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The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF
MEDICINE and SURGERY.

VOL. VII.—No. 3.

MARCH, 1895.

Subscription
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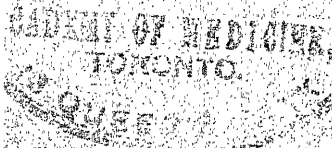
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MARITIME MEDICAL ASSOCIATION.

The Fifth Annual Meeting of the Association will be held in Halifax on

Wednesday and Thursday,

July 3rd and 4th, 1895.

All registered medical men in the Maritime Provinces are invited to attend and to become members of the Association.

Gentlemen who intend to read papers are requested to forward at their earliest convenience the titles of the same to the Secretary.

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

The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 48 by 40 feet. The first flat contains the research laboratory, lecture room, and the Professor's private laboratory; the ground floor being used for the Curator and for keeping animals.

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 15,000 volumes, a museum, as well as reading-rooms for the students.

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing concerns contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

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

For further information, or Annual Announcement, apply to **R. F. RUTTAN, M. D., Registrar,** Medical Faculty, McGill College.

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(SAMPLES ON APPLICATION)

The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. VII.

HALIFAX, N. S., MARCH, 1895.

No. 3.

Original Communications.

MELAENA NEONATORUM.

By F. H. WEFMOE, M. D., Hampton, N. B.

It is during the periods of rapid changes that physiological processes are most liable to become pathological. One of the rarest morbid manifestations to which the new born infant is subject while endeavouring to accommodate itself to its changed surroundings during the first week, is hemorrhage from the gastro-intestinal tract. This is said to occur about once in a thousand cases. The mortality varies from 35 to 60 per cent. (Henoeh).

Its cause is uncertain. The mucous membrane of the digestive tract is normally hyperæmic after birth, and it appears probable that some disturbance of the venous circulation increases the congestion. An asphyxiated condition would have this effect. Syphilis and hæmophilia are sometimes causative. Some post-mortems reveal ulcers of the mucous membrane to account for the bleeding.

For treatment Henoeh advocates an ice-bag to the abdomen, with warm cloths to the extremities. Other authorities, however, dispense with the cold because of its depressing effect in a tender patient, almost collapsed already, and even advise warm

baths. The strength must be sustained. If the child cannot nurse, the same authority would give iced cow's milk from a teaspoon. In the case here reported, the mother's milk was withdrawn with a breast pump and administered frequently. Medicinally perchloride of iron in drop doses every two hours in a teaspoonful of oatmeal water, with half a grain of ergotin hypodermatically may be tried, (Henoeh.) Or drop doses of oil of turpentine, hourly, with a grain of gallic acid frequently repeated may be given, (J. Lewis Smith.) Recovery in the following case shows that even with a severe type, we should not relax our efforts until death occurs.

A healthy primipara aged 25 years was confined on Dec. 4th last, of a vigorous female infant. Labor was tedious, lasting twenty-one hours, the liquor amnii having partially drained away before the pains commenced. Some dark tarry matter, thought at the time to be meconium, was expelled with the last of the amniotic fluid at the end of the second stage. The cord was tied late. With the exception of slight vomiting of some tarry matter on the 5th, and considerable restlessness that night and the following day, the child appeared to be doing all right till Dec. 6th. In a few hours after a dose of castor oil, there had been no faecal motion since birth, there was a small dark tarry stool.

followed in half an hour by a profuse flow of blood from the bowel, which blanched the child. Altogether in the next twenty-four hours, there were about twelve motions, at first each contained from 2 to 4 ounces, but they gradually became less in amount, and less frequent. The discharges consisted entirely of blood, the most of it dark, tarry and clotted, but some more liquid, and of a bright color. They were quite offensive. After a free bleeding, always painless, the patient would be extremely anæmic, almost pulseless, and apparently dying—extremities and nose cold, eyeballs turned upwards, and thumbs turned inwards. The child was restless and crying previous to the first hemorrhage, but was lying quiet when I arrived, evidently not suffering any. A careful physical examination discovered nothing to account for the bleeding; there was no rectal tenesums, and no sign of intussusception, merely slight tenderness to pressure in the left iliac region. There was no jaundice.

The child was kept perfectly quiet in the cradle, and assisted through the worst attacks by giving brandy and water freely. It was too weak to nurse, and was fed frequently with the mother's milk. A few drops of paregoric were given as required to control restlessness and intestinal peristalsis, and drop doses of perchloride of iron, and spirits of turpentine were frequently administered. The stomach rejected fluid extract of ergot. After twenty-four hours there were signs of reaction, and in a couple of days the child could nurse again, and soon regained its color and strength.

“SYMPHYSIOTOMY.”

(Read before St. John Medical Society.)

By DR. G. A. B. ADDY.

Mrs. G., age 25, weight 110, height 4 feet 1 inch. Personal history:—Patient is a hunch back and lame in right leg.

When three years old she had her back and hip injured by two persons falling on her while sliding down hill on a sled. Of late years, until her marriage, she has enjoyed fairly good health.

About two years ago she was confined, going through a very difficult labor; her child being removed piecemeal and herself very much bruised and torn. This was followed by septicaemia and peritonitis, confining her to bed for two months in a very critical condition.

Since then whenever she required to have her bowels moved, she would go and lie down for at least half an hour, then go to the closet and await results; she not having any voluntary expulsive power.

At times, more especially if she was inclined to be constipated, a dull aching pain would be complained of in right iliac region.

In time she became pregnant again, and on Tuesday night, April 17th., I was called. I found the os very slightly dilated and the pains which had been on for nearly six hours having little or no effect. I visited her daily until Friday morning, when the os was well dilated and membranes ruptured, but the head not engaged.

Called in Drs. James Christie and H. G. Addy and decided that it would not be advisable to apply forceps, as the head gave evidence of being large and the passage unusually narrow.

Symphysiotomy was decided on and preparations commenced.

The instruments used were not very many, viz:—A scalpel, probe pointed bistoury, or if you have a Galbiati's probe pointed sickle-shaped bistoury so much the better; two pairs artery forceps, needle and needle holder, metallic female catheter, silk, gauze and cotton. These having been sterilized the patient was placed on a table with knees drawn up—the mons veneris and labia majora shaved and made antiseptic. The catheter was

introduced the urethra depressed and carried well to the right side to avoid injury. I then examined for the fossa in the superior edge which marks the point of union of the two pubic bones, and made a vertical incision through the skin and fat above the pubes about two inches in length; then detached for a short space the recti muscles from their attachment to the pubic bones. The left index finger was introduced into the opening between the recti and carried along the posterior face of the symphysis,—the bistourey being then introduced and the interosseous ligaments and cartilage cut from above downwards and within outwards. The separation is known by a creaking sound and by the finger being pushed forward between the two bones by the child's head. An antiseptic sponge was then placed over the wound and the pelvis kept well supported by Dr. Christie so as not to allow too much separation; while I proceeded to apply the forceps. On examination I found the head well engaged in the brim and applied the forceps quite easily. The child in a few minutes was delivered, but not without using some force; it had to be resuscitated by practicing artificial respiration.

The placenta was expressed and followed by considerable hemorrhage which was in time controlled.

The wound after being thoroughly washed out with 1-40 carbolic solution and all pieces of clot removed was brought together with four silk sutures, dressed with antiseptic cotton and three two inches wide strips of rubber plaster passing well around each hip so as to keep the bones in good apposition.

There was a slight laceration of the perineum which required two sutures.

Patient after being placed in bed required free administration of brandy the pulse becoming quite feeble.

During the night she rested comfortably taking stimulants and small quantities of gruel.

Next morning temp. 101° and pulse 120, no pain, at 4.30 that day passed urine voluntarily.

Second morning temp. 98.8 and pulse 115, resting comfortably and taking nourishment; that evening temp. 98.8 and pulse 110.

Third morning temp. 100°, pulse 115. Noticed slight puffing at upper part of abdomen, no tenderness, ordered ʒj. castor oil which did not operate; then gave enema of turpentine and castor oil, with no result; passed rectal tube 3 feet up the bowel and gave enema from there, it also came away with no effect. Gave 1/10 grain triturates of calomel every hour, together with a mixture containing nux vomica still with no results. By this time the patient was having great difficulty in breathing on account of the distension and had commenced to vomit. Complained of pain in right iliac region whenever she vomited or coughed, borborygni distinctly heard in room.

Fourth morning patient in same condition only more distended. Temp. 102°, pulse, 125, tried interrupted current over abdomen with no result.

The vomiting continued becoming stercoraceous and remained so until she died at 9.45 p. m.

A. M. Friends were strongly opposed to having a post mortem examination; but by promising that I would do very little more than open up the former wound I was allowed to go on. The former incision was extended up as far as the umbilicus. Found intestines very much distended, no sign of peritonitis. Felt for descending colon and found it collapsed; followed it around until came to caecum which was enormously distended. Further examination revealed a firm fibrous band binding down the intestine at the junction of the caecum and colon, on breaking the attachment of it the gas rushed through the large intestine and was discharged per rectum leaving anything but a pleasant odor in the room.

The wound itself showed every sign of healing by first intention and the bones were in good apposition.

The cause of death was clearly shown to be due to constriction of the bowel, caused by a fibrous band the result of a peritonitis eighteen months previous.

I regret to say that I have mislaid the measurements of the child's head. Its weight was 10 lbs. and is at present doing well.

Symphysiotomy was first performed on a living woman in 1777, the idea may be said to be three hundred years old, while its practical application dates back more than a century. From the year of the first operation until 1858, symphysiotomy was performed eighty-five times in different parts of Europe and once in England, with a mortality of thirty-three per cent. The frequency of the operation diminished after the first few years until in 1858 it had practically died out. It was revived, however in Italy in 1866, and in the succeeding twenty years seventy operations were performed with a mortality of twenty-four per cent. Italy was the exclusive field of the operation until 1891, when it was again tried in Paris by Pinard. From January 1st 1886, up to November '92, there have been fifty-two operations with only one death, which was due to septic infection.

Dr. Robert Harris introduced symphysiotomy into this country by reading a paper before the American Gynecological Society in Brooklyn

Ten days after the reading of his paper on Sept. 30th, the first operation in this country was performed by Dr. Charles Jewett, in Brooklyn. Since then it has been done several times in the United States and Canada. Dr. Slayter of Halifax, was the first to perform the operation in the Maritime Provinces; and I believe I am the first in New Brunswick.

The operation is limited to a true conjugate diameter of not less than $2\frac{1}{2}$ to $2\frac{3}{4}$ inches. It is not applicable to certain deformed pelvis (Robert

Naegele,) nor should it be applied in cases of cancerous or other growths in the pelvis.

The modern revival of symphysiotomy is one of the most important advances made in obstetric surgery since the general adoption of abdominal section. It will in all probability displace almost entirely the caesarean section. It is a much easier and simpler and safer operation.

Craniotomy is a legacy of a barbarous age and still has its advocates, but they in course of time will transfer their attention to pubic section.

Aside from its low rate of mortality, symphysiotomy has little to commend it as a brilliant surgical measure, when compared with the improved caesarean operations, which enable the performer to give full scope to his dexterity in handling the knife, sewing up the uterine wound, or dressing the cervical stump.

ENGLAND, which is said to be a free trade country, taxes the nostrum business heavily and derives a large and growing revenue from that source.—*N. Y. Medical News.*

DIURETICS.

By ANDREW HALLIDAY, M.D., L. Stewiacke.

A very difficult problem which presents itself to a practitioner is the proper selection of a combination of diuretics which will be most suitable in a given case, and little help can be got from text books, the various statements being so contradictory.

Unfortunately even in the present advanced state of therapeutical knowledge the mode of action of the diuretics is still *sub judice*, but enough is known to enable the most inexperienced of us to make at least attempts to prescribe diuretics rationally and not empirically.

It is not so many years ago since it would have been regarded as absolute-

ly criminal to allow, much less to suggest the ingestion of even moderate quantities of fluid by a dropsical patient and yet we now use water as one of the most valuable diuretics.

I cannot pretend to do anything more than touch on this question in such a paper as this, but by the collected gleanings from various authorities, and my own ideas and observations I will attempt to make the subject as interesting as possible.

The subject pre-supposes a thorough knowledge of the physiology of the kidney and the pathology of dropsy, but it will do no harm to review it here. Here again, as will be found all through the subject authorities are very contradictory and while there are several opinions, I will give only these most widely accepted.

The kidney then has a three-fold function:

- (1) Excretion of waste products.
- (2) A provision for the removal of excessive water.
- (3) An arrangement for the retention of water in the body and its re-absorption after it has washed out the waste products.

In the kidney we find three structures which seem to be connected with these three functions:

(1) Convoluted tubes with epithelial cells, which in all probability are the chief structures for excreting waste products.

(2) The malpighian corpuscles for excreting water with some salts.

(3) Usually one or more constrictions in the tubule which may serve the purpose of preventing too rapid exit of the water and thus allow time for its re-absorption when its retention is desirable, e. g., on a hot day and when the supply of drinking water is limited.

This latter view is supported by comparison with the structure of the kidney in fishes, frogs, tortoises, birds and animals.

To understand the function of the kidney it is important to bear in mind

the arrangement of the vessels. The branches of the renal artery split up into capillaries which form an elongated meshwork in the medullary and an irregular meshwork in the cortical part. If one be followed up it will be found to terminate in an afferent vessel which carries blood into the Malpighian corpuscle and an efferent which carries blood away from it. These latter divide and ramify upon the tubule.

Thus in the kidney are two plexuses, one in the glomerulus and one on the tubule. It must also be kept in mind that there are three channels by which the blood may pass from the renal arteries into the venous plexuses, without going through the glomerulus.

These are:

- (1) Terminal twigs of renal artery.
- (2) Branches given off before the glomerulus is reached.
- (3) The arteriæ rectæ at the boundary between the cortical and medullary substance which pass into the medulla where they form a plexus surrounding Henle's loop and collecting tubes.

Through these three channels it is possible for the blood to reach the secreting structures of the kidney, and there get rid of urea and salts, without losing water by its passage through the glomeruli. On the other hand, if these vessels contract while the size of the renal artery and the pressure of the blood within it remain unaltered, more blood will be forced into the Malpighian corpuscles and thus the quantity of water excreted will be increased. (Lauder Brunton.)

Between the tubules and veins are lymph spaces, in which both they and the arteries lie, and this fact is of great importance. We may look at the kidney as a sac containing lymph, in which are arteries, tubules and veins, though so closely packed together that we hardly recollect that there is any lymph space at all.

Let us now look at the pathology of dropsy. This is an accumulation of fluid in the lymph spaces. These may

be small, e. g. in the subcutaneous cellular tissues etc., or they may be large, as in the so called serous cavities, pleural, peritoneal, etc. In the case of the lymph spaces, these are the cisterns, the arteries and capillaries are the supply pipes and the veins and lymphatics are the exit pipes.

In health the lymph spaces are merely moistened with lymph, because altho' constant, or nearly constant exudation of lymph is taking place into them from the capillaries, it is at once carried away by the venous radicles and by the lymphatic vessels.

Of the two exits, the venous radicles are by far the larger and are sufficient alone for this purpose, so that even when the flow of lymph is entirely stopped by ligature of the lymphatics, no accumulation of fluid in the lymph spaces may occur. When the veins are ligatured the lymphatics may make extra efforts and remove the surplus of lymph given the spaces. The proportion of work by veins and lymphatics probably varies in different individuals.

Two things which diminish the pressure in the veins and aid the flow of lymph into them, are the inspiratory action of the thorax and the diastolic suction of the heart. When these two things are imperfect, e. g., when the right side of the heart is incompletely emptied and still more when there is tricuspid regurgitation, so that the veins are full, a marked hindrance will be presented to the flow of lymph.

Dropsy does not occur except we have increased outflow of lymph into the spaces, or in addition to an interference with its removal by veins or lymphatics.

We have now to consider the conditions which affect the supply pipe, or in other words, the conditions which increase and diminish the exudation into the lymph spaces from the capillaries. The first of these is increased supply of blood from dilatation of the arteries supplying a part. Some-

times a very slight obstruction is sufficient to produce oedema, when there is vaso motor weakness. There is probably however another factor, viz:—*changes in the capillaries themselves dependent on nutrition and this again on the condition of the blood.*

Having gone into the physiology and pathology, we have given ourselves a ground work for the consideration of the mode in which diuretics produce their effects.

Different authors classify diuretics differently, but they amount to very much the same. I will give you

(1) Lauder Brunton's.

(2) Dujardin-Beaumez's.

I. *Brunton's Classification:*

A. Those acting on the circulation of the kidney, raising the pressure in the glomerulus.

(1) Locally.

(a) By contracting the efferent vessels which pass directly to the capillary plexus.

(b) By causing dilatation of the renal arteries, thus increasing the supply of blood to the kidneys.

(2) They may raise the blood pressure generally by causing the contraction of vessels in other parts.

B. Other diuretics may act on the secreting cells of the tubules and may increase both the amount of water and amount of solids excreted by them.

II. *Beaumez's Classification:*

(1) Those medicaments which modify the blood pressure, either by energising the cardiac systole or by acting on the muscular elements of the circulatory system.

(a) Those acting on cardiac fibres:—digitalis, convallaria and caffeine.

(b) Those acting on muscular coat of vessels:—strychnia ergot, etc.

(2) The mixed class:—Those which produce diuresis by augmenting the pressure and modifying the liquid, e. g., water.

This is the only class diuretic in the physiological condition.



AS A FOOD AND STIMULANT IN WASTING DISEASES

— AND —

IN THE LATER STAGES OF CONSUMPTION,

Wyeth's Liquid Malt Extract

IS PARTICULARLY USEFUL.

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"Dr. D. of Chatham writes, it is a most valuable aid and stimulant to the important digestive processes."

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WILL GREATLY HELP THEM.

The large amount of nutritious matter renders it the most desirable preparation for Nursing Women. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation, nourishing the infant and sustaining the mother at the same time.

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25 Years in Evidence.

DEAR SIR:

Some twenty-five years since we introduced largely to the Medical Profession a combination, which we called "**Beef, Wine and Iron,**" giving the exact ingredients and making no claim of proprietorship. It has been very freely prescribed with most satisfactory results. Our sales have been very extensive amounting to many million bottles, besides a large quantity in bulk for dispensing in prescriptions. The claims we advanced to its value as a **Nutrient, Stimulant and Tonic,** have been fully verified, and its advantages have been highly appreciated by thousands of the leading practitioners all over the world. To a great degree, this has been due to the intelligent preparation of the **Beef Juice,** which is combined with the **Wine and Iron.** We maintain, that, to manufacture it so as to contain the nutrient material in a small bulk, expensive apparatus is essential, in order to secure express in and evaporation at a low temperature. This can only be provided to advantage, if the manufacture is to be conducted on a very large scale. We import the Sherry Wine, hundreds of casks at a time. We are receiving from the best Beef butchers, supplies of the most desirable Beef, free from fat or gelatin. We have no hesitation in stating that as a Tonic Stimulant and Roborant, **Wyeth's Beef Iron and Wine** had proven more uniformly beneficial than any combination we have ever known.

IT IS A VALUABLE RESTORATIVE

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As a nutritive tonic it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases. Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after exhaustion produced by over mental exercise.

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"Wyeth's Beef Iron and Wine" has made a great reputation because it contains what it claims.

In each tablespoonful of this preparation there is the essence of one ounce of Beef and two grains of Iron, in solution in Sherry Wine. It is therefore a refreshing stimulant, the effect of which is not merely to quicken the circulation and impart a temporary benefit, but also to supply actual strength.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill effects have been experienced from the use of the many imitations claiming to be the same or as good as Wyeth's. In purchasing or prescribing please ask for "Wyeth's" and do not be persuaded to take any other.

JOHN WYETH & BROS., DAVIS & LAWRENCE CO., Ltd., Mont'l.

Manufacturing Chemists, Philadelphia.

General Agents for Dominion.

P. S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.

(3) Dialysers. They produce their action by modifying the blood and introduce saline elements.

Their great disadvantage is that they irritate the renal parenchymia.

(4) Those which modify the dialysing membrane:—They actively congest the kidney and have all the disadvantages of the previous class, only more pronounced. This class includes the resins, balsams, etc.

Let us now examine more closely the action of the first class and we may take digitalis as the type and the one by far the most commonly used.

What is said of its mode of action? There are as many theories regarding this as there are about the secretion of urine, and while it is an established fact that digitalis does produce diuresis, it is by no means established how and in what manner it acts.

Here are some of the statements of authorities and they speak for themselves.

"Digitalis prolongs the diastole and increases the vigor of the systole of the heart. The pulsations per minute are reduced. The increased power of systolic contraction of the heart and the greatly increased resistance in front, from a narrowing of the calibre of the vessels produced a considerable rise of blood pressure. As respect the rational symptoms of heart disease digitalis is useful when the action of the heart is rapid and weak, the tension of the pulse low and when the countenance is dusky, the jugulars pulsating, the urine high colored and scanty with general dropsy.

The infusion is the best form in cases of heart disease with dropsy. If uræmia occur in scarlet fever, the infusion is the proper remedy conjoined with other means. In renal dropsy from acute desquamative nephritis, of all drugs digitalis is of the greatest value and *the best form in which to administer it is the infusion.*" Bartholow.

"Robert shews that digitalin contracts all the vessels, and digitoxin and

digitalein whilst contracting all the other vessels dilate those of the kidney. Hence the Tincture which contains all the three substances is the best known diuretic. These three substances do not exist in the infusion. After the disappearance of dropsy it has very slight power of increasing the amount of water or urea eliminated." Whitla.

Compare those statements. Both agree that digitalis acts primarily by raising the blood pressure, by increasing the force of the heart and by narrowing the blood vessels.

Again, of the alkaloids one—digitalin,—contracts all the vessels, while 2 contract all except the blood vessels of the kidney and none of these are contained in the infusion which one asserts is the best diuretic.

Others again, will state that the infusion only acts better on account of the increased amount of water! What special effect can 5i of water have given, say 3 or 4 times a day?

Let us accept for the present that the pressure theory is correct. In a case of heart disease where the systemic circulation is blocked and in a state of hypostatic congestion, what will be the condition in the kidney? The venous plexus will be engorged with blood, but more than this, the lymphatic spaces will be filled with fluid, and there will probably be a mechanical pressure on the tubules. The blood in the veins is in a stagnant condition, so that in accordance with what was stated concerning the pathology of dropsy, the lymph spaces will become fuller. But the stagnation is not of a local vein only, but is systemic and consequently there will be a retarded flow of lymph. In this case we have both factors contributing to an accumulation of dropsical fluid, and more than this, the nutrition of the blood vessels and the character of the blood itself will be more or less profoundly altered. We can see how digitalis, acting on the heart and re-

storing the tone of the vessels, will help to restore the balance.

But let us take now the other causes of diminished quantity of urine and see how the theory applies. Here I would call attention to the accepted theory of the capsule acting like a dialyser, (which in this case is the secretion of urine) will go on unless the pressure in the tubules is greater than that of the blood, unless too the membrane be altered or the fluid on the other side i. e., the blood.

Every one is aware that at the beginning of any febrile attack, the pulse is high or at least has greater tension than normal. But the urine is diminished very decidedly, even with a dry skin and the patient drinking freely.

Again, take the case of Bright's disease, (acute.) In all surety the pulse has high tension here. Before me I have tracings of the pulse of a boy aged ten, suffering from Bright's disease and having a pressure of $\bar{5}$ v., yet in such a case the urine is very scanty.

Take again the full dirotic pulse, with low arterial tension—a pressure of one or one and one-half ozs., as would occur in typhoid or rheumatic fever and yet there is no dropsy.

Of course the objection may be raised, that in the case of Bright's disease, the urinary tubules are crammed with cells and casts, but the blood pressure will remain high later on in the disease, when there is not a cast to be seen in the urine and while yet the urine is scanty and albuminous and the patient developing general dropsy.

Again, Brunton points out that the water of the urine is filtered through the capsule of Bowman, in excess under pressure and is reabsorbed in the convoluted tubules and loop of Henle by the epithelium situated there.

If this is correct it seems to me that in a case of desquamative nephritis just as soon as and by so much the more as the epithelial casts get washed out of the urinary tubules then there

ought to be a flow of urine not only equal to, but in excess of the normal.

Clinical histories contradict this for even in the worst cases the flow of urine which may have been almost suppressed is re-established slowly and gradually, on the whole I do not see any great advantage to be gained by giving digitalis *only to increase the blood pressure which is already high.*

As before mentioned in regard to the dialysing action of the kidneys, physiologists state that if the intratubular pressure be increased the secretion ceases, and as proof of this Brunton states that if the ureter be ligatured the tubules become filled and the pressure on the tubular side of the dialysing membrane is greater than that on the other side and consequently the exosmosis ceases.

How then does this agree with the production of hydronephrosis when the intratubular pressure must be enormously in excess of the blood pressure and yet secretion goes on and is only limited by the physical endurance of the kidney?

I think we can easily conceive that the sudden effect of a ligature will undoubtedly exert a great effect not only locally but on the whole economy (chiefly I should say through the nervous system) and secretion may cease for a limited time, but the system soon recovers itself and in spite of the pressure secretion may go on. With all due respect to Dr. Brunton, I must say that such a conclusion could only be arrived at by extending the investigations over a long period of time.

Now let us see the conditions which obtain in other glands as the analogy may teach something. An increased flow of blood to the skin results in perspiration but it is by no means certain that there is much of an increase of pressure, in fact when we consider how extensive the cutaneous surface is and add to that the dilatation of all the cutaneous capillaries (dilated observe, not contracted) it is more probable

that the general blood pressure will be reduced.

I have no authority to support me in this statement although the converse is a fact namely that contraction of these capillaries will raise the general blood pressure. Again take the salivary gland. Irritation of the chorda tympani causes an increased flow of blood with increased pressure and great secretion of saliva.

When however atropine is administered and the chorda tympani still irritated, there is a great flow of blood but *no secretion of saliva*—a fact which is explained by Brunton by saying that the walls of the blood vessels are so altered by the poison that the lymph from which the saliva is secreted does not exude from the vessels.

Our therapeutical knowledge informs us that the same happens in the secretion of sweat for small doses of atropia counteract night sweats. The same occurs in the mammary secretion—and all this in spite of increased blood pressure.

Last winter I had a case in my own practice, of phthisis and to stop the night sweats I gave gr. $\frac{1}{10}$ atrop. sulph. The night sweats were checked indeed, but judge of my surprise when with this small dose there was dryness of the mouth (which of course one would expect) and also complete suppression of urine for 36 hours. To be sure of the conclusion I tried the effect of gr. $\frac{1}{4}$ ext. bellad. and had the same results. I admit that this was a case of idiosyncrasy or undue susceptibility but it showed this—that the urinary gland is affected in exactly the same way as any other secreting gland and that while pressure of blood is not only a factor and an important one, still I am inclined to regard it only important as being the means which causes a rapid flow and frequent interchange of blood in the organ.

In this way it appears that the explanation of the diuretic action of digitalis is not that it contracts the

arterioles which help to raise the blood pressure, but because it invigorates the heart and causes a rapid transit of blood through the gland preventing mechanical congestion and obstruction and giving a new supply of liquid to be eliminated, it may be by an interchange between the lymphatic and the cell elements. This will be further borne out if we can find that any medicament which dilates the arteries, given along with digitalis will increase diuresis. Every one is familiar with the fact that digitalis in a mixture with sp. aetheris nitrosi often produces better diuretic effects than either, given alone.

And what is the action of sp. aeth. nitrosi? It has for its main constituent nitrite of ethyl whose physiological effect is, that it dilates the arterioles; but dilation of arterioles while it means greater quantities of blood must also mean fall of the blood pressure. Hence digitalis which acts on the heart causes increased flow of blood and combined with sp. aeth. nitrosi, the flow is rendered still more easy.

Nitrite of ethyl, like the other nitrites has the same physiological effect as nitro-glycerin. Last summer I tried nitro-glycerin in combination with digitalis and had very gratifying results in a case of Bright's disease.

I saw another case with another doctor last month—post scarletinal nephritis. We agreed to give nitro-glycerin in combination with digitalis and I had a letter from him yesterday stating that it had acted like a charm and the patient had steadily improved with its administration.

The 2nd or mixed class: Water has very peculiar effects on the economy. The swallowing or rather sipping of a glass of water removes the inhibitory action of the vagus and the pulse becomes more rapid.

Sir Andrew Clarke pointed out that sipping half a wine glass full of water will often raise a pulse from 76 to 100.

That is to say it stimulates the action of the heart. Again even in health the drinking of large quantities of fluid will augment the secretion of the urine. It will increase bulk of the blood and the flow to the kidneys, which hasten to restore the equilibrium. But even in health the drinking of water hastens tissue metamorphosis and assists in removing the waste products to the kidneys. Besides if we apply this fact to the idea of toxic agents egusaemie, altering the capillaries in the kidney (as atropia does in the salivary gland), it is feasible to conclude that the water not only by conveying the toxic products to the kidney, but by diluting them may so lessen their effects on the capillaries and admit of more free exudation from them. Milk possesses all the advantages of water and also helps to nourish, consequently milk diet may be looked on both as a nourishing agent and a medicament.

In the 3rd class are the salts. These may stimulate the cells of the tubules and so assist in diuresis but from a theoretical point of view in acute nephritis they had better be avoided. They would assist greatly however in dropsy from heart cases and be valuable in causing diuresis in febrile cases where the kidneys are themselves not involved, but where we want to get rid of the products of decomposition.

The last class—the resins and balsams should be used only with very great caution in kidney affections for as before stated they congest the kidney and this can only do harm. They may be useful in cardiac and hepatic dropsy.

In conclusion I would call attention to the fact that the province of diuretics is very debatable and leaves great scope for exploration and investigation. Some of the views which I have expressed here are undoubtedly open to question, but may elicit a

beneficial discussion for the subject is very far from being exhausted.

There are certain drugs such as iron which are given in dropsy due to anaemia. These I am not able to touch upon as the paper is already too long. The method of cupping over the loins—reducing the blood pressure, also requires attention.

◆◆◆

VICTORIA HOSPITAL, Fredericton, N. B.

The medical staff of the Victoria Hospital, have been pressing their claim for some time past to have the privilege and right of being represented on the Board of Trustees of the Hospital by one of their number. The Trustees, however, have persistently resisted the request of the staff, with the result that after due intimation, and after it was hopeless to further press the matter, the entire staff resigned.

The following correspondence gives full particulars of the affair so far and shows the action of the Trustees in a very unfavourable light.

Fredericton, Jan. 30, 1895.

L. W. JOHNSTON, ESQ.,
Sec. Board Trustees,
Victoria Hospital.

DEAR SIR,—At a meeting of the medical staff of the Victoria Hospital held last evening it was resolved: "That in view of the recent appointments to the vacancies on the board of trustees of the hospital, the members of the staff express their sense of the injustice done them, and the discourtesy exhibited in the action of the board in absolutely ignoring the staff's formally expressed claim to be represented upon the directorate; and that the secretary be requested to inform the staff whether or not the board is determined not to recede from the position it has taken, so that the members of the staff may be in a position to

take immediate and definite action in the matter.

Yours respectfully,

W. C. CROCKET, Secretary.

G. E. Coulthard, Chairman.

The Trustees' Reply.

Fredericton, Jan. 31, 1895.

DEAR SIRS,—I am in receipt of your favor of the 30th inst., and beg to reply as follows:—

At a meeting of the board of trustees of the Victoria Hospital held on Feb. 13th, 1892, a communication, signed by the medical staff, was read, in which it was stated "that in the opinion of this staff they should have the right to elect a member of the trustee board to be selected from their own number."

In reply to the above the secretary was directed to write "that according to the constitution of the board by law it is impossible for their request to be granted."

On Feb. 15th, 1892, the board was called together at the request of the medical staff, when the latter pressed their demand for representation through a deputation of seven members.

On Saturday, March 15th, 1892, the board met again, when after discussing the merits of the request of the medical staff it was unanimously agreed to have the secretary write to the staff, "that the trustees are unable to see the necessity or advantage of making any changes in the constitution of the board."

The matter was then supposed by the trustees to be closed and in terms of sufficient clearness to leave no doubt of their judgment on the merits of the application of the medical staff for representation on the board."

The secretary is now asked to inform the staff whether or not the board is determined not to recede from the position it has taken, etc. To that question the secretary is not able to make reply and most respectfully adds that as the staff have never reopened the

matter since the trustees decided it as per the herein quoted excerpts from the records, it would seem to him that the condemnatory resolution of the staff does injustice both to the trustees and to themselves.

With respect, I wish to remain, dear sir.

Yours very truly,

LEONARD W. JOHNSTON,

Sec'y. Board Trustees, V. H.

To W. C. Crocket, M. D., Secretary,
G. E. Coulthard, M. D., Chairman,
Medical Staff, V. H.

Another Letter From the Medical Staff.

Fredericton, Feb. 2, 1895.

L. W. JOHNSTON,

Secretary Board Trustees,
Victoria Hospital.

DEAR SIR,—I beg to acknowledge the receipt of your communication of the 31st ult., and to state that it was duly considered at a meeting of the medical staff held last evening. I am directed to say in reply thereto, that the members of the staff regret that the board has given no instructions of its intention to accede to their wishes with respect to the representation upon the board to which they are entitled, and that, however much they regret to have to take extreme measures to assert their position and maintain their self respect, they see no other course open to them. I am therefore directed to inform you that unless some steps are taken by the 15th instant, to grant them representation upon the board, they will upon that day tender their resignations. The members of the staff have several times felt much aggrieved and humiliated at the want of courtesy shown them by the board and have come to their present determination after much consideration, and not without great regret at the prospect of severing their connection with a public institution, of which the trustees are but the guardians, and to which the staff has cheer-

fully given for several years its best energies.

Yours respectfully,

W. C. CROCKET, Secretary.

G. E. Coulthard, Chairman.

The Trustees Again Heard From.

Fredericton, Feb. 8, 1895.

DEAR SIR,—After receiving your letter of Feb. 2nd inst., I sent notices to all the trustees for a meeting to be held on yesterday p. m. to consider your demands. The board met as requested and the following is copied from the minutes of the proceedings, after the letters Jan. 30th, and Feb. 2nd inst. from you, and my letter of Feb. 1st inst. to you, had been read—as follows:—"After giving serious consideration to the above correspondence, it was moved seconded and unanimously agreed to:

That in view of the well considered determination arrived at by the Board in 1892, that according to the constitution of the board by law it was impossible that the request of the medical staff for representation on the board of trustees should be granted, the board are surprised at this time to receive communications from the medical staff demanding such representation as a right and notifying the board of intention to resign in a body on the 15th inst. if assurance is not given that such request will be granted.

That in the opinion of the board it is not expedient that a member of the medical staff of the hospital should be a member of the board of trustees and in holding this view the board believe it to be in the best interest, not only of the institution, but of the medical staff as well. The board feel that they should not be charged with any discourtesy towards the medical staff or any member of that staff and entirely disclaim ever having treated the medical staff otherwise than with every consideration and courtesy.

The trustees recognize the great responsibility of the duty devolving

upon them to see that the affairs of the hospital are efficiently carried on and also recognize the desirability of having the hearty co-operation of the medical staff in the future—as in the past.

The board desires to express their appreciation of the valuable and beneficial services rendered to the hospital by the physicians of Fredericton without exception, being conscious of the fact that in the rendering of such services they have exceeded the average duty that every citizen owes to this philanthropic institution.

The board trusts the medical staff will reconsider their action, but in case they adhere to it, the board would respectfully request that the visiting physicians will continue their services during the term upon which they have entered, thereby affording the board time to make necessary provision for the proper medical attendance of the inmates."

Believing that the medical staff will, as a body, take up this finding of the board of trustees, in the matter, with the same friendly spirit in which it is sent.

I have the honor to remain gentlemen.

Yours very truly,

LEONARD W. JOHNSTON,

Secretary Board of Trustees, V. H.

To G. E. Coulthard, M.D., Chairman,

W. C. Crocket, M.D., Secretary,

Medical-Staff, Victoria Hospital.

The Ultimatum of the Medical Staff.

Fredericton, Feb. 8, 1895.

L. W. JOHNSTON, Esq.,

Sec. Board Trustees,

Victoria Hospital.

DEAR SIR,—I beg to acknowledge the receipt of your letter of to-day, which was laid before a meeting of the staff held this afternoon. Inasmuch as the board is determined not to take any steps to grant the representation the members of the staff are entitled to, they are compelled to tender their resignations, which are herewith enclosed.

With respect to the following extract from your letter, "that in the opinion of the board, it is not expedient that a member of the medical staff of the hospital should be a member of the board of trustees, and in holding this view the board believe it to be in the best interests, not only of the institution, but of the medical staff as well," I am directed to say that as the members of the staff did not ask the board to consider what was in its interests, such an observation is altogether gratuitous. With respect to the trustees request that the visiting physicians continue the services during the present term, I quote the following resolution from the minutes of our meeting held on Feb. 1st:—

"It was unanimously resolved that in the event of the resignations of the staff becoming necessary, the secretary intimate to the board of trustees that any medical services required by patients at that time in the hospital will be given, as long as the physicians deem it necessary in the interests of the patients, or until some provision is made for them."

Yours respectfully,

W. C. CROCKET, Secretary.

G. E. COULTHARD, Chairman.

Board Trustees Victoria Hospital.

GENTLEMEN,—We, the members of the medical staff of the Victoria Hospital, hereby tender our resignations, to take effect Feb. 15th, 1895.

(Signed) G. E. COULTHARD.

G. H. COBURN.

R. McLEARN.

W. C. CROCKET.

F. J. SKERRY.

S. C. VANWART.

J. V. BRIDGES.

Yours respectfully,

W. C. CROCKET.

Hospital May Be Closed.

Result of the Trouble at Fredericton.

[SPECIAL TO GLOBE.]

Fredericton, Feb. 14.

The trustees of Victoria Hospital last evening resolved to accept the resig-

nation of the medical staff to-morrow, but "that, while the board adhere to the position which they have already taken, that it is not expedient that a member of the medical staff of the hospital should be a member of the board of trustees," the secretary be authorized to inform the medical staff that the board of trustees are quite prepared to place upon the board, when the first opportunity offers, any one of the physicians who may resign his position upon the medical staff and all the privileges attaching to that position, and whose name may be submitted as being recommended by the medical staff." The resolution having been communicated to the medical staff the later body met and passed the following resolution: "Whereas, the contention of the medical staff has always been for representation upon the board of trustees, therefore resolved, that the staff cannot entertain the proposition contained in the communication from the board of trustees, dated Feb. 13th, 1895." If neither body recede from their resolution the hospital will have to be closed or an outside physician imported to render necessary medical attendance.

DR. H. A. KELLY, of Johns Hopkins Hospital, says: "My own experience and experiments lead me to say emphatically that in nineteen cases out of twenty where sepsis creeps in (in abdominal surgery) it is from the fingers and finger-nails of operator or assistants."—*Am. Lancet.*

THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION has just issued its Fall Bulletin, giving all the new advertisers in the field, together with the advertising manager of each concern. A new exchange list has also been prepared, revised and corrected up to date. Both can be obtained by applying to the Secretary, Chas. Wood Fassett, St. Joseph, Mo.—*P. M. J.*

Maritime Medical News.

MARCH, 1895.

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 9 Prince Street, Halifax.

THE correspondence printed elsewhere in reference to the Victoria Hospital, Fredericton, allows one to judge pretty well of the trouble that has arisen in their Hospital. The medical staff is composed of all the medical practitioners of Fredericton and since the opening of the Hospital seven or eight years ago, they have given their services gratuitously to the institution. The claim that the staff makes that they should have the right to select one of their number to represent them on the Hospital Board of Trustees is not only a most natural one but one that is eminently fair and just, it is indeed only their right.

The Trustees' assertion that such a representation is contrary to the constitution of the Board by law, should be met, if there is anything in the assertion, by the Trustees immediately having a change in the law made but the Trustees also state that it is not expedient that a member of the medical staff should be a member of the Board

of Trustees—this most extraordinary statement shows that the Trustees are opposed as well to granting the request of the staff, a request that one might suppose, the Trustees would acquiesce in with readiness and with gratification.

It does seem that the only course for the staff to pursue while retaining their self respect, was to resign. This, they have done, and throughout the whole trouble, the action and dignified position that they have taken is highly commendable. It is satisfactory to know that the public generally, fully sides with the staff in this matter. It would seem that it will be necessary either for the Trustees to reconsider their decision, or that a change in the composition of the Board should be effected.

RECIPROCAL REGISTRATION.

It is with much satisfaction that we have to announce a step forward in this important matter, this time on the part of the Province of New Brunswick. It will probably be within the memory of our readers that a meeting of delegates from the Medical Councils of P. E. Island, Nova Scotia and New Brunswick, met at Truro a year or so ago, and there settled on a curriculum and basis of action, which if adopted and carried out, would meet all the requirements necessary to attain reciprocity in registration in these three Maritime Provinces. It was thought at that time that as far as New Brunswick was concerned, the Medical Act gave the Council power with the consent of the Lieut. Governor in Council to make the necessary alterations in the curriculum. When the Government were applied to by the delegation appointed for that purpose, the Attorney General and other members of the Executive Council took the ground that the charges could not be made without amending the Act itself. The delegation however, received sufficient encouragement to report favourably to

FELLOWS' HYPOPHOSPHITES!

(SYR: HYPOPHOS: COMP: FELLOWS.)

To the Medical Profession of Canada:

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorus preparations at the present day is largely owing to the good effects, and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERIT.

FIRST.—*Unique harmony of ingredients suitable to the requirements of diseased blood.*

SECOND.—*Slightly Alkaline reaction, rendering it acceptable to almost every stomach.*

THIRD.—*Its agreeable flavour and convenient form as a syrup.*

FOURTH.—*Its harmlessness under prolonged use.*

FIFTH.—*Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.*

GENERAL EFFECT.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

NOTICE—CAUTION.

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

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

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

For Sale by all Druggists.

DAVIS, LAWRENCE & CO., LTD.

Wholesale Agents, MONTREAL.

WYETH'S

Compound Syrup White Pine.

MESSEES. WYETH desire to ask the attention of the medical profession to this invaluable expectorant, which after considerable experimental work and study, they have been enabled to perfect and present as a medicated syrup, which for beauty and efficiency they feel assured cannot be surpassed.

This preparation represents in each fluid ounce combined in the most palatable form the following ingredients:—White Pine Bark 30 grains, Wild Cherry Bark 30 grains, Spikenard 4 grains, Balm Gilead Buds 4 grains, Blood Root 3 grains, Sassafras Bark 2 grains, Morph. Sulphas 3-16 grain, Chloroform 4 mins incorporated into a syrup, which will preserve unimpaired their therapeutic properties. As an expectorant, it certainly possesses exceptional merit, and has proven of invaluable service in allaying those distressing symptoms so apparent in laryngeal troubles.

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 Syrup White Pine 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 is just sufficient to exercise a calmative effect, and yet so minute as to be free from objections.

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.

MESSEES. WYETH & BRO. have also the same combination with the addition of Tar "Syrup White Pine and Tar."

WYETH'S

Fluid Extract Ergot.

In directing the special attention of the Medical Profession to our Fluid Extract of Ergot, we fully realize the responsibility assumed in making the representations we do in regard to our preparation.

No article in the *Materia Medica* has so often disappointed the practitioner, and scarcely any drug is more susceptible of change, deterioration, and in time becomes entirely inert. We have hesitated to ask the unconditional endorsement of the Profession until we had fully demonstrated for ourselves the value of the Fluid Extract we make, but now, after several years' continued evidence of its successful use in the hands of medical men throughout the country, during which time we have manufactured many thousands of pounds, we confidently claim for it a value and efficacy superior to any other preparation of this drug.

The menstruum used is that best adapted for extracting all the active matter, and retaining its full power. It is entirely free from acid, and can be used subcutaneously without irritation in most cases having in this respect a great advantage over the watery solutions, which decompose very rapidly. Our menstruum is simply Water, Alcohol and Glycerine; no heat whatever is used in its manufacture. Since adopting this formula, a number of valuable papers, from foreign authorities have endorsed our views. Our large operations, and long experience, enables us to select the choicest importations of Ergot as offered, thus insuring material of unexceptionable quality.

Those who order our fluid extracts, *Physicians in prescribing* them, as well as *Druggists in supplying* them, may rest assured that they will find each one thoroughly reliable as representing the properties of the original drug.

Physicians who wish to use them, should designate our manufacture (Wyeth & Bro.), when prescribing, to insure ours being dispensed.

JOHN WYETH & BRO., PHILADELPHIA.

General Agents for Canada, DAVIS & LAWRENCE CO., (Limited.) Montreal.

the Medical Council, and with the result that a bill was prepared and presented to Legislature still in session, making the necessary changes in the medical curriculum and conferring on the Council more complete control of medical education, and empowering it to reciprocate under certain conditions with other Provinces. That bill has now passed the Legislature and only awaits the signature of the Lieut. Governor to become law.

The last section of the bill reads as follows :

"When, and so soon as it appears that there has been established an examining body similar to that provided for by the Act, or an institution duly recognised by the legislature of any of the provinces of the Dominion of Canada, other than the Province of New Brunswick, as the sole examining body for the purpose of granting certificates of qualification and wherein the curriculum is equal to that provided in the second section of this Act, or as the same may at any time be altered in accordance with the provisions of said section 2, the holder of any such certificate shall upon due proof, be entitled to registration by the said Council, if the same privilege is accorded in such other provinces to those registered in New Brunswick."

This section shews clearly with whom and when New Brunswick may reciprocate. The other sections give power to the Council to alter schedule of matriculation examination, and detail the requirements for registration, making a four years graded course essential, and conferring on the council power to examine all applicants.

It is a matter for congratulation that the professor in New Brunswick have been able to carry out their part of the programme to the letter, and have been so successful in their application to the legislature, an application made with much hesitancy, but the members of the Legislative Assembly on being made aware of the object of

the proposed legislation seemed pleased to approve of so worthy a motive and passed the bill unanimously.

It is a common observation that few of those who consult us fearing heart disease have anything the matter with their hearts, while we frequently detect this serious condition in persons who are quite unconscious of it. Indeed, perhaps we are too apt to look with easy carelessness on any complaints of pain or uneasiness about the heart and to reassure our patients with comforting words about neuralgia, intercostal rheumatism or indigestion.

One reason for this is, no doubt, the fact that one of the stock complaints of the hypochondriac is of cardiac pain. Another reason is found in the gradually increasing tendency to construct our diagnosis solely on the solid ground of physical signs and to neglect the sometimes vague indications of subjective symptoms. But we should not treat such complaints too lightly, especially in middle-aged and elderly people. Nowhere is a careful study of subjective symptoms of more value than in the examination of the heart and the most valuable of these symptoms is pain. It is not too much to say that in some cases a diagnosis is more surely made by attending to the symptoms than from physical signs, and that in many cases where a diagnosis has been made from signs, the prognosis may depend very largely on the presence or absence of symptoms. We all know of people in whom organic heart lesions giving definite auscultatory phenomena have existed for years and who are still in good general health and fit for work; while we know also that serious pathological changes have been found *post mortem* in cases where no physical signs of heart disease were to be found during life.

There are few cases of heart disease in which pain is not present some time

or other. There are also, doubtless, many cases in which complaint is made of pain in the region of the heart, where careful investigation and the subsequent history negative the idea of organic disease. How frequently we are told by anemic patients of an inframanmary pain and how invariably this disappears as the general condition improves. In these cases the pain is probably in the thoracic wall and is caused by disordered nutrition; an inadequate supply of blood, imperfect assimilation or defective elimination in the tissues, affecting the nerve terminals.

But what is to prevent these tissue changes from occurring in the heart muscle also? It is more than probable that the heart-soreness so often complained of by neurotic patients is of this description. For such patients are as a rule gouty, and whatever theory we adopt as to the etiology of gout, there can be no doubt of faulty elimination of waste products, and the accumulation of these acts as an irritant to the nerves.

In such cases even if the pain be severe the prognosis is not necessarily grave, for proper remedial measures restoring elimination and supplying nourishment to the tissues, may restore them to their normal condition. We are here on the border-land between functional and organic disease. In such a heart the most careful post-mortem examination might detect no flaw, it would be a case for chemical rather than histological examination.

But there are other cases in which pectoral pain or tenderness points to an affection of the heart. And when a patient comes before us complaining of cardiac pain we should endeavour to locate it. A sensation of tenderness to pressure in this region, may of course be seated in the chest wall; we must think of inflammation, abscess, neuritis; a possible neuroma of an inter-costal nerve, severe muscular pain in the fibres of the pectoral

muscle, or the pain precluding an attack of herpes zoster. But, if the pain complained of be referred to the position occupied by the heart, and the area tender to pressure correspond with the area of cardiac dulness and the tenderness is most marked during expiration when a larger part of the heart's surface is uncovered by lung, and is confined entirely or almost entirely to the intercostal spaces where the pressure is not interfered with by the ribs, then it may be taken for granted that the pain is really in the heart.

First, it may be due to an inflamed pericardium; and while pain is often absent in the disease, it may be the first indication of it. Some writers have held that the pain present in pericarditis is due to concomitant pleurisy, but why should the serous membrane of the heart alone be insensitive? Clinical experience in the operation of tapping the pericardium has demonstrated the acute sensibility of the epicardial layer in inflammation. Pain may also be present in endocarditis, and while, in all cases of acute rheumatism, routine examination of the cardiac area is indicated, it is loudly called for when complaint is made of præ-cordial pain. Here, when, with a lengthening, and it may be, a roughening, of the normal systolic sound—there is præ-cordial pain, it is, as Latham pointed out a "salutary warning" of what we may expect, and we initiate treatment at once without waiting for the full development of an endo-cardial murmur.

Another condition which may give rise to pain is dilatation, the pain being probably due to over-distension, as in the bladder in retention of urine. Now, a potent factor in producing dilatation is anæmia whether chlorotic or febrile, the accompanying hæmic murmur is in all probability due to temporary incompetence of valves, and this, in turn, to feeble heart-action. It is natural to suppose that a condition

which weakens the voluntary muscles should also enfeeble the cardiac muscle, and the consequence will be ineffective contraction and incomplete emptying of the heart, and consequent pressure on the nerves of the endocardium.

The pain present in the condition known as "paroxysmal hurry" of the heart is likely due to the same cause, over-distension from too rapid and inefficient contraction. Pain present in valvular disease may be owing to the same cause, for it has often been observed that when compensation has been established the pain disappears, while, if from any cause the equilibrium of the circulation is again disturbed—pain returns.

But pathological conditions of the muscular substance of the heart may also cause pain. Pain across the upper part of the sternum and "in the heart" was found by Da Costa to be frequently present in fatty degeneration. And one of the most common pathological conditions found after death in cases where there have been symptoms of cardiac disease without definite physical signs is chronic myocarditis, a fibroid change in the muscular tissue. This change appears in some cases to be an extension of inflammatory processes from the peri or endo-cardium into the muscle: in other cases is associated with morbid conditions of the coronary arteries, as sclerosis, or calcification. This would of course interfere with the blood-supply of the heart muscle and lead to degenerative changes.

In all the cases we have considered the morbid influence at work, inflammatory, degenerative or mechanical comes finally upon the nervous elements.

Thus far we have looked at pain presenting itself in the cardiac region only. But perhaps the most striking form of heart-pain is not limited to this area, but is reflected into other regions, and its connection with the heart is sometimes only seen on careful study, although the local and the reflected

pain generally accompany each other, the latter being truly an over-flow or radiation from the former. This is the case in true angina pectoris, perhaps the most appalling form of physical pain. In this disease and in others of less severity and less gravity, there is, in addition to severe præcordial pain, an excruciating sensation shooting into the neck, between the shoulders, and down the arms, even to the finger tips. It is comparatively seldom present in the right arm, and usually runs down the inner side of the arm, and along side of forearm and hand. It is more frequent in the left arm, because the left side of the heart is more usually the seat of disease, but why this should be, why endo-carditis of the right heart in the adult is almost a pathological curiosity no one seems to know.

In cases where these peripheral pains are found, without local cardiac pain, the connection with the heart is not always evident: it may indeed be unconnected with heart disease. One must examine the course of the nerves, the brachial plexus and the cervical spine and eliminate any irritation arising in the nerve itself in its course from the spinal cord.

A study of the nervous supply of the heart will throw light on the distribution of pain in heart disease. The intrinsic nerves of the heart which are, no doubt, concerned in the manifestation of local pain are derived from the cardiac plexuses, and these are formed by branches from the sympathetic and the cerebro-spinal systems. The contribution from the latter comes through the vagus and necessarily implies a close connection with other viscera and, through the spinal accessory, with the cervical nerves distributed to skin and muscle.

The cardiac supply from the sympathetic comes through the cervical ganglia and these are again intimately connected with the lower cervical and upper dorsal nerves. There is thus a continuity between the ultimate nerve

fibrils of the heart and the nerve terminals in the cutaneous areas, supplied by the cervical and brachial plexuses. Painful impressions reach the sensorium through the gray matter of the cord, but if very severe, they may, while passing through the posterior cornua, radiate into the sensory centres or fibres arriving therefrom the cutaneous areas already indicated and, by the law of peripheral reference of sensation, this pain is referred to those areas.

We find these reflected sensations in cases of heart disease in the area of distribution of the two lower cervical and the five upper dorsal nerves. Irradiation of pain does not necessarily occur throughout the whole area, some times it may be confined to a very small part of it, to a spot on the inner side of the elbow or to the little finger: the distribution is determined by paths of least existence.

In a very suggestive paper by MacKenzie of Burnley (*Lancet*, Jan. 5. 1895) on sensory disorders associated with heart failure, much interesting clinical material is collected to show the value of studying these symptoms and attention is drawn to the light thrown on their distribution by the study of herpes zoster.

Sometimes the pain is rather a hyperaesthesia, it may even be relieved by pressure, at other times the pain is deep seated, as the tenderness of the sterno mastoid and trapezius muscles, supplied by the spinal accessory.

These symptoms are not to be neglected. In many cases of serious organic disease of the heart and aorta, the earliest warning, and sometimes the only indication of disease is afforded by these painful reflexes. They are generally more noticeable when affecting the arm and hand, but we can see how, through the upper dorsal nerves, the pain felt in the chest wall, already referred to, may be a reflex pain from the heart.

A \$600 FELLOWSHIP, tenable for two years, has been established by Frederick Stearns & Co., of Detroit, in connection with the University of Michigan. It will be known as the "Stearns Fellowship of Pharmaceutical Chemistry and Pharmacology." The fellowship offers excellent opportunities to graduates of the School of Pharmacy for original work.

A SETTLEMENT has been reached in the difficulty at the Victoria Hospital, Fredericton. A representative of the staff will be allowed on the Board, but during his term cannot attend the wards but may take private patients and attend consultations. This is a fairly satisfactory solution.

THE HISTORICAL CASE OF DIPHTHERIA.—Shortly after Louis Bonaparte had taken up his residence in his new kingdom of Holland his eldest boy was seized with croup—most probably diphtheria—which proved fatal. Napoleon heard the news about a week before the battle of Friedland, and was so much affected by it, that he at once commanded that steps should be taken to offer a prize for the best essay on Croup, its Cause, Origin, Nature and Treatment. The prize was 12,000 francs. Eighty-three essays were received. Dr. Cabanes has recently examined some of them, and declares that even the two which divided the prize display how extraordinary was the ignorance in those days of a disease which was certainly common, and well known to be fatal. Yet there were many good clinical observers in France at that date. Two results naturally followed the action of the great conqueror. In the first place nothing new was found out about croup; secondly, all the unsuccessful candidates were indignant. The son of Constant, Napoleon's valet, died of croup shortly after the award. Why, said the defeated essayists, were not the recommendations of the successful writers carried out by the physicians who awarded the prize?—*En*

SOCIETY PROCEEDINGS.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Stated Meeting January 31st, 1895.

After ordinary business was disposed of, the scientific part was proceeded with.

Dr. Chisholm presented two cases: 1st, *syphilitic gumma* affecting third nerve. Well marked ptosis paralysis of the ocular muscles and dilatation of the pupil. No specific history and yet in the absence of such was put on potassium iodidi and inunctions of hydrarg and has improved very materially. 2nd, *Tic Douloureux* suffering comes from tic douloureux of the infra orbital nerve. Sometimes, has no pain. It was of eight years duration. Has at times been unable to move tongue and unable to articulate. Both these cases were examined by the members present.

SEPTIC INFECTION AFTER ABORTION.

Dr. Mader read the report of some cases of septic infection after abortion, etc.

Case I.—Mrs. S, aged 22 seen March 20th, 1894 for uterine hemorrhage. Had menstruated seven weeks ago—and had brought on menstruation by means of hot water and purgatives. Vaginal examination: Os partly dilated and ovum evidently presenting. Sent home and advised to keep to her bed. Found next day doing her work as she could not lay up.

He (Dr. Mader) was sent for five days after. Found patient vomiting—headache. Temperature normal—pulse slow. Vaginal examination: Decomposing matter protruding through the os, very foetid, vaginal, douche 1 to 5000 bichloride and full doses of quinine. Returned in morning and prepared to clear out uterus but found her so much better he did not interfere. Vaginal douches continued and made a good recovery and is now pregnant.

Case II.—Seen Oct. 25, 1893. Suffering with labor pains. Pregnant 4 or 5 months. Temperature 100° to 101° F—os partly dilated. Seen again 4 or 5 hours afterward, labor was progressing. Concluded that foetus was dead. Delivered next day decomposed foetus apparently about five months.

Next day temperature 102°. Lived in such a hovel that nothing much could be done. Second day after delivery temperature 105°. Could not get anything but cold water. Vaginal douche carbolic and full doses quinine. Left syringe with full instructions how to use it. In 24 hours on returning surprised to find temperature normal and patient feeling well. Neglected douche and temperature rose again but easily controlled. In 10 days time was up and about.

Case III.—Mrs. J. aged 35, seen Sept. 13th, 1893. Complaining of flooding, strong tubercular history. Been flooding for last 24 hours, passing large clots, a delicate anaemic frail woman, rapid weak pulse temperature 102°. Vaginal examination—a mass presenting through os. He temporised for some time but finally removed the ovum by scooping it away from its attachments by means of the index finger. Antiseptic vaginal douches given twice daily. The temperature remained elevated with an occasional chill. In a few days a tender swelling was observed on digital examination on the left side of the cervix. Temperature 102° to 104° pulse 110 to 120. Some cough and expectoration Oct. 10th a large amount of extremel foetid greenish pus was discharged per rectum, temperature falling to 99°. Pus discharged for two or three days with faeces. Temperature gradually rose to 103° and continued as before. Prolonged exhausting sweats, temperature remittent. Nov. 18th, patient put under anaesthetic, with Dr. Anderson and a very careful search made for pus. Negative result. Cough was increasing suspicious signs at apex but

no consolidation. Shortly after on examining chest there was a large area of consolidation at base of left lung. The tuberculosis assumed the pneumonic form and she died on Feb. 20th, 1894, 5½ months after the abortion.

Case IV.—Mrs B, aged 41, seen March 31, 1893. Complaining of uterine hemorrhage. Husband tubercular, patient had miscarriage of 5 months 4 years ago in Scotland when she had a narrow escape, she thinks from hemorrhage. Menstruated only once since last conception, date of period seven weeks ago. Passed considerable number clots which however were not preserved. Vaginal examination: Uterus enlarged os patulous just admitting tip of index finger, hemorrhage moderate. A large strong woman but looks pulled down. Distressing cough, temperature normal, pulse normal. Remained quiet for a few days and hemorrhage ceased, commencing again on any exertion. He (Dr. Mader) plugged the vagina on one or two occasions. On the 12th and 13th April there was a slight rise of temperature, hemorrhage continued but not profuse. April 15th dilated the os with finger and removed ovum which was attached to middle of anterior wall of the uterus. Two days after had a chill, intra uterine irrigation. The irrigations were followed by other chills after which the temperature remained below 101° for a few days.

April 25th, one week after had a severe chill accompanied by pain in right shoulder. Seen by Dr. Black who curetted the uterus, nothing to note was found no local condition to account for the trouble. Temperature remained elevated requiring anodynes to relieve pains in shoulder, physical examination of chest negative. April 26th, another rigor, temperature 105° pulse 150. In an hour temperature was 107° in axilla, she became unconscious. Cold sponging was at once begun over the whole body and the temperature

was reduced in 2 hours to—Pulse came down and intelligence returned.

April 28th, cough became more troublesome. Some dullness over left base rales rusty sputum and rapid breathing. Temperature 100° to 101° pulse good. In charge of a nurse from hospital, temperature taken and douching as soon as temperature rises above 103° or 104°. Antiseptic vaginal douches.

Chills recurred irregularly. In a few days signs of fluid in right pleural cavity, removed by aspiration, of a cloudy turbid character. Temperature remained low for some days and patient seemed well, but had another rigor and only by continued application of cold could temperature be kept within limits compatible with life—on several occasions the temperature reached 107° notwithstanding the prolonged application of cold.

May 7th, vomited a little blood, later in the day vomited thick white matter mixed with green.

May 8th, severe pain in chest Dr. Mader thought he localized something in abdomen which was tympanitic except in region of caecum. But a full dose of magnes sulph. relieved this.

May 10th, right knee swollen and painful.

May 11th, covered with small pustules. Temperature remained sometimes nearly normal, patient seemed almost well, but the paroxysms always returned. Expecterated muco-purulent material.

May 13th, complains of severe pain in left side, series of prolonged chills. Fluid withdrawn from pleural cavity turbid but no pus cells. Chills more frequent and in the interval does not recover, occasional swelling of an arm or leg. Left lung does not resolve some congestion at both bases. She died from exhaustion on June 1st, forty-five days after first chill.

P. M. Only a hurried and partial examination was made the uterus was

small its cavity clean and normal in appearance. No trouble about pelvis.

Dr Black said that the last case reported by Dr. Mader and which he had seen was one of great interest. It was evidently one of pyaemia, but no pus was found in any part of the body. The high temperature was a notable point and the manner in which it could be reduced also the woman living forty-five days after the trouble began. The case to his mind was an obscure one as no collection of pus could be found.

Dr. Chisholm in referring to a case said that he thought it bad practice to try to remove a placenta by the finger—almost certain to break it and leave some part behind. It is better to leave it alone and treat only with vaginal douches.

Dr. Kirkpatrick presented an interesting case of

TUBERCULOSIS OF THE LARYNX.

The patient, a man aged (39) thirty-nine, contracted a severe cold early in November, at which time he became very hoarse. He gradually recovered from his general cold, but the hoarseness remained, and being examined carefully with the laryngoscope on November 29th, a growth was found in the posterior commissure. In appearance it resembled the cauliflower-like growth of a papilloma with considerable swelling of the arytenoid cartilages. From its very rapid development however, it was feared that the growth was malignant in character. A careful enquiry into the family history gave no evidence of consumption in the family, and the personal history excluded syphilis.

A microscopic examination was made and the presence of the specific bacillus of tuberculosis was determined. An examination of the lungs revealed the apex of the right lung slightly affected.

From the entire absence of symptoms of lung trouble previous to the patient's hoarseness and the advanced stage of the laryngeal affection, Dr. Kirkpatrick was of the opinion that the case was one of primary tubercular laryngitis.

By means of the laryngoscopic mirror every member of the Association who was present had an excellent view of the disease. Occupying the site of the posterior commissure, was seen the wart-like excrescence, while on either side was clearly seen considerable tumefaction of the arytenoid cartilages. The vocal cords and epiglottis were not involved. Hoarseness is the only symptom complained of by the patient.

Respiration and deglutition are not impaired and he coughs but little. There is no pain.

In addition to the usual general remedies Cod Liver Oil, etc., local applications of lactic acid 75% have been applied to the parts affected three times a week. Dr. Kirkpatrick stated that this line of treatment had evidently prevented the disease from extending as no new tissues had become involved during the past three months.

Dr. D. A. Campbell, who had previously seen the case in consultation with Dr. Kirkpatrick, was of the opinion that the laryngeal disease was secondary to the pulmonary affection.

Selections.

STRONTIUM SALICYLATE.

Dr. H. C. Wood, of Philadelphia, contributes an article on this subject to the *University Medical Magazine* for January, 1895, in which he says that for some years he has been trying to find a way of obtaining the general action of the salicylates without gastric disturbance. At one time, he says, most of his patients received oil of gaultheria, which in many cases is less

disturbing to the gastric mucous membrane than salicylic acid or sodium salicylate. Subsequently, however, he found that ammonium salicylate, given in milk, was usually much better borne than the oil of gaultheria. Dr. Wood's clinical experiments closely accord with Laborde's statements that the haloid strontium salts agree with the human digestive apparatus very much better than the corresponding salts of sodium and potassium, and it occurred to him that the strontium might be able to overcome the disagreeable effects of salicylic acid. When given intravenously to a dog, in a fatal dose, it produces death by affecting the respiration, followed almost at once by an extraordinary post-mortem rigidity. In some instances there was vomiting, but never purging. In order to determine whether it had any distinct depressing influence on the circulation, the following experiments were made with sodium and with ammonium salicylate:

1. A six-per-cent. solution of sodium salicylate was administered to a dog weighing 28.6 kilogrammes. The arterial pressure was not distinctly affected by the intravenous injection of a hundred cubic centimetres; after forty cubic centimetres more were given there was a rise of ten millimetres in the arterial pressure, which was maintained for between one and two minutes, when under the influence of another twenty cubic centimetres the pressure began to fall slowly. Again twenty cubic centimetres were given and the rate of fall was increased. When the arterial pressure had decreased from a hundred and eighty to fifty-two millimetres, the respiration ceased; the heart continued to beat for half a minute longer.

2. A six-per-cent. solution of ammonium salicylate was injected into a dog weighing 21.4 kilogrammes. The rapid injection of twenty cubic centimetres of the solution into the jugular was followed by a pronounced immediate fall of pres-

sure, and a few seconds later by a rise. After repeated injections until eighty cubic centimetres had been given, the pressure rose to twenty millimetres above the normal. This rise was increased sixteen millimetres by the gradual injection of eighty cubic centimetres more. Then a very slow injection of forty cubic centimetres more was administered, after which violent tetanus developed, and the arterial pressure rose to fifty-six millimetres above the normal, falling rapidly half a minute later, when the muscles relaxed, during rest, to a hundred and twelve millimetres below the normal. Ten seconds after this the respiration ceased, the heart continued to beat for twenty seconds, and the arterial pressure gradually descended to zero.

3. In this experiment a six-per-cent. solution of strontium salicylate was used. After the injection of a hundred and fifty cubic centimetres the blood-pressure was still above the normal, although a few seconds later an additional injection of ten cubic centimetres was followed by a rapid fall of the pressure, ending in death by respiratory arrest. The heart continued to beat distinctly for twenty seconds after respiration had stopped. In other words, eleven cubic centimetres to the kilogramme of a six-per-cent. solution of strontium salicylate, intravenously injected in broken doses for a length of time, did not produce any immediate fall of pressure.

Contrasting these results, says Dr. Wood, with those obtained from the use of the sodium and the ammonium salicylates, it will be seen that the dose of strontium salicylate necessary to lower arterial pressure was nearly twice that of the sodium salicylate, and distinctly more than that of the ammonium salicylate.

With the knowledge acquired from these results, says Dr. Wood, it seems entirely safe to use the strontium salicylate in the human subject, and he has accordingly employed it in a

large number of cases in doses ranging from fifteen to a hundred and twenty grains a day. The result of these trials shows that in doses of from five to ten grains, given after meals, the salt very commonly improves digestion, and the dose of five grains an hour after meals, in flatulent dyspepsia and in various conditions of tendency to fermentative changes in the alimentary canal, is a useful intestinal antiseptic, one that has seemed to the author to give better results than salol, naphthol, or any of the other intestinal antiseptic remedies. It does not produce cinchonism so readily as the older salicylates, but it may produce a pronounced degree of cinchonism. The author has not tested it in acute articular rheumatism, but thinks it would be less efficacious than the ammonium salicylate. In muscular or subacute rheumatism, as well as in chronic gouty conditions with a tendency to digestive disturbance, Dr. Wood has found it to be a very valuable remedy, exerting the action of the salicylate upon the diathesis, and improving instead of injuring the digestion. It may be given in solution, but it is best administered in capsules; a five-grain capsule is of moderate size, and of these two or more may be taken at once. The taste of this salt is similar to that of the ordinary salicylates, but distinctly less offensive, so that, if it is preferred, it may be given in a weak solution.—*Ex.*

ICHTHYOL IN ECZEMA.

The *Lancet* for December 22nd, published an account of a case which had come under the observation of J. K. Tomory, M. B., of Edinburgh. About three years before the author saw the patient she had an eczematous eruption on the back of the neck, which gradually spread to the scalp. The hair was cut short, and a physician consulted, who prescribed an ointment

and Fowler's solution. From that time she had never been entirely free from the eruption, although at times, especially when she was pregnant, it was less troublesome than at others. The eczema was very much worse in the spring. In July she consulted the author, who prescribed one application of a starch-and-boric-acid poultice, to be followed by an ointment containing an ounce of ointment of oleate of mercury (twenty per cent.), and six ounces of boric-acid ointment. The following mixture was also prescribed: An ounce of the compound syrup of hypophosphites, forty-eight minims of Fowler's solution, and eight ounces of water; half an ounce of this to be taken after eating. The ointment allayed the itching, but otherwise did not improve her condition. In September the author resolved to try ichthyol and gave the patient the following instructions: The head and neck were to be well washed with soft soap in order to remove any ointment that might remain, and at night a starch poultice was to be applied. The next morning the ichthyol was to be applied, and it was to be renewed once a day. Before every application the hair was to be well brushed. There was absolutely no other treatment given, says the author, and by the end of a month the skin on the neck was quite normal, and only one or two small spots could be seen on the head. By November 10th she was absolutely free from all traces of eczema, and has continued so ever since.

Mr. Tomory says he has had considerable experience in the treatment of eczema, but has never had so intractable a case. Usually he has been able to check it by means of the following lotion: Two ounces of oxide of zinc, an ounce of boric acid, half an ounce of subnitrate of bismuth, and twelve ounces of olive oil. Arsenic is used internally when the inflammatory symptoms have subsided.—*Ex.*

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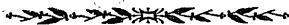
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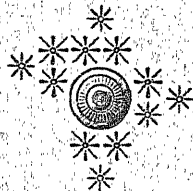
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