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## CONTENTS.

### ORIGINAL COMMUNICATIONS:

- Preventive Medicine. By T. C. Lockwood M. D 261  
The Alcohol question from the Physician's  
Standpoint, (Selected) ..... 267  
The Treatment of Chronic Rheumatism, Sel-  
ected ..... 268

### EDITORIALS:

- The Nova Scotia Board of Health..... 270  
Canadian Medical Association..... 276

### PRINCE EDWARD ISLAND:—

- Medical Men—Their Foes and Remedies at  
Law By R. MacNeill, M. D. .... 271

### BOOK REVIEWS:

- Diseases of Children—Manual of Therapeutics 272  
Headache and Neuralgia—Auto-Intoxication  
in Disease..... 273

### BOOKS RECEIVED:

- Diseases of Children—Diseases of Women—  
Manual of Therapeutics—Nil Desperandum—  
Theory and Practice of Medicine—Diseases of  
Hair and Scalp—Headache and Neuralgia—  
Auto-Intoxication in Disease..... 273

### SELECTIONS:

- Effect of the Medical Life—Physical Culture—  
Hysterectomy for Cancer of the Cervix..... 274  
The Relation of Syphilis to General Paresis,  
—The Cat and the Caul, &c. &c..... 275 276-277

### PRESCRIPTIONS:

- To Relieve Pain, &c..... 278

## PREVENTIVE MEDICINE.

Read by T. C. Lockwood, M. D., before the Nova Scotia Medical Society.

*Mr. President and Gentlemen:*

Medicine is now, we are glad to say, a progressive science. We are privileged to live in the days of wonderful discoveries in things medical. The pure light of scientific truth is fast illuminating the dark shades hitherto held sacred to empiricism. Amid all this general enlightenment we are just beginning to fully realize that in our endeavors to combat disease, we have, in our great zeal for ordinary treatment, to a large extent neglected the very important department of *prevention*.

The time has surely come when the question of hygiene, both public and private, in its various branches, should occupy much more of the students' and practitioners' attention than it does at present.

The time has also arrived when the laity should be educated to a better

understanding of the great importance and real usefulness of preventive measures in medicine; to the fact that most if not all diseases which afflict humanity can be kept within control, if not absolutely prevented, by the use of knowledge now in our possession, a knowledge which is almost daily increasing, and which is leading us at the present time well into "the promised land" where we shall live in knowledge as complete as is permitted to man here below.

It is in the domain of *preventive medicine*, we believe, that our noble profession will achieve her most brilliant future triumphs, as in the past in this department she was made illustrious by the discovery of the immortal Jenner.

Our realization of the importance of prevention is in direct ratio to our knowledge of the origin of disease and its mode of propagation. This understanding we must have in order to practise prevention with any considerable degree of success. The demon-

stration of the *germ theory* of disease marks a new era in medicine.

We no longer ascribe the wide-spreading epidemic, the death-dealing pestilence, to the direct visitation of a wrathful Providence, or to the occult influence of the moon's phase. In these diseases, born and bred in *jilth*, we recognize the violation of some or all of the laws of sanitation, the specific, direct cause we know to be a germ, or *bacterium*, peculiar to each disease, now in most cases known and isolated.

For this knowledge we are indebted to the labors of Pasteur, Koch, Lister, and other enthusiastic workers in the now wonderful science of bacteriology. These men must be classed among the immortals in scientific investigation now, by all lovers of medical science, and soon by the world at large, when the importance of their work is fully and generally realized.

That the old fathers of medicine had an inkling of these truths is quite certain. We are told that Varro and Columella, ages ago, expressed belief that minute organisms caused malarial fevers. Diodorus believed the Athenian plague due to the influence of effluvia and decomposing debris. Kirchu in the fifteenth century believed that diseases were caused by micro-organisms. Nothing certain and definite, however, was known until the researches of the eminent French scientist, Pasteur, were made public.

We now believe that many diseases, and strongly suspect, to say the least, that all diseases are directly caused by a microscopic *contagium vivum*. We also believe that this germ, or living micro-organism, requires a suitable soil or nutrient in order to flourish, increase, and do its pathogenic work. The theory of disease prevention may then be well studied under two heads or divisions, viz. :

1. The destruction or carrying away of all substances *within* or *without* the

body, in which disease germs may grow ;

2. The destruction of these germs after they have once gained a foothold, by the use of germicides.

There are many scientists who believe that in the human body there are certain blood-cells, depending for their number and power on the state of bodily nutrition called *phagocytic* cells, whose special function is to struggle against and destroy space-invading disease-germs. Hence, for complete discussion of the subject, a third division is necessary, for which we will not have space. But before we discuss the points thus raised, let us examine the evidence, if any, in favor of the practicability of preventing disease.

Can disease be prevented? We will mention some of the most notorious and convincing examples of disease prevention. Leprosy, once prevalent in England, is now a very rare disease in that country, through the enforcement of isolation. Scurvy, since its cause and treatment became known, is now a disease seldom seen. Intermittent fever vanishes as countries are cleared, drained and cultivated. Small-pox, once the dread and scourge of the nations, now is easily prevented. Typhoid fever, in many towns and cities, is almost extinguished through proper sanitary measures. The plague and black death have become things of the past, through increased knowledge and practice of public and private hygiene. The now known preventable diseases, or diseases which we have under control, are small-pox, cholera, yellow fever, scarlet fever, typhoid fever, and diphtheria. Soon we hope will be added to the list that most destructive of all diseases in this country, tuberculosis. Theoretically, at least, we have under control all diseases due to atmospheric, dietetic, and specific causes. These are statements and facts which perhaps are not yet fully

accepted by the public laity, or indeed by the profession.

But to return to our first point, viz., the destruction and disinfection of material favorable to the growth and perhaps production of disease germs.

The importance of *sanitation* may be easily recognized, when we consider that this branch of medical science brings to its aid the sciences of chemistry, meteorology, climatology, and bacteriology—

1st. *Filth and its relation to disease.*

As an evidence that filth and disease are often very intimately associated, and stand, we might say in many cases in the position of cause and effect, we may be allowed to refer to the statement of Dr. J. von Foder, of Buda Pesth, a statement now found in many works on sanitation, a statement of interest just now, as we are again threatened with a visitation of Asiatic cholera.

1. Influence of *filthy houses*: deaths from cholera per one hundred houses, when the interior was very *dirty*, = 402; per one hundred houses when the interior was very *clean*, = 92.

2. Influence of *filthy goods*: deaths from cholera per one hundred houses when yards very *dirty*, = 389; per one hundred houses when yards very *clean*, = 188. His figures in relation to typhoid are equally conclusive. Certainly a most remarkable showing in favor of that condition which is said to be next to godliness.

That many diseases, particularly typhus, typhoid and cholera, may be to a large extent, if not altogether, prevented, by keeping soil, air and water pure, we have ample evidence.

A notable example of this, an example perhaps familiar to you all, is found in the typhoid record of the city of Munich. The mortality in this city from typhoid, when the city was unsewered, was 24.20 per 1000 inhabitants, which mortality rate fell to 1.75 per 1000 inhabitants, when the present system of sewerage was complet-

ed. Doubtless there are practitioners present whose experience in towns lately sewerred or supplied with pure water, would bear out the evidence just stated.

The practical lessons deduced are: The importance of sewage and pure water systems in all towns and cities, with careful cleaning of streets and yards and even private houses. In country places and small villages the time-honored and generally ancient privy-vault should at once be abandoned for the earth-closet, in which is liberally and daily used lime or dry sand. Wells should be placed far away from any possible source of contamination, and carefully cleansed at least annually.

It may seem to some somewhat fussy, and one may easily gain the distinction of being a *crank*, if always insisting on yard, cellar, and closet cleansing, and the free application in such places of Bro. Gardiner's paint,—the cheap yet efficacious whitewash.

It certainly often means money out of our pockets to insist on such measures, for sad to say we are not paid to keep people well; but in so acting, we are but doing our duty, and will enjoy the satisfaction which the performance of duty always brings.

In reference to personal ablutions and cleansings, we presume nothing need be said. Soap and water freely and frequently is the *sine quo non* especially to the physician.

In reference to the second division of our subject, the destruction of disease germs, or the use of germicides. The effect of these agents upon pathogenic life has been made known to us by the results obtained upon cultures of bacteria in various substances, or media.

Some of the more important of the germicides are briefly mentioned.

*Heat.* The experiments of Schill and Fisher show that anthrax spores and the bacillus tuberculosis are destroyed by a temp. of 212 F. The

germs of cholera, typhoid, hydrophobia, diphtheria, erysipelas and pneumonia, by a temp. of 125 to 140 F. Disinfection of all spores or bacilli may be accomplished by the use of steam, as in the apparatus now used at our government quarantine stations. In the element water, everywhere so abundant in this country, we have one of the best disinfecting agents known, especially for use upon infected clothing and goods. There is a popular notion to the effect that cold is an effective germicide. We know from experiment that this is an exceedingly dangerous and erroneous idea. According to Prudden, the typhoid bacillus has been known to retain its vitality after being frozen for one hundred and three days, while tuberculous lung tissue has produced tuberculosis after being frozen four months.

*Electricity.* Some recently published statements in reference to the germicidal power of this wonderful agent, so important in the world of to-day, gives us reason to believe in its future usefulness in the line of disease prevention.

*Hydrogen peroxide* is a good antiseptic, but not powerful as a disinfectant; now much used for antiseptics in diphtheria.

*Potassium permanganate.* Too weak for general use as a disinfectant, especially where there is much organic matter present.

*Chloride of lime.* A germicide of great practical value. Depends on the amount of free chlorine available for its power. The typhoid bacillus and cholera spirillum are killed by a solution of 1 to 1000 after two hours exposure. According to the report of the American Health Association, six ounces of chloride of lime dissolved in one gallon of water makes a solution of such strength that one quart of this proportion will thoroughly disinfect the discharges of cholera and typhoid, if left in contact for one hour.

*Sulphuric, nitric, and hydrochloric*

*acids.* By experiments on cultures, these acids are found to be effectual in excreta of cholera and typhoid if used in at least a seven per cent solution, and in large quantities, while they possess the advantages of being cheap and easily procured.

*Sulphurous acid.* To be of any great use as a disinfectant of rooms, clothing, etc., three or four pounds of sulphur should be burned for every 1000 cubic feet of space.

*Mercuric chloride.* One of the most extensively used and most potent germicides. Its free use is, however, limited by its poisonous qualities. In the proportion of 1 to 1000, it is said to destroy all micrococci and bacilli not containing spores, and to destroy the spores of bacilli if sufficiently long exposed. This substance in general disinfection has the disadvantage in strong solutions of precipitating in albuminous liquids an albuminate of mercury, which greatly retards the action of the salt. For the disinfection of excreta, therefore, chloride of lime or carbolic acid is to be preferred.

*Chloride of zinc.* Valuable in surgery as an antiseptic, but weak in disinfection.

*Sulphate of iron.* Found by experiment to be of little value except as a deodorant.

*Carbolic acid.* Disinfecting power not hindered by albumen or substances found in faeces, and in 5 per cent solution an excellent agent for the disinfection of excreta.

*Creolin.* Another of the coal-tar series, less poisonous than carbolic acid, and valuable in surgery for disinfecting the external and mucous surfaces of the body.

According to Sternburgh, we have two new active germicides in *aniline violet* and *malachite green*, also of the coal-tar series.

*Nitrate of silver.* Said to be one of the most powerful antiseptics and germicides known. Its cost, however, prevents its free use in these capacities.

The use of the various disinfecting agents may be generalized as follows (see Hare's Therapeutics): Anthrax, tetanus, and tuberculosis.

1. *Moist heat.* 100 deg. C. for half an hour.

2. *Mercuric chloride.* Add to standard solutions 5 parts of sodium chloride, ammonium chloride, or hydrochloric acid, to 1 part of corrosive sublimate.

For soiled linen, etc., 1 : 500; for surfaces of body, 1 : 1000 to 1 : 3000.

3. Use chloride lime for vomited matter and sputa. For erysipelas, pneumonia, pus, gonorrhœa, diphtheria, typhoid, glanders, cholera, the agents mentioned above; or,

*Dry heat.* Free exposure for two hours (130 deg. C.)

2. *Carbolic acid.* 8 per cent solutions for clothing, surfaces, etc., one quart of solution to each liquid discharge, to stand four hours.

3. *Mineral acids.* Efficient in 4 per cent solutions; exposure two hours.

4. *Milk of lime,* in large quantities, for latrines and wall-wash.

5. *Sulphurous acid.* Sulphur burned in the presence of moisture, for disinfecting wards of hospitals, ships, rooms, etc., and in the proportions mentioned before, viz., not less than three pounds sulphur for 1000 cubic feet of air.

For use within the body, at present, we probably know of no agent which can be safely used, which has more than an antiseptic action, i. e., a value in preventing septic changes by hindering the growth of pathogenic microorganisms. Therapeutically, this restraining power may be of great use in keeping a disease within control, to the patient's safety.

We will briefly refer to some points in the prevention of some of our most prevalent and dangerous diseases, and first of importance may be mentioned the great destroyer, tuberculosis.

According to the mortality returns of the census of 1891, there were reg-

istered in the Dominion of Canada a total of 67,688 deaths. Of this number 4261 males and 3229 females died of phthisis. Adding to these 83 deaths from scrofula, we have a total of 7573 deaths from tuberculosis, or twelve per cent nearly of the whole number of deaths, a very much higher percentage than that furnished by any one other disease.

During the same year there were registered a total of 1066 deaths in the province of Nova Scotia, viz., 446 males and 620 females, or over sixteen per cent of the entire number of deaths.

These figures are certainly startling, and illustrate in a very pointed manner the great necessity of using every known protective measure against the spread of such a death-dealing disease computed to be the cause of fifteen per cent of the total number of deaths on this continent.

We all remember the hopes so fondly cherished in every physician's breast when the discovery of Koch's tuberculin was first announced to the profession.

At length, we hoped, that fell destroyer tuberculosis had met his conqueror. Now, we thought, the profession of medicine is to be surrounded by a halo of such glory as was never before dreamed of. The result is we must possess our souls in patience. Yet a little longer, must we walk in the paths our fathers trod. Investigations in this line are now being carried on, we believe to result in the giving of an inestimable boon to suffering humanity.

It is now established that if the bacillus tuberculosis falls on favorable soil, so to speak, within the human system tuberculosis is the invariable result. It is conceded that one of the most common sources of infection is found in the bacilli of desiccated sputa floating in the air. Hence the reasonableness of the following precautions:—

1. *Destruction of tuberculous sputa.*

—This is thoroughly and easily done by receiving in paper cups and burning same with contents before the latter has time to dry.

2. *Isolation.*—This important especially in advanced cases. Tuberculous hospital patients should occupy a ward separate from other patients. In private houses the patient should occupy a separate sleeping apartment well ventilated, especially so, if living in a family the members of which have a known or probable tendency to tuberculosis.

3. *Thorough Ventilation.*—By the improved modern methods of ventilation of all houses and places of public assembly, thus preventing germ concentration and lessening probability of infection. These measures should be enforced on all builders by legislation if necessary.

4. Patients should be taught that spitting on floors or public streets may convey disease to others. All the foregoing precautions are also to be used in cases of pneumonia.

In reference to *diphtheria*, *scarlet-fever*, and *measles*, rigid isolation and thorough disinfection of person, clothing, furniture etc., are now our most effective measures in preventing the spread of these contagions, together with the faithful practice of public and private hygiene.

And here let me say that the physician in attendance on these cases should himself observe the most careful personal antisepsis and disinfection possible, lest he, the healer by profession, should become one of the most fruitful sources of disease.

During epidemics of contagious diseases, where it is impossible to procure separate medical attendance, the doctor should not visit ordinary cases without first changing at least his outer clothing, bathing whole body, and disinfecting hair, beard and hands. Perhaps it would be well if the hygi-

enic priests were always "shaven and shorn." We have here an interesting subject for discussion.

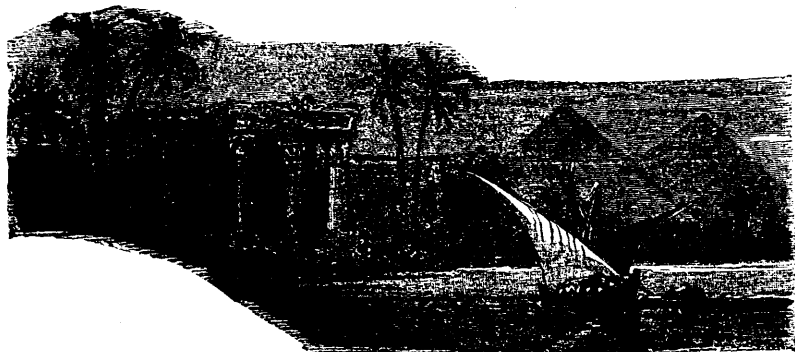
The protective measures against typhoid, typhus and cholera have already been touched upon. We need not refer to them again, viz., pure water, pure soil, isolation of patients, disinfection of discharges, houses and persons, clothing, furniture, etc.

In reference to legal support of sanitary officials and boards of health, and laws regulating the procedure of the same, our municipal regulations for local control are full and ample. A Provincial Board of Health has also just been organized. There seems to be, however, an opinion fast gaining ground among medical men that the institution of a separate department of public health for the Dominion is now necessary, the head of which should be a member of the executive and a physician, appointed not on account of his politics, but by reason of special skill and ability in things pertaining to the very important department under his control. The institution of such a department would certainly greatly facilitate investigation by affording new and more complete means and ways of collecting mortality returns and disease statistics generally. We could then have a good government station or stations for bacteriological research and intricate chemical analyses, together with facilities for more complete meteorological observations.

In all matters pertaining to public health the special learning and influence of the profession should be exerted to the highest degree possible. Hence the great value of combined action in such societies as this, where scattering influences are united and made stronger,—where we may all be united in "one equal temper of heroic hearts," made strong to do and dare, and hope for still greater things and yet more advancement in our knowledge of disease and its prevention.

# In Convalescence

Doctors frequently tell their patients that a Change of Climate or a Sea Voyage would be the best thing for them.



Very few people however can afford to follow this advice so it is necessary to suggest a substitute.

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## Wyeth's Beef, Iron and Wine

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*It is a valuable Restorative for Convalescents.*

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

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 from either acute or chronic diseases.

Doctors and members of other professions find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

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.

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"During Lactation when the strength of the mother is deficient, or the secretion of milk scanty I find **WYETH'S LIQUID MALT EXTRACT** gives most gratifying results.

During Lactation **WYETH'S LIQUID MALT EXTRACT** not only supplies strength to meet the unusual demands upon the system at that time, but it improves the quality of the milk.

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- 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 be found very beneficial.
- 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.



### THE ALCOHOL QUESTION FROM THE PHYSICIAN'S STANDPOINT.

Dr. Adolf Strümpel, *Berliner Klinische Wochenschrift*, speaks about alcoholism with the earnestness of one who thoroughly knows his subject. Touching but lightly upon the legal and national economy phases, he recalls the manifold and close connection between alcoholism and crime, clearly shown in the observations of every day life and endorsed in plain figures of statistics. As a physician he well knows that the relation between alcoholism and crime is often viewed in a false light, as, when both abnormalities occur, alcoholism is often the cause of crime, while in reality very often both are only the necessary co-ordinated consequences of an hereditary mental tendency, of a psychopathic degeneration.

As to the importance of beer as a source of nourishment, it cannot be denied that the body receives a considerable quantity of nourishment when beer is freely used. But how do the food value and the price of beer compare? In Bavaria a workman receives about four quarts of beer for one mark (twenty-five cents). The four quarts contain, liberally rated, two hundred and forty grammes of carbohydrates and scarcely thirty-two grammes of albumin. But for the same money he receives, if he buys bread, two thousand grammes of carbohydrates and two hundred and fifty grammes of albumin. Therefore, the cheapest beer, considered as a means of nourishment, is about eight times as dear as bread. The showing is worse still if beer is compared with potatoes and beans. Strümpel has known of workmen who spent one-sixth of their small income upon beer for their personal consumption.

The albumin-sparing action of alcohol, formerly much quoted, has been shown by more exact investigation to

by no means constant. It appears rather that, under like circumstances, there is even a slight increase in the destruction of albumin.

Neither accident nor special scientific inclination led Dr. Strümpel to devote special attention to the alcohol question, but the force of the urgent facts daily apparent to the busy practicing physician.

The present epoch of medicine has rightly been named the etiological. In the diagnosis of the causes of disease physicians now see one of the highest aims of their investigation, because they know that thus alone can the road not only to cure, but to prevention of disease, which is far more important, be prepared.

Those organic changes which Strümpel puts first in considering the baleful effect of alcoholic drinks upon the health are, disease of the heart-muscle and its nervous apparatus, disease of the arteries and of the kidneys. He thinks the frequent occurrence of chronic heart and kidney trouble from continuous use of alcohol is not sufficiently recognized by physicians. Yet these forms of alcoholism are specially important, apart from their frequency, because they are caused not only by the concentrated alcoholic drinks, but especially by continued intemperate use of beer; hence these are seen in much larger classes of population, not only in the poor and mentally feeble classes, but in well-to-do, cultivated classes. Nothing is more false than the idea that alcoholism is lessened when beer crowds out other alcoholic drinks. Under the very mask of an apparently light, palatable, and yet nourishing drink, alcohol has made its baleful entrance into circles which had otherwise remained closed to it.

In the use of beer it is not only the alcohol which is harmful, but the great amount of fluid introduced into the system. Muscular weakness of the heart is specially found among

heavy beer drinkers. The great amount of fluid which these men daily impose on their circulation is almost incredible. Even a daily amount of three to four quarts—*i. e.*, eight pounds of fluid above the usual quantity—cannot remain constant without an influence on the heart. But Strümpel knows that, at least in Bavaria, there are persons whose calling exposes them to special temptation to drink, who consume for years almost daily eight to ten quarts—*i. e.*, sixteen to twenty pounds of fluid added to their bodies. It is not difficult to understand that such an added burden to the circulation leads first to hypertrophy and then to a palsy of the heart-muscle. Of course, the great addition of carbohydrates, overloading the blood and tissues with food products, is also harmful.

Kidney diseases are also especially frequent among heavy beer drinkers. Degeneration of the kidney epithelium and contraction of the kidneys are well-known, but acute alcoholic nephritis is less known. It is acute in the sense that here the sum of long-continued chronic poisonous action leads to a severe functional disturbance of the kidney epithelium. The chronic alcoholic nephritis is usually not of a hæmorrhagic nature. It is often accompanied by severe œdema, may lead rapidly to death, or may become a chronic nephritis. Complete cures appear to be rare.

In closing, Dr. Strümpel calls attention to an interesting group of diseases in whose cause the excessive use of alcoholic drinks plays a large part, even if one still little understood. In addition to the numerous arresting, poisonous actions which destroy the organic cells, there belong also certain influences upon the course of the general process of metabolism,—gout, diabetes mellitus, and obesity.

Strümpel thinks physicians have it in their power to prevent untold misery and save many lives, if they take

hold and work earnestly in this cause. The family physician should specially take care to forbid giving alcoholic drinks to children. It is incredible what folly is committed in allowing children such drinks. Strümpel had a child of five years brought to him with alcoholic polyneuritis, who had received a quart of beer daily!—*Hygienic Gazette.*

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### THE TREATMENT OF CHRONIC RHEUMATISM.

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The subject of the treatment of chronic rheumatism will always possess interest as long as so many uncured cases exist. Professor Dujardin-Beaumez has recently delivered a lecture which is entitled "a Critical Examination of the Treatments of Chronic Rheumatism" (*Bulletin general de Therapeutique*). It presents the results of a wide experience and may be read with profit.

Professor Beaumez states that one reason of the lack of success in the treatment of chronic rheumatism, is the fact that several different diseases are grouped under this name, when, as a matter of fact, a sharp differentiation should be made.

The maladies described as chronic rheumatism may be grouped under three heads: First, the rheumatism described in 1800 by Beauvais and studied by Charcot and his school, characterized essentially by deformity of the articulations; this type is known as rheumatoid arthritis, or arthritis deformans. In the second group is included articular rheumatism of chronic course, which has succeeded usually an acute articular rheumatism. The third group consists of cases of the rheumatic diathesis. Here the rheumatic poison manifests itself rarely in the joints, but rather by muscular pains, neuralgias, congestions, etc.

The treatment of these three types of diseases is essentially different. Thus, rheumatoid arthritis is a disorder of nutrition, degenerative rather than inflammatory, and dependent on impairment of proper nervous influence. Its course is progressive; it is never cured, and the most one can expect is to stop the onward march for a time. For this purpose, arsenic and iodine are the only drugs that seem to have any effect, and even these do not always accomplish their purpose. Iodine is best given in the form of an iodide, and not over fifteen grains a day are needed. Grasset thinks that bromine is also of service, and he gives a mixture containing, of iodide of sodium, grains ij., bromide of sodium, grains iv., and chloride of sodium, grains viij. He alternates this with a solution of gold and sodium. For the pains and acute exacerbations of the disease, phenacetin is useful. The diet should be rich and nutritive, and should contain meats, green vegetables, wines and milk. At the same time external medication, in the shape of baths, electricity, and hydrotherapy, is indicated.

In chronic rheumatism which follows the acute articular disorder, the course of the disease is different. Its progress is not steady, but by bounds, each fresh attack of acute rheumatism leaving further impress on the articulations. More can be done therapeutically for this affection. Medically, the use of the salicylates is to be recommended, both to help the chronic and to ward off acute attacks. Beaumetz speaks highly of asaprol, but we have found it unsatisfactory. There are some secret remedies, one of which "the Pistoia powder," has much popularity in France. It consists of powdered bulbs of colchicum, grains iij., bryonia root, grains j., betoine, grains vij., gentian, grain j., chamomile, gr. j. A powder containing these constituents is taken twice a day for a very long time; and herein lies the secret

of success in the medication of rheumatism. The anti-rheumatics must be used persistently for many months. Another plant whose virtues are much vaunted is the *fleur de feve*; but of its precise value Beaumetz admits he knows little.

But the essential cure for chronic rheumatism lies, after all, in external measures. Of these the most important is massage, next electricity, while the water treatment can be effectively combined with the other measures. Naturally the French speak of the springs of their own country, and of these Dax, Aix, and Bourbonne are the best. As to food and drink, Dr. Beaumetz does not altogether forbid wines, but recommends a mixed diet with vegetables preponderating, the bowels are to be kept open with laxatives, and the kidneys kept active by diuretic drinks, such as milk, white wine, etc.

In the third form of chronic rheumatism, the rheumatic diathesis, the treatment is essentially dietetic and hydriatic. By means of the thermal waters and a careful alimentary hygiene, excellent results can be obtained. Salicylate of soda, asaprol and phenacetin are useful in relieving pain. But it is warm bathing that seems to be especially efficacious. The results are due, it is now admitted, not to any special quality in the water, but simply because it is warm and abundant. As to the diet, it is necessary to avoid all ptomaine-producing foods as much as possible, and Beaumetz recommends approximately a vegetarian diet. — *Editorial N. Y. Medical Record.*

MAXIMS OF SUCCESS.—Dr. Jas. Syme gave the following advice, which has been extensively copied: 1. Never look surprised at anything; 2. Before stating your opinion of a case upon your second visit, ascertain whether your previous directions have been complied with; 3. Never ask the same question twice.

# Maritime Medical News.

APRIL, 1894.

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

*We have to thank many of our subscribers for a prompt remittance. There are still some to hear from.*

THE Nova Scotia Board of Health organized last July, has been doing valuable work.

The profession has a large representation on the Board, and an excellent selection has been made by the government. Dr. A. P. Reid, the secretary, is well qualified for the position he has been chosen to fill. The first report contains a summary of the work done during the first six months.

Several local epidemics of diphtheria and typhoid have been closely inquired into, and valuable suggestions made to local boards of health for future guidance. The water supply of several mining towns in Cape Breton have been examined with a view to improvement. A number of circulars have been printed and distributed throughout the province.

The circulars distributed supply information in a popular form relating to water supply and the prevention of cholera—contagious diseases and contagion—characteristics of the infectious diseases—on isolation of the infectious sick—diphtheria, its prevention and restriction—is diphtheria contagious—scarlet fever, its prevention and restriction—on the prevention of consumption.

The subject of miner's residences has been dealt with by a special report containing some excellent recommendations which should be enforced.

The Board has already furnished abundant evidence of its usefulness.

WE have heard the opinion very generally expressed that September is too late a date for a successful meeting of the Dominion Medical Association in the Maritime Provinces. A preference has been very generally expressed in favour of August, as not interfering with local gatherings, and as affording our western brother the best opportunity for visiting the various points of interest in the provinces by the sea.

THE USE OF RESORCIN IN THE TREATMENT OF RODENT ULCER.—I have for some time employed resorcin, in the form of ointment and powder, as a remedy for condylomata acuminata and verruca, with the most satisfactory results, cases that have defied other treatment yielding rapidly to its agency, and I have been induced to make a further trial of it in other skin diseases. In 1888, in one case of rodent ulcer of the nose in an old patient, I obtained a complete cure with resorcin (25 per cent.) I used externally an ointment composed of 15 grains of resorcin to 1 drachm of vaseline; the ulcer soon began to heal, the surface lost its unhealthy appearance, the cicatrices became soft, and the skin of the nose is now almost sound.—*Ex.*

## Prince Edward Island.

### MEDICAL MEN—THEIR FEES AND REMEDIES AT LAW.

The profession are often accused of being poor financiers and poor book-keepers. Often a suit for professional services, visits, advice and medicine is turned against the doctor by the court, owing to his mode of original entry. It is a common idea, existing in the minds of many people, that a medical man is bound to obey a call to see a patient at any hour, night or day, and it is just as common that such people should doubt his account for services thus rendered when he asks for his pay. The profession should remember that they are not slaves, and that in this country there is no law to compel one man to serve another. It should also be understood that every man is the valuator of his own services, be the fee great or small and courts will not interfere, excepting where the defendant pleads that at the time of employment he was unaware of the charge made, and disputes it as an overcharge. The onus of proof then is thrown upon the physician to prove *quantum meruit* by his confrères. A little care in making charges and entering the original charge will carry much weight with the court. A physician should charge full and regular prices for his services, even if at settlement he allowed a discount. The services of lawyers and physicians were formerly considered to be in their nature gratuitous, a doctrine derived from the civil law, where the relation subsisting between the parties being founded upon the principle of a mandate, no compensation as such was in contemplation to the mandatory.

Blackstone has stated it to be the established law of England that a counsellor cannot sustain a suit for his fees, and it has also been frequently decided that a physician cannot recover

any compensation for his services, and was generally expected to take whatever was voluntarily given to him. These theoretical dogmas were deduced from an age that permitted their adoption, and although the principle of an honorarium finds support in England, it finds no support in American or Canadian law. It is now pretty well conceded that men devote their time and energies for the emolument and gain attached to the practice, or, in other words, that it is unreasonable and unjust to expect men to devote a long course in preparation and study, and then the persistent trials and daily fatigues of professional practice, without being rewarded therefor. Since the lawyers manage to get their fees, it would be exceedingly unjust to argue that a physician had no right to his.

Every registered practitioner, at least, can now maintain an action for his fees. It will be his own fault if he cannot recover his own valuation of his services. All he has to do is to acquaint and make known to his patient or employer in advance what his charge is before the services are rendered, and no court, presided over by a judge possessing honour and justice, will refuse the physician or surgeon a verdict. Medical men in their eagerness to get work, allow the services to be performed first and then send their bill years afterwards. Disputes then arise—perhaps encouraged by a neighboring practitioner in order to aid his own grist—but chickens very often come home to roost to such an individual. If medical men as a rule are poor and their families suffering for want, it is because the profession as a whole are not united in their views and practice. There should be no underbidding, it is mean, disgraceful and dishonorable: there should be no resort or appeal to prejudices even for the sake of spreading one's fame. Strict business principles and habits are required to make the practice of medicine a success financially. Of course it is understood or

supposed that he also possesses the ability to practice and do it on honorable lines. As a diversity of talent exists among masters, the law will uphold a talented and eminent practitioner's claims to larger fees and assert his right thereto whenever disputed. Eminent authorities in law uphold this view. While everyone may not attain to great eminence, still ordinary skill is required of all, and the principles of law governing medical practice and its rights should be well understood by everyone engaged in the practice of medicine. Every account should be specific, and not general, in its charges. The right of medical men to professional fees in the County Courts of this Province is not recognized. This is wrong; and members of our profession when called to give evidence on any matter involving an opinion, should refuse on the witness stand to give their evidence until the court or parties calling them agrees first to reward them. A determined and united stand would soon cause the Legislature to enact a law recognizing a different fee than thirty cents per diem for a professional man. We solicit the views and opinions of our professional brethren in this Province on the subject.

DR. R. MACNEIL, *Ont. Med. Jour.*

WE quote from *Matheus' Medical Quarterly* this warning advice to the practitioner:

There are very few people that reach the age of maturity who have not been troubled, to a degree at least, or suspected that they had, the hemorrhoidal disease. It is their custom to consult the family physician for relief. The common custom is to prescribe an ointment without first having made an examination of the parts. This is a mistake; for nearly every affection of the anus or rectum is called piles by the layman. Be sure to examine your patients that complain of rectal trouble. In lieu of a pile you may find a polyp, pruritus, condylomata, eczema, fistula, or cancer. If you make a mistake, the patient may drift to another physician, who will criticise you for making a wrong diagnosis.

## Book Reviews.

*Diseases of Children.* By Louis Starr, M. D. Published by W. B. Saunders, Phila.

Mr. W. B. Saunders has manifested unusual energy in placing before the profession within a year such valuable publications, as the *American Text Books of Medicine, Surgery, Gynaecology, and Diseases of Children.*

The latter work edited by Dr. Louis Starr of Philadelphia, a well known writer on pædiatrics, is a handsome imperial octavo volume of 1190 pages, uniform with the *American Text Book of Surgery*, abounding in woodcuts, half tone plates, and colored illustrations.

The work contains a series of original articles contributed by no less than sixty writers, many of them eminent and all especially interested on the subject allotted to them. Every article is fresh, up to the times, and thoroughly practical. Special chapters embrace at unusual length the Eye, Ear, Nose and Throat, and the Skin, while the introductory chapters cover fully the important subjects of diet, hygiene, exercise, bathing, and the chemistry of food. Tracheotomy, intubation, circumcision and such minor surgical procedures coming within the province of the medical practitioner are carefully considered.

A critical analysis of such an extensive work is beyond the capacity of a single individual, such articles as we have carefully examined as the chapters on tuberculosis, rheumatism, chorea, tracheotomy and intubation are well worth the price of the complete work.

*A Manual of Therapeutics.* By A. A. Stephens, A. M., M. D. Published by W. B. Saunders, Philadelphia.

This manual is intended for students and shows evidence of careful preparation being practical, concise and well up to date.

The drugs are arranged in alpha-

betical order, their important uses described, and their employment illustrated by formulae. Short chapters are devoted to the consideration of their physiological action in groups—remedial measures other than drugs, and incompatibility in prescriptions.

The section on applied therapeutics is an excellent one.

A table of doses—index of remedies, and index of diseases, complete one of the most practical manuals we have examined.

Headache and Neuralgia. By J. Leonard Corning, M. A., M. D. Published by E. B. Treat, New York.

Corning's manual has within a short period reached a third edition, which has been improved in many respects.

The subjects of headache, neuralgia, irritation of the spine and insomnia, are of interest to every practitioner, and in this volume he will find very useful limits in respect to the treatment of these maladies. The appendix by Dr. David Webster of New York on the relation of eye strain to headache is a very valuable addition to the work.

Lectures on Auto-Intoxication in disease, or Self-Poisoning of the Individual. By Ch. Bouchard, Professor of Pathology and Therapeutics, Paris. Translated, with a Preface, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham. In one Octavo volume: 302 pages. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This work is of more than ordinary interest to the Physician, Pathologist and Bacteriologist.

The subject of uraemia is thoroughly discussed, showing that the urea is the least intoxicic of the urinary constituents, and the much greater toxicity of potash than soda.

Cholera, dyspepsia, dilatation of the stomach and zymotic disease are carefully and experimentally considered and a new role in therapeutic experimentation outlined. An explanation is given of the probable rationale of the action of old tried and trusted

remedies. The chapters on cholera are specially interesting, while not accepting Koch's researches at their generally accepted values—good reasons are given for the verdict "not proven."

The student will on perusing this small volume have many new ideas suggested, and older ones more satisfactorily explained by demonstration rather than hypothesis.

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### Books Received.

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An American Text-Book of the Diseases of Children. By American Teachers. Edited by Louis Starr, M. D. Published by W. B. Saunders, Philadelphia.

Diseases of Women. By Henry J. Garrigues A. M., M. D. Published by W. B. Saunders, Philadelphia.

A Manual of Therapeutics. By A. A. Stephens, A. M., M. D. Published by W. B. Saunders, Philadelphia.

"Nil Desperandum." Published by "The American Humane Education Society." Autobiographical Sketches and Personal Recollections. By Geo. T. Angell.

A Text-Book of the Theory and Practice of Medicine by American Teachers, Vol. 2. Edited by William Pepper, M. D., LL. D. Published by W. B. Saunders, Philadelphia.

Diseases of the Hair and Scalp. By Geo. T. Jackson, M. D. New revised and enlarged edition. Published by E. B. Treat, 5 Cooper Union, New York.

Headache and Neuralgia. By J. Leonard Corning, M. A., M. D., with an Appendix, Eye Strain a Cause of Headache. By David Webster, M. D. 3rd. edition. Published by E. B. Treat, 5 Cooper Union, New York.

Auto-Intoxication in Disease. By Ch. Bouchard, Translated by Thomas Oliver, M. A., M. D. Published by the F. A. Davis Company, Philadelphia.

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ONE HYPOTHESIS.—She.—"Why is it when physicians get sick they never attend to their own cases?"

HE.—"I don't know," but I should say it was because they can't charge themselves anything for it."—*Life*.

### Selections.

DR. J. S. BILLINGS (*International Journal of Ethics*) thinks that the special influence of the medical life of the present day is to broaden the views of the man who lives it; to make him independent in judgment; rather skeptical as to the occurrence of the millennium in the near future; quite incredulous as to the truth of the maxim that "all men are born free and easy;" more inclined to consider and perform the immediate duty of the day and hour which lies just before him than to reflections upon the errors of other men; free from morbid fear of death; and none the less a believer in the existence of a Supreme Being and in the fundamental principles of religion, although he may not consider them capable of scientific demonstration.—*American Lancet*.

PHYSICAL CULTURE.—Prof. George W. Fitz, of Harvard College, has the following to say about Physical Culture: We want today to do away with the results of conventional life; we want to do away with its limitations, which make us weak; we want to give to our children strong bodies, and in doing that we want also to give them stronger minds and brains. Now, how can this be accomplished? Can it be accomplished by using each muscle individually, by lifting dumb-bells, or can it be accomplished by such games as football, tennis, baseball, etc. It is a question of activity; it is not a question of merely muscular strength. Activity such as the Greeks had is the ideal activity. The forms they gave us in marble are ideal forms, many of them, and those forms resulted from their active, unrestrained life, from the absence of compressing and restricting clothing. To-day we want that kind of activity, and it can be gotten best in games and sports, because there you get the mental stimu-

lus of the play, and you get activity and brain development. The games and sports that have commanded the time of the small boys have been those that demanded activity, that demanded skill, that demanded a quick preception of conditions and quick action upon that preception, the doing something instantly, and doing it at the proper time. It was a question of brain development as well as of muscular activity. Sports and games give this all around development better than any other form of systematic training.—*Chicago Medical Recorder*.

HYSTERECTOMY FOR CANCER OF THE CERVIX.—Dr. Maurice H. Richardson, in a paper contributed to a recent number of the *Boston Medical Journal*, points out that the liability to recurrence after operation in uterine cancer equals, if it does not exceed, cancer of the breast. His main point, however, is the discussion of the question of hysterectomy for cancer of the cervix by combined abdominal and vaginal methods are: (1) Less liability to peritoneal contamination. (2) More intelligence and thorough dissection of the local disease, while its chief objection is the difficulty in controlling hemorrhage. The advantages, on the other hand, of the abdominal method, consist of: (1) A conclusive investigation of the disease itself, its local extent, and its possible remote metastases. (2) The rapidity and safety by which the broad ligaments may be tied and cut. (3) The ease with which the ureter may be isolated and kept on one side. (4) The control of the hemorrhage. Its chief disadvantage is the impossibility of thorough dissection and removal of the cervical portion of the disease. The superiority of the combined method is apparent in (1) The opportunity afforded for thorough dissection both of the local disease and the broad ligaments. (2) The certainty by which hemorrhage may be prevented. (3) The protecting of



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**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 health flow of the secretions, its use is indicated in a wide range of diseases.

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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.

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Dr. Austin Flint says:—In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence.

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A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calnative in all bronchial or laryngeal troubles.

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.

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### Wyeth's Glycerole Chloride of Iron.

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THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

NOTE—We will be pleased to mail literature relating to any of Wyeth's preparations, particularly of the new remedies.

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the ureter. (4) The saving of time. The author further points out that the combined method is applicable more especially to cases where the disease involves the cervix and a portion of the vaginal mucous membrane, and to cases in which the uterine body is large and fixed.—*Med. Times and Reg.*

THE RELATION OF SYPHILIS TO GENERAL PARESIS.—Dr. Frederick Peterson states that his study of this subject leads him to submit the following brief conclusions:

1.—A history of syphilis is found in sixty to seventy per cent. of cases of general paralysis of the insane.

2.—The fact must not be lost sight of that in thirty to forty per cent. of these cases no history of syphilis, congenital or acquired, is to be found.

3.—Antecedent syphilis is seven to ten times more frequent in general paralysis than in other forms of insanity.

4.—Syphilis is therefore to be looked upon as a frequent but not constant factor in its production.

5.—But paralytic dementia is not a form of specific disease, not a late syphilitic manifestation, nor is it a form of degeneration depending upon syphilitic poison for its origin.

6.—The relationship of syphilis to general paresis lies in the fact that it is a wide spread disorder in all communities, that it weakens the constitution and vitiates the blood in many whom it infects, and that the system is thus prepared in many cases for the direct operation of the final etiology factors of general paresis, viz: alcoholism, excessive venery, heredity, and mental overstrain and excitement.—*Ex.*

THE PRESENT STATUS OF THORACIC SURGERY.—Dr. J. McF. Gaston (*Journal of the American Medical Association*) says:

All penetrating wounds of the thorax may be closed hermetically, by suture or otherwise, after allowing the discharge of fluid blood from the opening.

Foreign bodies lodged in the bronchi may be removed by incision of the trachea at the lowest available point.

Experiments for reaching the bronchi through the chest-wall afford little encouragement in undertaking operation upon the human subject.

Medication as a preventive and a curative agency in pleuritic effusion is worthy of trial, before proceeding to the recourse of aspiration.

Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumothorax, but cannot be relied upon for the relief of purulent collections.

Partial resection of ribs is attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

The excision of a small portion of one rib, with the introduction of drainage tubes, has been generally attended with good results.

Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

The operation of thoracotomy for abscess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage gauze.

Tumors of the mediastinum may admit of interference, but further developments are requisite.—*American Lancet.*

THE CAT AND THE CAUL.—Mrs. Ella Johnson, who lives in Philadelphia, recently became the mother of a bouncing baby boy, and when it became noised about that the lusty youngster had come into the world decorated with a caul the happy mother was indulged with congratulations, which she received with becoming modesty, satisfied with the knowledge that her offspring, because of his lucky face covering, would be free from most of the ills and dangers of ordinary mortals. But in a few days Mrs. Johnson's joy was turned to mourning. The caul had disappeared. Suspicion fell upon a neigh-

bor and professional nurse who had presided over the sick-room during Mrs. Johnson's hours of anxiety. Mrs. Johnson says the nurse stole it and sold it to a sea captain for fifty dollars. She accordingly had the nurse arrested, and yesterday Magistrate Hackett was stumped by the strange explanation. In her own defense the nurse declared that the Johnson household cat had stolen the precious caul from off the bureau. This story was not credited, but Magistrate Hackett confessed himself in a quandary, and held the case under advisement.—*Med. Record.*

**GONORRHEAL OPHTHALMIA**—Wallace (*Univ. Med. Mag.*, January, 1894,) reviews this subject at length in both the infantile and adult forms, without adding anything to our knowledge of it. For treatment he relies on cocaine, atropia and silver nitrate. The latter is applied as mitigated stick when the discharge is profuse or membranous, and in solution (gr. x to  $\frac{3}{4}$  i) when the ordinary amount of secretion is present.

**THE TREATMENT OF WRITER'S CRAMP.**—Benedict has relieved a case of writer's cramp by injecting carbolic acid in the neighborhood of a sensitive point in the course of one of the flexor tendons of the related forearm. Langes succeeded in overcoming writer's cramp by having the pen held between the second and third fingers in such a way that the holder rests upon the latter at an angle of from  $110^\circ$  to  $125^\circ$ , while it is supported below by the thumb, the index finger resting lightly above.—*Gaillard's Med. Jour.*

**PALATABLE EPSOM SALTS.**—M. Yvon states that the disagreeable taste of sulphate of magnesia may be completely concealed by the addition of a few drops of the essence of mint, provided that the quantity of the vehicle be small. He advises that  $\frac{3}{4}$  vi. of the sulphate should be dissolved in about  $\frac{3}{4}$  i. of water, two or three drops of the essence of mint being added; or the fla-

vorant agent may be added to the last, and the patient directed to dissolve the whole in as small a quantity of water as possible.—*Ex.*

**SALICYLATE OF SODA IN ACUTE TONSILLITIS** is, according to the *Northwestern Lancet*, often little less than a specific. Its use should begin as early in the attack as possible and should be pushed to the point of producing slight ringing in the ears, when the dose may be decreased, but its administration should be kept up for a day or two after the disappearance of the fever. Fifteen grains every three hours will in most cases cause the ears to ring, when ten and later five grains may be given at the same interval.—*Philadelphia Polyclinic.*

**TO MAKE BED-PANS COMFORTABLE.**—Make a pad of cotton cloth with any soft filling, eight inches square and one inch thick; to one side sew a piece of cotton cloth long enough to do the following: The pad should be placed on the posterior part of the pan on which the sacrum rests; then pass the cotton cloth band from the posterior edge of pan under the latter and forward to the prolongation in front, and fasten by passing the cloth over the latter, through a hole in its substance. This will hold the pad in place, while the latter contributes greatly to the patient's comfort.—*Ex.*

**TREATMENT OF EMPYEMA.**—Chapman, in the *British Medical Journal* for July, '93, gives his views on the treatment of empyema as follows: The incision is made over the point of maximum dullness as far back as possible. This spot is most often situated at the upper edge of the ninth or tenth ribs in a line with the angle of the scapula. The chest is opened and two fingers inserted as far as possible. He advises the insertion of a finger once a week during the subsequent dressings, even if all appears to be going well. Counter openings are never found necessary.

Re-section of a rib he considers unnecessary. In extreme cases simple division of one is performed. Drainage is secured by a tube with a shield held in position by four tapes around the body and shoulders.

TO STAIN TUBERCLE BACILLI.—Czaplewski (*Arb. aus dem path. Anat. Inst. zu Tubingen*, 1892, B. i, H. 3; *Monatsh. f. prakt. Derm.*, B. xvii, No. 4, p. 174) recommends the following procedure: The sputum is first spread in a thin layer upon a slide, dried in the air, and carefully passed through the flame of a Bunsen burner. Then carbol-fuchsin is added, and heated until the vapor of steam arises, when a solution constituted as follows is dropped upon the slide held obliquely, until the surface is cleared: hydrochloric acid and sodium chlorid, each 2½ parts; distilled water, 100 parts; a solution is made, and alcohol, 500 parts, added. The slide is then washed with water, permitted to dry in the air, and finally a drop of some immersion-oil added that can be readily removed by xylol.—*Medical News.*

HEALTH APHORISMS.—1. The lives of most men are in their own hands, and, as a rule, the just verdict after death would be *felo de se*. 2. Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants a rose. 3. Mould and decaying vegetables in a cellar weave shrouds for the upper chambers. 4. A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed. 5. Calisthenics may be very genteel, and romping very ungenteel; but one is the shadow, the other the substance of healthful exercise. 6. Blessed is he who invented sleep; but thrice blessed the man who will invent a cure for thinking. 7. Milk drawn from a woman who sits indoors and drinks whiskey and beer is certainly as unwholesome as is milk from a distillery-

fed cow. 8. Dirt, debauchery, disease, and death are successive links in the same chain.—*Ex.*

TREATMENT OF BURNS.—Dr. Faytt recommends the following treatment: During the first period, or until the epidermis or necrotic portions of tissue can be separated, diluted Goulard's solution or weak solutions of sublimate or salicylic acid are applied. As soon as the wound begins to granulate it is covered over its entire extent with a large piece, or several small pieces, of silk protective. These should not project beyond the wound margins, and if several pieces are used they should not overlap. Over the protective is applied an ordinary antiseptic dressing. The advantage of this procedure, in the author's opinion, is that the secretions escapes along the smooth silk to the edges of the wound, whence they are absorbed by the dressing, and that the latter does not adhere to the wound and can be left on for several days. The pains under this treatment are slight, if present at all, and the scars show but little tendency to contraction.—*Oest.-ungar. Centralbl. f. d. medic. Wissensch.*

TABLE GIVING THE RELATIVE FREQUENCY OF THE CONDITIONS PRODUCING HEART HYPERTROPHY.

	Cases	Per cent.
Arterio-sclerosis in . . . . .	62	59
Nephritis . . . . .	14	13.4
Valvular lesions . . . . .	13	12.4
Adherent pericardium . . . . .	8	7.6
Work . . . . .	4	3.8
Tumors . . . . .	2	1.9
Aneurism of heart wall . . . . .	1	0.95
Hemic plethora . . . . .	1	0.94

—Howard, in *Johns Hopkins Bulletin.*

ARSENIC IN PULMONARY PHTHISIS.—Dr. Karl Hochhalt holds that the most essential factor in the treatment of pulmonary phtthisis is to control the fever. He condemns the administration of the modern antipyretics because they lessen the energy of the heart, and influence the fever only symptom-

atically, and the fever returns to its previous height as soon as they are discontinued. In order to control the fever effectually and rationally, he recommends the frequently proposed, and again rejected, use of arsenic, and gives the result of experiments in fifty cases to show that the appetite improved, the body weight increased, and the hectic decidedly improved under its use. He does not think that it has any influence on the process itself in the lung, except in acute initial apex catarrh. He gives Fowler's solution, beginning with one or two drops daily, and increasing by one drop daily until five or six are reached, and then every second day, until he gets to ten drops. —*Centralblatt fur Therapie.*

Going into busines without advertising is like winking at a pretty girl in the dark—you know what you are doing yourself, but no one else knows. —*Exchange.*

THEY had asked Dr. Sandblast, the eminent surgeon, to carve the festal fowl, and he stood over it with the carving knife held delicately in the first position. "The incision, you will observe, gentlemen," he began dreamily, "commences a little to the left of the median line, and—oh, excuse me, Mrs. Parmalee, I thought I was in the—*may* I help you to a little of the femur?" —*Puck.*

### PRESCRIPTIONS.

#### TO RELIEVE PAIN—

The following mixture will "set the patient on fire," but relieves the pain:

R. Chloroform,  
Tr. aconiti rad.,  
Tr. camphoræ,  
Tr. arnicæ,  
Tr. opii . . . . . aa . . . . . ʒj

M. Sig.—Apply by means of two or three thicknesses of soft paper, covering the same with the hand.

PROF. KEEN thinks the best remedy for removal of *proud flesh* in a healing wound is chromic acid, ten grains to the ounce, applied about two or three times.—*Col. and Clin. Record.*

UMBILICAL CORD, PRESSING.—Equal parts of *aristol*, *lapis calimmaris*, and *subnit. bismuth*, applied until no moisture shows through the powder. Wrap in soft linen or absorbent cotton, apply binder, and leave undisturbed until fourth or fifth day, when cord will usually be found detached. If irritation remain, dust with same powder. (HURT, *Atlanta Medical and Surgical Journal*, December, 1893.)

HIPPURIC ACID AS A DIURETIC.—This acid, obtained from the urine of the cow, is a favorite diuretic with many French practitioners. Dujardin-Beaumetz prescribes it combined with lime:

R. Hippuric acid . . . . . 25 grammes.  
Milk of lime sufficient to neutralize it.  
Simple syrup . . . . . 500 grammes.  
Essence of lemon to flavour.

Four or six tablespoonfuls daily. As before mentioned it is excreted in the urine as benzoic acid.—*Provincial Medical Journal.*

#### SOOTHING SYRUP WITHOUT OPIUM—

R. Ol. Anisi . . . . . 25 minims.  
Alcoholis . . . . . 2 ounces.  
Fl. Ext. Valerian. 1 ounce.  
Cl. Ment. Pip. . . 15 minims.  
Tinct. Camphoræ. 2 drachms.  
Fl. Ext. Glycyrrhizæ. 1 ounce.

M. Sig.—Shake the bottle. Dose, one-fourth to one-half teaspoonful in water, repeat as needed.

#### TRY THE FOLLOWING FOR CHILBLAINS

R. Acid Carbol.  
Acid Tannici . . . . . aa ʒj  
Tr. Iodine . . . . . ʒj  
Cerat Simp . . . . . ʒiv

M. Sig. Apply two or three times daily.

# Treatment of Cholera.

**Dr. Chas. Gatchell**, of Chicago, in his "*Treatment of Cholera*," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate**. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate**, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

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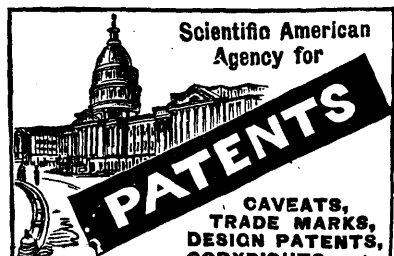
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