepsin direct from the stomach, free from animal taste or odor and of wonderful activity, 12 m. digesting 2000 grains of egg albumen. Especially useful for physicians who require to dispense their own prescriptions; it mixes perfectly without precipitation with all proper fluids or media.

✉ CORRESPONDENCE SOLICITED. ✉

FAIRCHILD BROS. & FOSTER,

ACADEMY OF 1182 AND 84 FULTON STREET, - NEW YORK.

TORONTO.

15 QUEEN'S ST.

**THE BEST ANTISEPTIC.**  
**FOR BOTH INTERNAL AND EXTERNAL USE.**  
**LISTERINE.**

**Formula.**—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

**Dose.**—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well known antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

**PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.**

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:

A Tabulated Exhibit of the action of LISTERINE upon inert Laboratory Compounds;  
 Full and Exhaustive Reports and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

Microscopic Observations, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., Ph.D., D.D.S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

**Diseases of the Uric Acid Diathesis.**

L A M B E R T ' S

**LITHIATED HYDRANGEA.**

Kidney Alterative—Anti-Lithic.

**Formula.**—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

**Dose.**—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hamaturia, Albuminuria, and Vesical Irritations generally.

WE have had prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

**RHEUMATISM,**

**Dietetic Note.**—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

**ALLOWED.**—Beef and mutton in moderation, with horse radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

**AVOID.**—Starchy and saccharine food; all malt liquors, wines and coffee.

Lambert Pharmacal Company,

SAINT LOUIS, U. S.

**LISTERINE AND LITHIATED HYDRANGEA**

MAY BE OBTAINED FROM

BROWN & WEBB, of Halifax, or from our Canadian Agent, W. LLOYD WOOD, of Toronto. British Agents, S. MAW, SON & THOMPSON, London.

## UNIVERSITY OF TORONTO.

## MEDICAL FACULTY.

WILLIAM T. AIKINS, M. D., LL. D., Professor of Practical Surgery.  
 H. H. WRIGHT, M.D., L.R.C.P. & S., U.C., Professor of Principles and Practice of Medicine.  
 J. H. RICHARDSON, M. D., M. R. S. C., Eng., Professor of Anatomy (General and Surgical).  
 UZZIEL OGDEN, M. D., Professor of Gynaecology.  
 JAMES THORBURN, M. D., Edin. and Tor. Univ., Prof. of Pharmacology and Therapeutics.  
 W. W. OGDEN, M. D., Professor of Medical Jurisprudence.  
 M. H. AIKENS, B. A., M. B., M. R. C. S., Eng., Professor of Primary Anatomy.  
 W. OLDRIGHT, M. A., M. D., Professor of Sanitary Science, and Curator of the Museum.  
 L. MCFARLANE, M. B., Professor of Clinical Surgery.  
 J. E. GRAHAM, M. D., L. R. C. P., Lond., Professor of Clinical Medicine and Medical Pathology, Lecturer on Dermatology.  
 R. A. REEVE, B. A., M. D., Professor of Ophthalmology and Otolaryngology.  
 A. H. WRIGHT, B. A., M. D., M. R. C. S., Eng., Professor of Obstetrics.  
 R. RAMSAY WRIGHT, M. A., Professor of General Biology and Physiology.  
 W. H. PIKE, M. A., PH. D., Professor of Theoretical Chemistry.  
 W. H. ELLIS, M. A., M. B., Professor of Applied Chemistry.  
 JAMES LOUDON, M. A., Professor of Physics.  
 I. H. CAMERON, M. B., Professor of Principles of Surgery and Surgical Pathology.  
 DANIEL CLARK, M. D., Professor of Psychology.

## LECTURERS, DEMONSTRATORS and INSTRUCTORS.

A. B. MACALLUM, B. A., Lecturer on Physiology and Demonstrator of Histology.  
 JOHN FERGUSON, B. A., M. B., L. F. P. S., Glasgow, Demonstrator of Anatomy.  
 THOS. MCKENZIE, B. A., M. B., Demonstrator of Practical Biology.  
 G. H. BURNHAM, M. D., F.R.C.S., Edin., M. R. C. S., Eng., Clinical Lecturer on Ophthalmology and Otolaryngology.  
 GEO. R. McDONAGH, M. D., L. R. C. P., Lond., Instructor in Laryngology and Rhinology.  
 W. J. LOUDON, B. A., Demonstrator of Practical Physics.  
 O. R. AVISON, M. D., Demonstrator of Materia Medica and Pharmacy.  
 JOHN CAVEN, B. A., M.D., L. R. C. P., Lecturer and Demonstrator of Pathological Histology.  
 ALEX. MCPHEDRAN, M. B., Lecturer on Clinical Medicine.  
 ALEX. PRIMROSE, M.B., C.M., Edin., M.R.C.S., Eng., Lecturer on Topographical Anatomy.  
 H. WILBERFORCE AIKINS, B.A., M.B., M.R.C.S., Eng.,  
 GEORGE PETERS, M. B.,  
 W. B. CAVEN, M. B., L. R. C. P., Lond.,  
 G. A. FERIE, M. B., L. R. C. P., Lond.,

} Assistant Demonstrators of Anatomy.

The regular course of instruction will consist of four Sessions of six months each, commencing October 1st.

Teaching of Biology, Physiology, Chemistry, Physics, Pathology and Bacteriology in the lecture rooms and laboratories of the new building of the Biological Department, and the School of Practical Science. Largely practical. Facilities unexcelled.

Teaching of Anatomy in the lecture room, dissecting rooms, bone room and anatomical museum of the Medical College. Special attention paid to dissecting.

Lectures and demonstrations in Materia Medica and the final subjects in the Medical College.

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

**Fees.**—Lectures and Demonstrations : 1st year, \$73 ; 2nd year, \$76 ; 3rd year, \$86 ; 4th year, \$86. Registration for Lectures, \$5.00. Registration of Matriculation, \$5.00. Annual Examinations, each \$5.00. Degree, \$20.00. Hospital Perpetual Ticket, \$24.00. Lying-in Hospital, \$8.00.

The SUMMER SESSION for 1891 will commence the first week in May.  
 Fee for Summer Session, \$30.

W. T. AIKINS, M. D., LL.D.,

Dean.

ADAM H. WRIGHT, B. A. M. D.,

Secretary.

# THE MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL,

And Organ of the Medical Profession for the  
Eastern Canadian Maritime Provinces.

**SUBSCRIPTION PRICE, \$2.00 PER ANNUM.**

## Special Clubbing Rates.

Advance subscribers of the "NEWS" can obtain almost any other Journal or Magazine, professional or lay, at a

→‡ **SPECIAL REDUCED RATE.** ‡←

This practically greatly lessens the net price of the "NEWS."

By remitting promptly in advance, the publisher is spared much trouble, and the subscriber is saved the annoyance and sometimes misunderstanding resulting from allowing his subscription to get in arrears.

The Maritime Medical News,  
HALIFAX, N. S.

# MCGILL UNIVERSITY,

— MONTREAL. —

## Faculty of Medicine.

### FIFTY-EIGHTH SESSION, 1890-91.

#### FACULTY:

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

#### EMERITUS PROFESSORS.

W. WRIGHT M. D., L. R. C. S. DUNCAN C. McCALLUM, M. D., M. R. C. S. E. G. E. FENWICK, M. D.

#### PROFESSORS.

ROBERT CRAIK, M.D., Prof of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S., Eng., Prof. of Chemistry.  
GEORGE ROSS, A. M., M. D., Professor of Medicine.  
THOS. G. RODDICK, M.D., Professor of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M. D., Professor of Gynecology.  
F. J. SHEPHERD, M. D., M. R. C. S., Eng., Professor of Anatomy and Librarian of the Faculty.  
F. BULLER, M. D., M.R.C.S., Eng., Professor of Ophthalmology and Otolary.

JAMES STEWART, M.D., Professor of Materia Medica and Therapeutics, and Registrar to Faculty.  
GEORGE WILKINS, M. D., M.R.C.S., Eng., Professor of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B. Sc., Professor of Botany.  
RICHARD L. MACDONNELL, B.A., M.D., M.R.C.S., Eng., Professor of Clinical Medicine.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P., Lond., Professor of Physiology.  
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy.

#### DEMONSTRATORS, INSTRUCTORS, &c.

R. F. RUTTAN, B.A., M. D., Lecturer on Chemistry.  
JAS. BELL, M.D., Lecturer on Clinical Surgery.  
WM. SUTHERLAND, M. D., L. R. C. P., Lond., Assistant Demonstrator of Anatomy, and Curator of the Museum.  
GEO. W. MAJOR, B.A., M.D., Instructor in Laryngology.  
A. D. BLACKADEL, B.A., M.D., M.R.C.S., Eng., Instructor in Diseases of Children.

WYATT G. JOHNSTON, B. A., M. D., Demonstrator of Pathology.  
T. JOHNSON ALLOWAY, M.D., Instructor in Gynecology.  
F. G. FINLEY, M.D., Assistant Demonstrator of Anatomy.  
H. S. BIRKETT, M.D., Asst. Demonstrator of Anatomy.

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

The fifty-eighth session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July. Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

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

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

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

Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating-room for a smaller number. There is also a Library of over 10,000 volumes, and 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 ward, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

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

For further information, or Annual Announcement, apply to

**JAMES STEWART, M. D., Registrar,**  
**Medical Faculty, McGill College.**



THE experience of 23 years in Europe and America proves that Nestlé's Milk Food agrees with 93 out of every 100 infants. With such results, it is not surprising that several attempts have been made to imitate this Food, all of which have signally failed. **THERE IS ONLY ONE** true milk food in the world to-day, which is

# NESTLÉ'S

made by H. Nestlé, Vevey, Switzerland.

✉ Send for sample.

THOS. LEEMING & CO., Sole Agents, 25 St. Peter St., Montreal.

— THE NEW YORK —

## POLYCLINIC and HOSPITAL.

— A Clinical School for Practitioners of Medicine and Surgery. —

WINTER SESSION, 1889-90, Closes July 1st, 1890.

SUMMER SESSION, Beginning July 1st, and Closes Sept. 15th, 1890.

WINTER SESSION, 1890-91, Begins Sept. 15th, 1890.

### FEES FOR TICKETS IN SESSION :

GYNECOLOGY—Professors Munde, Wylie, Sims, Coe,	Six weeks Course, 60 Clinics,	\$25.00
SURGERY—Professors Wyeth, Gerster, Gibney, Fluhrer,	“ “ 60 “	35.00
MEDICINE AND PHYSICAL DIAGNOSIS—Professors Page, Heineman,	“ “ 36 “	25.00
NERVOUS SYSTEM—Professors Gray, Sachs,	“ “ 36 “	15.00
CHILDREN—Professors Helt, Seibert,	“ “ 39 “	15.00
THROAT, NOSE AND EAR—Professors Delavan, Gleitsman, Pomeroy,	“ “ 60 “	20.00
EYE—Professors Gruening, Webster, Pooley,	“ “ 60 “	15.00
SKIN—Professors Robinson, Bronson,	“ “ 24 “	15.00
OBSTETRICS—Dr. Ayer,	“ “ 12 “	15.00
Tickets admitting to all of the above courses for 6 weeks,		100.00
“ “ “ “ 3 months,		150.00
“ “ “ “ Summer Session		50.00

The Physicians in studying at this School are divided into classes and attend the demonstrations at the Polyclinic and the various Hospitals with which the Faculty are connected.

For further information address,

JOHN A. WYETH, M. D., Secretary; or, WILLIS O. DAVIS, Clerk,

214, 216, 218 East 34th Street, NEW YORK.

Please mention THE MARITIME MEDICAL NEWS.

# Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

HALIFAX, N. S., FEBRUARY, 1891.

No. 2.

## Contents.

Koch's Remedy for Tuberculosis—Communications by Virchow and Koch.....	23
Inoculations at Victoria General Hospital.....	24
ORIGINAL COMMUNICATIONS:	
Materia Medica and Therapeutics. By W. S. Muir, M.D. concluded.....	26
A case of Inversion of the Bladder of 12 Years Standing. By N. E. McKay, M.D.....	30
Rubeola—Epidemic of. By T. C. Lockwood, M. D.....	31
Two cases of Placenta Prævia. By H. E. Kendall, M.D.....	32
Diffuse Mastoid Ostitis Trephining. By G. R. J. Crawford, M.D.....	33
SOCIETY PROCEEDINGS:	
Halifax Branch B. M. A.....	33
CORRESPONDENCE.....	36
REVIEWS.....	37

Poetry—A Doctor's Story.....	37
EDITORIALS:	
St. John School for Trained Nurses.....	38
Registered Practitioners and Medical Board.....	39
SELECTIONS:	
Treatment of Tubercular Arthritis and Abscesses by Iodoform Injections.—Subcutaneous Injection of Water and its Therapeutic Uses.—Treatment of Nocturnal Incontinence in Children.—Intestinal Antiseptics in Typhoid Fever.—Cerebral Abscesses from Otorrhœa, operation, recovery, &c.....	39-42
NEWS NOTES AND PERSONALS:	
Dr. Koch.—Dinner to Hon. W. J. Almon, M.D.—Bureau of Vital Statistics.—The late Dr. James N. Fitch.—Coat's Bood and Tuberculosis, &c.....	43
BOOKS AND PAMPHLETS RECEIVED.....	44

## KOCH'S REMEDY FOR TUBERCULOSIS.

### II.

Since our last issue much of interest has occurred touching this still absorbing topic, and some important knowledge has been gained.

Two further notable communications have been made in Berlin, one by Professor Virchow, on some *Injurious effects of Koch's method*; and the other a statement by Koch himself, including a reference to the *Composition of the Lymph*.

Virchow's communication was in the form of a lecture, before the Berlin Medical Society. He exhibited specimens from some twenty-seven patients treated by Koch's method, who died before January 7th.

One case was that of a child with tuberculous arachnitis. Death took place after four injections, (two milligrammes altogether.) There was intense hyperæmic engorgement of the brain and pia mater, with no evident "signs of retrogressive metamorphosis of the tubercles."

In other cases "the walls of old cavities in the lungs showed unusual redness of the granulations and recent hæmorrhages. In one case hæmoptysis from an old cavity was the immediate cause of death. Virchow says there can be no doubt that in internal organs acute inflammation and active proliferation are set up by injections of the fluid. These conditions are seen particularly in the edges of tuberculous ulcers, and in neighbor-

ing lymphatic glands, especially the bronchial and mesenteric glands."

"In the larynx, even when the surfaces of the ulcers become clean, swelling of the adjoining parts may be dangerously great. He showed a recent specimen in which erysipelatous œdem of the glottis and a retro-pharyngeal phlegmon had been produced." In cases of phthisis, Virchow showed the injection was sometimes followed by caseous hepatization associated with a special form of pneumonia resembling the catarrhal type, except in the character of the secretion. "The lungs in some places presented foci of softening and even cavities, the result of acute inflammation, caused by the injections of the lymph."

The most important effect observed, however, was an eruption of fresh crops of tubercles after the injections. This occurs especially in the pleura, pericardium and peritoneum."

"Virchow therefore urges the greatest caution in the use of the remedy. He points out that the result of the injections of the lymph is not constant, and he cites cases in which large masses of tubercle were entirely unaffected by injections. He also showed specimens in which perforation of the intestines had been caused by the treatment, and one case of tuberculosis of the larynx, in which fresh and extremely intense eruptions of tubercles had taken place throughout the whole extent of the larynx and trachea."

Resuming his lecture on a subsequent



evening, Virchow stated that he was not prejudiced against the remedy, but only wished to warn against its too general application.

#### A THIRD COMMUNICATION BY KOCH.

Koch explains that he thinks the time has come for some statements regarding the nature of the lymph.

Up to the present time he thought that the experiments were likely to be all the more important if nothing were known of the nature of the remedy.

After referring to the different phenomena following upon the inoculation, with a pure cultivation of tubercle bacilli, of healthy and tuberculous guinea pigs respectively, and stating that in the tuberculous pigs the progress of the disease was arrested, if it were not already so far advanced that the animal dies of debility; he goes on to say that his problem was to carry on outside of the body the process which takes place within the body, and, if possible, to extract and isolate the curative substance from the tubercle bacilli. "This problem required much work and time before I at last succeeded by the help of a 40 to 50 per cent. solution of glycerine in extracting the active principle from the tubercle bacilli."

"The remedy with which the new treatment of tuberculosis is carried out is, therefore, a glycerine extract of pure cultivations of tubercle bacilli. The constitution of the active principle can as yet be only a matter of conjecture. It seems to be a derivative of albuminous bodies, and to be in close relation to them, but it does not belong to the group of so-called tox albumins, as it can withstand high temperature, and in the dialyser passes quickly and easily through the membrane. The quantity of active principle present in the extract is in all probability very small. I estimate it at a fraction of one per cent.; thus, if my assumption be correct, we have to deal with a substance, the action of which on the tuberculous organism far surpasses that of the strongest drugs known."

For the foregoing we are mainly indebted to the *Medical News*, (Philadelphia.)

In the *British Medical Journal* of January 10th, Malcolm Morris, F. R. C. S. E., and J. J. Pringle, M. B., M. R. C. P., gives detailed clinical notes of a case of lupus, treated in Berlin, by Koch's method, (under Von Bergmann.) It was a typical case of lupus; face disfigured by destruction of right side of nose, with progressive destruction of

left side, characteristic lupus nodules being present. Upper gum and anterior half of hard palate exhibited raised vascular spongy granulations, etc., etc.

Lupus nodules in scars on neck. First inoculation, November 16th, fourteenth and last, December 3rd. On December 8th, his condition was: Neck, no lupus nodules perceptible in scars in neck. Nose, absolute removal of lupus nodules, and arrest of the disease have taken place upon the left side of the nose, the scar tissue left being smooth, shiny and still somewhat pink. . . . . Gum, slight amount of lupus present in small scattered islets, but the mass of spongy granulations has disappeared, leaving smooth, healthy looking gum. Palate, similar result to that in gum.

January 3rd, 1891, granulation on palate and gums considerably more raised, and show signs of further activity. No return of lupus on the nose.

#### THE PRESENT PROSPECTS.

Enough has occurred to show that the hopes which at first filled most minds will be only partially realized. It is probable that the sphere of utility of the remedy in its present form will be found to include only a limited proportion of all the cases of tuberculosis.

But much may be accomplished by Koch himself, and by other investigators in the way of so altering the composition of the lymph as to materially extend the sphere of its therapeutic safety and value.

#### *Koch's Lymph, at the Victoria General Hospital:*

REPORT OF CASES TREATED BY KOCH'S FLUID,  
UNDER CARE OF DR. D. A. CAMPBELL,  
ATTENDING PHYSICIAN.

*Reported by C. A. HAMILTON and I. M. JOHNSON, Clinical Clerks.* — Shortly after the publication of Dr. Koch's paper on Tuberculosis, representations were made by the Medical Board to the Hon. W. S. Fielding, Premier of Nova Scotia, requesting him to make application for a supply of the lymph. He at once interested himself in the matter, and eventually succeeded in obtaining a small supply of the precious fluid.

On Saturday, January 17th, Dr. Campbell gave a demonstration of the method of using the lymph in phthisis, (and daily since that date.) The inoculations have been witnessed

## TO DOCTORS.

## LIQUID PANCREOPEPSINE

(WM. R. WARNER &amp; CO.)

(TO DOCTORS ONLY.)

## A REMEDY FOR INDIGESTION.

Containing Pancreatine, Pepsin, Lactic and Muriatic Acids, etc. The combined principles of Indigestion. To aid in digesting animal and vegetable cooked food, fatty and amylaceous substances.

Dose.—A tablespoonful containing 5 grs. Pepsin, after each meal, with an Aperient Pill taken occasionally.

This preparation contains in an agreeable form the natural and assimilative principles of the digestive fluids of the stomach, comprising Pancreatine, Pepsin, Lactic and Muriatic Acids. The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment.

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

## RHEUMATISM.

## Elixir Salicylic Acid Comp.

(WM. R. WARNER &amp; CO.)

(TO DOCTORS ONLY.)

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

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

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

## RHEUMATISM, GOUT, LUMBAGO, ETC.

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

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

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

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

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

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere.

## SCROFULA.

## SYR: PHYTOLACCA COMP.

(WM. R. WARNER &amp; CO.)

(TO DOCTORS ONLY.)

## ALTERATIVE, RESOLVENT, APERIENT, TONIC.

COMPOSITION:—Phytolacca Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, &c grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Casarea Sagrada, aa grs. ij, in each dessertspoonful.

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

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

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

CHARLES W. BROWN, M. D.

Prepared only by

WILLIAM R. WARNER &amp; CO.,

Manufacturers of

SOLUBLE COATED PILLS

1228 Market Street Philadelphia and 18 Liberty Street, New York.

Please mention THE MARITIME MEDICAL NEWS.

# For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE.

## BROMO SODA.

(WARNER & CO.)

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

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

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

SEDATIVE. EFFERVESCENT ANODYNE.

## BROMO POTASH.

(WARNER & CO.)

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

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

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

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 44 MINUTES.

### Pil: Sumbul Comp.

(DR. GOUBÉLL)

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

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

### Pil: Antiseptic Comp.

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

Each Pill contains:

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

DOSE—1 to 3 Pills.

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

### Pil: Chalybeate.

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

3 Grains. DOSE—1 to 3 Pills.

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

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

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

## — INGLUYIN —

A POWDER: Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

WILLIAM R. WARNER & CO.,

1228 Market St., Philadelphia. - 18 Liberty St., New York.

AGENTS IN HALIFAX N S.—

**BROWN & WEBB.**

Please mention T MARITIME MEDICAL NEWS.

### Pil: Chalybeate Comp.

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

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

DOSE—1 to 3 Pills.

### Pil: Aloin, Belladonna, and Strychnine.

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

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

Medical properties, Tonic, Laxative. DOSE—1 to 2 Pills. Try this pill in habitual constipation. One pill three times a day.

### Pil: Antidyspeptic.

(FR. FOTHERGILL.)

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

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

### Pil: Arthrosia.

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

For cure of Rheumatism and Rheumatic Gout.

Formula:

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

Almost a Specific for Rheumatism and Gouty Complaints

by a number of medical men from the city and country, every facility being afforded for examining the cases and watching the reactions.

The following is a brief summary of the experiments up to date:

*Case 1.*—M. S., aged 28, spinster. Father and his brother died of phthisis. For several years liable to catch cold easily. Nearly two years ago had a severe attack of measles. Since then has had cough, hemoptysis, free expectoration at times. Occasionally night sweats. Physical signs indicate clearly tuberculosis, chiefly affecting upper part of left lung. Since coming to hospital she has decidedly improved.

Highest previous record of T. 100°, P. 100, R. 35.

Jan. 17th, 1st injection.—Dose .001 ccm of 1% solution. Reaction doubtful. Max. temp., 101°, P. 104, R. 34. Malaise and slight restlessness through night.

Jan. 19th, 2nd injection.—0.002 cc. Max. T. 100°, P. 100, R. 30. Slight chills, nausea and headache. Cough more troublesome.

Jan. 20th.—Raised a little blood while coughing. Feels somewhat weaker.

Jan. 22nd, 3rd injection.—.004 cc. During night she had pains through her limbs, headache, increased cough and sleeplessness. Max. T. 103½°, P. 140, R. 38.

Jan. 24th.—Feeling better, cough less.

*Case 2.*—M. McL., aged 18. Housemaid. Her mother, an uncle and two aunts died of phthisis. Had measles 7 months ago. Since then she has had cough, with scanty expectoration, and has lost strength. She is decidedly anæmic, and the menstruation is very scanty. Physical signs indicate tuberculosis of the left apex.

Highest previous T 100½°, P. 105, R. 33.

Jan 17th.—1st injection, 0.001 cc. No reaction.

Jan. 18th.—2nd injection, 0.002 cc. Very characteristic re-action. Had chills, intense headache, vomiting and shooting pain through the limbs. Next day felt weak, but rallied quickly. No sign of local re-action. Temp. 103½°, Pulse 120, Respiration 32.

Jan. 20, 3rd injection, .002 cc. No reaction.

Jan. 22nd, injected .004 cc. Most marked re-action yet obtained. Had chills, flushed face, was restless, slept very little, vomiting. Next day felt weak but pretty well.

		T. °	P.	R.	
January 22nd.	6 a.m.	97½	104	27	
	9 a.m.	98	80	24	
	Injection, 004 cc.	12 a.m.	99	103	25
		3 p.m.	99½	95	25
		6 p.m.	100	95	30
January 23rd.	9 p.m.	104	125	33	
	12 p.m.	105	125	34	
	3 a.m.	104½	132	38	
	6 a.m.	104½	138	36	
	9 a.m.	102	110	28	
	12 a.m.	101	110	26	
	3 p.m.	100	100	26	
	6 p.m.	100.7	100	25	
	9 p.m.	100.2	88	25	
	12 p.m.	99.1	80	25	
Feeling very well.	3 a.m.	98	76	24	
	9 a.m.	98½	80	21	

*Case 3.*—A. L., aged 25, Brakeman. Father, three brothers and two sisters died of phthisis. Present illness dates from an attack of measles, nine months ago, which was followed by thrombosis of left femoral vein. Has lost 24 pounds in weight. Physical signs well marked. Highest previous Temp. 99½°, Pulse 80, Resp. 35.

Jan 17th.—1st injection, 0.001 cc. Well marked reaction. Highest temp. 102½°, pulse 95, resp. 32.

Jan. 19th.—2nd injection, 0.001 cc. No reaction.

Jan. 20th.—3rd injection, 0.002 cc. Slight reaction. Highest temp. 101°, pulse 85, respiration 25.

Jan. 22nd.—4th injection, 0.004 cc. Decided reaction. Cough and expectoration increased. Highest temp. 102°, pulse 82, respiration 24.

Jan. 24th.—Expresses himself feeling better. Temperature about 99° since 22nd.

*Case 4.*—F. C., aged 27. Gives history of hereditary tendency. Has had cough with expectoration for three years. Has lost flesh and strength, but is generally able to be about. Physical signs well marked. Highest previous record of T. 100°, P. 100, R. 33.

Jan. 18th.—1st injection, 0.001 cc. Reaction decided in character. Chills, headache and vomiting. Max. T. 102¾°, P. 112, R. 41.

Jan. 20th.—2nd injection, 0.001 cc. Reaction slight. Headache and vomiting. Max. T. 100½°, P. 112, R. 35. Cough is more frequent and expectoration has increased.

Jan. 22nd.—3rd injection, 0.003 cc. Chills, head felt big and heavy, face intensely flushed, vomiting, slept little, a little bleeding from nose. Max. T. 103°, P. 120, R. 37.

Jan. 24th.—Feels better. Temperature nearly normal. Cough has increased.

*Case 5.*—A. McC., aged 21, laborer. A brother and sister died of phthisis. Has been in hospital two months getting steadily worse. Three months before was seized with hæmoptysis, which was followed by cough, free expectoration and night sweats. Has lost flesh rapidly. Physical signs indicate tuberculosis affecting both lungs. Two days before injection had a severe attack of bleeding from lungs. Highest previous record of T.  $103\frac{1}{2}^{\circ}$ , P. 120, R. 40.

Jan. 18th.—1st injection, 0.0005 cc. No reaction. Temperature lower than on day previous.

Jan. 19th.—2nd injection, 0.001 cc. Moderate reaction. Highest T.  $104\frac{1}{2}^{\circ}$ , P. 120, R. 51.

Jan. 21st.—3rd injection, 0.001 cc. No reaction of any amount.

Jan. 24th.—No injection since last date. No noticeable improvement in any respect.

*Case 6.*—A. H., aged 40, farmer. Family history good. Gives a history of chronic phthisis of about 7 years duration. Unable to work for two years. Highest previous record of T.  $101^{\circ}$ , P. 85, R. 26. Has been in hospital about seven weeks, and improved up to ten days ago, when his appetite failed.

Jan. 19th.—1st injection, 0.001 cc. No reaction. Max. T.  $101^{\circ}$ , P. 82, R. 23.

Jan. 20th.—2nd injection, 0.002 cc. Reaction doubtful. Had intense headache for a few hours. Max. T.  $102^{\circ}$ , P. 100, R. 25.

Jan. 22nd.—3rd injection, 0.004 cc. Chills, followed by flushed face, feeling of depression next morning. Max. T.  $102^{\circ}$ , P. 85, R. 25.

Jan. 24th.—Apparently improving.

*Case 7.*—S. A., aged 27. Fisherman. Family history good. Dates present illness from an attack of influenza a year ago. Has had cough with more or less expectoration ever since. Has lost flesh. Physical signs indicate tuberculosis. Highest previous record T.  $101^{\circ}$ , P. 90, R. 29.

Jan. 20th.—1st injection, 0.001 cc. Slight reaction. Highest T.  $101.5$ , P. 95, R. 27.

Jan. 22nd.—2nd injection, 0.002 cc. Decided effect. Highest T.  $103^{\circ}$ , P. 100, R. 30. Cough increased and expectoration greater.

Jan. 24th.—3rd injection, 0.002. No reaction. Thinks he feels much better.

*Case 8.*—A. G., aged 30, seaman, Swede. Owing to his want of English it is impossible to get a satisfactory history. Was in hospital some months ago, and it was then thought he had phthisis. Has had cough ever since. Was shipwrecked shortly before admission, and since then has been worse. T.  $101\frac{1}{2}^{\circ}$ , P. 82, R. 22.

Jan. 21st.—1st injection, 0.001 cc. No reaction. Max. T.  $99\frac{1}{2}$ , P. 85, R. 42.

Jan. 22nd.—Injected 0.002. Reaction doubtful.

Jan. 24th.—There is considerable mental confusion to-day.

---

## Original Communications.

---

### AN ADDRESS ON MATERIA MEDICA AND THERAPEUTICS.

BY W. S. MUIR, M. D., *Truro.*

(Concluded.)

*ADONIS Vernalis* is a valuable cardiac tonic, is used in many cases and prescribed in the same conditions as *digitalis* and *strophanthus*. Like *digitalis* it acts upon the heart and the arterioles, but upon the latter to a much less degree, and in this way may be said to stand between the two. It has a decided diuretic action, but acts much more slowly in this particular than *strophanthus*, and a little more quickly than *digitalis*. It is said (by Dr. T. Oliver, *Lancet*, 1888, a gentleman who has written the best article upon its use that I have seen), that it is best employed in cases of mitral and aortic regurgitation.

*Convallaria* has long been known to possess marked diuretic and cathartic properties, but it is only of late its use, as a cardiac tonic has excited attention. Its effects upon the heart are almost the same as that of *digitails*. It slows the action, increases the force of its contractions and increases the arterial tension, produces diuresis much more quickly, and its action is maintained for several days after its use has been suspended. It is not cumulative. It is most useful in mitral stenosis, dilatation and senile hypertrophy. It is contra indicated in advanced heart troubles, when the muscular structure is altered. It appears to be the favourite cardiac tonic with the general practitioner in the failing heart of pneumonia.

*Cimicifuga* must be a wonderful drug it

all is true that is written about its physiological action. It is said to be antispasmodic, diaphoretic, expectorant, diuretic, antineuralgic and anti rheumatic. It must be of great importance, and a drug of wonderful merits, as it also benefits, if not entirely cures, amenorrhoea, subinvolution, dismenorrhoea, passive menorrhagia, spinal irritations, due to an irritable womb, (as one writer puts it), has been used to check uterine hemorrhage, allay after pains, and recommended in puerperal mania and peritonitis. As a cardiac tonic it is said to be safer than digitalis, and is especially useful in weak or fatty hearts. All writers deplore the neglect of its use, and if all that is written about its medicinal properties is correct, it is a much neglected drug.

Caffeine in small doses is a heart tonic, quickening the action and increasing arterial tension; has a marked diuretic action, increases the respiration rate and increases the supply of blood to the brain. Large doses over-stimulate the heart's action, increasing the cerebral circulation at first, afterwards depressing the heart and respiration, and lowering blood pressure. Lauder Brunton states that caffeine is excreted unchanged in the bile and urine, and is a reliable hydrogogue diuretic, acting by stimulation of the secreting apparatus in the kidney as well as by generally raising arterial tension. Caffeine is a very reliable stimulant in many forms of cardiac depression. In the adynamic state of typhoid fever and pneumonia it has been said by Huchard, Von Schroeder and others to be of great value. Von Schroeder also employed it with paraldehyde as a diuretic for ascites, with wonderful results. A writer in the *Therapeutic Gazette*, October 1st, 1890, calls attention to the fact that Theine, which is a tea plant product, and which acts upon the sensory, while caffeine acts upon the motor system, is much used as a substitute for caffeine, and that this may account for the palpitation of the heart, which has greatly puzzled recent observers. From Beaumetz, in his lectures upon New Therapeutic Agencies, and which are just now appearing in this same *GAZETTE*, I quote the following formula for the hypodermic use of caffeine.

"Pure Caffeine and Benzoate of Sodium of each 3iss; boiled water ʒiss."

At a meeting of the Academy of Medicine, Paris, March 11th, 1890, Germain See reported the results of a series of studies upon the action of caffeine on the motor and respiratory func-

tions in a normal state and in a state of inanition. From these reports it appears that caffeine has the same stimulating properties as cocoa and mata, and has the power of increasing the activity of the motor nervous system both of the medulla and cerebrum, and as a consequence of this double action we would find the freedom from fatigue. Further he claims that caffeine prevents loss of breath and palpitation as a consequence of severe muscular effort. From experiments made upon thirty healthy individuals, in nearly all cases running did not modify the respiratory rhythm, provided caffeine had been administered; while otherwise the same individuals running the same distance, at the same rate of speed, suffered from loss of breath, and the number of respiratory movements was tripled.

The Sulphate of Sparteine does not appear to be used to any great extent. Most observers place it in the digitalis group. In small doses it slows and strengthens the heart beats and raises arterial tension, at the same time increasing the renal and cutaneous circulation. Its action upon the circulation is manifested more quickly than by any of the drugs in this class. Potter says that in aortic regurgitation it quiets excited action of the heart without unduly prolonging the systole, and it is of great value. It is recommended for chronic Brights' with hypertrophy, asthma, and in Graves disease it is said to be useful. Dr. E. T. Brene, *University Medical Magazine*, thinks that sparteine is cumulative, and also a diuretic of importance. He also reports a case of paresis occurring from its use.

I find that *nitro-glycerine* and *nitrite of amyl* are in constant use, the first named especially. In angina pectoris, although not acting so quickly as amyl nitrite, it gives better and much more lasting results. Nitrite of Amyl is a useful palliative in angina pectoris, and in many of the spasmodic disorders, such as asthma, whooping cough, tetanus and epilepsy. Three years ago I saw nitro-glycerine prescribed for a little girl suffering from petit-mal, with the most wonderful result, the child being perfectly well ever since.

Cocaine as a heart stimulator is something that requires more than ordinary attention, as to my mind it is a very dangerous drug—dangerous on account of its wonderful seductive influence, inducing a habit that is spreading very rapidly, and a habit that is more difficult to abandon than that of opium or alcohol. In small doses cocaine is a cere-

bral, respiratory cardiac and nervous stimulant, and a diuretic. From personal experience I will say that I have found no drug with which idiosyncrasy plays such an important part. I found this out by watching its effects when used hypodermically by dentists and surgeons. I have seen one-third of a grain produce toxic symptoms in a strong woman, and here I would call your attention to the fact that this idiosyncrasy appears to exist, as I said before, with fair headed nervous women. The one great and fearful hallucination with them appears to be the awful fear of approaching death. To the surgeon cocaine is invaluable, but when used about the trunk and head should be used with great care, as absorption and toxic symptoms are unavoidable. All surgeons who use cocaine should read Dr. J. A. Wyeth's able and instructive paper upon the use of cocaine, in the *N. Y. Medical Journal*, of September, 1889. Both Masso and Hobart A. Hare, state that an extraordinary rise of bodily temperature, which is quicker in appearance and more permanent than that produced by any other known substance, will follow the administration of cocaine. To strengthen the remark that I made a moment ago, that cocaine was a dangerous drug, and when used as a cardiac stimulant should be prescribed with caution, I will quote the following: "J. Beitelheim reports two cases where  $\frac{1}{4}$  and  $\frac{1}{2}$  of a grain administered hypodermically produced unconsciousness and alarming symptoms. L. Kayser reports a case where  $\frac{2}{3}$  of a grain produced dilated pupils and automatic movements, the patient being a young woman of a nervous temperament."

Among the newer drugs are mentioned sulphonal and paraldehyde, two hypnotics about which there appears to be a great difference of opinion, some writers and practitioners holding a very high opinion of their value, others condemning them. All agree that sulphonal is a pure hypnotic, neither anaesthetic nor depressing in character, and not affecting the heart or circulation. The sleep it induces is perfect. Its hypnotic action usually develops very slowly, and its action is often prolonged throughout the following day, and it is liable to produce unpleasant secondary effects, such as nausea, vomiting, dizziness, headache, languor, and the symptoms are said to occur either after a large or a small dose, and it often fails to produce any effect. Thomson, of New York, says it is of great value in the insomnia

of the insane, and in nervous insomnia; while H. Macnaughton Jones believes that it is not only unreliable in mania, but that it may be even dangerous. According to Kast, it is very insoluble, being only dissolved in the proportions of 1 to 50 parts of water, and that it is more soluble in a solution of chloride of sodium. Kast found it efficient in the insomnia of old age, and in organic brain disease. From all that I can read sulphonal is an unreliable drug, and it certainly does not hold the place it did as a hypnotic on this account.

Paraldehyde is, I think, gaining ground as a safe and reliable hypnotic. The great objection to its use appears to be its pungent odor and disagreeable taste. There is no doubt that it is a reliable hypnotic; its action is not so persistent as that of chloral, but it is unquestionably safer. In typhoid fever I use it almost entirely, with good results.

Chloral hydrate is again coming into popular favor. For a time sulphonal, paraldehyde, urethan, and one or two other hypnotics appeared to be attracting our attention, and chloral hydrate appeared to be losing ground. There is not a drug in the whole list of hypnotics that can displace chloral for the treatment of delirium tremens and tetanus, and I don't think the accidents from its use are any greater than those recorded from any other powerful drug. Ural and chloralamide are two hypnotics lately introduced, the latter by Mering, the former by Poppi. As their names would suggest, they are respectively a mixture of urethan and chloral, and chloral and formamide. Poppi says that his production, ural, is a more certain and more prompt hypnotic than any yet used. He claims that he has given it in different cases of heart disease, hysteria, and other nervous affections, in all cases with the best results.

Chloralamide appears to contain about 75 per cent of chloral, which must be taken into consideration. Like all other new preparation it has its advocates, and from observations, I should judge justly so.

*Evalgine* is a new analgesic, introduced by Beaumetz and Bardet. Its physiological action closely resembles that of antipyrine. It is inferior to antipyrine as an antipyretic, and excels it as an analgesic. The dose is about 5 grains. It is only slightly soluble in cold water, but is very soluble in dilute alcohol. At the present time many are using it for neuralgia, and I cannot find any who are pleased beyond measure with its



Acknowledged by leading Physicians to be the most Perfect, most Permanent and Palatable preparation in the market.

## EMULSION.

This preparation of Cod Liver Oil, combined with the Hypophosphites of Lime and Soda, has only been a few years upon the market, yet it already enjoys a very large sale, and is prescribed daily by the leading physicians of Canada. We desire now, for the information of those who do not know of it, to present to them the following facts:—

First—We only use the purest Norwegian Cod Liver Oil in manufacturing, obtaining our supplies by direct shipments from Norway, which is most important alike to physician and patient.

Second—We so thoroughly incorporate the oil with the salts in our mode of manufacturing that it is perfectly emulsified, and remains so without change for years.

Third—As it is almost tasteless and easy of digestion, it can be given to children and persons with most sensitive stomachs without any difficulty, and we feel convinced from the results that have been obtained, that in the form of an emulsion is the proper way to give Cod Liver Oil.

Its ease of digestion and ready assimilation, and its fat producing and strengthening qualities, makes it especially valuable in all forms of exhaustion of the nerve centres and general debility.

It is in cases of pulmonary diseases, with emaciation, cough, debility, hemorrhage and the whole train of too well-known symptoms, that the benefits of this article are most manifest.

It is permanent; hence it does not separate and decompose like other preparations, and the dose is always the same.

“I have tried your D. & L. Emulsion and find it the most palatable of any I have hitherto used.  
METCALFE, Ont., 26th March, 1889. D. WALLACE, M. D.

A well-known physician of Windsor, Nova Scotia, writes:—

July 17th, 1889.

“My experience with your D. & L. Emulsion of Cod Liver Oil with Hypophosphites of Lime and Soda, has been most pleasant and satisfactory. During the winter and spring just past, I have given it in a large number of cases, and up to the present time have not known a stomach with which it has disagreed, or a taste that has objected to it. Some of my patients, for whom I prescribed it, were heretofore unable to swallow and retain any of the Emulsions of Cod Liver Oil though honestly and earnestly trying, but with this preparation there has been no quarrel with taste or stomach. For those among my patients with delicate taste and sensitive stomach where Cod Liver Oil was indicated, this has been the preparation preferred above all others.”

The above is my private opinion gladly given.

### A PERFECT EMULSION, SWEET AND PALATABLE AS CREAM.

Please specify in prescribing, and be sure you get the

# “D. & L.”

— FOR SALE BY —

## All Druggists and Medicine Dealers.

8 and 16 oz. BOTTLES. 50c. and \$1.00 PER BOTTLE.

Physicians' samples can be had from your Druggist, or we will send by express upon application.

Please mention THE MARITIME MEDICAL NEWS.



## Some facts for Physicians concerning Menthol Plasters.

**M**ENTHOL has a soothing, quieting influence upon the motor, sensory and reflex centres in the brain and spinal cord, and thus lessens irritability.

On account of the transitory effects of the ordinary modes of applying Menthol, it is now offered in the form of a plaster. It produces an agreeable electric sensation on application.

"The D & L" Menthol Plaster is purely medicinal, and affords a perfect means of maintaining the continuous action of one of the most valuable remedies in the pharmacopœia. Chronic painful affections otherwise only relieved for short intervals, are by this plaster kept permanently from pain.

It probably has no equal in the speedy relief of headache and neuralgic pains. In intercostal, facial, brachial or other neuralgie, and for gastralgia it simply acts like a charm.

Very successful in lumbago, sciatica, "cricks," tic, "stitches," rheumatic pains and chronic rheumatism.

Will always do good in muscular twitchings and cramps, in lameness, soreness, sprains, strains, and stiffness of the joints or muscles.

### ENDORSEMENT from the "LANCET," LONDON, ENG.

"The Menthol Plaster recently introduced into England is a good preparation. The specimen submitted for our inspection has an agreeable odor of peppermint and indicates its nature also by action of the Menthol Vapor on the conjunctiva. We can speak of two cases where it was used on the breast, and the action was quicker and more agreeable than the belladonna plaster used before. The writer of this article used it on himself, and found the action of the Menthol was decidedly refreshing.—*London Lancet* of January 1, 1887.

### TESTAMONIALS FROM PHYSICIANS.

I have used Menthol Plasters in several cases of muscular rheumatism and find in every case that it gave almost instant and permanent relief.  
*Washington, D. C., May 14th, 1889.*

J. B. MOORE, M. D., 57, K. W. N. E.

I have used Menthol Plasters for acute neuralgia and sciatica with complete success.

DR. C. HOLLAND, 546 Tremont St., Boston.

Allow me to testify to the excellency of the "D & L" Menthol Plaster in lumbago.  
*Westport, Ont., December 31st, 1889.*

D. E. FOLEY, M. D.

I have used Menthol Plaster in a case of acute pleurisy attended with very severe pains; in about three hours the patient was so much relieved that she fell asleep.

Also in a case suffering more or less pain for three weeks over the left ovary. I applied a piece of Menthol Plaster about four inches square. I saw her again the third day, and she told me the pain had entirely gone.

*Boston, Nov. 26th, 1887.*

A. W. TURNER, M. D., 12 Upton Street.

I have prescribed Menthol Plaster in a number of cases of Neuralgic and Rheumatic Pains, and have been very much pleased with the effects and pleasantness of its application.

*Boston, Nov. 22nd, 1887.*

W. H. CARPENTER, M. D., "Hotel Oxford."

I have given Menthol Plasters a thorough trial in my practice. I find it more convenient than in the liquid form, and can obtain better results.

G. J. BRADY, M. D., Lowell, Mass.

I use Menthol Plasters in my practice with excellent results. They excel all other plasters known as a means of relieving pain. I cannot compare the belladonna to them.

W. A. CHAMBERLIN, M. D., St. Charles, Minn.



# MENTHOL PLASTER.

— PREPARED BY THE —

DAVIS & LAWRENCE CO., L'td., MONTREAL, CANADA.

NOTE.—We put up specially for physicians the "D & L" Menthol Plaster, in single air tight tin boxes, seven inches wide, in yard rolls, making seven plasters, for \$1.00 a yard. This is the cheapest and most economical way to buy them, as it allows you to cut the plaster any required size to cover the part afflicted with pain.

Please mention THE MARITIME MEDICAL NEWS.

results. It is said by its introducers that it will cause no gastro-intestinal irritation, rash or cyanosis. Two or three weeks ago Atkinson, in the *British Medical Journal* states that in twenty-four cases of various forms of neuralgia, he had very unsatisfactory results with exalgine. It is best given with alcohol with some flavored syrup.

Creasote in the treatment of phthisis appears to have been most successful. Prof. Beverley Robinson in the *International Journal of Medical Science*, January, 1889, contributes an elaborate paper on this subject. He inclines to the view that creasote favors the growth of fibrous tissue by which recovery takes place in this disease, and that it acts rather by aiding general nutrition than as a direct bacillicide. Beechwood creasote alone must be used, as the commercial form is obtained from coal-tar. Robinson recommends its use both internally and by inhalation. Dr. C. F. Collins, of St. Luke's Hospital, and Dr. Austin Flint, of New York, both report favorably upon its use. Against this we have Von Driver's published results. He states that as a rule creasote is well borne when begun with small doses, well diluted, the appetite and digestion were usually improved, especially when abnormal fermentation took place in the stomach or intestines. The diarrhoea did not improve for any length of time. He did not observe any influence upon the tubercular fever in a single case. Although the temperature was accurately kept just a slight improvement could be noticed upon the tubercular processes in the lungs, and this he says was entirely due to the bettering of the hygienic surroundings. The only cases where he reports marked improvement from its use were cases having scrofula for their foundation, as he is pleased to call it.

Hydrofluoric acid inhalations, inhalations of iodide of mercury, inhalations of hot air and moist air, as well as rectal injections of hydrogen sulphide in the treatment of phthisis, do not come under my section. I only mention them to show for what uses these agents are employed. Intra-venous injections of balsam of Peru and other substances are not gaining ground, the results, upon the whole, not being satisfactory.

Myrtol, thymol, calomel iodoform, carbolic acid and aniline have all been used in the treatment of the disease. For the treatment of laryngeal tuberculosis, menthol, creolin, and lactic acid appear to be the favorite drugs.

Carbon bi-sulphide requires more than a

passing word. From reports, both at home and abroad, it appears to have been most successfully used internally in the treatment of phthisis, dysentery, gastric ulcer, and in the diarrhoea of typhoid fever.

*Peroxide of hydrogen* for the treatment of diphtheria. Dr. Geo. W. Major, of Montreal, reports that after two years experience with this agent, he finds that it is a powerful antiseptic—a perfect solvent for the exudation of diphtheria. It is not poisonous. Its use is painless and non-irritating. It is odorless and almost tasteless. He begins treatment with a 60 per cent. solution of the so-called "Ten Volume Peroxide." Dr. Glasgow, of St. Louis, confirms Dr. Major's high opinion of this agent. Dr. G. R. F. Crawford at the annual meeting of the N. B. Medical Society, in July last, reported that hydrogen peroxide has been the most satisfactory antiseptic he has used in the treatment of suppurative disease of the middle ear.

*Saccharine* is the subject of very contradictory statements. In the treatment of diabetes, Beaumetz, Pavy, and H. McNaughton Jones have written articles upon its use. All agree that it is a valuable acquisition as a substance preventing fermentation in the treatment of this disease. It is a good antiseptic, and has been recommended by many for the treatment of apthæ, and as an antiseptic for washing out the stomach. Pyrodine must not be confused with Piridin, which was introduced by See, in 1885, for the relief of spasmodic asthma. Pyrodine is a powerful and active antipyretic, and may be used as such in pneumonia, scarlet fever and typhus. It is also useful in migraine and neuralgia. It is a powerful drug, and should be used with great caution.

Ichthyol applied externally in erysipelas in the form of ointment or lotion or ichthyol collodion has had wonderful effects. Hoffman, Lange, Unna, McLean, and several Russian physicians have been enthusiastic in its praise. Thiol has been introduced since as a cheaper substitute for ichthyol, and thioresorcin for iodoform.

Creolin or liquor antisepticus of Jeyes has been gaining ground.

Chloroform, ether, and nitrous oxide are still our established general anaesthetics. With the English and Canadian graduate chloroform is almost the only anaesthetic used. I know dozens who have never seen ether administered.

Since the Hyderabad commissioner's report upon the use of chloroform, and the report of

Lauder Brunton, it is doubtful if any other anæsthetic is more safe, and certainly, since that, adverse criticism must be at a minimum.

Ether is in constant use in the United States, but I must say that it must require an experienced operator to convince me that it is to be considered equal to chloroform.

Nitrous Oxide is, as a rule, used only by dentists in Canada. Very few medical men care to use it.

Bromide of Ether is another anæsthetic not in general use.

Methyl Chloride, which was praised by Spencer Wells and Le Fort, was found to contain 4 parts of chloroform and one part methyl alcohol. Now it appears to be used only by a few, and that locally.

### A CASE OF INVERSION OF THE BLADDER OF 12 YEARS STANDING.

Reported by DR. N. E. MCKAY, M. R. C. S.  
*Surgeon V. G. H.*

C. C., aged 12 was admitted into the V. G. Hospital on the 9th day of August, 1890, suffering from inversion of the bladder.

*Family history*.—Sister has hip-joint disease. Father is now in hospital suffering from vesical calculus.

*History of illness*.—When patient was 9 months old she suffered severely from prolapsus recti, which lasted off and on for one year. Living in a remote part of the country where the services of a medical man could not be easily obtained, she received no treatment for this trouble. From birth her urine dribbled away constantly. When suffering from the prolapsus recti and its concomitant tenesmus a tumor suddenly appeared at the vulva, which did not increase in size with time. It never went away until a month before patient was admitted into the hospital, when one morning as she was getting up it suddenly disappeared, but returned in the afternoon of the same day. She had occasional attacks of intense pain in the right iliac region.

*Present condition*.—Patient is emaciated and pale, but otherwise she is apparently in fairly good health. On examination, a semi-elastic tumor, the size of a large hen egg, pyriform in shape, is found protruding from the vulva. Its base is directed forward, and it is attached by a large pedicle to the arch and rami of pubic bones. The tumor is florid in color, and covered with a grayish

gelatinous mucoid substance. There is complete absence of clitoris and urethra; the urethra being absorbed into the bladder. On the under surface of the tumor in the mesial line and near its pubic attachment, a small opening is perceptible, surrounded by a cluster of small tubercles, from which urine dribbles away constantly, and through which a size 10 F. catheter bougie is easily passed to the extent of 8 or 9 inches, and dirty colored urine withdrawn. On closer examination, a slit-like opening is discovered on the left aspect of the pedicle, from which dirty urine is obtained by means of a catheter. The tumor is excessively tender, but there is very little excoriation of surrounding parts. The quality and quantity of urine obtained were such that it was impossible to accurately determine the real condition of her kidneys.

*Treatment*.—On the 13th of August, I returned the bladder, under anæsthetic, by gradual and gentle digital pressure, my fingers and the tumor being first well oiled with carbolized oil. The meatus was greatly dilated, sufficiently large to admit two fingers together. To lessen its calibre I vivified the mucous membrane on either side, and brought and held the freshened surfaces with silver sutures, (two on each side.) I then washed the parts thoroughly with antiseptic solution, and dusted the wound with iodoform, and applied a pad of absorbent cotton wool with a T bandage to prevent a re-occurrence of the inversion. This dressing was changed two or three times a day, pro re nata.

From the 13th August, the day of the operation, to the 17th, the patient's temperature ranged from 97° to 99½°. General condition, fairly good. From the 18th until the 21st, temperature gradually rose to 101°, when she complained of pain in right iliac region. This did not create any undue alarm, as she had a similar pain here at different times before. On the 18th the wires were removed and wound looked well. From the 21st to 24th temperature ranged from 97° to 101½°. On the 24th she fell into collapse; temperature 97½° to 96°; pulse weak and thready. She remained in this condition until she died, on the morning of the 28th.

*Post-Mortem Examination*.—Bladder *in situ* and greatly contracted and thickened; urethra and clitoris absent; both ureters greatly distended and their walls thickened; both kidneys completely disorganized and

flattened out like a pan-cake; their cortical and medullary substances are completely riddled with pus cavities. Each pus cavity is surrounded with a thickened adherent pyogenic membrane; the pelvis of both kidneys is full of purulent material.

### RUBEOLA,--SOME REMARKS UPON AN EPIDEMIC OF.

By T. C. LOCKWOOD, M. D., *Lockeport, N. S.*

At, or shortly after, the cessation of the world-wide and world-famous epidemic of La Grippe, which prevailed in this locality last winter, measles became epidemic, and continued so up to almost the present time, or till about all available material for the *materies morbi* to work upon became exhausted.

In a population of 3500, scattered mostly along a shore line of some twelve miles, the largest single village numbering 800 souls, there were at least 250 cases of rubeola.

All neighboring villages and settlements are in daily communication with the central and largest one, which is the business and trading stand for the surrounding country. In this largest community the disease first appeared, in the person of a fisherman, then lately returned, and thence spread in all directions, the contagion being doubtless carried in many cases to others by persons themselves unaffected.

The occurrence of measles in some of the settlements isolated 4 or 5 miles from each other can only be explained by a fact which has been somewhat in dispute, but which was upheld by Panum, viz:—That contagion can be carried without losing its activity by an unaffected third person.

This truth I found hard to impress, and want of appreciation of it had much to do with the spread of the epidemic. Children coming from infected houses were also allowed to attend school, and thus afford an additional source of contagion, taken together with the extreme probability of infection coming from children in the prodromal stage.

The greatest number of cases appeared in children of from two to four years, though cases among adults and sucklings were not uncommon.

In one case under my care a woman exposed to contagion about a week before her confinement, was covered with the

characteristic rash, and had the other usual symptoms of rubeola three days after the birth of her child, which also became affected with the disease when twelve days old, both recovering, with no sequela.

As it is extremely difficult in most cases to ascertain the exact time of exposure, it is not easy to state the average length of the period of incubation, but in those best known it would seem to be 9 or 10 days. The period of invasion of rash lasted from 3 to 5 days.

Experience with this disease would seem to point out the truth of Hardaway's statement, that measles is by no means as trivial a disease as would seem to be the common impression.

The number of fatal cases during the epidemic numbered 10, all under 7 years, and due generally to that common complication, capillary bronchitis with lobular pneumonia.

No case of the so-called "black measles," (*rubeola nigra*), was observed. Intestinal catarrh was present in many cases, but diarrhoea was not as a rule persistent.

A common sequel was a blepharitis, which always proved troublesome to both patient and attending physician.

In the case of a boy of nine years, measles was followed by pleuro-pneumonia of the left side, which eventually terminated in an emphysema; a pocket of pus forming in region of nipple, sufficiently large to displace the heart very considerably to the right, and the lung into the upper and posterior chest. This pocket after pointing at 5th intercostal space in a line with the nipple, was opened by valvular incision, and afterwards a rubber drainage tube was introduced. These operations gave great ease to patient and much temporary improvement followed; the first day of incision fully one pint of pus coming away, subsequently a very distressing cough with hectic setting in, and patient becoming much exhausted and emaciated. Aspiration was resorted to, and seven ounces of pus drawn off. This operation was followed by much relief and improvement, but the discharge still continued from original sinus left, when drainage tube was withdrawn. Three weeks after first operation, aspiration was again performed in same situation, three ounces of very thick pus being the result. After this cough and fever ceased, fistula healed up, and patient has rapidly gained in flesh and strength, with but little contraction of left side.

As to treatment, persons affected were kept in bed in warm, partly darkened, well ventilated rooms. Cold water was freely given during pyrexia. If cough proved troublesome a mixture containing ipecac and *Tr. opii camphor* was given. In some cases where rash was slow in appearing, hot baths were used with *pulv. ipecac. co.* Capillary bronchitis was treated by alcoholic stimulants and carbonate of ammonia with linseed meal poultices. Every one of these cases proved fatal.

Blepharitis when threatening to become chronic was treated by anointing lids with red precipitate ointment at night, use of solid stick nitrate of silver, and epilation of lashes. These agents either together or separately proving successful in all cases.

December, 1890.

## TWO CASES OF "PLACENTA PRÆVIA."

BY H. E. KENDALL, M. D., Sydney.

I. Mrs. N——, aged 38, Multipara. I was called hastily with the news that patient was in labor and bleeding. When I arrived the bleeding had ceased. Examination revealed the following facts:—

### PLACENTA PRÆVIA LATERALIS.

The edge of the placenta could be felt along the posterior lip just below the internal *os*. With it a pouch of the unruptured membranes containing coils of the pulsating cord. Above and anteriorly the foetal head hard against the placenta and *os*. The Cervix was very dilatable.

*Personal Characteristics.*—Patient was very large framed and muscular. Pelvis roomy. Gave history of incredibly short previous labors.

I decided to adopt expectant treatment. There was no more haemorrhage. Pains were very good and dilatation very rapid. Soon the membranes ruptured and the cord prolapsed. To try to replace it was out of the question and so its pulsations were carefully watched. For a few pains they returned powerfully after the pains ceased but soon showed signs of feebleness. Forceps were rapidly applied and the child delivered, somewhat feeble but alive. Following the child came the placenta with the same contraction. The fundus was seized and the lower uterine segment douched with a hot

solution of the perchloride of iron. Mother and child got on without further incident.

II. Mrs. M——, aged 26, Primipara. During the fifth month of pregnancy I was called to see her twice, while flooding. Advised premature labor at next haemorrhage. Called next at end of 5th month. The haemorrhage was profuse and the patient very weak. Examination revealed the following facts:—

Labor began spontaneously. Cervix softened and dilatable to the extent of allowing three fingers to pass. Placenta *Prævia Centralis*. I anaesthetized the patient and proceeded to insinuate my index finger between the placenta and uterine wall at different points in its circumference. This told me that on the posterior side the placenta was not attached so far up as on the other sides. Accordingly I dilated the *os* digitally to a sufficient extent to admit the whole hand, and following the posterior wall of the uterus, burst through the membranes, seized both feet and by combined manipulation made the version complete. I extracted as rapidly as the cervical dilation would permit, but the child was dead before delivered from compression of the cord. The mother made a good recovery.

*Notes.*—This last case presents no great interest. It is an ordinary case of great gravity and one's course is that of early interference and rapidity of delivery. The first case, however, was to me more instructive although more simple. What stopped the haemorrhage while dilation was still very inconsiderable? Was the expectant plan of treatment the correct one? I believe the answer to the first question to be in the consideration urged above. The roominess of the pelvis with the potency of the pains caused the foetal head very early to become moderately impacted between the lower portion of the placenta, pushed against the sacrum and the public bone so that it did not recede between the pains and thus allow haemorrhage to return. With regard to the second question, I believe that I could afford to be inactive while there was no haemorrhage, considering that if it should come on later even a high forceps operation was under the circumstances more feasible later than version would have been performed at an earlier date.

### AN UNUSUALLY SEVERE CASE OF ASTHMA.

Patient had almost continuous paroxysms of varying intensity for four days. The fol

lowing remedies were tried: Morphia and Atropia in full doses. Ether and chloroform internally. Chloral and bromides in full doses. Inhalations of chloroform to anaesthesia. Ether, nitrate of amyl. Nitrate of potash, stramonium and tobacco. All to no avail. Complete relief from venesection, about 30 oz. of blood being taken.

### DIFFUSE MASTOID OSTEITIS TREPHING.

G. R. J. CRAWFORD, M.D., L.R.C.P., (*London*)  
*St. John, N. B.*

Some months ago in a short paper I referred to the fatal cases of brain complication following suppurative disease of the middle ear. I thought it might not be uninteresting to relate a case I recently saw with Dr. Emery, of this city. The doctor gave me a history of unusually severe inflammation of the middle ear with mastoid involvement. The discharge was profuse and sanious, as generally occurs in such cases.

Dr. Emery foreseeing the probability of an operation, requested assistance in the case. When I first saw the patient with the doctor, he complained of great pains, and although there were no special symptoms pointing to brain complication, still we were very anxious as to the outcome of the case. The integuments over the mastoid were slightly swollen and painful, but our hope was, that by leeching and poulticing, the inflammation might be subdued. Those measures failing we next made a free incision as recommended by B. Wilde, through subcutaneous tissue and periosteum. He got some slight relief from this operation, but the disease seemed still to progress, and as he had some fever and almost constant pain on one side of his head, we decided to at once open into the cells with the bone drill. The operation brought great relief, and a free discharge of pus from the wound. He was also able by Valsalva's method, to force air through, and with it any pus which was disposed to remain. The wound was kept clean and antiseptic by means of hydrogen peroxide and carbolic acid solution. The patient rapidly improved.

The only remark I have to make is that I am persuaded that the operation put the patient in a condition of comparative safety, with respect to a brain complication, and that if a similar mode of treatment had been fol-

lowed in the early stage of the chronic case referred to in my paper read at the N. B. Medical Society, July last, the cerebellar abscess, which cost the patient his life, would never have developed. The case has been very instructive, and I hope it may do some good by calling the attention of the profession to the good result that may be expected from a timely operation of this kind.

### *Society Proceedings.*

#### HALIFAX BRANCH BRITISH MEDICAL ASSOCIATION.

REGULAR MEETING, JAN. 22ND, 1891.

Present were:—Drs. T. R. Almon, Farrell, Anderson, De Witt, Finn, Kirkpatrick, Chisholm, D. A. Campbell, Trenaman, Cowie, Cunningham, M. A. B. Smith, P. N. Balcom, (Aylesford,) J. F. Black, Parker, Slayter.

In the absence of Drs. Tobin and Morrow, Drs. D. A. Campbell and F. U. Anderson officiated as chairman and secretary, respectively.

The adjourned discussion upon diphtheria was resumed as follows:

DR. FARRELL opened:—He said, was there a membranous laryngitis simple and non-infectious? He leaned to the opinion that it is generally, if not always, diphtheritic. But in this view he might be influenced by the existence of Diphtheria at present in Halifax. There are some cases in which the exhibition of the diphtheritic membrane is chiefly in the larynx.

Pathologically, true croup, apart from diphtheria, is generally thought to exist. But it is an unsafe plan for practitioners in the midst of an epidemic, to presume that there is an independent membranous croup. It is safer to regard every case of membranous croup as diphtheria. This he considered an important point.

Most important however are treatment and prevention. For treatment we have no specific. It is a zymotic disease dependent upon a poison in the system. We cannot even modify its action. The poison is markedly depressing. It depresses the vital powers from the moment that the influence of the poison begins. It has long been recognized that the disease would not bear depressing treatment, but does better with stimulants and feeding. So the present

general plan is to sustain and restore the vital powers by food, drink or medicines.

The ingestion of the greatest possible amount of nutritious food is very important. Anything more depressing than a simple evacuant would be prejudicial.

As to the value of stimulants, Dr. Farrell continued: Is alcohol a food? He had no doubt of it at least in certain depressed states of the system, even in certain natural states, such as senile debility. If true, then there is no disease where alcohol is more indicated than in diphtheria. Perhaps we do not give it enough. I have heard it maintained that alcohol is a specific. The quantity that would otherwise produce intoxication does not in diphtheria do so. He took for granted that everything should be done in the way of hygiene. Are we careful enough for instance in paying attention to the relative amount of bad and fresh air in the sick room. We probably do not sufficiently recognize the value of fresh air.

As to therapeutics, it has followed the line of the food management, and includes such medicines as are of a tonic character. Chief is iron, which is used almost universally. Another almost always associated with iron is chlorate of potash. Iron is undoubtedly the most valuable tonic and adjunct to stimulant food. We know that the germs do attack some and not other persons, partly due to a vigorous and healthy blood supply in the latter. This high vitality is itself a germicide, and may enable the individual to win.

No doubt in some ways iron prevents the play of disease. It adds to the force and vital condition of the red corpuscle. He hoped we may discover a better form of iron than is now in use.

In view of the pathology of the disease, which tends to show that the disease germs are developed in the area of its local manifestations, local treatment would seem to be of much importance. Some attempt to render the throat aseptic. Sulphur, hydrogen peroxide and other drugs are used with this object. Might we not by applying a solution of silver nitrate to the throat, hope to destroy the disease?

Regarding intubation, its value is undoubted. In diphtheritic laryngitis it gives the same result as laryngotomy, no better or worse, only it is bloodless. Intubation has not been very successful in Halifax thus far. It gives immediate relief, but the membrane extends and develops below the

tube. We have yet to learn about intubation; how long should the tube remain in? After there is much secretion and mucous rattle he thinks it should be removed.

DR. TRENAMAN.—His view is that there is a membranous croup, distinct from the diphtheritic form. When diphtheria is epidemic he must, for sanitary reasons, regard all cases of croup as of diphtheritic origin.

Referring to the prevalence of diphtheria during the year 1890, he said that it was impossible to obtain accurate statistics for the first seven months. Since August 1st, 383 cases had been reported, of which 99 proved fatal. He estimated the total deaths for the year to be not less than 208. From the 1st to 20th of January, 1889, 66 cases had been reported, 18 of which proved fatal.

Cases had been reported from all parts of the city, but latterly they chiefly happened in some of the best houses, where it would be supposed sanitary precaution is observed.

The irregular course of the epidemic was referred to. Instead of gradually reaching its maximum of intensity, it has rather been characterized by noted exacerbations. Days often elapse without a new case being reported, and then 10 or twelve might be reported in a single day, from points widely separated. His inspector observed that when the disease first appeared in the 1st flat of a tenement house it generally extended through the house, on the other hand when it broke out on the upper flat the families living below usually escaped.

He trusted that practical suggestions might be thrown out for the benefit of the Board of Health.

DR. DEWITT.—Thinks we cannot recognize a membranous croup non-diphtheritic in origin. Diphtheritic croup he does not regard as contagious as the pharyngeal or nasal form. In the former there is rarely an offensive odor from the breath.

For treatment he relies chiefly on stimulants. Elixir of iron and quinine, and concentrated meat extracts. He thinks it unsafe to give liquids too freely. They increase unduly vascular tension, and increase the liability of heart failure. Has had no experience with hydrarg perchloride. Patients treated at the infectious hospital have done well.

DR. BALCOM, of Aylesford was invited to speak. He fortunately had not met with much diphtheria. He relies entirely on

sustaining measures, as stimulants, abundance of fresh air, iron and suitable food. One of his neighbors relies on caustics, and obtains satisfactory results.

DR. COWIE gave a detailed account of the first epidemic of diphtheria in Halifax. He did not think it was as malignant in type as the present one. Extension to the larynx has been much more frequent of late. He relies on supporting measures and thinks papoid spray of some value as a local application. It certainly seems to act as a solvent of the membranes.

DR. CUNNINGHAM does not rate alcohol so highly, and deprecates its use in large doses. If so employed it induces loss of appetite and irritability of the stomach. May not the paralyzes, which so often occur, be in some measure due to drenching the system with stimulants. In his practice he prescribed them in small quantities, with a view of stimulating digestion. Prefers wine of cocoa as a stimulant. Potass chlorate possesses no value, may indeed be dangerous. Iron is our sheet anchor, and it should be administered in small doses, frequently repeated.

With intubation he has been so far very unsuccessful. Thinks we should have a greater variety of tubes in order to get one that will fit larynx accurately. The difficulty of preventing the entrance of food into the larynx is very great. Gives food by tube introduced through nostril.

DR. CHISHOLM.—In the early stages when pyrexia is decided, relies upon cold and a combination of potass chlorate and tincture of aconite in small doses, frequently repeated. Thinks this limits the catarrhal affection which precedes formation of membrane. Believes there may be a laryngeal and a pharyngeal exudation non-contagious in its nature.

DR. J. F. BLACK confined his remarks to intubation, which he regarded as a very valuable measure. He explained recent improvements on the O'Dwyer tube, and pointed out the advantages of the method over tracheotomy.

DR. M. A. B. SMITH.—During the last few months there had been 56 cases reported in Dartmouth, with 19 deaths; a mortality rate of 34 per cent. Happily they were now free, thanks to the energetic action of the Board of Health. Thinks potass chlorate of value, but it should be given with caution; and favors free administration of stimulants. It is unfortunate that we have no data

for determining how long a patient should be quarantined. Intubation and tracheotomy very often doom a child to suffer the agony of suffocation a second time.

DR. FINN regarded the local use of peroxide of hydrogen of high value. Has witnessed excellent results from its use. The doctor gave a detailed account of a method of injection of the affected mucous membrane with hydrarg perchlor.

DR. KIRKPATRICK spoke of a form of iron recently recommended by Prof. Flint, of New York. He gave Prof. Ross' experience with papoid spray. He only lost one case in fifteen of average severity.

DR. CAMPBELL thinks the so-called membranous croup and diphtheria identical. Admits that membrane may be produced as the consequence of other causes than diphtheria, but it rarely happens. The sporadic occurrence, the exemption of the fauces and other visible parts from exudation and the sthenic character of the general symptoms are the main grounds upon which the existence of a membranous croup, separate from diphtheria, is based. But do we not see in undoubted cases of diphtheria a wide difference, both in the local and constitutional symptoms in different cases. Why then should the occasional limitations of the disease to the larynx be a ground for regarding it as a distinct disease.

In croup where sthenic manifestations are already clearly marked, does not hesitate to employ antiphlogistic measures. Sir Wm. Guil has said wine and mercury are sometimes better than wine and iron. Thinks that chlorate of potass has some value, that nothing is gained by drenching the system with alcohol, and in cases where the onset is marked by sharp pyrexia the treatment recommended by Dr. Chisholm acts well. The tincture of iron is our sheet anchor in most cases; in cases where there is difficulty of administration, the tartrate of iron and potass work well, owing to its lack of taste.

DR. FARRELL closed the discussion. He emphasized the few views he at first expressed and regretted that the time was so limited, as many points of great importance had not been referred to.

PROFESSOR RAMSAY WRIGHT is to remain in Berlin for some months, to become thoroughly versed in all that pertains to Koch and his methods, in relation to bacteriology.



## Correspondence.

To the Editor of Maritime Medical News:

Sir:—A recent issue of your journal contains an article from the pen of Dr. J. F. Black, of this city, headed, "Surgery of to-day," in which he makes special claims to be the "abdominal surgeon" of Nova Scotia. In speaking of himself in this connection, he says:—"It is a subject in which I am specially interested. I have the honor to be the first to record a case of ovariectomy in Nova Scotia. Either as principal or assistant operator I have been concerned in most of the abdominal sections so far performed, and although our work does not perhaps show so large a percentage of good results as the noted specialists abroad, still we have good reason to be satisfied with what we have so far done."

The question of interest to the profession regarding Dr. Black as a specialist in "abdominal surgery," is: "What is his record in this department?" It is said that the average mortality of all his cases of "abdominal sections" is in the neighborhood of 35 or 40 per cent. I do not vouch for the accuracy of this statement, but I believe it is not far wrong. With such a record it must be very good natured of Dr. Black to be so well satisfied with what "we have done so far."

Instead of dealing in generalities, perhaps it would have been better had the Dr. published, in connection with this paper, a tabulated statement of all the "abdominal sections" in which he acted, either as "principal or assistant" operator, with results, leaving the profession to judge for itself, of his skill and success as an operator. This he takes special care not to do. As a profession we think more of results than vague assertions. However, it may not be too late yet for the Dr. to furnish us with statistics.

Since my connection with the Victoria General Hospital in 1885, seven abdominal sections have been performed, viz.: five ovariectomies, one oophorectomy, and one enterectomy. It is not necessary for me at present to state in how many of these cases he acted, "either as principal or assistant" operator, or give the results, which alone constitute the only reliable basis upon which to correctly estimate a surgeon's skill.

Considering the position which he assumes,

it is to be hoped he will condescend to give to the profession statistics with results of all the cases of abdominal sections in which he was concerned.

Yours truly,

N. E. MCKAY.

Dec. 20th, 1890.

To the Medical Profession:

My attention has been called to the announcement of Mr. F. A. Davis, a publisher of Philadelphia, who claims to have in press the second volume of a work entitled "A Treatise on Materia Medica, Pharmacology and Therapeutics," my name being used as joint author with Dr. John V. Shoemaker. I desire to say that the use of my name in connection with Vol. II of this work is unauthorized, and without my consent, and I am credibly advised that such publication can be restrained by legal means. For good and sufficient cause, my association with the publisher and reputed author was severed months ago, and of this, intending purchasers will take due notice.

Very respectfully,

JOHN AULDE, M. D.

1910 Arch St., Philadelphia,  
January 5, 1891.

The following is an extract from a letter received, accompanying a new subscription:—

January 15th, 1890.

Editor M. M. News:

"I entirely concur with the views of the desirability of a Medical Journal which we may claim as *our own*,—particularly in the interests of the Maritime Medical profession."

"I am convinced good will come of such a journal, if a *good* one, and your publication fills at least my standard of requirement in that respect.

I think the "NEWS" should deal with the matter of revenue for the purposes of the Medical Board of Nova Scotia. Many dissent to the plan of taxation, I do not object to it, but if there is any better method let it be known and adopted. The Board has done good work for the profession; it has more yet to do, and cannot accomplish it without funds. We must have the aid and power of the Board, and let us accordingly see that it is not starved out working for the general good, and finding itself.

This from another:—

"I am much pleased with the appearance, etc., of the MARITIME MEDICAL NEWS, and though I take a number of other Medical Journals, I do not feel that I could get along without it."

### Reviews.

TEXT BOOK OF HYGIENE. A Treatise on the Principles and Practice of Preventive Medicine. From an American stand-point. By Geo. H. Rohé, M. D. Second Edition. F. A. Davis, Philadelphia and London, 1890.

The appearance of a second edition within so short a period of the first is perhaps the best testimony to the value of the work. It is simply what its author professes it to be, a work specially adapted to the wants of the American student and sanitary officer. The essential principles of modern sanitary science are presented in clear, and easily understood, language. In many respects it is just such a book as has long been wanted by the general practitioner.

The first hundred pages are devoted to the consideration of Air, Water and Food.

A brief analysis of the chapter on Air will convey a fair idea of the scope of the work. A short concise account is given of the composition and physical conditions of the atmosphere, then in detail the influence of changes of atmospheric pressure on health,—influence of changes of temperature on health—the sanitary relations of air currents—influence of humidity, climate, seasons, etc.—the sanitary relations of changes in composition and of impurities in the air—sewer air—tests for impurities in the air—principles of ventilation. A feature of value is that at the close of each chapter a short list of the important writings dealing with each special subject is given. Soil, removal of sewage, constructing of habitations, hospitals, etc., military, naval, and camp hygiene—exercise and training, clothing, etc., are dealt with.

The closing chapters are devoted to the considerations of the germ theory of disease, contagion and infection, a history of epidemic diseases, disinfectants, antiseptics and deodorants, vital statistics and quarantine. The chapter on quarantine gives a full account of the various systems adopted by the United States.

We can heartily recommend this work to our readers, it being well written, brief, yet comprehensive.

A YOUNG woman sent to a newspaper a poem entitled, "I Cannot Make Him Smile." The editor ventured to express an opinion that she would have succeeded had she shown him the poem.—*Exchange*.

### A DOCTOR'S STORY.

*Med. and Surg. Reporter.*

Mrs. Rogers lay in her bed  
Bandaged and blistered from foot to head;  
Bandaged and blistered from foot to toe,  
Mrs. Rogers was very low.

Bottle and sauce, spoon and cup,  
On the table stood bravely up;  
Physic of high and low degree—  
Calomel, catnip, boneset tea—  
Everything a body could bear,  
Excepting light and water and air.

I opened the blinds; the day was bright,  
And God gave Mrs. Rogers some light.  
I opened the window; the day was fair,  
And God gave Mrs. Rogers some air,  
Bottles and blisters, powders and pills,  
Catnip, boneset, syrup and squills,  
Drugs and medicines, high and low,  
I threw them as far as I could throw.

"What are you doing?" my patient cried,  
"Frightening Death," I coolly replied.  
"You are crazy," a visitor said;  
I flung a bottle at her head.

Deacon Rogers came to me;  
"Wife is comin' round," said he.  
I really think she'll worry through;  
She scolds me just as she used to do.  
All the people have poohed and slurred—  
All the neighbors have had their word;  
"'Tis better to perish,' some of 'm say,  
'Than be cured in such an irregular way.'"

"Your wife," said I, "had God's good care  
And his remedies—light, water and air.  
All the doctors, beyond a doubt,  
Couldn't have cured Mrs. Rogers without,"

The deacon smiled and bowed his head;  
"Then your bill is nothing," he said;  
"God's be the glory as you say;  
God bless you, doctor; good day! good day."

If ever I doctor that woman again,  
I'll give her medicines made by men.

BULGARIA is not ranked highest among the civilized nations. But if in its borders a patented medicine is advertized to cure a particular disease, and fails to do so, the vendor thereof is liable for damages and imprisonment, for publishing a lie by which the public is injured in health and purse.

A NUMBER of patients are being treated in the New York Post Graduate Hospital by Koch's lymph; including cases of lupus; cases of phthisis pulmonaris, and one of laryngeal tuberculosis. The inoculations are in charge of Dr. W. G. Bailey, who was for a long time a student in Koch's laboratory, assisted by the director of the laboratory, Dr. J. H. Linsley.

# Maritime Medical News.

February, 1891.

## EDITORS:

D. A. CAMPBELL, M. D. .... Halifax, N. S.  
 ARTHUR MORROW, M. B. .... "  
 J. W. DANIEL, M. D., M. R. C. S. .... St. John, N. B.  
 MURRAY MACLAREN, M. B., M. R. C. S. .... "  
 JAMES McLEOD, M. D. .... Charlottetown, P. E. I.  
 JOHN STEWART, M. B. .... Pictou, N. S.

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

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

*All manuscripts, and literary and business correspondence, to be addressed to*

DR. MORROW,  
 ARGYLE STREET, HALIFAX.

WE have been pleased at being able to add a number of names to our subscription list as the result of making the NEWS a monthly. We would ask our friends in the three provinces, those interested in the development and furtherance of all medical interests, to explain to non-subscribers the importance of the existence of a well supported local Medical Journal. Some fully realize this point, while some few seem to regard the NEWS simply as one among many competitors for their patronage. The NEWS is that, but it is more than that. We want to make the NEWS a strong local professional organ; all can help in the attainment of this object.

We would wish it to be distinctly understood that this Journal is a thoroughly independent one; independent of clique, of person or of institution.

The aim of the "NEWS" is to supply a medium by which different views may find expression and adjustment. The "NEWS" is as available to one man as to another; to one side as to another in any case of difference of opinion. There has been no breach of this independence in the past and none need be anticipated.

IT IS satisfactory to notice the continued appreciation and popularity shown towards the St. John school for trained nurses. Since it was started, in connection with the General Public Hospital, nearly three years ago, nine nurses have graduated, after passing highly creditable examinations, and during this time a full course of lectures and practical instruction have been given at regular intervals, with satisfactory results.

Few, save those who have had occasion to test the work of our nurses, can realize what a boon their services were to those who could afford and needed them during the late epidemic of scarlet fever, and also in other serious illnesses which have occurred in many families during the past two years. We are sure that all who think about the matter will agree that the profession of an hospital nurse, while it is useful is also arduous, and it is to alleviate the cares and anxieties of such a life that a scheme for providing a home for hospital and district nurses in connection with the hospital has been formed. The accommodation at present provided by the hospital is inadequate, both as regards space and comfort.

The plan as set forth in a letter to the daily newspapers, by Lady Tilley, who is its chief promoter, is excellent. In this letter she appeals to the sympathy and necessity of the people to provide means for the carrying out of the plan, and then goes on to explain the idea, which is to build an additional wing to the hospital, two stories high, with dining and sitting rooms, a bath room and ten bed-rooms, capable of accommodating twenty nurses in all. The letter goes on to explain the object of district nursing, which is to have a staff of well trained nurses who could be called upon in case of severe illness by anyone, especially by the poor, who could apply through their clergyman or physician, for the daily visit of a competent nurse. This prospective home is to be supported by the voluntary contributions of the people.

It is to be earnestly hoped that this laudable undertaking will meet with the success it deserves.

WE understand that the result of the circular lately addressed to the profession of Nova Scotia by the Provincial Medical Board, is that the majority have not indicated their approval of the proposal of the Board to take measures to institute a tax of from one to three dollars, payable annually, by every registered practitioner. We do not mean to say that a majority have signified their disapproval, we understand that a large number have sent no reply.

We believe that the Board should be more representative of the different sections of the province than it is. We believe that the prosecutions and other measures preventive of illegal medical practice are pro bono publico, and that accordingly the expense of such should be borne to some extent at least, by the government; whether wholly or not is perhaps a matter upon which views might differ.

But since, up to the present, the government has refused any financial aid to the Board, we are of the opinion that a small annual tax of a dollar or two would materially aid the Board in the carrying out of some important protective measures, that must otherwise, to some extent, remain undealt with.

If the Board, as at present constituted, does not possess the confidence of the profession of the province, then by all means let it be reconstituted in such a manner as to make it a more representative body. We shall be glad to publish any matter tending to a ventilation of the subject.

☞ See advertisement page iv.

WE believe that Dr. Slayter has the honor of being the first private practitioner in Nova Scotia to receive a bottle of the precious lymph.

## Selections.

### TREATMENT OF TUBERCULAR ARTHRITIS AND ABSCESES BY IODOFORM INJECTIONS.

SINCE, according to Burns, (Arch. fur Klin. Chirurg.) the antitubercular power of iodoform is established beyond cavil, the treatment of cold abscesses and white swellings by this drug should, when the latter is brought in direct contact with the diseased foci, yield satisfactory results. It is true that the treatment of open ulcers by iodoform applications, has been disappointing, but this is readily explained by the fact that the constant secretion washes away the medication. When the diseased granulations are thoroughly removed by curetting, or the use of the knife, there are few who will not grant that the use of iodoform has a very positive and prompt action in preventing recidivity. In cold abscesses the most favorable conditions are offered for the action of an antitubercular medicament. There is here a closed cavity with walls made up of tubercular granulations, and encapsulated from the surrounding healthy tissues by a fibrous investment. Iodoform injected into this cavity is brought intimately in relation with all parts of its lining membrane, and remains in close contact for weeks. The effects of this treatment are rarely manifested for weeks, or even months, then the abscesses gradually diminish in size, and finally disappear entirely.

The length of time required to accomplish cure is frequently a cause of failure, since the surgeon, losing faith in his treatment, is prone to abandon it for some other before it is fairly tried. In large abscesses a decided diminution in size can rarely be expected before one or two months, and a complete cure is most exceptional before two or four months. The ultimate result is, however, so well assured that a favorable prognosis can be confidently made even when the patient is compelled to be up and about. In the last five years Burns has treated upwards of a hundred cold abscesses by means of iodoform injection, and eighty per cent. have been cured. This result is in strict accord with the reports of Billroth and Verneuil, and the combined cases are so numerous as to constitute an absolute proof as to the antitubercular power of iodoform. Olive oil was used as an excipient, the drug being added in the

proportion of 1 to 10. Since it has been claimed that recidivity is common after apparent cure by this method; the cases treated two or three years ago were again examined; in all the cure was lasting.

In the last four years over fifty cases of tubercular joint diseases were treated by iodoform injections. For these injections a ten or twenty per cent. mixture of iodoform and olive oil, freshly prepared and sterile, should be employed. When the disease takes the form of parenchymatous synovitis with marked fungous outgrowth, the injection is carried into the joint cavity and into the fungous masses by means of several punctures, from two to six cubic centimeters of the mixture being forcibly driven in. When there is effusion into the joint, or abscesses have been formed, after puncture and evacuation, a quantity of the mixture, sufficient moderately to fill the cavity is injected, from ten to thirty cubic centimeters frequently being required. There is but slight reaction following this treatment, and fixation of the joint is not necessary. Parenchymatous injections are repeated at intervals of eight days. When cavities are treated two or four weeks should elapse between each injection. Pain frequently disappears in a few weeks, but improvement in other respects is a matter of considerable time. Motion is often completely restored. — *Am. Journal Medical Sc.*

---

### TWO CASES OF CEREBRAL ABSCESS RESULTING FROM LONG-CONTINUED OTORRŒA; OPERATION; RECOVERY.

PRITCHARD (*Arch. of Otolology*, xix, 2 and 3) reports the following cases: The first case was that of a man, aged twenty-three, who had had frontal headache and pain in the left ear from the age of six years, and for the last ten years there had been a purulent discharge from the ear. In April, 1888, the discharge became more profuse and the pain worse, and there were several attacks of partial loss of consciousness lasting fifteen or twenty minutes, during which he could not speak. On June 17th he had a convulsive attack with twitching of the left side of the face, but no paresis or loss of sensation. He remained in a semi-conscious, torpid condition up to June 23rd, when he had six convulsions, and was admitted to the hospital. He was drowsy and incoherent. There was an abundant

offensive discharge from the ear, tenderness on pressure, and slight facial paralysis. There was no optic neuritis. The skull was trephined the same day at a spot two inches above the meatus and half an inch in front of it. The dura mater was opened, but no pus followed repeated exploratory punctures into the brain substance. The trephine was then applied an inch behind the posterior margin of the first opening, and offensive pus was found outside the dura mater, which was left intact. By further use of the trephine and bone forceps this opening was enlarged, and finally the trephine was applied for the fourth time over the occipito parietal region. The whole wound was then irrigated with weak carbolic acid solution and dressed with perchloride gauze. The patient was much collapsed and long unconscious, but his subsequent recovery was uninterrupted and complete.

The second case was that of a young man, aged twenty-six, who had had a purulent discharge from the left ear for eight years, with at times intense pain, and on one occasion there had been a swelling on the left side of the neck. In September, 1889, there was a sudden attack of intense pain in the ear and left side of the head, and on the next day there were two distinct rigors. The next day he vomited, and on the following day he had a convulsion. He was then admitted to the hospital, and for several days there were no characteristic cerebral symptoms. There was intense pain in the left temporal fossa, and he was giddy. The otorrhœa was profuse and offensive, the left drum-membrane was destroyed, and there were several polypi springing from the middle ear. Three days later the temperature rose to 101° F., and there was delirium and vomiting. There was no optic neuritis. The delirium increased and there was twitching of the left eyebrow and left angle of the mouth. There was retention of urine, and he lay in an unconscious condition. The skull was then trephined an inch and a quarter behind the meatus and the same distance above the cerebral base line. Both bone and dura mater appeared healthy, but exploration inward and forward evacuated half an ounce of fœtid pus. The broken-down brain substance was removed, the wound was thoroughly irrigated, a drainage-tube inserted and wound closed. The relief afforded was transient; the patient soon became delirious again, and had several rigors. Eight days later further exploratory punctures

# 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**—Phosphorous; 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 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.

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 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.

MONTREAL,

WHOLESALE AGENTS.

Please mention **THE MARITIME MEDICAL NEWS.**

WYETH'S  
**WINE OF TAR.**

An Expectorant and Tonic, without Opium in any Form.

THE formula for the Wine of Tar, together with the method by which the best product can be obtained, was furnished Messrs. Wyeth quite thirty years since, by DR. SAMUEL JOHNSON, a celebrated Professor in the University of Pennsylvania Medical College. He prescribed it largely, either alone or in combination in every case of

**PULMONARY DISEASE,**

In Phthisis, Chronic Bronchitis and the Catarrhs of the Broncho-Pulmonary Tract.

He also gave it freely and with much success in the CATARRHAL AFFECTIONS of the Mucous Membranes in general, and, especially, besides the pulmonary, in those of the genito-urinary passages. Notwithstanding the remarkable success achieved by the Wine of Tar, newer and more popular—if less efficient remedies, for a time, displaced it, but in the course of those revolutions of professional favor by no means uncommon, it has again assumed its rightful place as a remedy. The recent developments in the pathology of phthisis, and in the therapeutics of Catarrhal Affections, have demonstrated the utility of remedies possessed of the **Antiseptic Powers, and the Stimulating and Nutritive Properties of the Wine of Tar**, as made by Messrs. Wyeth.

In a complexus of symptoms by no means rare—bronchial and stomachal catarrh combined—the Wine of Tar has special efficacy:

*It Moderates the Cough, Promotes Expectoration, and, at the same time, Allays Nausea, and increases Appetite and the Digestive Power.*

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

There is another class of cases in which the Wine of Tar is capable of effecting very great relief:—cases of Bronchitis in which there is Coincident Catarrh of Urinary Passages. In the latter affections alone, whether examples of pro-ne-phrosis, or vesical catarrh, it must be ranked among the most efficient remedies. In irritability of the bladder, and in some instances of urinary incontinence, requiring the exhibition of a stimulating remedy, it may be expected to do good.

As in Wyeth's combination the power of Tar as a remedial agent, is re-inforced by the malt and hops, it acts as an efficient stomachic tonic, and general nutritive stimulant.

**DAVIS & LAWRENCE CO., Limited, MONTREAL,**

GENERAL AGENTS.

Please mention THE MARITIME MEDICAL NEWS.

in the brain were made, but no further abscess was found, and no pus was found in the mastoid cells. Two days after this there was slight paresis of the right arm and leg, which disappeared the following day. Four days later there was optic neuritis of the left eye. Two days later the wound was dilated and about two drachms of pus were evacuated. From this date the condition of the patient slowly improved. Word-deafness was noticed, as in the first case. His temperature fell to normal, and he was soon enabled to read, though the optic neuritis remained for six weeks.—*N. Y. Med. Jour.*

### LOEFFLER (PROF. F.) ON THE PROPHYLAXIS OF DIPHThERIA.

At the International Medical Congress, Prof. Loeffler, who first isolated and cultivated the Klebs diphtheria bacillus, read a paper with the above title.

The usual rigid isolation and disinfection were insisted upon, and the question discussed of "How long can a patient furnish infectious excretions?" The author gives a case in practice where bacteriological examinations were made daily, and excretions found still infectious nearly three weeks after temperature returned to normal. For the differentiation of diphtheria from other throat affections nothing is conclusive but bacteriological examination; all doubtful cases should be reported as diphtheria until the diagnosis is clear. Epidemiologically, a case is cited where a family was taken with diphtheria a year after the house had been fumigated—"of course only with sulphur." Pieces of membrane yielded cultures in fourteen weeks, none in sixteen weeks.

The following twelve points conclude this excellent paper:

1. The bacillus found in excretions of diseased mucous membranes is the cause of diphtheria.
2. Bacillus is disseminated by excretions deposited on articles within reach of patient.
3. Visible bacilli remain several days after disappearance of membrane.
4. Patient should be strictly isolated as long as bacilli remain in excretions. Children should remain from school at least four weeks.
5. Bacilli are visible in fragments of dried membrane for four or five months. Every article in room should therefore be either

boiled in water or subjected to a current of steam at 212° F.; floors to be scrubbed repeatedly with 1:1000 bichloride solution; walls and furniture rubbed down with bread.

6. Researches on viability of bacilli in moist state are not yet completed; damp rooms should be thoroughly dried, and a flood of light admitted before they are used again.

7. Bacilli still grow at 68° F.; they grow readily in milk. The sale of milk from dairies in which diphtheria abounds should be prohibited.

8. Diphtheroid diseases of various animals are not caused by bacilli of human diphtheria. Diphtheroid diseases of animals are not to be feared as sources of diphtheria in man.

9. Observations of Klein, on etiological identity of the cat disease with diphtheria in man, are no proof, and need further corroboration.

10. Lesions of mucous membrane favor the adhesion of diphtheritic virus. Susceptible individuals may, however, be infected without these lesions.

11. During prevalence of diphtheria the mouths and throats of children must be kept especially clean. Gargles and mouth washes of aromatic waters and weak bichloride solutions (1:10,000) should be used as a preventive.

12. Meteorological factors influencing development of diphtheria favorably are known to exist.—Tr. by Wm. Krauss, *Memphis Jour. Med. Sci.*, Nov., 1850.

SUBCUTANEOUS INJECTION OF WATER AND ITS THERAPEUTIC USES.—Professor Sahli, of Berne, has just published a paper in which he forcibly draws attention to a simple method of rapid and safe introduction of large quantities of water into the system. The method consists in the subcutaneous injection of a sterilized blood-warm physiological saline solution (that is, a 0.73 per cent. solution of chloride of sodium) by means of a large Erlenmeyer's flask, with an elastic tube and a hollow needle as thick as a knitting needle. As much as one litre of the solution can be easily injected in from five to fifteen minutes. If necessary, the procedure may be safely repeated four or five times a day. The best situation for the injection is the anterior abdominal wall. On each occasion the skin should previously be



thoroughly washed with soap and corrosive sublimate, and the puncture subsequently sealed with aseptic cotton-wool and collodion. Under such precautions not the slightest signs of any local reaction are ever observed. In some patients, especially in those with flabby abdominal integuments, the procedure causes but trifling pain; in very sensitive or restless persons, however, general anaesthesia is advisable. The effects of the injection are thought to be as follows: 1. Under certain conditions they thoroughly wash out the patients system by inducing profuse diuresis accompanied by a strikingly increased elimination of solid constituents of the urine. 2. They dilute the body juices and poisonous substances present therein. 3. They furnish the necessary water supply to dehydrated tissues. 4. They aid the filling up of blood vessels, and thus raise an unduly lowered arterial tension. Subcutaneous injection of water is indicated: In cases of uræmia complicating the course of either acute or chronic nephritis, where the injection of a litre of the solution once or twice daily is, as a rule, rapidly followed by a striking abatement of all symptoms. The best results, however, are frequently obtained when the injections are combined with the internal administration of digitalis. 2. In the "typhoid" state, where frequently even after the very first injection delirium ceases, the pulse becomes stronger and fuller, the tongue moister, etc. 3. In Asiatic cholera, cholera morbus, infantile diarrhoea. 4. In poisoning by any toxic substances, but especially by those which are liable to be eliminated from the organisms through the kidneys. 5. In cases where an internal use of water should be avoided (in order to secure physiological rest of the gastro intestinal tract)—for instance, in cases of perforation of the stomach or bowel, peritonitis, ilæus, etc. 6. In cases of acute anæmia from hæmorrhage. The method is contraindicated (1) in cases of incipient or expected pulmonary œdema; and (2) in the presence of severe dropsy.—*Brit. Med. Journal*, Sept. 20.

A suit for malpractice has been brought against the estate of a New England doctor who has been dead two years. The dead doctor amputated a man's arm several years ago. Lately, because of a painful stump, the arm was re-amputated. The patient thinks this due to unskilful work by the dead doctor, and wants \$20,000 from his savings. It would be a poor law that would permit action against a dead man.

**TREATMENT OF NOCTURNAL INCONTINENCE IN CHILDREN.**—Dr. Van Tienhoven, of the Hague, suggests that in these patients, though the bladder acts normally through the day, it misbehaves at night. The question is: "Shall the musc. detrusor urinæ or musc. sphincter vesicæ, or both, be blamed?" He believes that the sphincter is not strong enough to keep back the urine which collects in the bladder in the early hours of the night and permits it to find its way into the prostatic portion of the urethra. The detrusor is thus reflexly stimulated, and the bladder is emptied.

In order to prevent the urine from running into the urethra in this way, the children were made to sleep with the pelvis raised. In this position the bladder is capable of holding a certain amount of urine before the liquid reaches the level of the urethral opening.

The foot of the bed must be elevated so that the bed forms an angle of forty-five degrees with the horizontal. The children should be sent to bed with empty bladders, and should not take any liquid just before retiring. They sleep well in this position and do not complain.—*Correspondenzblatt für Schweizer Aerzte*.

**INTESTINAL ANTISEPSIS IN TYPHOID FEVER.**—The following treatment is recommended by Professor Teissier, of Lyons. Morning and evening a capsule of seven grains of Alpha-naphthol, with salicylate of bismuth. Sponge bath once in twenty-four hours. To restore the action of the kidneys after mid-day sponging, a rectal injection is given of one drachm of the extract of cinchona, and eight to fifteen grains of sulphate of quinine dissolved in sulphate of valerian.

The diet is restricted to Bordeaux wine, milk and broth. In almost all the cases treated in this way, complete antiseptis was realized about the fourth day of the treatment, this being recognized by the green tint of the urine. The temperature was lowered progressively, the albuminuria disappeared, the spleen regained its normal volume, and the tongue became moist and lost its furred condition.

After a regular fall of temperature, there then occurred a series of marked thermic oscillations, lasting from four to eight days, the patient then passing to convalescence, a stage of the disease which was remarkably short. He further adds that through all the duration of the treatment the typhoid aspect was wanting.—*Therapeutic Gazette*.

## News, Notes and Personals.

DR. TAYLOR, of Charlottetown, passed through Halifax a few days ago, en route to England.

MEDICAL men from the city or country are made welcome at the Victoria General Hospital where Dr. D. A. Campbell is carrying out a series of inoculations with Koch's lymph.

By the hearty and prompt co-operation of the N. S. Provincial Government, the V. G. Hospital was in receipt of its first supply of lymph early in January.

DR. STODDARD, of Halifax, has returned from Berlin. The Dr. seems to have been very fortunate in quickly finding his way into the hospitals where the clinical experiments with Koch's lymph were being carried on. He reports immense numbers of American physicians in Berlin, not all of whom were seeing what they came for. Dr. Stoddard says that Koch himself has thorough faith in the efficacy of the lymph in phthisical cases which have not advanced to the stage of cavity formation.

HON. W. J. ALMON, M. D., on retiring from the consulting staff of the Victoria General Hospital, was tendered a complimentary dinner by the remaining members of the Board. The Hon. gentleman was presented with an address, in which reference was made to his lengthy and faithful medical services to the institution. Dr. Almon became a member of the consulting staff when the institution was founded, the patients having previously been accommodated in the Poors' Asylum, which had been under the medical care of the Almon's for three generations.

THERE is every prospect of a Dominion Bureau of vital statistics being established at Ottawa.

The writer, in conversation with Sir John Thompson a few months ago, having alluded to the subject, was assured by that distinguished gentleman that he fully realized the desirability and importance of a general system of vital statistics. He at the same time indicated his ideas as to the local government taking it in hand with the aid of the Dominion. We have lately learned of certain steps being taken towards the definite accomplishment of something in the matter.

## New York Post-Graduate Medical School and Hospital.

### NINTH YEAR—SESSIONS OF 1891.

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

In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in those branches in our own Hospital.

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

### FACULTY.

*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox.

*Surgery.*—Lewis S. Pilcher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.

*Diseases of Women.*—Professors Bache McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.D., J. R. Nilson, M. D.

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

*Diseases of Children.*—Henry Dwight Chapin, M. D., Joseph O'Dwyer, M. D., J. H. Ripley, MD.

*Diseases of the Eye and Ear.*—D. E. St. John Roosa, M.D., LL.D., W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.

*Diseases of the Nose and Throat.*—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight.

*Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M.D.

*Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.

*Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D., A. D. Rockwell, M. D.

*Anatomy and Physiology of the Nervous System.*—Professor Ambrose L. Ranney, M. D.

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

*Pharmacology.*—Professor Edward Bagoe, Ph. B.

For further information please call at the school, or address

CLARENCE C. RICE, M. D., Secretary,

F. E. FARRELL, Supt.

226 East 20th Street, New York City.

DR. GEO. WARBURTON has returned from India to his old home, Charlottetown, P. E. I., where he intends in future to reside. After having been in the Army Medical Service, Dr. Warburton retired a few years ago, since when he has lived in India.

CERTAIN French doctors claim very promising results from the injection of goat's blood into the veins of persons suffering from tuberculosis. It seems to have met with some confirmation in Paris. Goats, it appears, enjoy immunity from the disease.

WE believe that a certain amount of physiological and anatomical knowledge should be considered as among the most important parts of an educational curriculum.

It is deplorable and unnecessary that intelligent people should have the crude and incongruous ideas of such subjects that are so commonly met with. Ignorance and superstition go hand in hand, and an ignorant superstition is at the bottom of much of the success (?) of quackery.

WE intend to take some notice of the subject of hospital and dispensary abuse. So far as the profession is concerned, the abuse is a greater evil, perhaps in the larger cities where such institutions abound.

In a city like Edinburgh, where it is stated that about 50 per cent. of the population receive free medical attention, it must be cruelly hard for a young doctor commencing practice to keep the wolf from the door, unless he has University or other powerful connections.

By the death of Dr. Jas. R. Fitch, which occurred at Wolfville on Christmas day, there is removed from the ranks of the profession, one of its oldest members.

The late Dr. Fitch graduated in medicine in 1830, at the University of Pennsylvania, and subsequently practiced in Wilmot and Wolfville, and in St. John, N. B. He commanded respect and affection, both as a faithful and skilful physician, and as a man of sterling character. On account of failing health, he retired from active practice eight years ago, and returned to Wolfville to rest amidst his relations and former patients. He was a brother of Dr. Simon Fitch, of Halifax, and father of Dr. J. N. Fitch, of Lakeville.

D. KOCH is 47 years old. After graduating at the University of Gottingen, he commenced practice in a little village near Hano-

ver, but failed to make a living. He then tried Rackwitz, a small malarious town in Prussian Poland, with no better results. Finally he settled in Wollstein, and in 1880 attracted much attention by his analysis and medical testimony in the famous Speichert poisoning case. In 1882 he discovered the bacillus of tuberculosis, and in 1883 the germ of cholera while acting as the head of a medical commission sent by the German Government to Egypt and India to study the causes and prevention of cholera. On his return to Germany he received an honorarium of 100,000 marks, the rank of Privy Councillor, and the rectorship of the Imperial Institute of Hygiene.—*Canad. Pract.*

THE *Nursing Record*.—We understand that in future our well-edited contemporary, the *Nursing Record*, will be issued at one penny per week, instead of twopence as heretofore; and commencing with the current number it will contain several additional features of interest which will render it of still greater interest to the class for whom it is intended. The reduction of price brings it within the reach of everyone associated with or interested in Nursing work.—*Hospital Gazette*.

This journal, the *Nursing Record*, well deserves a place in every hospital or other institution where nurses are employed. It will not only interest but encourage and profit the nurses in their important and responsible work.

---

### *Books and Pamphlets Received.*

---

BULLETIN OF THE AMERICAN ACADEMY OF MEDICINE.

SPINAL SURGERY; A REPORT OF EIGHT CASES. By Robert Abbé, New York.

FOREIGN BODIES IN THE EYE. By David Webster, M. D., New York.

POVERTY SUPERSEDED; A NEW POLITICAL ECONOMY. By A. P. Reid, M. D., Dartmouth.

A TEXT BOOK OF HYGIENE. By Geo. H. Rohé, M. D.

Circulars 28, 29 and 30 of State Board of Health of Pennsylvania.

The dangers arising from public funerals of those who have died from contagious and infectious diseases.

The disposal of the sewage of public edifices.

# PHYSICAL EXHAUSTION.

## Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. Cowles, Camden Me., says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

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

Prepared under the direction of PROF. N. E. HORSFORD, by the

**RUMFORD CHEMICAL WORKS, PROVIDENCE, R. I.**

Beware of Substitutes and Imitations.

CAUTION: Be sure the word "Horsford" is printed on the label. All others are spurious. Never sold in bulk.

## CHAPMAN'S



SURGICAL

SUPPLY DEPOT.

### KING'S BLOODLESS TRACHEOTOME.

With KING'S COMBINED, INSTANTANEOUS, TRACHEOTOME, TROCAR and ASPIRATOR, Bloodless Tracheotomy can be performed in five seconds without the aid of knife, anæsthetic or assistance, rendering an EARLY OPERATION possible. Circulars supplied on application.

Harvard Operating Chairs, King's Suture Needle, King's Pocket Amputating Case, O'Dwyer's Inhalation Sets, Outerbridge's Dilators for Sterility, "Empire" Elastic Bandages.

A full line of best quality, new and standard surgical instruments always on hand. References by kind permission: The McGill Medical Faculty.

**J. H. CHAPMAN,**

2294 St. Catherine Street, Corner of McGill College Avenue, MONTREAL.

Please mention THE MARITIME MEDICAL NEWS.

# WHEELER'S TISSUE PHOSPHATES.

**Wheeler's Compound Elixir of Phosphates and Calisaya.** A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone-Calcium Phosphate  $\text{Ca}_2\text{P}_2\text{O}_7$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry.

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

**NOTABLE PROPERTIES.**—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod-Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good-will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. WHEELER'S TISSUE PHOSPHATES, one bottle; Liquor Strychnie, half fluid drachm.

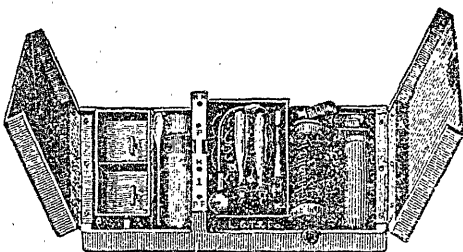
M. In Dyspepsia with Constipation, all forms of Nerve Prostration, and constitutions of low vitality.

**DOSE.**—For an adult, one table-spoonful three times a day, after eating; from seven to twelve years of age, one dessert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

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

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

## Gaiffe Electro-Medical Battery.



SIZE  $7\frac{1}{2} \times 4 \times 1\frac{1}{2}$  INCHES.

The most compact and neatest Medical Battery extant. Can be carried in the pocket, and set up in five minutes when wanted. Produces both primary and secondary current, the two combined, also slow and fast shocks. Mounted in polished mahogany case, all complete with accessories. Just the thing for physicians, who should not be without one.

Sent for illustrated catalogue of Electrical Goods.

### JOHN STARR,

— DEALER IN —

## Electrical Apparatus and Supplies,

2, 4, & 6 DUKE STREET,

Halifax, - Nova Scotia.

## BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

—SESSIONS OF 1891-92.—

The REGULAR SESSION begins on Wednesday, September 23rd, 1891, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation.

The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the Annual Circular and Catalogue, giving requirements for graduation and other information, address Prof. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

Established

## LEITH HOUSE.

1818.

# KELLEY & GLASSEY,

(SUCCESSORS TO A. McLEOD & Co.)

## Wine and Spirit Merchants.

— IMPORTERS OF —

### — ALES, WINES AND LIQUORS, —

Among which is a very superior assortment of

PORT AND SHERRY WINES, CHAMPAGNES, BASS'S ALE, GUINNESS'S STOUT, BRANDIES, WHISKIES, JAMAICA RUM, HOLLAND'S GIN, suitable for medicinal purposes; also SACRAMENTAL WINE, and pure spirit (65%) for Druggists.

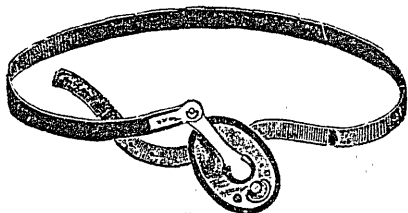
WHOLESALE AND RETAIL

Please mention THE MARITIME MEDICAL NEWS.

# BUCKLEY BROS.


(AVERY F. BUCKLEY.)

87 and 89 Barrington Street, }  
201 Brunswick Street, } HALIFAX, - NOVA SCOTIA.



## TRUSSES.

Almost every description of Truss is kept in Stock.

 SPECIAL ATTENTION GIVEN TO ORDERS FROM THE COUNTRY.

## NEW DRUGS,

As soon as proved to be of merit are at once added to our stock.

ANTISEPTIC GAUZES, COTTONS, BANDAGES, &c.

### SPECIAL.

Physicians who dispense their own prescriptions will find it to their advantage to send their orders to us. Our Tinctures, Fluid Extracts, Ointments, and all pharmaceutical preparations are not to be surpassed. Write for quotations.

BUCKLEY BROS.

## VACCINE VIRUS,

PURE AND RELIABLE

ANIMAL VACCINE LYMPH,

Fresh Daily.

LIBERAL DISCOUNT TO DRUGGISTS.

Send for Circular.

10 Ivory Points, double charged.....\$1 00  
10 Quill Slips (half-quills), double charged..... 1 00

Orders by Mail or Telegraph Promptly  
Dispatched.

## New England Vaccine Co'y,

CHELSEA STATION, BOSTON, MASS.

WM. C. CUTLER, M.D.

J. F. FRISBIE, M.D.


H. WOODBURY, D. D. S.

F. WOODBURY, D. D. S.

DRS. WOODBURY BROS.,

† DENTISTS, †

137 Hollis Street - HALIFAX, N. S.

 Special attention given to treatment of cleft palate, and oral deformities.

CORRESPONDENCE PROMPTLY ANSWERED.

INSTRUMENTS at 50 per cent. discount from usual Catalogue prices.

WRITE US for Prices, naming what you want. We send Post and Express paid on receipt of price for small articles.

ALL GOODS WARRANTED.

Thermometers, self-registering, post-paid .....\$1.00  
Hypodermics, Metal Case, 2 Needles ..... 1.00  
Obstetric Forceps, Elliot's best, post-paid ..... 5.00  
Tooth Forceps, plated, \$1.50; 3 pairs..... 4.00


THE ILLUSTRATED MEDICAL JOURNAL CO.,  
DETROIT, MICH.

Medical Practices  Drug Stores

BOUGHT AND SOLD.

Assistants, Substitutes and Partners

PROVIDED.

 Address with stamp—

DR. E. N. JOHNSON,

Norristown, Penn., U. S. A.

Lock Box 45.1

Please mention the MARITIME MEDICAL NEWS.

# HALIFAX MEDICAL COLLEGE.

## THE FACULTY.

A. P. REID, M. D. C. M., McGill; L. R. C. S., Edin.; L. C. P. & S., Can.; Emeritus Professor of Medicine and Professor of Medical Jurisprudence and Hygiene.  
 W. B. SLAYTER, M. D., Chic.; M. R. C. S., Eng.; L. R. C. P., Lond.; F. O. S., Dub.; Professor of Gynecology.  
 EDWARD FARRELL, M. D., Coll. Phys. and Surg., N. Y.; Professor of Surgery and Clinical Surgery.  
 JOHN SOMERS, M. D., Bell Hosp. Med. Coll., N. Y.; Professor of Medicine.  
 J. F. BLACK, M. D., Coll. Phys. and Surg., N. Y.; Professor of Surgery and Clinical Surgery.  
 G. L. SINCLAIR, M. D., Coll. Phys. and Surg., N. Y.; M. D., Univ. Hal.; Professor of Nervous Diseases and Insanity.  
 D. A. CAMPBELL, M. D. C. M., Dal.; Professor of Clinical Medicine and Therapeutics.  
 A. W. H. LINDSAY, M. D. C. M., Dal.; M. B. C. M., Edin.; Professor of Anatomy.  
 ARTHUR MORROW, M. B. C. M., Edin., Professor of Physiology.  
 F. W. GOODWIN, M. D. C. M., Hal. Med. Coll., Professor of Materia Medica.  
 M. A. CURRY, M. D., Univ. N. Y., Professor of Obstetrics and Diseases of Children.

## LECTURERS, ETC.

STEPHEN DODGE, M. D., Coll. Phys. and Surg., Lecturer on Ophthalmology, Otology and Laryngology.  
 G. CARLETON JONES, M. D. C. M., Hal. Med. Coll.; M. R. C. S., Eng.; Demonstrator of Anatomy and Lecturer on Histology.  
 MURDOCH CRISHOLM, M. D. C. M., McGill; L. R. C. P., Lond.; Lecturer on Clinical Medicine.  
 G. M. CAMPBELL, M. D., McGill Univ., Assistant to the Chair of Physiology.  
 H. S. JACQUES, M. D., Univ. N. Y., Clinical Tutor in Medicine.

### EXTRA MURAL LECTURER.

GEORGE LAWSON, Ph. D., Etc., Professor of Chemistry and Botany at Dalhousie College.

THE TWENTY-SECOND SESSION of the Halifax Medical College will be opened on **Monday, November 3rd, 1890.**

The regular order of lectures will begin on that day and will be continued during the six months following.

The College building erected for the special purpose of medical teaching is in every way fitted for the object in view. It is situated in an open, airy locality, in close proximity to the Victoria General Hospital and the new City Almshouse. The lecture room, dissecting room, etc., are well lighted, warmed and ventilated, and are fitted with appliances for imparting knowledge in the different subjects of medical education.

Students have access also to the Halifax Dispensary where they have an opportunity of seeing daily cases of such diseases as are usually treated in the different departments of such an institution.

Certificates of attendance on the various courses are accepted as qualifying candidates for examination before the licensing bodies of Great Britain and Ireland, and the Medical Schools and Universities in Canada and the United States.

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

For Annual Calendar and all information, address

**DR. LINDSAY, Secretary of the Faculty.**

# KNIGHT & CO., Medical Publishers' Agents.

All British and American Medical publications obtained with greatest despatch, and generally at a considerably less net cost to purchasers than if they ordered individually from the publishers.

— AGENTS FOR —

P. BLAKISTON, SON & CO., PHILADELPHIA.

## NEW BOOKS:

**KEATING.** "How to Examine for Life Insurance." A practical handbook. Cloth, net, \$2.00.

**STERLING.** "Outlines of Practical Histology." Cloth, \$4.00.

**PARKE'S.** "Manual of Hygiene." New edition. Cloth, \$2.25.

**KNOWSLEY THORNTON.** "The Surgery of the Kidney." Cloth, \$1.75.

## PHYSICIANS' CONVENIENT VISITING LISTS AND LEDGERS.

Medical Students will save time and expense by giving us a list of the books they require. Text-books kept in stock, and obtained at short notice. Second-hand Text-books in good repair, and of newest editions, bought and sold.

WRITE FOR INFORMATION, OR CALL AND SEE US.

**KNIGHT & CO., - GRANVILLE STREET, - HALIFAX, N S**

Please mention **THE MARITIME MEDICAL NEWS.**

# THE FIRST RAW FOOD EXTRACT.

(Introduced to the Medical Profession in 1878.)

# BOVININE,

THE VITAL PRINCIPLES OF BEEF CONCENTRATED.

Containing 26 per Cent. of Coagulable Albumen.

AN IDEAL FOOD.

PALATABLE.

KEEPS PERFECTLY.


**BOVININE** consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

**BOVININE** is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterised by ulceration or acute and chronic inflammation, and in diarrhetic complaints.

**BOVININE**, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

**BOVININE**, on account of its BLOOD-MAKING PROPERTIES, is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood, and in the puerperal state.

**BOVININE**, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of **BOVININE** ten grains of Pancreatine Extract and two ounces of water. This should be well mixed and injected slowly. No preparation of opium is necessary in the enema.

 *SAMPLES will be furnished to any member of the Medical Profession free, carriage paid, upon application to the Company.*

—PREPARED ONLY BY—

## The J. P. BUSH MANUFACTURING CO.,

CHICAGO AND NEW YORK, U. S. A.

DEPOT FOR GREAT BRITAIN:

32 SNOW HILL, LONDON, E. C.

Please mention THE MARITIME MEDICAL NEWS.



# MOSQUERA'S FOOD PRODUCTS

## BEEF-MEAL AND BEEF-CACAO.

CONCENTRATED, PREDIGESTED, ASSIMILABLE, PALATABLE, ECONOMICAL.

The question of replacing the waste of tissue where normal nutrition is inefficient by means of concentrated or predigested foods is one that has always presented many difficulties, there being very few preparations, if any, that meet all the requirements of the medical profession.

The ordinary process of preparing meat extracts involves a simple extraction of the meat with either warm or cold water. This extract contains none of the nourishing, flesh-forming albuminous substances. The meat juices are merely cold extractions of the meat. They possess very little nutritive value.

Powdered meats, as heretofore known, are nothing more than the residue left after drying the meat. They are liable to become rancid. They are lacking in the organic salts peculiar to meats, which salts are essential to the digestive process. Powdered beef, moreover, requires as much effort to digest it as does ordinary beef, and can not therefore be regarded as an adequate food for patients with derangement or weakness of the digestive organs.

Another group of meat preparations embraces the meat peptones, the taste of which are more or less bitter and objectionable to the palate, so that patients either absolutely refuse them, or take them with the greatest repugnance. Besides, their price is so high that the physician is often obliged to abstain from prescribing them.

*All the difficulties characterizing the foods mentioned have been overcome by the new food products of the Mosquera-Julia Food Company.*

Mosquera's Beef Meal contains all the inorganic salts and stimulating principles of the extracts of meat, and, in addition, the nutritive principles which the extracts lack; all the albumen of meat juices without their weakness; all the extracts of powdered meats without their rancidity or insolubility; all the peptone of the peptonized meats without their bitterness.

Mosquera's Beef Meal is a perfectly pure predigested meat, containing all the nutritious constituents of lean beef, half of which are in a soluble form ready for assimilation; the other half easily digestible by the gastric and pancreatic juices. The entire preparation is composed of nutritive matter, containing about 40 per cent. of soluble peptone and albumose.

Mosquera's Beef Meal represents in actual nutritive value at least six times its weight of lean beef. It is perfectly palatable and will be tolerated with ease by the most delicate stomachs. It admits of being administered in a variety of forms, thus avoiding monotony in the food.

It may be given in any thick soup, conditioned to suit the taste of the patient, or also mixed with biscuit powder, oatmeal, porridge and milk and sugar. Again, it may be mixed with chocolate, which makes a delicious beverage, or given in the form of a sandwich, and, finally, as a plain beef tea, simply dissolving it in hot water, adding salt.

Mosquera's Beef Cacao consists of equal parts of beef meal, sugar, and a superior article of Dutch cacao. It does not require cooking, but may be mixed with warm milk exactly like ordinary chocolate, and so completely is the taste of the beef disguised that it can not be detected. Requiring therefore no previous preparation it is most conveniently administered.

We have only decided to accept the sole agency of these products after a very thorough investigation, and we will at all times be responsible for their quality.

To physicians interested a pamphlet fully descriptive of the special advantages, uses, and methods of administration of these preparations will be mailed on request, and samples will be sent to physicians who desire to clinically test these preparations in practice.

**PARKE, DAVIS & CO.,**

SOLE AGENTS:

DETROIT AND NEW YORK