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(HALIFAX, NOVA SCOTIA.)

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VOL. IV.—No. 11.

NOVEMBER, 1892.

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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.

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Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 10,000 volumes, 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 manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery; routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

HALIFAX, N. S., NOVEMBER, 1892.

No. 11.

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Original Communications.

* ANALOGY BETWEEN GRIPPE AND DIPHTHERITIC PARALYSIS.

BY E. REAVLEY, M. D., CANTERBURY, N. B.

So many cases of paresis and paralysis occurred during the late epidemic that I was forced to regard influenza as the chief factor in their production. The object of reporting cases at this convention is not to instruct, but to gain knowledge by a comparison of experience, to obtain the opinion of men who are eminent in the profession. Many of you have, perhaps, seen a greater number of similar cases and may have more correctly attributed their production to some other disease. It is hardly necessary to remind you that for years men have known that the infectious fevers may be followed by paralysis, due to toxins generated in the system. Diphtheria gives us the most frequent examples while it is observed much less frequently after measles and scarlatina.

* Paper read before the New Brunswick Medical Society, 1892.

Influenza is also said to produce it. This is disputed by many. It would be utterly impossible to reconcile the conflicting statements made by many eminent observers, e. g., Prof. Thompson, in a lecture delivered at Gresham College, reported in the Br. Med. Jour. Nov., '91, asserted that diphtheritic paralysis was essentially motor, while that of influenza was sensory. Since the late epidemic few will accept the second part of his proposition.

Errors in diagnosis may account in some measure for difference of opinion: e. g., a recent endemic of cerebro spinal-meningitis was regarded as grippe until a physician of greater experience and skill pointed out the error. Dr. Althous (London Lancet, Nov. 14th and 21st, '91) in speaking of post-febrile neuroses says that "as a cause of the production of all kinds and forms of nervous diseases grippe stands facile princeps among all infectious fevers." "Syphilis alone equals it in the number of lesions, but grippe is more destructive to nerve tissues." Dr. C. K. Mills, of Philadelphia, includes among its sequels neuritis simple and multiple-inflammation of

cranial nerves, myelitis, acute atrophic and bulbar paralysis; meningitis, cerebral hæmorrhage and effusion, swelling of the ankles with arthritic pain. Osler in his "Practice of Medicine" mentions meningitis as a sequel and says that "multiple peripheral neuritis was not unfrequent" after the epidemic of '91. Bristowe cited by Osler, saw a case of cerebral abscess develop as a sequel of influenza. Its pernicious effects on the nervous system caused some physicians to suggest for it the names "nervous fever," "trigeminal fever." Althous says that the division of gripe into the forms gastric, catarrhal, and nervous is a great error for all of its varied symptoms, are due solely to disturbances in the different parts of the nervous system. Gowers (Diseases of nervous system, vol. 1, 324) says: "It is quite probable that slight myelitis sometimes occurs during an acute specific disease and altogether escapes detection." This statement is equally true of influenza, but in many cases of the latter disease the myelitis is the most prominent symptom. Remembering these quotations a brief history of a few cases will be given.

Case 1.—R. A., age 30, temperate. Previous history. Health has been good for last fifteen years, with exception of a mild attack of dry pleurisy in '90. Feb. 25th, '92, had a very light attack of influenza but did not believe it necessary to cease work. Attack lasted for two or three days. March 7th. Second attack following exposure. Severe pain in back, limbs and hypochondriac regions; pulse, 86; temperature, 100 °F., very mild bronchitis and coryza. Sensation and reflexes normal. Patient had considerable work to do, would not rest; while walking felt the pains less than when reclining; but when he did cease work for a few minutes the previous exertion seemed to have increased the pain. March 19. Paresis of right arm; biceps chiefly affected; his writing, formerly fair, became almost illegible. Feels a burning sensation over biceps. Paresis of bladder—no prostatic enlarge-

ment or inflammation; no stone in bladder. Patient feels pains in limb and joints, also in lumbar region when reclining. His condition slightly improved; at present time is no trace of former disability.

Case 2.—Mrs. R. J., farmer's wife, age, 62. Health always good till present illness began. Nov., '90, had a mild typical attack of grip bronchitis which was chief symptom requiring treatment continued about five weeks. Then paresis of lower extremities suddenly developed, swelling of ankles, arthritic pains and aching of bones at night. Could not raise left leg without the aid of her hands; right leg not so paretic. Almost unable to rise from sitting position. Cannot walk without the aid of two canes; her steps are then slow and unsteady. Has "painless cramps" beginning in flexion of toes and extending thence to gastrocnemii. Contraction lasts for a short time only, and always occurs in the following order: 1st, flexion of toes, then ankle, and then slight flexion of knee. Patellar reflex absent; no ankle-clonus; sensation normal. No change till spring of '92. At present time uses only one cane but walks with difficulty.

Case 3. H W., age, 46, farmer, total abstainer. First person attacked at Charley Lake; a few days after his illness began, about fifteen typical cases of grip occurred. Feb. 25th, 1892. Awoke at two a. m., with severe pain in hypogastrium and region of kidneys, attempted to micturate but could not. Dr. T. was called in and passed catheter. No observation of pulse or temperature was made. Saw patient March 2nd. Pulse and temp. normal, tongue clean; no constipation. Cremasteric, abdominal and patellar reflexes absent; no ankle-clonus. Pupils normal; slight paresthesia. Heart, lungs, etc., normal. Soft catheter enters the bladder without any difficulty. Sound gave no indication of stone. Examination per rectum. Prostate about 1½ inches long and 1¼ broad. Finger could easily reach the whole of the inferior surface

of the prostate and its base. March 9. Patient had a second (?) attack of grip with severe hypochondriac pain, fever, etc. I have not seen this patient since, but understand he has become a monomaniac.

Case 4.—Mrs H., age 36. First treated by Dr. ——— for arrested menstruation because she had a severe pain in lumbar spine and in ovarian region. Seen in third week of illness. Temp. 101.5°F. P. 110. Tongue furred-whitish. Tendency to constipation; pupils normal. On examination a few rales are heard in both lungs: heart normal. Abdominal organs, uterus and ovaries normal. Menstruation had been normal at last period. Sensation normal. Abdominal reflex intact. In third week of illness temp. became normal, but pulse still remained about 89. Great prostration. Recovery was very slow. There was a *marked weakness* of flexors of thigh—a weakness out of all proportion to the duration or severity of her illness. No herpes had been observed and no eruption which might not have been caused by the poultices, etc., used.

Case 5.—S. G., age 36, farmer, temperate. Previous history never ill except 14 months ago when he had a severe attack of influenza. Mar. 19, about 11 a. m., while working in the field he felt a sharp pain in the lumbar spine, fell to his knees; in a few minutes he could walk. He resumed work again but had a severe pain in his back and legs. After about two hours he stopped work and went to his house. In the afternoon he wished to go out a short distance but only took a few steps before he fell and was not able to rise without assistance. He could move his legs but was not able to walk. During the night of the 19th he had a severe rigor of short duration, then felt very feverish for about ten hours. Very severe pain in spine, loins, hypochondriac cardiac sacral regions and in the legs, especially over the course of the sciatic nerves. Pain intensified by motion. At 2 a. m., 21st, agony became so ex-

treme that patient sent a messenger for me. On my arrival found that the pain had greatly decreased and patient was perspiring very profusely, his clothing was saturated. Pulse 61, temp. 98.8 F. On examination slight bronchitis; pupils and reflexes normal; slight hyperæsthesia over extremities. Marked paresis of lower extremities and difficulty in micturition. No herpes or rash. Symptoms improved steadily until at the end of three weeks patient could walk around as usual but for a couple of months did not regain his strength. He had been exposed to influenza a few days before his attack began; was the last patient affected in his locality. He believed that this illness was the same in character as his previous illness but more severe. No history of injury or great muscular strain.

Case 11.—The first patient affected in his locality, Harry S., aged 38, teamster, intemperate. Had typhoid fever at 17 years of age. Grip 12 months before present attack. No history of syphilis or recent injury.

Present illness, Nov. 16. While riding on a load of lumber with legs suspended over the side of it, his legs were *suddenly and involuntarily extended*, and patient felt that he must throw himself, by the use of his arms, away from the wheels or fall under them; he did so. In falling the weight of the body was received on the extended arms and he therefore received no injuries about the head or face. Instantly complete cervical paraplegia supervened. Agonizing pain was now felt from 3rd cervical to 7th dorsal vertebra. No dysarthria. Could rotate head through about 25 degrees, but even this limited movement caused severe pain. Was carried home. Temp. 105:6°F.; pulse 75 (?). Hyperæsthesia over all body below the mamillæ. No strabismus or facial paralysis. Tongue deviates slightly to right; pupils normal (?) Marked difficulty in micturition and obstinate constipation. Nov. 19. Temperature almost normal. No other change. After this date condi-

tion generally improved till 27th when he could flex forearm on arm and move shoulders by means of pectoral muscles. Must still be fed like an infant. Gradually gained power over arms and legs, and in three weeks could bend fingers, and, when supported, walk, but co-ordination seemed to be altogether absent. Movements very unsteady and jerking. When he extends his feet fingers are also involuntarily extended. Jan 1st. Can walk a few paces without aid as if intoxicated and must watch his feet. Pupils normal. Plantar and patellar reflex exaggerated; abdominal and cremasteric reflex absent. No ankle clonus; tactile sensation increased. Movement of his fingers produces severe pain in wrists. Present weight 150 lbs; has lost during illness 30 lbs. June 25, walked a distance of five miles; has passed out of observation.

In conclusion:—There is an analogy between grippe and diphth. paresis and paralysis in the following points:—1st. In cause; a toxine produced by an infectious fever. 2nd. In pathology; the lesion producing it may be in each; myelitis; multiple peripheral neuritis; changes in nuclear centre; changes in bulb; optic neuritis occurring in each. 3rd. As a corollary to 2nd; in varied distribution of muscles affected. 4th. In manner of its onset. 5th. No direct ratio between severity of attack and subsequent changes in nervous system.

TWO CASES OF CATARACT OPERATION WITHOUT IRIDECTOMY.

BY C. P. BISSETT, M. D., ST. PETER'S, N. S.

In February, 1892, I was consulted by Mrs. E., aged 64 years, for cataract affecting both eyes, and of about two years' duration. One week later the "old flap" operation of Beer was performed. I was but scantily supplied with instruments, and in part for that reason, decided upon dispensing with iridectomy, a procedure to which I had theoretically attached the greatest importance. After attending to the usual

antiseptic precautions, a Beers knife was entered at the corneo-scleral junction, and pushed across the anterior chamber, with the result of making a flap almost one-half the corneal diameter in depth, and encroaching on the sclerotic conjunctiva in its free border. The cystome was then introduced, and after opening the capsule freely, a full-sized hard cataract was easily extracted. This was the first case upon which I operated. It progressed most favourably and resulted as perfectly as the altered refraction conditions of the eye could permit.

In August last Mrs. E. again consulted me for operation upon the other, this time the left eye. Accordingly acting upon suggestions kindly given by Dr. Kirkpatrick, of Halifax, I was enabled to repeat the operation in a modified form with the most gratifying results. Having in the meantime been provided with some new instruments, a stop speculum was introduced, the eye firmly fixed by means of appropriate forceps, and the straight narrow knife of Graefe entered at the corneo-scleral junction. This was pushed rapidly across the chamber, making a section entirely in the corneal tissue unlike the previous. In this case there was no hæmorrhage whatsoever, and the lens was speedily expelled by gentle pressure over the lower part of the cornea. There was no complication in either case and no iritis followed notwithstanding that in both the iris was stretched severely to make passage for full-sized hard cataract.

I have published these cases to supplement a series of eight reported by Dr. Kirkpatrick, to whose kind advice I am in no small degree indebted for the success which attended my first efforts in this department of surgery.

SALICYLIC ACID is considered by Dr. Huber a safe and important diuretic in serous *pleurisy* and *cardiac dropsy*.

Selections.

Extract from Article by Dr. Frank Woodbury on the Digestive Ferment of the Carica Papaya in Gastro-Intestinal Disorders, from the New York Medical Journal of July 30th.

During the past year, having devoted considerable attention to the clinical applications of Papoid, especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention. The successful application of physiological data must be my excuse for again directing attention to a remedy which has been studied by such eminent investigators as Wurtz and Bouchut, Finckler Rossbach, Roy and Wittmach, and one furthermore the physiological and therapeutical actions of which, at the present day, may be regarded as pretty fully established. If I have little of novelty to offer as regards the agent employed, I may at least point out very briefly some of the clinical uses and the conditions of its successful employment. If I accomplish this modest task the labor will not be in vain, since success in therapeutics depends upon the pharmaceutical preparation and mode of administration, in many instances, as much as it does upon the selection of the proper remedy.

There were two considerations that especially led me to study the clinical applications of the juice of the Papaw to disorders of digestion. The first was the relatively large number, both in private practice and clinical service, of patients otherwise enjoying good health, but complaining of digestive disorders. The second was the following statement of Lauder Brunton's, which I encountered some years ago:—

“In the West Indies a tough beefsteak is rendered tender by rubbing it with the juice of a fresh Papaw fruit, which contains a ferment, having an

action very much like the trypsin of the pancreas.”

“The line of argument that would naturally be followed by the mind after receiving such a statement would be this:—

“A tender beefsteak is more easily masticated and digested than a tough one; consequently an agent possessing the power of making this change must be of considerable value as an aid to digestion when weakened from any cause.” Before considering the therapeutics of this unique remedy, however, I may briefly summarise its physiological actions and other properties.

Papoid is a fine cream-white powder, almost devoid of odor and taste, freely soluble in both water and glycerine, and claimed to be of uniform digestive activity.

The physiological actions of Papoid as a digestive agent have been thoroughly established. It acts upon albumenoids, hydrating them and converting them ultimately into peptones, as fully demonstrated by George Herschell. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. Moreover Herschell declares that it has a direct tonic action on the stomach, stimulating the secretion of gastric juice or pepsinogen. Papoid, according to the same authority, is distinctly antiseptic in its action and prevents abnormal fermentative processes from taking place in the stomach and intestines. An important point is, that it can be given in conjunction with true antiseptics, such as Salol, when necessary, without its digestive action being checked; even Corrosive Sublimate in dilute solutions does not interfere with its digestive powers. It acts at all temperatures, but attains its maximum activity at a temperature of about 130° F. In several important points it differs from Pepsin. Papoid acts best in an alkaline solution, but also can work in fluids with an acid or neutral reaction; Pepsin requires an acid solution. Papoid is freely soluble and is most active when in concentrated

form; Pepsin requires free dilution. Herschell also points out the greater digestive power possessed by Papoid than either Pepsin or Pancreatine, and states that "it can be used when Pepsin is contra-indicated or powerless." Finally, it should be stated that Papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered.

Therapeutically, confining these remarks strictly to digestive disorders, Papoid is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent or deficient. Experiments of my own and others have satisfied my mind of the remarkable digestive activity of Papoid. For instance, in one of the experiments referred to, portions of the constituents of a hearty dinner of bread, meat, potatoes, peas, mince-pie, and other substantial were placed in a large test-tube and treated with Papoid and bicarbonate of sodium and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened and the other ingredients gradually disintegrated, forming a pulraceous mass which finally separated into a grumous sediment and an overlying albuminous, dark colored liquid.

Since Papoid acts in alkaline solutions even better than in acid media, it is evident that it is specially useful where there is indigestion due to deficient secretion of gastric juice or of hydrochloric acid (achlorhydria). In such cases, the administration of an alkaline solution of Papoid favors gastric digestion both directly and indirectly: First, by digesting albuminates and softening masses of food, and, secondly, by the action of the Papoid in stimulating the secretion of the Pepin gland, while the alkali induces the secretion of a more acid gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach and prepares them for intestinal digestion. In fact, in such cases a compressed pill of Papoid bicarbonate of sodium, and ex-

tract of nux vomica has given me excellent results. In the contrary case, where there is an excess of Hydrochloric Acid, and where the stomach contents poured into the Duodenum are so acid that they prevent the action of the trypsin, Papoid prevents Duodenal indigestion by taking the place of the pancreatic ferment. As Herschell points out, it is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would, moreover, be unwise, because it would stimulate still further the secretion of the acid. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid.

In Gastralgia, which often accompanies the condition just named, Papoid, with bicarbonate of sodium, gives immediate relief. On account of its well marked sedative action, it is also useful in irritable stomach, nausea, and vomiting. In sea-sickness I have not had an opportunity as yet of using it, but I would anticipate decided relief from its administration. In gastric catarrh and the catarrhal conditions of the intestinal tract popularly known as biliousness, Papoid administered in hot water fifteen minutes before meals, or upon rising in the morning, cleanses off the mucous coat of the digestive organs in a good condition for secretion. Constipation, especially in children, is often caused by imperfect digestion. In infants, for instance, the fecal masses consist largely of casein. Here, a digestive agent is the rational remedy to administer, and, in fact, I have used Papoid with good results in just such cases, even in very young infants. On account of its sedative action, it is very efficient for the relief of colic in infants, as well as persistent vomiting. Its antiseptic action and its ability to digest in the presence of antiseptic agents makes it useful in the treatment of irritative diarrhoea in young children, to whom it may be given in combination with Salol or Sali-

WYETH'S BEEF JUICE.

A Liquid Preparation of the **CHOICEST BEEF**, containing the Nutritious Albuminous Principles in an unaltered and soluble form.

A Two-ounce Bottle
of Pure
Juice of Meat.

Actual test will show
3 per cent. by
weight of
ANHYDROUS
ALBUMINOIDS.

Contains the
Hæmoglobin of the
Meat unaltered.

Mixed only with Iced
or Lukewarm Water;
Never with boiling
Water, as
extreme heat renders
the valuable
Albuminous Elements
insoluble.

READ THE FOLLOWING

From

THE LANCET.

LONDON: SATURDAY, APRIL 30, 1892.

Analytical Records.

WYETH'S BEEF JUICE.

"The following analytical notes and results testify unmistakably to the excellence of this preparation. It is a dark reddish-brown liquid of pleasant beef-like flavour, and free from objectionable preservatives. It contains not only the albuminous principles of beef in an active and soluble form, but in the condition in which they occur in the freshly expressed juice of beef itself. Viewed with the spectroscope, a dilute solution is seen to give two absorption bands, characteristic of fresh blood or hæmoglobin. The liquid loses this property, however, as soon as it is boiled; while the coagulated albuminous principles assume a blood-red tint. According to our experiments, no less than fourteen grains of solid albuminous principles in every fluid ounce are thus precipitated. The following figures gained in analysis will convey some idea of the eminent degree of concentration through which this preparation has been carried. Notwithstanding this, the vital elements of beef juice it contains have been preserved unchanged. Moisture, 44.87 per cent.; organic matter, 38.01 per cent.; mineral matter, 17.12 per cent. The organic materials contain 4.57 parts of nitrogen, and the mineral matter consists largely of common salt and, of course, soluble phosphate. Results like these make it safe to assert that as an example of preparations of this class Wyeth's beef juice is little short of perfection."

DAVIS & LAWRENCE CO. (L'td.,)
MONTREAL,
GENERAL AGENTS FOR CANADA.

Contains Albuminoids
in a higher degree
than any
other Preparation of a
similar nature.

Proportion of Nutrient
to Stimulating
Properties such that
it can be
retained by the
stomach in **EXTREME**
cases of Debility.

Largely Prescribed
by the
Medical Faculty of
the United States,
Great Britain,
and
Canada.

WYETH'S
LIQUID MALT EXTRACT

MAY BE PRESCRIBED WITH VERY MARKED
ADVANTAGE TO PATIENTS

- Who are run down,
As it is a very valuable tonic.
- Who have lost appetite,
As it produces a decided relish for food.
- Who have difficulty after eating,
As it is an excellent digestive agent.
- Who suffer from nervous exhaustion,
As it will produce a prompt reaction.
- Who are troubled with chilliness,
As it effectively promotes circulation.
- Who have tendency to consumption,
As it fortifies and strengthens the system.
- Who are in later stages of consumption,
As it re-supplies in a measure the waste of strength.
- Who are unable to digest starchy food,
As it will correct this very effectively.
- Who are nursing mothers,
As it **INCREASES** the quantity of milk.
-

Probably its greatest value is, as a beverage, during lactation, as it not only supplies strength, to meet the unusual demands upon the system at that time, but it improves the quality of the milk, by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of the depressing effect, so frequently experienced from the re-action after administration of spirituous remedies.

cylate of Bismuth. In Apepsia of young children, or in that form of deficiency of the gastric juice in adults due to atrophy of the gastric follicles as the result of chronic catarrhal processes, the glycer in solution of Papoid (1 to 20)—is especially effective. It is permanent and retains its activity for a long time, whereas watery solutions should be freshly made or they will not keep their digestive power. (This may possibly be explained on the ground that in the presence of water, Papoid being an albuminoid body, partly undergoes hydration and digests itself). Furthermore, as already stated, watery solutions of Papoid, like other albuminous fluids, are apt to become attacked by Bacteria and undergo decomposition after standing for several days.

The uses of Papoid in treating disorders of the digestive organs may be summarized somewhat as follows :

1. In actual or relative deficiency of the gastric juice, or its constituents.

(a) Diminished secretion of gastric juice.

Apepsia.

Anaemia and deficient blood supply.

Wasting diseases.

(b) Diminished proportion of Pepsin.

Atonic dyspepsia.

Atrophy of gastric tubules.

(c) Diminution of hydrochloric acid.

Achlorhydria.

Carcinoma.

(d) Relative deficiency of gastric juice.

Overfeeding.

2. In Gastric Catarrh.

(a) Where there is a tenacious mucous to be removed, thus enabling the food to come in contact with the mucous membrane.

(b) Where there is impaired digestion.

3. In excessive secretion of acid.

To prevent duodenal dyspepsia.

4. In gastralgia, irritable stomach, nausea or vomiting.

5. In intestinal disorders.

(a) In constipation due to indigestion.

(b) In diarrhoea, as a sedative.

(c) In intestinal worms. (This claim the writer has not personally verified, but as intestinal mucous which shields the worms is removed by Papoid, it is easily understood that their removal would naturally result after its administration.)

6. In infectious disorders of the intestinal tract.

(a) Where there is abnormal fermentation ; by its antiseptic action, which may be heightened by combination.

(b) Where there are foreign substances present, its detergent effect may be utilized in cleaning out the debris from the intestinal contents by digestion.

7. In infantile indigestion ; here Papoid not only readily peptonizes cow's milk, but the resulting curds are also soft and flocculent, resembling those of breast milk

The dose of Papoid, ordinarily, is one or two grains but five grains or more may be used, the only objection being that of useless expense and waste except where very prompt effects are desired, in which case even larger doses of the remedy may be administered. In case of obstruction of the oesophagus by an impacted piece of meat and gristle—such as has been recently reported—a paste of Papoid and water with some soda would produce softening in a very few minutes.

A GREAT PHYSICIAN AS SEEN BY A STATESMAN AND LAWYER.

In a recent address before a medical college, the Hon. Thomas F. Bayard said : "I never knew a really great physician who was not greater as a man—I mean his greatness did not rest upon his personal and moral basis, which elevated and strengthened his professional life, infused itself into the community in which he lived, and was

M. P. P.

MALTO PEPTONIZED PORTER,

FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

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

In 1400 bottles given to medical men, as samples, positive *GOOD RESULTS* can be given from over 300 answers received from those by whom *Malto Peptonized Porter* has been thoroughly tested and used. There has *NOT BEEN ONE SINGLE FAILURE* reported, but all pronounce that it is the most perfect *concentrated liquid food, tonic, and antidyseptic* preparation ever put before them.

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

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

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

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

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

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in fact the underlying and prevailing cause of his influence and consequent success in his profession. It has been my personal fortune to know such a man. It has been my privilege and delight to accompany him in visits where his only medicine were the personal presence and conversation of the man himself. He had shared and lessened their anxieties; counseled the wayward; had led the sick back to health; cheered the weak-hearted; had rejoiced with them that did rejoice and wept with them that wept. And I have seen such a man so surrounded by an atmosphere of love and trust, holding as it were the heart-strings of a family in his hands, their guide, philosopher, and friend, and then I realized what a moral force in society the profession, properly comprehended and properly followed, was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine."

All of us have seen such characters as this one so vividly described, but we must confess that their number forms but a small portion of the medical profession. That they exist at all refutes the notion that the medical profession is entirely given over to the worship of Mammon.

We have recently read that a Chicago physician recently demanded a fee of \$2,000 for placing a tube in the larynx of a child suffering from diphtheria, and his demand was granted after much objecting. The father of the patient was a wealthy man, and the \$2,000 fee was doubtless no greater burden to him than fifty cents would have been to another person. However, we question whether Mr. Bayard would have used this illustration to enforce his theme. We further suspect that this father is likely to hereafter inquire the price of a physician's services before they are rendered. There is no reason why any physician should not hold his services at any money figure that he may choose, but it would seem fair that in case of extraordinary charges they should be

understood by both parties before the service was rendered. However we are arguing the question of a physician's services, only putting two pictures side by side for study.

"Your money or your life," was scarcely the question with which Mr. Bayard's ideal physician greeted a patient appealing for relief.—*Amer. Lancet.*

HYSTERECTOMY.—Mr. Lawson Tait contributed to the Obstetrical Society of London (*N. Y. Jour. of Gyn. and Obst.*) notes of two cases of hysterectomy. The first patient was fifty-two years of age; had ceased to menstruate two years ago, and during the two months before Mr. Tait saw her the tumor had grown more rapidly. It reached up to the sternum and pseudo-fluctuation was distinctly present. When the abdomen was opened the tumor was found to be a myoma, and fluctuation was so distinct that a trocar was plunged in, and six pints of fluid removed. The tumor (which weighed about five pounds) was clamped and removed. The patient made an uninterrupted recovery. The second case was that of a woman, aged forty-two, who had three children, all the labors being normal. When thirty-seven years old she began to lose profusely, and then noticed a substance in the lower abdomen. A large, multinodular myoma, reaching above the umbilicus, was found on admission, and the appendages were removed May 13, 1888. She reported herself July 26, 1890. Menstruation had not recurred, and she felt perfectly well. The tumor was found to have nearly disappeared. Later on metrorrhagia recurred; the uterus was explored for polypi, but none was found, and the endometrium was curetted with temporary relief. The discharge came on again, and the tumor had again increased in size; so on October 12, 1891, hysterectomy was performed. The old multinodular myoma was hardly to be seen, but a large, independent growth of a soft, endematous character had grown to the size of the original tumor.

The patient made an uninterrupted recovery. The case was a unique example of a soft myoma springing up after a multinodular one had been removed: and Mr. Tait considered that whilst the latter variety of myoma was a disease of menstrual life, the former was not so.—*Med. Review.*

PRIZE ESSAYS ON THE ACTION OF ALCOHOL AND ITS VALUE IN DISEASE.—The American Medical Temperance Association, through the kindness of J. H. Kellogg, M. D., of Battle Creek, Mich., offers the following prizes:

1. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experiment."

2. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the secretary of the committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in type-writing, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June 1893, and the successful essay read.

These essays will be the property of the Association, and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country. Address all inquiries to T. D. Crothers, M. D., secretary of committee, Hartford, Conn.—*St. Louis, Med. and Surg. Journal.*

THE STUDY OF UMBILICAL INFECTION IN ONE THOUSAND INFANTS.—In the *Archiv für Gynäkologie*, Band xli, Heft 3, Eross publishes his results from the study of umbilical infection in one thousand infants. Careful measurements of temperature in these cases showed a large number of febrile patients, in most of whom no disease was evident. In only 30 per cent were normal and undisturbed drying

and cicatrization of the cord and umbilicus observed. In 14.7 per cent inflammation of the connective tissue about the umbilicus was present.

After comparing various methods of treating the cord it was found best to leave it not longer than three-fourths of an inch, to ligate with linen tape which had been thoroughly impregnated with bichloride of mercury, and to envelop the stump in a dry dressing of a piece of clean, dry linen cloth. It was also found useful to cleanse the tissue about the umbilicus with 1-1,000 bichloride, envelop the cord in sterile cotton, and cover the dressing with sheet rubber to protect it from contamination. It is better not to bathe an infant by dipping it into water until after the umbilicus is healed.

Although gangrene of the umbilicus rarely occurred, yet septic infection through this channel, with subsequent complications, was not infrequent. The mortality from this source in two large clinics is stated at 25 and 30 per cent. Of these, 70 per cent showed no symptoms of external inflammation, while 50 per cent presented inflammation of the umbilical vessels.

In preventing umbilical sepsis the greatest importance is laid upon a rapid and complete drying of the stump of the cord. Next in value is thorough cleanliness. In hospitals, those nurses who attend lying-in women should not care for their infants; all obstetric nurses should pay especial regard to the anti-sepsis and cleanliness of the umbilical region of the new-born. It is curious to observe that the mothers of these infants showed no signs of puerperal sepsis.—*American Journal of Medical Sciences.*

PRECOCIOUS HÆMORRHAGE IN PLACENTA PRÆVIA.—Tissier, of Paris, (*Nouv Arch. d'Obstet. et de Gynéc.*) read notes of this case at the April meeting of the Société Obstétricale de France. The patient began to flood in the first month of her twelfth pregnancy. The hæmorrhages continued until delivery at the

end of the eighth month. Painful uterine contractions accompanied each flooding. Although these symptoms did not indicate a vicious insertion of the placenta, it was found that partial placenta prævia existed. The early appearance of hæmorrhages was a feature of special interest. Putting aside abortions attributed, on insufficient evidence, to placenta prævia, it is rare to see hæmorrhage before the fifth month. In this case that symptom was present throughout pregnancy. Gaulard, in discussing Tissier's paper, said that the case was not unique, and he believed that many abortions were really due to placenta prævia. Pinard was of the same opinion, and said that hæmorrhage throughout pregnancy was commoner than was usually supposed. Tissier noted that the placenta often comes down very near the cervix in early pregnancy. Lefour, of Bordeaux, held that it was important to diagnose hæmorrhage from vicious insertion of the placenta at the earliest stages of pregnancy; as Tissier said, the symptoms in his case were not characteristic, according to current teaching. Professor Tarnier also insisted on the importance of diagnosis; this case was misleading. The patient was kept at rest for some time, being already exhausted by the floodings. The final flooding, though not severe, was sufficient to kill her.

THE POPULATION QUESTION AND SYMPHYSEOTOMY.—British obstetricians are usually averse to craniotomy or any other obstetric operation which entails the sacrifice of the child. Their scruples, however, though essentially both professional and conscientious, are based on respect for individual life rather than on any abstruse questions connected with the maintenance of the population. Those questions are of greater import across the channel. At a recent meeting of the Académie Médicine, M. Charpentier spoke in favor of Sigault's operation, or division of the symphysis. This operation has lately been revived, and performed largely in Naples with

excellent results. M. Charpentier concludes his address by the following words to French obstetricians: "Do not abandon to the foreigner the benefits of an operation which, was first successful in our country. Try once more symphyseotomy, which, while avoiding all the evil results of embryotomy and Cæsarean section, still too frequent, will allow you to save almost certainly both the lives entrusted to your care. Remember that in this respect you hold in your hands a means of diminishing infantile mortality, an aim towards which all your efforts ought to tend, for now more than ever France has need for her children." We have already noted that Professor Morisani intends to bring the subject of symphyseotomy before the International Medical Congress at Rome in 1893. The complete revival of Cæsarean section has surprised the profession, yet the resuscitation of symphyseotomy is perhaps still more remarkable.—*Brit. Med. Jour.*

THE CONDITIONS OF CURE IN CONSUMPTIONS.—Barney Yeo says that it is generally admitted that pulmonary tuberculosis in certain forms and under certain conditions is commonly and spontaneously cured, and, secondly, that phthisis is rarely cured, meaning by phthisis pulmonary tuberculosis which has reached such a degree of development as to seriously affect the general health and to give rise to easily recognized physical signs. Yet, whenever a new remedy is announced, it is seriously tested in many cases in which cure is of course, its early recognition, and for that reason he is disposed to consider the early occurrence of hæmoptysis as favorable, in that it calls attention in an impressive manner to the disease in a stage where it might otherwise be overlooked. At the same time he warns against considering these cases phthisis in which marked physical signs are found at the apex, due to a dry pleurisy of rheumatic origin. Other conditions which favor cure in the more advanced

stage, are the natural tendency in the evolution of tubercle to fibrous change, the absence of tissue irritability—the absence of that tendency to acute inflammatory reaction to the bacillary infection, or a marked hereditary disposition—and the possession of a sound, vigorous constitution. Another possible condition is a mitigated virulence of the bacillary infecting agent and the small number that originally gain access to the lungs. The channel by which the bacilli reach the lungs has also a modifying influence, the conditions being much more unfavorable when they enter by the blood-vessels or lymphatics than with the inspired air, owing to the wide diffusion of the infecting agent. Another condition is the selection of a proper climate; but the most essential of all is the ability to digest and assimilate nourishment, for the therapeutic measure in which the most faith must be placed in hyperalimentation. In treatment by drugs, repeated and continuous counter-irritation is almost universally esteemed as curative, and in his experience the diligent use of antiseptic inhalations has almost invariably been followed by considerable, and in some cases by lasting benefit. Of antiseptics given internally, none have seemed so uniformly beneficial as creasote or guaiacol. He has seen some good results from tuberculin, and thinks it will survive in a modified form the temporary opposition to it.—GEO. G. SEARS, M. D., in *Boston Med. and Surg. Jour.*

THE EXCISION OF CARBUNCLES.—Wolfer (*Centralblatt für Chirurgie*, No. 40, 1891) writes as follows: "The healing of carbuncles after treatment by the usual method of deep incisions, the gangrene of the skin, and the danger of renewed infection of the adjacent parts, as well as the formation of a frequently disfiguring cicatrix, induced Riedel, since 1883, to excise at once in all cases. For this purpose a circular incision is made around the infiltrated parts. This is followed by radiating incisions, starting from the periphery of

the previous one, and perpendicular to it, in the direction of the sound tissue. The carbuncle itself is not incised. In this way, at least, four skin flaps are formed. These are cleared of inflammatory products. Once beyond the area of infiltration, the knife must be carried down to the fascia of the muscles and the whole of the morbid tissue removed, to bring the operation to an end. There is frequently very free bleeding, which is arrested by pressure and plugging. On the evening following the operation, the temperature tends to become normal; on the following day, the skin-flaps are brought together. The central solution of continuity allows escape of secretions. Riedel praises this method for the following reasons: 1. A harmless loss of skin and subcutaneous tissue gets rid of a dangerous focus of inflammation. 2. The excision brings the local morbid processes to an end at once, and, consequently, all danger of general infection. 3. The loss of sound tissue is small. 4. The healing is rapid. 5. The cicatrix is good.—*The Provincial Medical Journal*, Dec. 1, 1891, p. 751.

A BICHLORIDE LIBEL SUIT.—Mr. Keeley, of bichloride of gold fame, has met with a want of appreciation in England, and has so far lost his temper in consequence as to bring a suit for libel against the *Lancet* and the *Medical Press and Circular*. The latter welcomes the action, which, it says, "will afford us an opportunity of calling public attention to what we firmly believe to be an attempt to deluge the victims of an unfortunate and degrading habit into filling the coffers of an enterprising syndicate."

New York has a summer corps of physicians who begin work July 5th. They number fifty, and must visit every tenement house in the city and take care of all cases of sickness among those who are unable to pay a physician. They are required to work eight hours a day, and serve two months, for \$200.

LANCING THE GUMS—In the *University Medical Magazine*, Dr. H. C. Woods makes the following statements about this proceduæ: Clinically, I am absolutely sure that I have seen convulsions, sick stomach, great restlessness, fever and various other functional disturbances in young children, immediately cured by the use of the gum lancet, after the failure of various other well-diaected measures for relief. Theoretically, I am in accord with Dr. Kirk, in believing that Dr. Forchheimer absolutely misses the point of the matter, by his failure to understand that the good achieved is not due to the local blood-letting or to the relief of the inflammation of the gum, but to the removal of the backward pressure upon an extraordinarily sensitive, and, at such times, congested nerve-pulp. As was long ago pointed out by Dr. J. W. White, at the period of eruption the roots of the teeth are yet incomplete. "Instead of the conical termination and minute foramen, which characterize a perfect tooth, the aperture is nearly as large as the root itself, and thus when the sensitive pulp composed of connective tissue, blood-vessels and nerves, is in a condition of irritation because of the morbid activity of the process of dentition—augmented vascular and nervous action—there may be produced a hyperæmia sufficient, possibly, to cause the protusion of a part of the mass from the incomplete aperture of the root, giving abundant cause for extreme constitutional disturbances."

I have myself seen a seemingly incurable epilepsy in an adult permanently cured by the removal of a persistent milk or first dentition tooth. Amaurosis and various other conditions in the adult, are well known to be the result of irritation of the trigeminal nerve by faulty teeth. How much more evil is to be expected from teeth irritation in the child!

In conclusion, I reaffirm that whatever the theory in the matter may be, I am positive that gum-lancing is a most important therapeutic measure. It is essential, however, that it should be

thorough and with the object of dividing the dense tissues that bind down the teeth.—*Canad. Lancet.*

LARGE DOSES OF DIGITALIS IN PNEUMONIA.—In the *Meditzinskoie Obozrenie*, Nos. 15 and 16, 1892, p. 396, Dr. Mikhail A. Strizovek, of Odessa, writes that in nine consecutive cases of croupous pneumonia he resorted to the treatment by digitalis in large doses, as recommended by Professor Petrescu (*Vide the Deutsche Medizinal Zeitung*, No. 70, 1892). He used the following infusion:

R Foliorum Digitalis . . 2 or 4 grammes.
 Aquæ Destillatæ . . . 200 grammes.
 F. Infusio.
 Syrupus Simplicis . . 30 grammes.
 M. Dose: A tablespoonful every half hour, to be taken for twenty-four hours.

The results were most satisfactory. Under the influence of the treatment, on the next day the fever decreased, the patient's subjective condition strikingly improved, and the pulmonary process began to steadily and rapidly subside. In incipient cases the disease was cut short on the third day, while in advanced ones the resolution was complete on the seventh day. The author warmly recommends to give an extensive trial to the method.—*St. Louis Med. and Surg. Jour.*

CALCIUM SULPHIDE IN TONSILLITIS.—F. P. Norbury has been very pleased with the effects of small doses of calcium sulphide in acute parenchymatous inflammation of the tonsils. He has found that small doses ($\frac{1}{3}$ to $\frac{1}{2}$ grain) of the sulphide, frequently repeated, are most valuable, both in preventing this suppuration or in hastening convalescence when the mischief is already advanced. Febrile symptoms and pain are both greatly modified under its influence. In abscess of the mouth and throat Norbury prefers to apply a solution of hydrogen peroxide to which has been added a little oil of cassia.—*The British Medical Journal.*

Maritime Medical News.

NOVEMBER, 1892.

EDITORS.

D. A. CAMPBELL, M. D. Halifax, N. S.
 ARTHUR MORROW, M. B. Halifax, N. S.
 J. W. DANIEL, M. D., M. R. C. S. St. John, N. B.
 MURRAY MACLAREN, M. D., M. R. C. S. St. John, N. B.
 JAMES MACLEOD, M. D. Charlottetown, P. E. I.
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Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

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

DR. MORROW,

Argyle Street, Halifax.

MANY of the medical men of the Maritime Provinces have recently been visited by Dr. J. F. Danter, 1st Vice-President of the American Health Resort Association, who has energetically urged the claims of New Mexico as a resort for consumptives. The only important question for the profession is, are these claims justified by the climate and by the results so far shown.

We have no hesitation in stating our belief that New Mexico is one of the most promising if not the most promising resort on the American continent. This conviction is found upon the testimony that has accumulated in its favour of late, and that has appeared from many sources. The air is dry and mild, raw but bracing, the altitude being considerable, as high as between six and seven thousand feet.

The West Indies, Florida, Colorado, are valuable resorts in special cases, and such places as Colorado Springs in Colorado are very highly spoken of by high independent authorities. But the climate and conditions of New Mexico are worthy of the consideration and study of those who have consumptive patients of means, and who should, as a rule, at least be advised to leave the climate of these Provinces.

REVIEWS AND BOOK NOTICES.

Treatise on Gynecology; Medical and Surgical, by S. Pozzi, M.D., Professor Agrégé à la Faculté de Médecine, etc., Paris; illustrated and with additions by Brooks H. Wells, M. D., Lecturer on Gynecology at the New York Polyclinic, etc. Vol. second, with 174 wood engravings and 9 full page plates in color. Publishers, William Wood & Co., New York.

The first volume of this work we have already noticed. Volumes I and II complete, constitute without doubt the best work on gynecology with which we are acquainted. Volume II treats of inflammation of the uterine appendages in four chapters; morbid changes of the uterine adnexa and ligaments in five chapters; genital tuberculosis, intra and extra-peritoneal pelvic hematocele, extra-uterine pregnancy in three chapters; diseases of the vagina and vulva in eleven chapters; malformations of the genital organs in three chapters and diseases of the urinary tract, rectum and pelvis in two chapters.

The chapter on vaginismus, for example, is the most clear, concise, yet exhaustive clinical portrayal of this affliction that we have read. The author, throughout, while proving the prominent and progressive part taken by French gynecologists in this department of our science and art, gives cordial and full recognition to the labours of British-American and other European workers. The illustrations are copious and faithfully executed.

We confidently recommend all prac-

THE SELECTION OF TONICS.

Following upon the reappearance of Influenza, most physicians have remarked great prostration and slow convalescence from this and all other disorders, and much ingenuity has been displayed in devising suitable tonics to meet and overcome profound depression at present associated with all diseased conditions.

We take this opportunity, therefore, of directing the attention of the medical profession to certain preparations and medicaments which have long enjoyed a well-merited popularity, together with some remarks relative to the special indications of their successful employment. The present tendency of the laity and a considerable proportion of medical practitioners to depend upon alcoholic stimulants for their supposed tonic properties, and which has been recognized as productive of the most disastrous results, furnishes ample reasons for making an effort in the direction of securing better and more practical views concerning medication.

JOHN WYETH & BROTHER.

Wyeth's Phos. Iron, Quin. and Strych.

Each fluid drachm contains two grains of Phosphate of Iron, *one grain of Quinine*, and one-sixtieth grain of Strychnine in simple Elixir, flavored with Oil of Orange. ADULT DOSE.—One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed robust health. It is rendered palatable and efficient by the use of only pure alkaloids of Quinine and Strychnine, excess of acid being avoided. Alternation with our Beef, Wine and Iron is recommended, for the reason that sensitive patients are rendered extremely nervous and "fidgety" by the long continued employment of strychnine.

Wyeth's Elixir Gent. with Tinct. Chlor. Iron.

Each dessertspoonful contains ten minims of the official Tincture Chloride Iron. Four grains of Quinine Sulphate will dissolve in an ounce of the Elixir, without the addition of any acid, the solution being beautifully clear. If a larger quantity be prescribed, the usual amount of acid per grain must be added. Dose.—Adults, one dessertspoonful; Children, one-half to one teaspoonful.

The combination of Gentian with Iron in this form supplies a simple bitter with an active hæmatinic, free from the styptic taste of iron preparations in general. It can be taken in small doses by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with Quinine and alternated with arsenical preparations.

It is especially indicated to correct relaxed conditions of the gastro-intestinal tract, whether or not associated with anæmia.

Wyeth's Elixir of Phosphorus.

Each fluid drachm contains one one-hundredth grain of Free Phosphorus.

Our Elixir of Phosphorus is prepared with great care, and will prove efficient in the treatment of the limited number of cases in which this remedy is specially indicated. It will be found of service in all low conditions, associated with profound depression of the nervous system, such as the later stages of pneumonia and influenza, and also in the hypostatic congestion occurring in typhoid fever and other protracted disorders. It is likewise well adapted to the treatment of certain neuralgias, paralyses, insomnia and impotence. The most satisfactory results follows its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

In addition to the Elixir we manufacture a number of pills, containing Phosphorus in combination with other medicaments, descriptive circulars of which will be sent to physicians on application.

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

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

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

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

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

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

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

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

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tioners interested in this branch to possess themselves of this complete and admirable treatise. The number of books available is limited in this specialty; the number of good books, worthy of our study and our reliance, is astonishingly meagre.

Of course both volumes are absolutely up to date.

AN AMERICAN TEXT-BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. By Charles H. Burnett, M. D., William W. Keen, M. D., Charles B. Nancrede, M. D., Roswell Park, M. D., Lewis S. Pilcher, M. D., Nicholas Senn, M. D., Francis J. Shepherd, M. D., Lewis A. Stimson, M. D., William Thomson, M. D., J. Collins Warren, M. E., and J. William White, M. D. Edited by William W. Keen, M. D., LL.D., and J. William White, M. D., Ph. D. Profusely illustrated. Price \$7.00 net, cloth; \$8.00 sheep; \$9.00, half Russia. Sold by subscription only. Philadelphia: W. B. Saunders, 913 Walnut street, 1892.

It is a pleasure to read and review two such works as this and the foregoing. We think this American Text-Book supplies a lack. It is more than a manual. It is not so cumbrous as an Encyclopædia. It is not too detailed or lengthy, as a rule, for the student. It is a sufficiently exhaustive presentation of the surgery of to-day for the practicing surgeon. The names of the authors are an indication and a guarantee of the excellence of the book. A work by such men will embody faithful compilation and work and altogether form a trustworthy guide. We do not mean that the book is perfect. We think that the plan is doubtfully wise according to which the entire book has been submitted in proof sheets to all of the authors for mutual criticism and revision, no chapter or section, however, being signed by any. The result is that although no doubt all matters has been eliminated about which more than minor differences of opinion and conviction existed. Still, one does not know of any statement on whose expressed authority it rests and on whose unqualified approval it has. However, we regard this book original as an American representation of what Treves' work on surgery is in England. Of the modern books on surgery we know of none which, on the whole, can be more confidently recommended than this one.

It will be noticed that Dr. F. J. Shepherd, Professor of anatomy and Lecturer on operative surgery, McGill University, represents Canadian surgery among the authors.

TUBERCULOSIS OF BONES AND JOINTS. By N. SENN, M. D., Ph. D., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent Member of the German Congress of Surgeons, etc. Illustrated with 107 Engravings (seven of them colored). In one handsome Royal Octavo Volume, 520 pages. Extra cloth, \$4.00 net; Sheep, \$5.00 net; Half-Russia, \$5.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

Any contribution to surgical literature by Professor Senn, is entitled to careful consideration and study. The book before us is the latest and one of the most interesting monographs on the subject. A short history precedes the description of many operations. Many cases are cited and the author's experience and personal opinions and procedures are frequently advanced.

To all practical surgeons the book is of great value as helping to elucidate the principles which will guide to an early correct diagnosis of tubercular joint affection and so permit of early and effective treatment.

MEDICINAL PREPARATIONS RECEIVED.

Wyeth's Beef, Iron and Wine.—The samples of this valued and extensively used preparation were already familiar as indeed they are to the profession generally. In cases of debility, anæmia and lowered tone of the system generally, the nourishing and slightly stimulating properties of this preparation are of great value. The amount of iron in a dose is so small as to occasion no fear of a disturbance of the stomach and bowels, although sufficient to improve the condition of the blood if the administration be continued for several weeks. The palatable pleasant taste to most constitute this one of the most deservedly popular and efficient prescriptions in

the class of cases referred to and in the case of convalescents generally.

Messrs. Wyeth claim to use the best sherry wine and this is an important point in view of the large number of inferior articles put up by small dealers. Of course in marked anæmia, where, often, iron in considerable doses is indicated, some other form of administration is preferable.

Wyeth's Glycerine Suppositories.—These suppositories are nicely put up in small glass jars with plated screw tops which enables them to be kept for some time without deterioration from absorption of moisture.

The suppositories are in two sizes, 50 gr. for adults, and 25 gr. for children.

The action of glycerine suppositories is well-known, and those prepared by Messrs. Wyeth are thoroughly efficient preparations.

Notes and Comments.

The number of students registered at the Halifax Medical college is the largest in its history. The supply of dissecting material is fortunately ample, and there is every promise of a successful session.

The position of Medical Superintendent at the Victoria General hospital is vacant. Dr. Jacques, the late Superintendent, has gone to Baltimore we understand, with the intention of working at the Johns' Hopkins' Hospital, and ultimately of returning to practice in Nova Scotia. There are, we believe, several applications for the position.

Pineapple has been used with good results by Dr. F. H. Lutterloh in a case of *tape-worm*. He simply ordered one-half of one to be eaten.

Dr. Finn has been appointed pathologist to the Victoria General Hospital.

Compulsory vaccination is becoming the order in Japan.

READING NOTICE.

A MODERN METHOD OF MEDICATION.—Among the many methods of administering medicaments, the soluble elastic gelatin capsule is growing to be one of the most popular

There are many efficient but unpalatable medicaments which may be readily exhibited in this way, without offending the palate of the most sensitive patients, and capsules are much easier to swallow and more soluble than pills.

Few physicians are aware of the many medicaments that are now administered in this way. Among these one need only mention the following to indicate the wide application of this method of giving numerous drugs:—

Apiol, balsam fir, balsam Peru, cascara sagrada, castor oil, castor oil and podophyllin, chaulmoogra oil, cod-liver oil, cod-liver oil and creasote, cod-liver oil and iodine, cod-liver oil and iodoform, cod-liver oil and iron, cod-liver oil and phosphorus, copaiba, copaiba and cubeb; copaiba, cubeb and buchu; copaiba, cubeb and iron; copaiba, cubeb and matico; copaiba, cubeb, matico and sandal; copaiba, cubeb and sandal; copaiba, cubeb and sarsaparilla; copaiba and iron; copaiba cubeb and turpentine; copaiba and sandal; creasote (beechwood) 1 minim; eucalyptus oil; gurjun balsam; linseed oil; liquor sedans; male fern and kamala; nitroglycerin, 1-100 grain; oil of pennyroyal; pichi extract; salol; tar, purified; valerian oil; Warburg's tincture; wintergreen oil; wormseed oil; quinine muriate and sulphate.

Of extra-sized elastic-filled gelatin capsules there are castor oil, 2½ to 15 grammes; cod-liver oil, 2½ to 15 grammes; male fern and castor oil; santonin and castor oil.

Messrs. Parke, Davis & Co. were among the first to make this method popular, and will be pleased to afford physicians interested all desired information concerning this agreeable method of medication.

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BY the researches of Koch and others, it is found that the cholera bacilli require for their growth, a milk alkaline nutrient medium, and that acids are most useful to kill them.

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Half a teaspoonful in half a tumbler of water, with sugar if desired, will make a palatable drink.

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

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

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ELEVENTH YEAR—SESSIONS OF 1892-93.

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

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

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

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B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M. D., Willy Meyer, M. D.

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Lf. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.

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

Diseases of Children.—Henry D. Chapin, M. D., J. H. Ripley, M. D., August Caillé, M. D.

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

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

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

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

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

THE REGULAR SESSION begins on Wednesday, September 26th, 1892, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

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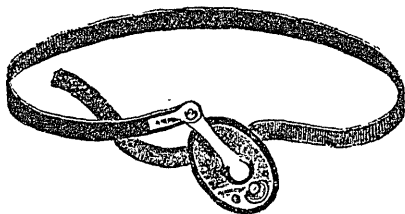
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HALIFAX MEDICAL COLLEGE.

THE TWENTY-THIRD SESSION of the Halifax Medical College will be opened on MONDAY, NOVEMBER 2ND, 1891.

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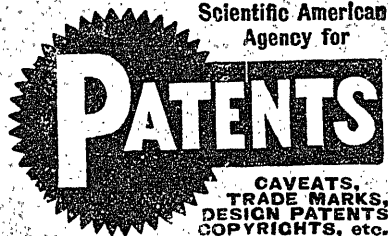
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