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

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

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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CONTENTS.

ORIGINAL COMMUNICATIONS:	PAGE.	SELECTIONS:	PAGE.
Renal Sarcoma—By A. J. Murray, M. D.	33	Enemata.....	41
The Communicability of Typhoid Fever—By Dr. Fraser	34	The Paracitism of Cancer.....	42
CORRESPONDENCE:		Cause of Cancer.....	42
Montreal.....	35	Can Cocaine be Dispensed with.....	43
Society Proceedings.....	37	The Utility of Gum-Lancing.....	43
EDITORIALS:		Abuse of the Milk Diet.....	43
Dr. Morrow's Valedictory.....	40	The Treatment of Abortion.....	44
Maritime Medical Association Meeting.....	41	NOTES AND COMMENTS.....	45

Original Communications.

RENAL SARCOMA.

A. J. MURRAY, M. D., FREDERICTON
JUNCTION, N. B.

G. M., age 60. occupation physician, came under my observation June, 1892. I quote from my notes the following: In 1884 felt pain and uneasiness in left lumbar region. This was first noticed after a hard day's driving over rough roads. In about three months, after feeling the sense of pain over the left kidney, he began to pass bloody urine. Hæmaturia continued at irregular intervals during the entire course of the disease, greatly exsanguinating the patient. Blood casts, which must have been coagulated in the ureter, were often passed. In 1885 he noticed a distinct swelling in the left flank above the iliac crest. The tumor increased slowly. Hæmorrhages became more profuse and oft-recurring as time passed. The patient diminished in flesh and strength—a deathly pallor overspread his countenance. All along and up to within a

short time of his death he had a rapacious appetite, craving the strongest food and eating with avidity, pork, bacon, roast and corned beef, oysters, etc. The bowels were usually constipated. This condition was often followed by diarrhœa. During the patient's active career he had used stimulants, but not excessively. One of his most marked characteristics was excessive venery. He had many gonorrhœas but never had syphilis. I may here state parenthetically that his venereal history was not elicited from himself, but yet it is authentic.

Though cachectic, weak and emaciated to a degree, he continued doing some professional work until January, 1890, when he took to his bed. From this time on to his death, October 9th, 1891, the clinical record varies little from that already outlined. The morbid growth gradually increased in size, the patient's powers of life slowly but surely declined. On October 6th he was seized with diarrhœa, his vast appetite gave away at the same time and three days later he died of exhaustion.

Post-mortem 40 hours after death; body greatly attenuated. On incision,

found a large retroperitoneal tumor occupying site of left kidney, filling the left half of the abdominal space and extending across to the right. The diseased mass projected into the left hypochondriac region, pushing the spleen upward and backward against the diaphragm. It had the descending colon in front, with which and the small intestines it had formed adhesions. Incising the growth no trace of the kidney could be found and its situation was occupied by a cavity filled with a whitish pulpy mass of necrosed tissue. The texture and color of the tumor resembled the white substance of the brain, only being firmer and having much connective tissue. The other abdominal organs were normal. There was no secondary involvement of any organ. The left kidney was hypertrophied, having for a long time done double duty.

Microscopic examination of portions of neoplasm showed it to be a typical round celled sarcoma. The foregoing is described on account of its intrinsic uniqueness and for the benefit of the many eminent physicians and others not so eminent, who have exerted their diagnostic skill upon the case. All will see how far their diagnoses have been confirmed by the autopsy. The medical opinions passed upon the case from time to time during its progress were nothing if not conflicting and many of them quite ludicrous. The patient's own diagnosis, which was foecal tumor, is not lacking in absurdity. The majority, however, were of opinion that it was some form of malignant renal tumor, while a few regarded it as a splenic tumor. In the early stages, when the growth was small, the diagnosis may have been difficult, but latterly, after it had increased in size and the patient had emaciated, the diagnosis should not have been difficult.

Tumor of the kidney in the male is to be differentiated chiefly from hepatic, splenic and foecal tumor. A growth

in connection with the liver does not have the colon in front of it. Unless adhesions have formed, a kidney tumor can be separated from the lower margin of the liver by means of the fingers. A splenic tumor does not have the colon in front and grows more upward than downward. With regard to foecal tumor, treatment will, in a short time clear up the diagnosis. I have not referred to the discrimination from other renal tumors, as hydronephrosis, pyonephrosis, hydatid, as they did not come up in the differential diagnosis and were to a large extent eliminated by the symptoms. Treatment. In the latter stages, after the patient had become debilitated and the neoplasm had formed numerous adhesions, operation would clearly be a hopeless procedure. An early diagnosis and nephrectomy would have been the correct treatment, but it must not be forgotten that nine years ago the status of abdominal surgery was far different from what it is to-day.

“THE COMMUNICABILITY OF TYPHOID FEVER.”

[Abstract of a Paper read by Dr. Fraser, of Little
Glace Bay, before the C. B. Medical Society, on
March 1st, 1893.]

The object of the paper was to open up among the members of the society a discussion of the question of the communicability of typhoid fever. The lines which should be followed in such a discussion were pointed out. The argument must be inductive and not deductive or *a priori*. The procedure must be from empirical facts observed by the best medical experience and the most thorough-going experimental research to the most probable general conclusions. The evidence in support of any hypothesis must consist of facts that have been thoroughly investigated and well established. That typhoid fever is communicable from one person to another is a fact established beyond doubt, but this fact regarded in

its general aspect presents a contradiction ; inasmuch as among the cases of persons exposed to the contagion those who do not contract the disease are at least as many as those who do. What is needed, then, is an investigation into the fundamental conditions of this communicability. These conditions were considered under two heads.

(1.) Effective transmission of the typhoid bacillus through the medium of decomposing animal or vegetable matter. This means of communicability is well established. The cases on record in which persons contracted the disease from cesspools, sewers, drains, dung-heaps, wet-manured soils, drinking water, bed clothing, &c., contaminated by the foecal discharges of patients are too numerous and too well known to mention. Nurtured for a certain length of time in this medium the bacillus may be transmitted to the body so as to produce fever in two ways : (1) it remains suspended in and may be conveyed by water used for drinking purposes ; (2) it may be suspended in the atmosphere and may reach the blood by means of the inspired air. This condition of contagion has been found at the basis of nearly all cases of transmission of the disease that have been investigated.

(2.) Communicability by means of direct emanation from the body and exhaled air. Dr. Fraser maintained and cited several cases in support of the view that this means of communication is only apparent. From all cases carefully investigated the following facts have been observed :—Attendants on the sick do not contract the disease unless they are also exposed to the decomposing excrements of the patient or to the continuing influence to which the patients' sickness is due ; the garments worn by the patient and the bed-clothing do not communicate the disease to others unless they are defiled by his dejecta ; persons may be in close relation to the patient without contracting the dis-

ease, while others who have had no direct communication with him are frequently attacked. The conclusion from a vast number of such observations seems to be that no communication of the fever takes place by means of direct emanations from the surface of the body or from exhaled air but only by means of emanations from the medium of decomposing animal or vegetable matter. Then the Doctor pointed out the support given to this conclusion by modern bacteriological research. The typhoid bacillus when first discharged is slothful and not virulent. After it has remained in the stool for about 12 hours a great change takes place in its form and motions. It becomes very active and virulent. This observation corresponds well with the fact so frequently observed in hospitals that persons may be exposed to recent typhoid stools and fail to contract the disease, but are liable to attack if the stool has stood for over 12 hours. From the most recent bacteriological investigations we are furnished with the probable scientific principle underlying the communicability of typhoid fever, namely, that the typhoid bacillus is of such a nature that it is not capable of producing enteric fever until it is nurtured for a certain length of time in decomposing animal or vegetable matter. It is not directly but indirectly communicable. Eliminate the possibility of the disease being transmitted through the medium of decomposing matter and there is no danger of communication.

Correspondence.

DEAR M.,—You will recollect that in 1887, the Jubilee year, one million dollars were presented to the city of Montreal by Lord Mountstephen and Sir Donald A. Smith for the purpose of establishing a public hospital, to be called the Victoria Hospital. This

building is rapidly approaching completion. \$750,000 have already been expended and it will probably be ready to receive patients before the close of this year. It is finely situated on the side of Mount Royal and from its windows and balconies one gets a splendid view of the city with its spires and towers, the noble sweep of the St. Lawrence and the distant peaks of Vermont and New Hampshire.

For a detailed description of this hospital, which will accommodate 250 patients, we must wait until it is fully completed; it is enough to say at present that it will rank with the finest hospitals in the world. All the experience acquired in the building of the great modern hospitals, the Royal Infirmary of Edinburgh, the Eppendorfer Hospital in Hamburg, Johns Hopkins in Baltimore, and others, has been applied to this. The lighting, the ventilation, provisions against fire and against infection are all most carefully worked out.

In architectural beauty the Victoria Hospital is second to none of these, in picturesqueness of situation it surpasses them all.

The Montreal General Hospital has lately been enlarged, a new wing having been opened in December with accommodation for 100 patients, so that the hospital has now 250 beds.

The older wards are somewhat antiquated but the new wards and operating theatre are fitted in the most recent style, large, well ventilated, and well lighted.

I had the pleasure a short time ago of seeing something of the clinical teaching of McGill College as carried on in this hospital.

At the time of my visit Dr. Roddick was unfortunately laid up with an attack of lymphangitis of the arm, but his clinique was being carried on by the Associate Professor of Surgery, Dr. James Bell, whose skill as a surgeon I had several opportunities of

witnessing. Among other operations I saw him perform a nephrotomy and a prostatectomy. I also saw an interesting case of tumour, correctly diagnosed as a dermoid cyst, lying among the extrinsic muscles of the tongue, projecting downwards so as to form a swelling in the neck and also invading the cavity of the mouth and displacing the tongue backwards, interfering with respiration and giving much trouble during anaesthesia. It was easily enucleated.

Dr. Bell's technique is characterized by a scrupulous attention to antiseptic details.

Dr. Shepherd, whose "Quarterly Retrospect of Surgery" is so interesting and valuable a feature in the *Montreal Medical Journal*, is not on duty at the hospital during winter, being occupied with his work as Professor of Anatomy.

I saw some interesting cases in the medical wards where I had the good fortune to follow Professor Stewart during his visits. If Professor Stewart has a speciality it is for nervous diseases. To these he seems to devote particular pains and his exposition of the various neuroses as they come before him, are very interesting. Dr. Stewart visits every year the chief centres of medical teaching in Europe, but in addition to these freshly gathered stores of pathological and therapeutic knowledge he gives his students (and his patients) the benefit of his own vigorous thought.

His clinical teaching is practical in the highest degree. The patient is brought into the theatre, the clinical history is read before the class, and a student is called upon to investigate the case. His examination is performed under the critical eyes of his fellow students, and when he is finished he is cross-examined on the diagnosis, pathology, prognosis and therapeutics of the case by a professor who has occasionally to exhibit an almost imperturbable patience in waiting for replies, but who evidently believes in

letting the student do his own thinking. As a rule the students acquitted themselves very well indeed, and it is impossible for any student to pass successfully through this ordeal without having had practical clinical work. Then in a few terse sentences the professor reviews the salient features of the case and so concludes a thoroughly practical clinical hour.

When we turn from the hospitals of Montreal to the medical class rooms at McGill we travel backward for 20 or 30 years. The class rooms are too small now for the accommodation of the increased number of students and there are not enough rooms. The class in Anatomy numbers about 200, and the dissecting room, which has been fitted up pretty well, is scarcely roomy enough for the large number who are generally at work. The museum, which is a very good one, especially rich in preparations illustrating diseases of bone, and to which Dr. Shepherd, who is an enthusiastic comparative anatomist, has made large additions, is very much cramped for space. The only rooms at all in keeping with the standing of the school are those devoted to the library, a very fine one, to which the late Dr. Howard bequeathed his valuable collection of books.

In the matter of class rooms the medical faculty of McGill is far behind Toronto.

Perhaps some wealthy Montrealer may arise who will do for the medical school of McGill, the school to which of all others she owes her present high standing, what other large hearted men have done for the Physical Science School, and if so, we may soon see McGill in possession of class rooms and laboratories for the study of medical science, second to none on the continent.

The new laboratories for Physics and Engineering are well worthy a visit from members of our profession who have so often to lament the in-

exactness of our special knowledge. Here we may see the full bloom and fruition of the Exact Sciences. There is only one word for these halls of study and research, they are *perfect*. Mr. MacDonald, a native of Prince Edward Island, the magnificent donor of these buildings, has spared no expense upon them. Some of the instruments in use are the best extant, and an eminent German professor has pronounced the collections of models illustrating mechanics unsurpassed in any university in the world. For the study of engineering in any department no young Canadian need go abroad.

I will conclude these notes with a curious anecdote told me by one of the professors,

The three chief benefactors of McGill are Mr. Molson, Mr. Redpath and Mr. MacDonald.

Mr. Molson is a brewer, who never tastes beer; Mr. Redpath a sugar refiner, who never takes sugar; and Mr. MacDonald, who is a tobacco manufacturer, does not use tobacco in any form. S.

SOCIETY PROCEEDINGS.

ST. JOHN MEDICAL SOCIETY.

A regular meeting of the Society was held on Feb'y 15th, 1893. Dr. Babbitt read an interesting paper entitled, "Fibro-myomata as complications of Pregnancy." He first discussed the influence of non-malignant uterine tumors in producing sterility, and in interrupting pregnancy; it was reckoned that the latter happened once in every 1.4 cases associated with fibroids.

The effects of pregnancy on fibroids was next considered. Besides increasing in size they became softer, so that it was frequently difficult to detect their presence, especially if interstitial; even fluctuation could sometimes be noticed in them, thus rendering a diagnosis from an ovarian cyst in the pelvic cavity difficult or impossible.

The question of delivery in cases of fibroids was entered into minutely, the per centage of mortality from the various operations, as given by the authorities, being stated. Situated in the cervix the tumor might be enucleated; the submucous variety, which, however, was seldom complicated by pregnancy, might be removed, or pushed up out of the way, if low down; but in case of a higher attachment, the forceps or cephalotribe would have to be used. But a more serious condition was an interstitial or sub-peritoneal fibroid behind the uterus, and nearly filling the pelvis; even here nature sometimes caused the tumor to be drawn up out of the way by means of a special mechanism of the uterus thoroughly studied by Lefour. This failing, forceps or version could be tried, statistics being slightly in favor of the former, or, if necessary, one of the major operations could be performed.

When the placenta was situated over the site of these interstitial tumors there was great danger of excessive post-partum haemorrhage. The tumors themselves were very liable to become septic during the puerperium. Two cases were cited from the *Annals of Gynecology* (July, 1892), reported by B. C. Hirst, in illustration of the latter point. Fever continued six weeks and twelve days respectively in the two cases, till the fibroids were removed by operation.

Dr. Babbitt gave the clinical history of a case that had come under his own care, terminating fatally, in which an autopsy disclosed an interstitial fibroid blocking the cervical canal. A woman, forty-six years of age, five years married but without a family, consulted him on June 1st, 1890, for symptoms of gastric distress, and vomiting of two weeks standing. On June 20th he saw her at her home, ten miles from his office; vomiting was severe and persistent; she had not menstruated for two months, but that was nothing unusual for her. On July 3rd, when

he saw her again, the vomiting was worse, and a vaginal examination disclosed pregnancy. All the internal and local remedies, including local applications to the cervix, were faithfully tried but without success. Rectal alimentation was tried, but soon discontinued, on account of irritability of the bowel. A consultation was held and an attempt made to produce abortion. The sound could not be made to pass beyond an obstruction $2\frac{1}{2}$ inches from the external os, and the canal could only be dilated up to that point, though dilators and tents were used. The uterus was freely movable, and uniformly and evenly enlarged, and the nature of the obstruction could not be ascertained. The patient took a chill, and the temperature rose to 102° (previously it had not been above 99°). There was a slight offensive discharge, and the sound could be passed into the uterine cavity. While preparations were being made to wash out the uterus the patient took another very severe chill and soon afterwards died.

The post mortem revealed an interstitial fibroid the size of a large lemon, situated at the junction of the cervix and body, and occluding the upper part of the cervical canal. Four small sub-peritoneal fibroids were found at the fundus, and the cavity of the uterus contained a macerated foetus and placenta of three months. This had given rise to the septicæmia, the cause of death. The other organs were healthy, with the exception of a few patches of slight congestion in the mucous membrane of the stomach.

Dr. Foster MacFarlane related a case where an interstitial fibroid, the size of one's fist, situated at the junction of the cervix and body, had delayed labor. The woman had been in labor five hours when he first saw her. The os was not dilated, and was directed against the pubic bone. He dilated manually, turned, and extracted the after-coming head with forceps. The child was living. The woman made

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

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

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

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

In coughs, colds, and similar affections, such as hoarseness, sore throat, etc., whether recent or of long standing, it will be found to give immediate relief, and should be administered in the following manner:—In recent coughs, from one to three teaspoonfuls as required; in chronic cases, three or four times daily, or as the attending physician may direct.

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Physicians, chemists and patients alike, have shown a lively interest in experiments undertaken to supply defects in the digestive apparatus following prolonged illness, as well as those derangements occurring from time to time, chargeable for the most parts to our habits in taking food, incidental to modern civilization.

Thus, amylopsin converts two hundred and fifty times its weight of insoluble starch into soluble dextrine and sugar; pepsin digests two thousand five hundred times the weight of coagulated egg albumen; trypsin is an active solvent of fibrin, and acts also on the casein of milk, while steapsin prepares fats for assimilation. A combination of these four elements, did it not involve unphysiological principles, would be the ideal digestive remedy, as the proportions could be so arranged that all defects would be artificially supplied.

Close observation and repeated experimentation in the laboratory show, that under certain conditions, such a combination is not only possible, but in suitable proportions, it is practical, and possesses all of the special properties assigned to the respective ferments. To secure permanency and palatability, a small percentage of lactic and hydrochloric acids, together with aromatics and a limited amount of alcohol, have been added.

DOSE.—A teaspoonful before and after meals, or at any time when symptoms of indigestion arise.

The proteolytic ferment contained in this preparation is obtained from the stomach of both the calf and the pig, and the strength is adjusted to the following basis: One teaspoonful will digest 1,000 grains of coagulated egg-albumen, and curdle one-half pint of milk, besides reducing fibrin and fatty substances.

THERAPEUTIC INDICATIONS.—This Elixir, while of service in relieving the simple and aggravated forms of dyspepsia, is well calculated to eliminate some of the more prominent and persistent concomitants thereof, such as constipation, diarrhoea and flatulency. It will also prove useful in debilitated conditions of the system, as it may be employed to advantage for the purpose of partly pre-digesting foods especially indicated in disease, or during the after-convalescence. Being adapted to all forms of dyspepsia and indigestion, its use is not contra-indicated when certain functions appear to be normally performed and others arrested or retarded; its administration is uniformly followed by benefit to the entire digestive apparatus, just as benefit is derived from suitable rest, following exhaustion due to overwork.

WYETH'S ELIXIR OF THE DIGESTIVE FERMENTS may be given with perfect safety to the most fastidious, to those with delicate stomachs and to children. It does not produce nausea, and is wholly free from bitterness or bad after-taste peculiar to medicines in general. Palatability is secured by appropriate and delicate flavoring, with slight acidity, which is carefully estimated in connection with the digestive principles present.

In addition to the valuable proteolytic and amylolytic properties possessed by ELIXIR OF THE DIGESTIVE FERMENTS, it is strongly recommended as a *sedative* in gastric and intestinal derangements, especially those of an inflammatory character. It will prove of service also in Gastralgia, Enteralgia, Cholera Infantum, Enterocolitis, Dysentery and in the Vomiting of Pregnancy. It is well adapted to the wants of nursing mothers, and will answer a useful purpose in the case of digestive disorders occurring in teething children.

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an uncomplicated recovery, and the tumor slowly diminished in size.

NOVA SCOTIA BRANCH, B. M. A.

REGULAR FORTNIGHTLY MEETING.

FEB'Y 8th.

Present: Drs. Farrell (President), Tobin, Fowler, Trenaman, D. A. Campbell, Gow, Silver, Morrow, A. P. Reid, G. M. Campbell, Chisholm, Ternan, Anderson, Mader, Jones (Secretary).

Dr. Chisholm exhibited a specimen of aneurism of the transverse part of the arch of the aorta, which had burst into the trachea. The interest of the case centred in the obscurity of symptoms pointing to aneurism, more or less persistent cough of obscure origin, leading, before death, to suspicion of aneurism, which however was not detected by physical examination. Dr. D. A. Campbell had seen and examined the patient, and had noted a dullness over upper third of sternum, and that the breathing had an amphoric note indicating pressure on the trachea. There was evidence of bronchitis, yet careful examination failed to reveal any. He had detected no bruit in five cases of aneurism of the transverse portion of the aortic arch.

Dr. Ternan read a carefully prepared resume of important surgical cases occurring in various journals for the previous quarter.

Dr. Farrell mentioned the case of a man who fell from a load of hay, head foremost, to the ground. Did not feel hurt, but was paralyzed from about the waist. Breathing diaphragmatic.

Next day (when Dr. F. saw him) he was in a bad condition. There was a marked prominence between 2nd and 3rd dorsal vertebrae. Dr. F. thought the second vertebra was dislocated off the third; head and shoulders were bent forwards and to the right. Pro-

posed that extension should be put on. Temp. was 100; refused to have extension put on. All some expected friend should arrive. Next day found him worse and evidently dying.

On Feb. 22nd, after a short discussion on diphtheria in Halifax, the members adjourned to the Queen Hotel and enjoyed a hot supper.

THE MOST EXPLOSIVE SUBSTANCE.—The most unstable compound known to chemistry, and therefore the most explosive substance so far discovered, is chloride of nitrogen, which probably consists of three parts of chlorine united with one of nitrogen. Its terribly explosive character, which has so far prevented its accurate analysis, is due to the fact that it is a combination of one of the most active with one of the most inert elements in nature. It is a volatile liquid of brownish color and pungent taste discovered by the French chemist Dulong, who lost an eye and three fingers in the operation. Faraday and Davy experimented on it a few years after its discovery, protecting themselves with glass masks, which were in turn shattered by explosions of minute quantities of the dangerous compound. Faraday was stunned by the disintegration of a few drops which he merely touched with a piece of warm cement. There is but little danger of chloride of nitrogen ever being used for purposes of deliberate destruction, as its preparation on a large scale is practically impossible. Its explosive force is not known, for the reason that any attempt to determine it would probably prove fatal to the experimenters. According to some authorities, the more recently discovered compound of hydrogen and nitrogen, known as azoimide, is even more explosive than chloride of nitrogen, but this substance is still too obscure for a decisive judgment to be formed on the subject.—*Pearson's Weekly*.

Maritime Medical News.

MARCH, 1893.

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

All manuscript, and literary and business correspondence to be addressed to

DR. G. M. CAMPBELL,
 9 Prince Street, Halifax.

WITH the completion of this issue I hand over the literary and business management of the NEWS to Drs. D. A. and G. M. Campbell.

The good objects and purposes to be served by the existence of this journal have been frequently referred to.

The intention and attempt has been to provide the maritime provinces with a professional organ for an interchange of views and experience between the medical men of these provinces—a medium for aiding in the development of the various provincial societies—and a means of binding together by closer ties of sustained interest and inter-communication all who were willing to support the journal.

We assumed that medical organ-

ization and medical writing could not well be in an advanced condition where no local journal existed. We knew (those of us who took the matter in hand) that there were plenty of men in the three provinces whose communications to a journal would be as valuable as could be desired, founded, as they would be, upon medical education and reading and practical medical work of the first class.

The real is always, it is said, short of the ideal.

I am conscious that the NEWS today is not the very best that "might have been."

But the journal *lives* in this, the fifth year of its existence, and with many evidences of interest and loyalty on the part of its subscribers.

The NEWS more than lives. It possesses the elements and promise of *continued* life, which should each year become more vigorous, as a true appreciation of its proper and possible functions spreads, and as its constituency constantly enlarges.

I bespeak for the new managers an increased degree of literary support. With them, as with myself, the NEWS will be independent of any clique or section whatever, and will endeavor to champion the true interests of the medical men of the provinces, city and country alike.

I conclude by thanking all who have aided me in any way in the up-

to-the-present lifehistory of my first journalistic offence — THE MARITIME MEDICAL NEWS.

ARTHUR MORROW, M. B.

THE meeting of the Maritime Medical Association in Charlottetown, in July, should be a very attractive one.

The trip itself will be an unusually pleasant one, as Charlottetown is famed as a delightful summer resort. We do not doubt that many will take the opportunity of having a look at the Island, while at the same time enjoying the society of their fellow practitioners at the meeting. It will be to some extent an experiment as to the expediency of Charlottetown being in turn as regularly and as frequently chosen as the place of meeting as St. John and Halifax.

It is therefore to be hoped that medical gentlemen of the Island, outside of Charlottetown, will appear in good numbers, so as to demonstrate that the Island takes a lively interest in the Association.

IN our last issue we made the mistake of naming Chicago as the place of meeting of the Pan-American Medical Congress. The meeting place is Washington.

The Medical School of John's Hopkins University is to be opened in October of the present year. The course is a prolonged one, and will constitute the most complete and finished course in medicine on the continent.

Selections.

TREATMENT OF RECTAL CATARRH WITH CARBOLISED ENEMATA.

Dr. Strizovere, a Russian physician, has employed an enema consisting of a solution of carbolic acid, with success, in three cases of inveterate chronic catarrh of the rectum.

The first patient had for nine months been suffering from diarrhoea, the cause of which could not be made out, and he had been treated in various ways without effect. Quinine enemata had been tried because the patient came from a country where malaria is endemic. Digital examination of the rectum gave rise to much pain. The rectal mucous membrane was velvety and softened. The motions, of which he had three or four every day, presented a gelatinous appearance. Dr. Strizovere prescribed the use of an injection of ten drops of carbolic acid in two tumblerfuls of water, morning and evening. The injection was to be retained for from six to ten minutes on each occasion. From the third day of the treatment, the motions became less frequent whilst, at the same time, the faeces assumed a more natural appearance. At the end of a month the patient was cured without any attention having been paid to diet during the time he was under treatment.

The second case was one of chronic diarrhoea of rectal origin, the cause of which was also unknown. The patient had been ailing for seventeen months, the diarrhoea ceasing at intervals for two or three months at a time. Complete cure was obtained at the end of six weeks under the administration of the carbolised enemata.

The third patient had had an attack of dysentery two years previously from which he recovered, but he had since been suffering from chronic catarrh of the rectum. He complained of diarrhoea with the passage of mucoid

stools, which had proved refractory to all treatment but disappeared in a fortnight with the carbolic acid injections.

It would appear, therefore, that a weak solution of carbolic acid constitutes an effectual means of treatment for chronic rectal catarrh from whatever cause.—*The Medical Week.*

THE PARASITISM OF CANCER.

This question has recently come very much to the front in our columns, and it is an exceedingly good sign to find that our pathologists are taking such an active part in helping to thresh it out. Most valuable work is being done abroad, but we think that the record of work placed before the Pathological Society at its last two meetings will compare favourably with that coming from any country. Mr. Jackson Clarke went so far as to say that he was able to demonstrate the presence of "ripe psorosperms" and of numerous spores in primary epithelioma and cancers in various positions, and in the secondary growths found in lymphatic glands. He was also satisfied that similar spores and spore-bearing organisms might be seen in various forms of sarcoma, instancing specially the sarcoma found in bone and in the testes, and he maintained that these parasitic bodies were not recognised because they were so numerous that they were mistaken for degenerated cells, leucocytes, and similar structures. Dr. Boyce, whilst admitting that parasitic protozoa may be present, argued that many of the so-called parasites are not parasitic at all, but are merely altered nuclei. Messrs. Ballance and Shattock continuing their early experiments, leaned to the parasitic theory, and pointed out that certain structures which had been found only in cancer, and which multiplied with considerable rapidity when these cancers were incubated in a mixture of milk and glycerine, might possibly be

intimately associated with the parasites described. Drs. Galloway, Woodhead, and Ruffer spoke in favour of the parasitic theory, and indicated that whilst many altered and degenerated cells and leucocytes had frequently been mistaken for parasites, there were in epithelial cancers structures which could scarcely be mistaken for altered nuclei or degenerated cells; but they maintained that the specimens shown by Mr. Clarke were not sufficiently convincing as to the presence of the enormous number of psorosperms and spores that he described, and that they were certainly very unlike the accurately-outlined and specifically differentiated specimens that had been demonstrated by Drs. Ruffer and Plimmer before the Society, and in a series of photographs shown by Dr. Galloway.—*British Medical Journal.*

CAUSE OF CANCER.

O'Sullivan (*Austral Medical Journal*, Dec. 15, 1892) discusses exhaustively the causation of cancer. His conclusions are:—

1. That whatever produces chronic ill-health depresses the nervous system, and is clinically found to constitute an influence strongly predisposing to cancerous developments generally.

2. That local agencies exert only a minor influence in their direct genesis.

3. That while rapidly increasing in prevalence in civilized nations, they are almost absent amongst the savage.

4. That malignant disease is in very many instances primarily local, and due to disordered functions, as proved by the fact known to all surgeons, that the disease, when promptly removed, may never recur.

5. That benign ulcerations may become malignant, when it may be assumed the phagocytic action of the leucocytes has become subjugated by micro-organisms.

6. That disease of any kind, whether malignant or inflammatory, never oc-

curs in an individual whose functions and nervous system are in perfect health, and who has, as a consequence, perfect local and general resistance to all pathogenic micro-organisms—in whom phagocytosis is healthily and perfectly accomplished. (And here I may be allowed to say that Mr. Jonathan Hutchinson insisted that cancer is simply a modification of what occurred in chronic inflammation).

7. That when, from continued irritation, depressing influences, or advancing age, the physiological character and vitality of the animal cells become lowered, cancer finds all the conditions necessary for its growth.

8. That, in a word, cancerous disease is but one of the many proofs of over-pressure on the nervous system, which the artificial and vicious conditions of modern civilization involve. —*Epit. Med., Feb., 1893.*

CAN COCAINE BE DISPENSED WITH?

—Dr. K. L. Schleich reasserts that absolute local immunity from pain, even during protracted operations, can be obtained without resorting to general narcosis of the patient, so that a sufferer may remain perfectly conscious during the amputation of his hand or foot, or exposing himself to the danger of syncope, ever present in the operating room. Subcutaneous injections of a solution of sugar or salt, or even of simple cold distilled water, will produce exactly the same local anæsthetic effects as cocaine. This discovery has already borne the test of numerous experiments, and will be tried in Vienna on a larger scale. The explanation of the phenomenon is simple: Local insensibility to pain is caused in the case of cocaine by purely chemical changes; while cold water acts mechanically by means of high pressure and low temperature. Under the influence of the high pressure and sudden lowering of temperature the blood and lymph are driven from the region operated upon to places

where the pressure is less. The tissue is thus deprived of its supply of blood, and temporary paralysis of the nerves results. It is affirmed that the importance of this discovery is all the more undoubted seeing that if, in a given case, cold water alone should fail to produce the needful degree of insensibility, a weak and absolutely harmless solution of cocaine would prove certainly efficacious. —*Med. Reg.*

THE UTILITY OF GUM-LANCING.—Apropos of an article on this subject in the December number of the *University Medical Magazine*, Dr. John Langhorne, of Uniontown, Ala., writes to that journal to the effect that in an experience of forty-seven years he has in numerous instances lanced infants' gums in cases of difficult dentition, and that in none of them has it produced any bad effect, but, on the contrary, has generally been followed promptly by the disappearance of fever and fretfulness. Dr. Langhorne closes by citing a curious case from the writings of the late Dr. D. Francis Condie, of Philadelphia. A surgeon, desirous of ascertaining the condition of the alveoli in a child that apparently had died of difficult dentition, made a free incision through the gums, "whereupon the child opened his eyes, the shroud was removed from the body, and by careful and persevering attention the child's life was saved." —*N. Y. Medical Journal.*

ABUSE OF THE MILK DIET.—LECORCHE and TALAMON (*La Médecine Moderne, Wiener medizinische Presse*, 1893, No. 5, p. 180) call attention to the fact that, although milk is a perfect food, at least a gallon would have to be taken in the course of twenty-four hours in order to furnish a sufficient amount of fat, albumin, and carbo-hydrates. Few persons are able to take such large quantities for any

length of time. A milk-diet may suffice for a person in bed, but it will not for an active person. The larger number of albuminurics are able to be about and if a milk-diet be persisted in the remissions of the inflammatory process in the kidneys. When once the acute irritation has been allayed by means of a milk-diet and the establishment of polyuria has removed all danger of the accumulation of excrementitious matters in the blood, the continuance of a milk-diet cannot be expected to dissipate entirely the presence of albumin in the urine. A milk-diet is thus indicated in cases of acute nephritis, and during acute exacerbations of a chronic nephritis. It not only does no good, but it really does harm in cases in which the urine contains a minimal amount of albumin and the blood an excess of uric acid, perhaps in association with gout or in the train of acute infectious diseases. *Medical News, March 18, 1893.*

A DANGER TO SURGEONS.—An interesting observation made by Prof. Albert on himself emphasizes the importance of caution on the surgeon's part in the use of poisonous antiseptics, especially corrosive sublimate solutions. At a recent meeting of the Vienna Medical Society, the professor stated that for some time he had suffered from dyspepsia, for which no cause could be assigned by the physicians he had consulted. Lately the condition had become very troublesome, and the thought had occurred to him that the constant and free use of corrosive sublimate in his operations might have some share in the causation of the dyspepsia, by reason of the absorption of small amounts of this drug. Accordingly he had his urine examined by Prof. Ludwig, the entire quantity passed during twenty-four hours being tested. The examination revealed the presence of iodide of mercury in quantities comparatively large, if the manner of absorption of the substance be

considered. While Prof. Albert is not positive that his dyspepsia is due to chronic mercurial poisoning, he thinks that the facts that his finger nails have lately become softer and that he has lost three healthy teeth seem to point in this direction.—*International Journal of Surgery.*

THE TREATMENT OF ABORTION.—**ECKSTEIN** (*Prager med. Woch.*, xvii, 17, 18, 1892) bases his conclusions on a review of 66 cases in the wards of Dr. Martin at Berlin. The rational treatment is the use of instruments, the tampon being called for only when the cervix is not expanded. The emptying of the uterus is aimed at by inducing sufficient expansion of the cervix to allow of spontaneous expulsion of the ovum. When the pregnancy has passed the fifth month, the case should be treated as a normal delivery. In abortion with fever and suppuration, the uterus should be emptied as soon as possible. In all cases where the uterus is thus emptied, the curette must be used. Ergot should not be given until the uterus has been relieved of its contents.—*Epitome Br. Med. Jour.*

M. PASTEUR.—As an illustration of the great law of compensation; it is announced that on the seventieth birthday of this celebrated *savant*, M. Pasteur, the French Academy of Sciences paid him the highest tribute of respect in their power, although but a quarter of a century ago it passed resolutions of censure upon his work in biology because at that time its members had no faith in it. Nothing daunted by this want of confidence, he went right on with his work, and has been the medium of saving France millions of money, and that, too, at a time when the French people were threatened with reverses which would have reduced them to beggary. He is, indeed, entitled to be classed as one of the immortals.—*Amer. Therapist.*

Notes and Comments.

THE INCREASE OF CANCER.

We are again reminded of the steady increase in the mortality from cancer by a communication to the Manchester Medical Society. Mr. Roger Williams has brought together a series of figures to prove that the increase in the deaths from all causes, and that similar conditions are observed in most civilised countries where statistical records have been kept. Mr. Williams is of opinion that the increase cannot be accounted for by "improved diagnosis or other casual error." The British Medical Association has long held a similar opinion. In 1887 and 1888 the Council of the Association drew the attention of the Registrar-General to the steady increase in the mortality from cancer, and begged that measures might be taken to obtain more detailed information regarding the conditions in which the disease proved fatal. Especially it desired "the tabulation, through a course of years, of the cancers of each part of the body separately." It was thought that such a tabulation would soon discover whether the cancers of all parts alike are increasing in frequency, or whether the increase is taking place in the cancers of certain tissues and organs; and by these means a clue might be obtained to some, at least, of the causes which determined the occurrence of the disease. Dr. William Ogle replied on behalf of Registrar-General, and his reply did not hold out any hope of more detailed statistics than have been hitherto published. We are, therefore, a little surprised that Mr. Williams has discovered from the reports of the Registrar-General that "the increase has not been confined to any particular organ; all the usual seats of the disease have participated in it, the commoner ones, however, in a less degree than the others." So far as we

are aware, there are no reliable figures or materials on which such a statement can rest. But we are glad that the attention of the profession has been once more called to the increasing mortality from this terrible disease, which not merely kills nearly twenty thousand persons in the course of a single year in England and Wales alone, but kills the vast majority of them by slow and cruel torture continued during a long series of months, sometimes of years. And we hope that representations will be once more made to the government, for further statistics as are needed can only be obtained by steady application and some outlay of money during a series of years. The inquiry must of necessity, from the character and slow progress of the disease, be tedious and long in bearing fruit. These probably are among the causes which have hitherto debarred the government from expending as much labor and money as would be unhesitatingly bestowed on an inquiry into the causes of an outbreak of diphtheria or typhoid fever in a country town or village.—*British Medical Journal.*

A NEW MEDICAL MARQUIS.

Dr. Matias Nieto Serrano, founder, proprietor and editor of the leading Spanish medical paper, *El Siglo Medico*, has had the title of Marquis of Guadalcerzas conferred on him "in recognition of the numerous and eminent services rendered by him to science, to his country, and to the state." The Marquis of Guadalcerzas, who is now 80 years of age, has been a member of the Royal Spanish Academy of Medicine since 1839, and has been Perpetual Secretary of that learned body for thirty-nine years. He has also been a member of the Council of Public Instruction for nearly twenty years. He is the author of numerous works on "Medical Re-

form," "Medical Philosophy," "The Biology of Thought," etc., all marked by philosophic breadth of view and scientific precision of thought. He is at present engaged in writing a "History of Philosophic Systems," which is looked forward to with special interest as likely to prove the most important work of its distinguished author. The title conferred on Dr. Serrano is hereditary, and the Minister of Public Instruction, Senor Moret, in communicating to him the intention of the Government on the subject, took occasion to say that in bestowing such a title the Spanish Government "was imitating the great example of England, which is careful to ennoble men who, like you, make of science a true priesthood." In this matter, however, England appears to have a good deal to learn from the "great example" of Spain. Baronetcies, indeed, come to us like angels' visits, but we have no medical marquises or even barons, and Lord Kelvin is the only priest of science who has so far been "ennobled" in this country. Spain, on the other hand, has several medical *grandees*—the Marquis de San Gregorio, the Marquis del Busto, and the Marquis de Toca, besides the most recent addition to the order, the Marquis de Guadalercas, who, we hope, will enjoy his well-earned honors for many years to come.—*British Medical Journal*.

A THIRD ATTACK OF MEASLES.—M. Duchesne related at a recent meeting of the Paris *Societe de medecine et de chirurgie pratiques* the case of a man, forty-two years old, who had three well-marked attacks of measles within the space of two years. Some authors, he remarked, according to the report in the *Progres medical*, denied the possibility of the recurrence of the disease. In the discussion M. Dignat reported a case of two attacks at an interval of eleven months.—*N. Y. Med. Journal*.

TREATMENT OF GONORRHOEA.

H. M. Christian, in the *Therapeutic Gazette*, of March 15th, compares 150 cases of gonorrhœa treatment by ordinarily accepted methods, viz., at first by alkaline diuretics followed by mild injections, later the balsams and stronger injections with 150 cases treated at first by balsams and no injections until the end of third or fourth week when discharge became thin and mucoid in character.

Summary of both Methods of Treatment.—Number of cases of acute gonorrhœa treated by injections at a comparatively early period of the disease, 150; uncomplicated with posterior urethritis or epididymitis, 85; developing posterior urethritis, 52; developing epididymitis, 13.

Acute gonorrhœa treated without injections till the subsidiary stage was well developed, 150; uncomplicated with posterior urethritis or epididymitis, 134; developing posterior urethritis, 12; developing epididymitis, 4.

After a comparison of the results obtained by these two methods of treatment, it would seem that there is but one conclusion to be drawn,—namely, that the use of injections, prior to the subsiding stage of acute gonorrhœa, acts, in quite a large proportion of the cases, as an exciting cause in the production of posterior urethritis and epididymitis, and on this account is not to be considered as the best treatment of the disease.

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occurrence of posterior urethritis and epididymitis, the two most troublesome complications of gonorrhœa.

MEDICINE AS A CAREER.—Dr. J. S. Billings, in a recent article on "Medicine as a Career," arranges the preparatory years of one who would fit himself for the medical life, as follows :

"My young friend whose attention I wish to direct to medicine as a career will have spent five years at a good intermediate school as a preliminary to entering the university, which he does when he is about seventeen years old. He has spent three or four years at the university, four years at the medical school, one and one-half years in the hospital, and two years in travel and special studies. When, therefore, he is ready to begin work he will be about twenty-eight years old, and his education, living, books, etc., will have cost about eight thousand dollars from the time that he entered the university. It can be done for less, but this is a fair average estimate."

If this imaginary young friend went to Harvard, he would be more nearly nineteen than seventeen on entering the undergraduate department; he would be about twenty-three on entering the Medical School with an A. B. degree; he would be twenty-seven when he secured his M. D. degree; and if he spent eighteen months in a hospital and two years in travel and special studies, he would be fully thirty years of age when ready to begin the practice of an arduous profession, the first years of which are apt to be years of patient drudgery. For turning such years to profitable account, the hopefulness, the enthusiasm, the elasticity of youth are most essential. But at the age of thirty, for most men, the sun is already high above the horizon, the dew is off the grass, and the first freshness has gone from the morning air. — *Boston Med. and Surg. Journal.*

LIMIT PAPERS TO TEN MINUTES.—The New York Academy of Medicine, and especially the section on Pediatrics, has found it an excellent plan to limit the time of reading of papers in medical societies to ten minutes. In large and crowded meetings the long sessions consequent upon thirty or forty-five minute papers become wearisome, and interest is bound to flag. By beginning without excuses or preambles, by condensing the substance of the offering, and by ending when done, few or no papers would suffer by limitation to a ten-minute presentation. Explanations, notes, and details may, if desired, be printed, but busy men want the essence of the matter promptly and clearly. But whether ten or fifteen, or even twenty minutes, be allowed, let the rule never be broken to pass no vote to give a reader more time. If given to one for the sake of courtesy, it must be to others—with the result we all know!—*Medical News.*

A MEDICAL FACULTY FOR THE UNIVERSITY OF CHICAGO. — The Rush Medical College and the College of Physicians and Surgeons of Chicago have offered to give up their property to the Chicago University, and their faculties have expressed their willingness to resign unconditionally in order that a medical department may be organized on a level with the other departments in the University. It is stated that 1,000,000 dollars will be available for the endowment of the new medical department. The members of the faculties that are thus sacrificing themselves for the greatest good of the greatest number are showing an example of public spirit, which is worthy not only of admiration but of imitation.

The operating room of the Victoria General Hospital is now arranged on modern lines, with facilities for attaining a very near approach to perfect asepsis.

DIABETES MELLITUS AFTER EXTIRPATION OF THE PANCREAS—Minkowski (*Centrabl. für allgem. Pathologie*, B. iii, No. 9) has endeavored to ascertain whether the diabetes mellitus which supervenes in dogs after extirpation of the pancreas can be prevented by transplantation of a small portion of the gland to some part of the abdominal cavity; this experiment is justified by the observation that diabetes does not appear when portions of the pancreas are accidentally left behind in the operation for removal. Dogs rendered diabetic by removal of this organ succumb readily to operation. The proposed experiment was therefore conducted thus: A healthy dog was selected, and from the tail of the pancreas a portion, connected with the body merely by a vascular stalk, was cut off and fixed to the peritoneum of the abdominal wall and also to the skin, a fistula being established. Having assured himself that no atrophy of the transplanted portion had taken place, Minkowski next extirpated the remainder of the pancreas. The dog remained free from diabetes. The disease appeared, however, when the transplanted portion was removed or when the vessels supplying it were ligatured. — *British Medical Journal*.

EXERCISE.—The Right Honorable Joseph Chamberlain, in a speech at Birmingham, England, in presenting the prizes after an athletic competition, told his audience that he, personally, did not much believe in exercise. He then went on to say that he never rode a bicycle or a horse, or played cricket or football or tennis, or even golf, in spite of the fact that the latter game was considered almost indispensable for British statesmanship. He does not even walk if he can help it, and in fact, takes no exercise at all, in spite of which there is no doubt that he is in as good physical condition as could be desired.—*Boston Medical and Surgical Journal*.

BOOKS AND PAMPHLETS RECEIVED.

International Clinics (second series, 4 vols.), edited by John M. Keating, M. D., Judson Daland, M. D., J. Mitchell Bruce, M. D., F. R. C. P., London, England, and David M. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. J. B. Lippincott, Philadelphia, publisher.

Handbook of Insanity, for Practitioners and Students. By Dr. Theodore Kirchhoff, Physician to the Schleswig Insane Asylum and Privat-docent at the University of Kiel. Price \$2.75. Wm. Wood & Co., New York, publishers.

Treatment of Diseases of the Respiratory Organs by Butcher's direct contact method. By F. M. R. Spendloue, C. M., M. D., Montreal.

Tubercular Ostitis of Tarsus-Rheumatoidal Arthritis of Tarsus. By H. Augustus Wilson, M. D.

A Case of Sarcoma of the Choroid and Ciliary Body. By David Webster, M. D., and W. A. Holden, M. D.

Mechanical support in fracture and dislocation of the sixth cervical vertebra. By H. Augustus Wilson, M. D.

At what age should the first treatment of congenital club-foot be instituted? By the same.

Victor Horsley reaches the following conclusions in summing up a recent address on the origin and seat of epileptic disturbance. "Whatever be the point which the epileptogenous agency first attacks, we must conclude that the principal seat of disturbance of a general or idiopathic fit must be the cerebral hemispheres, and especially their cortical mantle. Further, that the condition of the cortex during the attack is one of congestion and not anæmia; and finally that in all probability this portion of the encephalon is actually the place of origin of the disturbance."

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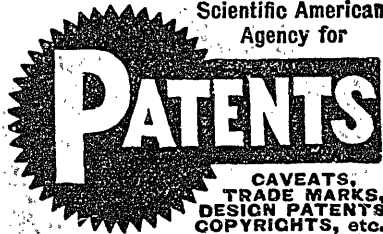
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