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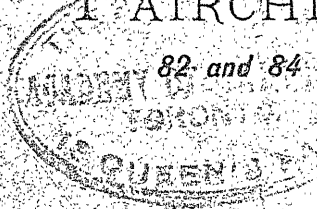
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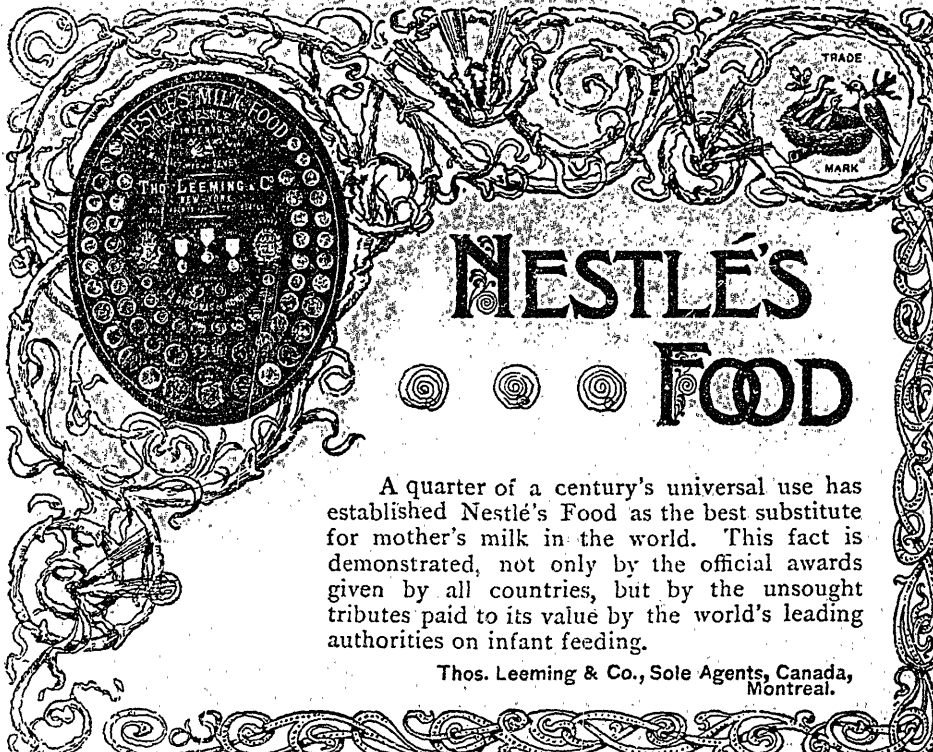
MATRICULATION.—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a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

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VOL. IV.

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Original Communications.

OVARIAN INFLAMMATION.*

BY F. A. L. LOCKHART, M. B., FELLOW OF THE EDINBURGH GYNÆCOLOGICAL SOCIETY, LATE CLINICAL ASSISTANT IN THE GYNÆCOLOGICAL WARDS OF THE EDINBURGH ROYAL INFIRMARY.

Much has been written on this subject, so I have very little that is new to offer, but I venture to bring it before you this evening in order that it may provoke an interesting discussion, for the condition is one which we all frequently see.

As with other inflammatory processes, ovaritis is divided into—

I. Acute.

II. Chronic.

And the acute is again divided into—

(a) Follicular.

(b) Interstitial.

PATHOLOGY.—I. ACUTE. (a) In the follicular form the changes are entirely microscopic.

(b) In the *interstitial*, the ovary

becomes enlarged in a few days. The cut surface may show yellowish streaks radiating from the hilum, or there may be small roundish areas of this material. You get an exudation of lymph, or, in severe cases, of pus, from the cut surface.

Although constantly found to be enlarged in the early stage, if not removed until later, the ovary may present one of three conditions. Firstly, an abscess may develop and the ovary become largely distended with pus, in which case usually but one ovary is affected. Secondly, it may be seen as a large firm rounded mass the size of a small orange, and then is falsely called "hypertrophy of the ovary." Thirdly, the interstitial fibrous tissue may retract, and so greatly reduce the size of the ovary, as well as cause fissures of the surface.

II. CHRONIC.—Here the ovary is enlarged and loses its almond shape, becoming more rounded. It also loses its normal creamy-pink color, and assumes a dull grey or else bright red. The surface may show the presence of cysts, especially in the later

* Read before the Clinical Society of Montreal, Dec. 12th, 1891.

stages, and these cysts may be distended follicles. On making a section of the ovary, its tissue is found to be very dense, cutting like cartilage, and the cysts are found to be almost entirely on the surface, while the centre is fibrous.

Peri-ovaritis is usually set up by the chronic process going on in the ovary; so the organ is usually more or less adherent to the adjacent structures.

ETIOLOGY—I. ACUTE. (a) Interstitial ovaritis is usually caused by puerperal conditions,—*e. g.*, sepsis,—unless slight and localized, and is usually bi-lateral.

(b) Follicular may follow some of the acute exanthemata, cholera, etc. It may also be set up by poisoning with arsenic or phosphorus.

Exposure to cold during menstruation is a common cause, and we cannot be too careful in impressing upon our patients the necessity for their taking especial care of themselves, as by wearing warm clothing, and abstaining from undue exercise during the menstrual period, as a little extra care at that time may save them from years of misery, both corporeal and mental. Young ladies who go out a great deal into society frequently cause suppression of the menstrual flow purposely by putting their feet into cold water. As a result, they go to their ball, and are not troubled in any way by the flow, but they often have a different story to tell in a few days, for there is an attack of ovaritis set up, which may terminate in an abscess of the ovary.

As an example, allow me to relate the following case. The patient is 21 years of age and unmarried; menstruated first between 11 and 12; always had slight dysmenorrhœa. When she was 15, she went to bath with a party of girl friends. On arriving at the bathing-place, she found that she had turned unwell since rising in the morning. She felt too shy to tell her companions what was wrong, so went into the water with the others. As a result, the flow stopped during the day, and

she was ill for the rest of the summer. Since that time she has suffered from the most acute premenstrual dysmenorrhœa.

Gonorrhœal poison may spread up the genital canal to the tubes, and from there to the peritoneum covering the ovary. Thus a peri-ovaritis is set up, and the process extends into the substance of the ovary, causing an attack of ovaritis.

II. CHRONIC.—This occurs most commonly during the period of sexual activity,—*i. e.*, between twenty and thirty years of age—and oftener in married women and prostitutes than others. It constitutes five per cent. of all gynæcological cases.

Masturbation and excessive sexual intercourse are frequent causes, as is also frequent indulgence in alcohol, according to Olshausen. The above cause frequent congestion of the ovary, and so set up a chronic inflammation. It is quite common to have a young married woman consult you about a pain in the ovarian regions, which has only been there the last three or four months and has been steadily increasing in constancy and severity. On asking her how long she has been married, the answer I usually receive is, "Oh, very nearly a year!"

An attack of acute ovaritis very often may go on from bad to worse and develop into a chronic case unless it is seen early and is properly treated.

The ovarian trouble may be secondary to inflammation of the neighbouring organs, *e. g.*, the rectum, fallopian tubes and uterus.

If there is any septic process going on during the puerperium, you often have chronic ovaritis set up.

Tait says that syphilis is apt to cause chronic ovaritis, but this is not often observed to be the case. As in the acute form, chronic ovaritis is caused by the exanthemata, and all here have probably been able to trace the connection between the two.

Abortions, operations on the cervix and instrumental interference with the

uterus will often cause it. I have seen a case following curetting, but this was merely a relapse, as the patient had suffered from chronic ovaritis and peri-ovaritis for six years. She had been quite free from all pain in the ovaries for some time, and masses of peri-ovarian exudation had entirely disappeared, but, as the uterus remained large and heavy and the patient had leucorrhœa and pains in the back, the uterus was curetted with the result that a sharp attack of chronic ovaritis was set up and lasted for some weeks. That was the only time that I have seen harm follow curetting, but it shows that harm may occur and that therefore the operation should be very carefully performed and only in cases where there are no signs of ovarian trouble.

SIGNS AND SYMPTOMS—I. ACUTE. This occurs oftenest in puerperal and is usually bi-lateral. It is then rarely primary but is apt to follow a septic condition. Pain is felt at the side of the uterus. This quickly increases in intensity, and the part becomes very tender. The pulse becomes more rapid and the temperature rises. In a day or two the enlarged ovary may be felt at the side of the uterus, if the parts are not too tender. The organ rapidly enlarges to the size of an orange, rarely to that of a small cocoon.

Acute ovaritis of non-puerperal origin somewhat resembles the above. Pain, rapidly increasing in intensity, is felt in usually one ovarian region. The area over the ovary is tender on palpation and fever develops. On making a vaginal examination, the ovary is felt to be enlarged, extremely tender and prolapsed, often into the pouch of Douglas. The prolapse may be due either simply to the increased weight of the ovary or else to adhesions dragging it down. The ovary is usually fixed.

Course.—Acute ovaritis frequently goes on to the formation of an abscess. After the first attack, the patient feels much better for a few weeks under proper treatment, but before long she has a relapse. The pain becomes worse,

and she suffers from insomnia, bad appetite, etc. This goes on for a varied period until the abscess bursts. This oftenest occurs into the intestine, rarely externally, or into the vagina or bladder. After rupture, the walls of the abscess cavity usually fall together and become united to each other in a short time, but if the abscess is of long standing, the walls are too rigid to come together and the cavity closes by granulation. Rupture into the peritoneal cavity may take place, in which case, death from peritonitis is likely to follow.

II. CHRONIC.—Usually the symptom is pain in the ovarian region, but, in rare cases, this is either entirely absent or else only present as dysmenorrhœa. When pain is the most marked symptom, as it is in a typical case, it is constant, but is increased in severity at the menstrual period. It is worse during the two or three days preceding the flow, at which time I have seen patients writhing about the floor and almost crazy from the extreme agony they suffered. As soon as the flow sets in, all pain sometimes ceases, and is usually lessened at all events. The cause of the dysmenorrhœa is easily understood, when we remember that the capsule of the ovary is usually thickened by peri-ovaritis. The ovary gets congested and distended with blood just before the flow sets in, and, as the thickened capsule is not distensible, the nerves ending in the ovary get pressed on. The local congestion becomes lessened on the onset of the flow and so the tension in the ovary is lessened, thus reducing the pain. The pain may radiate towards the sacrum and down the thigh of the affected side.

As in the acute form, defœcation causes intense pain very frequently. This is especially the case when the left ovary is affected, as it lies so near the rectum. Women being so careless about their bowels, one can readily understand what an important factor the passing of the dried and hardened faeces over the inflamed and tender ovary must be in causing pain.

Dyspareunia is intense, not only from mechanical injury by the male organ, but also from the congestion caused by the act of coitus. This may be so great as to leave the woman completely weak and exhausted for a day or two after the act; and Matthews Duncan says that irregularity of menstruation is the symptom next to pain in importance. Menorrhagia is common, and is accompanied by less pain than is present where the flow is scanty.

Sterility is common, but pregnancy may occur even where both ovaries are enlarged. The general disturbance is often great, the patient suffering from depression of spirits and neuralgias, but Olshausen says that hysteria does not accompany it as a rule. The patient may become so debilitated that she is utterly unfit to do anything, and becomes a confirmed invalid. She has a withered look and anxious expression. Her gait is often peculiar, becoming loose and shambling, and she stoops.

On making a vaginal examination, the vagina is frequently felt to be hot and tender. On moving the cervix, pain is felt on the affected side, due to pressure of the ovary against the pelvic wall by the uterus. You feel one or both ovaries prolapsed to a greater or less extent, unless they have been bound down by adhesions at an early stage of the disease, and they are enlarged and tender. The enlargement may be due to inflammation of the peri-ovarian tissue. Noeggerath holds that there are two conditions: an early, in which the ovary is enlarged, rounded, and soft; and a later, in which it is hard and small.

Prognosis.—As regards life, the prognosis in acute ovaritis is good, but, if an abscess has developed, it is not so favourable, owing to the liability of the abscess to burst into the peritoneal cavity. In many cases, the ovary remains affected to a greater or less degree, so that the dysmenorrhœa persists.

In chronic ovaritis, almost the only danger to life is the patient becoming gradually debilitated and weakened. It

is one of the most difficult diseases to cure, and, when due to gonorrhœa, the prognosis is hopeless unless you remove the offending organ. However, unless gonorrhœal in origin, you should try everything in your power, as you may eventually hit upon a remedy which will cure the disease.

TREATMENT—I. **ACUTE.** The first indication is to remove the pain. This is most readily done by applying hot fomentations or turpentine stupes over the affected area of the abdomen. In conjunction with the above, you should use the hot douche about every six hours, but you must regulate both the temperature of the water and frequency of application by its effect on the patient. As the pain diminishes, increase the temperature of the water and use a pint three or four times a day.

General sedatives, *e. g.*, potassium bromide and opium, are useful. If the bromide is used, you should give a dose of thirty or forty grains three times a day, and as the pain subsides, it is often found to be of benefit to add five grains of potassium iodide to the bromide.

Any exudation that may be present is best removed by blistering the abdomen or applying leeches to the perineum. The blistering is best carried out by painting over the ovarian regions with liquor epispasticus.

Where there is suppuration, you may incise and drain, but this can rarely be done unless the abscess threatens to burst externally, as it is usually too deeply situated. I have seen the abscess opened and drained through the vagina with most excellent results.

You must not neglect the patient's general condition, but keep up her strength by nourishing food and stimulants.

II. **CHRONIC.**—This is more difficult to cure than the above, and you should warn your patient that the treatment will probably be protracted.

Begin by removing, if possible, the cause of the ovarian irritation, *i. e.*, by separating the patient from her husband

TO DOCTORS.**LIQUID PANCREOPEPSINE.**

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(TO DOCTORS ONLY.)

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

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

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

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This preparation combines in a pleasant and permanent form, in each fluid (rachm), the following:

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

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

RHEUMATISM, GOUT, LUMBAGO, ETC.

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

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

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

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual 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.

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(TO DOCTORS ONLY.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC.

Composition:--Phytolacca Decandra, Stillingia, Salvia, Lappa Major, Corydalis Formosa, aa grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Cascara, Sagrada, aa grs. ij, in each dessertspoonful.

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

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

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

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BROMO SODA.

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

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

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

SEDATIVE. EFFERVESCENT. ANODYNE.

BROMO POTASH.

(WARNER & CO.)

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

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

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

The coating of the following Pills will dissolve in 3/4 minutes.

Pil: Sumbul Comp.

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R—Et Sumbul	1 gr.
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"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.

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DOSE—1 TO 3 PILLS.

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3 GRAINS. DOSE—1 TO 3 PILLS

Ferri Sulph. Fe SO ₄	Ferri Carb. Fe Co ₃
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Carbonate of Protoxide of Iron.	

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DOSE—1 TO 3 PILLS.

Pil: Aloin, Belladonna, and Strychnine.

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

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

Medical Properties, Tonic, Laxative.
DOSE—1 TO 2 PILLS.

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

Pil: Antidyspeptic.

(DR. FOTHERGILL.)

R—Pulv. Ipecac	2-3 gr.
Pulv. Pip. Nig	1-12 gr.
Strychnine	1-20 gr.
Ext. Gentian	1 gr.

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

Pil: Arthrosia.

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For cure of Rheumatism, and Rheumatic Gout.
Formula:

Acidum Salicylicum	Ext. Colchicum.
Resina Podophyllum	Ext. Phytolacca.
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Almost a Specific for Rheumatism and Gouty complaints.

for a time. Where due to marital excesses, this, combined with general tonics and the hot douche, usually suffices to greatly alleviate, if not to cure, the condition.

Attend to the general health, and make the patient take exercise. Walking is better than driving, as sitting impedes the pelvic circulation and so tends to increase the ovarian congestion. Above all things, she should avoid standing for any length of time. The patient should rest either in bed or on a sofa for several hours a day for a few days before, as well as during the flow. A most important indication is to stop all alcohol, which you will find the majority of patients say gives them great relief from the pain. It undoubtedly acts like a charm for the time being, but it leaves them in a more exhausted condition than before, and the dose has to be increased usually at the next period. Champneys, of London, however, recommends taking a glass of gin and water to relieve the pain. He adds a saving clause to the above, saying that it should only be given once a month, but the women who, having severe pain and knowing that the above would relieve it, would keep themselves to the above limit, form a very small minority, I fear. I hold it to be the duty of every physician to warn mothers of the danger of giving their daughters gin and water, as is such a common custom, for I have little doubt that it is the starting point of many a woman's love for liquor, among the upper classes at all events. I must apologize for this short temperance lecture, but the subject is one upon which I feel very strongly and the importance of which I do not think the laity fully realize. A little spiritus ætheris nitrosi or spiritus ammoniæ aromaticus with some peppermint water does just as well as gin or brandy, and is not by any means so dangerous. If the pain is especially severe, small doses of opium and camphor are useful, but these should be given through a nurse or some other reliable person, so that the patient may not know what she is getting. Nephenthe

is a good preparation of opium to use where you wish to keep the patient in ignorance of the fact that she is getting opium, but the public are getting to know the composition of even that now.

Blistering over the iliac regions is very useful. The best way to do this is to order a dozen round blisters about $1\frac{1}{2}$ in. in diameter. Apply one at night to the centre of each painful area. When it has risen, open and dress it with some simple ointment on a piece of lint, and, next night, apply a second blister at the side of the first, doing this until all the blisters are used up. At the same time use glycerine plugs in order to reduce the size and pain of the ovary. After having blistered as much as is required, use the hot douche for twenty minutes three times a day, having the water between 115° and 120° F, if the patient can stand it.

Painting the fornices of the vagina with a mixture of equal parts of tincture and liniment iodine is often followed by good results, making the application tri-weekly.

Bathing the feet in hot water is often beneficial, acting, I suppose, by dilating the blood vessels of the feet and so aiding the circulation through the pelvic organs and lower extremities.

Where the ovary is prolapsed and moveable, supporting it by a very soft ring pessary has been recommended by some. This also acts by fixing the uterus, and therefore the ovary, as well as mechanically preventing injury of the ovary during coitus.

Electricity has been recommended for chronic ovaritis, but this is too vexed a question for me to enter into this evening.

After all else has failed you should consider the advisability of removal of the ovaries, and although this operation does not involve so much risk now as formerly, it should not be performed without carefully weighing all the pros and cons of the case. Although the mortality in simple cases of removal of the ovaries for inflammation has been reduced to one or two per cent., it does

not remove any of the responsibility of the operation, as you can never be certain as to the existence of complications or not until you have opened the abdomen and explored its cavities. The patient must have the dangers and results of the operations fully explained to her. Although the operation usually relieves all the symptoms, yet many cases are on record where the patient has been made worse instead of better by the operation, and this is especially apt to occur where the case is hysterical. However, if, after the patient fully understands the nature and results of the operation, she still is willing to submit to it, you are free to use your own discretion. For my own part, I do not consider the operation justifiable unless you see that the woman's life is a burden to her, although one does not need to be so careful in selecting one's cases as formerly when the immediate result of the operation was so disastrous. It is always best to warn the patient that she may have a continuance of the pain for some months after the operation, but you can comfort her by saying that it usually gradually disappears, whereas it will go on forever unless she is operated on.

Selections.

EXTRACT FROM AN ADDRESS BY WM. OSLER, M. D., ON VIRCHOW, THE MAN AND THE STUDENT.

Rudolph Virchow was born October 13, 1821, at Schivelbein, a small town in Pomerania. Details of his family and of his childhood, which would be so interesting to us are not available. Educated at the Gymnasium in Berlin, he left it at Easter, 1839, to begin his medical studies, and graduated from the University of that City in 1843. The following year he became assistant in pathological anatomy to Froriep; and in 1846 he was made prosector, and in 1847 a lecturer at the university. In 1849, on account of his active partici-

pation in the political events of the previous year he was dismissed from his university positions, and as he mentions was only *mit grossen beschraenkungen* reinstated, largely in fact by the efforts of the profession of Berlin, and particularly of the medical societies. In August, 1849, he received a call to the chair of pathological anatomy at Wurzburg, a position which he held until 1856, when by the unanimous vote of the faculty, he was recommended for, and received the appointment which he still holds, namely, professor of pathological anatomy at Berlin. Prior to leaving Berlin, he founded, in 1847, his celebrated *Archiv*, now in its hundred and twenty-eighth volume, which is the greatest storehouse of facts in scientific medicine possessed by us to-day.

In anthropology and archæology the name of Rudolph Virchow is almost as well known as it is in medicine. Very early in his work we find evidences of this bent in the memorable studies, now forty years ago, on Cretins and on the development of the skull. Not a year has passed since that time without some notable contribution from him on these subjects; and those of us who know only his professional side may well marvel at the industry of the man whose name is quoted and appears in anthropological memoirs and journals as often as in our technical works. In recognition of his remarkable labors in this department, a special anthropological institute was organized in 1881, on the occasion of the twenty-fifth year of his professoriate. In 1884, on returning to Berlin for the first time since my student days, I took with me four choice examples of skull of British Columbia Indians, knowing well how acceptable they would be. In his room at the Pathological Institute surrounded by crania and skeletons, and directing his famous *diener*, who was mending Trojan pottery, I found the professor noting the peculiarities of a set of bones which he had just received from Madeira. Not the warm thanks, nor the cheerful, friendly greeting which he always had for an old student, pleased

me half so much as the prompt and decisive identification of the skulls which I had brought, and his rapid sketch of the cranial character of the North American Indian. The profound expert, not the dilettantè student, has characterized all of his work in this line. Even an enumeration with a brief report of his published writings in anthropological and archæological subjects would take more time than has been allotted to me. Of his relations with Schliemann I must say something; which I could not do so well as in the words used by his friend Dr. Jacobi, ten years ago: "Schliemann, by whose modern witchcraft holy old Troy is just leaving its tomb, invited Virchow to aid him in his work of discovering the buried city. He went—partly to aid, partly, as he says, to escape from overwhelming labors at home—only to be engrossed in just as hard work, though of a different nature. In regard to the latter, Schliemann's recent book on "Ilios" contains some very interesting material. But what has engaged my attention and interest most has been to observe the humanity and indefatigability displayed by the great man in the service of the poor and sick. To read of his constant, practical exertions in behalf of the miserable population of Hissarlik; how he taught the aborigines the efficacy of chamomile and juniper, which grow about them, unnoticed and unused, in rare abundance; how a spring he laid open for archæological purposes has been called by them "the physician's" and is believed to have beneficial effects; how he was, on leaving the neighborhood, loaded with flowers, the only thing they had and knew would please him, has charmed me intensely. To admire a great man for his professional labors, eagerly undertaken and successfully carried out, is a great satisfaction to the scientific observer; to be able to love him, in addition, for his philanthropy and warm-heartedness, is a feast of the soul."

Virchow's life-work has been the study of the processes of disease, and in the profession we revere him as the greatest

master that has appeared among us since John Hunter. There is another aspect of his work which has been memorable for good to his native city. From the day when, as a young man of twenty-seven, he was sent by the Prussian government to Upper Silesia to study the typhus epidemic, then raging among the half-starved population, he has been one of the most powerful advocates in Germany for sanitary reform; and it is not too much to say that it is largely to his efforts that the city of Berlin owes its magnificent system of drainage. His work in this department has been simply monumental, and characterized by the thoroughness which marks the specialist.

To his exhaustive monographs on camp diseases, cholera, military medicine, and other cognate subjects, I cannot refer.

It will be generally acknowledged that in this country doctors are, as a rule, bad citizens, taking little or no interest in civic, state, or national politics. Let me detain you a moment or two longer to tell of one of us, at least, who, in the midst of absorbing pursuits, has found time to serve his city and his country. For more than twenty years Virchow has sat in the Berlin city council as an alderman, and to no feature in his extraordinary life does the Berliner point with more justifiable pride. It is a combination of qualities only too rare, when the learned professor can leave his laboratory and take his share in practical municipal work. How much his colleagues have appreciated his efforts has been shown by his election as vice-president of the board; and on the occasion of the celebration in 1881, the *Rathhaus* was not only placed at the disposal of the committee, but the expenses of the decorations, etc., were met by the council; and to-day comes word by cable that he has been presented with the freedom of the city.

The years succeeding to Virchow's student days were full of strong political feeling, and with the French Revolution in 1848, came a general awakening. In Germany, the struggle for representative government attracted many of the ar-

lent spirits of our profession, and it was then that Virchow began his political career. The revolution was a failure, and brought nothing to the young prosector but dismissal from his public positions. His participation might have been condoned had he not issued a medico-political journal, *Die Medicinische Reform*, the numbers of which are even now very interesting reading, and contain ideas which to-day would be called liberal, but were then revolutionary. It is striking evidence of the deep impression which even at that time Virchow had made upon his colleagues and the profession, that he was reinstated in his office at the urgent solicitation of the medical societies of the city. His active political life dates from 1862, when he was elected to the lower house from one of the Berlin districts, and has, I believe, sat as a member almost continuously from that date. The conditions in Germany have not been favorable to a man of advanced liberal views, and Virchow has been attached to a party which has not been conspicuously successful; but he has been an honest and industrious worker, a supporter of all measures for the relief of the people; a strenuous opponent of all class and repressive legislation, and above all an implacable enemy of absolutism as personified in Bismarck. A man of such strong individuality would make his presence felt in any assembly; and he always commanded the attention of his colleagues, and oftentimes his speeches have been reported fully both in England and America.

As an illustration of his capacity for varied work, I recall one day in 1884, in which he gave the morning demonstration and lecture at the Pathological Institute, addressed the Town Council at great length on the extension of the canalization scheme, and made a Budget speech in the House, both of which were reported at great length in the papers of the next day.

Naturally, amid such diverse occupations, it has been impossible for him to enter with his old vigor into the minif-

ties of pathological anatomy, and his attitude of late years has been critical rather than productive; but his interest in all that pertains to our profession is unabated, and is a feature of his character to which I must allude. Too often with us, in our gatherings and society meetings, the "men of riper years" are conspicuous by their absence. In this respect our great master has set a notable example. Amid cares and worries, social and political, with a thousand and one ties and duties, he has never held aloof from his brethren; but as the weekly medical journals testify, no man in Berlin has been more active, and for years he has held the presidency of the Berliner Medicinische Gesellschaft, one of the most important medical societies of Europe.

It is well to acknowledge the debt which we everyday practitioners owe to the great leaders and workers in the scientific branches of our art. We dwell too much in corners, and, consumed with the petty cares of a bread-and-butter struggle, forget that outside of our routine lie Elysian fields into which we may never have wandered, the tillage of which is not done by our hands, but the fruits of which we of the profession (and you of the public) fully and freely enjoy. The lesson which should sink deepest into our hearts is the answer which a life, such as Virchow's, gives to those who to-day, as in past generations, see only pills and potions in the profession of medicine, and who, utilizing the gains of science, fail to appreciate the dignity and the worth of the methods by which they are attained.

THE THERAPEUTICS OF THE SENILE HEART.—Dr. George W. Balfour contributes an interesting and instructive paper on this subject to the June number of the *Edinburgh Medical Journal*. Senile diseases are always degenerative and tend to precipitate the natural termination of life. In them the object of treatment is not quite the same as it is in the diseases of earlier life; we no longer hope for complete restoration, but

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It forms an important constituent of nervous tissue, and has for many years been employed in cases of nervous debility, neuralgia, wakefulness, paralysis, locomotor ataxia, and impotency,—it acts as a powerful and general stimulant to the venereal organs. Perhaps there is no remedy more generally applicable to all diseases attended with prostrations of the vital powers, in sexual exhaustion, in failure of mental powers from similar causes; and in all forms of exhaustion of the nerve centres, when no organic lesion has occurred, its value seems unquestionable.

Phosphorus has not, however, met with that general favor from medical men it so richly deserves, on account of the difficulties of administering it, and the uncertainty of results from many of the various compounds and preparations offered, their liability to become inert in time, and the irritation and distressing effects often attending their use through careless manipulation. We can assure our friends of the profession that in **Wyeth's Sugar-coated Compressed Tablets**, each and all of these objections have been overcome, and as now presented to them, afford a means of administration not before equalled—not only as regards their convenience, permanency, and freedom from irritating after-effects, but also the absolute accuracy, of dose, speedy solubility, and therapeutical excellence.

The following list embraces, not only **Wyeth's Tablets of Free Phosphorus** of varied proportions, but also its combinations with various other vehicles that have rom time to time, and from eminent sources, found much favor with physicians;—

	Per 100.		Per 100
Wyeth's Pill Phosphorus, 1-100 grain	\$0 30	Wyeth's Pill Phosphorus et Ferri et Quin. et Strychnia	75
“ “ Phosphorus, 1-50 grain	30	Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain, Quinia Sulph. 1-2 grain, Strychnia 1-60 grain.	
“ “ Phosphorus Compound	35	Wyeth's Pill Phosphorus et Ferri et Quin Sulph	75
Phosphorus 1-100 grain, Extract Nux Vomica 1-6 grain.		Phosphorus 1-200 grain, Ferri Carb Sacch. 1-2 grain, Quinia Sulph. 1-2 grain,	
Wyeth's Pill Phosphorus Compound et Ferri...	50	Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Comp.	95
Phosphorus 1-120 grain, Ferri Carb, Sacch. 1 grain, Extract Nux Vomica 1-8 grain.		Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain, Quinia Sulph. 1 grain, Acid Arsenious 1-50 grain.	
Wyeth's Pill Phosphorus et Damiana Compound	60	Wyeth's Pill Phosphorus et Ferri et Quinia Sulph. Compound et Strychnia	95
Phosphorus 1-100 grain, Extract Damiana 1-2 grain, Extract Nux Vomica 1-8 gr. Ferri Sulph. Exsic 1-2 gr.		Phosphorus 1-100 grain, Ferri Carb Sacch. 1 grain, Quinia Sulph. 1 grain, Acid Arsenious 1-50 grain, Strychnia 1-60 grain.	
Wyeth's Pill Phosphorus et Ext. Coca Compound	80	Wyeth's Pill Phosphorus et Ferri et Strychnia	45
Phosphorus 1-100 grain, Extract Coca 1 grain, Extract Nux Vomica 1-4 grain, Vallet's Mass 1 grain.		Phosphorus 1-150 grain, Ferri Carb Sacch. 1 grain, Strychnia 1-60 grain.	
Wyeth's Pill Phosphorus et Ext. Coca Comp. et Quinia	1 00	Wyeth's Pill Phosphorus, Nux Vomica et Damiana	60
Phosphorus 1-100 grain, Extract Coca 1 grain, Extract Nux Vomica 1-4 grain, Vallet's Mass 1 grain, Quinia Sulph. 1-2 grain.		Phosphorus 1-100 grain, Extract Nux Vomica 1-8 grain Extract Damiana 1-2 grain.	
Wyeth's Pill Phosphorus et Ferri	50		
Phosphorus 1-100 grain, Ferri Carb. Sacch. 2 grains.			

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STRONG AND RELIABLE DISINFECTANT & DEODORIZER

Send for the bottle of this new wash to dress and disinfect. Not only will it clean for general use, but it will be found invaluable in your Pharmacy, as a germicide, aseptic, and efficient in treating all infectious matters in a mild solution.

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TRADE



MARK.

It is put up in two forms, viz. **MANOLEATE**, the general disinfectant, and **LAUNDRY MANOLEATE**, specially prepared for washing floors, walls, ceilings, clothing, bedding, etc., of infested houses. The Laundry Manoleate is not only a disinfectant, but answers all the purposes of ordinary soap with the great advantage of being a deodorizer and germicide as well.

MANOLEATE

Sells for Twenty-Five Cents a Tin, and is a

DISINFECTANT AND DEODORIZING SOAP POWDER.

DIRECTIONS:

As a General Disinfectant!—One tablespoonful dissolved in a bucket of hot water, and used as required for Drains, Sinks, Closets, Ash-heaps, Pits, Decayed Matter, Bilge Water, &c., &c.

Antiseptic Surgical Wash!—One teaspoonful to a quart of hot water. Being a soap powder, the hands, instruments, &c., can be treated in this solution.

Laundry Manoleate!—Add one or two spoonfuls of Laundry Manoleate to a bucket of hot water, and wash Walls, Clothing, &c., as with ordinary soap. Infected Clothing, Infant's Linen, &c., &c., should be allowed to soak in a weaker solution for 15 minutes before being washed.

MANOLEATE

Can also be used for dressing Wounds, in Obstetrics, Diphtheria, Sore Throat, Aural-Nasal Discharges, Suppurating Wounds, Cancerous and Sore Throat Ulcers, Scarlatina, Typhoid, Isolation of Sick, washing the Sick, for Dental Use, for Cleaning Artificial Teeth, Ulcerative Breasts, Eczema, and Pungention.

BE SURE AND USE HOT WATER.

The following Letters speak for themselves:

CHEMICAL LABORATORY OF DALHOUSIE COLLEGE, HALIFAX, N. S., 25th Oct., 1896.

I have examined the "Manoleate" preparation manufactured by the Manoleate Manufacturing Co. I find, on analysis, that it consists of a specially prepared Soap Powder containing disinfecting and deodorizing material, which has no injurious qualities. The "Manoleate" judiciously employed, should prove an excellent article for the purposes for which it is intended. If the printed instructions given for its use are carefully followed, I have no doubt it will give satisfaction.

GEORGE LAWSON, Esq., D. C.L.D.,
Fellow of the Institute of Chemistry of Great Britain and Ireland, Prof. of Chemistry.

HALIFAX, N. S., November 21st, 1896.

I have examined and used your new Soap Powder, called "Manoleate," as a disinfectant and deodorizer. I find it a most excellent article. It does its work well and is reliable as a substance where bad odors or disease germs are to be destroyed.

I have used the "Toilet Manoleate" particularly in the operating rooms of the Hospital and Infirmary as a hand washer, because it is a simple and handy preparation, being a powder, and can be quickly made use of. The "Laundry Manoleate" seems to meet a public want at the present time, and should be largely used in families where a cleanser and disinfectant are so frequently required in laundry work.

Yours truly,

EDWARD FARRELL, M. D.

HALIFAX, N. S., Dec. 9th, 1896.

From the trial I have given your "Manoleate" I believe it to be an excellent deodorizer and disinfectant, and from its cleansing qualities, have no doubt it will become an article of great value for household use.

Yours truly,

W. H. CAMERON, M. D.

MANOLEATE, 25 cents per package. LAUNDRY MANOLEATE, 25 cents per package.
FOR SALE BY ALL DRUGGISTS.

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HALIFAX, N. S.

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DOCTORS!

If you will send us a card with your name and address, we will send you promptly **SIX BOTTLES FREE!** We want every Physician to test this article and prescribe it on its merits. Please read the following:

FACTS

CONTAINING A NEW PATENT.

ALE AND BEEF, PEPTONIZED.

Brought out by the suggestion of the late eminent Doctor J. MILNER FOTHERGILL of London, who was the **BEST WRITER ON FOODS**, and most **NOTED PHYSICIAN** in **THE TREATMENT OF DISEASES** of the **DIGESTIVE ORGANS** perhaps in the world. - He said:—

“What a boon it would be to the medical profession if some reliable chemist would bring out an **Extract of Malt** in combination with a well-digested or **Peptonized Beef**, giving us the elements of **Beef** and the stimulating and nutritious portions of **Ale**.”

WE HAVE DONE IT!

Ale and Beef, Peptonized, is the identical combination suggested by this eminent Physician. In each bottle is contained the full nutrition of one quarter pound of lean Beef, thoroughly peptonized. The Ale is one year old before we bottle it, and is guaranteed to be equal to the best English Ale. We invite attention to the following strong testimonials which are from gentlemen high in the Medical and Pharmaceutical profession, which is a very small part of what have been received by the American company.

DR. J. C. GILBERTSON, Cincinnati, Ohio.
I am very glad to hear of and note the great success you are having with Ale and Beef, Peptonized. Its reception in this city must be flattering to your company. As a Nutrient Tonic it is just the thing in a host of cases. The name itself commands and strikes attention at once.

DR. H. E. WARDER, 1212 Broad St., Philadelphia.
The Sample of Beef, Peptonized, pleased me greatly. I took a portion myself and used the rest in my family. I have mentioned it to many people, and am prescribing it almost daily.

DR. T. J. YARROW, 1235 North Broad Street, Philadelphia.
I can't speak too highly of your Ale and Beef, Peptonized. As a Nutrient Tonic in cases convalescing from fevers and other wasting diseases it has no equal. I bespeak for it a grand success.

DR. WM. NEW, U. S. Government Chemist, Washington.
A better Ale was never brewed, and a better Nutrient Tonic when combined with Peptonized Beef, which you call Ale and Beef, Peptonized, was ever made.

DR. W. HUTCHINSON, Providence, R. I.
It is with pleasure that I venture say that I have used in my practice within a very short time almost one-half gross of your Ale and Beef, Peptonized. I was delighted with the results I have seen. One case was a hopeless Paralytic, unable to retain any food, and steadily getting worse when I ordered one bottle daily. She never rejected it at all, and has steadily gained. I consider it a most admirable nutrient.

DR. I. N. LOYD, St. Louis, Mo.
I have additional evidence of the value of your Ale and Beef, Peptonized. I find in many cases of children's troubles it is well received. I have found it of special value for nursing mothers. It serves as a Tonic and increases the flow of milk in an admirable way. I am more and more impressed every day that you have a good thing.

DR. J. B. GIBTINGS, Philadelphia.
I find Ale and Beef, Peptonized, keeps up its reputation. I am prescribing it daily. When is your Mr. Ross coming East again? Can he bring another new remedy as good as Ale and Beef? I doubt it.

DR. W. C. WILEY, Danbury, Conn.
I am sure I can't tell you in any better way how I like Ale and Beef, Peptonized, than to say I have prescribed in my practice at least five gross. The other Doctors of this city are using it largely. Ale and Beef is a great builder, but no mistake.

Price 25 Cents a bottle, or \$2.50 per dozen.

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THE CANADA PEPTONIZED BEEF AND ALE COY. (Limited.)

P. O. BOX 210.

HALIFAX, N. S.

N. B.—Manufactured in the United States by the Ale and Beef Co. of Dayton, Ohio.

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we expect to be able to remove suffering and to check decadency, and, so far as the heart is concerned, we are often successful in attaining both of these objects.

Simple irritability, says Balfour, is the earliest indication of what he calls advancing senility in the heart. The patient complains of uneasiness in the cardiac region, sometimes amounting to actual pain. Along with this there may be fits of palpitation, in the form of rapid but not usually forcible action, which come on after exertion—such as running up stairs, upon an excitement or sudden emotion, or during the night from reflex causes, mostly of gastric origin; or they may be fits of *tremor cordis* coming on suddenly, without warning and apparently without cause. The pulse is occasionally irregular in force and frequency, or it may simply intermit at regular or irregular intervals. These phenomena are always indicative of cardiac debility, which, left to itself, sooner or later leads to dilatation of the heart as well as to the other serious symptoms which we find associated with senile degeneration of that organ. These symptoms depend upon structural alterations in the heart itself, in its vascular and nervous connections, as well as in the nutritive fluid, the blood. There is no regular sequence of events in any case. Not infrequently it may terminate in a fatal attack of angina of the ordinary form, or occasionally in that form of cardiac failure which may be called *angina sine dolore*. Other patients may suffer for years from irregularity or intermission of the pulse or fluttering—*tremor cordis*—without any apparent detriment. But, in Dr. Balfour's experience, such cases, unless remedied by treatment, always ultimately develop serious cardiac symptoms, though this may be delayed even to extreme old age.

The senile heart is a term which comprehends many symptoms and a variety of signs, but which is at bottom a cardiac failure based upon malnutrition. It is therefore most important to determine the cause of this failure and to ascertain

the source of the malnutrition upon which it depends. In examining such a case with a view to treatment, the pulse is one of those factors which require careful consideration. When the blood-pressure is low we must inquire into any drains upon the system and see that these are remedied; we must inquire into the amount and nature of the work done, and the exercise usually taken. Exercise is a useful tonic for a muscle, including the heart, yet with all muscles rest is often the best recuperative, and with a failing heart this is often markedly the case. The need for exercise and the capacity for taking it safely and with advantage is often a point to be carefully considered before a decision is arrived at.

The question of diet is even more important than that of exercise. In patients with weak hearts and feeble circulations the digestion is slow and the intervals between meals should not be less than five hours. As little fluid as possible should be taken with the meals, and no solid food of any kind between them. The most important meal should be in the middle of the day. The quantity of food should be restricted, but the patient may choose pretty freely as to the kind and the method of preparation.

Dr. Balfour never advises alcohol in any form for such cases. Tobacco also must be used in great moderation or given up altogether.

The drugs useful in the senile heart are few in number, but of extreme value. Digitalis is the chief and the most thoroughly reliable cardiac tonic. It acts by improving the elasticity of the heart muscle and restoring its tone. If the dose of digitalis is moderate, this increase of tone, accompanied by an improvement in nutrition, may be kept up and continued indefinitely for months or years without fear of its action going farther. Ten minims of the tincture once or twice a day is sufficient.

Strychnine is a very valuable remedy. In many cases its continuous use is sufficient of itself to promote a cure.

Arsenic is extremely useful at times, especially in cases of angina.

Next to strengthening the heart, and improving the blood, lowering the blood-pressure is the most important object of our treatment. All the nitrites are available for relieving spasm and lowering blood-pressure, but nitroglycerin seems to act most rapidly and effectively. When the high intra-arterial blood-pressure is more persistent and more distinctly gouty in its character, the iodide of potassium is to be preferred, as its action, though less rapid, is more permanent. Two or three grains may be given every eight or twelve hours, and its use continued for some time. A mild course of anti-arthritis treatment is often of much service, and for this purpose there is no better drug than colchicum. The bowels should be kept moving regularly. In case of flatulence the compound galbanum pill often gives relief.—*N. Y. Med. Journal.*

SUBCUTANEOUS INJECTIONS OF ETHER IN PUERPERAL ECLAMPSIA.—An interesting supplement to the treatment of puerperal eclampsia is offered by Dr. Perron, and quoted in the *Wiener Med. Woch.*, April 12, 1891. The case recorded was that of a primipara, twenty years old, who was seized with eclamptic convulsions two hours after delivery. Chloral in liberal doses, blood-letting, and even inhalations of chloroform, had been tried without avail. The convulsions, which had begun at eight in the morning, continued with unabating severity to return every half hour until noon, and then became almost unremitting. The patient lay convulsed with severe dyspnoea and deeply cyanosed, her breathing was labored and stertorous, and death was momentarily expected. Dr. Perron then injected subcutaneously a syringeful of ether, and in a few minutes the respirations became more regular and less labored. Fifteen minutes later another similar injection was made, and a third injection two hours later. After the second injection the convulsions ceased entirely, and the

patient made a speedy recovery. It is to be noted that no albumen was found in the urine.—*Med. and Surg. Reporter.*

SUGGESTIONS RESPECTING SCIATICA.—Dr. G. Eliot, in an article in the *New York Medical Journal*, says:

A large proportion of cases of sciatica are neuritis, and not simply neuralgia.

Temporary relief of suffering should be secured by hypodermic injections of morphine, atropine, or of theine.

Among the curative agents salicylate of sodium and iodide of potassium are especially valuable—the former in acute, the latter in chronic cases.

Considerable benefit may often be derived from the administration of the more purely neurotic drugs, aconite, belladonna, and gelsemium.

Cantharidal blisters are of very great service in promoting the cure of the disease, when used in conjunction with appropriate internal treatment.—*Amer. Pract. and News.*

SPECIALISTS IN AUSTRIA.—The Austrian Government has promulgated a law regarding the practice of the various specialties in medicine and surgery. According to this, no physician can style himself a specialist in any branch of medicine unless he furnishes proof that he has devoted special study to the diseases he professes to treat. This rigorous action appears to be justified by the fact of the existence of so many specialists of all kinds, who are only such in name so far as a large majority is concerned.—*Ex.*

PROFESSOR TEISSIER has reported some observations on the effect of naphthol in the treatment of typhoid fever. His conclusions are that naphthol is a real antiseptic in this disease, inasmuch as it prevents the formation of toxic matters both during the course of the fever and during convalescence.—*N. Y. Med. Jour.*

SIR MORELL MACKENZIE, the eminent Laryngologist who attended the late Emperor Frederick, is dead.

Maritime Medical News.

FEBRUARY, 1892.

EDITORS.

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

Manuscript for publication 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.

WHILE our sympathies are not with those who habitually take a dark view of things, we nevertheless would hear the truth even though it be harsh and discomfiting.

We clip from an exchange the following arraignment of the American medical profession which is found in the *Philadelphia Medical News*:

"Individuals, democracy with a vengeance, is the ruling passion. There is little or no united action, no attempt to do away with the wretched abuses everywhere flagrant. There is no common purpose or action towards elevating medical education, towards stopping the execrable shame of the diploma mills. There is not the faintest hint of a common desire to fight down the national infamy of the patent medicine business. The ruin wrought by the reckless abuse of hospital and dispensary charity is nowhere else so rampant and impudent. Insidious or open advertising on the

part of physicians has never before or otherwise been made an art, and they practise so financially successful and so little rebuked. Europe has laughed into merited obloquy, silence, or non-existence the farce of homœopathy, while here we grant it subsidies from State treasuries, and fashion dances to feed it with funds. The death-rate of naturally unsanitary London, with her five millions of population stewed in vice and squalor, is by sanitation and practical preventive medicine kept far below that of our small cities, with every natural and social advantage favoring them."

We believe, in Canada, in matters of medical education and in some other respects (but not in all) the profession is more favourably situated than in the United States. But probably with us some of the evils are less prominent, partly because our communities are smaller. We are, however, making some of the same mistakes, the baneful effects of which will certainly be experienced in time. With us the wrong of indiscriminate charity on the part of hospitals is in full swing. This, as maintained by the *MEDICAL NEWS*, is putting a further premium upon pauperism, and the custom is often a curse to the recipient. Thus, too, the profession is not fulfilling, but is disregarding its obligations of justice and protection to its younger members. In the words of the last named journal:

"The abuse of medical charity has progressed until in the rivalry of hospitals for patients, it has become simply ludicrous."

Mark, now, the beginning of the end: The public "Hospital Sunday" subscriptions to the London

M. P. P.

MALTO PEPTONIZED PORTER,

FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

THIS combination, containing the finest quality of *PORTER* imported from the Messrs. A. Guinness, Son & Co., Limited, of Dublin, together with *PEPSIN* (the digestive power of 10,000 grains of albumen to the bottle), *EXTRACT OF MALT*, and *DANDYLION*, appeals to the understanding of the Profession as being well adapted to a numerous class of cases.

In 1,400 bottles given to medical men, as samples, positive *GOOD RESULTS* can be given from over 200 answers received from those by whom *Malto Peptonized Porter* has been thoroughly tested and used. There has *NOT BEEN ONE SINGLE FAILURE* reported, but all pronounce that it is the most perfect *concentrated liquid food, tonic, and antidyspeptic* preparation ever put before them.

In no single instance has it been rejected by the most delicate stomach.

Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach *retaining food*.

In the many cases in which *Malto Peptonized Porter* may be indicated are the following:

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

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

—ON APPLICATION TO—

THE MALTO PEPTONIZED PORTER COMPANY,
(LIMITED,)

TRURO, NOVA SCOTIA.

Please mention "The Maritime Medical News."

hospitals this year fell short of the amount given last year by the tremendous sum of \$330,000, a fact not to be explained by "hard times," etc., but indubitably explained by the sensible conclusion of sensible men, that there is quite enough real want in the world crying for relief, without encouragement of sham and lying on the part of those able to pay for medical attendance.

Those that feel moved to pity by the diseases and suffering of the poor are very liable to have even that praiseworthy sentiment frozen by the thought that their charity is trebly prostituted: 1. To relieve the undeserving that are capable of self-help; 2, by just so much deducted from the due of the needy deserving; and, 3, by the fact that the younger, struggling members of a noble profession are denied their proper *clientèle* by a vicious, unnecessary, and debauching system of encouraged pauperism.

Fast upon the mistaken teachings of many centuries is coming the widespread recognition of the very certain truth, that indiscriminate charity is always indiscriminate wrong. It is a progressive curse, doubling the evil it would halve. But organized and discriminate charity may be made as powerful an agent of good.

Every visiting or resident hospital or dispensary physician that treats patients (except, of course, in emergency cases) without first having made sure by questioning or by some systematic investigation that the patient is needy or deserving, thereby deceives those that originally gave the hospital funds; he puts a premium on pauperism; he encourages a cowardly sort of socialism; he deprives by so much the worthy and needy of their intended and proper care; and, lastly, he degrades the profession to which he belongs.

With us in these Maritime Pro-

vinces, it may be alleged the evil is not felt much. So far as our own hospitals are concerned the evil is limited by the comparative fewness of the large centers with hospital accommodation, and by the absence of competing medical schools.

But still, with us there is abuse of hospital treatment which tends, too, to grow worse instead of better. And how many medical men in the southern parts of Nova Scotia especially in New Brunswick have become accustomed to see their patients pack up and start for that popular haven of invalid provincialists, the Massachusetts General Hospital. We intend to discuss this subject further.

It is to be regretted that much valuable knowledge that might be made available to one's confreres is lost because of the hesitation displayed by the average man in relating his interesting experiences in the medical press. If discussion results, all the better.

We believe that more might be accomplished by this Journal in the way of promoting community of feeling and mutual interest if our columns were more freely and more generally used than they have been; and we know that it would be to the advantage of all if many cases and experiences in practice were recorded which are now allowed to pass into oblivion.

The second Cuban Medical Congress met in Havana in December.

Prescription Page.

BRONCHITIS IN CHILDREN.—Dr. Hare gives for acute stages of bronchitis in children—

R Tr. aconiti, gtt. xij.
Syr. ipecac, f ʒ ss-j.
Liq. potassi citratis, q. s. ad.
f ʒ ij.

M. Sig. One teaspoonful every three hours.

For the later stages—

R Ammonii chloridi, ʒ j.
Ext. glycyrrhizæ fl., f ʒ iv.
Aquæ dest., q. s. ad. f ʒ ij.

M. Sig. One teaspoonful three times a day.—*Ex.*

CEREBRO-SPINAL FEVER.—Prof. Da Costa recommends the following treatment for cerebro-spinal fever:—

Bromide of potassium, ten grains every two hours; also opium, the very best.

In cases where headache is very severe, local blood-letting by leeches or cupping is of great benefit. Laxatives should always be given.—*Ex.*

RINGWORM.—

R Cupri oleate, ʒss.
Adipis benzoati, ʒi.

M. Ft unguent. Sig. Use locally.—*Shoemaker.*

INTESTINAL ANTISEPSIS.—The following formula is recommended by Dujardin Beaumetz as a good intestinal antiseptic:

R Salol.
Salicylate of bismuth.

Bicarbonate of sodium, āā 150 gr.
M. and divide into xxx powders in capsules. S. One before breakfast and one before dinner.—*Les Nouveaux Remèdes*, Nov. 8, 1891.

CHRONIC GASTRIC ULCER.—

R Creasote miv.
Aquæ, ʒ vj.

M. Sig. Tablespoonful four times a day.—*Niemeyer.*

FISSURE OF THE NIPPLE.—Scarff gives the following formula:—

R Balsami Peru, gr. xxx.
Tinct. arnicæ, gr. xxx.
Olei amygdalæ dulc., ʒ j.
Liq. calcis, ʒ iv.

M. Sig. Anoint the fissures after each nursing.—*Memphis Med. Monthly.*

ICHTHYOL IN PYROSIS.—Dr. Thör (*Norsk Magazin for Lægevidenskaben*, No. 5, 1891) has found ichthyol of use in pyrosis, the sour eructations disappearing after one to two one-centigramme (one-fifth grain) pills or capsules. No disagreeable side- or after-effects.—*Med. and Surg. Report.*

BORIC ACID, INTERNALLY, IN TYPHOID FEVER.—Dr. L. E. Keegan reports on fifty-two cases of typhoid fever in which he employed boric acid with success, internally, in dose, according to *Bull. Gen. de Therap.*, of 10-20 grains (0.6-1.2 grammes) every four hours. Tympanites and diarrhœa rapidly diminished, the tongue became moist and clear, and the general condition improved considerably. In two cases it even appeared as if the disease had been aborted by this treatment.—*Merck's Bulletin.*

HYDROTHORAX AND ASCITES.—The following is successful in conjunction with occasional doses of compound jalap-powder:—

R Potass acetat, ʒiss.
Acet. Scillæ, ʒiv.
Infus. Scoparii ad ʒviii.

M. Sig. A tablespoonful every four hours as a diuretic.—*Shoemaker.*

INFANTILE ECZEMA.—

R Ac. Boric, ʒss.
Balsam Peruv., gr. x.
Eanolin, ʒi.
Ol. amygdala expressi, qes.

M. Sig. Apply frequently on soft linen.

Reviews and Book Notices.

THE PHYSICIANS VISITING LIST FOR 1892. P. Blakiston, Son & Co., Publishers, Philadelphia.

This visiting list now published for the forty-first year is a very convenient one. It may be obtained arranged for 25, 50 or 100 patients, per day or week, the price being from \$1.00 up. It is well supplied with pages of condensed useful information, and at the back plenty of pages lined for keeping cash accounts, list of bills sent out, etc.

Notes and Comments.

THE INTER-CONTINENTAL (OR PAN-) AMERICAN MEDICAL CONGRESS.

In July last Dr. James F. W. Ross, of Toronto, was appointed the Executive Committeeman for British North America.

Foreign Executive Committee-men are expected to organize the profession in their respective countries in the interest of the Congress. They are asked to

(1) Nominate one vice-president for the Congress.

(2) Nominate one secretary for each section of the Congress.

(3.) Appoint auxiliary committee-men in local medical societies, or in considerable towns and cities where no medical societies exist.

Dr. Ross, we are pleased to state, has his district, from the Atlantic to the Pacific, well in hand. Many of the selections have been made, and when the list is completed the names will be published. Dr. J. E. Graham, of Toronto, has been nominated for a vice-president, and he, with several others, has assisted Dr. Ross in making the Ontario selections. Drs. F. J. Shepherd and Lachapelle, of Montreal, and Ahern, of Quebec, have given valuable assistance in the Quebec selections, and Dr. Muir, of Truro, Nova Scotia, has done similar work for the Maritime Provinces. These auxiliaries are nom-

inated for the purpose of creating an interest in the Congress among the members of the profession in each city, town, or district. To them will be sent all the official literature printed from time to time by the Committee on Permanent Organization. In this letter to those nominated Dr. Ross says: "I have endeavored to secure practitioners of good standing in the profession. The Congress will be composed of members of the medical profession living in the 'western hemisphere.' It is the first time that Canadians have been asked to take an official part in any American congress of medical men."

Professor Pepper, of Philadelphia, has been elected president of the Congress, and he has never yet done anything by halves. Under his leadership, the Pan-American Congress will be a great scientific union of professional brethren—each of them a link in a chain extending from pole to pole.

This will be the first Pan-American Congress, but its success will no doubt necessitate other similar meetings in the near future. The meeting will be held in the year of the Columbian Exhibition, 1893. Washington has been selected as the place of meeting, and the time appointed is the first Tuesday in October.—*The Canadian Practitioner.*

A PHYSICIAN'S ESTIMATE OF HIS CLASS.—In Dr. S. Weir Mitchell's interesting "medicated novel," *Characteristics*, that is being published in the *Century*, there is the following description of varieties of medical men that will suggest acquaintances to many of our readers: "There is no place where good breeding has so sweet a chance as at the bedside. There are many substitutes, but the sick man is a shrewd detective, and soon or late gets at the true man inside of the doctor.

"I know, alas! of men who possess cheap, manufactured manners adapted, as they believe, to the wants of the sick-room—a term I loathe. According to the man and his temperament do these manners vary, and represent sym-

pathetic cheerfulness or sympathetic gloom. They have, I know, their successes and their commercial value, and may be of such skillful make as to deceive for a time even clever women, which is saying a great deal for the manufacturer. Then comes the rarer man who is naturally tender in his contact with the sick, and who is by good fortune full of educated tact. He has the dramatic quality of instinctive sympathy, and, above all, knows how to control it. If he has directness of character too, although he may make mistakes (as who does not?), he will be, on the whole, the best adviser for the sick, and the completeness of his values will depend upon mental qualities which he may or may not possess in large amount.

"But over and above all this there is, as I have urged, some mystery in the way in which certain men refresh the patient with their presence. I fancy that every doctor who has this power—and sooner or later he is sure to know that he has it—also learns that there are days when he has it not. It is in part a question of his own physical state; at times the virtue has gone out of him.

"I had a rather grim but most able surgeon. He seemed to me to have a death-certificate ready in his pocket. He came, asked questions, examined me as if I were a machine, and was too absorbed in the *physical me* to think about that *other me* whose tentacula he knocked about without mercy, or without knowledge that tenderness was needed. Our consultant was a physician with acquired manners. He always agreed with what I said, and was what I call aggressively gentle; so that he seemed to me to be ever saying with calm self-approval, 'See how gentle I am.' I am told that with women he was delightfully positive, and I think this may have been true, but he was incapable of being firm with the obstinate. His formulas distressed me, and were many. He was apt to say as he entered my room, 'Well, and how are

we to-day?' And this I hated, because I once knew a sallow undertaker who, in the same fashion, used to associate himself with the corpse, and comfort the living with the phrase, 'We are looking quite natural to-day.'"

WORSHIPPING MEDICINE BOTTLES IN BURMAH.—A good story is told by the *Modern Church*. An eminent lady missionary in Burmah recently gave Dr. A. J. Gordon an instructive but somewhat startling chapter from her experience. In one of her tours, she said, she came upon a village where cholera was raging. Having with her a quantity of a famous pain-killer, she went from house to house administering the remedy to the invalids, and left a number of bottles to be used after she had gone. Returning to the village some months after, the missionary was met by the head man of the community, who cheered and delighted her by this intelligence: "Teacher, we have come over to your side; the medicine did us so much good that we have accepted your God." Overjoyed at this news, she was conducted to the house of her informant, who, opening a room, showed her the pain-killer bottles solemnly arranged in a row upon the shelf, and before them the whole company immediately prostrated themselves in worship.—*Rural and Colonial Druggist*.

A DEPARTMENT OF PUBLIC HEALTH FOR THE UNITED STATES.—WHY NOT IN CANADA?—Senator Sherman introduced (December 10th) a bill to establish a department of public health under the charge of a medical officer to be appointed from civil life by the President. This department shall obtain from consular officers at foreign ports all information available in regard to the sanitary conditions of such ports and places, and also all information accessible from State and municipal authorities of the sanitary condition of places within the United States. All information gathered to be embodied in the form of a bulletin and transmitted weekly to the marine hospital

(From the "New York Medical Journal," May 18th., 1889.)

A TONIC FORMULA.

BY AUSTIN FLINT, M.D., LL.D.,

PROFESSOR OF PHYSIOLOGY IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK;
VISITING PHYSICIAN TO BELLEVUE HOSPITAL.

IN the NEW YORK MEDICAL JOURNAL for July 31, 1886, Professor Allard Memminger, of Charleston, S. C., published a short article on "Bright's Disease of the Kidneys successfully treated with Chloride of Sodium." The salt is given in doses of ten grains three times daily, the doses being increased by ten grains each day until they amount to fifty grains each. It is then diminished to sixty grains in the day and continued. I employed this treatment in a few cases, but did not meet with the full measure of success noted in four cases reported by Professor Memminger, although in some instances there was considerable improvement. The suggestion by Professor Memminger, however, and his theory of the mode of action of the sodium chloride, pointed to a possible deficiency, in certain cases of disease, in the saline constituents of the blood. Under this idea, I prepared a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. I first used this preparation in the form of powder, giving ten grains three times daily, after eating. It was afterwards put in gelatine capsules, each containing five grains, but these absorbed moisture so that they would not keep well in warm or damp weather. The preparation is now, in the form of sugar-coated tablets, all under the name of saline and chalybeate tonic. I usually prescribe two tablets three times daily, after eating. In a few cases six tablets daily have produced some "fullness" of the head, when I have reduced the dose to one tablet three times daily.

Messrs. Wyeth are now manufacturing these Pills, both plain and sugar-coated. Their extensive use would seem to confirm all the claims made for them by Dr. Flint. In ordering, please specify Wyeth's Tonic Chalybeate Tablets.

Tonic Chalybeate (Flint's). Per Bottle of 100 Tablets, . . . \$0.35.

Sodii Chloride (C.P.) 3 drachms, Potassi Chloride (C. P.), 9 grs., Potassii Sulph. (C.P.) 6 grs., Potassii Carb., 3 grs., Sodii Carb. (C. P.) 36 grs., Magnes. Carb., 3 grs., Calc. Phos. Præcip., 30 grs., Calc. Carb. 3 grs., Ferri Redacti Merck., 27 grs., Ferri Carb., 3 grs., M et ft. Pil. No. LX.

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

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

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

ITS CURATIVE POWER is largely attributable to its 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.

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service, collectors of customs and to State and municipal health officers. The department also shall, as far as it may be able, procure and tabulate statistics relating to marriages, births, deaths, the existence of epidemic diseases and all information relating to climatic and other conditions affecting public health. The department will co-operate with State Boards of Health, the Signal Service, the medical department in army and other branches of the Government and utilize the researches so as to make the department a repository of public sanitary comfort. All rules governing the service are to be framed by the medical officer in charge and are to serve for the instruction of consular officers abroad, and for masters of sailing vessels bound for the United States from foreign ports.

—*Ex.*

ALVARENGA PRIZE OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1892. Essays intended for competition may be upon any subject in medicine, and must be received by the Secretary of the College on or before May 1, 1892. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College.

In the clinic, for a case of *chronic Bright's disease*, in a woman aged fifty years, in which the prognosis was unfavorable, Prof. DaCosta gave, as palliative treatment: *To control the waste of albumin*, one drop of nitro-glycerin, one per cent. solution, and increased to grt. v, three times daily. *For the anemia*: Ferri sulphas, 3 grains three times daily in pill. The diet to be as nearly as possible of milk, skimmed milk preferable on account of the disturbed state of her digestion. Patient might have green vegetables, fruit, fish, and oysters;

the indication being to guard against nitrogenous foods.—*College and Clinical Record.*

The Hospital and Dispensary abuse question is undoubtedly beginning to engage serious attention in various quarters, both professional and lay. The attending staffs of such institutions have been far too ready to treat patients not entitled to the free attention. When medical schools exist, and especially in the larger cities with several schools, the staffs vie with each other in attracting material. The result is harmful to the public, encouraging regrettable habits of seeking "something for nothing," and the younger professional men particularly are deprived of a very considerable part of their legitimate field for work and bread-earning.

A SAD MISTAKE.—A writer in the *Hospitals Gazette* quotes the following story, said to have been related by Sir Richard Quain, M. D., which perhaps points a moral. He was attending the wife of an old patient, and at one of his visits the husband set him thinking by saying to the doctor, "I greatly appreciate the anxiety you feel for my poor wife, but do not let her see it again, for after you left the room she asked if you were the undertaker." As Dr. Quain rather prided himself on having a good bedside manner, he felt that he was being taken down a peg or two.—*Med. Record.*

COD LIVER OIL AND CREASOTE FOR CONSUMPTION.—Dr. J. Summerbrodt, Professor at the University of Breslau, has recently published his experience in the use of creasote in consumption. He states: "After nine months' employment of creasote, in thousands of cases of consumptive patients, I have reached the conclusion that we can cure with creasote sufferers in the initial stages of lung tuberculosis, and not only the initial stages, but also longer seated and severer forms may be completely and

permanently cured. Creasote is for countless sufferers an excellent remedy, thus far unequalled by any other for tuberculosis of the lungs. I consider the most desirable form for administering creasote to be the capsule, adding a readily-absorbable fat, as cod-liver oil or olive oil."

Parke, Davis and Co. supply soluble elastic capsules, prepared from the finest French gelatin—cod-liver oil ten minims, creasote one minim—which offer a convenient and agreeable mode of administering these remedies, and will mail to those interested a reprint of Professor Summerbrodt's report of his experience with these remedies.

The Drevet Mfg. Co., have removed their factory from 10 West 4th St., to 28 Prince St., New York City.

The New York post graduate medical school is evidently doing good work. Dr. S. G. A. MacKeen, of Baddeck, who has just returned from spending some time in New York, reports the school in a flourishing condition, and with a plentiful supply of clinical material.

By the will of the late Dr. Cogswell, of London, England, the annual proceeds of the sum of £1000 are to be spent upon the library of the Halifax Medical College, it being the intention of the deceased that the library shall be available for the use of the practitioners of the Province whenever they may be in the city.

TREATMENT OF PNEUMONIA.—Dr. G. W. Balfour (*Edinburgh Medical Journal*) says:

Whether, therefore, we hold old-fashioned or new-fashioned views as to the causation of pneumonia; the treatment of it by chloral would seem to be

equally appropriate from a physician's point of view; while a patient cannot but regard as both agreeable and suitable a remedy which soothes pain, stops cough, and relieves insomnia. Chloral does all this, but it does more, it really seems to shorten the duration of the disease; or, as we may put it, to favor an early crisis. Having seen pneumonia treated in almost every imaginable manner, from large bleedings to colicred water, I have no hesitation in saying that, so far as I am capable of judging, the treatment of pneumonia by chloral is that which gives the patient most relief from his sufferings, which more than any other favors an early crisis, and which appears to have no tendency to increase the mortality, if it does not indeed diminish it, which would be difficult to prove.

For reasons already given, I always give in pneumonia chloral—Liebreich's chloral, none other is safe—dissolved in infusion of digitalis. The dose of chloral and of digitalis must vary with the age of the patient. For an adult I prefer to give for a first dose twenty grains of chloral in half an ounce of infusion of digitalis, every four hours, continued till the temperature falls to normal, then to be replaced by some appropriate tonic. After the first dose, if it be one of twenty grains, or after the second or third dose, if we begin with ten grains, the pain and cough cease, the patient dozes all day and sleeps soundly during the night; the glutinous sputa either cease entirely or become changed to a scanty mucous phlegm easily expectorated, the pulse drops, the temperature falls, the disease is arrested, and the patient gradually convalesces. A jacket poultice is a useful adjuvant, which may be, however, very advantageously replaced by a sheet of cotton wool. An appropriate diet cannot, of course, be dispensed with.—*American Lancet*.

A Physician of Dakota has been sued for malpractice because, it is alleged, he caused the opium habit in a patient.

TREATMENT OF CHLOROFORM ACCIDENTS.—In an article in a Russian surgical review, Prof. Bobroff recommends the employment of hypodermic injections of the physiological solution (0.6 per cent.) of common salt in case of failure of the heart's action during the administration of chloroform. He has employed this method for four years with satisfactory results, and considers it decidedly preferable to the subcutaneous injection of ether and other stimulants. With regard to ether, he says that it stimulates the cardiac action for a time only, afterwards having a paralyzing effect. Strychnine, atropine, ammonia, the previous administration of digitalis, and the inhalation of amyl nitrite, he considers more or less dangerous and by no means satisfactory, while the hypodermic use of the physiological solution of common salt is perfectly innocuous, and has proved in his hands very valuable. It is best not to wait for complete stoppage of the heart or respiration. If only a moderate quantity of blood has been lost before symptoms

of danger show themselves, an ounce or so of the fluid is sufficient to inject; in anæmic patients, or where a large quantity of blood has been lost, $3\frac{1}{2}$ to 7 ounces may be required. The liquid is readily absorbed, especially if the locality is manipulated a little. The pulse becomes stronger, the respirations deeper, and the patient rapidly recovers. The solution may be made alkaline by the addition of 0.05 per cent. of caustic soda. Prof. Bobroff, objects to the employment of such means of peripheral stimulation as effusion of cold water, the introduction of ice into the rectum, and putting ammonia to the nostrils, as these may by reflex action induce failure of the heart and arrest the respiration. The best and safest remedies are, he thinks, injection of solution of common salt hypodermically or into the venous circulation, lowering the patient's head, galvanizing the pneumogastric nerve, and the employment of Sylvester's method of artificial respiration.—*Lancet*.

New York Post-Graduate Medical School and Hospital.

TENTH YEAR—SESSIONS OF 1891-92.

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

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

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

FACULTY.

- Diseases of the Eye and Ear.*—D. B. St. John Roosa, M. D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.
- Diseases of the Nose and Throat.*—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.
- 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.
- 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, M. D., J. West Roosevelt, M. D.
- Surgery.*—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phelps, M. D., Robert Abbe, M. D., Charles B. Kelsey, M. D., J. E. Kelly, F. R. C. S., Daniel Lewis, M. D.
- Diseases of Women.*—Professors McEvers Emmet, M. D., Horace T. Hanks, M. D., Charles Carrol Lee, M. D., L. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.
- Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.
- Disease of Children.*—Henry D. Chapin, M. D., Jos. O'Dwyer, M. D., LL.D., J. H. Ripley, M. D., Aug. Caillé, M. D.
- Hygiene.*—Edward Kershner, M. D., U. S. N.
- Pharmacology.*—Frederick Bagoé, Ph. B.
- Electro Therapeutics.*—Wm. J. Morton, M. D.

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

PERSONAL.

Dr. L. Silver, a graduate of Edinburgh University, has recently returned from England and commenced practice in Halifax.

PAMPHLETS RECEIVED.

Laparotomy (a report of ten selected cases, with remarks). By John H. McIntyre, A. M., M. D., of St. Louis, Mo.

LaGrippe, origin, history and treatment. By V. W. Gayle, M. D., Kansas City, Mo.

Bulletin of the Harvard Medical School Association. Number I., Report of First Annual Meeting held in Boston, June 23rd, 1891.

NOTES AND COMMENTS.

CORRECTION.—In Dr. Stewart's letter from Edinburgh which appeared in last issue, the words "medical swordsman" as applied to Professor Macewen should have read "mediaeval swordsman."

RADICAL CURE OF REDUCIBLE HERNIA IN THE FEMALE.—Lucas-Championniere (*Rev. de Chir.*, December, 1881) advocates the more frequent performance of operations for the cure of reducible hernia in women. Hernia is more painful, and the wearing of a truss causes more uneasiness in the female than in the male. Reducible hernia in every young and healthy female subject ought, it is stated, to be operated on without exception in order that the accidents of hernia may be prevented, and the patient be enabled to avoid the inconvenience of wearing a truss. The author has operated for radical cure of hernia in the female in thirty-nine cases without a single bad result. Of these herniæ eleven were umbilical, eleven crural, and the remain-

ing seventeen inguinal. The last mentioned form of hernia, it is stated, is always painful in the woman, and always connected more or less directly with the uterine appendages by means of the round ligament which forms part of the wall of the sac. The author removes this structure together with the sac, as such practice assures complete destruction of the serous membrane, and complete closure of the orifice in the abdominal wall. Crural hernia is more difficult to deal with, as it is necessary to carry the dissection of the sac beyond the cribriform fascia. The results of the operation in this form of hernia, when performed with care and patience, are usually very satisfactory.—*Brit. Med. Jour.*

AMONG the numberless cases of blood poisoning through the skin, one lately recorded is worthy of noting on account of its evident simplicity and the ease of its prevention. In the case referred to the sufferer was a seamstress, and the mischief resulted from her using a dirty metal thimble marked with verdigris, a little of which appears to have entered a scratch on the thimble finger. Verdigris, it is true, is a mere metallic irritant, and not comparable in virulence to most living germs of disease. It is quite enough, notwithstanding, to excite local inflammation, which friction, contact with dyed cloth material, or the entrance of dirt in any form, would quickly convert into a dangerous and general disorder. Steel thimbles are much safer and cost very little. Another variety also in common use is enamelled within, and is, if possible, even freer from objection. Cuts or scratches on the hand should never be neglected by sewing women so long as dyes continue to be used in cloth manufacture.—*Maryland Med. Jour.*

IN spite of all news items to the contrary, the oldest inhabitant is never dead.—*Puck.*

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, Campden 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.

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Beware of Substitutes and Imitations.

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

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MALTINE WITH COD LIVER OIL.

Does not disturb Digestion or offend the Palate.

CAN BE USED WHERE

"EMULSIONS"

CANNOT BE TOLERATED.

FROM H. W. SKERRY, M. D.,
Visiting Physician to Brooklyn Home for Consumptives,
BROOKLYN, N. Y., October 15, 1889.

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

FROM ALEXANDER W. MACCOY,
Prof. of Diseases of Throat and Nose in Phil. Polytechnic and School for Graduates in Medicine.

PHILADELPHIA, PA., October 3, 1889.

I have found the combination of Cod Liver Oil and Maltine a very satisfactory preparation as a reconstructive in cases of emaciation, arising from serious pulmonary disease. The combination is also effective in improving the general condition in numerous cases of nasal catarrh, enlargement of the tonsils, etc. It is readily taken and easily assimilated, and is particularly agreeable to the palate of the young.

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

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 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.

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

Dose.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, 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.

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Bellevue Hospital Medical College, City of New York. Sessions of 1892-93.

THE REGULAR SESSION begins on Wednesday, September 26th, 1892, 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 examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The **SPRING SESSION** consists of daily recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins March 28, 1892, and continues until the middle of June.

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, giving requirements for graduation and other information, address **PROF. AUSTIN FLINT**, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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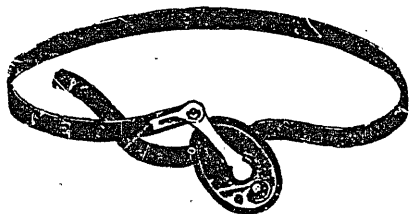
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