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The fifty-eighth session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

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

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

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

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriology carried on.

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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 ward, the majority of whom are affected with diseases of an acute character. The shipping and 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.

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

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Please mention THE MARITIME MEDICAL NEWS.

Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

HALIFAX, N. S., APRIL, 1891.

No. 4.

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Original Communications.

A CASE OF DEXTIO-CARDIA.

Read at a meeting of the St. John Medical Society,

By P. R. INCHES, M. D.

A YOUNG MAN, 23 years of age, was seen at the office on Jan. 23rd last, complaining of cough, some shortness of breath, and slight pain in the chest. On examination there was flattening under the right clavicle and dullness on percussion over the apex of right lung, extending downwards over the whole lung, but not so marked towards the base, both front and back. On auscultation, tubular breathing and absence of vesicular respiration were found at apex, front and back, but marked in the supra and infra clavicular, and the supra scapular region of the right side. Also tubular breathing towards base in front, but not so marked as at apex. In the region of the right side, corresponding to the cardiac region of the left side, were found the proper sounds of the heart. The apex beat was a little nearer the nipple than usual. The sounds, rhythm, and dimensions of the heart, were normal and healthy.

On the left side there was healthy vesicular respiration without any dullness, over the whole front and back. Over the proper

cardiac region there was clear resonance and normal respiration. There was entire absence of any sign of effusion on the left side. There was no intercostal bulging nor fullness on either side, nor any falling in of the wall of the chest on either side, but except the infra-clavicular flattening on the right side, mentioned, the sides were symmetrical. There was no transposition of the other organs.

Pulse, 72; respiration, 20; no rise of temperature when seen. The patient is thin and weakly looking, but well able to walk about, although not employed in any business.

The signs seemed to indicate consolidation from phthisis at the apex of the right lung, with transposition of the heart to the right side.

The former history of the patient was an attack described as congestion of the right lung, nearly five years before, with hæmoptysis once, which confined him to the house for one year, and he has never been well since. Was told he had pleurisy also on the right side, with water in the chest. Two years ago he was confined to the house with pulmonary symptoms, since then he has always been able to be out, and gained a little in weight. His father died at about 50 of pneumonia, and his sister at about 20, of consumption. He was never told before that his heart beat on the right side.

He has reported himself twice since January, last time on March 18th, when the physical signs were the same. There is

some slight increase in weight. He has been treated for the consolidation of right apex, with fly blisters and restorative medicines. Has been out every day and complains of little but weakness and dyspnoea on exertion.

In this case the question is whether the dextro-cardia is congenital, or the result of disease in the right lung during the past five years, for there is no evidence now or formerly of disease of the left lung. Could it have been caused by atrophy and contraction of the lung and pleurae, dragging the heart by adhesions over from its normal position and tethering it down where it is? Such a condition has been suggested in other cases and is mentioned in the *Lancet* of Feb. 21st, 1891, page 434, in reporting the transactions of the London Medical Society. Two cases are spoken of, much like the one described above, and the gentlemen were unable to decide whether the condition was congenital or caused as suggested.

The further history of this case will be interesting if followed up.

CASE OF ENTROPION AND TRICHIASIS; OPERATION AND CURE.

By N. E. MCKAY, M. R. C. S.,
Surgeon V. G. H., Halifax.

M. C., aged 20, married, was admitted into the V. G. H. on the 10th day of June, '90, suffering from *Organic Entropion and Trichiasis*.

Family History.—Good.

History of Present Illness.—Five or six years ago patient says she caught cold in her eyes; they both became inflamed and her sight became gradually impaired, and during the following year or two she had several attacks of dimness of vision with more or less pain in her eyes. Some time after this the sight improved somewhat. Two years ago the sight of the right eye became so dim that she could not see any object with distinctness. A year ago the left eye became similarly affected, but its vision was never so much impaired as that of the right. Patient suffered greatly from intolerance of light and lachrymation for the last twelve months.

Present Condition.—Patient's general health is fairly good. Examination: the free borders of lids, upper and lower of right and upper and lower of left, are indurated, contracted and inverted, and the whole row of eyelashes

are turned in and resting against the cornea. The lashes are sparse, irregular and stunted. The palpebral aperture of both eyes is considerably shortened and the eyes look small and shrunken. Both corneae are very opaque and vascular. Vision is greatly impaired. Patient suffers intensely from photophobia and lachrymation. The lower lid of left eye is unaffected.

Treatment.—On the 28th June I performed canthoplasty and Art's operation on both eyes. The patient being aetherized and her eyes washed thoroughly with weak boric acid lotion. I divided the outer canthus by scissors down to the rim of the orbit, and then brought the contiguous ocular conjunctivae in contact with the cut edges of the skin, and held it there by fine silk sutures, a suture being put in the angle of the wound, and one above and one below.

I then performed Art's operation in the following way:

Having gently applied Snellin's clamp to the upper lid, and held the lid firm and tense with my left hand, while an assistant steadied the clamp, I made a free incision with a cataract knife from end to end of the free border of the lid between the hair follicles and meibomian ducts, beginning just beyond the puncture to the depths of two lines—split the lid into two layers as it were. I then made a second incision on a plane at right angles to the first, on the outer aspect of lid, parallel to and about two lines above the free border of the lid. This incision passed at each extremity, a little beyond the first incision, and it extended down to but not through the tarsal cartilage. A third semicircular incision was made from one end of the wound to the other in an upward direction and including a semilunar flap of skin of sufficient width to produce the effect desired. This flap was then carefully dissected off, care being used not to injure the orbicularis, and the edges of the wound were brought together with fine silk sutures. The anterior layer of the lid border which contained the lashes was thus tilted forward and drawn upward, and the eye lashes lifted off the cornea and made to assume their normal position. To remove all sources of irritation, *pro tem*, from the cornea I pulled out all the lashes of lower lid, right eye. Both eyes being thoroughly washed with tepid water I dusted the wounds with iodoform and applied over them a narrow strip of oiled silk and a pad of absorbent cotton wool. This dressing was changed once or

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

RHEUMATISM.**Elixir Salicylic Acid Comp.**

(WM R. WARNER & CO.)

(TO DOCTORS ONLY.)

This preparation combines in a pleasant and permanent form, in each fluid drachm. the following :

℞ Acid, Salicylic, (Schering's), grs. v. Potass. Iodid., - grs. iss.
Cimicifuga, - grs. ij. Tr. Gelseminum, - gtt. i.

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

RHEUMATISM, GOUT, LUMBAGO, ETC.

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

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

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

It is a matter of great satisfaction to us to be able to place before the medical profession a remedy so effectual in the cure of one of the most stubborn classes of disease.

The dose is from a teaspoonful to a dessertspoonful, and increased as necessary to meet the requirements of the case. Each teaspoonful contains five grains of Salicylic Acid.

Elixir Salicylic Acid Comp. is put up in 12-oz square bottles, and may be obtained from Druggists everywhere.

SCROFULA.**SYR: PHYTOLACCA COMP.**

(WM. R. WARNER & CO.)

(TO DOCTORS ONLY.)

ALTERATIVE, RESOLVENT, APERIENT, TONIC.

COMPOSITION :—Phytolacca Decandra, Stillingia, Salvatica, Lappa Major, Corydalis Formosa, ʒi grs. vi. Xanthoxylum Fraxinum, Potassii Iodidum, Casarea Sagrada, aa grs. ij, in each dessertspoonful.

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

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

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

CHARLES W. BROWN, M. D.

Prepared only by

WILLIAM R. WARNER & CO.,

Manufacturers of

SOLUBLE COATED PILLS.

1228 Market Street Philadelphia and 18 Liberty Street, New York.

Please mention THE MARITIME MEDICAL NEWS.

For the Cure of Nervous Headaches.

SEDATIVE. EFFERVESCENT ANODYNE. SEDATIVE. EFFERVESCENT ANODYNE

BROMO SODA.

(WARNER & CO.)

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

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

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

BROMO POTASH.

(WARNER & CO.)

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

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

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

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4 MINUTES.

Pil: Sumbul Comp.

(DR. GOODELL)

R.—El. Sumbul 1 gr.
Assafoetida 2 gr.
Ferri Sulph. Exs. 1 gr.
Ac. Arsenious 1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-soda. One or two pills taken three times a day.

Pil: Antiseptic Comp.

(W. R. WARNER & CO'S.)

Each Pill contains:

R.—Sulphite Soda 1 gr.
Salicylic Acid 1 gr.
Ext. Nuc Vomica 1-8 gr.
Powd. Capsicum 1-10 gr.
Conc't Pepsin 1 gr.

DOSE—1 to 3 Pills.

Pil: Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of Food.

Pil: Chalybeate.

(W. R. WARNER & CO.'S FERRUGINOUS PILLS.)

3 Grains. DOSE—1 to 3 Pills

Ferri Sulph. Fe SO₄ Ferri Carb. Fe CO₃
Potass. Carb. K₂ CO₃ Potass. Sulph. K₂ SO₄
Carbonate of Protoxide Iron.

The above combination which we have successfully and scientifically put in pill form, produces, when taken into the stomach, Carbonate of the Protoxide of Iron [Ferrous Carbonate] in a quickly assimilable condition.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.

— INGLUYIN —

A POWDER: Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

WILLIAM R. WARNER & CO.,

1228 Market St., Philadelphia.

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AGENTS IN HALIFAX N. S.:

BROWN & WEBB.

Please mention THE MARITIME MEDICAL NEWS.

Pil: Chalybeate Comp.

(W. R. WARNER & CO'S.)

Same as Pil: Chalybeate, with 1-8 gr. Ext. Nuc Vomica added to each pill to increase the tonic effect.

DOSE—1 to 3 Pills.

Pil: Aloin, Belladonna, and Strychnine.

(W. R. WARNER & CO'S.)

R.—Aloin 1-5 gr.
Strychnine 1-60 gr.
Ext. Belladonna 1-8 gr.
Medical properties, Tonic, Laxative. DOSE—1 to 2 Pills.
Try this pill in habitual constipation. One pill three times a day.

Pil: Antidyspeptic.

(FR. FOTHERGILL.)

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

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

Pil: Arthrosia.

(W. R. WARNER & CO'S.)

For cure of Rheumatism and Rheumatic Gout.

Formula:

Acidum Salicylicum Ext. Colchicum.
Resina Podophyllinum Ext. Phytolacca.
Quinia Capsicum.

Almost a Specific for Rheumatism and Gouty Complaints.

twice a day *pro re nata*. On the 6th day after the operation the stitches were removed, union having taken place by first intention. To correct the inversion of the border of the lower lid, right eye. On July 17th I removed a semilunar flap of skin, including a small portion of the orbicularis from the entire length of the lid in the following way, viz., I first made an incision $\frac{1}{2}$ of an inch below the free border of the lid, and parallel to it in its entire length, and I thus made a second semi-circular incision, downward, from one end of the first to the other, including a semi-circular flap of skin of sufficient width to produce the effect desired. This flap was then carefully dissected off, including a small portion of the orbicularis muscle. The wound being thoroughly washed, its edges were brought and held together by fine silk sutures. The inverted free border of the lid was then tilted forward and the lashes lifted off the cornea. The wound was dressed in a dressing similar to that used in first operation. The stitches were removed on 6th day after operation, union having taken place by intention.

The constitutional treatment consisted of good nourishing diet with *syr. ferri iod* as an alterative tonic. The local treatment consisted of frequent bathing with hot water and the application of Pagenslecher's ointment (*Hyd. Oxid. Fl. gr. 24, Vaseline Zi.*) at night, the innunction with Pagenslecher's salve being discontinued for a week after each operation. Both eyes were protected by a green shade against the irritation of light during the entire treatment. The opacity and vascularity of the cornea gradually disappeared and the patient was discharged well on the 12th of August.

ACTINOMYCOSIS.

*A paper read before The Nova Scotia Branch
British Medical Association, March, 1891.*

By WILLIAM D. FINN, *Surgeon to Halifax
Dispensary.*

Mr. President and Gentlemen:

I beg to bring to your attention to-night a few remarks concerning a comparatively rare disease, "Actinomycesis." The literature on the subject is not very abundant, and my personal experience with the disease has been very limited. Consequently I will ask you to pardon me if I deal with the subject in a somewhat general manner.

Definition.—I would define "Actinomycesis" as a specific, infectious disease occurring in cattle, and in all probability transmitted to man from them, and having a special micro-organism, "the Actinomyces bovis."

History.—In reference to the history of the malady, little is definitely known; it has undoubtedly existed for many years, but it is only of late that anything was known of its true character, most of the cases being, no doubt, classed under the head of tuberculosis. Bollinger wrote about it in 1877 and in 1879 Postfick described some of its features, more especially those concerning the parasite. Since that time pathologists have described in detail all its known characters, but they have not definitely settled, whether the disease as found in man, is identical with that affecting the lower animals. The disease is known by many names, such as "Big Jaw disease, Lumpy Jaw, Woody Tongue and Peripleuritis, etc., etc."

I will first describe the disease as it occurs in cattle, its etiology, and general symptoms, and then show how it may be transmitted to human beings, and the manner in which it manifests itself in them.

The cause of the disease in cattle, is the introduction into their bodies of the specific germ—the Actinomyces; they must become inoculated with the virus containing the "fungus." When we take into consideration the places in which cattle may be housed, the unsanitary condition of the same, and the character of the food stuffs upon which they subsist, we can very readily see how great is the danger for promiscuous inoculation, and as we know that micro-organisms in general flourish better on damp than on dry surfaces, the chances here for multiplication of the same are very evident. The particular manner in which inoculation may take place is very hard to determine, and the special avenue by which the germ is introduced is, in a great many cases, impossible to find. It is very probable that it effects its entrance through some abrasion in the mucous coverings of the alimentary tract, more especially that lining the mouth, through a carious tooth, or by means of some wound on the surface of the body. It is not definitely settled yet whether the ingestion of the parasite into the stomach, when no wound exists, can give rise to the disease, and the same may be said in reference to the respiratory tract. As regards the spontaneous development of the germ outside of

the body, nothing is definitely known, but some authorities hold that this same fungus is found on the leaves of certain plants, and that there is a marked resemblance between it and the fungus root of India; as described by Vandy Re Carter. In a great number of the cases of the disease in cattle, the infection has been traced to certain contaminated food stuffs. Thus, hay infected with the germ is given to animals, and during mastication the parasite gains entrance through some wound in the mucus membrane or the teats are wiped with a wisp of hay or straw, and so the infected milk carries the germ along with it into the bodies of human beings. Also persons caring for the animals affected carry the danger on their hands, they handle buckets, perhaps use them to drink out of, and so the disease is spread far and wide. Thus, it is evident that once the disease appears in any animal the chances for infection increase, so long as that animal remains among the rest, so that in a very short time all articles of the stable may become contaminated. The pasture lands also stand in danger as it is almost certain that the parasite thrives on the leaves of certain plants, and that it may be carried, along with parts of these plants, into the bodies of cattle not previously affected. The parasite grows most readily, according to some authorities, on barley, and this cereal is the most likely to wound the tissues of the mouth, thus bringing about inoculation.

So much for the general causes of the disease in cattle. Let us look for a moment at man and see how it is that he may become a victim. First he may eat grain, on which rests the actinomyces, or he may take a wisp of hay or straw into his mouth, on which rests the deadly parasite, wound the tissues and so get the disease. The milk or meat which he consumed may be contaminated, or his hands may contain abrasions which become poisoned by handling diseased animals or impregnated substances. A farmer may, for instance, use his knife from his pocket to remove or open a tumour in an animal afflicted with the disease, and without washing the instrument he replaces it in the pocket laden with the parasite, or still worse he may cut up his food with it or use it to trim vegetables of various kinds, and so he goes on spreading the infection over a very wide area. Again, the persons tending these animals may come in direct contact with healthy individuals and, without any knowledge of it, give the disease to them. I could

name many other sources of infection, but the above show the general way in which the disease may be contracted.

Let us consider for a moment this specific parasite, the *Actinomyces Bovis*, or ray-fungus, so called from its peculiar shape, as seen under the microscope. It has often been compared to the "Paisy" so far as its general outline is concerned, and let us imagine this little flower as we describe this germ. In the greater number of the cases of Actinomycosis, as seen in animals, the parasite assumes the form of minute, granular masses, the largest of which is visible to the naked eye, having a somewhat yellow color, that are readily appreciated by the touch as small, rough bodies, about the size of a millet seed, and under the power of a lens of 60 diam., they are recognized as opaque-granular substances, varying in size and outline, but all agreeing in having a finely granular surface. Without staining reagents they are sometimes colorless, but generally they assume a faint, greenish, yellow tinge. Let us look at a colony under a higher-magnifying power and notice its characters. Many of these show an irregular, radiate pattern, the striae extending from the centre to the periphery, to the latter giving a somewhat notched or serrated appearance. If the sections are very thin the larger colonies will drop out of place, and this section when mounted will show a reticulated or spongy character. I cannot go into a very minute description of the micro-organism, as I do not wish to occupy the time, but let us look a little more carefully and see what is the character of the component parts of this colony. The centre presents a finely granular appearance, and as we approach the periphery we find a network of thread-like forms, joined at the proximal end, to those granular masses, and at their distal extremities, assuming in nearly all the cases, a club-like form. Those clubs were thought, at one time to be a very important element in the causation of the disease, but of late this importance is denied, other structural elements of the colony having a more important significance. In cattle these club-like forms are the only recognizable elements, in some of the cases, but yet there are many cases in which they are entirely absent. When we put the same section under a powerful lens, say a $\frac{1}{2}$ oil immersion, it is seen to contain elements as follows: I. Minute cocci; II. Mycelial filaments of thread-like forms; and III. Clubs.

The Cocci are formed in all the colonies, most numerous in the intermediate zone, where they occur at times in heaps, they are also found mingled among the filamentous forms, and very often cluster at the periphery of the colony. A peculiar feature, and one of very great interest, is that these cocci, have a great tendency to form chains, sometimes straight, at others semicircular in outline, often also taking the form of the Diplococcus, and by some observers are said to divide and sub-divide. Another point of interest is that these cocci stain in the same manner as do the club-like elements, and as they resemble them in many respects there is reason to believe that they form the primary basis of the latter, namely the clubs. The thread-like or mycelial filaments are also constantly present, generally taking a straight form, occasionally assuming a spirillum character, but are found in some cases curved upon themselves. These constituents again are irregularly scattered throughout the colony. You will oftentimes find them separate or distinct from each other, and also bunched together, sometimes they are branched, and as they approach the periphery they become forked. These threads consist of a central part or cylinder, a sheath surrounding it, which sheath is at intervals notched or segmented. It is important to bear in mind that there is oftentimes a distinct resemblance in the transitions, between the segmented and non-segmented filaments, and between the segmented threads and the cocci. What about the club-like elements? They are very constant in the bovine affection, and their presence or absence in the human malady has an important significance at times, according to some authorities, whilst on the other hand, many reliable observers hold that they possess no bearing upon the pathology of the disease. These club-like forms are found usually at the periphery of the colony, radiately disposed and presenting their broad end outward, they vary in size, length and breadth, at times being ovoid in shape, at others perfectly round, some are single, others have lateral budding processes, and occasionally two clubs will appear to spring from the same mycelial filament.

Thus we have seen that in a colony the general structure is, club-like forms at the periphery, as described before, joined to the mycelial threads, which threads after pursuing a very irregular outline, join with the central, granular masses, whilst throughout the colony, and more especially in the

intermediate zone, are found many coccus-like forms called "Cocci."

What feature now does the disease show in cattle? It takes the form of tumour-like growths, which growths are most commonly found about the mouth, the tongue, the lower jaw, especially from the alveolar border of it, and are also to be met with in the testes and the neighboring lymphatic glands. The tumours grow somewhat slowly and as development proceeds, some of the nearer lymph glands become affected, and enlarge also, but as a rule metastasis is rather rare in animals. The disease in them seems to be of a purely local character, but still the general system at large must be affected, as the animals show signs of constitutional derangement, they fail in health, their coat becomes rough, thin and shaggy, and the body in general becomes emaciated. The local symptoms vary with the position of the tumour, if at the angle of the jaw, it produces great distress, inhibits the action of that bone, in mastication, and after a while, exerts pressure on the Trachea, oesophagus and the great blood vessels of the neck. If the affected animal lives long enough the growths, after a time, soften at the centre, suppuration takes place, and long and tortuous sinuses are formed from which is discharged the purulent matter and in this discharge is found the parasite. The tissues of these animals may be offered for sale and it is a matter of great sanitary importance, as to whether it is fit for consumption. I do not think that it is but yet there are undoubtedly many cattle afflicted by the malady shipped from our ports every day. In the *Medical News* of Dec. 13, 1883, an article appears in which it is mentioned "that many cases of this disease were found among the stock, prior to being shipped in an ocean vessel for consumption abroad, but as the Department of Agriculture had no definite orders, concerning it, the animals so afflicted were not condemned." Cattle men seem to know that the disease damages the animal, and in the purchase of stock on the western ranches the stipulation "No big jawed animals" is frequently made.

The only treatment for the disease in animals is surgical, and after the disease has existed for any time I think the better plan would be to destroy the beasts entirely and bury or burn them.

So much for the disease in cattle, let us look at its clinical features in man, in a general way. In him it assumes the charac-

ter similar to that found in "Tuberculosis." This is especially true when the lungs are the seat of the trouble. The physical signs and constitutional symptoms here resemble markedly those found in cases of phthisis, and a true diagnosis is difficult, unless some of the specific germs are encountered; it is here that the microscope proves so valuable. The disease may attack the tissues of any part, and metastasis in man is more marked than in the lower animals, in the latter being a very rare thing indeed. The disease is very severe at times in man, more especially when it attacks the tissues of the thoracic region. I cannot do better than cite some of the remarks made by Strümpell on this subject; he speaks of a disease "Peripleuritis, which in all probability is identical with Actinomycosis, which consists of an infl. of the connective tissue between the costal pleura and the ribs, and which in nearly all cases terminates in an abscess. As a rule in these cases there is no history of a previous injury or disease of the pleura lungs or chest wall. It is most common in men, it begins with a chill and throughout its course has a very high temperature. In marked cases it resembles an Empyema, but differs from it in many respects. There is greater protrusion of the chest wall on the affected side, the ribs are driven apart by the protrusion of the abscess, rupture of the abscess is nearly always external, seldom into the pleural cavity. There is no displacement of the neighbouring organs, a very important point, and normal lung tissue containing air is found below the seat of the abscess. Bartel remarks "that during inspiration the walls of the abscess relax and become tense during expiration," and also the diagnosis is clear, when the special parasite is found in the discharges. The disease may attack the tissues in front of the vertebrae, and after a time simulate Pott's disease," the diagnosis not being made until the parasite is found in the discharges from the abscesses formed. I will cite a case of the disease, as reported by Dr. Oehner: A gentleman farmer, healthy, until 8 months before; at that time he began to suffer from great pain in the region of the Antrum of Highmore. Had 4 carious teeth extracted from the upper jaw but got no relief, soon after an abscess pointed on the cheek, in the vicinity of the canine tooth on the diseased side. This abscess was opened several times by his physician, the surrounding tissues were

thickened and indurated, and the parasite fungus was found in the discharges.

Another case is reported in B. M. J., July 13, 1889, in which a boy, aged 11 years, accidentally swallowed an awn of barley; an intra thoracic abscess formed and in the evacuated pus, was found the awn; the abscess kept discharging and eventually the special fungus was discovered. The diagnosis of the disease rests to a great extent upon the previous history and the finding of the special micro-organism.

The only treatment in man is surgical, the general health must be attended to, and even under the very best circumstances the prognosis is extremely unfavorable.

REFERENCES.

Hand-Book of the Medical Sciences; Delefeld and Prudden Path. Anatomy; Strümpell on Medicine; Hueppe, Methods of Bact. Investigation; *British Medical Journal*, July 15, 1889; *Medical News*, Dec. 15, 1883; *Medical News*, Jan. 21, 1891.

REMARKS ON THE THEORY AND TREATMENT OF CONSUMPTION.

BY R. R. STEVENSON, M.D., *Little River, N.S.*

THE Germ Theory of Consumption, which is the opposite of the constitutional doctrine, was discovered and proclaimed first by Dr. Martin in 1772, more than one hundred years before Professor Koch was born. It was advocated by Dr. Barrow in 1819, by Dr. Carmichael in 1836, by Dr. Lauza in 1849 and by Dr. Baker in 1856.

The writer of this article in 1872* stated that "pure tubercular matter constitutes the material, whether from man or animal, by which phthisis is propagated; and this morbid matter or germ (by a slow process) is as capable of communicating consumption from one person to another as is the specific contagious matter of small-pox, measles, scarlet fever, etc. That its dissemination through society has not been regarded with the same degree of fear and distrust is true, but that it has proven more fatal than other self-propagatory maladies is a fact too true to be denied. Why is this? Because the teachings of our time-honoured profession have been in collision with the truth in regard to the real nature of the disease, and the remedies and means of prevention have been consequently impotent for good." Since that time Professor Koch of Berlin, and other eminent bacteriologists, have con-

* See MARITIME MEDICAL NEWS, March, 1889, page 61.



Acknowledged by leading Physicians to be the most Perfect, most Permanent and Palatable preparation in the market.

EMULSION.

This preparation of Cod Liver Oil, combined with the Hypophosphites of Lime and Soda, has only been a few years upon the market, yet it already enjoys a very large sale, and is prescribed daily by the leading physicians of Canada. We desire now, for the information of those who do not know of it, to present to them the following facts:—

First—We only use the purest Norwegian Cod Liver Oil in manufacturing, obtaining our supplies by direct shipments from Norway, which is most important alike to physician and patient.

Second—We so thoroughly incorporate the oil with the salts in our mode of manufacturing that it is perfectly emulsified, and remains so without change for years.

Third—As it is almost tasteless and easy of digestion, it can be given to children and persons with most sensitive stomachs without any difficulty, and we feel convinced from the results that have been obtained, that in the form of an emulsion is the proper way to give Cod Liver Oil.

Its ease of digestion and ready assimilation, and its fat producing and strengthening qualities makes it especially valuable in all forms of exhaustion of the nerve centres and general debility.

It is in cases of pulmonary diseases, with emaciation, cough, debility, hemorrhage and the whole train of too well-known symptoms, that the benefits of this article are most manifest.

It is permanent; hence it does not separate and decompose like other preparations, and the dose is always the same.

"I have tried your D. & L. Emulsion and find it the most palatable of any I have hitherto used."
METCALFE, ONT., 26th March, 1889. D. WALLACE, M. D.

A well-known physician of Windsor, Nova Scotia, writes:—

July 17th, 1889.

"My experience with your D. & L. Emulsion of Cod Liver Oil with Hypophosphites of Lime and Soda, has been most pleasant and satisfactory. During the winter and spring just past, I have given it in a large number of cases and up to the present time have not known a stomach with which it has disagreed, or a taste that has objected to it. Some of my patients, for whom I prescribed it, were heretofore unable to swallow and retain any of the Emulsions of Cod Liver Oil though honestly and earnestly trying, but with this preparation there has been no quarrel with taste or stomach. For those among my patients with delicate taste and sensitive stomach where Cod Liver Oil was indicated, this has been the preparation preferred above all others."

The above is my private opinion gladly given.

A PERFECT EMULSION, SWEET AND PALATABLE AS CREAM.

Please specify in prescribing, and be sure you get the

"D. & L."

— FOR SALE BY —

All Druggists and Medicine Dealers.

8 and 16 oz. BOTTLES. 50c. and \$1.00 PER BOTTLE.

Physicians' samples can be had from your Druggist, or we will send by express upon application.

Please mention THE MARITIME MEDICAL NEWS.

Some facts for Physicians concerning Menthol Plasters.

MENTHOL has a soothing, quieting influence upon the motor, sensory and reflex centres in the brain and spinal cord, and thus lessens irritability.

On account of the transitory effects of the ordinary modes of applying Menthol, it is now offered in the form of a plaster. It produces an agreeable electric sensation on application.

"The D & L" Menthol Plaster is purely medicinal, and affords a perfect means of maintaining the continuous action of one of the most valuable remedies in the pharmacopœia. Chronic painful affections otherwise only relieved for short intervals, are by this plaster kept permanently from pain.

It probably has no equal in the speedy relief of headache and neuralgic pains. In intercostal, facial, brachial or other neuralgia, and for gastralgia it simply acts like a charm.

Very successful in lumbago, sciatica, "cricks," tic, "stitches," rheumatic pains and chronic rheumatism.

Will always do good in muscular twitchings and cramps, in lameness, soreness, sprains, strains, and stiffness of the joints or muscles.

ENDORSEMENT from the "LANCET," LONDON, ENG.

"The Menthol Plaster recently introduced into England is a good preparation. The specimen submitted for our inspection has an agreeable odor of peppermint and indicates its nature also by action of the Menthol Vapor on the conjunctiva. We can speak of two cases where it was used on the breast, and the action was quicker and more agreeable than the belladonna plaster used before. The writer of this article used it on himself, and found the action of the Menthol was decidedly refreshing.—*London Lancet* of January 1, 1887.

TESTIMONIALS FROM PHYSICIANS.

I have used Menthol Plasters in several cases of muscular rheumatism and find in every case that it gave almost instant and permanent relief.

Washington, D. C., May 14th, 1889.

J. B. MOORE, M. D., 57, K. W. N. E.

I have used Menthol Plasters for acute neuralgia and sciatica with complete success.

DR. C. HOLLAND, 546 Tremont St., Boston.

Allow me to testify to the excellency of the "D & L" Menthol Plaster in lumbago.

Westport, Ont., December 31st, 1889.

D. E. FOLEY, M. D.

I have used Menthol Plaster in a case of acute pleurisy attended with very severe pains: in about three hours the patient was so much relieved that she fell asleep.

Also in a case suffering more or less pain for three weeks over the left ovary. I applied a piece of Menthol Plaster about four inches square. I saw her again the third day, and she told me the pain had entirely gone.

Boston, Nov. 26th, 1887.

A. W. TURNER, M. D., 12 Upton Street.

I have prescribed Menthol Plaster in a number of cases of Neuralgic and Rheumatic Pains, and have been very much pleased with the effects and pleasantness of its application.

Boston, Nov. 22nd, 1887.

W. H. CARPENTER, M. D., "Hotel Oxford."

I have given Menthol Plasters a thorough trial in my practice. I find it more convenient than in the liquid form and can obtain better results.

G. J. BRADY, M. D., Lowell, Mass.

I use Menthol Plasters in my practice with excellent results. They excel all other plasters known as a means of relieving pain. I cannot compare the belladonna to them.

W. A. CHAMBERLIN, M. D., St. Charles, Minn.



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NOTE.—We put up specially for physicians the "D & L" Menthol Plaster, in single air tight tin boxes, seven inches wide, in yard rolls, making seven plasters, for \$1.00 a yard. This is the cheapest and most economical way to buy them, as it allows you to cut the plaster any required size to cover the part afflicted with pain.

Please mention **THE MARITIME MEDICAL NEWS.**

firmed the germ theory, in the discovery of the tubercle bacillus; and they have very laudably undertaken a series of experiments in search of a germicide, sufficiently powerful to either dislodge or destroy this ubiquitous microbe, and its nidus in the parenchymatous structure of the lungs. Thus far Professor Koch, one of the most noted savants in the vanguard of the germ and germicide theories, has not succeeded with his remedy; for the results obtained by his treatment are not such as to fully justify the claims of his alleged specific in the cure of consumption. His remedy up to date has been only partially explained, and the dangers attending its use makes it imperative that it should only be placed in the hands of scientific hospital physicians—experts in chemistry and bacteriology as well as in the use of the stethoscope and microscope. These are the men that should deal with such deadly remedies as the “Koch Lymph,” for which there is yet no known antidote. Whatever may be the fate of Koch’s “Tuberculine,” the widespread discussion of its merits and demerits will doubtless contribute much towards alleviating suffering, and the amelioration of the condition of a vast number of the human race, from this fact—that the theory and treatment of consumption and scrofula will be more energetically investigated in the future than they have been in the past.

As the case now stands, one party claims that the bacilli are the cause of phthisis, whilst another class maintains that they are the result of a morbid condition of the lungs or any other tissues of the system. When doctors disagree who shall decide? As to the treatment of consumption I will briefly state that hygienic measures, coupled with the inhalation of antiseptics, have been more successful in my hand than any other plan of treatment, and I shall continue in this same “old rut” until some safer and more practicable plan has been formulated, than has been evolved by the “Lymph craze” of Professor Koch.

HIS COMPLEXION WAS ALL RIGHT.—“Hab yo’ got any medicine dat will purify de blood?”

“Yes, we keep this sarsaparilla at \$1 a bottle. It purifies the blood and clears the complexion.”

“Well, boss, hasn’t yo’ got sumfin fo’ about fifty cents, jess fo’ de blood? I don’t keer about the complexion.—*Life.*”

A CASE OF FEMORAL ANEURISM CURED BY DIGITAL COMPRESSION MAINTAINED FOR 66 HOURS.

By A. MORROW, M. B.

THE patient, a man aged 42, had followed the trade of a mason for some years in the army and subsequently in civil work; no history or evidence of syphilis. In November, 1888, while working at the Dry Dock in Halifax, he fell from a considerable height breaking his collar bone, dislocating his left hip joint, and sustaining injury about the back, which latter was for some months so painful as to prevent him assuming the erect position. After some five months he was able to go about with the aid of a metal supporting apparatus in the form of a jacket. He has never entirely dispensed with this support, nor been free from more or less disability and pain in his back, though within a year from the accident he resumed mason work.

In November, 1890, he first noticed a lump a little above the middle of the antero-internal aspect of the thigh. He thought it was an abscess. The lump gradually increased, but he did not speak of it until last week (end of February, 1891,) when he called in Dr. Cowie. I saw the case for Dr. Cowie (laid up) on March 3rd; and found a pulsating tumor larger than the fist in the region mentioned. I also noticed a dilated (fusiform) condition of the artery under Poupert’s ligament, the width of the vessel as it passes over the pubic bone, being about $1\frac{1}{2}$ —2 times as much as it should be. I also found a swelling on the abdomen which was caused by a dilatation of the aorta shortly above its bifurcation. The patient expressed himself as having thought that his heart had shifted and was now pulsating in the belly.

The aneurism of the femoral was the most urgent, and while it existed quite precluded the possibility of working.

Dr. Cowie suggested digital compression as to the advisability of which I entirely agreed. In view of the aortic dilatation I myself favoured the withdrawal of a pound or more of blood before compressing the femoral. But as the man was of a spare habit and not plethoric this was not done. At 2 p.m. Saturday, March 7th, digital compression was begun by the students. The students worked in relays of two, these two relieving each other every fifteen minutes,

and a new relay coming on every four or five hours.

At times a cone filled with shot and having a rounded leather point (the cone being suspended from a tripod) was placed over the vessel thus obviating the necessity of so much muscular pressure on the part of the students.

The vessel was compressed between the thumb and pubic bone.

After a few hours the man felt considerable pain from the pressure, and the skin became red and irritated looking. The pain was lessened by $\frac{1}{4}$ gr. morphia injections. The patient was kept upon his back.

At 8 a.m. Tuesday, March 10th, *i. e.*, 66 hours after the commencement of the compression, the aneurism had consolidated, and there was no impulse in it on the cessation of the compression.

On March 28th the tumour had considerably decreased in size, and absorption was evidently going on.

A PARLIAMENTARY FOG FILTER.—Far down in the recesses of the House of Commons, beneath the feet of unsuspecting Senators, is a spectacle which, if it could be exhibited in a public place in London, would send a thrill of horror through the community. It is a vast layer of what at first sight looks like cotton wool that has been first dragged through the Thames mud and finally sprinkled over with ink. Originally it was a mass of virgin white cotton wool. For many years the resident engineers have been battling with the fog. They have modified its effects within the House, but never till now have they succeeded in absolutely conquering it. A layer of cotton wool is prepared, and the air, drawn from outside, is simply driven through it by force of a steam fan. The bed of cotton wool is six inches thick, and the area in use this week has extended over 800 feet. The effect of the process is simply startling. If this filth had not been arrested by the layer of cotton wool it would have passed into the House and into the lungs of honorable members.—*Times and Register.*

HE NEEDED EXERCISE.—*Doctor*: "You do appear to be in a bad way, that's a fact. What's your business?"

Patient: "I am one of the city laborers."

Doctor: "It is as I feared. What you require, my man, is exercise."

KOCH'S CURE KILLED HIM.

He was gradually growing weak and weaker every day,

His face was pale, his scanty flesh was wasting all away;

His head was bald, his eye was dull, his cough would raise the dead;

But still he lived from week to week, tho' hope had long since fled.

Three doctors took his case in hand—three eminent M. D.'s—

Who called things by their Latin names, and charged enormous fees.

They gave him chloroform and squills, with laudanum one in five,

And ipecac. and phosphorus—and still he kept alive.

Extract of malt, and Bovril wine, and prussic acid neat

They dosed him with, and linseed meal he took instead of meat;

He drank cod-liver oil in quarts, and whiskey on the sly.

But though the doctors did their best, yet still he would not die.

Until at last the doctors said all drugs they would abjure,

And so inoculated him with Koch's consumption cure.

He only had just time enough to execute a will, Before he left this wicked world an angel's place to fill.

—T. W. M. in *The Star.*

THE YANKEE MEDICAL STUDENT.—Our English contemporary, the *Hospital Gazette*, states that the Yankee medical student has not very much to be thankful for. First of all, the medical "diploma mills" turn out their thousands of ill-trained and indifferently educated youths to take part in the professional struggle for existence, and then no kind legislature has interfered for the purposes of restricting the practice of medicine to native graduates. His woes, therefore, are tangible, but now Mr. McKinley has got passed a tariff, in virtue of which the tax on microscopes has been raised 60 per cent., so that an instrument which costs ninety dollars in Germany will, wholesale, cost one hundred and fifty dollars in the States. This will hardly have for effect to stimulate microscopical work, and the cost will, of course, increase *pari passu* with the minuteness of the object to be magnified, seeing that the higher the power the greater the initial cost, and therefore, the more crushing the protective duty.—*St. Louis Medical and Surgical Journal.*

Maritime Medical News.

April, 1891.

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THE endeavours to pass a bill for the registration of midwives is provoking considerable discussion among medical men in England at the present time. The bill which is now before parliament originated in the London Midwives Institute, and sets forth the proposition that in order to obtain adequate knowledge and practical skill, a course of study must be pursued previous to examination, by all women desirous of becoming midwives.

The privileges of registration under this act would entitle the woman to act as a midwife in cases of normal labour only, throughout the United Kingdom, and that none but a duly registered midwife will be able to collect charges in court.

While all medical men are unanimous in the opinion that much harm is wrought by many inefficient midwives and that there is every need for some kind of legislation to control the evil, still the opponents of this bill are numerous, as it is considered by the majority of medical men in Great Britain that its measures are impracticable.

All those nurses now engaged in midwifery practice, many of whom are ill-fitted for it, would require to be admitted for registration without examination. It would also be difficult for a midwife to judge what constitutes a normal labour. It is thought too, that women so registered, would probably take upon themselves to prescribe for women and children and encroach upon the rightful domain of the physician, and thus it is feared the present evil might be aggravated instead of lessened.

Different countries have different customs concerning midwives. In some places midwives use forceps, turn and vaccinate. In Russia they prescribe for the diseases of women and children, whilst in Norway it is said they perform craniotomy. In Ireland, which seems to be provided with better midwives than many countries, excellent arrangements are made for their proper qualification. Women are trained in the lying in hospitals, and after going through a certain course and passing examinations they are given certificates, allowing them to practice as midwives and nurse tenders. They are not however registered.

Although the bill will probably not pass, the discussion of its measures will have the effect of causing a further study of the subject, and lead to needed improvements in the training of midwives.

NOTICE will be found in another column of the meeting of the N. S. Medical Society at Baddeck, C. B., in July next. This is the first meeting of the Society since the appointment of delegates to the meeting of the N. B. Medical Society at Moncton last year for the purpose of taking action in conjunction with that Society, and delegates from P. E. I., with a view to the formation of a Maritime Medical Association.

By the conjoint action of the three bodies named, a Maritime Medical Association was provisionally formed.

The only sublying principle which received definite expression with regard

to the constitution and conduction of the Maritime Association, was that it should meet alternately in the capitals of the three provinces.

How often the Maritime Association should meet, and what would be the relations subsisting between it and the three local provincial societies, being points only to be arranged by mutual decision and agreement of all the Societies, were left for consideration at the first regular meeting of the Association in St. John, July 22nd, 1891.

We think few, if any, will doubt the wisdom of having the meetings in the cities; partly because a larger attendance is guaranteed, and partly because, speaking generally, the facilities are greater for making the meetings (from a scientific standpoint) successful.

But we feel sure that it was not meant that no other towns should be available as the place of meeting, because we can imagine a central place like Moncton a very convenient and desirable point for meeting.

Meanwhile it is to be hoped that the profession of the three provinces will rally around the Maritime Medical Association and so make it powerful and valuable as a source from which many desirable reforms in the interests of medical men may emanate.

Selections.

EXTRACTS FROM OFFICIAL REPORT ON THE RESULTS OF KOCH'S TREATMENT IN PRUSSIA.

THERAPEUTIC RESULTS.

Commencing Pulmonary Phthisis.—Leyden treated 9 cases of commencing pulmonary phthisis, but no statistics are given as to results. Gerhardt treated 15 cases, of which 4 were discharged improved and 11 are still under treatment; of the latter three are said to be materially improved, one is improved, while in seven there is no change. Senator reports 39 cases, of which 10 have been discharged and 29 are still under treatment; of those belonging to the former category, three were materially improved, three were improved, and four were *in statu quo*. Of those still under treatment, two were greatly

improved, three improved, twenty are unchanged, and four have been made worse. Schultze has treated 9, of which one has been discharged unrelieved, while of the eight still remaining under treatment, two are materially improved, two improved, and four unrelieved. Biermer has had 12 cases, of which two have been discharged unrelieved, while of the remaining 10, improvement is recorded in six and no improvement in four. Ebstein reports three cases, of which one was discharged unrelieved, while of the two others, one is not improved, and one is described as worse than before the injections were begun. Of seven cases treated by Mosler, two have been discharged materially improved, one improved, and two unrelieved; of the two still under treatment, both are improved. Of nine cases still under treatment by Weber, three are materially improved and six are improved. Quinke reports 10 cases, of which two have been discharged improved, while the eight still under treatment show no change. Lichtheim has nine cases under treatment, of which two are greatly improved, four are improved, and three are unchanged. Mannkopf has nine cases under treatment, of which one is greatly improved, two are improved, and six are unrelieved. Finkler has had 10 cases, of which four were discharged cured and three greatly improved; the three remaining under treatment were all improved. Edlefsen has two cases under treatment, both of which are materially improved. Schreiber reports 12 cases, one of which was discharged cured and two unrelieved; of the nine still under treatment two are greatly improved, one is improved, and six are unchanged. Of 19 cases under Rumpf's treatment, 13 are greatly improved, five are improved, and one shows no change. Of three cases under Fräntzel's care, one is greatly improved, and the other two show no change. Of 54 cases treated by P. Guttman, four have been discharged cured, eight greatly improved, one improved, and one *in statu quo*. Of the 40 cases still under treatment, 21 are greatly improved, 10 are improved and 9 are unchanged. Neisser reports two cases, both improved. Henoch has five still under treatment, of which one is improved and four unchanged. B. Fränkel has four all of which show great improvement.

Moderately Advanced Pulmonary Phthisis.—Leyden has had 23 cases, of which no particulars are forthcoming. Gerhardt has had 34, of which two have been discharged

unrelieved, two have died, and of the 30 still under treatment three are materially improved, four improved, and 23 unchanged. Senator has had 32 cases, of which one has been discharged greatly improved, six improved and 14 unrelieved, while one has died; of the 10 cases still under treatment one is greatly improved, three are improved, and six show no change or have been made worse. Schultze has 26 under his care, of which two are greatly improved, four improved, and 20 unrelieved. Biermer reports 17 cases, of which one was discharged relieved, one died, and of the remaining 15, 5 are improved, and 10 show no change. Ebstein records 18 cases, of which six has been discharged unrelieved, and 12 are still under treatment without showing any improvement. Mosler has had 25 cases, of which four have been discharged much improved, four improved, and 14 unrelieved; of the three still under treatment all are much improved. Of 13 cases under Weber's care, two are much improved, four improved and seven unrelieved. Of 21 under Quincke not one shows any improvement. Of 16 under Lichtheim, one has died; and of the 15 still under treatment, nine are improved and six unchanged. Of 13 under Mannkopff, one is greatly improved, five are improved, and seven are unchanged. Of 27 cases reported by Finkler, two have been discharged materially improved, five improved, and 13 unrelieved; of the seven still under treatment, two are improved, and five show no change. Of four cases under Edleisen, one has been discharged much improved, and one has died; of the two still under treatment, one is improved the other not. Of 11 cases treated by Schreiber, one has been discharged improved, and four unrelieved; of the remaining six, there is a material improvement in one, while five show no change. Of twenty cases treated by Rumpf, three have been discharged unrelieved, and one has died; of the 16 still under treatment, six are much improved, and ten *in statu quo*. Of 16 under Fräntzel, three have been discharged improved, and one has died; of the remainder, four are greatly improved, two are improved, and seven are unchanged. Of 112 cases under P. Guttman, 16 have been discharged much improved, four improved, and five unchanged; of the 87 still under treatment, 14 are greatly improved, and 73 unchanged. Henoch has had one case, which was discharged unrelieved or rather worse than before. B. Fränkel has had 14,

of which one was discharged cured; the 13 still under treatment are all greatly improved. Lewin has had one case, which was discharged unrelieved.

On the whole Leyden is fairly satisfied with the results so far, while Senator thinks them better than could have been produced by any other treatment; Schultze is not enthusiastic; Ebstein is inclined to be pessimistic; Biermer states that in three cases the tuberculous process made distinct headway during treatment; Mosler, Strübing, Peiper, Weber, Finkler, and Schreiber all speak with reserve; P. Guttman claims decided "improvement" in 38 per cent of all his cases (164), and in 81 per cent of the "incipient" cases taken alone.

Statistical Statement of the Action of Koch's Fluid in External Tuberculosis.

DISEASES.	Number of Cases Treated.	Result.			Died.
		Cured.	Substantially Improved.	Unimproved.	
1. Lupus	188	5	78	84	21
With tuberculosis of internal organs	27	0	5	6	3
2. Tuberculosis of Single Bones and Joints	397	9	51	119	211
With tuberculosis of internal organs	48	0	1	4	22
3. Tuberculosis of Several Bones and Joints	40	0	3	12	23
With tuberculosis of internal organs	10	0	0	1	7
4. Tuberculosis of Lymph Glands	38	0	9	7	22
With tuberculosis of internal organs	6	0	1	0	7
5. Tuberculosis of Soft Parts	6	0	1	4	3
6. Tuberculosis of Scars	4	0	0	3	1
7. Scrofuloderma	6	1	2	3	0
8. Leprosy	4	0	0	1	1
9. Rodent Ulcer	2	0	0	1	1
10. Tuberculous Anal Fistula	3	0	1	0	1
11. Tuberculosis of Sheaths of Tendons	1	0	1	0	0
12. Scrofulous Eczema	1	0	0	1	0
13. Scrofulous Keratitis of both Eyes	2	0	2	0	0
14. Ear Diseases	19	0	2	14	0
With pulmonary tuberculosis	7	0	0	1	6
Totals	708	15	148	237	293

—British Medical Journal.

As to the diagnostic value of tuberculin several speak in the tones of ardent believers; most think it of value within certain limits; a few speak with reserve.

Von Bergman thinks it is a valuable means of differentiating tubercle from syphilis and cancer. Von Esmarch thinks highly of it in detecting tubercular bone and joint disease and syphilis. König and Hildebrand do not value it highly.

Therapeutically in advanced pulmonary disease the reports are almost unanimously discouraging.

INTRACRANIAL NEOPLASM WITH LOCALIZING EYE SYMPTOMS.

OLIVER, (*Archives of Ophthalmology*, xx, 1) reports the case of a man, aged thirty-nine, who for two years had suffered with vertigo, headaches, and attacks of momentary blindness. In April, 1889, right foot felt stiff, numb, and weak, and he repeatedly stumped the toes of his foot against objects. In August the right arm was adducted to the trunk, the forearm became flexed upon the arm, the hand upon the forearm, while the fingers remained extended. These seizures lasted for the fraction of a minute and then disappeared. These attacks became more frequent until they occurred every few minutes, and during the attacks the right leg became extended. The grip of the right hand was weak, and the right patellar tendon reflex was much exaggerated. The temperature sense, the pressure sense, and the muscular sense were all markedly diminished on the right side. Right lateral hemianopsia was present without any other gross ocular lesion. On February 26, 1890, the patient complained of headache, with marked diminution of sight in the remaining half of the field of vision. Vision was reduced to one eighth. The direct vision for color was slightly lowered, especially on the left side. The conditions of the visual field pointed towards a disturbance of the visual apparatus in the left cerebrum. Feebly negative scotomata marked throughout the remaining green color-areas, more pronounced than that of the left eye. Wernicke's hemiopic pupillary reaction sign was plainly manifest on both sides, most marked on the left; this showed some disturbance in the sensory-motor arc of the ocular apparatus at the base of the brain in the left optic tract, anterior to the corpora quadrigemina and posterior to the optic commissure. All the conditions pointed toward a gross left-sided intracranial lesion situated in such a position as to cause the greatest pressure upon the left optic tract between the corpora quadrigemina and the optic chiasm, a few of the contiguous crossing fibers of the right side being also irritated and somewhat pressed upon; while the right-sided hemianæsthesia and the general symptoms on that side distinctly placed the greatest force of the lesion in the region of the left pulvinar. At the autopsy the left hemisphere was distinctly bulging. On horizontal section, the left lateral ventricle was found to be shallower than the right.

The left optic thalamus was distinctly indurated and resistant to the touch. Perpendicular section of the hardened mass revealed a neoplasm invading the external portion of the left optic thalamus, as well as the corpus striatum. The growth was pinkish-yellow in color. The capsule was not invaded. The left optic tract as far as the chiasm was markedly flattened. The tumor proved to be a glioma with sarcomatous degeneration.—*N. Y. Med. Jour.*

SALT.

I am sure we all take too much of this condiment, and then are driven to drink abnormally in order to wash it out of the system. Vegetarians need salt in order to give savour to their colourless diet, mixed eaters much less, pure flesh eaters—like the South American *gauchos*, and, when they can get enough of it, the Australian aborigines—none at all, for all the salt we should decompose in order to digest that flesh exists in it already. And it was one of the most touching, the most pathetic sorrows of the then recently discovered New Zealander, in those vanished days when we believed that the noble savage was all our fancy and Fenimore Cooper painted him, that the missionaries we sent out were too salt, really too savoury, for their unsophisticated taste. Indeed, one of those guileless children of nature assured a cousin of my own, with the frankest sincerity, and with many apologies, that he would rather not eat him; in fact, should not think of such a thing until every other pig in the village had been sacrificed.

And this explains much of the endurance of fatigue, or rather its retarded induction, exhibited by the savage; an Australian "boy" will eat a fair-sized leg of mutton, and run like the prophet of old with his loins rather scantily girded up, hour after hour, with untired speed. A white man trained into as good condition breaks down, not from exhaustion, but thirst, in an hour's time. He has only to lose a few ounces of the water of his blood by perspiration, to render it so salt that its functions as an oxygenator, from the contracted red cells, can no longer be carried on; he pants for breath, not because his lungs are overtaxed; he sinks dead-beat, not because his muscles are over-wearied, but because his blood has become unfit for its most important duty, and the muscles, for want of oxygen, are narcotized into helplessness. A man in training should eschew salt as carefully as he avoids alcohol.

Excessive thirst is best relieved by sipping hot tea, and if the tongue be parched, by adding a tablespoonful of brandy; alcohol cools the body by relaxing the capillaries generally, and so favouring transpiration in all directions; hot tea, or in fact simply hot water, by reducing the tension of those of the mouth; and it is much more quickly absorbed than cold for the same reason. But let the brandy be restricted to the single tablespoonful, the tea be of the first brew, but the weakest, the water, as Tim O'Reilly directed it to be for the due concoction of punch, "rayther hotter than boiling," and only just shown into the well charged teapot and out again.

It has been said that the only skill required in treating enteric fever is in deciding when we should begin to give alcohol; in that and all other morbid conditions I have but one test, but I believe it is infallible—the dryness or moisture of the tongue. If this organ be dry I give brandy in small and frequently repeated doses until it becomes soft and moist, half an ounce perhaps every hour, but once in a case (which recovered) of puerperal fever two ounces hourly day after day. But if the tongue be moist to the touch, not one drop, whatever the condition of the patient may be; being convinced that it could then do nothing, but harm. The idea that wine and spirits "give strength to the system" is an idea too firmly ingrained into our national life to dislodge, and even in our profession it is only slowly receding before sounder pathology and better knowledge.—*Provincial Medical Journal*.

DEATH FROM SUFFOCATION WHILE RECOVERING FROM ETHERISATION.—Dr. Walter W. H. Tait, resident medical officer, University College Hospital, has sent us the following particulars of a case upon which an inquest was recently held; some of the reports published have incorrectly attributed the death to chloroform. "H. P., aged 20, came up to this hospital on March 12th, to have the operation of circumcision performed, which was rendered necessary owing to the presence of phimosis. He had been instructed in the morning to have no food after 2 o'clock, the time for the operation being fixed for 8 p. m. Ether was administered, and the patient took it well all the time, and the operation was completed without any trouble. The anæsthetic had been suspended for five minutes when the patient began to vomit, and during the vomiting he became suddenly cyanosed

and stopped breathing. The operator then passed his finger to the back of the pharynx and removed a large piece of undigested meat, which was found fixed in that region. This did not relieve the breathing, so laryngotomy was performed, and an attempt was made to clear the trachea, but without success. Artificial respiration was employed, but the patient never rallied. At the subsequent *post-mortem* examination it was found that a large mass of partially digested meat was fixed in the lower part of the trachea, extending into the two bronchi, and completely closing the lumen of the tube, and the stomach was found to be loaded with semi-digested food. At the inquest the patient's friends informed us that he had a large meal at 4 o'clock in the afternoon; and it is probable that if he had carried out his instructions with regard to abstinence from food the accident would not have occurred. The death was certainly not in any way due to the anæsthetic used."—*Brit. Med. Journal*.

FALSE "RIGIDITY OF THE CERVIX" IN LABOUR.—Dr. Auvar (Archives de Tocologie, January, 1891), dwells upon the details of a case of delayed first stage of labour, where rigidity of the cervix was simulated by the ill-effects which follow when that part of the uterus is inclined in a different direction to the body. A patient, aged 30, and married in 1881, had a lingering labour in 1833, and a second, where the membranes broke two days before delivery, in 1888. In 1890 she became pregnant for the third time. Pains began, at term, on December 4th, 1890. For five hours and a half next day they ceased; then they returned and became very strong; the waters came away at 5 a. m. on December 6th. When examined by Dr. Auvar two hours later the os was found but slightly dilated; the membranes had refilled. The presentation was right occipito-posterior; the head bore on the lower segment of the uterus, which was strongly bent to the right, whilst the os looked to the left backwards. Thus the fetus was being pressed in a faulty axis. The cervix felt like leather soaked in grease. The patient was exhausted; pains recurred every three or four minutes. Dr. Auvar made another examination half an hour later, and the different axes of the cervix and body struck him as significant. He then pressed his hand on the fundus, and pushed it from the right to the middle line, hooking the forefinger of his other hand, which was already in the vagina, into the os,

so as to aid in the reduction of the uterus. A violent pain followed, when Dr. Auvaré noted that the foetal head, for the first time, bore well-down on the os, which dilated considerably at once. He held the uterus in position, and a series of strong pains completed the dilatation in twenty minutes. Ten minutes later a female child was born. The patient made a good recovery.—*Brit. Med. Journal.*

Society Proceedings.

NOVA SCOTIA BRANCH, BRITISH MEDICAL ASSOCIATION.

REGULAR MEETING, FEBRUARY 5TH, 1891.

Present:—Dr. Tobin, (President); Drs. J. F. Black, Trenaman, Cowie, Parker, Chisholm, D. A. Campbell, Cunningham (Dartmouth), Farrell, Weston (A. M. S.), Finn, Crawford, Dewitt, Morrow (Secretary).

DR. J. F. BLACK related a case of bead-like dilatation of some of the branches of the anterior tibial artery of a girl, treated by excision. This was followed by a development of a similar condition in some of the branches of the posterior tibial associated with very considerable ulcerated condition; so much so as to raise the question of whether excision should again be attempted or amputation. The dilated condition of the vessels resembled cirroid aneurism.

DR. MORROW read notes of a case of Femoral Aneurism (printed in another column).

HON. DR. PARKER related a case under Dr. (then Sir Charles) Tupper's care, in which an aneurism developed in the popliteal space of a man who had stumbled over a nail. The aneurism was cured by digital compression maintained for about 50 hours; shortly after an aneurism occurred in the popliteal of the opposite side, which was cured by the same procedure. Dr. Parker also spoke of cases in which he thought an aneurismal condition of the aorta had been benefitted, if not practically cured, by rest, combined with the administration of iodide of potassium.

DR. FARRELL told of a brakeman who had apparently strained himself in pulling himself up on the ladder of a freight car while shunting. Two years after noticed a bulging

of chest at level of 2nd and 3rd rib. Dr. Farrell detected a pulsating tumor which had caused some absorption of the structures of the chest wall. The prognosis was bad. The man was given KI. gr. 10 three times a day, and was directed to remain perfectly quiet and at rest. The effect was extraordinary. Very shortly there was an improvement in the local signs, and in four weeks they had entirely disappeared except some little bruit. The man became a pointsman and for a year made no exertion. He walked very slowly and took everything leisurely and quietly. By that time he was so well that he got careless, underwent injudicious exertion, with the result that he had a return of the aneurism from which he died three or four months after. Dr. Farrell thought highly of the value of KI. from its effect in this and other cases.

DR. CAMPBELL gave a short history of a number of cases (some 12 or more) which had come under his observation.

One case of popliteal aneurism was cured by digital compression for 27 hours; the pressure was in Scarpa's triangle. The collateral circulation was established with considerable difficulty.

Case II.—Aneurism of Dorsalis Pedis cured by compression; tumour disappeared in six weeks.

In internal aneurisms Dr. C. had not yet seen good results from KI. in large doses.

One case of abdominal aortic aneurism treated by perfect rest and large doses of KI., left the Hospital improved but died in 10 months.

Case III.—Aneurism of first part of arch of aorta. Was in hospital four months when the aneurism burst, opening into right pleural cavity.

Case IV.—Aneurism of arch of aorta; symptoms bronchial with occasional laryngeal spasm. In getting up from bed one day the aneurism burst into the trachea.

Case V.—Aneurism of first part of arch of aorta; ribs and sternum partially destroyed. Under KI. and rest for six months, improved. Left Hospital; lived for three years, and one day dropped dead in the street.

Case VI.—Aneurism of second part of arch; case under the care of Dr. Slayter. Patient suffered much from laryngeal symptoms. Patient died apparently from compression of trachea and secondary symptoms.

Dr. Campbell remembered another case of large pulsating tumor to right of sternum. The aneurism broke into right pleural cavity.

SYR. HYPOPHOS. CO., FELLOWS

CONTAINS THE ESSENTIAL ELEMENTS of the Animal Organization—Potash and Lime;

THE OXIDISING AGENTS—Iron and Manganese;

THE TONICS—Quinine and Strychnine;

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

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

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

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

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

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

NOTICE—CAUTION.

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

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

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO., Ltd.

MONTREAL,

WHOLESALE AGENTS.

Please mention THE MARITIME MEDICAL NEWS.

WYETH'S
WINE OF TAR.

An Expectorant and Tonic, without Opium in any Form.

THE formula for the Wine of Tar, together with the method by which the best product can be obtained, was furnished Messrs. Wyeth quite thirty years since, by DR. SAMUEL JOHNSON, a celebrated Professor in the University of Pennsylvania Medical College. He prescribed it largely, either alone or in combination in every case of

PULMONARY DISEASE,

In Phthisis, Chronic Bronchitis and the Catarrhs of the Broncho-Pulmonary Tract.

He also gave it freely and with much success in the CATARRHAL AFFECTIONS of the Mucous Membranes in general, and, especially, besides the pulmonary, in those of the genito-urinary passages. Notwithstanding the remarkable success achieved by the Wine of Tar, newer and more popular—if less efficient remedies, for a time, displaced it, but in the course of those revolutions of professional favor by no means uncommon, it has again assumed its rightful place as a remedy. The recent developments in the pathology of phthisis, and in the therapeutics of Catarrhal Affections, have demonstrated the utility of remedies possessed of the **Antiseptic Powers, and the Stimulating and Nutritive Properties of the Wine of Tar**, as made by Messrs. Wyeth.

In a complexus of symptoms by no means rare—bronchial and stomachal catarrh combined—the Wine of Tar has special efficacy :

It Moderates the Cough, Promotes Expectoration, and, at the same time, Allays Nausea, and increases Appetite and the Digestive Power.

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

There is another class of cases in which the Wine of Tar is capable of effecting very great relief :—cases of Bronchitis in which there is Coincident Catarrh of Urinary Passages. In the latter affections alone, whether examples of pro-ne-phrosis, or vesical catarrh, it must be ranked among the most efficient remedies. In irritability of the bladder, and in some instances of urinary incontinence, requiring the exhibition of a stimulating remedy, it may be expected to do good.

As in Wyeth's combination the power of Tar as a remedial agent, is re-inforced by the malt and hops, it acts as an efficient stomachic tonic, and general nutritive stimulant.

DAVIS & LAWRENCE CO. Limited, MONTREAL,

GENERAL AGENTS.

Please mention THE MARITIME MEDICAL NEWS.

Case VII.—A man who just left the service and had had syphilis dropped dead in the street. Had been no physical signs of aneurism before death. A P. M. examination revealed an atheromatous condition of the aorta, and a small aneurismal dilatation of the arch— not larger than a hazel nut— which had opened by a minute aperture.

Among other cases mentioned by Dr. Campbell was a small aneurism of the abdominal aorta, high up, and pressing upon the cœliac axis. The symptoms were nausea, vomiting and diarrhœa and he was treated for these. The aneurism was never diagnosed, there being no pulsation and no bruit. A post mortem revealed the condition.

Another case was that of the bandsman of one of the regiments to whom his attention was called by chance in reference to symptoms of lumbago. Dr. C. examined him and found an enormous aneurism of the abdominal aorta. The man eventually died from rupture of the aneurism.

DR. FARRELL related another case, that of a coachman, aged about 40, who came as an ordinary office patient, complaining of dyspeptic symptoms, irritability and distress about the stomach. There was no suspicion of aneurism. One day when the man had just gone to the barn, he fell dead. P. M. examination showed a small aneurism of the thoracic aorta which had broken into the anterior mediastinum.

DR. CHISHOLM related a case in which asthma and bronchitis were prominent, and nothing suggested anything more serious. One day the man fell dead. A P. M. examination showed the descending part of arch of aorta enormously enlarged with considerable encroachment upon the vertebral column. No opening was found.

Dr. Chisholm also referred to a case in the V. G. Hospital during the present winter, in which improvement had followed rest and K. I. in large doses.

Drs. Cowie, Parker, Farrell and others referred to cases, Dr. Cowie relating one where the use of K. I. and rest, upon the back for 12 months, had been followed by entire disappearance of all symptoms.

KOCH is reported as having returned from Egypt with a recuperated body, but disappointed with the condition of affairs *in re* "Tuberculin." Nevertheless the Prussian Government and the municipal council of Berlin have both passed substantial votes for a Koch Institute and for a Hospital for consumptives.

Reviews and Book Notices.

PRINCIPLES OF SURGERY, By N. Senn, M. D., PH. D., Milwaukee, Wisconsin, Professor of Surgery and Surgical Pathology in the Rush Medical College, Chicago, etc.

WE took up this work with a very high degree of interest, for we have come to know Dr. Senn as an original, brilliant and indefatigable worker in the domain of Surgery and Surgical Pathology: we have laid it down with somewhat mingled feelings.

In choosing a book on the principles of Surgery the student or young practitioner wants a guide to the laws which should guide him in the practice of his art. One of the most frequent accidents with which he may have to deal is dislocation. The subject is not mentioned, and the only affection of joints spoken of is tuberculosis. The treatment of fracture is an important part of practice and has made or marred the career of many a young surgeon. Beyond four or five pages on osteogenesis and a reference to Dr. Senn's own method of treating intra-capsular fractures of the femur there is not a guiding hint. Nothing may require more careful treatment or cause more anxiety than hernia. There is nothing in this book about it. Clearly then the book is mis-named. There should be at least some subsidiary title to indicate the limited field to which the author turns his attention.

It is true that, in his preface, Dr. Senn announces it as his intention to fill that "gap in surgical literature" resulting from the failure of "most authors on the same subject" to "connect the modern science of bacteriology with the etiology and pathology of surgical affections," still, he affirms, it is his aim to write a book which should serve the purpose of a systematic treatise on the causation, pathology, diagnosis and treatment of the injuries and affections which the surgeon is most frequently called upon to treat.

He explains that the whole subject of tumours has been left out and will be treated in a work by itself, but in addition it is evident we must look for still another volume on such topics as fracture, dislocation, hernia, etc.

Dr. Senn rather disarms criticism by a somewhat pathetic reference to the "many sleepless nights" spent in the preparation of this book. We think that the principles of physiology indicate with tolerable clearness that such serious scientific work as the preparation of a book on the Principles of Surgery should not be the work of sleepless nights or an overworked brain.

The fact that that author has been unable to correct proofs is sufficient explanation of a few inaccuracies in names and misplaced references to figures e. g. pp. 4, § iii.

It is scarcely accurate to say that Stricker "devised" the term "diapedesis;" he certainly did not invent it, for it is used by Galen to

describe the transudation of liquor sanguinis through the walls of blood vessels. Stricker applied it to the exudation of the corpuscular elements through the capillary wall.

At p. 23 the impression is conveyed that a solution of the double cyanide of mercury and zinc has been recommended by Sir Joseph Lister as a lotion. The double cyanide is insoluble in water and hence impracticable as a lotion; it is soluble in 3000 parts of blood serum, hence exceedingly fit for incorporation in gauze.

At page 251 Lister's bloodless method is described as Esmarch's. Esmarch produced exsanguination by applying an elastic bandage tightly from the extremity of the limb upward, then applying the constrictor and removing the bandage. Lister produced the same result physiologically by elevation of the limb, followed by application of the constricting band.

The index is not a good one, and we think it would be a great advantage to utilise the top of the left hand page as an indication of subject, rather than to have the title of the book as a perpetual heading.

What is undone is matter for regret, but what has been done has been capitally done. There is no other book in the same field. The chapters on Suppuration, Erysipelas and Tuberculosis are, each of them, able monographs, combining and collecting the best work of Ogston, Watson Cheyne, Rosenbach and Sarre, and the directions, for treatment are always excellent, and as might be expected from the author, not only abreast of but often leading the scientific march of surgery.

We wish every medical student would paste in his surgical note book the following words on treatment of acute abscess: "The popular belief that an abscess should be drawn near the surface by the use of filthy poultices before it should be opened is fallacious both in theory and practice. An abscess is ready to be opened as soon as a sufficient quantity of pus has formed to constitute an abscess sufficient in size to be recognized by the surgeon as such."

HEREDITY, HEALTH AND PERSONAL BEAUTY.

By John V. Shoemaker, A. M., M. D. Philadelphia.

This work will be noticed in our next issue.

THE DAUGHTER, HER HEALTH, EDUCATION

AND WEDLOCK. By William M. Capp, M. D. Price \$1.00. F. A. Davis, Philadelphia.

We consider it a difficult task to write a book intended for lay readers which shall be valuable and sufficiently comprehensive for them and not at the same time to alienate the sympathies and support of the profession by introducing matter eagerly enough read by the lay reader, but which is apt to instill an impression that they "know all about it," this resulting in attempts at self treatment, and makes them unsatisfactory patients when they

do consult medical men. Most of the popular (i. e. common,) vade mecum's are of this character.

In Dr. Capp's little book we find no ground for withholding our cordial recommendation of it. The subject is handled with tact and refinement and in a manner showing a thoughtful appreciation of what hints he can impart to advantage. Many common errors of judgment in the management of the infant and growing girl are pointed out. And the wise recommendation is made in well chosen words that the mother should not leave the daughter to acquire her knowledge sexual matters from chance and promiscuous sources. Mothers are the safest and should aim to be the most trusted guides for their daughters, and are most fit to warn against the many delusive errors of youth and early maturity. A good deal of well timed advice is tendered on such common mistakes as putting the child to the breast simply to divert it or to quiet it, walking the room with the infant or rocking it in a cradle so as to subdue it by vertigo, &c.

We would prefer that our lady patients possessed this book rather than that they should be without it or one equally good.

DIABETES, ITS CAUSES, SYMPTOMS AND TREATMENT. By Chas. W. Purdy, M. D., Honorary Fellow of the Royal College of Physicians and Surgeons, Kingston, &c., with Clinical Illustrations. F. A. Davis, Publisher.

The subject is treated under the sections; 1. Historical, Geographical and Climatological; 2. Physiological and Pathological; 3. Etiology; 4. Morbid Anatomy; 5. Symptomatology; 6. Treatment; 7. Clinical Illustrations; 8. Diabetes Insipidus.

The object of the volume, as stated in the author's preface, is to furnish the physician and student with the present status of our knowledge on the subject of diabetes in such practical and concise form as shall best meet the daily requirements of practice.

The book constitutes a very comprehensive resume with numerous clinical experiences extending over a period of some twenty years. The disease is one concerning which our views have been considerably modified within recent years, and as the directions and details of treatment are very concise this monograph should be useful to the practitioner. Much information is given as to the amount of sugar contained in various kinds of food, e. g., wines.

We would recommend a trial of Davis & Lawrence's Menthol Plasters. In various forms of spinal irritation, as well as in neuralgia, sciatica, stiffness of muscles, it has been found very useful. We believe it to be one of the best medicated plasters in use.

Notes and Comments.

A NUMBER of cases resembling LaGrippe have been reported from various parts of the Provinces; but it is hardly likely that it is the "pure bred article," having gracial connection with our flying visitor of a year ago.

It is to be hoped that the medical members of parliament at Ottawa, will exert their influence in the matter of the establishment of a Dominion Bureau of Vital Statistics. The medical men could do much to forward this measure if they would take it in hand, and they would thus give parliament and the country the benefit of their special knowledge as to the requirements of such a service.

We would like to see more made of the natural summer advantages of the Maritime Provinces as health and pleasure resorts for Americans and our Upper Canadian compatriots. The summer temperature of these provinces is cooler than that of the States and of Western Canada, and with the unsurpassed natural beauty of many places and the surrounding bathing and boating facilities, and means of pleasant out door recreation

generally, we believe that half a dozen sanatorium hotels could be filled. The advantages of many beautiful places in New Brunswick, of the suburbs of Charlottetown, of the Digby Basin, Cape Breton, and other places in Nova Scotia, need only to be boomed to be made more and more use of.

PRACTICE IN NEWFOUNDLAND.—Possession immediately —. A vacancy has been caused by the death of a practitioner, who leaves a practice worth \$1200.00 per annum, in a country district of 5000 inhabitants, (2000 in the town). There is a house with surgery and which will be rented at a fair rate. Apply or write for further information to DR. PARKER, Hollis Street, Halifax.

POPULAR FAITH IN ALTERNATIVES.—Since the nature of the action of this class of remedies, is to some extent as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medicinal value. Many of these have had an enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are

New York Post-Graduate Medical School and Hospital. NINTH YEAR—SESSIONS OF 1891.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL, has commenced the ninth 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.

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

FACULTY.

Diseases of the Eye and Ear.—D. B. St. John Roosa, M.D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.

Diseases of the Nose and Throat.—Clarence C. Rice, M.D., O. B. Douglas M. D., Charles H. Knight.

Veneral and Genito-Urinary Diseases.—L. Bolton Bangs, M.D.

Diseases of the Skin and Syphilis.—L. Duncan Bulkley, M. D.

Diseases of the Mind and Nervous System.—Professor Charles L. Dana, M.D., Graeme M. Hammond, M. D., A. D. Rockwell, M. D.

Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox.

Surgery.—Lewis S. Pilcher, M.D., Seneca D. Zowell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.

Diseases of Women.—Professors Bache McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.D., J. R. Nilsen, M. D.

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

Diseases of Children.—Henry Dwight Chapin, M. D., Joseph O'wyer, M. D., J. H. Ripley, MD.

Hygiene.—Professor Edward Kershner, M. D., U. S. N.

Pharmacology.—Professor Edward Bazoo, Ph. B.

For further information please call at the school, or address

CLARENCE C. RICE, M. D., Secretary,

F. E. FARRELL, Supt.

226 East 20th Street, New York City.

popularly termed "blood purifiers." Spring is the season when these are most generally resorted to.

When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded.

Messrs. Parke, Davis & Co. supply under the name of syrup trifolium compound an alternative formula containing red clover, stillingia, cascara amarga, burdock root, poke root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alternative treatment.

W. H. WARNER & Co. are evidently determined to keep in the van of therapeutic remedies. "Antalgic Saline" appeals to us to-day for recognition as a remedy for the relief of "headache," also for influenza and neuralgia, and as an antidote of "la grippe" they issue the "Pil. Chalybeate Compound." Composition—

Carb. protoxide of iron..... grs., 2½.
Ext. nuc. vom..... gr., ½.

Sig.: One pill every four hours and increase to 2 pills three times a day.

Antalgic Saline, one dessertspoonful every four or five hours till relieved for headache. The same mode of administration precedes that of the chalybeate pills for "la grippe."

—*Weekly Medical Review.*

Personals.

DR. BURGESS, of Burlington, Hants Co., is gazetted coroner.

THE many friends of DR. DUNCAN, of Bathurst, will be pleased to hear of the doctor's improvement in health.

It is reported that DR. SMITH, of Newcastle, is ordered to the western coast to investigate certain alleged cases of leprosy

DR. KIRKPATRICK, of Halifax, has, we understand, been appointed assistant-surgeon in the 66th Princess Louise Fusiliers vice DR. M. A. CURRY, promoted to surgeon, DR. CURRY taking the place of Surgeon TOBIN, resigned.

DR. H. V. PEARMAN, after spending upwards of a year in attendance upon the practice of various London hospitals for diseases of the eye, ear, nose and throat, has returned to Halifax to practice in the specialties named.

THE Maritime Province men at McGill received the special commendation of the Faculty at the close of the recent session. We have not at hand yet the exact results, but we know that a very gratifying proportion of "first places" and of the "spoils of exams." fell to our Maritime Province men.

Books and Pamphlets Received.

RESECTION OF THE OPTIC NERVE. By L. Webster Fox, M. D. Philadelphia.

THE DAUGHTER, HER HEATH, EDUCATION AND WEDLOCK. By Wm. M. Capp, M. D. F. A. Davis, Publisher, Philadelphia.

DIABETES; ITS CAUSES, SYMPTOMS AND TREATMENT. By Chas. W. Purdy, M. D. F. A. Davis, Publisher, Philadelphia.

CHARTER, CONSTITUTION AND BYE-LAWS LIST OF FELLOWS, &c., OF THE NEW YORK ACADEMY OF MEDICINE.

NOVA SCOTIA Medical Society.

TWENTY-THIRD

ANNUAL MEETING,

— AT —

Baddeck, - Cape Breton,

JULY 1st and 2nd, 1891.

THE 23rd Annual Meeting of the Nova Scotia Medical Society will be held at BADDECK, CAPE BRETON, on Wednesday and Thursday, July 1st and 2nd.

Medical men desirous of reading papers, or presenting cases before the Society, are to notify the Secretary before the 1st of June at the latest, of the title of such paper or case.

W. S. MUIR,

Secretary-Treasurer.

TRURO, N. S.

PHYSICAL EXHAUSTION.

Horsford's Acid Phosphate.

It is a well-known physiological fact that the phosphates are involved in all waste and repair, and are consumed with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. COWLES, Camb. Med., says: "I have used it in cases of physical debility arising from exhaustive habits or labors, with beneficial results."

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

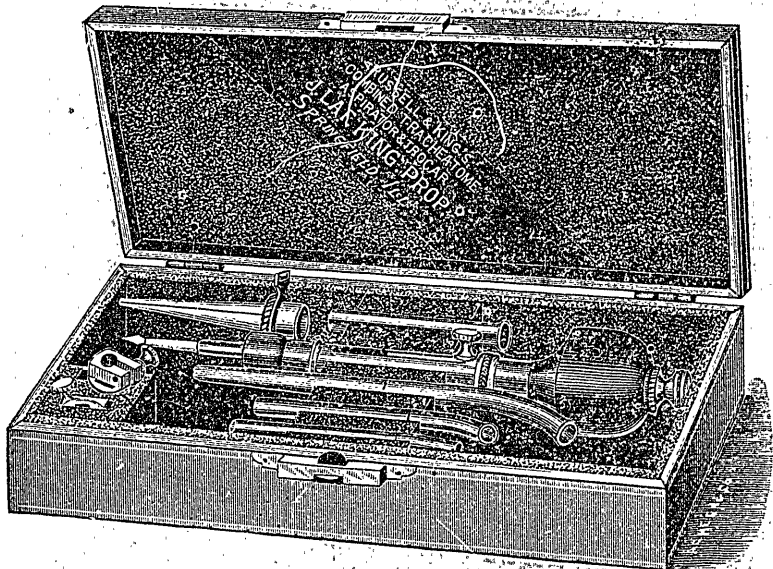
Prepared under the direction of Prof. N. E. HORSFORD, by the

RUMFORD CHEMICAL WORKS, PROVIDENCE, R. I.

Beware of Substitutes and Imitations.

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

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KING'S BLOODLESS TRACHEOTOME.

With KING'S COMBINED, INSTANTANEOUS, TRACHEOTOME, TROCAR and ASPIRATOR, Bloodless Tracheotomy can be performed in five seconds without the aid of knife, anesthetic or assistance, rendering an EARLY OPERATION possible. Circulars applied on application.

Harvard Operating Chairs, King's Suture Needle, King's Pocket Amputating Case, O'Dwyer's Inhalation Sets, Outerbridge's Dilators for Sterility, "Empire" Elastic Bandages.

A full line of best quality, new and standard surgical instruments always on hand.
References by kind permission: The McGill Medical Faculty.

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Please mention **THE MARITIME MEDICAL NEWS.**

WHEELER'S TISSUE PHOSPHATES.

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone-Calcium Phosphate Ca_3PO_4 , Sodium Phosphate Na_2HPO_4 , Ferrous Phosphate Fe_2PO_4 , Trihydrogen Phosphate H_3PO_4 , and the Active Principles of Calisaya and Wild Cherry.

The special indication of this combination of 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 successful in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the 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.

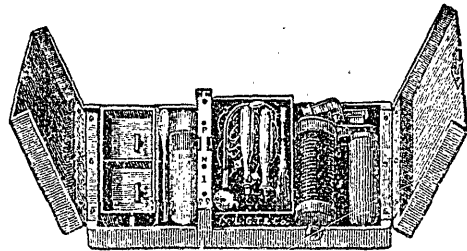
Phosphates being a NATURAL Food Product no Substitute can do their work.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from seven to twelve years of age, one dessert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, P. Q.

To prevent substitution, put up in bottles only, and sold by all Druggists at ONE DOLLAR.

Gaiffe Electro-Medical Battery.



SIZE $7\frac{1}{2} \times 4 \times 1\frac{1}{2}$ INCHES.

The most compact and neatest Medical Battery extant. Can be carried in the pocket, and set up in five minutes when wanted. Produces both primary and secondary current, the two combined, also slow and fast shocks. Mounted in polished mahogany case, all complete with accessories. Just the thing for physicians, who should not be without one.

Send for illustrated catalogue of Electrical Goods.

JOHN STARR,

— DEALER IN —

Electrical Apparatus and Supplies,

2, 4, & 6 DUKE STREET,

Halifax, - Nova Scotia.

BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

—SESSIONS OF 1891-92.—

The REGULAR SESSION begins on Wednesday, September 23rd, 1891, 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 SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

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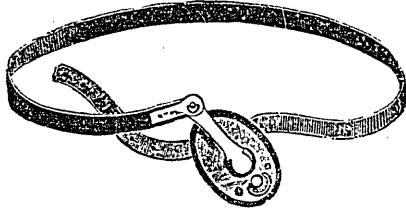
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
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